



Wimmera
Health Care
Group

*Providing healthcare that is safe
and effective, person-centred,
integrated and co-ordinated.*

2009
2010
Quality of Care



About Us



Horsham Campus



Dimboola Campus

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

With a budget of approximately \$59.5 million and staff of over 750, 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 106 aged care beds, whilst in Dimboola, we have 4 acute and 26 aged care beds.

We provide a range of acute, sub-acute, community based acute, allied health and primary care services to our community.

This year we treated 11,830 acute inpatients, 15,543 emergency presentations and more than 50,000 outpatients.

How to Contact Us

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Our Mission

We are committed to achieving the best health for all the Wimmera.

Our Vision

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

Terminology

Throughout this report, you may come across terminology that is unfamiliar to you. 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, injury or recovering from surgery.

The American Heritage® Medical Dictionary Copyright © 2007, 2004 by Houghton Mifflin Company.

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.

Collins Collaborative Dictionary

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.

Australia Government – Institute of Health and Welfare 2010

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*Providing healthcare
that is safe and
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Registered Nurses
Janette and
Karen discuss
patient medication.



Anne (staff member)
provides a helping hand to
Fred Hall, a resident at the
Dimboola campus.

Foreword

On behalf of the Board of Management, our staff and volunteers, we welcome you to the 2009/10 Quality of Care Report for Wimmera Health Care Group.

As part of the State Government's 2009/10 Policy and Funding Guidelines, we are asked to publish a Quality of Care Report for distribution to consumers, carers and the community, describing our quality and safety systems, processes and outcomes for the organisation. This report will provide you with an accurate view of what we do and how we do it.

Our Quality of Care Report contains stories and articles that will keep you updated on what we have been doing over the past year. It is one of many ways in which we aim to inform you about the services that are available to you, your family and friends.

The theme for this report **providing healthcare that is safe and effective, person-centred, integrated and co-ordinated** sums up our commitment to the community. It is with pleasure that we present this report to you – our consumers, carers and community.



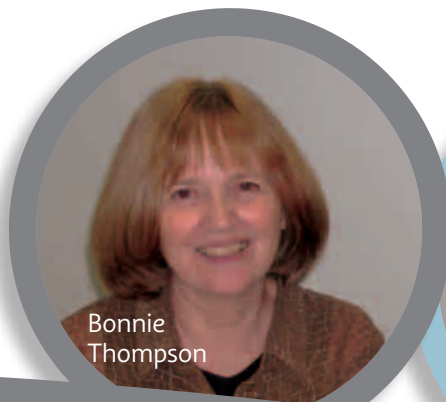
Bonnie Thompson

President



Chris Scott

Chief Executive



About this Report

“We could not have hoped for better treatment anywhere and as a direct result of treatment in your facility, my family are now hoping to settle permanently in the area.”

How we went about preparing this report

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

Last year, we received an increase in feedback, and your suggestions have been used to improve this report. A snapshot of your feedback and our response is provided below:

Your Feedback	What We Did
Less words, more pictures	We have introduced more pictures and reduced the text
Colour/text contrast for vision impairment (including phone numbers)	Text/colour contrast has been reviewed for ease of reading
Brief explanation of what the Quality of Care report is	Explanation of what the Quality of Care Report is has been incorporated into the Foreword
Recycled paper	This report has been printed on recycled paper
The report should have a pull-out section with maps and important information such as emergency numbers, Nurse-On-Call, etc.	A separate leaflet with a map of the Horsham Campus and important telephone numbers has been inserted in this report

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

How we distribute this report

The Quality of Care Report is released to the public at our Annual General Meeting on Wednesday 17 November 2010 in Horsham. At that time, the report is also mailed to our supporters and other service providers who have a close association with 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 Wimmera Health Care Group sites, local clinics (medical, dental, etc), community organisations, Local Government, selected businesses and the public library. This document can also be downloaded from our website www.whcg.org.au.

Your feedback is important

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

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



Tania is a ward clerk in the operating suite.

Kathy and Julie are just two of the friendly faces that will greet you at the Arapiles Reception desk.

A Snapshot of Our Year

July 2009

- The Board of Management re-elects Ms Bonnie Thompson to a second term as President and Chair.
- Wimmera Health Care Group participates in an external survey by the Australian Council on Healthcare Standards, resulting in the organisation being awarded a Certificate of Accreditation for the next four years.

August 2009

- Wimmera Health Care Group acknowledges the region's Traditional Owners by unveiling a commemorative plaque at the Dimboola campus.
- Wimmera Health Care Group successfully implements a new computerised patient management system across the organisation.
- *Enhancing Patient Care: a practical guide to improving quality and safety in hospitals*, published by Director of Medical Services, Professor Alan Wolff and Clinical Risk Manager, Mrs Sally Taylor, is launched by the Hon Daniel Andrews MP, Minister for Health, at a special ceremony in Melbourne. The book receives wide acclaim.

September 2009

- Wimmera Health Care Group's Nursing Operations Manager, Mrs Pam Muszkieta, is presented with the State Government's Improving Outcomes in Aboriginal Health award at the State Nursing and Midwifery Excellence awards ceremony in Melbourne.
- Wimmera Health Care Group's Clinical Risk Management team receives a high commendation as a finalist in the 2009 Victorian Healthcare Awards at a special ceremony hosted by the Minister for Health in Melbourne.

October 2009

- To coincide with Patient-Centred Awareness Month, Wimmera Health Care Group launches an official proclamation highlighting the organisation's commitment to the values that underpin patient-centred care.
- A Transition Care Program providing short-term support and active management for older people who have been in hospital, commences at Wimmera Health Care Group.
- Wimmera Health Care Group introduces new colour coded staff uniforms to help patients readily identify with the different types of staff involved in their care.

November 2009

- Fifty-seven dedicated staff are recognised for their service and contributions to Wimmera Health Care Group at a special morning tea hosted by the Board of Management and Executive.
- A crowd of more than 130 people attend the Annual General Meeting of Wimmera Health Care Group at Sunnyside Lutheran Retirement Village in Horsham.
- After spending 12 months working across various areas of the hospital, six Division One Registered Nurses graduate from Wimmera Health Care Group's Graduate Nurse Program.

December 2009

- Wimmera Health Care Group celebrates International Day of People with a Disability with a display in the hospital foyer highlighting the services available to people with a disability.

Sally Taylor and Alan Wolff with their book – *Enhancing Patient Care: a practical guide to improving quality and safety in hospitals*.

Six Division 1 nurses graduated from the Graduate Nurse Program in February. Graduate Nurse Co-ordinator Susan Pickett (left) is pictured with new graduates Nerida Patterson, Jane Dunn, Meredith Knoop, Erin Muller and Helena Bandel. Absent: Jenna Williams.



“I am forever grateful for your help and caring. You are wonderful people and we are so blessed that you are there for us.”



Jali Phiri was appointed as a Division One nurse at the Dimboola campus in February. Jali is originally from Zimbabwe and moved to Australia five years ago. Jali says she and her family are very happy to be living in Dimboola, everyone is so friendly.

January 2010

- Organisation-wide Strategic Plan and Critical Challenges are formulated to project Wimmera Health Care Group forward into the next phase of growth.
- Selected Board members build on governance training through a range of formal programs.
- Philanthropist and long-term supporter, Mr Geoff Handbury, AO, announces financial support for a proposed new medical clinic for Wimmera Health Care Group.

February 2010

- Wimmera Health Care Group launches an innovative new communication book *nothing about me without me* for patients and their families.
- The Wimmera Base Hospital Foundation prepares a five year strategic plan to deliver on a range of objectives including the attainment of \$1 million in funds by 2014.
- Retiring general surgeon, Mr Graham Kitchen, is presented with Life Governorship status.

March 2010

- Two teams of cyclists participate in the annual Murray to Moyne cycle relay raising approximately \$20,000 for Wimmera Health Care Group's Horsham and Dimboola campuses.
- The Board confirms the reappointment of the Chief Executive for a further five years.
- In collaboration with the Department of Health and other Wimmera health agencies, Wimmera Health Care Group embarks on a sub-regional service plan.
- Long standing Dimboola community doctor and past Board member, Dr John Pickering, announces plans to retire.

April 2010

- Wimmera Health Care Group receives an excellent report card on its external cleaning audit where the organisation rates well above the average State benchmarks.
- As a consequence of the bush fires, a new Code Red Catastrophic Fire Risk Day policy is adopted.
- Client and staff safety is strengthened in the Emergency Department with the appointment of a permanent security presence.
- Newly formed Wimmera Health Care Group rock band *All Stitched Up* hold their debut performance to a sell-out crowd at Horsham Sports and Community Club, raising funds for a planned paediatric mobility garden at the Horsham campus.

May 2010

- Increased service demands place pressure on limited resources and staffing levels.
- The Wimmera Base Hospital Ladies Auxiliary is honoured at the 2010 Minister for Health Volunteer Awards with an outstanding team achievement award for volunteering services in a rural health service.
- Commonwealth health reform information starts to take shape through a series of communication sessions.
- Wimmera Health Care Group says thank you to their dedicated team of volunteers by offering them a free cuppa in the hospital coffee shop throughout National Volunteers Week.
- Wimmera Nursing Home and Kurrajong Lodge Hostel were awarded three years accreditation status.

June 2010

- Inpatient demand again exceeds the prior year as the organisation's services mature and expand.
- Work on a new \$2.7 million medical clinic for Wimmera Health Care Group commences. The clinic will accommodate approximately 25 clinical personnel and support staff including specialists, general practitioners, student general practitioners, visiting specialists and nurse practitioners.
- A new approach to local partnerships is established through the creation of the Wimmera Southern Mallee Health Alliance.

Our Strategic Plan

Our strategic plan was developed in 2009 and represents the culmination of a significant joint effort between the Board of Management and our staff. It is an important document that underpins the work we do at Wimmera Health Care Group.

The Strategic Plan incorporates our mission, vision and statement of values. Long term visioning, critical challenges, strategic goals and priorities have also been identified. This year, significant progress has been made towards achieving our strategic goals and critical challenges. A summary is provided below.

