Wimmera Health Care Group

QUALITY OF CARE 2007/08

Incorporating... • Wimmera Base Hospital • Dimboola Hospital • Wimmera Nursing Home • Kurrajong Lodge Hostel

President's Report

Welcome to Wimmera Health Care Group's Quality of Care Report

On behalf of the Board of Management, it gives me much pleasure to present Wimmera Health Care Group's Quality of Care Report for 2007/08.

We trust that you will read with interest, some of the many outcomes for this organisation over the past year.

Wimmera Health Care Group's goal is to have a quality culture that is client focused. In achieving this outcome, all departments of the organisation are actively involved in continuous quality improvement.

This is undertaken by reporting against set goals through the completion of annual quality plans that are developed on the various accreditation frameworks operating within Wimmera Health Care Group.

Given recent external events, the focus on clinical governance has been heightened, invoking a greater level of scrutiny of clinical appointments.

It is pleasing to report that the quality systems acknowledged as fundamental at Wimmera Health Care Group are now being adopted by other organisations in a similar fashion.

We continue to maintain our unbroken record of continuous accreditation with the Australian Council on Healthcare Standards and full compliance to the Aged Care Accreditation Standards.

This report provides us with an opportunity to report on outcomes from many areas within the organisation. We openly report on areas where both positive and negative feedback has

been received. This gives us an opportunity to improve services where necessary and highlight those services that are appreciated and commended by our patients, residents, staff and visitors.

I would like to thank the Community Advisory Committee for their important role in the preparation of this report. Throughout the year, they have also contributed to discussions on a wide variety of issues and reviewed consumer handouts and complaints data, all of which, are of direct benefit to those who use our services.

Please note that this document should be read in conjunction with the Wimmera Health Care Group 2007/08 Annual Report, which can be downloaded from our web site – www.whcg.org.au.

Mr Pawel Wajszel

President

Board of Management

Wimmera Health Care Group at a glance . . .

- Wimmera Health Care Group is the major specialist referral centre for the Wimmera and Southern Mallee region of Victoria
- The organisation has campuses based in Horsham and Dimboola, servicing an area of 61,000 square kilometres and a population of approximately 54,000 people
- With a workforce of approximately 850 staff, Wimmera Health Care Group is the largest employer in the Wimmera region
- Every year, Wimmera Health Care Group treats over 10,000 inpatients, 16,000 emergency patients and 123,000 outpatients
- Wimmera Health Care Group has an annual budget in excess of $56 million.

Our Mission . . .

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

Our Vision . . .

To be the best provider of rural health services in Australia.

Our Values . . .

- **We are responsive to the health needs of the community.**
- **We believe that our customers are entitled to quality health care that respects their dignity, beliefs and rights regardless of their cultural, spiritual or socio-economic background.**
- **We recognise our customers' total needs in order for them to achieve optimal health and wellbeing.**
- **We are committed to continuous quality improvement.**
- **We deliver quality health services that are value for money.**
- **We care for the wellbeing and encourage the ongoing development of our staff whom we recognise as our most valuable resource.**

A big thank you to those who have contributed photographs for this publication including:

- Cheeky Monkey Photography
- Simone Dalton
- The Weekly Advertiser staff
- Wimmera Health Care Group staff

Contents

The Wimmera Health Care Group Quality of Care Report 2007-08 is published and distributed by ACE Radio Broadcasters Pty Ltd.

Front Cover

Casuarina Kindergarten is one of many groups of children who have taken advantange of the Wimmera Health Care Group's increasingly popular "Teddy Tours".

These tours provide a simple explanation of the workings of the hospital to children so that if they become a patient, they will feel more comfortable about coming to hospital.

See the Teddy Tour story on page 9.

Community Advisory Committee

Community advice plays an important role

THE Community Advisory Committee (CAC) was formed in June 2005 and consists of eight Community members representing a broad range of community groups and four WHCG representatives.

The community members are:

- Bob Mibus (Chairpeson)
- Tom Harmsworth (dec June 2008)
- Gillian Vanderwaal
- Tim Eagle
- Nicole Timms
- Judith Bysouth
- Dorothy McLaren
- Kenneth Shipsides

The WHCG representatives are:

- Pawel Wajszel (President of Board of Management)
- Chris Scott (Chief Executive)
- Wendy James (Quality Manager / Consumer Advocate
- Craig Wright (Community Liaison Officer) (resigned May 2008)

Community consultation offers valuable input when determining community demand for health service provision. Wimmera Health Care Group values the feedback facilitated through the Community Advisory Committee as they provide us with a vital communication link with our community. The committee provides an ongoing mechanism for local community involvement in WHCG strategic planning process and local health service delivery.

CAC members visit the Dental Clinic.

The WHCG Community Advisory Committee has a role in commenting on the service needs of local communities, the development of WHCG strategic plans, and making recommendations on health service delivery to the WHCG Board of Management through the Chief Executive.

The group has contributed to discussions on a wide variety of issues, reviewed many WHCG consumer handouts, reviewed complaints data, participated in a needs assessment to improve signage in and around Wimmera Health Care Group and is working on a PowerPoint presentation to provide the community with information on the Community Advisory Committee.

Members also sit on some organisational wide committees. The committee is committed to the production of the annual Quality of Care Report.

The organisation would like to acknowledge the work of the Community Advisory Committee inaugural chairperson, Mr Tom Harmsworth, who sadly passed away in June of this year. Tom brought experience and enthusiasm to the committee as a dedicated community member and helped develop the direction in which the committee still works towards today.

A word from CAC members

Bob Mibus

I am a retired farmer living at Green Lake. It is an honor to be a community representative on the CAC, which I firmly believe has a positive role to play in the smooth functioning of the WHCG, of which we are all justifiably proud.

Nicole Timms

I am a Veterinarian living in Horsham. I believe that community feedback is vital for WHCG to ensure that their services cater to the needs of the community.

I believe that the CAC is a useful way of providing feedback to the WHCG. Ideas and issues can be discussed freely with many differing perspectives, which hopefully allows for the best outcomes and feedback to the WHCG.

Dorothy McLaren

I currently work as the RuralAccess Wimmera Co-ordinator (DHS funded) and live at Noradjuha. I believe that the CAC has an integral part to play in the ongoing development of a health service that recognizes and responds to the needs of the people of the Wimmera.

Community feedback is vital for the organisation as it can shape the way services are delivered and the way that the WHCG will grow in the future.

Gillian Vanderwaal

I am the Community Education Co-ordinator at GWMWater and live in Horsham.

I believe that the CAC plays an important role in being the voice of the community. Community feedback is vital for WHCG to ensure the voice of their customers, both current and potential future, is heard and action taken as a result of that feedback.

Judith Bysouth (retired from CAC May 2008)

I am the Executive Officer of Wimmera Information Network Inc (part-time), Manager of Take-A-Break Childcare Centre, Warracknabeal Central Neighbourhood Learning Centre (part-time) and live in Horsham.

I believe that the CAC has a vital role in ensuring the community is informed of services and access processes and supports available at a grassroots level. This alleviates unnecessary anxiety and stress at times of need and builds confidence, trust and community commitment in return to the WHCG. Being a part of the CAC has been informative and interesting.

I believe that community feedback is vital for WHCG to ensure that the service reflects the needs of the people and enables them to make informed choices.

Bob Mibus

Gillian Vanderwaal

Nicole Timms

Judith Bysouth

Dorothy McLaren

Tim Eagle

Kenneth Shipsides

Dr Yakep Angue from Papua New Guinea

Dr Yakep Angue – Obstetrics, Gynecology and Pediatrics Registrar at Wimmera Health Care Group.

I was born and educated in the Highlands of Papua New Guinea.

In 1994, I gained my double basic medical and science degrees. In 2003, I achieved my Masters Degree in Obstetrics and Gynaecology.

My first posting for overseas experience was at the Royal Women's Hospital in 2003 as a Senior Registrar in Obstetrics and Gynaecology.

In 2005, I moved to Horsham. I did not know much about country Victoria and I wasn't really sure what I was going to gain by being here. What I now realise is that Horsham has offered me and my family more than what we could ever give back.

Horsham is a safe country city to raise a family in and we are close to everything.

Wimmera Base Hospital is a safe and caring hospital to work in, as is demonstrated by the dedication and commitment of staff, management and the Board.

Clinical Risk Management is very advanced and the staff work hard to maintain Wimmera Health Care Group's endeavors to deliver quality health care services in the Wimmera.

We have found people in Horsham to be friendly, caring and supportive. My colleagues, the nurses and support staff are fantastic.

For international nursing, allied and medical graduates, Wimmera Health Care Group provides a great place to start.

I feel I have played a vital role in the delivery of maternal services here.

My work as obstetrics, gynecology and pediatrics registrar for the past three years has been a rewarding experience and I am proud to be working among people who really care!

Consumer Feedback

Feedback important

CONSUMER feedback is an important part of our Quality Improvement Program and enables us to improve our services and provide ongoing quality healthcare. The role of the Consumer Advocate is to listen to you and facilitate all consumer feedback.

Concerns, suggestions or compliments are welcome opportunities for the Wimmera Health Care Group to improve its service to our customers. Any matters raised will be valued and regarded as constructive.

Consumer feedback forms are available in all areas of the hospital and can be placed in appropriate boxes at reception areas, handed to a staff member or posted to the Consumer Advocate. Our Consumer Advocate also welcomes your email, letter or phone call.

COMPLAINTS

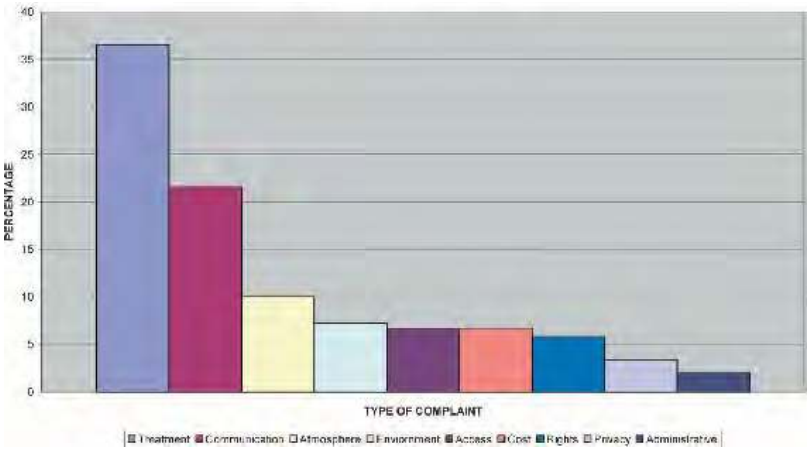
WHCG received 208 complaints for the period July 1st 2007 – June 30th 2008. This feedback has enabled us to make changes and improvements to many aspects of the service we provide.

Examples of changes include changing phone system in Day Centre to ensure all calls are answered during office hours and not directed to an answering machine, frosting installed on waiting room windows to improve privacy, Private Patient Liaison Officer position created to improve services to privately insured patients, replacement of loud ticking clock, etc.

The graph right, demonstrates the nature or type of things that people have lodged complaints about. Treatment (36.5%) and communication (21.6%) are the two major areas of concern for our consumers.

WHCG has taken note of these results and is currently looking at ways to improve the way in which we communicate with patients and relatives and the treatment we provide. For example, customer service/communication workshops will be provided for staff commencing November 2008.

