



Wimmera Health Care Group

Incorporating:

Wimmera Base Hospi tal Wimmera Nursing Home Kurrajong Lodge Hostel Baille Street, Horsham, Victoria Dimboola Hospital Lloyd Street, Dimboola, Victoria +

Welcome to the Annual Quality of Care Report for 2003/2004 financial year.

Wimmera Health Care Group (WHCG) is very proud of the care and services provided to all patients, residents, staff and visitors. As an organisation WHCG is striving to achieve the best health for all our patients and residents but also to be open in assessing our achievements. We accomplish this through comparison with other health providers, industry standards and importantly, listening to our consumers.

WHCG actively participates in a wide range of reviews, audits and surveys. The information gained from these reviews assists us in knowing what our community wants, as well as providing us with valuable information to demonstrate our achievements and improvements.

This year's Quality of Care Report will highlight some of our key achievements. We will also report on some of the areas where feedback has been received and the strategies introduced to improve these services.

In the coming months we intend to develop a Community Advisory Committee to ensure we have a group of individuals who are interested in assisting us to listen and review what it is that our community wants. We hope you enjoy the Quality of Care Report for 2003/2004 and find the information both interesting and informative.

Chris Scott Ian Campbell President Board of Management

Chief Executive

Mission

We are committed to achieving the best health for all the Wiimmera

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To be the best provider of rural health services in Australia

lalues

- · 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 well being
- · We are committed to continuous quality improvement
- · We deliver quality health services that are value for money
- · We care for the well-being and encourage the ongoing development of our staff whom we recognise as our most valuable resource.

Front Cover: Operating Suite staff prepare for surgery.

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About the Foundation Page

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We are proud to

last 100 years and look forward to

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The Wimmera Base Hospital Foundation raises money throught donations and bequests to improve health care for the people of the Wimmera. Funds raised by the Foundation do notaffect the Hospital's annual government budget allocatinos. Every cent donatedor bequeathed is of additional benefit. As a charitable trust, the Foundationanages funds for maximum return and security In accordan e with the Trustees Act 1958. Donations over \$2.00 are tax deductible.
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Introduction:

Welcome to the 2003/2004 Quality of Care Report. This document provides an opportunity for Wimmera Health Care Group (WHCG) to report to our community on the quality and safety of the services we provide.

This year we have provided the report in a new format in an attempt to reach the wider community. It is hoped that members of the community will gain an understanding of the dedication and commitment of all our staff across the organisation.

You will notice that we have incorporated some of our sponsors/supporters throughout this document. We are grateful for their involvement and interest in the development of this report and their ongoing support of our organisation. Their financial assistance has ensured the cost of producing this document has not impacted on the operational budget of Wimmera Health Care Group.

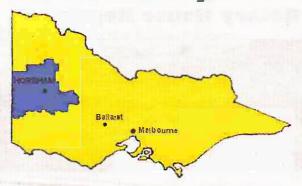
The Department of Human Services has identified some key areas that must be included in the annual Quality of Care Report and in addition to these we have selected some patient care areas that we hope you will find interesting and informative.

Background Of Our Organisation Profile & History:

WHCG's history began in the Carrier's Arms hotel in 1873, when a public meeting agreed on the need for a hospital. From humble beginnings of 12 beds, WHCG today is the major specialist referral centre for the Wimmera region. The amalgamation of the Wimmera Base Hospital and the Dimboola & District Hospital in 1995, to form Wimmera Health Care Group, further improves the availability of health care services to residents throughout the Wimmera.

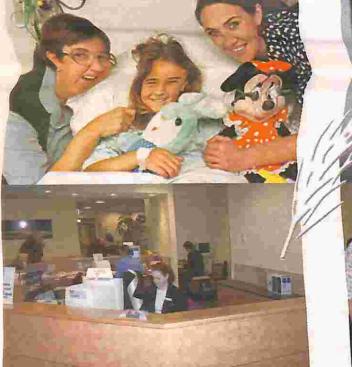
Wimmera Health Care Group (WHCG) is the major specialist referral centre, providing emergency and critical care services for the region. Last year WHCG treated over 9,400 inpatients, 14,600 emergency patients, 105,000 outpatients and also accommodates 132 Aged Care Residents. In addition, WHCG is recognised as a training and teaching centre for undergraduate and postgraduate students.

Our Commity:



The Wimmera (sub-region of the Grampians Region) covers a total of 30,622 square kilometers over a large proportion of western Victoria extending to the South Australian border. The largest centre in the Wimmera is the main commercial city of Horsham, located in the geographical heart of the area. The Wimmera region is the second largest geographical region, by area, in the State of Victoria and the smallest region by population. This factor leads to a highly dispersed population with much of the outlying area having an average density of less than one and a half persons per square kilometre, with the only exceptions being the Rural City of Horsham and the Northern Grampians Shire. The dispersed nature of the population has important implications for service provision, with distance from service centres causing difficulties for residents in terms of access, travel time, and costs, particularly where public transport is unavailable.

The total population of the Wimmera region is 49,805 according to the 2001 Census. Approximately 36% of the population lives within the boundaries of Horsham Rural City Council, which makes Horsham the main service centre for the region. This focus is reflected in the significant referral role of Wimmera Health Care Group within the region. While the total population of the Wimmera region has declined by 0.6% since 1996, the Rural City of Horsham has shown growth of 22% The city is one of only two areas in the Wimmera region to show any growth, with many of the smaller towns showing significant declines. The current population of Horsham Rural City is 17,984, whilst the projected population in 2011 is expected to be 18,807. Less than 0.8% of the population is Aboriginal or Torres Strait san der and approximately 1.9% of the populatio n was born in a non-English speaking overseas country.





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DID YOU KNOW?

 344 Local sporting & community group have benefited in sponsorships totaling \$500,000 since the Club's inception

 The Club has an ongoing commitment to Major Community Projects including the fencing of May Park.
To date \$100,000 has been allocated.

• The Horsham Sports and Community Club is Clubs Victoria "Club of the Year."



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Cherese Mackley and Rhonda Daams are proud to be associated with Wimmera Health Care Group and their Quality of Care Report for 2004

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Developments Rotary House Report:



Since March 2002 the entire region has been glowing With reports of the progress of Horsham Rotary House. From the initial press release regarding the possibility of this project going ahead - there seemed a never-ending list of donors, ideas and recommendations. This input from all areas within the region has continued. A Community Group member recently suggested a need to create an ongoing income stream to maintain the Rotary House concept into the future! Wimmera Health Care Group Would Welcome discussion from community members with ideas and suggestions along these lines.

The Rotary House Project is a joint initiative between the Wimmera Health Care Group, the Rotary Club of Horsham East and the Rotary Club of Horsham. They are delighted with all the support given for the building of emergency accommodation for families of those making use of the facilities of Wimmera Health Care Group - Horsham Campus. Support for this project has been above and beyond any expectation that Wimmera Health Care Group

Progress of Rotary House.

and the Service Club Community could have anticipated, whether it is financial, donations in kind or by local trade suppliers and tradesmen.

The Wimmera communities note the benefit of this project to their friends, family, business colleagues and neighbours in the outlying regions. The catalyst that truly reflected a need for this house to be built Was 47% of Wimmera Health Care Group's inpatients come from outside fifty kilometres of Horsham.

