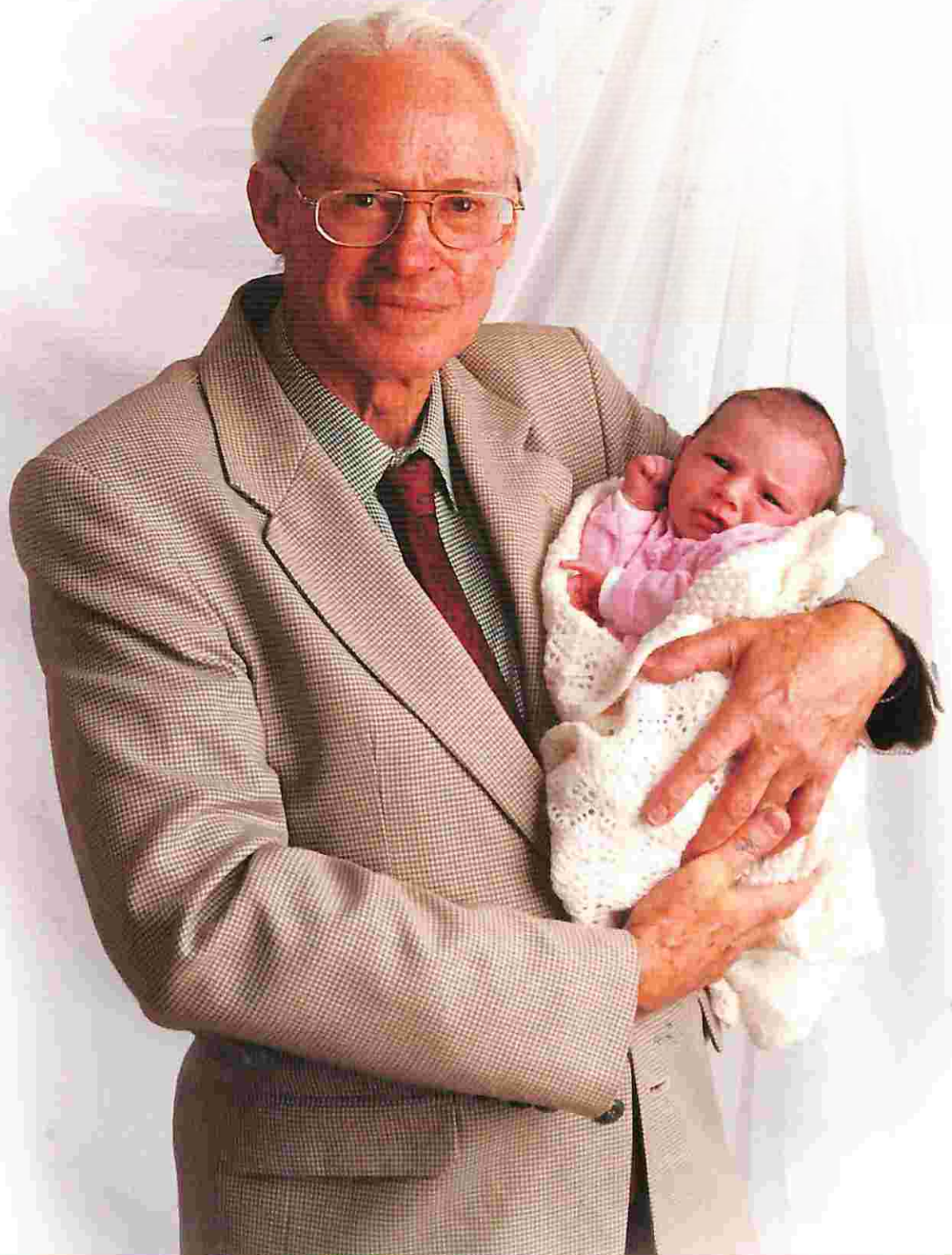


WIMMERA  
HEALTH CARE  
GROUP



# Quality of Care Report

2002 - 2003

## QUALITY IS...

Understanding what your customer's require  
Specifying philosophy and scope of service  
Doing the right thing  
In the right way  
First time, every time  
Using the right people  
With the right outcome  
With minimum adverse consequences

## MISSION

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

## VISION

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

## 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.

### Front Cover:

Dr Eric Miller is pictured holding Clementine Lees the last of 4453 babies delivered by Dr Miller during a 37 year association with the Wimmera Base Hospital/Wimmera Health Care Group. (photo courtesy of John & Susie's Picture House)

## FOREWORD

On behalf of Wimmera Health Care Group (WHCG) Board of Management, we invite you to read our Quality of Care Report for 2002 / 2003.

In this report we have endeavoured to provide you with an insight into this organisation's responsibilities in the provision of quality, efficient and effective services, which are monitored and evaluated to ensure the best health outcomes for people in our community. Our staff actively participates in service improvements and they are to be congratulated for their achievements.

The Health Care Group's longstanding commitment to quality can be demonstrated, as we are one of only four organisations in Australia to have been continuously accredited by the Australian Council on Healthcare Standards (ACHS) since 1975.