COMPLAINTS RECEIVED 2007-2008



Feedback - WIN a delightful dinner

The Quality of Care Report is a vital tool for informing our community on the development and achievements of the WHCG. Reading the report will give you an overview on the progress made with patient care and other general improvements around the hosiptal's enormous amount of support services.

Therefore your feedback on this report is also vital to us. To reward you for providing us with your feedback, we are offering you the chance to win a dinner for two people at Horsham's favourite dining experience, the **Olde Horsham Restaurant**.

Simply fill out the form below and post it to us in an envelope with your name, address and phone number marked clearly on the back. This will help us to ensure the report continues to provide the information you would like to know about the quality of care provided by the Wimmera Health Care Group.

Please circle the responses and make any other comments in the space provided.

1. Did you find the report interesting? YES NO PARTLY MOSTLY
2. Did you like the newspaper format? YES NO PARTLY MOSTLY
3. Was the report easy to read YES NO PARTLY MOSTLY
4. Do you intend to keep the report for further reference? YES NO
5. Did it contain everything you wanted to know about the Wimmera Health Care Group? YES NO

Comments.....

.....

Thankyou for your feedback. Please forward the completed questionnaire addressed to:

Consumer Advocate, Wimmera Health Care Group, Baillie Street, Horsham, 3400.

A selection of commendations

WHCG received 336 commendations directly to the hospital and also received an average of 81 commendations per month in the local newspapers.

For the year 2007- 2008 Wimmera Health Care Group averaged 17 complaints and 109 commendations per month. That's a lot of feedback from our community!

"All staff that assisted me at Day Procedure were calm, caring, diligent and most helpful despite that period of time being extremely busy. A real quality service."

"The staff are wonderful and take the greatest care to every person. I think they all deserve a medal for the care and treatment of every person under their care."

"I have neve met, or been treated by a more caring, competent or professional group of nurses before. Everything came with happy words and a smile."

"The nurses were very courteous and friendly and always up for a friendly chat when completing their work. The meals were very good with different choices on offer."

"The quality of ease and comfort at Rotary House is superb, I'm really grateful I can support my elderly father and not have to worry about my own shelter.

This accommodation is a welcome relief. WHCG have supportive staff, great respect is shown for patient and family."

"As a patient of nine days, I've got nothing but compliments on the treatment by medical and nursing staff. Very professional and caring. The whole staff did a great job including the domestic staff and the kitchen. Could not have had better care".

"Nursing staff, Dieticians, Carers, helpers, Physiotherapists, Rehabilitation and wheelchair transport guys - Thank you for everything you have done in your care for me while post op. Love and TLC I received was outstanding. Grateful thanks."

"It is important you know how appreciative my husband and I are to the wonderful nursing staff who cared for me more like a friend than a patient. As a retired nurse who has worked both in the UK and Australia, I have never met such a dedicated team of people who appeared to work so well together."

"The staff attention, meals, and cleanliness of this facility certainly holds its head high in every aspect of the word as a high class medical facility. I myself have never had a problem with staff or doctors, who carry out their work with the utmost professionalism. 10/10."

Consumer Feedback

Victorian Patient Satisfactions Monitor (VPSM)

THE purpose of the VPSM is to assist hospitals in identifying strategies that can improve services and patient satisfaction.

The report also enables hospitals to track their performance over time and compare their results to those of similar size hospitals.

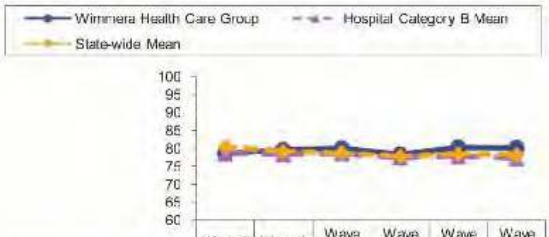
There are 112 hospitals in total participating in the VPSM. Wimmera Health Care Group is a Category B hospital of which there were 24 hospitals participating.

The VPSM survey is ongoing and Wimmera Health Care Group receives regular reports such as the graph tabled right. These particular results were from 93 participants which was an overall questionnaire response rate of 42%.The graphs below show trends over time:

TRENDS OVER TIME

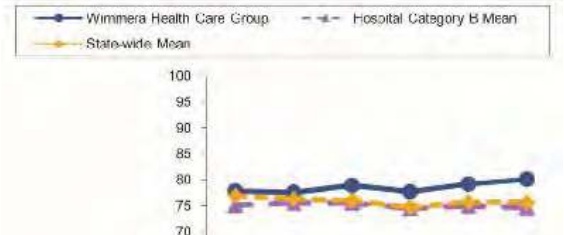
The following charts show the historical trends for WHCG for each index of patient satisfaction.

Overall Care Index for 2004-2007



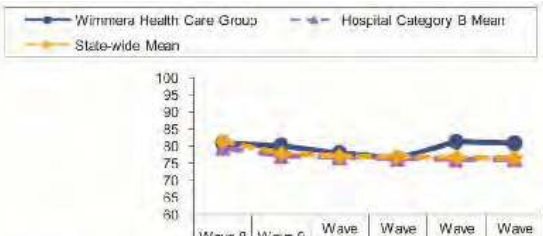
	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12	Wave 13
Wimmera Health Care Group	78	80	80	76	80	80
Hospital Category B Mean	79	78	79	77	78	77
State-wide Mean	80	79	79	78	78	78

Physical Environment Index for 2004-2007



	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12	Wave 13
Wimmera Health Care Group	78	78	79	78	79	80
Hospital Category B Mean	75	76	76	74	75	75
State-wide Mean	77	76	76	75	76	76

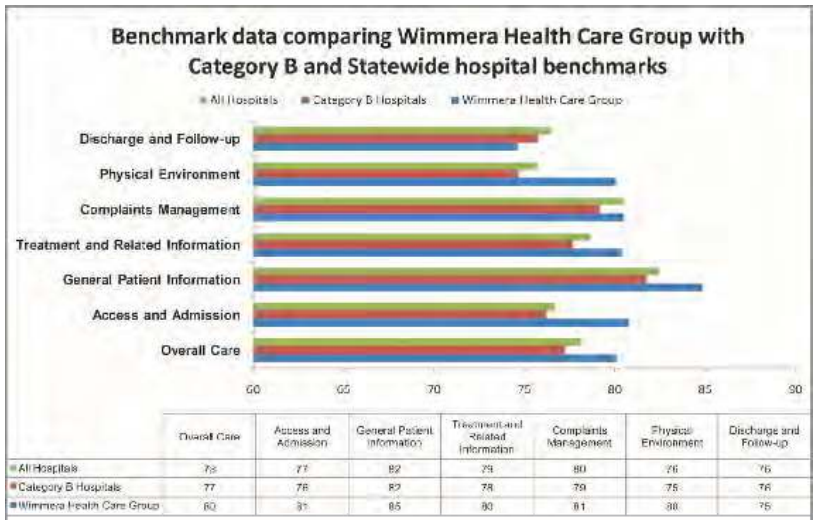
Access and Admission Index for 2004-2007



	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12	Wave 13
Wimmera Health Care Group	81	80	78	76	81	81
Hospital Category B Mean	79	77	77	76	76	76
State-wide Mean	81	78	77	77	77	77

The graph, below, clearly shows that users of Wimmera Health Care Group are most satisfied with the care and services they received than users of other healthcare facilities in Victoria.

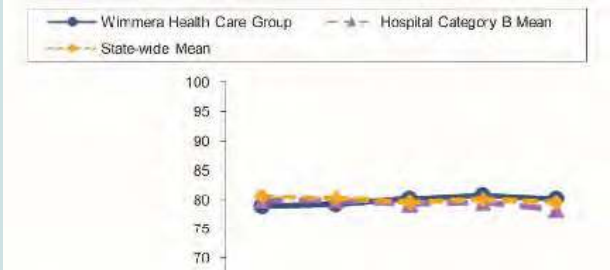
The data is for a six month period February 2007 to August 2007.



	Overall Care	Access and Admission	General Patient Information	Treatment and Related Information	Complaints Management	Physical Environment	Discharge and Follow-up
All Hospitals	78	77	82	79	80	76	76
Category B Hospitals	77	78	82	78	79	75	76
Wimmera Health Care Group	80	81	85	80	81	80	75

Consumer Participation Indicator for period 2005 to 2006

The latest Victorian Patient Satisfaction Monitor report includes an additional measurement of patient satisfaction – the Consumer Participation Indicator (CPI). The graph below demonstrates that all Category B hospitals are doing quite well with this indicator maintaining results close to the state-wide average. Wimmera Health Care Group has improved slightly between wave 9 and wave 13 data.



	Wave 9	Wave 10	Wave 11	Wave 12	Wave 13
Wimmera Health Care Group	79	79	80	81	80
Hospital Category B Mean	80	80	79	80	78
State-wide Mean	81	80	80	80	80

Our Services

Community Health

2007-2008 has been a busy and productive time for the WHCG Community Health nursing staff. The year has seen the introduction of new and exciting programs.

A highight was our pitstop program entitled "Racing Towards Better Health" presented at the Wimmera Machinery Field Days.

This very successful program was a collaborative effort between a number of health service providers present at the Field Days. A strong car theme was emphasised with the site being the parking spot for an 85 year old hotrod owned by Craig Hobbs, the team wearing racing colours and the use of red and black and white checks.

Using car terminology, our staff discussed specific health problems. They used 'at risk' tools to determine whether or not certain aspects needed follow up with their doctor.

A total of 251 men passed over the 'pits' to determine their level of 'road worthiness'. The hard work put in by all those involved was acknowledged by the site being awarded "Best Rural/Regional Exhibit'. *See pic top right*

WHCG Community Health Nurses also hosted a Men's Health night at Horsham Sports and Community Club. Over 100 gentlemen attended the night to hear guest speakers Bernard Denner, Dr Jim Thompson and Stan Alves discuss men's health issues. This night was made possible by support from local business and Wimmera Primary Care Partnership.

Another program that has become an intergral part of our Community Health Nurse portfolio is the Look Good, Feel Better program. This program was introduced by the Cosmetic Industry of Australia, who wanted to give something back to the women of Australia.

Who better than the ladies undergoing chemotherapy?

These special ladies receive a lovely gift of brand name cosmetics to take home after a morning spent learning tips and techniques in make up application. They are also given an opportunity to experiment with wigs and hats.

Our Community Health Nurses were also instrumental in setting up the Horsham TOWN (Take Off Weight Naturally) group. This group meets on a weekly basis and is a support for people wanting to lose weight.

A number of organisations have taken advantage of the health screening service that is offered by our nurses. This year we conducted screenings for Kmart, Community Axis, Horsham Rural City Council and Grampians Community Health Centre staff.

We also worked closely with staff from Wimmera Uniting Care when they initiated a healthy work place program including a group entitled "Waister's Under Construction". This program was very successful with approximately 30 staff members attempting to reduce their weight by eating healthily and increasing exercise.

Diabetes Self Management is another program auspiced by our Community Health Nurses. This program is managed by Tracey Pitts. It involves people newly diagnosed with Type II diabetes working with Tracey to manage their own condition. The program examines multiple facets of the person's life, especially those facets that impact on their diabetes.

Community Health Nurses are available five days a week for program presentations, health screenings or health information. They can be contacted at 25 David Street or by phone 5362 1241.

ABOVE: Wimmera Machinery Field Days past president Greg Petrass congratulates Community Health Manager Natalie Smith and WHCG Chief Executive Chris Scott for winning best rural/regional exhibit at the Field Days.