From the turning of the first sod for the Rotary House, support has flowed freely to assist the project. Foundations we're prepared with an extensive amount of time being given by volunteers under the skilled direction of the project coordinator. Generous tradesmen carried out pouring and finishing the concrete base.

Plumbing has been carried out; Water, seWerage and roofing plumbers have Worked as a donation to the project in most instances. Frames and foof trusses were made and supplied locally; the

Local tradesmen install donated kitchen to Rotary House.

windows and sliding doors have been supplied with all labour as a donation to the project. Carpenters erected the wall frames, the roof trusses and roof battens, Seven electricians from five local electrical contractors Worked as a team to wire and install power, light, telephone and television cables. Bricks for Rotary House have been substantially subsidised. Local bricklayers have commenced and almost completed the

brickwork. Installation of the interior walls and ceilings is near completion. Preparation work for the installation of a reverse cycle air conditioning system is well under way.

The next step of the project will include the completion of brick laying, cupboards, wardrobes, kitchen and completion of the air conditioning system. Recently, a sub committee has been put in place with responsibility for selecting and purchasing all the furnishings for Rotary House. Wimmera Health Care Group staff have made themselves available for this committee to ensure that furnishings are purchased around the needs of Rotary, House, ensuring safety is tantamount, that longevity of furnishings is considered and that those who will ultimately maintain the property have involvement in the furnishing selection.

The staff of Wimmera Health Care Group can feel justly proud of their involvement in this project With the supply of services from numerous departments. Funds for the project are administered by Wimmera Health Care Group ensuring donations are receipted and payments are processed in a timely manner. Wimmera Health Care Group Staff have been involved in the drafting of a policy and procedure for the use of Rotary House and more recently a document has been completed which will put in place a reporting structure back to Rotary on the use of the House after it is commissioned. Without these skills and abilities being generously offered there would otherwise have been substantial inroads into funds generated from our generous community.

Funds required for the fulniture are still rolling in and at this point of time some \$280,000.00 in cash has been received for the project, in addition to considerable "In Kind" donations.

Rotarians can be proud of the progress to date and look forward to the opportunity of handing Rotary House over to Wimmera Health Care Group for the benefit of our wider community!

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Developments

Chemotherapy Unit:

A new Chemotherapy unit opened late in 2002. The unit has been relocated to allow additional space for the clients and staff. The value of this service within the Wimmera has allowed many patients to receive their chemotherapy in the local area rather than traveling out of the region. The service Originally operated once a fortnight, however, due to demand the service is now available more than one day each week. The construction of Rotary House will further assist our community to access this service by providing low-cost accommodation for patients and their carers close to the Chemotherapy Unit.

A feedback session conducted last year raised concerns about accessing car parking close to the Unit. A number of additional spaces have been provided in the car park adjacent to the Main Entrance to the hospital for this purpose.



Chemotherapy Nurse Lisa Maroski explains to Michael Gawith from a local motorcycle group the benefits of a CADD Ambulatory Infusion Pump

Yandilla Ward

The development of clinical pathways has occurred in many areas of WHCG in recent years. The purpose of any clinical pathway is to increase the efficiency and reduce variations in the care provided. The pathway also ensures appropriate referrals are made to other areas of the hospital if required.

Over the past 12 months a number of pathways have been developed in the maternity area to improve the quality of care provided to both the mother and the newborn. A focus group conducted last year assisted in the review of the education sessions offered to each mother before and after the birth of her baby. One of the outcomes from this group has been the development of selfassessment for each mother, to tell us what she would like to learn to assist her in the care of her child, before she is discharged.

Over the past 12 months the Yandilla Ward has seen the arrival of 400 babies including 3 sets of twins. The birth of a child is a very important and exciting time for a woman, her partner and their extended family. The Yandilla team have developed the pathways and reviewed how they are working to ensure the best outcomes for all concerned. As a result, we have changed the order of some activities to reduce the separation of mother and baby soon after birth as well as altering the documentation to reduce duplications. We know that reducing separation helps to enhance the mother/baby bond and the establishment of breast-feeding.

Sterile Water Injection Research Project:

WHCG, Colac Health Services and the University of Ballarat are undertaking a collaborative research project titled "What is the effect of sterile water injections on the experience of pain for women in labour?" The project has received major research grant funding from the Nurses Board of Victoria and utilises research previously undertaken in Norway and Canada.

Midwives involved in the project undertook extensive training to ensure they were confident in the injection technique and rationale for the procedure. Once the injection is given to women who have agreed to participate, their pain is assessed every 30 minutes for the next three hours. These women are also asked to complete a questionnaire regarding the injection technique and pain relief achieved. This information is sent directly to the University of Ballarat for collation.

One of the significant benefits of sterile water in the relief of women's back pain during labour is its rapid effect. Most women had significantly less pain at 5 minutes after the injection, while the majority of women expressed their pain as less than it had been prior to the injection of sterile water. The preliminary results suggest that the use of sterile water is a very valuable, non-pharmacologic method of pain relief that seems to be very effective and acceptable to many women.

The initial study has been extended for a further 6 months to ensure a good number of participants can be included in the study. The researchers have also been invited to present their results at a National Conference in Perth during August/September.



Sterile Water Injection Research Project Team - Wendy James -Wimmera Health Care Group, Kerry Peart - University of Ballarat and Janice Deocampo - Colac Area Health Service.

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Developments Dental Clinic Update:

Quality of care and services maintained by dental clinics in both Horsham and Dimboola campuses is monitored, evaluated and compared with other p ublic dental clinics within the Grampians region and across the state. This is achieved by reviewing re-treatment rates of clients for a number of dental procedures.

The results achieved by the WHCG dental team are as follows:

• Restorative re-treatment within 12 months (3.3%) as compared to the state average of (5.9%).

Developments Private Inpatients at Wimmera Health Care Group:

WHCG is keen for patients to know about Our recent initiative for those patients who have private health insurance. We are awa^{re} that approximately 30% of the community cu^{rr}ently has private health insurance. However, our data indicates that approximately 19% of the patients admitted to WHCG are utilising their private health insurance^{re} WHCG is keen to see this percentage increase to enable the organisation to continue to meet the community's needs and expectations. An increase of as little as 1% in the number of patients utilising their private health insurance can make a significant difference to available funds operational funding for WHCG.

WHCG treats thousands of patients every year covering a wide range of medical treatments and services. We are constantly assessing how to treat more patients and provide the best possible care and service for our patients and the community. At WHCG there are full medical and surgical services covering a wide variety of specialities unavailable in other hospitals across the Wimmera sub-region. The number of people who require medical attention is forever increasing, placing an increasing burden on public hospitals and their limited funding and resources.

By using your private health insurance you are assisting WHCG to

Maintain facilities

+

- Purchase new equipment, and
- * Continue to provide a better service

What does it mean to be a private inpatient at Wimmera Health Care Group (WHCG)?

• You can choose to be treated by a Doctor of your choice provided the Docto^r(s) has private

• Repeat emergency care within 28 days (52%) as compared to the state average of (13.9%).