We trust that you will find this report interesting and informative, and we look forward to receiving your feedback on the evaluation form provided.

**Mr. Ian Campbell**

President

Board of Management

Wimmera Health Care Group

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



# Committed to achieving the best health for all in the Wimmera...

## INTRODUCTION

The annual Quality of Care Report commenced in 2001 as an initiative of the Department of Human Services (DHS). The aim of the report is to inform communities of the achievements of their local health care services.

The performance of Wimmera Health Care Group (WHCG) is constantly measured and this report will demonstrate to our community what a fantastic facility exists for all of the people of the Wimmera sub-region. WHCG is committed to achieving the best health for all in the Wimmera and this report will illustrate how we are doing so far.

Previously we met our statutory requirements by including the Quality of Care report as a part of the Annual Financial and Performance Report. This year we are presenting the reports as separate documents and we believe this change will showcase our achievements to a broader section of the community.

From humble beginnings of 12 beds, the WHCG today is the major specialist referral centre for the Wimmera region.



## CLINICAL GOVERNANCE FRAMEWORK

The Improving Performance and Clinical Governance Committee meets every month. This committee includes representatives from the Board of Management (Chairperson is a Board Member), Executive Staff and Relevant Department Heads. The diagram below indicates the committees reporting to this committee and the monthly reports presented. The minutes of this committee are presented to the Board of Management.

### How we protect your privacy:

Privacy refers to a person's right to keep certain information confidential. Privacy legislation requires that any person working in the health sector and entrusted with information as part of their professional duties treat personal information, such as patient records and employee files, in accordance with the Health Records Act 2001 (Vic) and the Information Privacy Act 2000 (Vic).

WHCG is committed to the protection of personal privacy of its patients, residents, staff and other customers. WHCG is aware of both the legal and moral obligation to maintain the confidentiality of information relating to patients, clients, residents, staff, employees, visitors and volunteers. The hospital maintains the privacy of personal information through the privacy framework.

## OUR ORGANISATION: BACKGROUND OF OUR ORGANISATION

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, the 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 the Wimmera Health Care Group, further improves the availability of health care services to residents throughout the Wimmera. Over 9,000 inpatients, 14,000 emergency patients and approximately 100,000 outpatients are treated by WHCG every year. A range of acute inpatient, allied health, aged care, community & home-based services are provided to support and enhance the community in which we all live.

## 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. In raising the necessary funds for the refurbishment five nurses from the Oxley ward committed their hair for "Crop for Chemotherapy." This event together with a State Government donation of \$20,000 raised \$55,000, a tremendous achievement from the staff and our community. The value of this service within the Wimmera has allowed many patients to receive their chemotherapy in the local area rather than the long trip to Ballarat. The service has been operating once a fortnight, however, due to demand the service is now available weekly.

To assist the staff working in this unit a policy and procedure manual has been produced. This helps ensure that care is provided in a safe environment for both patients and staff.

Chemotherapy Unit patients recently participated in a focus group to provide feedback on meeting the needs of our customers. We hope to implement some of the very good ideas received from this group in the coming months.



**Development of Rotary House Project:**

In March 2002, the Rotary Club of Horsham began a process of consultation with Wimmera Health Care Group to determine a suitable project to commemorate 75 years of service to the Horsham Community. As a result of these discussions, the Rotary House Project was born. In a similar way to the Ballarat Rotary House, it will provide affordable accommodation close to the hospital for the families and carers of those patients living some distance from Horsham.

This project has received amazing support from both local and remote service clubs and is off to a flying start. It is anticipated the house will be completed within the next 12-months, which is quite an achievement considering the great majority of the materials and trades have been provided in-kind. (For more details on this project, or to register as a volunteer on this project or within WHCG, please refer to the inside back cover of this report).

The size of the project was too big for one service club alone and so the Rotary Clubs of Horsham, Horsham East and the WHCG have combined their significant talents to ensure the project achieves its aims. Community involvement in this project has come from far and wide, and together we sincerely thank the Community Groups, Service Clubs, Individuals, Philanthropic Trusts, Volunteers and our local Tradesmen. Horsham Rotary House has become one of the most talked about projects across the entire Wimmera and Southern Mallee Regions for many years. All types of local businesses have provided in-kind support and many individuals have also been very generous in their support of the project.

As a result, outpatients and families who travel to Horsham for treatment will not have to search for suitable accommodation in the future thanks to this extraordinary community effort.

The design includes 5 self-contained bedrooms with shared kitchen and lounge areas.



**Above: Work is progressing on the construction of Rotary House with the pouring of the slab recently.**



**Top Left: Wimmera Base Hospital located on Baillie Street Horsham.**



**Middle Left: New entrance to Medical Centre at the Dimboola Campus opened by Mr John Thwaites, Minister for Health in September 2002.**



**Bottom Left: New chemotherapy unit opened late 2002 following significant community fund-raising.**

Our new chemotherapy service has allowed many patients to receive their treatment in the local area rather than make the long trip to Ballarat.