BELOW: Natalie in front of the hotrod owned by Craig Hobbs at the site.

Family planning nurse update

THE last 12 months have been busy for WHCG's family planning nurse Genevieve Lilley. The move to Grampians Community Health Centre at 25 David St has been a positive one for building relationships with Grampians CHC, Women's Health Grampians and the Wimmera Primary Care Partnership. Collaboration with these organisations, including taking referrals for clients needing assistance with information and counselling for sexual health issues, is now easier and occurs more frequently.

Genevieve has also developed a closer relationship with students and teachers at Horsham College, visiting every Tuesday lunchtime to provide a drop-in service for students. Teachers have been concerned about myths and misconceptions among younger students, leading to Genevieve visiting every Year 8 health class to do a role playing session in which students took turns presenting a problem relating to a sexual health issue.

Core of Life, a program about teenage pregnancy, is delivered to each Year 9 health class, and Genevieve will also visit Year 11 and VCAL students this year.

Young people at particular risk of poor sexual health are a priority population, and Genevieve has visited the ConnectEd group regularly this year.

She also works closely with individuals and small groups of young people referred through special programs for youth at risk.

An exciting innovation that is just getting off the ground is a chlamydia testing in sporting clubs program.

This has been supported by the Wimmera Regional Sports Assembly, Community Health Nurses throughout the Wimmera and local doctors. It has been given financial assistance by the Wimmera PCP. Chlamydia is on the increase throughout Australia because it usually causes infection without symptoms, and can leave women infertile if left untreated.

Going to groups of young people and offering a simple test has been shown to be a cost effective way of improving testing rates, and also helps to raise awareness.

The Well Women's Clinic continues to run once a month, offering Pap smears to all women. Anyone is welcome to direct queries to Genevieve's office on 53621240.

Family Planning nurse Genevieve Lilley provides advice on sexual health.

Post acute care helps the mending

THE Post Acute Care Program commenced in 1996. Its aims are to support recuperation after a hospital episode through provision of an appropriate package of community based supports and to facilitate a safe and timely discharge from hospital.

Other objectives of the program are to improve care planning for patients discharged from hospital and also to improve the links between hospitals and other health and community care provider.

There are eligibility criteria but everyone being discharged from a public hospital or from an Emergency Department presentation are eligible for consideration for the program. Unfortunately patients who have had a Day Procedure cannot be considered.

Referrals are made by clinical or allied health staff.

The program provides a range of community- based services, which are decided on each person's individual needs. The most common services provided are community nursing, personal care such as showering and assistance with housework. These services are provided for the duration of the recuperative period and are generally short term.

There are no fees charged for services organised by the Post Acute Care program, however, this does not include meals on wheels, which will be charged to the client at the normal rate. People may also be asked to pay for consumables such as wound dressings.

Admission and Discharge Coordinator Pat Dodson.

Our patients are GEMs (Geriatric Evaluation & Management)

From July 1, 2008, the Department of Human Services allocated funding for sub-acute beds to Wimmera Health Care Group.

Within the south wing of Oxley ward, four beds have been reallocated to Geriatric Evaluation and Management type beds which are funded per bed day instead of the episodic funding of our acute beds. This will result in more appropriate management for elderly patients who require a longer stay in hospital to improve their functional status.

A multi-disciplinary working party has been formed to develop guidelines, implement processes and evaluate the model of care. The program will be supervised by the visiting Consultant Geriatrician from Ballarat, however, patients will receive medical care from their own General Practitioner or Physician. Patient progress is discussed at weekly team meetings, which include a physiotherapist and occupational therapist, social worker, dietician, speech pathologist and rehabilitation nurse.

To qualify for a GEM bed, patients are usually 65 years or older and have one or more medical problems with features of functional impairment. They are expected to benefit from a range of treatment provided by allied health disciplines to assist with their rehabilitation and discharge planning.

The focus of care is on maximisation of physical ability and mental wellbeing with individual goals set for each patient.

Treatment for Teddy on tour

FOR over 13 years, Wimmera Health Care Group has been offering Teddy Tours to students at local kindergartens and primary schools. The Teddy Tour experience was developed to familiarise children with our hospital and what happens if they hurt themselves and need to come to hospital.

Prior to coming on a Teddy Tour, the children have usually been learning about doctors, nurses and hospitals at their kinder or school. On arrival at the hospital the children bring a teddy who has been injured.

The children tell the story to the hospital tour guide of how teddy was injured. Often teddy has been riding his bike or skate board and was not wearing a helmet. He has fallen off hitting his head and injuring his arm or leg.

The tour guide takes teddy and the children through the Emergency and X-Ray departments and then to the children's section of Yandilla ward. On arrival in the Emergency department, teddy is seen by a doctor and or nurse. Teddy has his temperature, pulse and blood pressure checked and if he needs oxygen, a mask is applied.

The importance of sitting still is explained and the children start to be familiar with the equipment and surroundings. The doctor or nurse sometimes places a bandage on teddy's sore head or arm.

The children and teddy are then taken to X-Ray. Here the Radiographer demonstrates how X-Rays are done and the children are shown some X-Rays of previous teddies, as well as some real X-Rays of broken bones.

From here, the children and teddy go to Yandilla. Yandilla is the ward that children are admitted to which has a dedicated section for them including both indoor and outdoor play areas. On arrival at Yandilla, they are greeted by one of the Yandilla nurses.

The nurse explains what happens when a child is admitted to hospital and they are shown the rooms that they would most likely be admitted to and the playrooms. They are also shown the battery operated car that children who are having elective surgery use to drive themselves to theatre in. This is always a big hit and the children love the idea of driving to have an operation. The tour finishes here.

Our Teddy Tours are not only valuable to the children to help familiarise them with the hospital, but also to parents who come along on the tour and the staff. Our staff have commented that children who have been on a Teddy Tour are often more settled and ask about things they remember from the tour (like the car or toys they saw).

We get off the bus after arriving at the hospital.

We wait quietly for a nurse in the Emergency Waiting Room.

Nurse Paula treats Teddy in the Emergency Department.

Nurse Wendy shows Teddy what we do in Yandilla, the children's ward.

We visit Radiology to take a picture of Teddy.

Children who participated in the teddy tour were asked what they liked best about the day.

"I liked seeing the people and stuff" Taya, 5 years

"The car, the bus, the x-ray, I liked everything" Toby, 5 years

"Teddy going for his operation, I liked teddy getting fixed up with a bandage" Georgie, 5 years

"My favourite thing was the car and everything" Ben, 5 years

"Where teddy went to look at his bones (x-ray), the car and the play station (in the children's ward)" Brayden, 5 years

Our thanks to Casuarina Kindergarten for sharing their Teddy Tour with us in this Report

An exciting project to support patients with memory and thinking difficulties within acute services at Wimmera Health Care Group

Dementia Care Project leads the way

ACCESS Economics figures commissioned by Alzheimer's Australia (2005) predict that the incidence of diagnosed dementia in Victoria will almost double over 20 years, growing from 44,300 in 2000 to 83,600 in 2020. This represents an estimated 1000 people per week diagnosed with dementia in Australia, 1 in 4 of who live in Victoria.

Government Data also supports the fact that 30% of patients over the age of 70 leave hospital with a reduced capacity to manage their daily living skills due to their hospitalisation.

Wimmera Health Care Group has acknowledged the need to address these issues and has supported the Aged Care Clinical Nurse Consultant within acute areas to implement and manage the Dementia Care in Hospitals Project.

On May 1st 2008, Wimmera Health Care Group launched this project to its acute services to improve the hospital experience for people with memory and thinking difficulties and their carers. The key component of this project is the use of an identifier at the patient's bedside and in documentation to communicate a clear message to all disciplines the need for greater attention to communication between, patients, carers and staff.

What is the Cognitive Impairment Identifier?

The Cognitive Impairment Identifier is a bedside identifier first developed by Ballarat Health Services and now being used by a number of health services throughout Victoria including Wimmera Health Care Group to alert staff to patients with memory and thinking difficulties such as dementia, delirium and cognitive impairment.

Why a Cognitive Impairment Identifier?

At any given time, over one third of hospital patients will have difficulties with their memory and thinking.

Hospitals are unfamiliar environments which can be confusing to many people, even more confusing for people with memory and thinking difficulties.

If hospital staff are aware a patient has memory and thinking difficulties they can take extra time when speaking with that patient to ensure they are being understood.

Why this design?

People living with dementia and their carers were asked through a series of interviews if they:

a) Would accept the use of a Cognitive Impairment Identifier?

b) What design would they prefer?

The majority of those interviewed agreed that the use of the Cognitive Impairment Identifier would be very beneficial in the provision of holistic care for a person living with dementia.

Those interviewed indicated that the design should be abstract, non-intrusive, reflect an image of inclusiveness and portray a warm calming effect.

Through an extensive elimination process the preferred final design was agreed upon.

Where will I see the Cognitive Impairment Identifier?

The Cognitive Impairment Identifier is currently used at Wimmera Health Care Group in Oxley, Yandilla, Emergency and the Day Procedure Unit.

Mandy Bryce, Clinical Nurse Consultant – Aged Care – Dementia Care in Hospitals – Project Manager

You will see the identifier displayed above a patient's bed, on patient documentation and worn as a badge by staff "Champions".

What should I do when I see the Cognitive Impairment Identifier?

The reason Wimmera Health Care Group uses this symbol is to promote effective communication between the patient with memory and thinking difficulties and all hospital staff.

This symbol should prompt staff to take a little extra time to communicate clearly with the patient.

A staff member you see wearing an identifier badge will be able to assist you with any queries you may have.

What is the key communication message?

There are 9 communication points considered by people with dementia and their carers as the most important to take into account when speaking to someone with memory and thinking difficulties.

These are:

1. Introduce yourself
2. Make sure you have eye contact at all times
3. Remain calm and speak in a matter of fact way
4. Involve carers
5. Keep sentences short and simple
6. Focus on one instruction at a time
7. Give time for responses
8. Repeat yourself - don't assume you have been understood
9. Don't give too many choices.

Dementia Care in Hospital Project Evaluation

Project Objectives

THE introduction of the Council of Australian Governement/Longer Stay Older Patient (COAG/LSOP) initiative has provided a corner stone for the evolvement of a greater emphasis on issues facing older patients within acute services. In many cases these issues may be unrelated to their admission diagnosis.

With the introduction of the Dementia Care in Hospitals Program and the use of the Cognitive Impairment Identifier (CII), WHCG aimed to :

• Improve the hospital experience for people with memory and thinking difficulties.

• Be responsive to the needs of people with memory and thinking difficulties and their carers.

• Improve and enhance understanding, knowledge and confidence in the care provision for these patients by all staff, not just clinical staff.

• Provide an initial screening to identify any cognitive deficits in this patient population group for use within the organisation and by other groups such as Aged Care Assessment Service and the patient's GP.

Factors enabling the successful rollout of the program at WHCG

Several factors played in successful rollout of the program within WHCG. These included:

• A multi- disciplinary staff working party – this created mutual respect and co-operation between various groups of staff.

• Availability of someone to undertake the role of project manager.

• Support from Executive.

• Continued support from Ballarat Health Service.

• Continued advocating and support from Department of Human Services in the form of COAG/LSOP initiative.

• Ability to access funding to facilitate creation of tools, support documents and other communication mediums.

• Media exposure and public awareness.