• Unplanned return within 7 days of extraction (1.9%) as compared to the state average of (26%)

• Denture re-makes within 12 months (1.3%) as compared to the state average of (2.4%).

It is very pleasing to note that the dental clinics are achieving better re-treatment results than the state averages, indicating the care received at the initial visit is sustained over time.



Dentist examines patients' teeth

• You will not have to pay additional fees for your accommodation.

• There are no 'out of pocket expenses' for radiology and pathology services as WHCG endorses a 'no charging above schedule fee' policy for radiology and pathology services (excluding MRI).

• You will be treated in a single room or double room if available and your level of Private Hospital cover permits.

• As a private patient you will also be offered additional services such as access to a daily newspaper and a gift pack and bathrobe.

• An a la carte menu Will also be available and a selection of beverages.

Operating Suite and Day Procedure Unit:

The Operating Suite and Day Procedure Unit. was purpose built in 1995 and combines three discrete work areas including:

I. Operating Suite with two operating rooms, procedure room and recovery room

2. Central Sterilizing Unit and;

3.An eight bed Day Procedure Unit (DPU).

I. Operating Suite:

Elective surgery is scheduled Monday to Friday with morning and afternoon operating sessions. Cur^rently there are three to four elective sessions each day. Emergency surgery is provided 24 hours a day, 7 days per Week. If necessary, elective sessions are interrupted to accommodate emergencies.

A full range of surgical services is provided including the Specialties of:

- Obstetrics & Gynaecology,
- Orthopaedics,
- · Ophthalmology,
- · Urology,
- · Ear. Nose & Throat and

important, greater consideration is now given to organising the operating sessions to maximise efficient use of available beds not only in DPU but also the wards. The factors that now determine the session order include proposed length of admission, average recovery time, and travel distance. Same day admissions are usually scheduled before multi-day stay patients. If there is a need to reverse this order consideration is given to the recovery time required for this patient before the change occurs:

In 2002-03 most surgical admissions came from five local government areas (LGA) within the referral region. These five LGA's make up 94.3% of all elective and emergency admissions for surgery (see Tiable 2).

Table 2: Local governmen	
Local Government Area	% Surgical Admissions
City of Horsham	57.4%
Yarriambiack	16.7%
Hindmarsh	11.9%
West Wimmera	5.2%
Buloke	3.1%
Total	94.3%
Source: Operating Suite	Computerised Register

2. Central Sterilising Unit:

The Central Sterilising Unit provides sterilised instruments, equipment and supplies to the Operating Rooms and to other patient care areas across the organisation including the Dimboola campus. A limited service is also available to a number of local medical practices; commercial venues and other health care facilities within the Wimmera region.

3. Day Procedure Unit

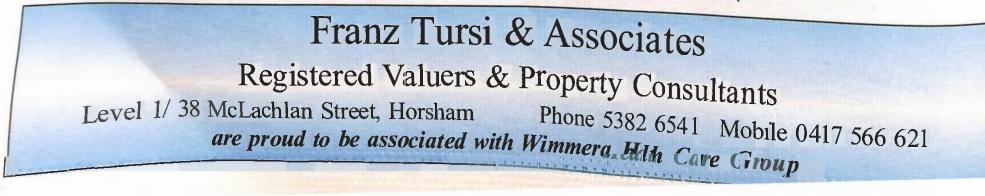
The Day Procedure Unit receives surgical inpatients Monday to Friday for admission as same day or day of surgery admissions for overnight or longer admissions. All day of surgery patients are transferred from the operating suite to another ward following surgery.

practice rights at WHCG and is available, or alternatively select the medical practitioner on call at the hospital and be admitted under the care of the Doctor as a private patient.

•You will have access to an extensive range of first class medical, nursing and health professionals who are available to answer any questions. • Endoscopy.

Since the relocation to the new facility in 1995 surgical throughput has increased by 23% to the end of the 2002-03 period. Prior to the relocation of these facilities the daily operating sessions were scheduled according to age, type of surgery and pre-existing diseases. While these factors are still The majo^rity of patients admitted to DPU are adults $a_n d_{most}$ of these admissions are elective, but they ca_n also be for emergency surgery.

Since the new unit opened in 1995, the total number of admissions to DPU has increased by 75%. There has also been an increase in average bed occupancy.



VV	Wimmera Health Care Group's Quality of Care services. We would be grateful if you could take continues to provide the information you would Please circle your responses and make	like to know she as		ei is to our com wing questions rovided by the W	This will help us to engineera Health Care	Group.
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	- Did you like the newspaper ferry	YES	NO	PARTLY	MOSTLY	
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	" Do you intend to keep the report for f	YES	NO	PARTLY	MOSTLY	
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iner topics wou	Id you like included in future reports?	about the Wimmera He	alth Care Group?	YES	NO	
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Developments

Day of Surgery Admissions

Almost all patients (99.9% in 2003) are now admitted on the day of their surgery. The percentage of patients booked as same day versus day of surgery admissions for overnight or longer admissions has changed from 51.9% in 1996 to 75.2% in 2003 of all elective surgical admissions.

The success in achieving such a high rate of day of surgery admissions for patients and the large percentage of same day surgery can be contributed to the establishment of the Pre-admission Clinic and the close relationship between these two departments. The majority of multi-day stay and some same day patients for elective surgery are seen or contacted by the Pre-admission Clinic before surgery. Depending on proposed surgery, distance from the Hospital and pre-existing medical conditions, some patients are contacted by phone only and do not attend the Clinic in person.

The pre-admission Clinic nurse visits the Operating suite daily to review all elective bookings to:

- · identify which patients need to attend the Clinic;
- · liaise with the anaesthetists;

• provide a verbal and written handover (to Operating Suite staff) on all patients seen or contacted by the Clinic.

This identifies any issues before they arise and contributes to the low rates of cancellation after admission. The most common reason for cancelling tinese patients was that they were unwell. Wimmera Health Care Group is pleased to advise "after admission" cancellations of Same Day surgery patients has reduced to 0.34% of potential operations.



Equipment test prior to surgery.

District Nursing Service

Fully qualified and experienced nursing staff are employed by the Wimmera Health Care Group District Nursing Service (DNS). The aim of this valuable service is to assist people to remain in the security and comfort of their own home during periods of illness or disability, by providing quality nursing care and support. In addition DNS have a strong emphasis on client education to enhance independence and quality of life in the home environment.

The DNS provides nursing care and is also specially trained to assist in the rehabilitation of the client and assist the family to learn how to provide care between visits. The DNS is available 7 days per week and in addition an out of hours service is also available on a nursing needs basis, folloWing consultation with DNS.

During the first visit the District Nurse will discuss the needs of the client and their families/carers and form a plan for care. This forms the agreement between the DNS and the client. The District Nursing Service does charge a fee and these will be discussed with the client and their family or carer during the initial visit.

Following a request for Home Nursing Services, from community services, hospitals, doctors, relatives or concerned people, the DNS provides information and care with the following specialities:

- Continence/Stomal Therapy Service
- · Wound/Lymphodema Service
- · Primary Palliative Care
- · SafteryLink (Emergency Call) System
- Home Oxygen Therapy

The District Nursing Service is able to recommend and assist in the provision of home use of equipment to assist in the care of clients. Some of the equipment may include wheelchairs, walking frames, bedpans etc. The hire or purchase of this equipment is arranged on a case by case basis.