Strategic Goals and Critical Challenges

<p>1. Strengthen regional relationships</p> <p>1.1 Investigate and implement collaborative models of care and services to achieve best practice across the region.</p> <p>1.2 Obtain a better understanding of what regional health care providers can offer and utilise to gain a better outcome.</p> <p>1.3 Market and promote rural health as a speciality area.</p> <p>1.4 Build and promote partnerships with other stakeholders.</p>	<p>Progress:</p> <p>Wimmera Health Care Group has played a significant role in supporting the Department of Health's Rural Directions policy. A range of sub-regional forums have been developed focusing on collaborative work being undertaken on the Wimmera Sub-Regional Service Plan this year. Existing relationships with rural hospitals continue to be maintained and built upon to further enhance service provision in the Wimmera Sub-Region. A formal vehicle has been established between the parties to deliver progress, this being the Wimmera Southern Mallee Health Alliance.</p>
<p>2. Improve facilities to promote a safe and effective working environment</p> <p>2.1 Develop and maintain effective corporate governance.</p> <p>2.2 Develop a framework for the timely modernisation of facilities and equipment.</p> <p>2.3 Implement an integrated safety management system.</p> <p>2.4 Establish a physical environment suitable for the provision of safe and high quality care.</p>	<p>Progress:</p> <p>We have continued to monitor and review our business processes and practices. There is a greater level of financial awareness and accountability across the organisation. A planned approach for the replacement of equipment, buildings and information systems has commenced as has a program to improve safety for patients, staff and visitors.</p>
<p>3. Pursue excellence in care</p> <p>3.1 Continue to develop and maintain systems that promote safe and high quality care.</p> <p>3.2 Plan and deliver care in a collaborative and person centred manner.</p> <p>3.3 Develop and maintain effective clinical governance.</p> <p>3.4 Foster a focus on the consumer experience throughout the continuum of care.</p>	<p>Progress:</p> <p>We are committed to developing and promoting a person-centred care approach across all of our services, thus ensuring that the patient journey at Wimmera Health Care Group is always patient focused. The introduction of a new patient communication book <i>nothing about me without me</i> is one example of a simple, yet successful approach to involving patients and families in their care during their stay at Wimmera Health Care Group.</p> <p>This year we successfully implemented a new computerised patient management system across the organisation. Work has also commenced on a new information technology system to manage our policies and procedures.</p> <p>A new Disability Action Plan is being developed which will see a stronger focus on service delivery for people with disabilities.</p>

Craig O'Connor from LOCKS Constructions (left) discusses plans for the new medical clinic with Alan Wolff and Chris Scott.



“Thank-you for your special care. It was a scary time and you made it more bearable. You are to be commended for your quality of care. Your professionalism was outstanding.”

4. Promote health and wellbeing in the region

- 4.1 Provide care, resources and healthy lifestyle education that maximises physical and mental wellbeing.
- 4.2 Enhance and improve outcomes in health and wellbeing for the community.
- 4.3 Recognise that different specific, social, cultural and linguistically diverse groups require flexible approaches to achieve optimal health outcomes.

Progress:

Wimmera Health Care Group continues to promote a high level of health and wellbeing through increased community outreach services. Improved communication to the wider community has been achieved through regular targeted media stories, displays and presentations.

We recognise that different specific, social, cultural and linguistic groups require flexible approaches to service delivery and this is an area of focus for our organisation. As with all new initiatives, community feedback on our services will be sought, the Health Promotion Plan reviewed and a Cultural Diversity and Disability Action plan developed during the coming year.

5. Reduce our impact on the environment

- 5.1 Protect all natural resources and diminish known threats to the environment through education and promotion.
- 5.2 Establish opportunities for waste avoidance, reduction, recycling and reuse.
- 5.3 Balance environmental, economic and social influences on ecological sustainability.

Progress:

A number of initiatives have been introduced to reduce energy consumption and waste disposal. We have invested in an Enviro Wash to strip paint and chemicals from water which is then recycled for other uses, e.g. grey water. During the past year, numerous rainwater tanks have been purchased to enable efficient water harvesting and the majority of paper and cardboard is being recycled.

At the Horsham campus, insulation has been installed to improve heating and cooling efficiencies. LED and energy efficient lights are being phased in across all sites to further reduce our energy consumption.

6. Be an employer of choice

- 6.1 Attract and maintain a workforce with skills and knowledge to deliver excellent services across all divisions.
- 6.2 Develop a career path for staff to achieve their full potential.
- 6.3 Strengthen and maintain an ongoing commitment to an organisational wide program of evidence-based best practice in staff development, education and training.
- 6.4 Market and promote the advantages of careers in rural health.
- 6.5 Provide programs that promote the physical, mental wellbeing and social connectivity of our workforce.

Progress:

At Wimmera Health Care Group, we are committed to building on the skills of our workforce and creating structured internal career pathways for staff – our most valued resource. As part of this strategy, Department specific training plans are being rolled out across the organisation.

An unprecedented 46.2 per cent of staff have participated in the People Matters survey this year. Feedback will be collated and used as a basis for developing strategies for staff recruitment and retention in the future.

Consumer, Carer and Community Participation

Partnering with Consumers, Carers and the Community

Consumers, carers and the community play an important role at Wimmera Health Care Group by providing valuable feedback and advice about our services. Wimmera Health Care Group advocates for consumer involvement in planning and service improvement based on our belief that we can learn and gain a greater understanding of consumer expectations and needs by acknowledging and evaluating their personal experiences of care.

Wimmera Health Care Group pursues a strong alliance with users of the service, their carers and community members through various processes which promote positive partnerships:

- Consumer Feedback **"Have your say"!** forms
- Consumer Advocate role dedicated to listening to and acting upon your concerns/suggestions
- Community Advisory Committee who represents the views and interests of the wider community.

Consumer Feedback

Wimmera Health Care Group is committed to creating and maintaining a sustainable, high quality healthcare environment in which consumers and their carers are encouraged and enabled to give feedback about the service provided.

Feedback, whether in the form of a complaint, suggestion or compliment is important in assisting us to improve. Wimmera Health Care Group's intent is to serve the community and it is vital that we know what you want and need and meet these expectations in an effective and efficient manner. Your opinions help us look at what we are currently doing and ask ourselves – can we do it better?

We pride ourselves on being open and honest with our consumers and have accomplished a reputation of hearing and responding to what our consumers have to say. This is reflective in the number of occasions where feedback has occurred during the 2009/2010 financial year.



Staff Development Co-ordinator Jeremy Akker (right), shows Community Advisory Committee member Ken Shippides the Clinical Skills Centre.



Compliments

The number of compliments received rose by 11% this financial year with a total of 414 compliments compared to 367 for the same time last year.

Below are some examples of positive feedback from those who accessed the service:

"Staff were always polite, kind and helpful. One could not have asked to be looked after better"

"The staff were very kind, caring and supportive. I also found them very professional and knowledgeable in the information they gave me"

"During my stay I found all staff happy, courteous and willing to help"

Complaints

Considering the substantial increase in services we provided during 2009/10, the number of complaints received was low in comparison to the number of patients, resident and clients accessing and utilising the service.

Complaints rose by 22% over the last twelve months but we have embraced this feedback and are pleased that consumers feel comfortable in telling us when things are not quite right, as this indicates their confidence that we will address their issues seriously and in a timely manner.

On reflection, the number of complaints mirrored a challenging time for Wimmera Health Care Group with a higher than normal volume of patients requiring our services. Whilst we are proud of our performance in treating more patients than usual during the last financial year, increased demands on the service did result in issues communicated by consumers in relation to waiting times.

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 **"have your say"!** 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 3400.

Victorian Patient Satisfaction Monitor

Another valuable feedback tool is the Victorian Patient Satisfaction Monitor, which is an independent survey of public hospitals conducted every six months. Consenting patients are randomly contacted following discharge and asked a series of questions relating to their stay in hospital. Findings from a recent survey identified opportunity for improvement in the area of Discharge and Follow Up and Consumer Participation. Through the Department of

Health's Victorian Patient Satisfaction Monitor Survey, consumers rated their satisfaction with Wimmera Health Care higher than the average score of similar hospitals and higher than the State-wide benchmark for all public hospitals in the area of Overall Care, Access and Admission, General Patient Information, Treatment and Related Information, Complaints Management and Physical Environment.

	Overall Care	Access and Admission	General Patient Information	Treatment and Related Information	Complaints Management	Physical Environment	Discharge and Follow-up	Consumer Participation Indicator
All Hospitals	78	77	82	79	80	76	77	80
Category B Hospitals	78	76	82	78	80	75	76	79
Wimmera Health Care Group	79	78	82	80	81	78	76	79

Our overall care index level of 79% satisfaction rated above the peer group average of 78% (Category B hospitals of similar size to Wimmera Health Care Group) and all hospitals across the State.

Community Advisory Committee

Wimmera Health Care Group's Community Advisory Committee comprises of five community representatives, two Board members, the Chief Executive, Community Liaison Officer and Quality Manager/Consumer Advocate.

Current community representatives on the Community Advisory Committee are:

- Gillian Vanderwaal (Chairperson) – Community Education Co-ordinator, GWM Water (Horsham)
- Tim Eagle – Farmer (Horsham)
- Audrey Hurst – Journalist (Dimboola)
- Kenneth Shippides – Patient Transport Service Worker (Horsham)
- Nicole Timms – Veterinarian (Horsham).

The Community Advisory Committee acts as a vital link between Wimmera Health Care Group and the community. Their role is to give advice to the Board of Management about our health service from a community perspective so that we can better meet the needs of people who use our services.

This year, the Community Advisory Committee has provided valuable feedback and advice on a range of important care and service initiatives, including:

- the Wimmera Health Care Group Strategic Plan;
- the Horsham Campus Acute Services Patient Information Guide;
- directional signage;
- the Wimmera Health Care Group Annual Report and Quality of Care Report;
- brochures and printed publications; and
- the Wimmera Health Care Group website.

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.

Patient-Centred Care

We believe that patients and their families are essential members of the health care team. When people come to Wimmera Health Care Group, we want them to feel safe, secure and well cared for, but we also encourage them to be partners in their own care. We want them to have information about their treatment in a language that they understand, and to feel confident in managing their health care needs when they go home. That is why **Plan and deliver care in a person-centred manner** is a goal in our Strategic Plan.

The way we communicate information to patients is equally as important as the information we give them. A core principle of providing person-centred care is effective communication between patients, their families and the service provider.

Coming to hospital can be daunting for patients and their families. People want to know what's happening to them and why. This can only be achieved through regular communication with the staff who are treating them. Although we encourage people to ask questions, sometimes they are reluctant to, because they see staff are busy and don't like to take up more of their time.

This year, Wimmera Health Care Group was one of the first Victorian hospitals to launch a new patient communication booklet that promotes good practice in person-centred health care. The *nothing about me without me* communication booklet was introduced to help patients and their families to be more informed and involved in their care during their hospital stay.

The patient communication booklet can be used in many ways and is not restricted to one particular purpose. For example, it gives us an opportunity to provide basic information such as the names of staff involved in the patient's care, important telephone numbers, rest periods and planned discharge time. Patients can even use the booklet as a journal, diary, a record of their stay or as a visitor's book.

In addition, the booklet can be used to reinforce verbal discussions between staff, patients and their families. Leaving hospital can be frightening too and staff can record advice in *nothing about me without me* to reinforce any verbal discussion that will assist the patient's recovery at home.