• Ongoing organisation wide education and communication – formal and informal.

• Inclusion in the organisation orientation programs.

• A smaller bed and staff base than the major city hospitals which assisted with dissemination of information to all areas through 'word of mouth'.

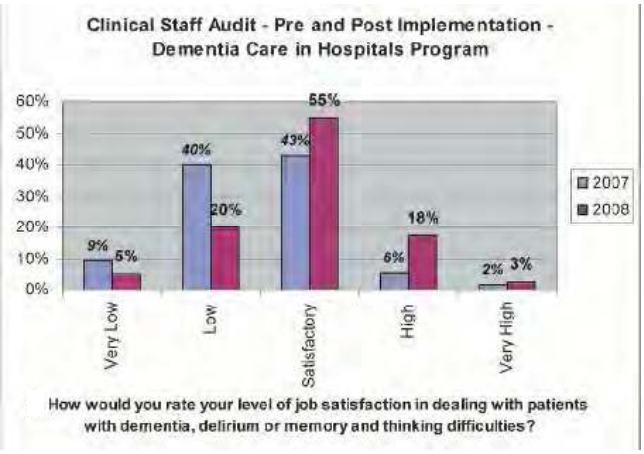
• Widespread staff support and ongoing enthusiasm for the Program.

• The 'Champions' who acted as ambassadors of the Program

Below is a sample of three graphs from the program evaluation. Staff (both clinical and non-clinical) and carers were surveyed pre and post implementation.

The two staff graphs indicate that following implementation of the project, staff had a higher job satisfaction when dealing with patients with dementia, delirium or memory and thinking difficulties.

The carers graph demonstrates quite clearly that the carers felt the hopspital staff knew that the person they were caring for had probelms with memory and thinking. 72% of carers further stated that the bed based identifier was useful in helping the hospital staff respond effectively to the needs of the patient.



The results of the post-implementation survey of carers and staff support the claim that the program objectives have been met. WHCG staff and patients have consistently conveyed positive comments with regard to this program. This program together with ongoing involvement with the COAG/LSOP initiative should, over time, lead to a consistent improvement in the delivery of care to the over 65 patient population group. The overall outcome will be the embedding of a cultural shift within the organisation that places greater emphasis on issues facing the older patient within the community.

Launa Schilling (Grampians Community Health Centre), Matt Gannon (Wimmera Regional Sports Assembly), Donna Bridge (Wimmera Primary Care Partnership) & Natalie Smith (Wimmera Health Care Group).

PCP

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Workers get wheelie active

When it comes to health promotion Wimmera workers are getting on their bikes to spread the message.

Wimmera Health Care Group's Community Health Manager Natalie Smith hadn't regularly ridden a bicycle for years.

"The last serious riding I did was on a three wheeler to kindergarten," Mrs Smith a busy mother of four children, declares.

But now the health worker who advocates regular exercise as part of her job, has been given a chance to better practise what she preaches.

Natalie, and up to 70 health and community workers in the Wimmera Mallee are getting on their bikes and active as they move about their communities for work.

It is all part of Wimmera Primary Care Partnership's Active Transport project which helps fund half the cost of the bicycles being ridden by health and community workers in small and large communities.

Wimmera Health Care Group jumped on board with the project and have two Active Transport bikes, one in Community Health and the other in the Hospital's Admission Risk Program (HARP).

Wimmera Primary Care Partnership discovered many employees, who encourage clients to get active, were finding it hard to fit exercise into their busy work and family routines.

Twenty bicycles have started to remedy the problem as workers cycle to meetings, down to pick up mail or to visit other offices.

"The project encourages staff to use a bicycle for these local trips to increase physical activity instead of using work vehicles and private cars," Wimmera Primary Care Partnership health promotion officer Donna Bridge said.

One cyclist was even able to spot and help an elderly lady who had fallen on the side of the street, an accident that had been missed by cars driving past.

Ms Bridge said the daily 30-minutes of activity did not have to be carried out in one block and short bike rides could help meet exercise needs.

Mrs Smith said people in her workplace often made a list of jobs to make the best use of their cycling trips.

"When the bike goes out it goes out in a big way," Mrs Smith said.

Ms Bridge said riding had so many benefits for people and the environment, and encouraged all workplaces, whatever their nature, to consider buying a bicycle and supporting staff to use it instead of cars.

This story is about Mr Lindsay Edwards, an 86 year old Horsham gentleman who did not expect to find himself a patient in the healthcare system in two States of Australia. His experience spans over six weeks and demonstrates the number of health professionals and family support involved in his care and preparation to return him to his own home.

Caring from Queensland to the Wimmera

IN August 2008, Lindsay Edwards set off to sunny Queensland for a holiday with his daughter Cheryl. Little did he know, he was to embark on a journey through the healthcare system.

Prior to his holiday, Lindsay lived independently in Horsham, drove a car and did his own shopping, cooking and washing. He had a cleaner who came in one day a fortnight.

18 months prior to his holiday, he had a fractured hip but enjoyed a good recovery. Lindsay had been experiencing some recurrent falls.

While on holdays in Queensland, Lindsay sustained a fractured shoulder blade from a fall. On August 2 2008, he was then admitted to the Nambour General Hospital because he was experiencing more falls.

Whilst he was an inpatient at Nambour, Lindsay developed pneumonia (pneumonia is a common complication for elderly patients and because he developed this while he was in hospital, the diagnosis was made of 'hospital acquired pneumonia'). For this condition, Lindsay was treated with antibiotics for two weeks. He made a good recovery from the pneumonia, however, the prolonged hospital stay did not help with his overall recovery and rehabilitation from the initial fall that had brought him to hospital in the first place.

It was decided that Lindsay could come back to his local hospital (Wimmera Health Care Group) for rehabilitation and this occurred on 2 September 2008. Lindsay's daughter Diane, who lives in Geelong, flew to Queensland to escort her father back home. They travelled back on a commercial flight and then Diane drove her father to Wimmera Health Care Group where he was admitted.

The rehabilitation goal was to get Lindsay fit enough to return home. Upon arrival at Wimmera Health Care Group, immediate referrals were made to the Physiotherapist, Occupational Therapist, and Social Worker. These three specialised allied health professionals form part of the Wimmera Health Care Group rehabilitation team. Lindsay was placed into a GEM bed (see page 8..for GEM bed story) on Oxley ward.

Physiotherapy: Lindsay's needs were assessed and in the beginning he required two staff to assist him with walking with a four wheeled walker. While Lindsay was an inpatient he went to the rehabilitation gym every day, to work on his balance in order to prevent falls. This included marching on foam, standing on a balance beam and reaching for objects while standing. As Lindsay progressed, he went on to more complex tasks such as closing his eyes while balancing on foam and standing on one leg. After Lindsay was discharged he was reviewed by physiotherapists who set up a balance program for him to continue with, under supervision of the community rehabilitation staff.

Occupational Therapy: Occupational Therapy looks at ways to enable people to do the things they want and need to be able to do. Lindsay was seen during the rehabilitation stage of his admission to look at ways to enable him to do the things required to live at home independently.

To gain an understanding of what Lindsay would need to be able to do to return home and what he was previously able to do, a number of unstructured interviews were conducted with him and his family members. The aim of these interviews was to gain information about the environmental layout of Lindsay's home, the activities which previously filled his day and his specific rehabilitation goals.

A Barthels index score was administered with the resulting score of 51/100 being allocated. The Barthel index assesses an individual's ability to carry out activities of daily living. The screening tool provides information on the level of assistance required by a person.

Our Services

continued ...

During Lindsay's stay in hospital his progress towards increasing independence with functional activities such as being able to shower and dress was monitored. During this time, Occupational Therapy focused on practicing old skills and learning alternative ways to complete tasks.

To assist with Lindsay's discharge, a self report home assessment was completed to determine how the environment would impact on Lindsay's ability to safely and independently complete all the activities he needed to do.

At this stage, equipment was recommended to assist Lindsay with completion of these activities. For example, a bed stick was recommended to give support to Lindsay when getting out of bed and moving around in bed, so that he was able to do this independently at home.

On returning home, Lindsay reported being happy with his progress. Further occupational therapy intervention will be available to Lindsay if he requires. Such Occupational Therapy intervention may assist Lindsay with tasks such as returning to driving and accessing the community.

Social Work Department: The referral came to the Social Work Department requesting discharge planning for Lindsay. The initial discussion was held with Lindsay, his daughter Diane and her husband to discuss background issues.

A psychosocial assessment was completed highlighting:

Lindsay previously was an independent person whose life was in order until the falls. Legal issues were discussed as part of longer term planning – i.e. Enduring Power of Attorney.

Previously Lindsay was able to drive, do his own shopping and business affairs, had support from Horsham Rural City Council once a fortnight for some house duties and he cooked his own meals. Lindsay also had a Safety Link.

Lindsay is supported by his daughter Diane while he receives information from his diabetes educator.

Lindsay had an active social life which included attending Probus regularly.

Falls in an elderly person can have major effects in functioning and self-confidence. Lindsay also had been away from Horsham and came back for rehabilitation and medical issues and was quite unwell on transfer to Wimmera Base Hospital.

By the time Lindsay was discharged, Post Acute Care was in place for him to be supported at home. Lindsay has a very supportive family and his daughter Diane had moved up from Geelong to be with her father during the rehabilitation process and care for him on discharge.

A referral was also made to the Aged Care Assessment team for eligibility for Community Aged Care Packages or residential respite.

Other people involved in Lindsay's care were the Diabetes Educator and various medical and nursing personnel.

On September 16, 2008, Lindsay was discharged home – two weeks after being admitted to Wimmera Health Care Group. Lindsay was discharged on the Post Acute Care Program (see page 8 for story on this program). On discharge, Lindsay was walking independently and Diane stayed on for the first week to see him settle in back home.

Lindsay had nothing but praise for all the staff involved in his care. He stated that he was "looked after really well". His daughter Diane who was by Lindsay's side during his rehabilitation, said that "the staff were wonderful and Dad remembered some of them from previous admissions."

Lindsay's story demonstrates how a number of our services can work together to provide the best possible outcomes for patients in our care.

We thank Lindsay for the opportunity to share his story.

Clinical risk management program

IN line with Wimmera Health Care Group's mission "to achieve the best health for all the Wimmera", all 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 and the development of a pressure ulcer. Not all adverse events are preventable, but a large number are.

Wimmera Health Care Group's Clinical Risk Management Program aims to reduce the chance of individuals in our care experiencing an adverse event. The Wimmera Model of Clinical Risk Management is a cycle which provides a series of processes or steps that when followed, are likely to result in an improvement in outcomes for our patients, residents and clients.

DETECTION

Firstly, we need to identify adverse events. Rarely are adverse events the result of the actions of an individual, they are usually the result of weaknesses in the systems used to deliver health care. Information on possible faults and weaknesses in our health care delivery systems is sought from numerous sources.

• Sources of information from within Wimmera Health Care Group include incident reports completed by staff, review of medical records and review of patient / family complaints.

• Sources of information from outside Wimmera Health Care Group include coroner's reports, journal articles and media stories. When an adverse event occurs in another hospital, we ask ourselves "could this happen here"? If the answer is yes, we then move to the next step.

ANALYSIS

Secondly we need to analyse the adverse event to decide the level of risk or danger it poses.

• To decide the level of risk we need to look at the consequence or outcome of the adverse event and how often is it happening.

• We prioritise those risks that have the worst outcomes and that are occurring the most frequently for action.