The District Nursing Service is also able to supervise medications for clients and families and can help in arranging for special packs to ensure the correct medication is taken When required, for those clients who may be experiencing problems in this area.

The District Nursing Service has recently introduced a 'No lift System' and we will review Ways to transfer and mobilise clients to promote their safety and maximise their independence while protecting the staff concerned from back injuries and strains. The introduction of this system may require the use of

additional aids and equipment to ensure safe transfers for our clients from and into bed while protecting the staff. If significant changes to your care plan are required, this will be discussed with you and your family! carer in detail to ensure all those involved are aware of the changes.

The District Nursing Service works together with all other departments within the Wimmera Health Care Group such as the Aged Care Assessment Service, Allied Health Departments, Day Centre, Wimmera Community options, Carers Respite and Wimmera Hospice Care, DNS also work with the Acute Hospital Wards for Discharge planning with the Post Acute Care Program.

The District Nursing Service also have close liaison and a teamwork approach to assisting clients/family in managing at home together with other Community based programs and Health Departments. This includes HACC (Home and Community Care) services such as the Home Care (Horsham Rural City Council) and Wimmera Volunteers.



District Nursing staff work as a Team with the Wimmera Community Options Case Managers, Aged Care Assessment Service and the Carers Respite Centre.

The District Nursing Service is also a Contracted provider for Community Nursing Care to Veterans Affairs clients and nursing care is provided for TAC (Tiransport Accident Commission) and Work-Cover clients by agreement.



District Nursing Staff Members

Limited Introducing you to your career . .

David, below, and Barry Hopper, right, started out working for Cec Hopper and Sons as young apprentices fresh from school. "Electrical work has changed over the past century but one thing is a contant - the need to train apprentices. We have, with WorkCo, on many occasions trained apprentices to meet the town's needs and also allowed them to move to other areas of the state and sometimes overseas to further their working experiences.

WorkCo gives flexibility and also allows apprentices to move between other electrical tradesmen. Some of the larger works that our electrical apprentices have been involved with are:

The Wimmera's Employmen

 Wimmera Base Hosp
Grampians Water pu
Interstate work for A
We have realised for tradespeople being tra Australia. We thoroug
their effort in assistan

opments

gency Department

era Health Care Group is setting new records in providing outstanding

era Health Care Group has been working very hard over recent months to he and improve the initial care provided to patients presenting at the Emergency ent with the signs and symptoms of a meartattack. The delay in providing this re can significantly affect the severity and recovery from a heart attack.

enchmark for providing the initial thrombolytic injection is 60 minutes after at the Emergency Department (door to needle time). This benchmark is d by WHCG to the Department of Human Services and compared with other

ent months the Unit Manager, Jeremy Akker, and his staff have made significant reviewing the procedures and initial care for these patients and they are very to report they have reduced this time to below 20 minutes and have been able to this over the past 6 months. They have put steps in place to maintain this ment and where possible are striving for further improvements.

success of the treatment provided in the Emergency Room is very much dependent timely arrival to the Emergency department. The sooner you arrive, the sooner atment can commence and the greater chance you have of a successful recovery.

use of clinical PathWays within WHCG ensures variations in care are kept to a m and all Procedures are provided in a timely and efficient manner. By reducing riations in care it is more likely that a patient's recovery time will be reduced and re back in their homes and the community more quickly.

CG is constantly reviewing and evaluating the care and services provided to ensure only keeps up to date with research and advances in care but that we are providing est health for all of the Wimmera. With results like this it is comforting to know we such a dedicated and committed team of professionals in our community.

er the past 12 months there has been an increase in the number of patients arriving Emergency Department for care. Even with the increase in patient numbers, the gency Department of WHCG has achieved excellent results when compared with ets set by the Department of Human Services. These targets determine the time ween arriving and receiving care by the Emergency Department. These results allow compare our achievements with other public hospitals across Victoria. Patients are ped according to their signs and symptoms on arrival. This ensures the more serious evere cases are seen as a priority.

Patients	DHS Target	To be seen	WHCG Outcome
Category	100%	Immediately	100%
Category 2	80%	Within 10 minutes	74%
Category 3	75%	Within 30 minutes	92%
Category 4	60%	Within 60 minutes	89%
Category 5	60%	Within 2 Hours	98%
	Emergency Debo	artment - Activity and P	PerforMance Report



Emergency Department Nurse Unit Manager Jeremy Akker

The role of our consume

The need to improve the information we provide to our consumers has been highlighted in the TQA (DHS) external satisfaction survey. WHCG has also conducted our own survey to identify areas where we can improve our care and services to the community.

As a result of these surveys we have changed the way we provide our clients with information about their rights and responsibilities while a patient in the hospital. All patients receive a copy of this brochure when they are admitted. In addition we also ensure a copy is kept in the bedside lockers for both patients and their visitors to review if required. This brochure is also available at the triage desk of the Emergency Department and from the reception area of the Day Procedure Unit.

We encourage our consumers to provide us with feedback using a number of different methods including:

· Patient Satisfaction Surveys (internal and external)

· Contacting our Complaints Liaison Office if they feel we could/should have performed better in any aspect of their care.

- Letters of thanks and commendations
- · Taking part in focus groups

. In the coming months we intend to develop a Community Advisory Committee. This committee will ensure we have a group of individuals who are interested in assisting us to listen and review what it is that our community wants from their health service.

WHCG receives wonderful support form the many individual volunteers and auxiliary members who also assist in some of the daily activities of our patients and residents.

Their efforts assist us to provide the best care and service possible and we are very grateful for their efforts.

We have recently reviewed our Volunteer Program to ensure that the transition to the role of a volunteer is made as easy as possible.

If you would like to join our dedicated group of volunteers or receive more information about the role of a volunteer, please contact:

Mr. Craig Wright Community Liaison Officer Wimmera Health Care Group Ph: 5381 9309



Ladies Auxiliary President Ivy McGrath presents Oxley Ward Nurse Unit Manager Janette McCabe with cheque for equipment purchases.

and Training Specialist

The Hopper family have been instrumental in Western Victorias electrical industry since electrical engineer Ted Hopper migrated

ations and

Wiheat Board.

ars that having a constant flow of new nportant to our business, our region and rse WorkCo and congratulate them for panies such as ours."

lopper, director, Cec Hopper and Sons Horsham

from Walles in 1927. A total of 14 Hoppers have worked in the electrical industry since. Barry and David Hopper have extended Cec Ho ppr and Sons from a staff of 2 to offices in Horsham and Arart witmo re than 40 workers. WorkCo has layed a big part in that extension during its 18 years of operation.





Limited

. . and seeing you to the top

tient satisfaction survey results:

Internal Patient Satisfaction Surveys:

Due to the lengthy time lag between the distribution of the Department of Human SerVices survey (TQA) and the receipt of the report, it was decided by WHCG to conduct an internal survey reflecting the TQA research questions to enable comparison between the surveys. The internal surveys allow for more timely feedback and quicker responses to changes and developments in service delivery.