# The quality of care provided to mother and newborn...

## **MATERNITY SERVICES**

### **-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 you are referred 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. Regular meetings ensured the staff were included in the developments and design of the pathways.

The documentation for both mother and baby has been altered to reduce duplication of information and combine various medical record sheets in one document. This has ensured assessment of the newborn condition and test results are located within the same document. The formation of a multidisciplinary team ensured all the requirements of the other professional groups involved in the care of both mother and baby was included in the pathway. We also included the Health Information Service to ensure all coding information was incorporated and the pathway document met all Health Information Standards.

Over the past 12 months the Yandilla Ward has seen the arrival of 372 babies including 5 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 were 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. The changes made to the plan of care included:

- Moving the scales to the birth suite
- Injections delayed until the initial cleanse, this allowed observation following the injections
- Measurement of head circumference and length delayed until day 3.
- We have also designed a pamphlet for the expectant mother to ensure she is aware of what to expect during her stay in the ward. The pathway and pamphlets have been adjusted for those women who have a caesarean birth.

### **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.

To date, numbers of participating women have been small, however, initial results seem to demonstrate a positive improvement in pain experienced by those taking part. This project demonstrates the dedication of staff to furthering knowledge and enhancing patient comfort with alternative methods of pain relief.

### **Eric Miller Retires:**

Dr. Eric Miller retired at the end of the financial year ending a 37-year association with the hospital. During his time with the hospital Dr. Miller delivered 4,453 babies (1,396 by caesarian) including 65 sets of twins, 1 set each of triplets and quads. A farewell dinner was held and attended by many staff and friends. Dr. Miller was presented with a framed photograph and we are delighted he has consented to our use of the photo on the front cover of our report.

Over the past 12 months the Yandilla Ward has seen the arrival of 372 babies including 5 sets of twins.



**William Martin of Brim was welcomed to the Wimmera on 13/10/2002**

**OUR COMMUNITY:**

The Wimmera (sub-region of the Grampians Region) covers a total of 30,622 square kilometres 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 people 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 on 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 in excess of 50,000. Approximately 38% of the population resides within the boundaries of Horsham Rural City Council, making Horsham the main service centre for the region. This focus is reflected in the significant referral role of the Base Hospital within the region. While the total population of the Wimmera region has declined by 1% since 1986, the Rural City of Horsham has shown growth of 5%. The city is one of only two areas in the Wimmera region to show any significant growth, with many of the smaller towns showing significant declines. The current population of Horsham Rural City is over 17,000, whilst the projected population in 2011 is expected to be almost 19,000.

**Area serviced by Wimmera Health Care Group**



Age	2001/2002		2002/2003	
	Number	%	Number	%
0-22	1466	16.7	1583	17.2
23-44	1946	22.2	2159	23.4
45-66	2392	27.2	2539	27.5
67-88	2616	29.8	2629	28.5
> 88	366	4.2	313	3.4
<b>Total</b>	<b>8786</b>		<b>9223</b>	

**Acute Patients admitted to WHCG:**

During the past 12 months we have experienced a 5% increase in the number of patients admitted to the acute inpatient areas for care and treatment.

As you can see from the table over 30% of our patients are aged over 67.

Improving services  
provided across a  
changing landscape...



# Achieving a State-wide number one rating...

## WHAT OUR COMMUNITY THINKS OF US:

In June 2000 TQA 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's satisfaction with their hospital care provides key indicators of the quality and effectiveness of acute 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.

Patients admitted to hospital during the survey months are provided with a brochure advising they may be sent a survey in the near future. At the end of the month any patients who have indicated they do not wish to take part are removed from the survey data. The contact details of the remaining patients are sent to TQA Research for them to randomly select the patients to be surveyed.

The survey asks the patients 27 separate questions, which are then grouped under one of the following headings:

1. Access and Admission
2. General patient information
3. Treatment and Related information
4. Complaints Management
5. Physical Environment
6. Discharge and Follow-up

Each question is given an equal weighting in the Overall Care Index. The Index is on a 0-100 scale. In the 6-month period March 2002-September 2002, 222 questionnaires were mailed to patients that had attended WHCG. In total for this period, 108 completed questionnaires were returned and processed. This equates to a response rate of 49%, which compares with 44% for the comparative group.

The table illustrates the achievements compared with the other hospitals in the comparative group for the period March 2002 - September 2002. WHCG is very proud to report we have achieved the number one rated hospital in the comparative group in all six sub-indices for the Overall Care Index.

