

Quality of Care Report 2004/2005

Wimmera
Health Care
Group

QUALITY OF CARE
REPORT 2004 - 2005



**Wimmera
Health Care
Group**

Incorporating:

Wimmera Base Hospital
Wimmera Nursing Home
Kurrajong Lodge Hostel
Baillie Street, Horsham, Victoria

Dimboola Hospital
Lloyd Street, Dimboola, Victoria

Quality Care

Welcome to the Annual Quality of Care Report for 2004/2005 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 2004/2005 and find the information both interesting and informative.

Pawel Wajszel, President Board of Management
Chris Scott, Chief Executive

Feedback

Wimmera Health Care Group's Quality of Care Report is an opportunity to publicise details to our community relating to the quality of its services. We would be grateful if you could take a couple of minutes to answer the following questions. This will help 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. Did you like the newspaper format? | YES | NO | PARTLY | MOSTLY |
| 3. Was the report easy to read? | YES | NO | PARTLY | MOSTLY |
| 4. Do you intend to keep the report for further reference? | | | YES | NO |
| 5. Did it contain everything you wanted to know about the Wimmera Health Care Group? | YES | NO | | |
| 6. What other topics would you like included in future reports? | | | | |

Comments (optional)

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

Chief Executive, Wimmera Health Care Group, 83 Baillie Street, Horsham 3400
Alternatively, please drop the completed questionnaire to the Administration Reception, Arapiles Building, 83 Baillie Street, Horsham

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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 responsible 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-economical 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.



**Wimmera
Health Care
Group**



Introduction

Welcome to the 2004/5 Quality of Care report. This document provides an opportunity for Wimmera Health Care Group to report to our community on the quality and safety of the services we provide. It also allows us to demonstrate the vital and innovative work that is implemented at the Wimmera Health Care Group to improve the safety and quality of consumer care.

This years report has a focus on accreditation. Many of the articles presented were commended during our recent accreditation survey. The centre pages in particular explains what accreditation is, why it is important for us and other health care facilities to be accredited and how the accreditation

process is undertaken. It also highlights what we must achieve to receive full accreditation. Throughout the report we have highlighted comments made by the surveyors from our accreditation survey document. We trust that you will enjoy reading this supplement and we welcome any feedback from you.

Once again, we kindly thank our sponsors and supporters who have chosen to advertise in this publication. This financial assistance continues to ensure that the cost of producing this document is kept to a



Dimboola Campus.

minimum and does not impact on the operational budget of the Wimmera Health Care Group.

Wendy James
Quality Manager

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 9,600 inpatients, 14,200 emergency patients, 110,000 outpatients and had 132 Aged Care Residents.

In addition, WHCG is recognised as a training and teaching centre for undergraduate and postgraduate students.

Front Cover

Main Photo: Rotary House.
Insert: Mr John Evans, chairman Rotary House committee; Mr Pawel Wajszel, President Board of Management WHCG; Mr John Landy, Governor of Victoria; and Mr Chris Scott, Chief Executive WHCG officially open Rotary House.
Photo supplied by The Weekly Advertiser.

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 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 2.2%. 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 Islander and approximately 1.9% of the population was born in a non-English speaking overseas country.

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President's Reports

On behalf of the Board of Management it gives me much pleasure to present the 2005 Wimmera Health Care Group Presidents Report. It has been a year of significant achievement and one that has been a turning point for the organisation. Through the commitment of my fellow Board members and staff the Health Care Group has continued in its mission of achieving the best health for all the people of the Wimmera.

Executive Leadership

The year has witnessed ongoing change in the Executive leadership of the organisation with the resignation of long standing Director of Clinical Services Ms. Wendy Lewis. Over the 12 year period of Wendy's appointment she was instrumental in leading positive cultural change within the organisation during a difficult down-sizing period, oversaw the amalgamation with the Dimboola District Hospital and was actively involved in the substantial infrastructure redevelopment across the Group as a whole. The Board appreciated Wendy's professionalism and leadership and wish her well with her career.