Monitoring patient's satisfaction within the hospital provides key indicators of the quality and effectiveness of the acute health services provided by Wimmera Health Care Group. We are Very appreciative of the responses received and are using this information to focus on the areas of concern as indicated by our patients. The results have also provided us with very useful written feedback and this has been provided to the clinical areas mentioned in your responses.

400 surveys were distributed to inpatients of both Oxley and Yandilla wards (200 to each ward) of the Horsham campus. 84 responses (42%) were received from Oxley patients and 81 (40.5%) were

received from Yandilla patients. The survey questions related to access, atmosphere and cleanliness, treatment and related information, presentation and temperature of meals, and also assistance to return home after the hospital visit.

We have reviewed the results of the feedback and are now in the process of implementing some changes to ensure we can continue to provide the best health outcomes for all patients and residents.

One of the areas of concern was in regard to the distribution of the patient rights and responsibilities brochure. This brochure informs

patients and their visitors of their rights as a patient and also what to do I they feel the care has been less than expected. We hope to see an improvement in the survey results in this area in the future.

External Patient Satisfaction Surveys

In June 2000 TOA Research was commissioned by the Department of Human Services (Victoria) to implement a survey across all 95 Victorian public hospitals offering acute care, for the period to September 2003. Monitoring patient satisfaction with their hospital care provides key indicators of the quality and effectiveness of acute

Complaints Management

The overall score achieved through the TQ Research for our comparative group for this category was 77 compared with the category average of 74. Some examples of the individual questions in this section included:

- 97% of patients surveyed reported the staff response to Problems was excellent, very good or good
- 91% of patients surveyed reported the staff willingness to listen was excellent, very good or good.

Wimmera Health Care group is always keen to hear from our community. We strive to provide the best health care for the people of the Wimmera; bwever, we do not know how we are going in this regard unless our community provides us with feedback. In addition to the valuable information provided by the Patient Satisfaction Survey, we also have our own systems in place to hear your concerns, address the issues raised and ensure we learn from your opinions.

The objectives of the WHCG Complaints Management System are:

- To ensure that complaints are investigated adequately
- To ensure that complaints are resolved to the patient's satisfaction wherever Possible
- To ensure those services are reviewed and improved where necessary.
- The principles underlying the complaints management system are:

· Recognise, promote and protect consumers rights, including the right to comment and complain

- Provide an efficient, fair and accessible mechanism for resolving consumer complaints
- Provide information to consumers on the complaints handling process for the services and products of the organisation
- · Monitor complaints in an endeavour to improve the quality of products and services
- · Increase the level of consumer satisfaction with the delivery of products and services and enhance the consumer/provider relationships.

COMPLAINTS & COMMENDATIONS RECEIVED

INPATIENT	COMPLAINTS Number % Inpatient admissions		COMMENDATIONS	
ADMISSIONS			Number	% Inpatient admissions
9.459	88	0.93%	96	1.02% 6
92/24	62	0.67%	76	0.82%
8,565	65	0.76%	62	0.72%
	INPATIENT ADMISSIONS 9,459 9,224	INP.ATIENT ADMISSIONSCOMI9,459889,22462	INPATIENT ADMISSIONSCOMPLAINTS9,459880.93%9,224620.67%	INPATIENT ADMISSIONSCOMPLAINTSCOMMENT COMMENT9,459880.93%969,224620.67%76

The table above shows the communication and feedback received over recent years. In the past 12 months we have received an increase in the number of complaints by almost 32%.

In comparison we have also received an increase in the number of commendations by almost 20%. While we are concerned by the increase in complaints, we have utilised the information received to continue to review and improve our services to the community to ensure we continue to meet our community's demands for care in a manner that is appropriate. The fact that the community is assisting us to improve our care and services is a great help in ensuring we continue to improve. We have take a look at the areas of concern to allow us to focus on areas requiring improvement and also to celebrate the areas where we have performed well.

Tireatment Area	Number of Issues 2004	Number of Issues 2003	Number of Issues 2002
Access	15	10	13
Atmosphere/Hotel	1	3	20
Communication	27	20	4
Cost	2	and the second second second	6
Rights	13	7	II.
Tireatme ⁿ t	30	21	11
Total	88	62	45

We have also reviewed the complaints received to see if there is a particular section of our organisation that needs improvement.

health services as judged by the hospital inpatients. The 95 hospitals have then been grouped together to compare similar sized hospitals with one another. This is known as the comparative group. This external survey has recently been extended for a further three years due to the valuable information provided by the responses received.



Service Category	Department Total 2003/2004	Department Total 2002/2003	Department Total 2001/2002
Acute Inpatient	32	26	
Outpatient&Emergency	44	29	
Aged Care	2	7	23
Tiotal	88	12	8
In addition to the conce	erns and issues raised by	62	65

issues raised by our clents, we have also reviewed the areas where we have received compliments and commendations. Patients and their families are generous in their feedback when they feel our staff have provid ed excellent care. The table below identifies the areas where compliments and commendations have been received.

Service Category	Department Total 2003/2004	Department Total 2002/2003	-
Acute Inatient	68	2002/2003	1
Outpatient & Emergency	16	60	11
Aged Care	10		7
Hotel/ Allied	2	10	1
Tiotal	96		1
		76	-

Vimmera Hiealth Ciare Group - Quality Of Care Report 2004 • 11

Wimmera Health Care Group is pleased with the financial and in-kind donations that are so generously offered to the Health Care Group and the Wimmera Base Hospital Found ation.

Donations over \$2.00 are tax deductable

Organisation Name: Address: Phone.	Wimmera Health Care Group 83 Baillie Street Horsham Vic 3400 03 5381 9309		
Donor Details - Please	Print Clearly		
Title:First Name		Surname:	
Address:			and a second second second
Suburb:	State_	Post	code:
Phone (H):			
Fax:			
Payment Details - Ple	ase Print clearly		A PORT
I would like to donate \$ Enclosed is my che Please charge my c Credit Card Details Card Type: UVisa	que/money orde redit card	r	Health Care Group

CardNum be r: 🖵 Expiry Date: Cardholders Name:

Signature:



Any correspondence regarding the Quality of Care Report 2004 send to: Chief Executive Wimmera Health Care Group Baillie Street, Horsham, Victoria, 3400

Telephone: 03 5381 9111 Facsimile: 03 5382 0829

Email: ceo@whcg.org.au Website: www.whcg.org.au



Proudly Associated with Wimmera Health Care Croup

WEEKLY

ADVERTISER





The Mayne Health Diagnostic Imaging department at Wimmera Health Care Group's Wimmera Base Hospital will soon have a new Multi-slice CT Scanner. The state-of-the-art scanner will provide faster examinations and 3-D reconstructions as well as a large variety of examination options.

Mayne has updated much of the Radiology department's equipment with the latest addition being an Echocardiogram Ultrasound machine which provides heart ultrasounds. Two other Doppler ultrasound machines are used for a variety of other examinations.

Mayne Health Diagnostic Imaging - Wimmera, now employs a full-time radiologist Dr Ajay Kapoor who oversees the use of the Radiology equipment. The department offers all facets of general Radiology including Fluouoscopy, OPG's and mammography.

X-Ray images are taken digitally and can be manipulated by computer, sent to digital workstations or transmitted to Melbourne for second opinions. Written Radiology reports are emailed or faxed to referring doctors within two working days.