SYSTEM CHANGES

Thirdly, we need to take appropriate action to prevent the adverse event recurring.

• When developing a strategy to reduce the number of adverse events we try to decide what is best practice in this area. This includes reviewing the literature and finding out what other hospitals do.

• We involve health professionals in developing a strategy that is based on best practice and that will work at Wimmera Health Care Group.

• Health professionals are then educated on the new strategy prior to implementation.

EVALUATION AND MONITORING

Lastly, we need to evaluate the strategy we have developed and implemented to see if it has had the desired result.

• If the desired result is not achieved and modifications are required another cycle is undertaken.

• At various stages during the cycle, information on progress and evaluation results are provided to staff throughout the organisation. This information is also provided to the Quality Committee and the Board of Management.

• After a strategy is implemented satisfactorily, regular monitoring or checking continues to ensure the improvements are maintained.

Currently a number of individual projects are being undertaken as part of the WHCG's Clinical Risk Management Program. You can read about the following projects elsewhere in this report:

• Medication safety
• Falls prevention
• Pressure ulcer prevention
• Venous thromboembolism prevention
• Acute Pain Management
• Care of the Dying Patient
• Stroke Clinical Pathways
• Acute Myocardial Infarction Clinical Pathways
• Graduate Nurse Program Clinical Risk Management Project

Sally Taylor is the Clinical Risk Manager at Wimmera Health Care Group.

Improving care for the dying patient

WIMMERA Health Care Group does not have a specific Palliative Care Ward, but regularly provides care for dying patients. A range of health professionals deliver care, with differing knowledge on managing dying patients and their families.

WHCG would like to ensure we provide patients and their families with the best possible standardised high quality evidence based care.

In order to achieve this a 'Care of the Dying Patient' pathway has been developed and implemented. The new pathway has been based on the Liverpool Care Pathway for the Dying Patient, a well recognised international 'gold standard' in dying patient care.

The aims of the Care of the Dying Patient Pathways are to:

• Ensure we provide patients and their families with the best possible high quality evidence based care.

• Provide health professionals with agreed algorithms, including medication administration, in areas difficult to manage in the dying patient (pain, restlessness and agitation, respiratory tract secretions, nausea and vomiting, breathlessness).

• Provide guidance on the different aspects of care required, including comfort measures, prescribing of medicines and discontinuation of inappropriate interventions, as well as additional psychological and spiritual care and family support.

• Provide a clinically driven pathway, in which optimum care of the dying patient is not only envisioned, but also actually delivered, on a basis of evidence.

Falls monitoring and prevention

FALLS are one of the most widespread and serious injury problems faced by the elderly in our community. Each year, one third of people aged over 65 will experience a fall. People in hospitals and residential facilities have even higher fall rates as a result of sickness and frailty, and altered routines and surroundings.

The frequency of falls is made worse by the greater vulnerability of the elderly and infirm, to serious injury. In older people, even comparatively small falls can result in death and significant injury. People who experience falls also suffer increased anxiety levels and social withdrawal.[1]

Wimmera Health Care Group has been actively monitoring and managing falls for a number of years. One of our first priorities was to create a "no blame" environment that encouraged staff to report falls.

Consequently, the increase in the number of falls reported during the period initially (see graph below) is evidence that we have been successful in changing the culture. During this period, the organisation has also been raising awareness of the need to prevent falls where possible and minimise harm to people whose falls cannot be prevented.

Additionally a number of strategies have been implemented aimed at falls prevention and harm minimisation. A reduction in the number of falls reported is now being seen.

Staff across all areas of the organisation have been working hard to reduce the number of falls by patients / residents admitted to their area. The implementation of falls reduction and harm minimisation strategies by staff has been 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 their risk of falling

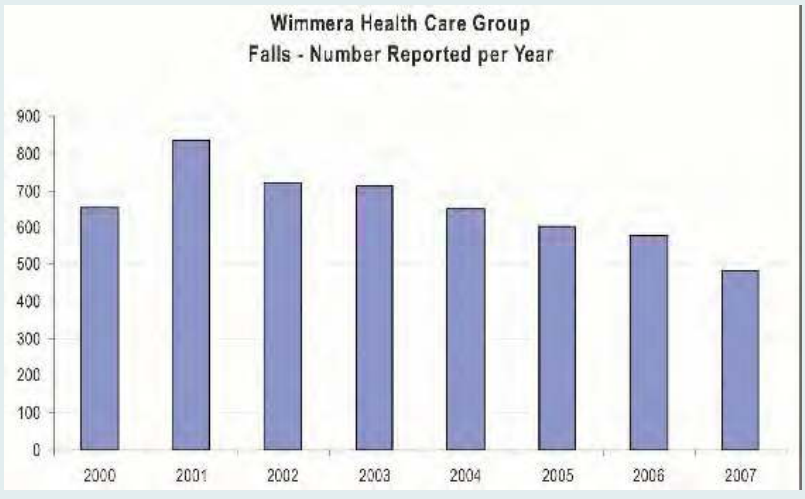
• The use of sensor mats, which alert staff when a patient / resident has moved from their bed or chair

• The use of lift care beds which lower the mattress to floor level, reducing the risk of injury as the person rolls out of bed rather than falling from a height

• The use of hip protectors. Hip protectors are plastic shields or foam pads which provide substantial protection against hip fracture during a fall or impact onto the hip.

Reference:

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



Pressure ulcer monitoring and prevention

The Ezy-as stocking applicator assists patients to apply a support stocking for pressure ulcer treatment.

A PRESSURE ulcer is a sore, an 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:

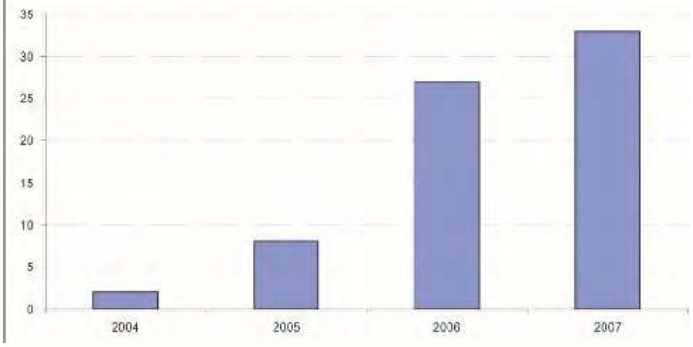
- confined to a bed or chair and unable to move independently or have limited movement;
- who have loss of sensation or poor circulation;
- who have skin that is frequently moist through perspiration or loss of bowel or bladder control;
- who have poor nutrition; and
- who are unwell[1].

Similar to falls, we have been encouraging staff to report pressure ulcers. You will see from Graph 1 that the number of reported pressure ulcers has increased over the last four years.

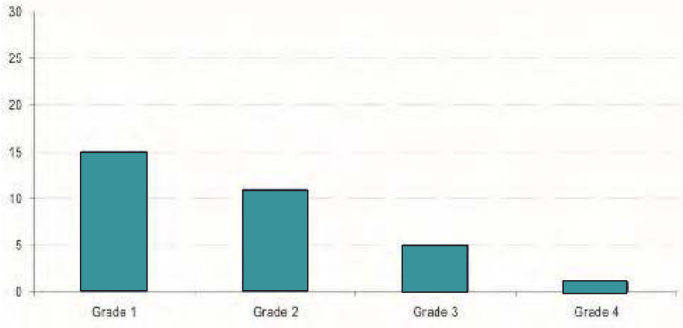
The pressure ulcer reports contain information on the grade (Graph 2) and whether it is a new or pre-existing (Graph 3).

The information obtained from these reports allows us to develop a picture of pressure ulcers development at Wimmera Health Care Group. We are then able to plan organisation-wide strategies to prevent pressure ulcers.

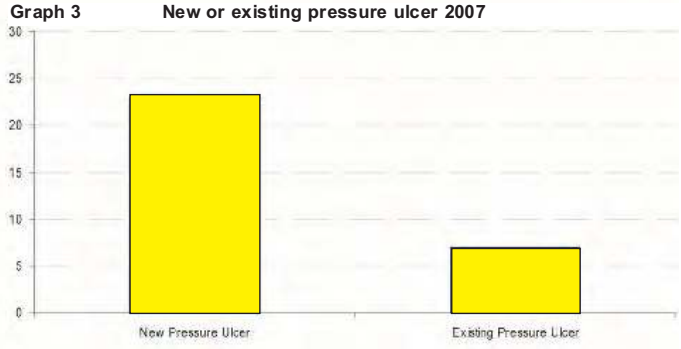
Graph 1 **Pressure Ulcers Number reported per Year**



Graph 2 **Grade of Pressure Ulcers Reported 2007**



Graph 3 **New or existing pressure ulcer 2007**



A number of strategies have already been implemented to prevent pressure ulcers in those patients / residents admitted to Wimmera Health Care Group:

- Earlier recognition of those patients / residents who are at high risk of developing pressure ulcers.
- Planning patient / resident care according to their risk of developing pressure ulcers.
- Access to a range of special equipment that can be used for those patients / residents at high risk of developing pressure ulcers. This includes special air mattresses, cushions and heel wedges.
- Wimmera Health Care Group is committed to replacing standard hospital mattresses with specially designed pressure reducing mattresses on all beds and trolleys.

We are currently reviewing the pressure ulcer prevention program and are in the process of developing and implementing:

- A revised tool to assess risk for developing pressure ulcers.
- Policy and guidelines for the management of pressure ulcers.
- A program of staff education.
- The development of information for patients and residents at risk of developing pressure ulcers and for those with pressure ulcers.

References

1. Preventing Pressure Ulcers – an information booklet for patients. Victorian Quality Council 2004

2. PUPPS 3 – Pressure ulcer point prevalence survey, Statewide report 2006. Department of Human Services 2006

Medication safety at WHCG

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 (ie. approximately 140,000 in 1999/2000) are related to problems 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 (for example, an inappropriate medicine is prescribed)
- Administration (for example, an incorrect medicine is given to a patient)
- Dispensing (for example, an incorrect medicine is dispensed for a patient)
- Documentation and communication (for example, a patient receives a medicine to which they have previously had an allergic reaction, as the allergy was not recorded on the patient's medication chart).

Improving medication safety is complex as there is no single solution to reduce all problems.

Performance indicators and medication errors are two sources used to detect possible and actual adverse events related to medication.

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

- The analysis of medication incidents and medication performance indicators
- Making recommendations for health care delivery system change when required
- Reviewing all medication policies and procedures.

1. Performance indicators

(a) Tools for Measuring Medication Safety

In late 2007, the Department of Human Services (DHS) made available tools for use by hospitals to further improve the Quality Use of Medicines and enhance patient safety. The tools include a 'Medication Safety Self-Assessment (MSSA)' and 'Indicators for the Quality Use of Medicines (QUM)'.

The benefits of using the tools include to:

- Provide an objective measure of medication safety systems and processes within hospitals
- Monitor performance and drive quality improvements in medication safety
- Provide an indication of areas of practice that require further research to improve medication safety
- Assist in identifying priorities to optimise efficient use of resources.
- Increase awareness of quality use of medicines issues
- Allow comparison of the hospital's performance across key areas and over subsequent surveys
- Allow comparison of the hospital's performance with other demographically similar hospitals across Australia.