Pam Muszkietta, Nursing Operations Manager accepts her Improving Outcomes in Aboriginal Health Award from the Hon Daniel Andrews, MP, the Minister for Health.



Improving Care For Aboriginals and Torres Strait Islander Patients

Wimmera Health Care Group is committed to strengthening the relationship between the local Aboriginal and Torres Strait Islander community 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. We are committed to providing a service that suits local community needs. At Wimmera Health Care Group, we have focused on the following four key areas to improve their experience:

1. Creating a welcoming environment

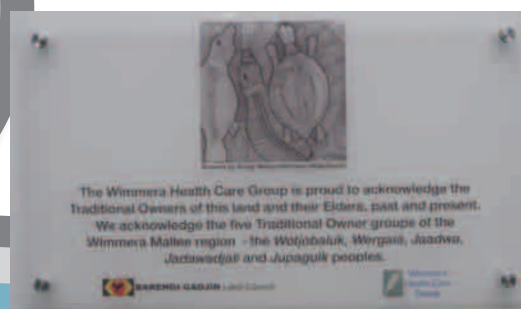
Our Horsham and Dimboola campuses have plaques displayed in main entrances acknowledging the Traditional Owners. The Aboriginal and Torres Strait Islander flags are always flown to recognise important events. Prints of Aboriginal women breastfeeding are on public display at several locations. At the commencement of official meetings, we recognise the Traditional Owners with an Acknowledgement of Country. We also promote, recognise and celebrate special events such as Reconciliation Week and National Aboriginal and Islander Day Observance Committee (NAIDOC) Week.

2. Training for hospital staff

Correct identification of Aboriginal and Torres Strait Islander people is the first step in helping staff to understand and respond to their needs. Our staff are trained to ask patients on admission about their background. In addition, all new staff and each rotation of Interns are orientated to cultural awareness needs when they commence at Wimmera Health Care Group. This year, 77 staff members attended training.

3. Service planning and evaluation processes ensuring cultural needs

Identification of Aboriginal and Torres Strait Islander status ensures that our Koori Hospital Liaison Officer is notified of their attendance. Under the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program, the goal of achieving accurate identification of all who identify as Aboriginal and Torres Strait Islander people has been achieved. The Koori Hospital Liaison Officer and ICAP program play a key role in ensuring the provision of quality healthcare needs and expectations of Indigenous people are met in a culturally appropriate way. This can include contacting family, working with hospital staff on behalf of the patient, and linking with appropriate services for discharge support and follow up care.



Our Horsham and Dimboola campuses have plaques displayed in the main entrances acknowledging the Traditional Owners.

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 Indigenous people requiring these services. Participation in the ICAP program enhances linkages with local co-operatives and agencies.

Wimmera Health Care Group actively participates in the Grampians Regional Aboriginal Service Plan meetings and is the facilitating partner and fundholder for the Delkaia Aboriginal Best Start Project. This project commenced in 2004 and involves a partnership between Wimmera Health Care Group, Horsham Rural City Council, Barenji Gadjin Land Council, Wimmera Primary Care Partnership, Horsham North Primary School, Wimmera Uniting Care, Goolum Goolum Aboriginal Co-operative, Budja Budja Aboriginal Co-operative, Local Aboriginal Education Consultative Group, Delkaia Indigenous Reference Group, Department of Human Services and Department of Education and Early Childhood Development.

Improving Outcomes in Aboriginal Health Award

In September 2009, Wimmera Health Care Group's Nursing Operations Manager, Mrs Pam Muszkieta was presented with the State Government's Improving Outcomes in Aboriginal Health Award at the State Nursing and Midwifery Excellence awards ceremony in Melbourne.

Pam's role as delegate for the Delkaia Aboriginal Best Start partnership has seen her work closely with local Indigenous women, developing their leadership skills and assisting them to access mainstream health promotion and community development opportunities.

Pam has been involved with the partnership for several years and has made a significant contribution during this time.

The Project's aims are to improve the health, development, learning and wellbeing of Aboriginal and Torres Strait Islander children from conception to eight years through prevention and early intervention initiatives.

The Delkaia Aboriginal Best Start Project has had many achievements including:

- the Welcome Baby to Country Ceremony which has gained state-wide recognition through an Early Years Award;
- the introduction of a Transition Program for Aboriginal families and children about to commence kindergarten and prep;



Kim Galpin,
Koori Hospital
Liaison Officer.

- a very successful Gap Gap Dyirr Family Camp;
- community engagement with the changing themes of the Delkaia Family Fun Days; and
- launch of the Teeth for Keeps poster and Indigenous Child Record Insert.

Cultural Diversity

Wimmera Health Care Group has a Cultural and Linguistically Diverse (CALD) Committee comprising of staff and community representation. The committee was formed in 2006 with the purpose of ensuring that people from CALD backgrounds have equal access to care and services at Wimmera Health Care Group.

The committee's objectives are to:

- develop, implement, monitor and report on the Wimmera Health Care Group Cultural Diversity Plan;
- increase the level of awareness of CALD and cross cultural issues across Wimmera Health Care Group;
- raise understanding and awareness of staff managing CALD issues across the service;
- provide a forum for staff to raise and discuss issues pertinent to this population group; and
- increase Wimmera Health Care Group's effectiveness in its whole-of-agency response to CALD consumers and issues.

Although only 4%¹ of the Wimmera's population is born overseas, at Wimmera Health Care Group, we recognise the cultural sensitivities and needs of all people within our community.

Each year, the CALD committee develops a Cultural Diversity Plan for the organisation and reviews the achievements from the previous year. The plan covers six key areas – Access, Cultural Relevance, Information/Communication, Consultation, Special Program Needs and Service Co-ordination.

This year, a number of staff attended CALD information sessions, and 22 staff from across the Horsham and Dimboola campuses participated in Deaf Awareness Training. Wimmera Health Care Group staff have also participated in education sessions in preparation for refugees relocating to Horsham.

All clinical areas at Wimmera Health Care Group have interpreter/translator resources available for patients and their families/carers including:

- On Call Interpreters and Translators agency – booking processes by telephone and booking processes for on-line
- National Relay Service – phone service for people who are deaf or have a hearing or speech impairment

The Wimmera Health Care Group website can be readily translated to other languages (German, Spanish, Italian, French, Greek and Arabic) via the Google Translator.

¹ Australia Bureau of Statistics data, 1996 census

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.

Men's Health – Stepping out of the Shed!

This year our Community Health Nurses were involved in delivering a Men's Health Program to the Horsham Men's Shed. This program was delivered in partnership with the Wimmera Primary Care Partnership and the Wimmera Sports Assembly. It was based on the Go For Your Life program and ran over eight weeks.

Community Health Nurses were involved in helping clients to set achievable health goals, monitoring their progress and providing them with health information. The men involved in the program set their goals after an initial health consultation with the Community Health Nurse. They used a progress tracker for the duration of the program.

Community Health Nurse Tracey Pitts (left), goes for a walk with Horsham Men's Shed members Bill Meyer, Alex Cushion, Robert King, Gary Lawson, Barry Bell and Ivan Sherriff.



The objective was to increase physical activity and look at dietary habits. All men set goals ranging from increased physical activity, improved fruit and vegetable intake, decreased alcohol consumption and increased intake of water. Our Community Health Nurses visited the Men's Shed weekly to monitor and chart their progress.

The outcomes were very positive. Ten men participated, with many reaching their weight loss goal. All clients were given a pedometer to monitor walking and they started up a walking group. Dietary habits changed and a walking group commenced. Everyone who participated commented on how the program had made them more aware of physical activity and their eating habits.

"The program helped me make healthier food choices. I now have a mandarin with lunch, an orange with tea and then a banana"

Bill Meyer, Horsham Men's Shed.

Oncology Nurse Practitioner

Wimmera Health Care Group, Stawell Regional Health and East Grampians Health Service in Ararat have joined forces with the support of the Grampians Integrated Cancer Service to advance their expanding Oncology services and patient care with the addition of an Oncology Nurse Practitioner position. Oncology is the branch of medicine that manages cancers.

The Nurse Practitioner is a highly skilled nurse who will provide clinical and professional leadership through an expansion in scope of practice for service delivery to cancer patients. The role includes assessment and management of patients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other health professionals, prescribing medications and ordering diagnostic investigations.

The Oncology Nurse Practitioner will work closely with the Medical Oncologist Professor George Kannourakis who provides a weekly visiting service to the Wimmera and the Oncology teams in Horsham, Stawell and Ararat, to provide continuity of care to people with cancer.

It has been a great opportunity to build professional and supportive relationships between the three participating health care facilities which will be further strengthened through introduction of this new role. It is anticipated the Oncology Nurse Practitioner Candidate will commence work at the beginning of 2011.



Liz King

“The professional yet compassionate approach was greatly appreciated.”

McGrath Foundation Breast Care Nurse

In August 2009, Wimmera Health Care Group became one of 44 organisations across Australia to employ a dedicated Breast Care Nurse. This was made possible due to funding from the McGrath Foundation and the Federal Government.

Elizabeth King is Wimmera Health Care Group's specially trained and registered Breast Care Nurse. This service provides physical, psychological and emotional support for women diagnosed with breast cancer and their families from the time of their diagnosis and throughout their treatment.

The program also aims to promote a greater level of self breast awareness in women. Whilst 9 out of 10 breast lumps are not cancerous, it is important to note any changes as soon as they occur.

The service is provided across the Grampians region from Stawell to the South Australian border, through to Hopetoun and Edenhope. Elizabeth is also available to talk to groups about breast self awareness. For further information about the Breast Care Nurse service, please contact Elizabeth King on ph. 0428 210 105.

Being “Breast Aware”

Because breast cancer affects women of all ages, it is important that all women, including young women, examine their breasts regularly to pick up any changes. Self examination is important. If you are aware of how your breasts normally look and feel, you're more likely to notice a change if it develops.

In addition to seeing your doctor each year for a breast examination, you need check your breasts regularly. A good time to do this is after the last day of your menstrual cycle or if you do not have periods, the same date each month. Most women find that their breasts are easier to examine just after their period when any premenstrual pain and lumpiness have settled.

You may check your breasts standing up, for example, in the shower, or lying down, for example, in bed before going to sleep. Your partner should also be alert and look for changes in your breasts.

You can check your breasts by

- Looking at the shape and appearance of your breasts and nipples in the mirror with your hands by your sides.
- Raising your arms above your head and looking for a change in the shape of the breasts.
- Feeling for lumps in the breasts either while lying down or standing.
- Feeling for lumps in the nipple area and in the armpits.

You should look out for the following changes

- A lump or lumpiness or even a change in shape or appearance of your breast such as dimpling, redness and appearance of veins.
- An area that feels different to the rest of your breast or any pain in your breast.
- Any change in the shape or appearance of your nipple, such as your nipple being pulled in or development of a rash.
- A discharge from your nipple, particularly if it is bloody.