All imaging staff in the Radiology department undergo continuing professional education to maintain professional registration.



Patient satisfaction survey results: Credentialing and our Staff: competencies). Some of these skills require an annual update and revision.

WHCG employs a number of staff in a variety of different roles across the organisation. More than 700 individuals are employed in Full-time, Part-time and casual positions as well as an army of volunteers. Every individual member of staff has a Very important role in the organisation ensuring we are able to achieve the best health outcomes for our patients, residents and clients.

The employment of qualified and competent medical, nursing and allied health staff is supported by a credentialing system to verify academic qualifications and professional registrations. In addition WHCG supports and encourages staff to attend professional practice education programs to ensure their skills are up to date and in line With best practice.

WHCG maintains a register of all staff who are required to be registered with their profiessional body. The Medical Advisory Appointment committee reviews all senior medical staff applications for appointment. The recommendations of this committee are referred to the Board of Management for the final decision regarding appointment.

> All nurses recruited to WHCG must provide a copy of their registration to the Nurses Board of Victoria upon commencement at WHCG. This registration requires an annual renewal and a copy of the ^registration is provided on an annual basis by all nursiⁿg staff.

In addition, nurses must demonstrate they have achieved and maintained skills in various areas of their practice (these are known as competencies). Some of these skills require an annual update and revision. Once completed the nurses are assessed to ensure they have achieved the required level of competency. If they have not, further education and assistance is provided.

¹he strong links developed between WHCG and various tertiary. education centres to provide undergraduate nursing students with clinical placements has been maintained. The success of this program together with a positive experience during their clinical placement has resulted in an increase in the number of the graduates applying and obtaining positions at WHCG. Since 2000 there has been a 232% increase in the percentage of undergraduates, who have completed a clinical placement at WHCG and then apply for a graduate nurse position.

The group of professional staff collectively known as Allied Health also have requirements to be registered by their various Boards to enable them to practice in Victoria. These staff must also demonstrate proof of registration before they commence and on an annual basis while they are employed by WHCG.

In an attempt to inform and attract graduates from various allied health fields to join the existing team at Wimmera Health Care Group, a promotional video has been produced to highlight the facilities and benefits of Working in a rural setting and in particular the WHCG. This video will be distributed to the various tertiary education centres in an attempt to increase the number of undergraduate clinical placements and also increase the recruitment for these professions.



Quality Team review documentation

Patient satisfaction survey results: Governance, Leadership and Culture

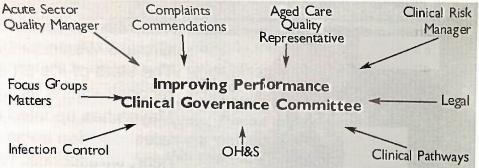
Corporate governance describes the structures and processes put in place by Boards to fulfill their strategic, statutory and financial obligations. Clini cal governance is a critical element of the corporate governance f health services. Clinical governance refers to Board of Management's acountability for ensuring that a framework and rigorous systems are es talliste of so nealth care safety and quality is monitored and support el evaluated and continuously improvel. (Victorian Quality Council Better Quality, Better Health Care Document 2003)

The framework in place at Wimmera Health Care Group ensures there is a full cycle of systems in place to both review, support, evaluate and improve the safety and quality of health care provided. This information is reported to the Board of Management and then back to staff.



Wimmera Health Care Group Board of Management and Senior Executive

Every Department completes an annual plan of areas they intend to review and evaluate as part of the continuous quality improvement cycle. In addition other issues that occur during the year are also included. The achievements of the departments are then reported to the improving Performance and Clinical Governance Committee. This com^mittee includes rep^resentation from Board members, Senior Executive and Department Heads. The diagram indicates the areas of the organisation that report to this committee. The minutes of this committee are provided to the Board of Management to ensure they have all of the information required to maintain and monitor their Clinical Governance role.



Our record in Safety:

Wimmera Health Care Group closely monitors quality and safety throughout the organisation using various indicators, audits, reviews and evaluation tools. A number of external audits are conducted across the organisation to assist in the continual review and improvement of our services.

The acute sector received a visit from surveyors in August 2003 a sapt of the Australian Council on Health Care Standards, EQuIP program. "It heisit was a periodic review to assess our progress for recommendations made at the last on-site survey. This review went extremely well with WHCG achieving all mandatory criteria and we also received some good advice for future improvements.

During the last week of an intern's rotation each doctor completes a detailed assessment of his or her experience while in Horsham. In the review undertaken by the last rotation one of the interns made the comment '...Nursing staff at Wimmera Base Hospital are at a very high standard of competence/knowledge and experience that is much higher than nurses at metropolitan hospitals and that this had made an incredible difference in working with them."



Interns on last day of rotation 30/05/2004

We have recently submitted our self-assessment report for this year and are awaiting feedback from this report.

Creating a Safe Environment:

A major part of Creating a safe environment involves the identification of areas of risk across the organisation. The Engineering Department has taken a leading role in this during the year by condulcting a risk assessment of all the areas containing (or suspected of containing) asbestos. As a result of this assessment, all areas containing a sbestos have been clearly identified. This will ensure the safe removal of the material when a building is renovated in the future.

In addition, the Engineering Department has also completed an assessment of all microwave ovens in the organisation to ensure they are safe to use. All staff are encouraged to attend the aru a 1 fire safety and evacuation session to ensure they are up to date that the event of a fire or serious

Infection Control: Hand Washing Facts

Hand washing is the single most important procedure in the prevention of infection within the health care setting.

Do you know?

• It is not what you wash your hands with, but the friction produced when rubbing your hands together that remove the germs. For this reason, you do not need to purchase expensive products with a disinfectant added because the technique used to wash your hands does the work, not the product.

• Shared hand towels can be a source of infection as the germs not washed from hands usually end up on the towel. It is a good idea for a family member with gastroenteritis to have a separate towel.

• Washing your hands thoroughly before eating or smoking will protect you from gastroenteritis and other infections that have to be ingested to cause illness.

• Newborn babies have very thin skin and can get skin infections if handled with unclean hands.

• You can ask any health care worker attending you if they have washed their hands.

•Washing your hands with very hot water damages the hands and in the absence of friction does not improve the quality of the wash.

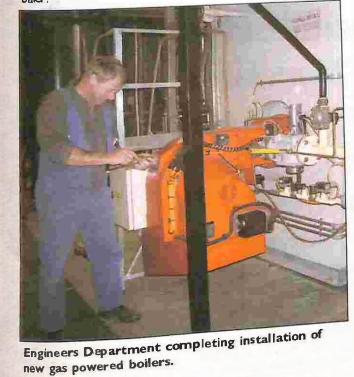
Cleaning Standards

Cleaning audits are conducted on a regular basis as required by the Department of Human Services. Both Internal and External audits have been conducted. Wimmera Health Care Group has continued to exceed Department of Human Services requirements over the past twelve months and has once again achieved outstanding results in this area as part of the Patient Satisfaction Survey.

Waste Management

The correct segregation of waste in monitored on a regular basis with an annual audit of compliance. A report is submitted and each Department involved receives a report of their results. This ensures all staff are aware of the need to correctly dispose of waste to reduce both the cost to the Organisation as well as the environmental impact.