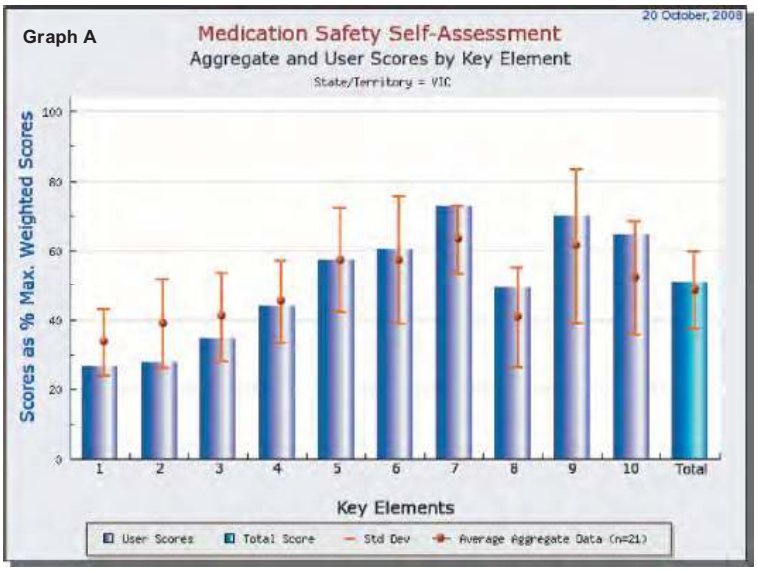
(b) Medication Safety Self-Assessment

The 'Medication Safety Self-Assessment (MSSA)' is a self-assessment survey containing 247 questions covering 10 key elements of medicines management and 20 core characteristics of a safe system for medication use. Key elements include: patient information, drug information and patient education. An example of a core characteristic is: "Medications are provided to patient care units in a safe and secure manner and available for administration within a timeframe that meets essential patient needs."

Wimmera Health Care Group conducted the MSSA in March 2008, and it is planned to be conducted every second year. The survey results (Graph A) have shown that Wimmera Health Care Group is overall performing above average when compared to other hospitals in Victoria that have undertaken the survey.

However, the hospital is performing below average in five key areas. In response to the survey results, recommendations on medication reconciliation (see Section 3), high risk medicines and recording of adverse drug reactions were made. Work is underway on addressing these recommendations which will lead to further improvements in these key areas.

Graph A



LEGEND

1. Patient Information
2. Drug Information
3. Communication of Drug Orders and other Drug Information
4. Drug Labelling, Packaging and Nomenclature
5. Drug Standardisation, Storage and Distribution
6. Medication Device Acquisition, Use and Monitoring
7. Environmental Factors, Workflow and Staffing Patterns
8. Staff Competency and Education
9. Patient Education
10. Quality Processes and Risk Management

continued ...

(c) Indicators for the Quality Use of Medicines (QUM)

The other tool provided to hospitals by the DHS to assist in improving medication safety is the 'Indicators for Quality Use of Medicines in Australian Hospitals' manual. The manual provides a set of 30 performance indicators in 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 has already been routinely monitoring some of the 30 indicators listed in the 'Indicators for the QUM' manual. These performance indicators relate to:

- The safe and appropriate prescribing of medications on discharge to patients with acute myocardial infarction (ie. heart attack)
- The safe and appropriate prescribing of medications for prevention of venous thromboembolism (ie. deep vein thrombosis or pulmonary embolism)
- The effectiveness of processes for appropriate postoperative pain management.

See information elsewhere in this report for performance indicator results for these areas.

(d) Performance Indicators relating to Medication Charts

The 'Indicators for QUM' manual also lists indicators relating to use of medication charts.

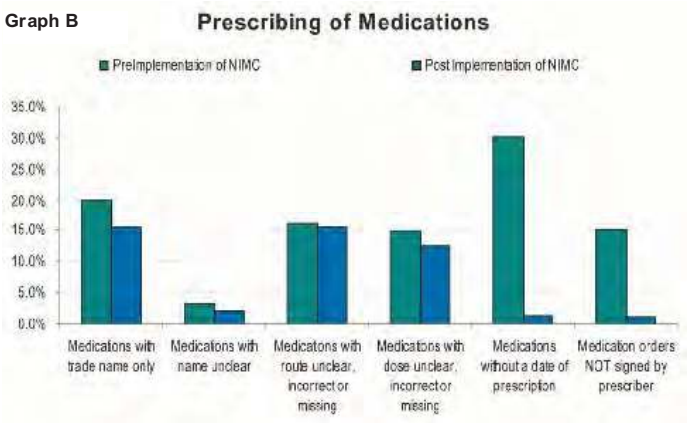
"To reduce the harm from medication error ... all public hospitals will be using a common medication chart. This means that the same chart will be used wherever a doctor or nurse works and wherever a patient is within a hospital." (Joint Communiqué from Health Ministers, 23 April 2004).

In January 2007 the National Inpatient Medication Chart (NIMC) was implemented at Wimmera Health Care Group. The NIMC was developed by the Australian Council for Safety and Quality in Health Care (ACSQHC) for use by all public hospitals as agreed to by the Health Minister of all Australian States and Territories.

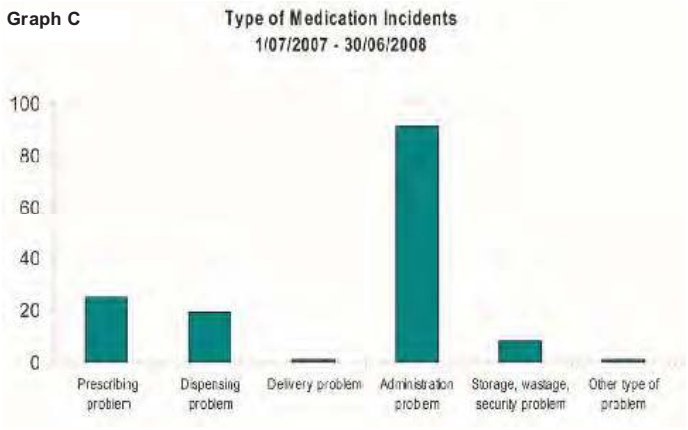
Audits of the hospital's medication charts were conducted prior to the implementation of the NIMC and 9 months after the NIMC was implemented to see if improvements had resulted from the introduction of the NIMC. For example, Graph B shows an improvement in the correct prescribing of medications on the medication chart since the introduction of the NIMC. Clear prescriptions mean there is less chance of medication error.

The results of the post implementation audit has allowed for further improvements to be made to these charts to enhance patient safety.

Graph B



Graph C



2. Medication Incidents

Analysis of incidents is an important means of identifying problems with our medication systems. Graph C shows that the two most common types of medication incidents within the last 12 months occurred during administration and prescription. Further analysis has been undertaken to determine exactly what the problems with administration and prescription were. A plan of action has been developed and is being implemented to address these problems.

Often we detect problems with medication systems from a number of sources. For example, the lack of a medication reconciliation process has been identified as a problem through incident reporting and the MSSA (see Section 3). Prescribing problems have been identified through medication incidents and medication chart performance indicators (see section 1c).

3. Medication Reconciliation

The lack of a medication reconciliation process has been identified as a problem through more than one source.

As a result, a 'Medication Reconciliation' process is being developed and 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.

Graduate nurse safety and quality project

EACH year our Graduate Nurse Program participants undertake a safety and quality project. This project is undertaken in conjunction with the Clinical Risk Management department and aims to introduce the graduate nurses to:

- Safety and quality concepts
- Some techniques and tools for measuring improvement.

This year the graduate nurses undertook a project to evaluate patient perceptions of the effectiveness of pain measurement education. You can read about the results of this project in the section on acute pain management, below.

During the project, graduate nurses were required to:

- Develop and test a survey to collect the information they required
- Conduct the survey
- Analyse and interpret the data
- Present the data to other nurses
- Complete a quality improvement summary for the project.

The project gives graduate nurses basic skills in safety and quality improvement which they can use to further their nursing careers.

We also hope they will be actively involved in the organisation's safety and quality activities on an ongoing basis.

The graduate nurse program participants pictured after presenting the results of their project.

Acute pain management

IT is an unfortunate fact that 25 to 50 per cent of patients in Australian hospitals experience at least one episode of moderate to severe pain during their hospital stay ... inadequate pain relief has been a consistent observation over the last 20 years, despite significant improvements in the understanding of acute pain and options for acute pain management[1].

In 2007, Wimmera Health Care Group was one of 25 hospitals chosen for a three month project run by the Victorian Quality Council to implement a pain measurement tool to enable staff to more accurately identify a patient's current level of pain. This helped staff to:

- Decide on appropriate treatment, either no change if pain is effectively relieved or action when pain is at an unacceptable level
- Determine how frequently observations are required to be taken and when there is need for review by senior clinicians.

What did the hospital achieve?

A pain management policy and guidelines were developed and implemented that outlined the processes to be taken when measuring a patient's pain. Observation charts were modified to allow for the recording of pain scores.

Clinical staff were provided with information on how to measure pain effectively, monitoring for side effects, and which observations should be reported.

A strategy to sustain this project was implemented. Key processes will be measured every six months to monitor whether initial improvements are maintained. Orientation manuals were updated to include pain information so new staff were aware of pain measurement processes at Wimmera Health Care Group.

Results

An evaluation was undertaken at the end of the project. This found a:

- 58% improvement in the consistent recording of the pain score in the medical record
- 19% increase in the number of staff who responded that they conduct pain assessments on admission
- 34% increase in the number of staff who had undertaken pain assessment education

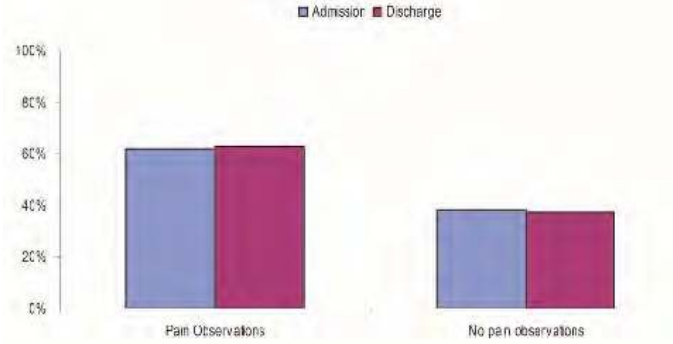
30 patients were interviewed on discharge as part of the Graduate Nurse Program's Safety and Quality Project. This was to evaluate patient perceptions of the effectiveness of pain measurement education

- 78% of patients either agreed or strongly agreed that the pain measurement information provided to them was simple and easy to understand
- 75% of patients either agreed or strongly agreed that the pain measurement information given to them during their admission on rating pain made it easier to indicate the amount of pain they experienced.

The six-monthly audit was completed in July 2008. The results (see graph below) show that just over 60% of inpatients had pain scores documented in their medical record on admission and discharge. As a result of this audit we found some observation charts which did not include prompts for recording of pain observations – these are currently being updated to include pain observation prompts. Further staff education will be provided on pain measurement.

References: 1. Victorian Quality Council (2007); Acute Pain Management Measurement Toolkit.

Pain Observations on Admission and Discharge Inpatients - July 2008



Alicia McGrath is WHCG Clinical Pathways Coordinator.