### 1. Access and Admission

The overall score achieved for this category was 78 compared with the category average of 74. Some examples of the individual questions in this section included;

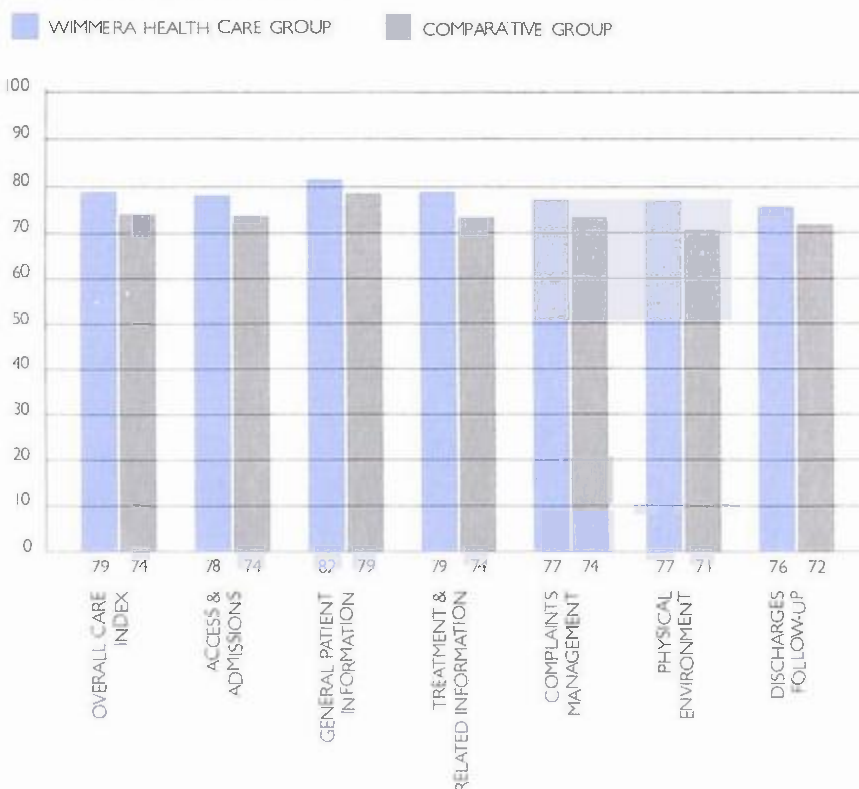
- 100% of patients surveyed reported the attitude of the staff on admission was excellent, very good or good.
- 97% of patients surveyed reported the attitude of the staff before admission was excellent, very good or good.
- 97% of patients surveyed reported the consideration of their needs and wants was excellent, very good or good.

### 2. General Patient Information

The overall score achieved for this category was 82 compared with the category average of 79. Some examples of the individual questions in this section included:

- 100% of patients surveyed reported being treated with respect was excellent, very good or good. This was a significant improvement on the last survey period and also above the comparative group score.
- 99% of patients surveyed reported the helpfulness of the staff was excellent, very good or good.
- 96% of patients surveyed reported the responsiveness of the nursing staff was excellent, very good or good.

## Patient Survey Index Results



WHCG is very proud to report we have achieved the number one rated hospital in the comparative group in all six sub-indices for the Overall Care Index.

### 3. Treatment and Related Information

The overall score achieved for this category was 79 compared with the category average of 74. Of note, this is the third consecutive report where we have achieved a score above the comparative group. Some examples of the individual questions in this section included:

- 99% of patients surveyed reported help received for pain relief was excellent, very good or good.
- 98% of patients surveyed reported the explanation of medications was excellent, very good or good.
- 96% of patients surveyed reported the opportunity to ask questions relating to their care were excellent, very good or good.

### 4. Complaints Management

The overall score achieved 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; however, 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.

### COMPLAINTS & COMMENDATIONS RECEIVED

YEAR	INPATIENT ADMISSIONS	COMPLAINTS		COMMENDATIONS	
		Number	% Inpatient admissions	Number	% Inpatient admissions
2001/02	8565	65	0.76%	62	0.72%
2002/03	9224	62	0.67%	76	0.82%

The table above shows the communication and feedback received over recent years. We have taken this a step further to look at the areas of concern to allow us to focus on areas requiring improvement.

TREATMENT AREA	NUMBER OF ISSUES 2002	NUMBER OF ISSUES 2003
Access	13	10
Atmosphere/Hotel	20	3
Communication	4	20
Cost	6	1
Rights	11	7
Treatment	11	21
<b>Total</b>	<b>65</b>	<b>62</b>

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.



**Lindy Lavithis & Claire Chilver maintain the medical records of patients admitted to the Wimmera Base Hospital.**

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

Service Category	Department Total 2002	Department Total 2003
Acute inpatient	35	26
Outpatient & Emergency	23	29
Aged Care	8	7
<b>Total</b>	<b>65</b>	<b>62</b>

In addition to the concerns and issues raised by our clients, we have also taken a look at the areas where we have received compliments and commendations. Patients and their families are generous in their feedback when they feel our staff have provided excellent care. The table below identifies the areas where compliments and commendations have been received.

Service Category	Department Total 2003
Acute inpatient	60
Outpatient & Emergency	5
Aged Care	10
Hotel/ Allied	1
<b>Total</b>	<b>76</b>

### 5. Physical Environment

The overall score achieved for this category was 77 compared with the category average of 71. Some examples of the individual questions in this section included:

- 98% of patients surveyed reported the cleanliness of the room was excellent, very good or good.
- 98% of patients surveyed reported the cleanliness of the toilet and showers was excellent, very good or good.
- 86% of patients surveyed reported the quality of the food was excellent, very good or good.