If you find a change in your breast, don't panic

Most changes in the breast are not related to breast cancer. However, if you do find a change in your breast or a lump, it is important to visit your GP immediately.

McGrath Foundation – Together we can make a difference

Stroke – from hospital back to everyday life



Kath participated in a 10-week rehabilitation program at Planet Feelgood.

Kath O'Connor's Story

When 75 year-old mother of seven Kath O'Connor collapsed on the floor of her Horsham home early one morning in February, little did she know that she had just suffered a serious stroke. This is her story...

It was 7 a.m. on Thursday 18th February and I had just got out of bed. I don't remember exactly what happened after that, but the next thing I knew, I was on the floor and I couldn't move.

My husband Bill called the ambulance straight away, and they arrived a few minutes later. I had fallen in an awkward spot between the bedroom and the bathroom and they had trouble getting me onto the stretcher and out of the house. I couldn't move my left arm or leg. The left side of my face had started to droop, but I didn't know that at the time.

I was taken to the Emergency Department at Wimmera Base Hospital. My family came in and they were all in shock to learn that I had a stroke in the right side of my brain, affecting movement in the left side of my body. I had a mini stroke six years ago, but it was only very slight and I didn't really take it seriously at the time. Nothing like this had happened to me before and other than having children, I had never been in hospital.

That day, there were lots of tests and an eye patch was placed over my left eye for protection. I was admitted to Oxley Ward that night. By then, reality had hit and I was frightened for what lay ahead. I could end up in a nursing home, or even worse, I could die.

For the first 24 hours, I had so many staff assessing me. There was the Physiotherapist, Occupational Therapist, Speech Pathologist, Dietician and Social Worker. I was feeling so sick and I just wanted to be left alone, but this was to be the start of my journey to recovery.

What I know now is that the first 24 hours after a stroke is crucial to your recovery. Wimmera Health Care Group has a stroke pathway to

ensure all tests and assessments are done as soon as possible so that you have the best chance of recovery. It is very comforting to know that their stroke patient management is amongst the best in Australia, even without a specialist stroke unit.

During the next few days, it was a big shock to find that I couldn't do things that I had taken for granted before. I didn't want to get out of bed at first, but the Physiotherapist was very encouraging and persuasive and eventually won me over.

I stayed in hospital for eight days. When the doctors did their daily rounds, I was able to ask questions and always given answers in a way that I could understand. The nursing staff were fantastic too. They treated me and my family with respect and were sensitive to our needs.

I was one of the first patients to receive the new *nothing about me without me* Patient Communication Booklet and it was fantastic. The nursing staff wrote messages in it for my family and so did my visitors. Even now, I pick up the book and look back on things.

When I was still in hospital, the Physiotherapist took me walking across all different types of surfaces to make sure I'd be safe when I got home. Whilst I initially felt insecure walking, especially down steps, as time has gone on I have become more confident. When I first started walking, I was on a walking frame and later graduated to a walking stick. I am very fortunate as I don't need any aids to help me walk now.

Before I was allowed home, the hospital arranged a family meeting with my husband, children and myself. The Intern, Admissions and Discharge Co-ordinator, Occupational Therapist, Speech Pathologist, Physiotherapist and Social Worker were involved. It was brilliant for me and my family. We felt comfortable in asking questions and making important decisions about my transition back home. I was asked how I would manage at home and my family was given advice on how they should treat me when I got home. We were given a description of all my medications. It was very helpful for us to read what medication I was taking and why.

Kath enjoys taking time out to do the supermarket shopping.



One of Kath's goals after the stroke was to be able to do up the buttons on her jeans.





Kath is diving the car again now.

Kath with Social Worker Liz Vickers.

When I was in hospital, the Occupational Therapist visited our home to make sure I could manage the physical layout and see what aids were needed so I could get home. By the time I arrived back home a week after my stroke, grab rails had been installed in the toilet and shower.

I set some goals with the Occupational Therapist. I wanted to do up the buttons on my jeans. I am proud to say that I can do that now. Small achievements mean so much to me now.

Before I left hospital, the Allied Health staff had a meeting and decided I should participate in a 10-week rehabilitation program at Planet Feelgood (a Horsham gym). I was reluctant at first, as I'd never been to a gym before. There were nine of us doing the program and we all got on really well together. We went on machines to exercise our legs, used a stepping machine for balance and did lots of walking, making sure we put our heels down firmly on the ground. We were all presented with a certificate and I even got a special medal because I completed the program without quitting.

I am driving the car again now. I didn't want to drive for a start, but then I realised I might actually be safer behind the wheel than out walking where someone might run over me! I had a lesson with the driving instructor who provided my doctor with a report to say that I was safe to drive. It's a good feeling to be independent again.

Since the stroke, I've joined the University of the Third Age and I'm on their committee. It's something different that I've wanted to do for a long time. At the moment, I'm attempting to learn German and taking on the challenge of cryptic crosswords.

The Stroke Support Group has been a great support for me. We meet on the first Tuesday of every month and I've got to meet some fantastic people. It's been very helpful to talk to people who have been through a similar experience to me.

Looking back on things, I hadn't been feeling terribly well the day before my stroke. It was hard to pinpoint exactly, but my eyes weren't working well and I just didn't feel myself. It was a warning sign, but I didn't see it at the time.

I have nothing but praise for the caring staff at Wimmera Health Care Group. They were very professional and looked after me well. If I had my time over, I wouldn't go anywhere else.

Stroke – the journey

What is a stroke?

A stroke is caused by a sudden interruption of the blood supply to an area of the brain either by a clot or a burst blood vessel (a bleed). This results in damage to the brain.

A stroke affecting one side of the brain will affect the opposite side of the body. A stroke may cause loss of consciousness, weakness on one side of the body, difficulty speaking or swallowing, loss of bladder control, memory disturbance or partial loss of vision.

In developed countries like Australia, stroke is the third largest cause of death and the major cause of disability.² Over 48,000 strokes occur every year with a stroke occurring every 11 minutes.³ There is overwhelming evidence⁴ that the best care for stroke patients is provided in a unit that specialises in stroke care. However only 23% of hospitals have a formal stroke unit.⁵

When a patient presents to Wimmera Health Care Group with a stroke

As Wimmera Health Care Group does not have a formal stroke unit, the local health professional team have developed and implemented a Stroke Clinical Pathway to guide clinicians in providing quality care for stroke patients in line with national guidelines.

The stroke clinical pathway is a document that outlines a series of diagnostic and treatment processes for the management of patients admitted following a stroke. These guidelines are based on current research and what care can be provided at Wimmera Health Care Group.

So, when a patient presents to the hospital with a suspected stroke, the health professionals involved in the care of the patient will automatically commence a stroke clinical pathway in the emergency department whilst attending to the patient's immediate health care needs.

The stroke clinical pathway is used by all health professionals involved in the care of the patient, including doctors, nurses, physiotherapists, speech therapists, social workers and dietitians throughout the stroke patient's stay in hospital. The required care for each day of the patient's stay in hospital is outlined as well as discharge planning.

2 Murray C, Lopez A. *Global mortality, disability, and the distribution of risk factors: global burden of disease study*. Lancet 1997; 349: 1436-1442.

3 National Stroke Foundation

4 *Stroke Unit Trialists' collaboration. Organised inpatient (stroke unit) care for stroke (Cochrane Review)*. In: The Cochrane Library. Oxford Update software. Issue 1, 2003.

5 van der Walt, A et al. Quality of stroke care within a hospital: effects of a mobile stroke service. MJA 182(4): 160-163

Quality care during a stroke patient's stay

The clinical pathway ensures that your local healthcare professionals work as a team by improving communication.

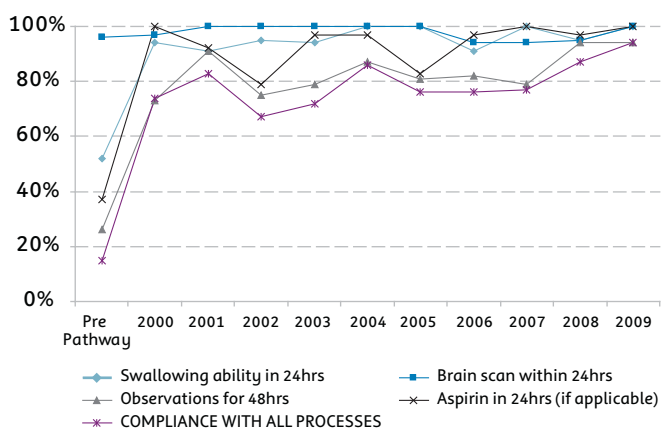
However, the most important achievement resulting from the introduction of the Stroke Clinical Pathway is the high quality of care Wimmera Health Care Group has been able to provide for stroke patients.

Research has shown that patients with stroke who receive care according to the National Stroke Guidelines have improved outcomes.⁶ At Wimmera Health Care Group, we follow these guidelines, which include:

- a brain scan (often called a CT scan) within 24 hours of admission to determine if the patient has had a stroke and if so, what type. This investigation is necessary to ensure the patient receives the right treatment.
- assessing swallowing ability within 24 hours of admission. This determines the consistency of food and fluid the patient can safely be given.
- aspirin within 24 hours of admission. If the stroke has been caused by a blood clot, aspirin helps to dissolve the clot. Aspirin must not be used if the stroke has been caused by bleeding in the brain. The brain scan demonstrates the type of stroke which has occurred and if aspirin should be given.
- undergo regular observations during the first 48 hours after their stroke to identify any medical problems or complications that require treatment or prevent the stroke becoming worse.

Graph A shows that since the Stroke Clinical Pathway was introduced in 2000, patients treated for stroke at Wimmera Health Care Group have consistently received care according to the National Guidelines.

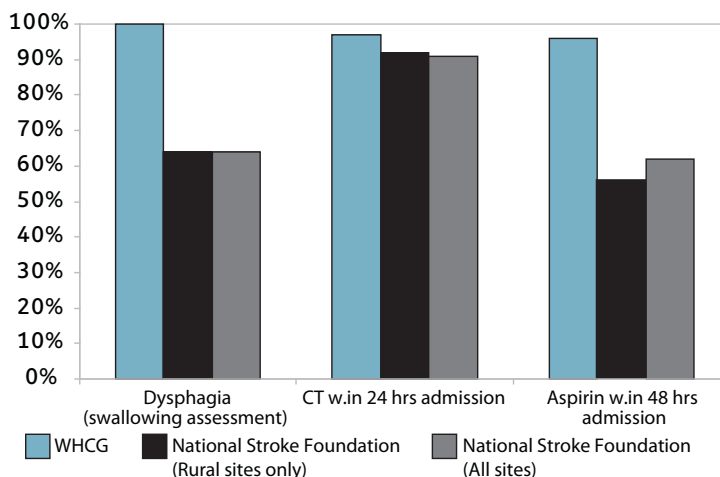
GRAPH A



⁶ Ibrahim J (2002) Performance indicators for acute stroke: Final Report. National Stroke Foundation.