Acute Myocardial Infarction

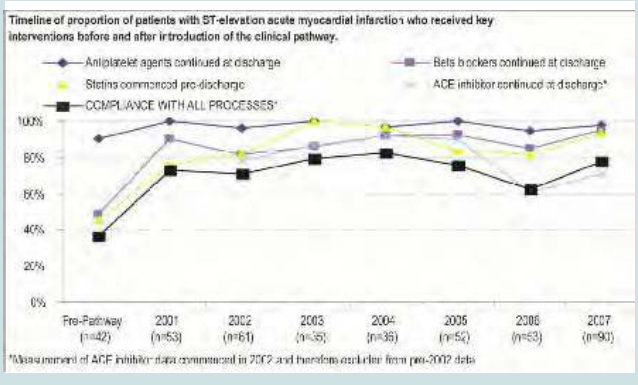
Acute Myocardial Infarction (AMI) refers to the death of a part of the heart muscle caused by a block in the artery (ie. heart attack). There is much evidence to support the use of certain medicines following an AMI. Use of these medicines, along with other measures, has been associated with improved 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 perindropil (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 (ie. 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 (eg. allergy to the medicine).

Results

Data for AMI has been collected since 2000, when a 'Clinical Pathway' was implemented at WHCG 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.



Sustained Quality Stroke Care

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, partial loss of vision.

In developed countries like Australia, stroke is the third largest case of death and the major cause of disability. Over 48,000 strokes occur every year with a stroke occurring every 11 minutes.

There is overwhelming evidence that the best care for stroke patients is provided in a unit that specialised in stroke care. However only 23% of hospitals have a formal stroke unit.

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

What is the Stroke Clinical Pathway?

The stroke clinical pathway is a document that outlines a series of diagnostic and treatment processes for the management of the patient admitted with stroke.

These guidelines are based on current research and what can be managed at Wimmera Health Care Group.

All health professionals involved in the care of the stroke patient including doctors, nurses, physiotherapists, speech therapists, social workers and dietitians, developed the stroke clinical pathway.

It includes information and guidelines on the emergency management, the required care for each day of the patient's stay in hospital and discharge planning.

What has the Stroke Clinical Pathway achieved?

There have been many benefits for patients with stroke resulting from the introduction of the pathway. The clinical stroke pathway improves communication between the health professionals. The patient pathway, which was also introduced, 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.

However, the most important achievement resulting from the introduction of the Stroke Clinical Pathway is the high quality standard of care WHCG has been able to achieve for stroke patients.

Research has shown that patients with stroke who receive care according to the National Stroke Guidelines have improved outcomes.

This care should include:

• A brain scan (often called a CT scan) within 24 hours of admission to work out if the patient has had a stroke and if so, what type. This is necessary to ensure the patient gets the right treatment.

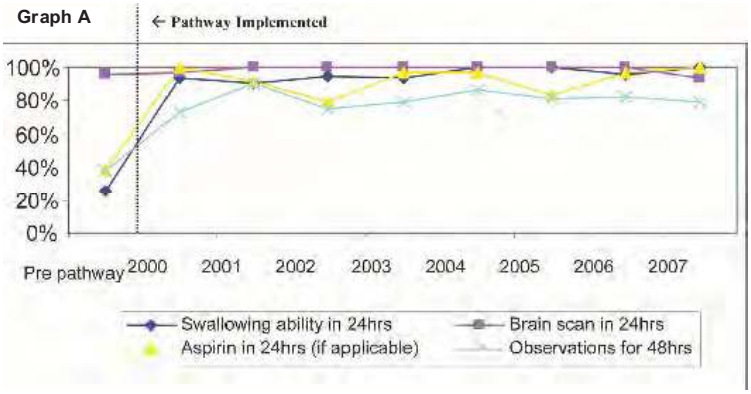
• Assessing swallowing ability within 24 hours of admission. This determines the consistency of food and fluid the patient should be given.

• Aspirin within 24 hours of admission. If the stroke has been caused by a blood clot, the 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 works out which type of stroke and therefore if to give aspirin.

• Undergo regular observations during the first 48 hours after their stroke to identify any medical problems or complications so they can treat or prevent the stroke from getting worse.

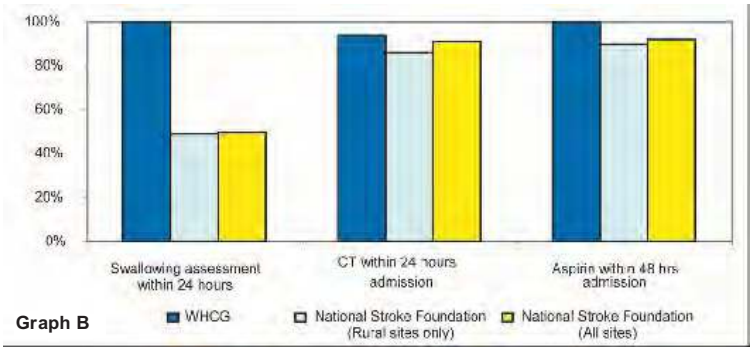
Graph A shows that since the Stroke Clinical Pathway was introduced in 2000, patients treated for stroke at WHCG have consistently received care according to the National Guidelines.

Graph A



In fact, research undertaken at Wimmera Health Care Group shows that the percentage of patients receiving key diagnostic tests within a set time was better at Wimmera Health Care Group than in many other Australian Hospitals.

Graph B compares stroke management figures for Wimmera Health Care Group with the National Stroke Foundation findings for hospitals surveyed in their 2007 report.



Graph B

Venous Thromboembolism (VTE) Prevention Program

Developing a venous thromboembolism or "blood clot" in your legs or lungs (deep vein thrombosis and pulmonary embolism), is not something you expect when you come into hospital.

However major trauma (physical injury), hip or knee replacement surgery, prolonged surgery, combined with other factors such as age, the reason you are in hospital and other health problems can increase the risk of developing a blood clot.

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 their 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.

The incidence of blood clots has been found to be 100 times greater among hospitalised patients compared to those in the community. However treatment will reduce the chance of a blood clot by about two-thirds[1].

Wimmera Health Care Group has been actively working towards reducing 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 the hospital achieve this?

Each patient's risk of developing a blood clot is assessed on admission to Wimmera Health Care Group. For those patients at risk, recommended treatment (prophylaxis) options such as injections to help prevent a blood clot and wearing compression stockings may be prescribed.

Wimmera Health Care Group 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.

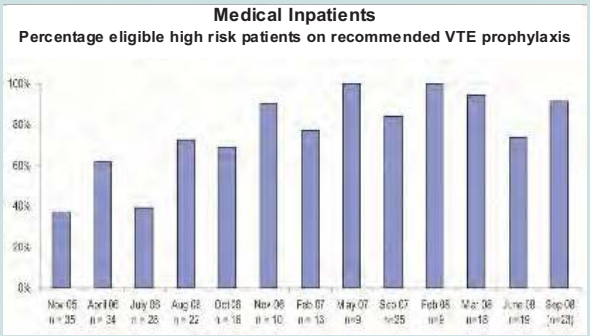
Written information in the form of posters and brochures on reducing the risk of blood clots – what to ask and how to act, are available to patients and medical practices in the area.

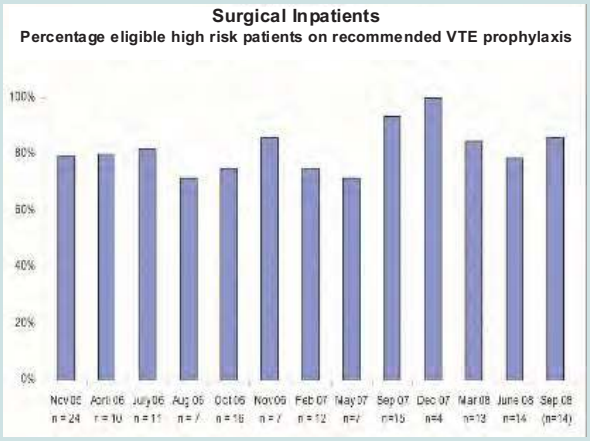
Results

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 then there has been an overall improvement in the percentage of surgical and medical patients at risk of developing VTE who receive the recommended treatment (prophylaxis). Importantly we have been able to maintain this improvement, which can be particularly difficult to do.

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.





Infection control

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

WHCG continues to participate in the Hand Hygiene Victoria project by educating staff in the 5 Moments of Hand Hygiene. Audits of hand hygiene compliance are regularly conducted with the results forwarded to the Department of Human Services.

The latest audit showed a compliance rate of 82.13%, up from 60% the previous year. Visitors are encouraged to use the alcohol hand rub which is available in all areas of the facility.

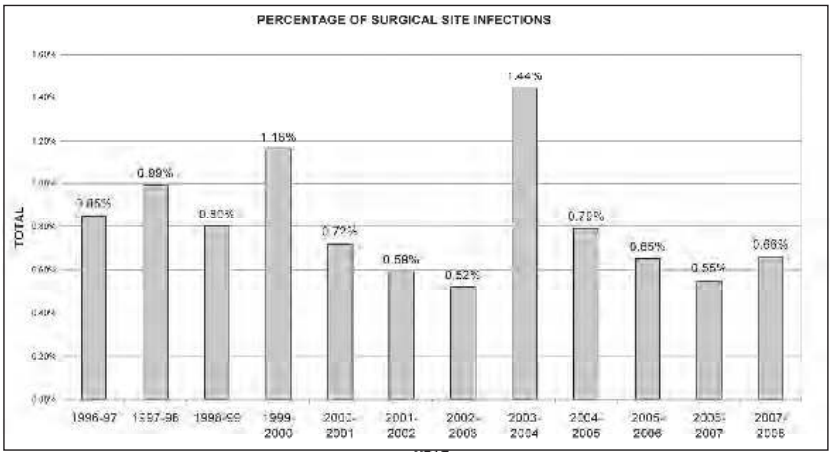
The hands of visitors can innocently contaminate equipment, furniture etc. which can later contaminate a surgical wound or cause infection elsewhere. It is particularly important for friends and relatives handling newborns to wash or alcohol their hands before touching the baby.

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

- an increased compliance in the correct use of prophylactic antibiotics prior to surgery,
- no new MRSA infections after 48 hrs of hospitalisation,
- two blood stream infections caused by staphylococcus aureus,
- one blood stream infection in a patient receiving haemodialysis and
- one surgical site wound infection in a patient following a caesarean section.

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

Long term surveillance of surgical site wound infections showed a small increase in the percentage of infections for 2007-08. See graph.



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

Horsham – Overall score 92.1%

- 92.5% for very high risk areas
- 90.9% for high risk areas and
- 94.8% for moderate risk areas

Dimboola – Overall score 96.3%

- 93% for high risk areas
- 100% for moderate risk areas and
- 95.3% for low/minimal risk areas.

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

A gastroenteritis outbreak in one of our acute wards late last year caused major disruption to the provision of services, cancellation of elective surgery, the closure of beds and a lot of extra work for all staff.

We all have a part to play in the prevention of infection in our homes, workplaces, public places and in healthcare facilities.

• We would like to both remind and thank the public for not visiting others while they are unwell.

New system keeps track of instruments

Quality Improvement Project

Operating Theatre

A tracking system is primarily a computerised means of tracking instruments throughout their life to individual patients. Instruments need to be tracked for a number of reasons.

Primarily though it allows hospitals to accurately work out which instruments have been used on particular patients in the event of a recall for sterility reasons, or the notification of certain diseases.

When you can confidently work out how many patients have been impacted, should either scenario occur, then you can limit the number of people needing to be contacted and given distressing news. A tracking system also allows users to generate many reports which are benefit to them. The number of times an instrument is used and by whom allows inventories to be better managed.