In addition to continual monitoring of the correctsegregation of waste across the organisation, we have also improved our ability to safely prepare ca_rdboa_rd for recycling with the purchase of a new ca_rdboa_rd baler.



Food Services Monitoring

The preparation of a variety of nutritious and tasty meals across the organisation is a huge task. Some of the meals are prepared on individual plates ready to be served to patients while other meals are prepared in bulk and warmed before serving. In addition, meals are prepared to meet the various dietary requirements of patients and residents. Through all of this preparation and storage, the safety of our clients is always in the minds of the Food Services Team. We are very pleased to report that both Horsham and Dimboola Food Service areas have received excellent reports from our external auditors and they fully comply with all requirements of the Victorian Food Act 1984 and Food Safety Legislation.



Food Services staff prepare in excess of 600 meals daily.

Monitoring & Prevention of Falls:

WHCG has developed an assessment tool and a number of strategies in an attempt to identify patients and residents who are at greater risk of falling.

A "Falls Risk" assessment is completed routinely either at pre-admission clinic, in the Emergency Department or on arrival at the residential unit. The result of this assessment will indicate what strategies, if any, need to be discussed and implemented for our clients.

For patients or residents assessed as high risk, these strategies may include:

• The use of a special bed that lowers to ground level.

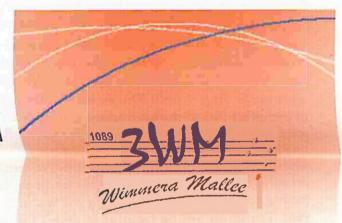
• Sensor mats (these alert staff when the patient/ resident has moved from their bed or chair)

• The use of hip protectors during the day

A high risk score is also communicated to other departments to ensure all staff providing care are aware of the individual risk for patients. result of the strategies and staff education implemented. Some of the interventions may include ensuring a walking frame is used, and used correctly, and the use of 'hip protectors' during the day to reduce the incidence of fractures if there is a fall.

A program to replace existing beds with electronic beds to allow for the needs of residents has resulted in the purchase of 55 beds over the past 12 months.

Our reviews have indicated that 28% of falls in the residential service area occur between the hours of 3-7pm. The implementation of a 'Sunshine Group' ensures there are activities for the more restless residents later in the afternoon. The evening meal is served as part of this program allowing the program coordinators to monitor these residents more closely and also allowing nursing staff to focus on the residents needing assistance with meals. As a result of this strategy, the number of falls occurring in this timeframe has now been reduced. A massage program for residents has also been introduced to assist in the relaxation of the more restless residents and also to assist in pain relief.







In addition, the risk assessment is completed again if the condition of the patient/resident changes or after a fall. Prompts have been included in the nursing care plan to ensure this risk assessment is completed.

If a patient / resident does have a fall, an incident report is completed by the staff identifying which of the strategies was in place and also what action has been taken as a result of the fall. This information is used by WHCG to continue to educate staff a_nd highlight where we need to focus our attention.

The residential services area has implemented a number of activities to reduce the incidence of falls and also to record the number of falls prevented as a Proudly Associated with Wimmera Health Care Group +-14 • Quality Of Care Report 2004 - Wimmera Health Care Group

Our record in Safety: Monitoring & Preventing Pressure Vicers:

Pressure ulcers are considered a significant problem within Australian health care services.

It is believed the annual cost of treatment for pressure ulcers across Australia is in excess of \$300 million, however, due to the various reporting systems, this is only an estimate. Historically many pressure ulcers go unreported or are noted as a blister, soreness or redness.

The Victorian Quality Council (VQC) undertook a state wide survey last year to determine the percentage of patients in public hospitals who had a pressure ulcer. Wimmera Health Care Group took part in the survey and we were very pleased with the results achieved. The survey was conducted on one day to identify the percentage of patients with a pressure ulcer in the hospital on that day. 80% of our patients and residents agreed to take part in the survey and underwent a skin inspection. A pressure ulcer was defined as any lesion caused by unrelieved pressure resulting in damage to the skin and underlying tissue.

The state wide average of prevalence was 26.3%, this is higher than international studies but similar to previous Australian figures. WHCG prevalence was 11.1%. All pressure ulcers detected at WHCG were either Stage 1 or 2. This means the severity of the ulcers was at the least severe end of the scale.

As a result of the statewide survey and the release of the report by VQC, the Health Minister, Bronwyn Pike has announced a significant boost to funding to reduce the prevalence by half within one year. The survey will be repeated to determine the success of the strategy, which includes the purchase of pressure-reducing foam mattresses and funding for staff education on better ways to be alert for and prevent pressure ulcers. WHCG has already been pro-active over recent years in this area and has already implemented a process to ensure replacement mattresses purchased will reduce and prevent pressure ulcers.

> In the Aged care & Residential areas we have been proactive in identifying and reducing the instance of Pressure ulcers over the past 12 months. 59 residential beds have been replaced during the year. When purchasing new beds we

H O R S H A M F O U N D R Y have ensured the beds have been fitted with mattresses to reduce the incidence of pressure ulcers. In addition all new residents are assessed for existing pressure ulcers and for their risk level of developing ulcers. Four residential staff have completed their training to assess residents for pressure ulcers.

In addition to assessing residents for pressure ulcers a number of programs have been implemented to ensure the residents are as mobile as possible to further reduce the possibility of pressure ulcers developing. The programs include the introduction of a massage program and an aromatherapy program for those residents unable to verbally communicate. A gentle exercise program and the use of skin products to improve the skin condition further reduce the risk of both pressure ulcers and skin tears.

Monitoring & Preventing Medication Errors:

Medication administration is a common source of errors in health care delivery systems. Studies in both Australia and overseas show that over 50% of harmful events to patients are caused by errors in medication. Wimmera Health Care Group is very aware of this and has a number of strategies to reduce the number of medication errors and to identify the errors as soon as possible to ensure the best patient/ resident outcomes.

The Pharmaceutical Advisory committee monitors medication errors reported and this multidisciplinary committee, including doctors, nurses and pharmacists, then develops and evaluates strategies that have been implemented. Both Horsham and Dimboola sites are represented on this committee, as are the acute and residential sectors of the organisation.

An integral part of the Clinical Risk Management Program includes the routine screening of patient records for adverse events as a result of a medication usage. A concern was highlighted when adverse events we're linked to a medication used for pain relief. Guidelines for the prescribing of this medication we're introduced and as a result use of this drug has significantly decreased as often more suitable drugs are able to be used and no further serious adverse events have been detected.

WHCG is pleased to be working in partnership with the West Vic. Division of General Practice on a project "Improving Anticoagulation Management in a Rural and Remote Population". Warfarin is a "blood thinning drug" used by many people in the community. The project aims to reduce the number of side effects associated with Warfarin by improving the education for people taking this medication. This has been achieved by establishing a clinic to provide education on drug interaction, dietary advice and other general information. From early 2004 this clinic has extended beyond Horsham to the townships of Nhill, Kaniva, Edenhope and Dimboola.