In addition to the information provided in this survey, WHCG has also conducted some focus groups to determine our clients' satisfaction with the care and assistance arranged to assist in their return home.



**Division I Nurse, Krista Fischer replenishes supplies for the Emergency Department.**

In addition to the information provided in this survey, WHCG has also conducted some focus groups to determine our clients' satisfaction with the care and assistance arranged to assist in their return home. Feedback was received informing us that what was organised was beneficial, however, we did not always involve our clients in the arrangements. Some changes have been made to include and involve our clients in the planning of services to assist in their discharge.

We have since conducted another survey and are very pleased to report that our customers are not only 100% happy with the services / support arranged but they are now also 100% happy with their role in the arrangements. Yet another indicator that WHCG is focused and committed to ensuring that your return home after care is a smooth and successful process came in the form of an award. Earlier this year we were awarded the 2003 'Transitioning Care' award, more details of this award can be found in the staff section of this report.

We are very proud of all the achievements made and congratulate staff on their efforts and contribution to the care of all patients/ residents and clients.



# Each and every staff member has a very important role...

## OUR STAFF:

WHCG employs many staff in a variety of different roles across the organisation. Each and every staff member has a very important role ensuring we are able to achieve our vision "to be the best provider of rural health services in Australia."

We are very proud of the professionalism of every staff member and the way they conduct themselves in their roles. In the past 12 months some of our staff members have been recognised for their achievements.

### Pat Dodson:

The 2003 'Transitioning Care' award for excellent performance in transitioning patients from hospital back to the community was awarded to Wimmera Health Care Group. The Secretary of the Department of Human Services, Ms. Patricia Faulkner, presented the award to Pat Dodson, Admission and Discharge Coordinator for Wimmera Base Hospital.

### Wendy Brown:

Lactation Consultant Wendy Brown has received the Rural Health Professional award for outstanding contribution to the health of the community for the Grampians Region, through her work as a lactation consultant. Hon. Bronwyn Pike, Minister for Health, presented Wendy with the award. A member of the community nominated Wendy for the award.



Lactation Consultant, Wendy Brown, receives her Rural Health Professional Award from Minister for Health, Hon. Bronwyn Pike.

## Dimboola Campus:

The staff of the Dimboola campus has also been awarded with the 'Walking Wimmera Fittest Community' award presented by the Wimmera Primary Care Partnership in recognition of the involvement of a significant number of the Dimboola population in walking for exercise strategy.

### Staff Categories:

Our staff is grouped into five main categories:

#### Medical

- Hospital Medical Officers (HMO's), registrars, staff specialists and Visiting Medical Officers

#### Nursing

- Registered nurses, Division 1&2

#### Allied Health

- Therapists, pharmacists, social work, dental

#### Administrative/Clerical

- Managers, administrative and clerical staff

#### Support Staff

- Catering, cleaning, engineering, linen service, and personal care attendants

Many of these individuals have a requirement to be registered with a Statutory Authority regulating their profession. This is known as Credentialling. There are various systems in place to ensure all staff that are required to be registered with relevant Boards are meeting the requirements of these boards. It is the responsibility of the staff to ensure they are appropriately registered and the HCG also has a responsibility to maintain a register.



Admissions and Discharge Coordinator, Pat Dodson, accepts the 'Transitioning Care' award on behalf of the WHCG from Ms. Pat Faulkner, Secretary of the Department of Human Services.

## Medical Staff:

The Medical Advisory Appointment committee reviews all senior medical staff applications for appointment. This committee then makes recommendations regarding the appointment to the Board of Management.

WHCG routinely has six HMO's on rotation from the Royal Melbourne Hospital. In addition there is an accredited surgical registrar on 6-month rotation from the Royal Melbourne Hospital. Other medical officer positions and appointments are recruited from Victoria, other states and internationally as required.

We are very proud of the professionalism of every staff member and the way they conduct themselves in their roles.



Dimboola campus staff were recognised for their involvement in the 'Walking Wimmera Fittest Community' award.



**Jenny Laws and Olivia Martin ensure the appointments for clinics in the Arapiles Building run smoothly.**

The reception and administrative service positions are often the face of the organization and their role is very important in providing good service to all of our customers.

#### **Nursing:**

All nurses must be registered with the Nurses Board of Victoria. A copy of their registration must be presented on an annual basis or when the nurse commences with WHCG. A register is maintained with the Director of Clinical Services. WHCG is therefore able to assure our communities that all nurses employed are registered. In addition WHCG is able to check nursing staff registration by accessing the Nurses Board webpage.

The nursing profession has developed practice standards for both general and specialist areas. These are known as competencies. Nurses can be assessed against the competencies either by demonstrating that they are able to undertake each activity as required or discovering the need for further training. Some of the competencies require annual assessment, including CPR, Fire & Safety and No Lift training.