As a result of Wendy's departure we welcome Mr. Don McRae as Director of Clinical Services. Don has extensive experience in health service management and as a local has a close affinity to the Wimmera region. The Board welcomes Mr. McRae and looks forward to a long and productive relationship.

Patient Services

Acute inpatient services continues to grow. This year the Health Care Group treated 9,616 acute inpatients, which is a further 1.7% increase on last year's record number. The increase is significant given that the government increased target numbers from the prior year. The Group achieved the new mark and exceeded it by a further 1%. This was achieved in a period where medical staff recruitment has been extremely difficult and fiscal sustainability an imperative.

The efficiency and effectiveness of the acute inpatient service continues to improve with the length of stay per patient continuing to fall. This achievement also reflects the Health Care Group's leading performance in maintaining the lowest number of bed days per (weighted) patient treated for all Regional Hospitals in Victoria.

Aged Care and community services have also experienced significant demand with growth in allied health services continuing to increase. In recognition of key service gaps in primary health services and health promotion the Group embarked on an ambitious pilot program of service delivery into North Horsham. This has proven to be very successful. In addition, Wimmera Community Options has also been successful in attracting increased Commonwealth Funding for community based care packages across the Wimmera region.

The increased numbers of patients accessing services from across the Wimmera and Southern Mallee catchment has reaffirmed the role of the Wimmera Health Care Group as a sub regional referral centre. This increase has seen growth across the whole organisation and a further push out into the broader communities we serve.

Commitment to Quality

The ongoing commitment to continuous quality improvement is evident by the

information contained within this Quality of Care Report. The report represents the culmination of another year in which the Health Care Group has strived to provide the best level of care possible.

In support of monitoring our achievements the Health Care Group regularly undertakes external and internal audit procedures to ensure the maintenance of quality services, both clinically and non-clinically.

Australian Council on Healthcare Standards undertook an organisation wide survey that will ensure ongoing maintenance of obligations to legislative compliance and a planned preparedness to both real and potential risk to the ongoing operations of the Group.

Furthermore, the well-established clinical pathways program has demonstrated a great deal of value in delivering quality outcomes for high volume patient episodes. In expanding on the benefits, the program has been extended to encompass 35 pathways and 11 checklists.

The Health Care Group continues to promote the virtues private health insurance has to both the individual and the Group. The securing of private patient numbers provides a critical benefit to the Health Care Group and now delivers significant advantages to patients. The value of private patients to the ongoing viability of the Group cannot be underestimated. It is through their contributions that the range and quality of services that the community has become accustomed can continue to be provided.

Facilities and Equipment

A number of new and replacement items of equipment were purchased during the year to maintain the high quality of services provided. The finalisation of the experimental solar heating system at Dimboola Hospital and the securing of significant funding from the Environment Improvement Fund were key milestones. Internal efficiency improvements were made to the management of equipment/works request to ensure high priority demands were met. In acknowledgement of the competing demands additional resources were committed to ensure key projects were addressed in a timely fashion.

A significant project for the year was the implementation of voice over Internet protocol technology. In short, the new system exploits the benefits of using data transmission technology for traditional telephone services. The new application forms part of the Groups strategic commitment to improving its exposure to "state of the art" information technology and communication, whilst returning a substantial cost benefit.

Performance

The Wimmera Health Care Group 2004-2005 financial statement reports that the Health Care Group experienced an important improvement in its financial position from the previous year. The Group undertook an independent analysis of its operations and embarked on a series of recommendations to improve its financial viability. This factor combined with government changes in the funding models for rural and regional hospitals also contributed to the positive outcome. In summary the Group returned a net deficit of \$658,000.00 however after making adjustments for capital items and

depreciation a small surplus was achieved.

The Board of Management was given the challenge by the Department of Human Services to achieve a balance budget within a two-year window of opportunity. It is pleasing to report that a positive outcome has been reached within one year, however the challenge is to now maintain that result given a number of internal and external pressures.

The Board would also like to acknowledge the assistance and manner in which the Department of Human Services representatives supported the Group in achieving this significant outcome.