Over the past 12 months in the Residential Services Area, a number of strategies have been implemented to ensure the safe administration and recording of medication is achieved for our residents. These strategies include:

•The introduction of new medication charts that is compatible with the IT program. This allows us to generate electronic medication charts, reducing confusion as a result of handwriting etc. The medication charts are taken to the dining area for residents to allow staff to document the medications provided at the point of delivery further reducing the possibility of errors.

• These new developments also allow for prescriptions to be generated from the charts and sent directly to the pharmacy. These developments are reducing errors and improving the accuracy of prescriptions.

• Review of the delivery and checking of medication delivered to the Nursing Home. This will ensure the correct medications are delivered and also that residents are not paying more than necessary for their medications.

• Staff check the delivery of medications in weekly pre-packaged compartments before they are provided to the residents. These packs also have the colour, number of tablets and name of the medications included to allow easy checking that the correct dosage is included in each compartment.

Wimmera Health Care Group

CMI Horsham Foundry

is proud to be associated with Wimmera Health Care Group and wishes continued support for the future.



CMI Operations Pty Ltd Horsham Foundry Paim Avenue Horsham VIC 3400 Postal Address: PO Box 298 Horsham VIC 3402 Telephone: (03) 5382 0094 Facsimile: (03) 5382 0938

Winnin e ra Health Care Group - Quality Of Care Report 2004 •15

Quality at Wimmera Health Care Group

What is Quality? Quality is about doing the right thing and doing the right thing well. It is about satisfying patient's needs and expectations optimising their health outcomes and ensuring the organisation operates in a way that will guarantee an expected level of performance. It is about creating a learning organisation - an organisation with strong leadership, empowered staff and a culture that supports continuous improvements. We want you (our community) to have confidence in the care we provide, so we are constantly m^onitoring the quality of care and services that we provide

How do we evaluate our service? Externally

WHCG has been continuously accredited since 1975. We are one of only four hospitals across Australia that has achieved this. Accreditation means that we are officially recognised by independent agencies as providing a safe and quality focused service. The organisation implements and maintains recommendations and standards from 3 major accreditation authorities. The Australian Council on Health Care Standard (ACHS), Aged Care Standards Agency and Home and Community Care National Standards (HACC). Patient satisfaction surveys are conducted regularly on a state wide basis by the Department of Human Services for all health care facilities, and we are

proud to say that the results of the most recent survey gave Wimmera Health Care Group an overall satisfaction rate of 98%. This was 3% above the state average and 1.5% above other Category B Hospitals (which are a group of 19 like hospitals).

Internally

To measure our standard of care we monitor, incident reports, infection rates and gather valuable data by conducting audits and using clinical indicators to compare ourselves with set standards and other organisations.

To gain customer feedback we use a variety of mechanisms. Focus groups, patient questionnaires, and patient correspondence, are just a few. The appointment of a Community Advisory Committee is a new initiative and we are currently seeking applications from the public to join this committee. If this is something that you may be interested in,

please contact Craig Wright on 538 19309 or 0417 581141.

Quality is an ongoing process and Wimmera Health Care Group is committed to continuous quality improvement so that you receive care of the highest standard.

Clincial Risk Management

Healthcare in the 20th Century is now very complex and unfortunately for some patients who are admitted to hospital there are times when something goes wrong and results in an "adverse event" for the patient. These adverse events may result from things like falls, medication errors and infections. An adverse event can range from having minor to major consequences.

Clinical Risk Management is about reducing the probability of these adverse events happening to patients. Wimmera Health Care Group has developed a unique model of clinical risk management that involves firstly detecting adverse events then analysing their risk severity and taking appropriate action to prevent their recurrence.

Clinical risk management was introduced to Wimmera Health Care Group in 1989, and is one of the longest running programs in Australia. The

model developed here has been quite revolutionary and aspects of the model have been adopted by other health care facilities both in Australia and Overseas.

Rarely do adverse events result from the action of an individual, they are the result of faults and weaknesses in the systems we use to deliver health care.As part of the clinical risk management program, information is actively sought from numerous sources about possible faults and Weaknesses in our health care delivery systems so that action can be taken to strengthen our systems and prevent similar adverse events from occurring. Sources of information from within Wimmera Health Care Group include incident reports completed by staff, review of medical records and reviews of patient / family complaints. Examples of sources of information from outside Wimmera Health Care Group include newspaper and journal articles. When an adverse event occurs in another hospital, we ask ourselves "could this happen here"? If the answer is yes, we take action before an adverse event occurs.

Clinical Pathways

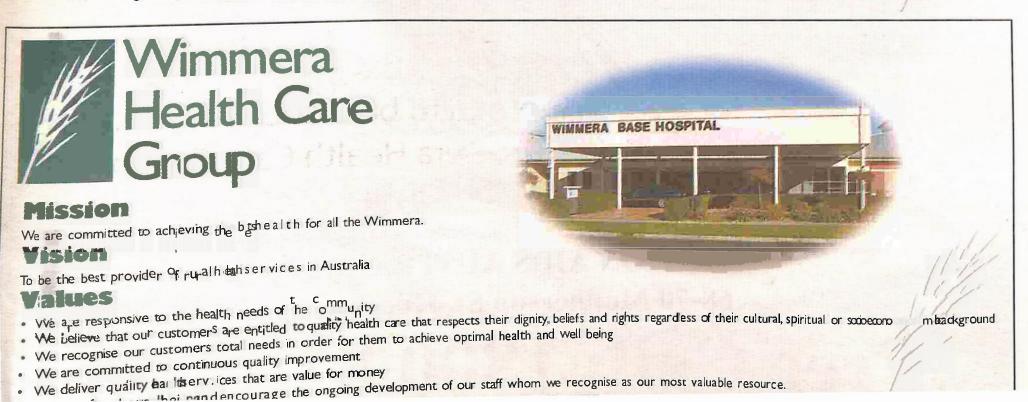
Clinical Pathways are a component of the clinical risk management program. The clinical pathways were introduced for clinical conditions that were treated frequently in this hospital; for conditions where the length of stay was significantly greater than the Victorian state average and as a tool to reduce the number of adverse events associated with the treatment of some conditions. The clinical pathways are a comprehensive management plan for a particular condition such as stroke, acute myocardial infarction (heart attack) and hip and knee replacement. Over 30 clinical pathways have been developed for use across Wimmera Health Care Group.

A multi-disciplinary team that includes relevant clinicians such as doctors, nurses, pharmacists, physiotherapists, occupational and speech therapists develops each clinical pathway. This team searches for the current best practice management of the condition and then modifies it (if appropriate) so that it is relevant for our hospital. From this information, a comprehensive management plan is developed that includes information required for clinical decision-making and treatment guidelines. Where possible and appropriate, such information is developed into checklists and reminders for the entire hospital stay, including emergency management, care for each day of the patient's stay in hospital and discharge planning.

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The Health Care Group has recently published the results of a study that monitored the effect of the clinical pathways on the management of patients Who were admitted With stroke and acute myocardial infarction over a three- year period. These two conditions were chosen as these pathways have been in use for the longest time. The study found a major improvement in adherence to key processes when managing these conditions using the clinical pathways. This means a significant improvement in quality of care has been achieved at Wimmera Health Care Group.



16. Quality Of Care Report 2004 - Wimmera Health Care Group

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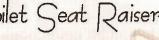


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