The recruitment of a skilled nursing workforce is a challenge for Australian health services. Various strategies are adopted to recruit, retain and also encourage nurses to return to the workforce. WHCG has been successful in attracting experienced nurses and has also developed strong links with various tertiary education centres to provide undergraduate nursing students with clinical placements. A positive experience in their clinical placement will result in increased applications for graduate nurse positions on completion of their studies.

#### **Allied Health:**

WHCG currently employs a number of staff in professional groups, collectively known as Allied Health. Pharmacists, physiotherapists, podiatrists, dentists and dental prosthetists (formerly known as Advanced Dental technicians) must be registered to practice in Victoria. These staff are required to provide proof of their registration at the start of each year and on commencement with WHCG.

WHCG requires staff in other allied health groups to be eligible for membership in their professional associations. Careful checking of qualifications is undertaken before employment. The various department heads are responsible to the Divisional Director of Medical Services for ensuring all allied health staff are appropriately qualified.

#### **Administrative / Clerical Staff:**

There is a large number of staff grouped under this heading. Many of the positions require professional qualifications in areas such as accounting, information technology and health information management. The reception and administrative service positions are often the face of the organization and their role is very important in providing good service to all of our customers.

#### **Support Staff:**

Some of the positions require professional qualification such as engineering and food services, while other support services staff require a trade qualification, such as plumbers, electricians and carpenters. Reviewing these qualifications is an important role of the Human Resources Department.

In addition, many very essential staff employed by WHCG do not require formal qualifications but they do participate in a range of training programs to ensure they are able to carry out their tasks to the necessary standards and specifications.

# Meeting requirements as the bar is raised...

## OUR ACHIEVEMENTS IN ACCREDITATION

### Acute Care

The Acute sector of the organisation has received a visit from the Australian Council on Healthcare Standards (ACHS) surveyors this year. WHCG completed the periodic review, which is a visit from the surveyors at the halfway point of the accreditation cycle. The accreditation cycle covers a four-year period. Our last organisation wide survey was held in 2001 where we received 9 outstanding achievements and 14 commendations. The periodic review provided staff with advice and feedback on our progress in addressing the recommendations from the last survey. We were thrilled with the surveyors' verbal feedback and are now awaiting the arrival of the written report. We also received some advice on our progress in meeting the standards of the accreditation system in our endeavours to meet our mission of achieving the best health for all the Wimmera.

ACHS has recently reviewed the standards and the level to be achieved has been raised. For this reason we were very pleased with our results.



**Kurrajong Lodge & Wimmera Nursing Home received good report cards from the Aged Care Standards Agency surveyors.**

The surveyors made special mention of the Dimboola campus in their closing remarks. They thought this was a very impressive and highly commendable facility with excellent services delivered with sensitivity, and they commended the WHCG for the way the Dimboola campus was included as part of the entire organisation.

### Aged Care:

Kurrajong Lodge and Wimmera Nursing Home have both had visits from Aged Care Standards Agency surveyors this year. WHCG is very proud and delighted to report that both received outstanding results and have been re-accredited for another three years. In each of the surveys WHCG achieved every one of the forty-four standards. The surveyors also provided some feedback to ensure these sites can continue to review and improve the care provided for our residents. The Dimboola campus has also completed its pre-survey report and is awaiting assessment in September of this year. We have every confidence they will also achieve similar results to the rest of the Health Care Group.

### Home and Community Care Services

Assessors have paid a visit to Home and Community Care Services (HACC), focussing on the District Nursing Service. The standards for the HACC services provides a common reference point for internal quality control by defining particular aspects of service quality and expected outcomes for consumers in the following areas:

- Access to services
- Information and consultation
- Efficient & effective management
- Coordinated, planned and reliable service delivery
- Privacy, confidentiality and access to personal information
- Complaints and disputes
- Advocacy



**The District Nursing Team were the first HACC program to receive a visit from assessors this year.**

We are sure the survey result will reflect those achieved in both Aged Care and Acute divisions.

We congratulate and commend all staff on their commitment to quality improvement practices and their contribution to providing the level of care highlighted in the accreditation results.

"A very impressive and highly commendable facility with excellent services delivered with sensitivity. The WHCG is to be commended for the way the Dimboola campus is included as part of the entire organisation."



# Reducing risk to keep you safer than ever before...

## OUR RECORD IN SAFETY:

Risk Management is a term used to identify, evaluate, analyse, monitor and communicate risks that may impact on an organisation's ability to meet its customers' demands. Risk Management applies to all aspects of WHCG activities and is divided into Corporate and Clinical components.

The Clinical Risk Management Program developed and implemented at WHCG has received wide acclaim from within Australia and also internationally. A Victorian Public Health Award for innovation and excellence was presented by Health Minister John Thwaites to Chief Executive, Mr John Krygger; Director of Medical Services, Dr Alan Wolf; Board Members Mr Ian Campbell and Mr Pawel Wajszel and Clinical Risk Project Manager, Mrs Sally Taylor in recognition of the WHCG Clinical Risk Management Program in November 2002.