The Wimmera Health Care Group is pleased to continue its involvement in the Grampians Health Information & Communications Technology Alliance, which was successful in gaining Federal funding to improve information technology infrastructure. The Alliance has entered into partnership with Telstra to expand the existing telephony system to incorporate a new network across the region. This has resulted in significant improvements in communications and formed a major platform of our strategic commitment to technological improvement.

Governance

The Board of Management is the major policy making body and assumes overall responsibility for the direction and operation of the Health Care Group.

I would like to extend my appreciation to former Board member and President Mr. Ian Campbell for skill, knowledge and determination to lead the Group through a challenging period. Unfortunately due to a change in government policy Mr. Campbell could not continue on the Board and his professionalism and leadership has been sadly missed.

In November 2004 we welcomed Mr. Philip Sabien to the Board of Management. Mr. Sabien brings a range of skills and experiences complimentary to the governance of the Health Care Group and he has demonstrated a real commitment to the role and its obligations.

I would also like to take this opportunity to thank our Chief Executive,

Mr Chris Scott. Mr Scott who commenced his role with the Health Care Group in 2003 has worked tirelessly with the Board. His assistance has been invaluable.

Community Support

Each year we extend our gratitude to the commitment of the many volunteers and auxiliary members in both Horsham and Dimboola. Again this year is no exception. These individuals and groups give freely of their time and resources to make a significant contribution to our organisation. The commitment that these people make mirrors the Health Care Group's aim of providing the best health care possible. It is through their support that our patients and clients received that little bit extra. Not all groups have such a direct role with patients and clients, some groups are tasked with the challenges of fundraising, and others with providing a caring environment - to all we are very much appreciative.

In acknowledging some of our long-term supporters who have made substantial contributions to the Group the Board presents certificates of appreciation. Even though the Board individually recognise these



President Pawel Wajszel presents Mr Ian Campbell with Life Governor of Wimmera Health Care Group.

people at the annual general meeting it would be remiss not to express our appreciation through this report and to reaffirm our many thanks for their work and help.

Conclusion

This has been a year of ongoing change within the Health Care Group. The organisation has been proactive in response to the increased level of demand; change in staff and leadership, and ongoing financial pressures.

The Wimmera Health Care Group is the major provider of health services within the region and must undertake that role in a responsible and responsive way. This is achieved through a commitment to solid corporate governance and a confidence that sound plans have been laid for the future growth of the organisation and its role in the sub region.

It is important to acknowledge the support and assistance provided by the Department of Human Services. If it were not for their assistance a number of the major projects, services and requirements across the Wimmera area would remain virtually unmet.

The relationship that the Wimmera Health Care Group has with its parliamentary representatives is a key to ensuring good communication and support in this area. It is readily acknowledged that the achievements gained by our representatives and the positive impacts they have on the Health Care Group and the surrounding region.

The real test of any organisation's success is the quality of the people who deliver the service. Our staff are local people caring for local people - they have a passion to perform to the best of their ability and at times sacrifice their own well-being in the pursuit of excellence for others. The Board is acutely aware of this dedication and wishes to thank them for their ongoing commitment and dedication.

The Wimmera is a dynamic and varying environment that is growing from strength to strength. As the region changes so must our health services. They need to be flexible to meet the needs of their communities and robust enough to be sustainable. However it is even more important that our community members are cared for in a safe and secure environment, through high quality services provided by professional and valued staff.

Pawel Wajszel
President
Board of Management

Rotary House

From a small idea develops a larger reality – Rotary House.

The Rotary Club of Horsham was seeking a project to mark 75 years of service to the community. Members of the Rotary Club of Horsham approached Wimmera Health Care Group with the idea to refurbish a building and make available low cost accommodation for friends and families of Wimmera Health Care Group patients.

Initially the sheer size of the project seemed daunting and somewhat outside the scope of the Rotary Club of Horsham. Following an approach from the Rotary Club, the Wimmera Health Care Group Board of Management embraced the project and subsequently made available a suitable site.

Horsham Rotary House concept was born.