Research undertaken at Wimmera Health Care Group shows that the percentage of patients receiving key diagnostic tests within a set time was greater at Wimmera Health Care Group than in many other Australian Hospitals. Graph B compares stroke management at Wimmera Health Care Group with the National Stroke Foundation findings for hospitals surveyed in their 2009 report.

GRAPH B



What does this mean for the patient? That the highest quality of care is provided resulting in the best outcomes possible for stroke patients.

Patient-centred stroke care

Alongside the stroke clinical pathway is a patient pathway. The patient pathway is given to the patient and helps involve the stroke patient in their care and enables them to understand what treatments and tests they may have during their stay in hospital.

When a stroke patient goes home

Discharge planning starts on a patient's admission to Wimmera Health Care Group. This enables patients, their family members and carers the opportunity to identify potential needs for when they go home. For a stroke patient, discharge planning is a quality link between the acute hospital care, rehabilitation services, community based services, general practitioners and support groups.

The Clinical Risk Management Team with their 2009 Victorian Public Healthcare Award. Back – Sammy Sordello, Darlene Smith, Nicole Jakobi, Alicia McGrath and Kerrie Ward. Front – Alan Wolff and Sally Taylor.



Community Rehabilitation Centre: Following a stroke and depending on the patient's needs, they may be referred to the Community Rehabilitation Centre. The Community Rehabilitation Centre assists to facilitate and provide ongoing medical needs, including specialists (geriatric, rehabilitation, neuropsychology), allied health and nursing. The Community Rehabilitation Centre will also introduce the patient to relevant programs like the gait and balance clinic or other programs that will assist with daily living activities. Importantly, the Community Rehabilitation Centre will also introduce a stroke patient to support services in the community and refer them to the stroke support group.

Stroke Support Group: As part of our normal processes, stroke patients are referred to the Social Work Department shortly after admission. As part of their rehabilitation, social workers will invite the patient to participate in the Horsham Stroke Support Group.

The Horsham Stroke Support Group commenced 11 years ago to support people whose life had been affected by stroke. Stroke survivors and their family or carers are welcome to attend this confidential group which meets monthly in the Rehabilitation Lounge Room, Arapiles Building, Baillie Street, Horsham.

Leaving home for a couple of hours encourages social connectedness, reduces social isolation and provides a safe environment where members can relax and freely discuss topics with each other. Guest speakers also provide education or entertainment.

The group is facilitated by the Social Work Department and they can be contacted on ph. 5381 9385. People who are not able to attend the meetings can still receive personal support from the staff at the Social Work Department.



Take the strokesafe test and consider your risk of stroke

- I am over 50 years of age
- I have a family history of stroke, have heart disease or have had a stroke
- I have elevated or high blood pressure (greater than 140/90) or do not know my blood pressure
- I currently smoke
- I have high cholesterol (total cholesterol greater than 4.0mmol/L) or do not know my cholesterol level
- I have more than 2 standard alcoholic drinks per day
- I am overweight
- I do not go for a 30 minute brisk walk or an activity of the like on most days of the week
(includes works, domestic duties or leisure time)
- I do not eat a diet high in fruit and vegetables and low in fat, sugar and salt
- I have diabetes or impaired glucose intolerance
- I have atrial fibrillation (irregular heartbeat)

If you have ticked one or more of the boxes you have an increased risk of stroke. It is advised that you talk to your doctor about your stroke risk and ways to minimise your risk.

Taken from National Stroke Foundation: Strokesafe Test

If you or someone you know has the symptoms that suggest a stroke, dial 000 immediately and ask for an ambulance.

The FAST test is any easy way to remember and recognise the signs of stroke.

FAST stands for **F**ace, **A**rms, **S**peech and **T**ime to act. Using the **FAST** test involves asking three simple questions:

Face – Check their face. Has their mouth drooped?

Arms – Can they lift both arms?

Speech – Is their speech slurred? Do they understand you?

Time – Is critical.

If you see any of these signs call 000 straight away.

Quality and Safety

Clinical Governance

Clinical Governance is a framework through which healthcare organisations are accountable for monitoring and continually improving the quality and safety of their services.

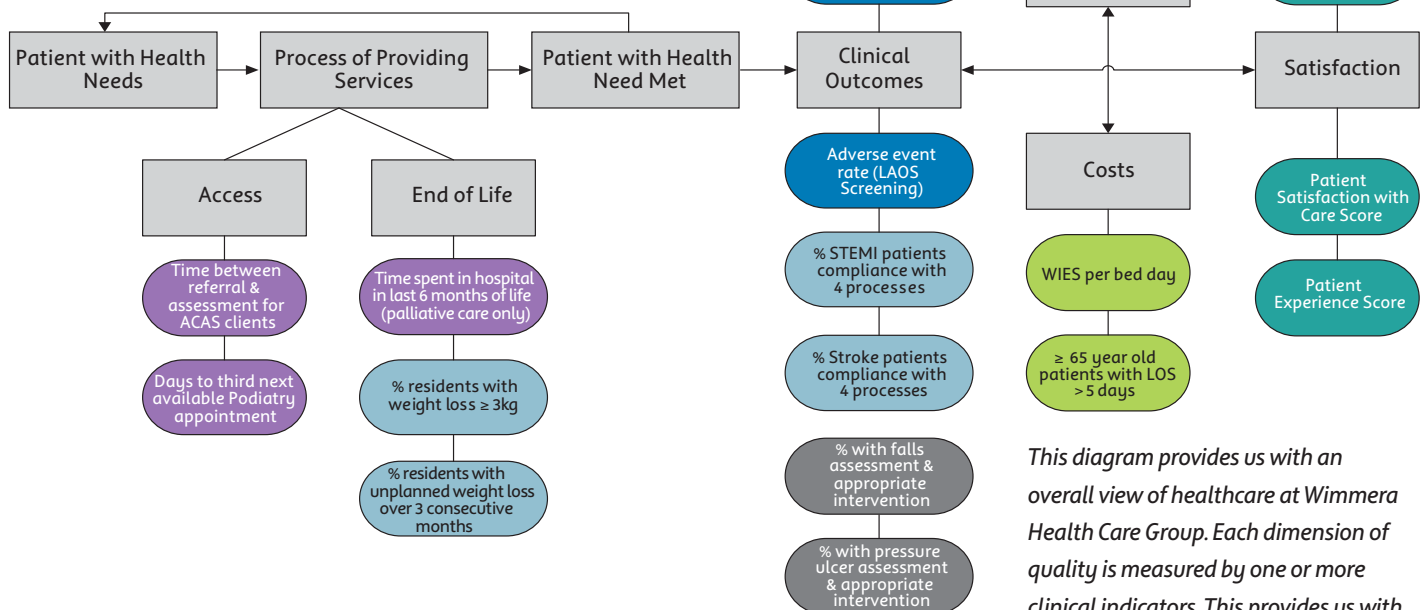
At Wimmera Health Care Group we have a Clinical Governance committee which consists of Board members, the Executive and key members of the Quality and Safety team. This Committee monitors the Quality and Safety Strategic Plan which supports the Organisations Strategic Plan. This Plan has a number of key performance indicators which provide a view of the whole health system and measures all dimensions of quality.

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

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

Dimensions of Quality

- Safe
- Patient-Centred
- Effective
- Efficient
- Appropriate
- Accessible



This diagram provides us with an overall view of healthcare at Wimmera Health Care Group. Each dimension of quality is measured by one or more clinical indicators. This provides us with a snapshot of quality and safety across the organisation.

Consumer Participation

Consumers are involved and engaged through the Community Advisory Committee and the Cultural and Linguistically Diverse Committee. Consumer complaints, compliments, suggestions and surveys are also used to enhance the quality of care provided. Consumer feedback “Have your say” forms are available from all areas of Wimmera Health Care Group.

Clinical Effectiveness

This 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 accreditation processes to monitoring clinical indicators and undertaking clinical audits. Some of these activities are presented throughout this report.

The Linen Services
Department processes
17,000 kg (60,000 items)
of linen every week.



*“Thank-you for your cheerfulness,
your professionalism,
your encouragement,
persistence and
determination
– we got there!”*

Effective Workforce

We have systems in place to ensure that staff employed 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, residents and clients as part of the broader organisational risk management system which includes corporate, occupational health and safety risks.

Clinical Risk Management

All Wimmera Health Care Group staff aim to provide the best possible care to our patients, residents and clients. However, healthcare in the 21st century is very complex and even with the best intentions, there are times when something goes wrong and this results in an adverse event.

An adverse event is an incident which results in harm to a person receiving health care. Examples of adverse events are a wound infection after surgery, an allergic reaction to a medication or the development of a pressure ulcer. Not all adverse events are preventable, but a large number are.

The Wimmera Health Care Group’s Clinical Risk Management Program aims to reduce the chance of individuals in our care experiencing an adverse event.

Currently a number of individual projects are being undertaken as part of Wimmera Health Care Group’s Clinical Risk Management Program. You can read about some of our projects in the following articles elsewhere in this report:

- Medication Safety
- Falls Prevention
- Pressure Ulcer Prevention
- Stroke Clinical Pathways.

During 2009 the following achievements of the Wimmera Health Care Group’s Clinical Risk Management Program were highlighted and acknowledged:

- August – the Minister for Health, Daniel Andrews, MP, launched the book *Enhancing Patient Care: A guide to improving quality and safety in hospitals* in Melbourne. The book, written by Prof Alan Wolff (Director of Medical Services) and Sally Taylor (Clinical Risk Manager) provides a practical guide to improving the quality of care provided to patients and reducing the chances of causing harm when care is provided, based on the program developed at Wimmera Health Care Group.
- September – Wimmera Health Care Group’s Clinical Risk Management Team received a high commendation at the Victorian Public Healthcare Awards in the Minister’s Award category for an Outstanding Team Achievement.
- September – a paper showcasing the results achieved by the Clinical Pathways Program was selected for an oral presentation at the 7th Australasian Conference on Safety and Quality in Health Care held in Sydney.

Accreditation

Wimmera Health Care Group is constantly reviewing its performance to ensure the needs of the community are met and that the care we provide is:

- safe and effective;
- person centred; and
- integrated and co-ordinated.

Staff show off the Aged Care Standards and Accreditation Agency Accreditation Certificate at Kurrajong Lodge Hostel.



Staff and residents show off the Aged Care Standards and Accreditation Agency Accreditation Certificate at the Wimmera Nursing Home.