## INFECTION CONTROL:

### Infection Control Strategic Plan

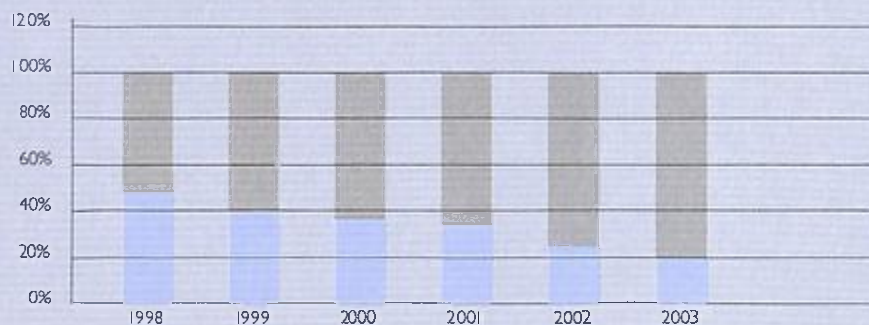
WHCG developed a strategic plan to ensure all aspects of Infection Control were identified and monitored on a regular basis. The progress of the identified items continues and is reported to both DHS and WHCG Board of Management. A report of the Infection Control Committee meeting is included with the agenda for the Improving Performance and Clinical Governance committee. The chair of this committee (a Board Member) provides an overview of the meeting's outcomes in the report to the Board of Management. It is very pleasing to note the continued improvement and focus on reducing the number of hospital-acquired bacteraemias, surgical site infections, and exposures to blood and body substances. The elimination of needlestick injuries during some procedures is especially rewarding.

### Cleaning Standards

Cleaning audits are conducted on a regular basis as required by DHS. Both internal and external audits have been conducted. WHCG has continued to exceed DHS requirements over the past 12 months and achieved outstanding results in this area as part of the Patient Satisfaction Survey.

## Infectious Waste Audit -All Departments

■ % GENERAL WASTE   ■ % INFECTIOUS WASTE



## Waste Management

Correctly segregating and disposing of waste is an important part of Infection Control processes across the organisation. Apart from the cost of waste disposal, we are committed to ensuring that clinical (infectious) waste is disposed of according to legal requirements. Annual random audits of clinical waste are conducted for each department to make sure general waste is not being disposed of in the clinical waste stream. The cost of disposing of clinical waste is much higher than general waste. Our aim is to ensure that 80% of the waste placed in clinical waste bags (yellow) is in fact clinical waste and not general waste. We have been steadily improving in this area thanks to education provided at orientation days and staff meetings. Each department receives a report on their audit results thus providing feedback to staff. If necessary, further education is offered to improve staff knowledge of waste management policies and procedures.

The table above shows the ongoing improvement of the organisation in correctly segregating general and clinical waste over the past few years.

The development of a Chemotherapy manual has also ensured staff are aware of the procedure regarding cytotoxic waste. All cytotoxic waste is disposed of in purple containers to ensure the correct procedures are followed in this area.



Clearly labelled purple containers help ensure all cytotoxic waste is correctly handled and disposed of from the chemotherapy unit.

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## FALLS MONITORING & PREVENTION

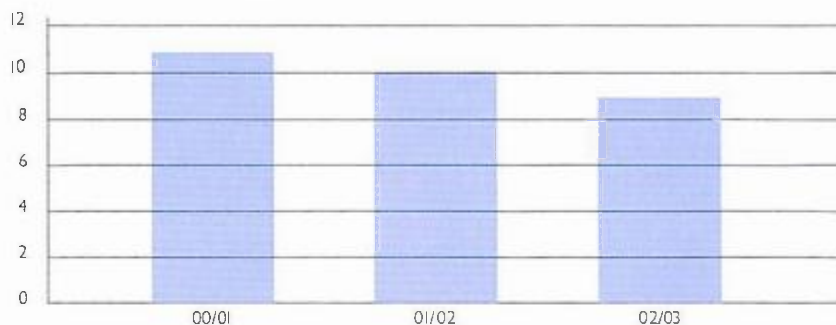
WHCG has developed an assessment tool and a number of strategies in an attempt to identify patients and residents that are at greater risk of falling. An assessment is completed either at pre-admission clinic, in Emergency or on arrival at the residential unit. The result of this assessment will indicate what strategies need to be discussed and implemented for our clients. 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

The falls risk score is also communicated to other departments to ensure all staff providing care are aware of the risk for individual patients. In addition the risk assessment should be completed again if the condition of the patient/ resident changes or after a fall. Prompts have been inserted in the nursing care plan to ensure this 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 and highlight where we need to focus our attention.

Although the number of falls has increased over the past 12 months, the number of falls resulting in fracture has decreased (see graph). Part of the reason for the increase in the number of falls is due to an increase in the reporting of falls and also the fact that our client group is becoming older and frailer. While every effort is made to prevent patients and residents from falling, for some people it is impossible to prevent them from falling without removing their rights. In these situations efforts are made to minimise the harm caused by the fall. The monitoring and prevention of falls is an area we will continue to focus on in the future to ensure we eliminate as many risks as possible. It is unlikely we will eliminate all falls, however, we aim to reduce serious injuries from falls through heightened staff awareness and good systems in place.