After much investigation the final concept was determined and it was agreed to build Short Term Emergency

Accommodation on the grounds of Wimmera Health Care Group. It would take the form of a five bedroom motel style facility, in a visually pleasing building.

Of the near 10,000 inpatients seen annually by Wimmera Health Care Group, over 4,700 came from outside a 50-kilometre radius of Horsham.

Allowing for the sheer size of the catchment, on site accommodation for friends and/or family of inpatients seemed a realistic expectation – with information in hand Rotarians came together as one to achieve the reality of Rotary House.

A Project Committee was formed with representation from the Rotary Club of Horsham, the Rotary Club of Horsham East and Wimmera Health Care Group to ensure the project maintained momentum and achieved its goal in a timely fashion.

A Gala Dinner was held to launch the project. Service clubs from around the Wimmera and Southern Mallee were

“The WHCG is commended for its extensive consumer participation and working with the local community to develop the Rotary House Complex.”

– ACHS Surveyors

“There is strong community support for the Health Service and there were many remarks of community involvement by Rotary House Project Committee, Advisory Committee, Focus Groups, etc.”

– ACHS Surveyors

invited to attend and an outline of the task was presented.

On the night a total of \$79,000 was given or pledged. The catalyst for this project getting under way must be levelled at the Wimmera Base Hospital Foundation – as it was their initial donation that really got the momentum underway. The local media strongly supported the project with front-page news and radio lead items on each bulletin.

In excess of \$310,000 in cash was raised, along with land valued at approx. \$80,000 being made available. Tradesmen and trade suppliers offered donations in kind to the project – conservatively valued at over \$250,000.

The final improved value of the facility is independently valued at \$600,000.

Rotary House is now complete and we were proud to be able to attract John Landy The Governor of Victoria to officially open the House on 14th September 2005. If one observation about the generosity of all around us could be made from the Project Committee it would be that the financial, in kind and volunteer support has been nothing short of humbling.

With Rotary House now officially handed over to Wimmera Health Care Group for management and ongoing financial responsibility, the Board of Management trust that this project will be a fitting memorial to the first 75 years of Rotary in Horsham.

It is sure to maintain a Rotary presence in Horsham for many years to come.

As service club members, tradesmen, donors, volunteers we must all be proud of Rotary House and grateful to all contributors to this project.

Contact details for Rotary House
Ph. 5381 9184, Monday to Friday 8.00am to 5.00pm.

After hours Emergency Bookings through After Hours Co-Ordinator on 5381 9111.



Wimmera Health Care Group Rotary House lounge and dining area.



About the Foundation

The Wimmera Base Hospital Foundation

raises money through donations and bequests to improve health care for the people of the Wimmera.

Funds raised by the foundation do not affect the hospital's annual government budget allocations. Every cent donated or bequeathed is of additional benefit.

As a charitable trust, the foundation manages funds for maximum return and security in accordance with the Trustees Act 1958.

Donations over \$2.00 are tax deductible



WIMMERA BASE HOSPITAL FOUNDATION

BUILD YOUR HEALTH ON A STRONG FOUNDATION

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I enclose a cheque made out to Wimmera Base Hospital Foundation, or please charge my Credit Card: Number...../...../.....

Bankcard Mastercard Visa Expiry date...../.....

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Please send me information about making a bequest

Please keep me informed of the growth and ongoing benefits provided by the fund

Forward to:

Community Liaison Officer, Wimmera Health Care Group, Baillie Street Horsham Vic 3400

Phone 03 5381 9309 Email: craig.wright@whcg.org.au Website: www.whcg.org.au

Grampians and Wimmera Tourist News



Promoting the Grampians & Wimmera in

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- Spring



Ph. 5382 0181

Community Health Nurse

Wimmera Health Care Group Community Health Nurse service began in January 2005. The service is located at 25 Forsyth Avenue Horsham.

The Community Health Nursing service values the diversity of the community and appreciates the different contributions, ideas, opinions and networks of the community.

Angela Mills and Dot Drew are registered nurses who are very experienced in working within communities.

Their aim is to empower the community by providing information and support to enable people to make healthy choices when they are ready.