Executive members and Department Heads look on as Leonie Bartells (left) displays the Dimboola Aged Care Standards Agency Accreditation Certificate and Hayley Roberts and Chris Scott (foreground) show off the Australian Council on Healthcare Standards certificate granting Wimmera Health Care Group four years accreditation status.



Residential Aged Care Services

Residential Care Services at our Dimboola campus were assessed by the Aged Care Accreditation Agency in 2009. Whilst the assessment team identified areas for improvement in information management, the service was granted accreditation status for a two year period.

More recently, Wimmera Nursing Home and Kurrajong Lodge achieved compliance with all required outcomes as assessed by the Aged Care Standards and Accreditation Agency in May 2010, and subsequently was granted the maximum four year accreditation status.

Home and Community Care

Wimmera Community Options was assessed by the Department of Health and Ageing in August 2009. Service areas examined were: Community Aged Care Program packages, Extended Aged Care at Home – General, and Extended Aged Care at Home – Demential packages and National Carer for Respite Centre programs.

The assessors found that Wimmera Community Options was able to demonstrate a comprehensive continuous improvement approach towards the delivery of quality services that support service users to maintain their independence and remain connected to their community as long as possible.

Below is a snapshot of some of the feedback we received from the assessors:

“Accreditation is a significant achievement as it serves as a sign to your community that your organisation is committed to delivering quality patient/consumer care and service”

“It was evident on survey that a significant number of programs and processes are in place to support the community, patients and carers”

“Care is planned and evaluated with a number of quality improvement activities undertaken to help demonstrate service improvement”

Accreditation 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 agencies such as Wimmera Health Care Group deliver quality care that is safe and appropriate to the needs of the individual. During the accreditation process independent assessors from the accreditation body visit our hospital to conduct a thorough assessment. This review involves: talking with patients, residents, clients and their relatives; interviewing staff; checking documentation; and observing the way care is given and services are delivered.

Wimmera Health Care Group is fully accredited in Acute Services, Residential Aged Care Services and Home and Community Care Services.

Acute Services

In July 2009, Wimmera Health Care Group participated in an organisational-wide survey by the Australian Council on Healthcare Standards. This involved four independent surveyors spending three days with us evaluating our safety and quality processes in clinical, support and corporate areas. The assessment was an overwhelming success, with Wimmera Health Care Group being granted four years accreditation status.

Wimmera Health Care Group has received continuous accreditation by the Australian Council on Healthcare Standards since 1975, a track record we are extremely 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.

It is a clear demonstration of our mission that we are committed to achieving the best health for all the Wimmera and our vision to be the leader in rural health delivering caring services with respect, reliability and integrity.

Our consumers demand a high standard of healthcare and we are proud that Wimmera Health Care Group has been recognised for meeting their expectations”

**Chris Scott, Chief Executive,
Wimmera Health Care Group**

Infection Control

Infection prevention remains a constant goal at Wimmera Health Care Group. Many strategies are used to minimise the risk of infection including: 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.

Infection control is an important part of the accreditation process for aged, acute and community care. Our Dimboola and Horsham sites have been assessed and accredited in the past year, meeting all the infection control standards, without any recommendations for change.

Wimmera Health Care Group staff are educated in the Five Moments of Hand Hygiene and audits of hand hygiene compliance are regularly conducted with the results forwarded to the Department of Health. The latest audit showed an overall compliance rate of 74.8% compared to the Victorian compliance rate of 72%.

All visitors to Wimmera Health Care Group are encouraged to use the alcohol hand rub which is available at main entrances and within common visitor areas. The hands of visitors can innocently contaminate equipment, furniture etc. which can later contaminate a surgical wound or cause infection elsewhere. This is particularly important for friends and relatives handling newborns.

*“From reception, triage,
to seeing the doctor.
The service, advice and
recommended treatment
was absolutely fabulous.”*

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

- 86% compliance in the correct use of prophylactic antibiotics prior to surgery;
- four new MRSA (Methicillin Resistant Staphylococcus Aureus) infections occurring after 48 hours of hospitalisation;
- five blood stream infections caused by the organism staphylococcus aureus;
- one blood stream infection in a patient receiving haemodialysis; and
- one surgical site wound infection in a patient following a caesarean section.

These results are comparable to or better than the State average figures.

Cleaning audits are regularly conducted by both internal and external auditors. The latest annual external cleaning audit in July 2010 demonstrated the following scores:

Horsham site – Overall score 91%

- 93% for very high risk areas
- 94% for high risk areas and
- 85% for moderate risk areas

Dimboola site – Overall score 96.5%*

- 96% for high risk areas
- 97% for moderate risk

*There are no very high risk areas (intensive care unit, operating suite etc.) at Dimboola

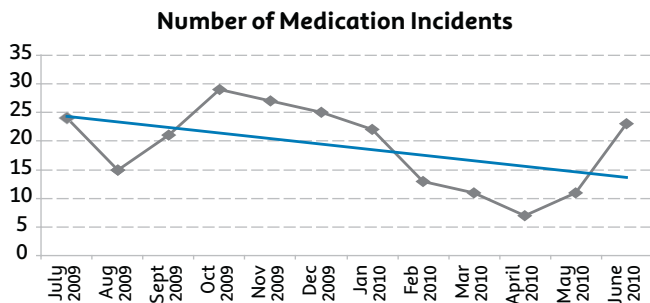
The year has at times been challenging with the identification of new Multi Resistant Organisms in the healthcare industry. The emergence and increase in the rates of these organisms reinforces the importance that:

Hand hygiene is the single most important weapon against infection!

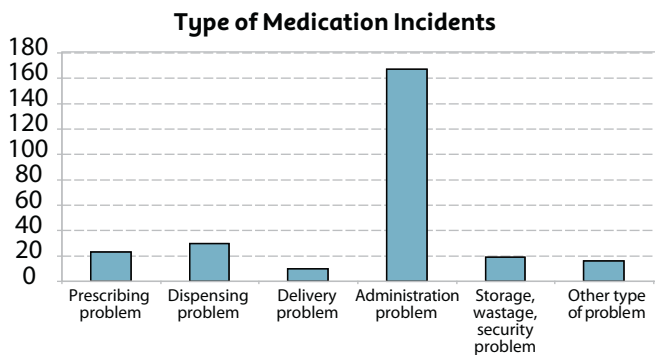
Medication Safety

The safe and appropriate use of medicines is vital to ensure patient safety in hospitals. A 2002 report from the Australian Council for Safety and Quality in Healthcare estimated that 2-3% of all hospital admissions (i.e. approximately 140,000 in 1999/2000) are related to problems associated with the use of medicines. 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 alone. Problems may arise due to errors in:

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



The above graph shows the recorded medication incidents for each month in the 12 months between July 2009 and June 2010. The blue line shows the number of incidents is trending downwards.



The above graph shows the common types of medication incidents reported during the period July 2009 and June 2010.

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

- the analysis of medication incidents and medication performance indicators;
- making recommendations for health care delivery system change when required; and
- reviewing all medication 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.

Performance Indicators

The Department of Health has provided the 'Indicators for Quality Use of Medicines (QUM) in Australian Hospitals' manual to assist in improving medication safety. The manual provides a set of performance indicators for medication safety. Performance indicators are useful quality improvement tools as they assist in identifying and measuring areas for improvement. When remeasured, over time, they can assess the effectiveness of quality activities.

Wimmera Health Care Group routinely monitors some of the indicators listed in the 'Indicators for the QUM' manual including Acute Myocardial Infarction and Venous Thromboembolism Prevention.

Acute Myocardial Infarction

Acute Myocardial Infarction (AMI) refers to the death of a part of the heart muscle caused by a block in the artery (i.e. heart attack). There is much evidence to support the use of certain medicines following an AMI. Use of these medicines, along with other measures, has been associated with improved outcomes. The recommended medicines are:

- an anti-platelet, such as aspirin (to thin the blood);
- a beta-blocker, such as atenolol or metoprolol (to reduce the work load of the heart);
- a statin, such as simvastatin or atorvastatin (to lower cholesterol); and
- an ACE inhibitor, such as ramipril or perindopril (to reduce blood pressure and prevent heart failure)

The AMI Performance Indicator measures the percentage of patients who have an AMI who are prescribed the four recommended medicines at discharge (i.e. an anti-platelet, a beta-blocker, a statin and an ACE inhibitor). The indicator does not look at each medicine individually, as the use of all four medicines together is considered to be best practice. The indicator excludes patients who have a valid reason for not taking the medicine (e.g. allergy to the medicine).

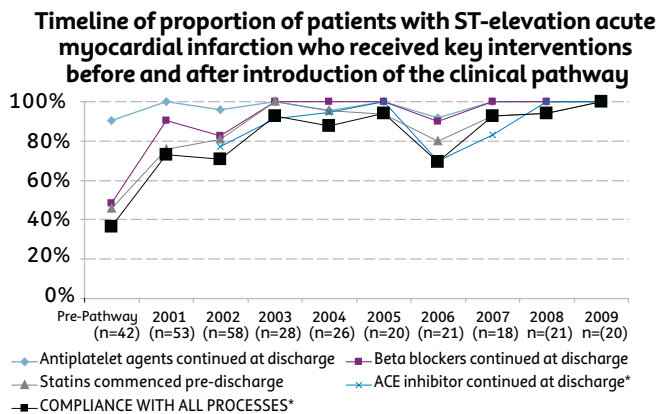
Phil is responsible for providing handyman services at Wimmera Health Care Group. He is one of 13 staff employed in the Engineering Department.



“Thank-you for the support and care you gave. May your kindness be returned to you a hundred fold.”

Results

Data for AMI has been collected since 2000, when a ‘Clinical Pathway’ was implemented at Wimmera Health Care Group to improve the management of these patients. The ‘Clinical Pathway’ provides a procedure and check-list for staff to follow to ensure all patients receive the same high standard of care. Performance indicator data shows an improvement in the prescribing of appropriate medications to eligible patients on discharge since introduction of the pathway.



*Measurement of ACE inhibitor data commenced in 2002 and therefore excluded from pre-2002 data.

The above graph shows percentage of patients who receive all the required medications after suffering an AMI. Importantly Wimmera Health Care Group has been continually able to maintain this result for 9 years.

Venous Thromboembolism Prevention Program

Venous thromboembolism (VTE) is a collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE), or a “blood clot” in the deep veins of your leg or lungs.

Research has shown that the incidence of blood clots is more than 100 times greater among hospitalised patients compared to those in the community. The main things that increase the risk of developing a blood clot whilst in hospital include: major trauma (physical injury), hip or knee replacement, prolonged surgery, stroke, heart failure, cancer, severe lung disease, severe infection or inflammation and having DVT in the past.

If a blood clot forms in your leg, it can affect blood flow, and cause severe pain and swelling. It can also cause permanent damage to your leg. If a blood clot forms, some of it may travel through your veins to your lungs and block blood supply. Without blood, your lungs cannot send oxygen to the rest of your body. You may have trouble breathing or, in rare cases, you may die.