Number of falls resulting in fracture



## Food Services Monitoring

The preparation, storage and delivery of food to the many wards and residential units of the Health Care Group is quite a daunting task. Some of the meals are prepared, chilled and reheated on individual trays while other sections of the hospital require the food to be reheated and then served on to plates.

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 auditors and they fully comply with all requirements of the Victorian Food Act 1984.

## Brochures

Over the past year a number of booklets and brochures have been produced for staff, patients, residents and visitors. The aim of these is to provide easy to read information on issues relating to Infection Control. Some of the brochures include:

- Hand Hygiene
- Information for patients and visitors regarding MRSA (Methicillin Resistant Staphylococcus Aureus)
- Patient Brochure - Infection Control
- Staff Booklet - Infection Control



Ensuring all patients and residents receive tasty and nourishing meals is the task of the Food Services Team.

The monitoring and prevention of falls is an area we will continue to focus on in the future to ensure we eliminate as many risks as possible.

## PRESSURE WOUND MONITORING & PREVENTION

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 reduction of hospital acquired pressure ulcers is a priority of WHCG. We are very conscious of the impact that a pressure ulcer can have on the patient and the hospital. A series of pro-active strategies to prevent the development of ulcers has been established. These strategies include:

- A pressure area risk assessment on all patients admitted to the hospital. This may occur at Pre Admission clinic, Emergency Department, or on arrival in the ward or residential unit.
- Special mattresses for those at risk
- Foam wedge pillows to elevate heels off the mattress
- Gel pad pressure site protectors
- Regular pressure area care throughout the day.
- Use of emollient creams to the skin of elderly patients.
- Ensuring patients are mobilised as soon as possible

Although the risk of developing a pressure ulcer at WHCG has been minimised, improvements will continue to be made. We recently commenced staff training into the grading of pressure ulcers and the need of consistency for pressure ulcer reporting. A "pressure ulcer incident report" form was developed to capture the information required and to assist in the reporting of such incidences. This form has commenced on trial in both the acute and residential areas of the Health Care Group. Since its introduction there has been a significant increase in the reporting of initial pressure ulcers. This provides an excellent opportunity to intervene in the early stages and so prevent further development of these ulcers.

## MONITORING & PREVENTING MEDICATION ERRORS

WHCG is aware of the possible consequences of errors regarding medication. We have developed a number of strategies aimed at reducing the number of medication errors.

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.

In addition, WHCG reviews reports from other hospitals to ensure similar events could be prevented here. One such report released as a result of investigations into incidents at the Royal Melbourne Hospital highlighted the need to review the storage of S4 & S8 drugs. Schedule 4 & schedule 8 drugs are prescription only medications while Schedule 8 drugs are classed as drugs of dependency that need to be stored in a locked safe. In response to these reports, the Pharmaceutical Advisory Committee has reviewed the custody and security of prescription only medications (both schedule 4 and 8). Many changes have been made including increased security in the medical gas storage area and all portable medical gas cylinders (nitrous oxide) are kept in a locked cupboard when not in use.

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 will extend beyond Horsham to the townships of Nhill, Kaniva, Edenhope and Goroke.



**Top: Chief Pharmacist, Darlene Smith, takes great care in dispensing sterile medication. Above: Pharmacist Tracey Storey explains the dosage of medicine to a mother.**

The reduction of hospital acquired pressure ulcers is a priority of WHCG.

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# Join our dedicated group of volunteers...

## **VOLUNTEER PROGRAM.**

WHCG volunteers are involved in many areas including Support Groups, Auxiliaries and also assisting in some of the daily activities of our patients and residents.

We are currently reviewing our Volunteer Program to ensure that the transition to the role of a volunteer is made as easy possible.

### **Can you help us?**

If you would like to join our dedicated group of volunteers please contact:

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



**Wimmera Base Hospital Auxiliary members are very proud of their fund-raising achievements and the equipment they have purchased for the hospital.**

# We value your feedback on this report...

## FEEDBACK:

Wimmera Health Care Group's Quality of Care Report is an attempt made by the organisation to publicise details relating to the quality of its services. We would be most grateful if you could take a couple of minutes to answer the following questions. This will enable us to ensure this 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 your responses and make any other comments in the space provided.

1. Did you find the report interesting?

YES

NO

PARTLY

MOSTLY

2. Was the report easy to read?

YES

NO

PARTLY

MOSTLY

3. Did it contain everything you wanted to know about the Wimmera Health Care Group?

YES

NO

4. What other topics would you like included in future reports?

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Comments (optional)

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Thank you for your feedback. Please forward the completed questionnaire addressed as follows:

**Mr. Chris Scott**  
**Chief Executive**  
**Wimmera Health Care Group**  
**Baillie Street**  
**Horsham 3400**

Alternatively, please drop the completed questionnaire to the administration reception, Arapiles Building, Baillie Street, Horsham

Or enter your thoughts on the webpage: [www.wimmerahealth.com](http://www.wimmerahealth.com) and follow the prompts.

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