They provide health promotion and health education based on identified issues and community needs. From this the community can develop skills and knowledge to increase control over and improve their health and therefore plan for improved health and lifestyle choices.

Members of the community are welcome to access the Community Health Nursing Service by visiting at 25 Forsyth Avenue, Horsham, or by telephoning. We are able to meet different community needs by offering a flexible service.

Some of the health and social issues we have been able to help community members with are housing issues, raising children and adolescents.

Assistance with filling in forms as well as referring to legal advisors, physiotherapists, counsellors, dieticians and other health services.

Support and referral for victims of intimate partner violence and their children. Negotiating doctors and dentist appointments and accompanying people to these and arranging transportation have also been part of the

Community Health Nurse role.

We have found very valuable and welcome the communities' comments on the barriers they face when trying to access health care and other services that affect their safety, well-being and quality of life.

Other work that has taken us out of the office has included health awareness screening surrounded by tractors at The Wimmera Machinery Field Days.

The focus was men's health and they were offered a comprehensive health screen to highlight their awareness of heart disease risk, diabetes risk, immunisation, testicular and prostate health, bowel health and mental health. By having a greater understanding of risks associated with ill health, the men could make decisions to improve their health and well-

being.

Each gentleman screened was provided with a 'show bag' of general health information specifically for men. The feedback from this was overwhelmingly positive and we have had requests to repeat this again at the 2006 Wimmera Machinery Field Days.

'Stroke safe for life' seminars were held to highlight to community members what the signs of stroke are and how to be proactive towards stroke prevention. About 48,000 Australians have a stroke every year and that number is rising! The National Stroke Foundation provided the information for these seminars.

Lifestyles today are very busy. Employers increasingly recognise the value of healthy and happy workers and the link with increased productivity. Because of this health education

and awareness screening is taken to the workplace by the Community Health Nurses to promote general health and well-being. Several worksites have taken up this opportunity for their staff.

Some of the Horsham school communities have welcomed the expertise of the Community Health Nursing Service.

A special Human Growth and Development program was delivered to Years 5 & 6 students at Horsham North Primary School. This program increased students understanding of specific changes in puberty with an emphasis on how to keep their growing bodies safe and healthy.

During Rural Health Week under the theme "Learning for a healthier tomorrow" Year 8 Horsham College students were educated in a supportive, non-clinical environment on immunisation and why it is so important as a preventative health measure. Students who were unsure of why they received injections have a greater understanding of immunisation and most said they were no longer fearful.

Core of Life Education program has been delivered with Wimmera Health Care Group Family Planning Nurse to Year 9 students of Horsham College and St Brigid's College. It is a unique life education program for young people. The program addresses the realities of pregnancy, birth, breastfeeding and early parenting in a fun and interesting way. It encourages adolescents to take responsibility for their own health and well-being and assists in reducing teenage pregnancy rates.

Other areas covered include, puberty, contraception, sexually transmitted infections, healthy and unhealthy relationships including family violence, and safe partying.



Community Health Nurse Angela Mills – checking blood pressure during Rural Health Week.

Koori Hospital Liaison Officer

The primary role of the Koori Hospital Liaison Officer is to ensure the provision of quality health care that meets the needs and expectations of Koori clients in a culturally appropriate way.

Main Services: To provide a link between Koori clients and Wimmera Health Care Group services. To act as a link between Wimmera Health Care Group, Aboriginal organisations / services and other mainstream organisations for Koori clients.

To create awareness and understanding within the Koori community of the various health and rehabilitation services available at Wimmera Health Care Group.

To provide cultural awareness training where and when needed.

During the last twelve months the Koori Hospital Liaison Office has seen some significant changes take place. The involvement with the Delka Best Start Project and Smiles for Miles has seen the Koori community benefit

enormously. The Koori Hospital Liaison Office has also been active in supporting the Wimmera Health Care Group Community Nurses in the Koori Diabetes Clinic at the Community House in Horsham North, along with the Diabetes Education Unit at Wimmera Health Care Group. The last twelve months have seen major changes in Aboriginal Health funding. The block funding for the Koori Hospital Liaison Officer was replaced by 30% premium added to the inpatient payment for

patients identified as indigenous. The program has been renamed as the Improving Care for Aboriginal Patients (ICAP) program and will assist hospitals address Koori related health issues specific to the region.