Maintenance programs can be established to sharpen scissors after so many uses, all instruments can be polished regularly, the costs of reprocessing can be generated for accurate budgeting, which staff have done certain jobs is recorded.

Tracking systems are well accepted to be indispensable in the efficient and safe running of Central Sterilising Supplies Department/Theatres.

Our system has been purchased from Precision Medical and is called the MACQ system.

WHCG report card shows real improvement

VICTORIAN hospitals improved their performance on key measures of emergency department treatment, elective surgery and bypass despite increased demand and a record number of patients, the latest Your Hospitals report shows.

In relation to the report released on October 2nd 2008, Health Minister Daniel Andrews said Victorian hospitals admitted almost 1.4 million patients during 2007/08, compared with 1 million in 1999/2000.

"At a time when hospitals are treating more patients than ever before, they are also treating more of them within the benchmark times," Mr Andrews said.

The Your Hospitals report was a snapshot of the hospital system at the end of June 2008.

The report shows that Wimmera Health Care Group has an increase in emergency department and general hospital admissions for 2007/8. It also shows the health care group is responding to emergency patients much more quickly than state-wide benchmark targets.

Emergency Departments

Public hospital emergency departments meet the immediate health care needs of the community, including treatment of medical emergencies and less urgent cases when alternative care is not available. Non-urgent health matters and ongoing treatment are best treated by your local family doctor.

WHCG Emergency Data 2007/08

The Australasian College of Emergency Medicine has identified five triage categories and defined the desirable time when treatment should commence for patients in each category.

The Government sets targets for hospitals in consultation with hospital staff and clinical groups, to encourage achievement of national standards of care.

		WHCG	Target
% Emergency Department Category 1	patients seen immediately	100	100
% Emergency Department Category 2	patients seen within 10 minutes	84	80
% Emergency Department Category 3	patients seen within 30 minutes	92	75
% Emergency Department Category 4	patients not admitted whose stay is less than four hours	93	-
% Emergency Department Category 5	patients admitted to an inpatient bed within eight hours	95	-

The above results for WHCG demonstrate how well the organisation is doing compared to statewide targets.

Category 1 – Resuscitation (person unconscious)

Category 2 – Emergency

Category 3 – Urgent

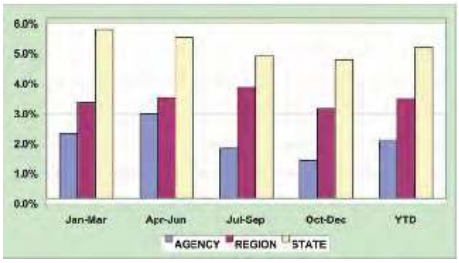
Category 4 – Semi-urgent

Category 5 – Non-urgent

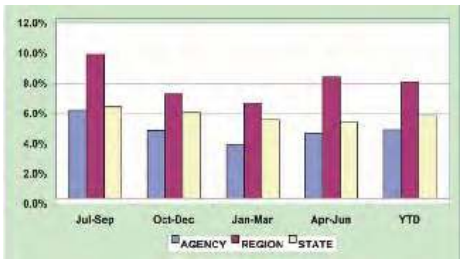
Dental quality indicators

The following graphs compare quality indicators of the Dental service provided by WHCG with other dental services at a regional (Grampians) and state level.

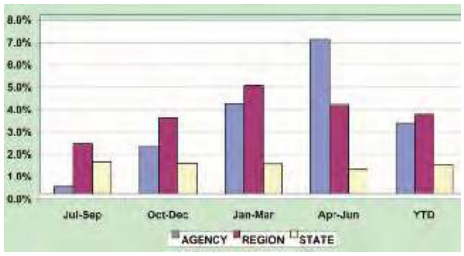
Restorative retreatment within six months



Repeat emergency care within 28 days under same COC



Unplanned return within seven days subsequent to extraction



Behind the Scenes

Meet some of our support service people

Administration/reception

Often the first point of contact for people entering WHCG. This group of dedicated staff provide a high standard of quality customer service to patients, staff and visitors.

Engineering Services

This team has a diverse range of trade skills which provide WHCG with regular maintenance in areas such as painting, carpentry, general maintenance and gardening. This department is responsible for many aspects of patient, visitor and staff safety.

Environmental Services

Not only does this service make the organisation 'look nice and clean' but the efforts of this team of dedicated workers ensures that WHCG is a safe place for patients, visitors and staff. The team also coordinates accommodation in Rotary House and for other hospital properties utilised by some hospital staff.

Finance

The Finance Department plays a critical role in the management of WHCG. The efficient and effective use of available resources is crucial to optimising support for clinical and medical services and ultimately patients and the community.

Monitoring financial results, budgeting and dissemination of information facilitates sound business decisions, ensuring a stable financial future.

Food Services

The role and function of the Food Service Department is to ensure all clients receive the best nutrition and hospitality service in the Wimmera and to keep in touch with latest trends.

The supply of nutritional food and beverages assists to improve patients' recovery in the acute hospital. This department also supplies food for Kurrajong Lodge, Dimboola, Nursing Homes, Day Centre, functions, meetings and Meals on Wheels.

This service also runs the front kiosk which is frequented by staff and visitors and even some local residents who 'pop in' regularly for a meal.

Information Technology (IT)

This four person department is responsible for maintaining the entire computer network across the organisation including the telephone system. Computers and phones are obviously vital to ensure the smooth, effective and efficient running of all services provided by WHCG.

The department provides a single-point-of-call helpdesk for all IT issues and a 24 hour oncall service.

The department also facilitates the use of video conferencing for communication with other health facilities and is helping to explore ways in which this technology can be used to enhance direct patient care.

Library

The Handbury Library is a major source of evidence based research and literature for many WHCG projects. Evidence of best practice is sought in order to provide the best possible care for all patients and clients of WHCG.

A recent example of how the library contributed to patient care was in relation to the Dementia Care in Hospitals Program.

The Dementia Care in Hospitals Program consistently requested research advice and assistance from the WHCG Library and librarian Shirley Mewett during its development and implementation stages.

The assistance and research material resourced was invaluable in the development of protocols and clarification of facts supporting the implementation of this project.

It is also acknowledged, that the time involved in searching for relevant information can be exhaustive and lengthy, impinging on time which could be spent on other issues.

Linen Services

The Wimmera Group Linen Service provides clean linen for the hospital as well as laundering clothes for aged care residents. Linen provided includes theatre gowns, bed linen and other patient related linen.

Supply

This small team contributes to the smooth running of the organisation by ensuring that WHCG has an adequate amount of essential items ranging from medical supplies to stationary items.

Community & Private Patient Liaison

Choosing to be a private patient at WHCG

WIMMERA Health Care Group offers a wide range of acute medical and surgical hospital care and ancillary services to the people of the Wimmera region.

As a public hospital, we endeavour to provide high quality health care to all patients, however, if you choose to use your private health insurance you will have increased choices for your admission.

We also encourage you to be admitted as a private patient because there are substantial benefits to both yourself and the organisation.

Why do we ask you to use your Private Health Insurance?

The additional funding that Wimmera Health Care Group receives from private health insurance companies provides financial benefits to the organisation. When you use your private health insurance the hospital is able to make a claim to the insurance company. The insurance company in turn then sends money to the hospital. This money provides extra revenue enabling us to retain, improve and expand our services, which in turn, is of considerable benefit to the community.

Currently, approximately 20% of our patients are admitted as private patients – the higher the percentage, the greater the benefit to Wimmera Health Care Group!

What are the benefits to you if you use your Private Health Insurance?

Even if you only have limited cover, you will be allocated a single room if there is one available at the time of your admission.

Additional complimentary services include;

- a daily newspaper,
- a la carte menu choices,
- a selection of beverages with your meals,
- telephone credit,
- in-room free to air and pay television,
- a private patient welcome pack with a range of useful items including a comfortable dressing gown for use during your stay,
- free internet access and
- a free complimentary coffee and cake voucher at the hospital kiosk.

You can choose your own doctor, provided they have practice rights at Wimmera Health Care Group or you can choose to be treated by the doctor on call and be admitted under that doctor as a private patient.

Wimmera Health Care Group will cover any excess expenses for radiology, pathology or other services incurred whilst you are a patient in our hospital.

ALL Out of Pocket expenses will be reimbursed.

You may receive accounts from your Doctors and Anaesthetist who are involved in your care. You can either elect to pay these accounts up front and be reimbursed within four working days, or alternatively you can simply complete a Medicare Two-Way Claim Form and submit to the local Medicare office who will claim from your private fund on your behalf. **Whichever option you choose, we can assure you that you will not be out of pocket in any way (with the exception of dental and cataract surgery) by choosing to be a private patient at Wimmera Health Care Group.**

Once admitted as a private patient, you will receive a private patient information pack that should answer any questions you may have and provide you with useful contacts during your stay with us. It also contains important information (including Medicare forms) that will guide you through the claims process.

Need More Information?

If you have any questions or simply need clarification and/or assistance with the claims process, the Community and Private Patient Liaison Officer is available to assist during office hours on:

Ph. 5381 9309 or Mob. 0417 581 141

Alternatively, you can contact the Admission and Discharge Co-ordinator on:

Ph. 5381 9184 or Mob. 0408 340 114

WHCG's new community and private patient liaison officer Sue Frankham shows the special pack provided free to all private patients.

Your support is greatly appreciated . . .

WIMMERA Health Care Group touches the lives of families and individuals across the Wimmera region and beyond in many ways. In turn, we have received tremendous support in the way of donations, both financial and in-kind for which we are extremely grateful.

Donations over $2 to Wimmera Health Care Group are tax deductible and the choice is yours as to the area you want to direct your donation.

You may wish to donate to Wimmera Health Care Group or alternatively, you may prefer to donate to the Wimmera Base Hospital Foundation where your gift remains in perpetuity.

The aim of the Foundation is to improve health care for people in the Wimmera. The capital is invested and the annual interest is distributed at the discretion of the Wimmera Base Hospital Foundation Trustees. Some of the services that the Foundation has supported to date include:

- Emergency
- Coronary and intensive care
- Surgery
- Obstetrics and gynaecology
- Aged and residential care
- Cancer support
- Physiotherapy
- District nursing
- Rotary House

Sue Frankham, Community and Private Patient Liaison Officer, is available to confidentially discuss ways in which you may support Wimmera Health Care Group. Sue can be contacted during office hours on ph. 5381 9309 or 0417 581 141.

Funds raised do not affect the hospital's annual government budget.

EVERY CENT DONATED OR BEQUEATHED IS OF ADDITIONAL BENEFIT TO WIMMERA HEALTH CARE GROUP

How you can make a donation to Wimmera Health Care Group ...

Name: _____

Address: _____

Town: _____ Postcode: _____

I enclose a donation of $ _____ to:

- ❑ Wimmera Health Care Group
- ❑ WBH Foundation
- ❑ Other (please specify) _____

I enclose a cheque made out to Wimmera Health Care Group (or Wimmera Base Hospital Foundation) or please charge my Credit Card:

❑ Bankcard ❑ Mastercard ❑ Visa

Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

Please forward your donation to:
Community and Private Patient Liaison Officer
Wimmera Health Care Group, Baillie Street, Horsham 3400

SHELTON & LANE

Graphics & Print

Graphics - Print - Deliver

59-61 Wilson Street
PO Box 509, Horsham 3402
Phone: 5382 5355
Fax: (03) 5381 1290
Email: sheltonprint@wimmera.com.au

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