Fortunately, there are effective measures available that can reduce the likelihood of developing complications caused by blood clots. Treatment will reduce the chance of a blood clot by about two thirds¹.

Wimmera Health Care Group has been actively trying to reduce the number of hospitalised patients who develop blood clots. A systematic approach is taken to assess and manage patients at risk to prevent and reduce the incidence of patients developing blood clots.

How does Wimmera Health Care Group achieve this?

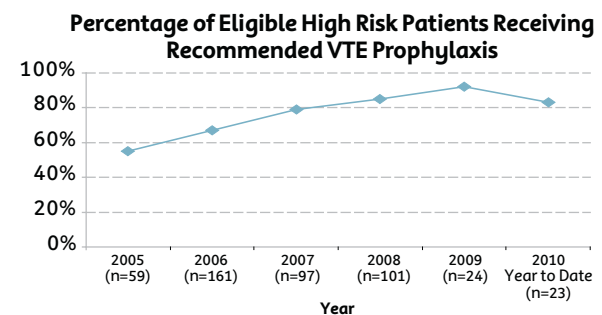
Each patient’s risk of developing a blood clot is assessed on admission to Wimmera Health Care Group. For patients at risk, recommended treatment options such as anti-clotting medication and wearing compression stockings may be prescribed.

Our Clinical staff receive information on best available evidence and best practice guidelines for the prevention of VTE, and have an increased awareness of VTE prevention strategies.

Written information in the form of posters and brochures on reducing the risk of blood clots – what to ask and how to act – are available to patients and medical practices in the area.

Results

Wimmera Health Care Group commenced a VTE project in November 2005 and began monitoring the percentage of high risk patients who received the recommended treatment to prevent the development of blood clots.



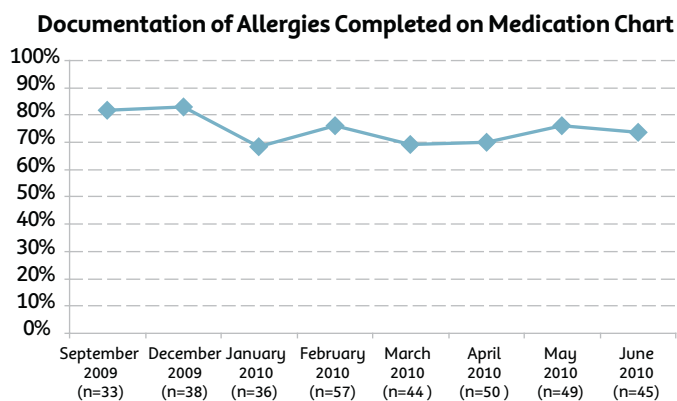
Since November 2005 there has been an overall improvement in the percentage of patients at high risk of developing VTE who receive the recommended treatment (prophylaxis).

1 The Australia and New Zealand Working Party on the Management and Prevention of Venous Thromboembolism (2005). Prevention of venous thromboembolism: Best practice guidelines for Australia and New Zealand. Third Edition.

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 time.¹



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

1. Indicators for Quality Use of Medicines in Australian Hospitals: NSW Therapeutic Advisory Group, 2007.

High Risk Medications

Sometimes Wimmera Health Care Group is provided with information on medication adverse events that have occurred somewhere else. When this happens we ask ourselves “Could this happen here?” If we think it could happen at Wimmera Health Care Group, we make changes to try and prevent that type of error occurring. This year, Wimmera Health Care Group has been working towards reducing the risk associated with the following high risk medication areas.

Wrong route administration of oral liquid medicines

Some serious incidents have occurred in Australia and overseas when oral liquid medication has been injected by mistake. Wimmera Health Care Group introduced amber oral dispensers to prevent these types of errors occurring. The oral dispensers cannot be connected to needles and are an amber colour, so are clearly different from intravenous syringes.



Responses to the survey went into a draw for a prize which was won by the Emergency Department.

Pictured left Bernie Ryan (Emergency Department Nurse Unit Manager) accepts the survey prize, a large mock amber oral dispenser filled with Easter chocolates, from Darlene Smith (Medication Safety Pharmacist).

What can you do to help us prevent medication errors?¹

- Be actively involved in your own health care.
- Taking part in decisions that are made about your treatment is the single most important way to help prevent things from going wrong and to get the best possible care for your needs.
- Speak up if you have any questions or concerns.
- Remember that you have a right to ask questions and to expect answers that you can understand.
- Keep a list of all the medicines you are taking.
- You can use the list to let your doctor and pharmacist know about anything you are taking, and about any drug allergies you may have. Remember to include prescriptions, over-the-counter medicines and complementary medicines (such as vitamins and herbs) on your list.

If you are admitted to hospital please bring all the medications you are taking with you plus your medication list.

Make sure you understand the medicines you are taking. When you get your medicine, read the label, including the warnings. Make sure it is what your doctor ordered for you.

Ask:

- Do you have any written information about this medicine?
- What do the directions on the label mean?
- How much should I take, and when should I take it?
- What are the common side effects?
- What should I look out for?
- How long before it starts to work?
- Will this medicine interact with the other medicines that I’m taking?
- Are there any foods or other things that I should avoid while I’m on this medicine?
- How long do I need to take this medicine?

1. Extracts reproduced from 10 Tips for Safer Health care published by Australian Council for Safety and Quality in Health Care (2003).

Early in 2010 nursing staff were asked to complete a survey on the use of oral liquid medicines. The information obtained from this survey helped to identify further areas for improvement with the use of Amber Oral Dispensers.

Heparin

Heparin decreases the ability of your blood to clot. It is used to prevent blood clots forming and to treat diseases caused by blood clots. Heparin is considered a “high risk medicine” because if it is administered inappropriately the risk of bleeding can be increased. In response to an alert issued by the Department of Health, Wimmera Health Care Group has reviewed the guidelines used to administer heparin, based on the latest evidence. The form of heparin we stock and where it is stored has also been reviewed.

Medication Reconciliation

A process for ‘Medication Reconciliation’ has been implemented. ‘Medication Reconciliation’ is a standardised process of obtaining a complete and accurate list of a patient’s current medications and, in the context of the plan for the patient’s care, comparing it to medication orders documented on the medication chart and prescriptions. The purpose of medication reconciliation is to ensure patients receive all intended medicines and avoid errors of transcription, omission, duplication of therapy, drug-drug interactions and drug-disease interactions.

Falls Monitoring and Prevention

Falls and associated injury are one of the most widespread problems faced by the elderly in our community. Each year, one third of people aged over 65 will experience a fall. People in hospital and residential care facilities are more at risk of falls as a result of sickness and frailty, 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 significant injury or death. People who experience falls may also suffer increased anxiety levels and social withdrawal due to fear of falling again.¹

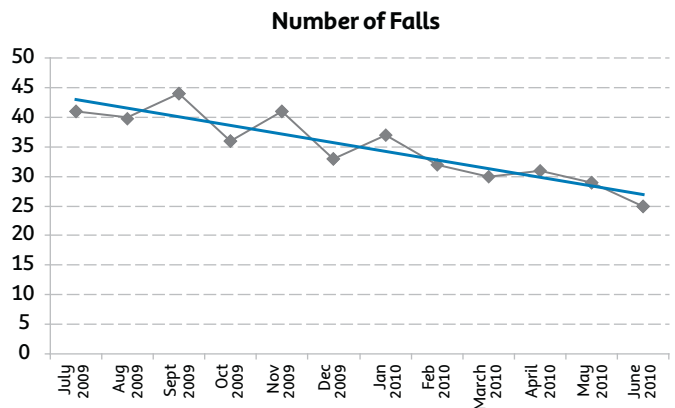
Wimmera Health Care Group has been actively monitoring and managing falls for several years. Sometimes we are not able to prevent a person from falling, e.g. a resident with dementia who is unsteady when walking is at high risk of falling, however, we would not restrain the resident in an attempt to stop them falling but try to minimise the risk of falling and possible harm.

Wimmera Health Care Group has also been working with staff, patients, residents, families and carers to prevent falls where possible and minimise harm to those people where falls cannot be prevented.

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;

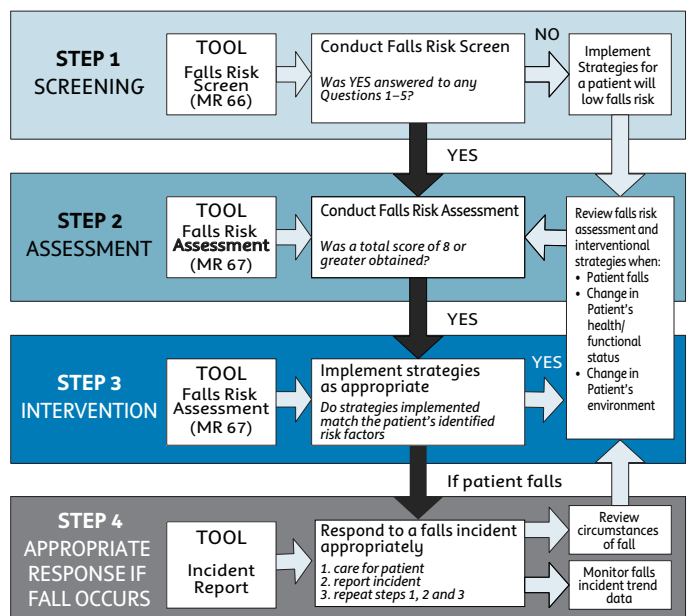
- The use of lift care beds, which lower the mattress to floor level which reduces the risk of injury as the person rolls out of bed, rather than falling from a height; and
- The use of plastic shields or foam pads (hip protectors). Hip protectors are plastic shields or foam pads which provide substantial protection against hip fracture during a fall or impact onto the hip.



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

The above graph shows the recorded incidents of falls for each month in the 12 months between July 2009 and June 2010. The number of falls is trending downwards as can be seen on the trend line (blue line).

Process for minimising the risk of falls and fall related injuries



* Modified from Victorian Quality Council (2004) Minimising the Risk Falls & Fall related Injuries: Guidelines for Acute, Sub acute and Residential Care Settings.

The above chart explains the 4 steps used in minimising the risk of falls and injuries resulting from falls.