Hours: 8:00 am - 5:00 pm, Monday - Friday

Contact and Referral:

No referral is required to contact the Koori Hospital Liaison Officer.

Tel: (03) 5381 9373, mobile: 0408 170 437.

Best Start Report

Best Start is a prevention and early intervention project that aims to improve the health, development, learning and well-being of all Victorian children from pregnancy through transition to school (children 0-8 years of age).

Best Start will achieve this aim through supporting parents, families, communities and service providers to improve universal local early years service systems.

These improvements are expected to result in better access to child and family support, health services and early education, give greater parental capacity, confidence and enjoyment of family life and work towards communities that are more child and family friendly.

Best Start is jointly auspiced by the Department of Human Services & the Department of Education and Training

Aboriginal Best Start Project

Historically, Aboriginal people have not been granted equitable access to mainstream services and they remain uncertain and uneasy

about accessing universal mainstream services.

As a result, Aboriginal children and their families are under-using maternal and child health, education & health services and social support services.

The Aboriginal Best Start Project is not about providing or commencing new projects, but will look at services already in existence.

By bringing together resources and forming networks and partnerships Aboriginal Best Start will assist local health and community services to become more culturally appropriate and accessible to indigenous families.

Delkaia Aboriginal Best Start Project

Delkaia is a local Aboriginal word that loosely translates as 'better health' that was adopted as the name of the Horsham Aboriginal Best Start project with the permission of the local Wotjobaluk people.

The Delkaia Aboriginal Best Start Partnership has representation from Parents, Local Government, Health Services, Children's & Family Support Services, Education Services and

Aboriginal Community Organisations.

Partners include the LAECG (Local Aboriginal Education Consultative Group), Horsham Rural City Council, Wimmera Health Care Group, Wimmera Uniting Care, Horsham North Primary School and Werrimul CDEP.

Since the commencement of the Aboriginal Best Start Community Facilitator in January 2005 reflections show:

- Action Plan has been developed and based on data evidence has a focus on priorities for 2005. Key areas Ante Natal/Postal Natal, Absenteeism, Transitions in Education
- Working Groups have been set up to address these areas of disadvantage and the people that sit at the table represent a cross selection of the community - mainstream/aboriginal organisations, parents, community, family, koori workers, specialists.
- A Parent Circle has been set up to give parents an opportunity to get together to

talk and they are also given the lead of which direction the Group wants to go. At times Guest Speakers are invited to the Group to discuss topics. Some of these in the past have included Contraception, Healthy Meals

- A successful application for an Indigenous Smiles 4 Miles Project in Horsham to look at Oral Health in aboriginal communities for pre-school children. The Wimmera PCP who sit on the Partnership is leading this Project.
- Activity - Fun Day was a success for the children and coincided with Families Week. BBQ Lunch and fun games made the day a success.
- Activity - Reconciliation at Horsham North Primary School - Community Facilitator involvement in creating a Sea of Hands at the School with the children
- Community Facilitator links with forums, meetings, conferences etc.

10 Tips for Safer Health Care

How can you improve your health care? Good health care is best achieved through an active and positive partnership between you and your health care professional. To get the best possible care, see yourself and your health care professional as a team and be involved as much as possible in every decision about your health.

1. Be actively involved in your own health care.

Take part in every decision to help prevent things from going wrong and get the best possible care for your needs.

2. Speak up if you have any questions or concerns.

Ask questions. Expect answers that you can understand. Ask a family member, carer or interpreter to be there with you, if you want.

3. Learn more about your condition or treatments.

Collect as much reliable information as you can. Ask your health care professional:

- What should I look out for?
- Please tell me more about my condition, tests and treatment.
- How will the tests or treatments help me and what is involved?
- What are the risks and what is likely to happen if I don't have this treatment?