Pressure Ulcer Monitoring and Prevention

A pressure ulcer is a sore or area of skin that has been damaged due to unrelieved and prolonged pressure. Pressure ulcers are also known as pressure sores or bed sores.¹ Pressure ulcers are recognised internationally as a leading cause of harm in patients/residents and are largely preventable.²

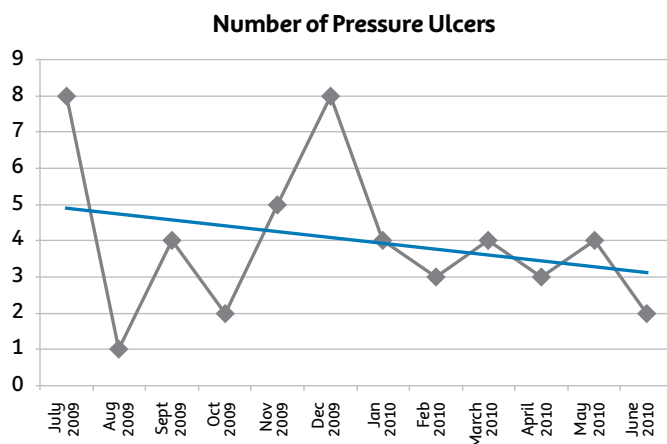
There are four stages of pressure ulcers, which depend on how deep the ulcer is. A stage 1 ulcer is less severe than a stage 4. People at risk of developing pressure ulcers are those:

- 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

Commonly used strategies to prevent pressure ulcers in patients/residents admitted to Wimmera Health Care Group are outlined below:

- Earlier recognition of patients/residents who are at high risk of developing pressure ulcers – each patient/resident is assessed within 24 hours of admission to identify the level of pressure ulcer risk and their specific risk factors
- Planning patient/resident care according to the patients/residents risk of developing pressure ulcers – 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 patients/residents at high risk of developing pressure ulcers. This includes special air mattresses, cushions and heel wedges;
- All hospital beds and trolleys are fitted with specially designed pressure reducing mattresses;
- Staff education programs include pressure ulcer monitoring, prevention and management; and
- Information brochures are available for people at risk of developing pressure ulcers.

Wimmera Health Care Group monitors the number and stage of pressure ulcers. This data is submitted to the Department of Health and compared to similar health services.



The above graph shows the recorded incidents of pressure ulcers for each month in the 12 months between July 2009 and June 2010. The number of pressure ulcers is trending downwards as can be seen on the trend line (blue line).

INPATIENTS	ANNUAL RATE (per 1000 bed days)
Stage 1	0.29
Stage 2	0.93
Stage 3	0.08
Stage 4	0
RESIDENTIAL SERVICES	
Stage 1	0.18
Stage 2	0.10
Stage 3	0.05
Stage 4	0

The table above demonstrates the annual rate of pressure ulcers per 1,000 bed days for each pressure ulcer stage for the period from July 2009 and June 2010.

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

Tony's role as painter at Wimmera Health Care Group keeps him very busy.



Move move move!

Preventing Pressure Ulcers

What is a pressure ulcer?

- A pressure ulcer (also known as a pressure sore or bed sore) is an area of skin that has been damaged due to unrelieved pressure.
- Pressure ulcers may look minor, such as redness on the skin, but they can hide more damage under the skin surface.

Where are they found on the body?

- Pressure ulcers usually occur over bony areas – especially heels, buttocks and toes.



Who gets pressure ulcers?

- Anyone confined to bed or a chair, who is unable to move, has loss of sensation, loss of bowel or bladder control, poor nutrition or is unwell is at risk of getting a pressure ulcer.

What can you do?

✓ Move, move, move

- The best thing you can do is relieve the pressure by keeping active, and changing your position frequently, whether you are lying in bed or sitting in a chair.
- If you are unable to move yourself, the staff will help to change your position regularly.
- Special equipment such as air mattresses, cushions and booties may be used to reduce the pressure in particular places.

✓ Look after your skin

- Keep your skin and bedding dry. Let staff know if your clothes or bedding are damp.
- Tell staff if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin.
- Avoid massaging your skin over bony parts of the body.
- Use a mild soap and moisturise dry skin.

✓ Eat a balanced diet

- Ask your nurse or healthcare professional.

Want to know more?

- Ask your nurse or healthcare professional.



“You all made it bearable with your happy faces and great sense of humour.”



Peter, a Dental Technician at Wimmera Health Care Group provides the finishing touches to a set of dentures.



Christine, Dental Therapist takes children from Roberts Avenue Kindergarten on a tour of the Dental Clinic.

Move move move! Preventing Pressure Ulcers

The above chart is an example of information available for people at risk of developing pressure ulcers.

(Source: www.health.vic.gov.au/qualitycouncil/downloads.move/english.pdf)

Dental Services

Wimmera Health Care Group's Dental Services department provides a wide range of oral health services to eligible patients including emergency care, dentures and non-urgent treatment. Eligible patients include pre-school and primary school aged children and people with a concession card.

The quality of care indicators outlined below highlight that our care is well above the Grampians region and State average. These figures are provided to us from Dental Health Services Victoria and are based on our reporting. The figures measure the quality of treatment services provided by reporting on a quarterly basis unplanned returns and re-treatment rates.

Teeth re-treated within 6 months of initial restoration

Our Dental Service treated 2,543 individual teeth between January and December 2009 and in the following six months, 65 teeth were required to be re-treated. This represents a 2.6% treatment rate, which is lower than the Grampians region (4.2%) and State (5.1%) figures.

Emergency dental care provided with re-treatment required within 28 days

During 2009-2010, 841 emergency dental services were performed and 34 patients required re-treatment within 28 days, which is 4.0% of the total. This rate is again lower than the Grampians region (6.2%) and the State average (5.3%).

Unplanned return within 7 days after tooth extraction

There were 865 extraction episodes this year, of which, there were 13 unplanned returns. This was 1.5% of the total, lower than the Grampians region (2.6%) and the State average (2.0%).

The data allows our Dental Services to identify and investigate any unusual changes to improve the quality of dental services provided to the community.

Kindergarten Tours of the Dental Clinic

Our Dental Service provides oral health education to pre-school children. Each year, kindergarten groups visit the Dental Service, where children are taken for a “ride” in the dental chair and given a quick mouth check. Should they look like needing dental services, parents are informed via the kindergarten teacher. During their visit, children are educated on brushing their teeth and a sample bag is sent home with them.

The Kindergarten Dental Service Tour is a proactive way we are able to educate children and their parents about oral health and hopefully reduce the need for dental services in the future.

Food services staff prepare approximately 17,000 meals every month.



Our Staff

Staff at Wimmera Health Care Group are our most valued resource. They play a pivotal role in ensuring that the care we provide is safe and effective, person-centred, integrated and co-ordinated. 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 staff member has an important job to do to ensure that our health service runs efficiently and effectively.

This year, 53 staff members celebrated an important milestone in their working life. We congratulate the following staff and sincerely thank them for their significant ongoing contribution to Wimmera Health Care Group:

35 Years Service

Yvonne Binns
 Pamela Muszkietka
 Jennifer Thomson

John Richards
 Jennifer Templeton
 Marguerite Ward

30 Years

Gwenda Antonoff
 Graham Pohlner
 Graham Potter
 Lesley Schubert

10 Years

Gary Bond
 Peter Crammond
 Christine Doran
 Verity Drysdale
 Jo-Anne Eldridge

25 Years

Janice Aisbett
 Angela Amor
 Patricia Baker
 Nanette Freckleton
 Colleen Grant
 Catherine Newell
 Bruce Rentsch
 Peter Taylor
 David Tonissen
 Deryl Torpey

Krista Fischer
 Elizabeth Hale
 Patricia House
 Zeena Kelm
 John Ladlow
 Wayne Lentsment
 Rosemary Materne
 Brenda O'Leary
 Catherine Olston
 Anthony Patten
 Roslyn Petering
 Rosemary Pritchett

20 Years

Amanda-Jane Baker
 David Fogarty
 Jennifer Green
 Elizabeth-Anne Hayes
 Elizabeth King
 David Laffy
 Joanne Marchesini

Kim Schorback
 Elaine Semmler
 Robin Shand
 Lynda Souter
 Susan Trewin
 Leanne Williams
 Joanne Windsor
 Jan Wood

New Staff Uniforms

A new range of staff uniforms were introduced at Wimmera Health Care Group this year. Our new uniforms are colour coded to help you identify different types of staff at Wimmera Health Care Group. The following uniform code applies to our staff:

- **Nursing staff** – red and white shirts, navy lower garments, jackets and vests
- **Support staff** (Food Services, Environmental Services, Linen Services, etc) – blue shirts, navy lower garments, jackets and vests
- **Allied Health staff** (Physiotherapy, Speech Pathology, Occupational Therapy, Podiatry, Dietetics, etc) – chambray blue and white shirts, navy lower garments, jackets and vests
- **Administration staff** – grey and white shirts, charcoal lower garments, jackets and vests.

Sam, Brooke, Chris and Karen show off some of the new staff uniforms.



WBH Ladies Auxiliary – Uniform shop volunteers Betty, Lorna and Maureen show off the new range of uniforms to a staff member.



The Community That Supports Us

“Thank-you for the support and care you gave. May your kindness be returned to you a hundred fold.”

Some of the Kurrajong Lodge Support Group members.



Committee members Colin, Sue, Bernadette, Tanya and Graham greet guests at the Blue Ribbon Foundation gala ball in Horsham.

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

Dimboola Campus Appeals Auxiliary meets on the last Wednesday of every month at 8.00 p.m. 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 p.m. at the Dimboola Campus. This group raises funds for the Dimboola campus. For further details, please contact Lesley on ph. 5389 1284.

Kurrajong Lodge Support Group provides support and company to residents at our 36-bed hostel. The Kurrajong Lodge Support Group meets on the fourth Monday of every month at 1.30 p.m. at Kurrajong Lodge Hostel. For further details, please contact Marie on ph. 5382 1306.

Some of the Wimmera Hospice Care Auxiliary members.



Victoria Police Blue Ribbon Foundation meets on the first Tuesday of every month at 7.30 a.m. 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. For further details, please contact Sue on ph. 5381 9309.

Volunteers play an important role in enhancing the services we provide. For further details about volunteering opportunities available at Wimmera Health Care Group, please contact Wimmera Health Care Group on ph. 5381 9111.

Wimmera Base Hospital Ladies Auxiliary meets on the first Monday of every month at 1.30 p.m. in the Arapiles Building Board Room. Along with various other activities, 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 Hospice Care Auxiliary meets on the third Tuesday of every month at 10.00 a.m. 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 Joan on ph. 5382 3582.

Volunteer Ron Nitschke has been filming events at the Day Centre for the past 20 years. He is pictured with staff members Maureen and Peta and fellow volunteer Sam.

*Providing healthcare that is safe and effective,
person-centred, integrated and co-ordinated*



**Wimmera
Health Care
Group**

Incorporating:

Wimmera Base Hospital

Dimboola Hospital

Wimmera Nursing Home

Kurrajong Lodge Hostel

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Horsham Victoria 3400
p: 03 5381 9111
f: 03 5382 0829
e: info@whcg.org.au
w: www.whcg.org.au