4. Keep a list of all the medicines you are taking.

- Include:
- Prescriptions, over-the-counter and complementary medicines (eg. vitamins and herbs); and
 - Information about drug allergies you may have.

5. Make sure you understand the medicines you are taking.

Read the label, including the warnings. Make sure it what your doctor ordered for you. Ask

about:

- Directions for use;
- Possible side effects or interactions; and
- How long you'll need to take it for.

6. Get the results of any test or procedure.

Call your doctor to find out your results. Ask what they mean for your care.

7. Talk about your options if you need to go into hospital.

Ask:

- How quickly does this need to happen.
- Is there an option to have the surgery/procedure done as a day patient, or in an alternative hospital?

8. Make sure you understand what will happen if you need surgery or a procedure.

Ask:

- What will the surgery or procedure involve and are there any risks?

- Are there other possible treatments?
- How much will it cost?

Tell your health care professionals if you have allergies or if you have ever had a bad reaction to an anaesthetic of any other drug.

9. Make sure you, your doctor and your surgeon all agree on exactly what will be done.

Confirm which operation will be performed and where, as close as possible to it happening.

10. Before you leave the hospital, ask your health care professional to explain the treatment plan you will use at home.

Make sure you understand your continuing treatment, medicines and follow-up care. Visit your GP as soon as possible after you are discharged.

*Reference: 10 Tips for Safer Health Care booklet. www.ahrq.gov/consumer

Length of stay reduced from 6 weeks to a single day!

Laparoscopic Cholecystectomy

A cholecystectomy is the removal of the gall bladder, this is the second most common operating procedure today.

The first cholecystectomy was performed by Carl Langenbuch, a German surgeon who successfully removed a gall bladder from a 43 year old man who had been suffering from the disease for 16 years. Langenbuch found two gallstones and a chronically inflamed and thickened gall bladder. The patient was discharged uneventfully from the hospital after six weeks.

Cholecystectomies are now largely done using a laparoscope. This surgery has developed quickly in the past decade, and has brought revolutionary changes to the care of patients. The length of stay for open surgical procedure was usually 8 to 10 days in hospital; Wimmera

Health Care Group now aims to discharge patients the day following surgery.

The laparoscope is a type of telescope, which is inserted through a small incision into the abdomen, special instruments are also inserted enabling surgeons to remove the gall bladder using 'key hole' surgery. Many larger centres will now perform Laparoscopic Cholecystectomies in selected cases as day surgery.

Wimmera Health Care Group reviews patient histories as part of its quality program to ensure that quality indicators are measured and compared with best practice standards. The auditing process measures how we are performing and enables changes to be made to ensure that the highest standards are maintained

This process found that a lot of our cholecystectomy patients were staying longer in

hospital because of excessive nausea and vomiting and also showed that nearly all patients were being discharged on day 2, (which was the pathway expected day of discharge).

A meeting of staff who cared for patients having cholecystectomies, which included surgeons, anaesthetist, nursing staff and allied health professions was held to discuss our management. As a result of reviewing the audit data and our practice it was thought that the excessive nausea and vomiting might be related to the amount of narcotic analgesia administered after surgery. The anaesthetist and surgeons suggested changing the regime of analgesia administration to provide optimal pain control and decrease the complications of nausea and vomiting. This change if successful would enable a shorter length of stay, consistent with common practice.

The clinical pathway for laparoscopic cholecystectomy surgery now plans discharge for after lunch on the day after surgery.

Patients are advised of when they are likely to be discharged at the Pre-admission Clinic and given specially prepared written material to assist in communicating this message.

Anecdotal reports have suggested that the changes have resulted in less severe nausea and vomiting and patients are being now discharged earlier. These changes in practice will result in improved comfort and safety for patients and improved productivity for the hospital. Formal audits will follow to formally measure the results of these changes to ensure that there has been an actual improvement.

We are proud to support the Wimmera Health Care Group

We have been associated for the last 100 years and look forward to partnering them into the future.

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How is the Wimmera Health Care Group assessed for accreditation?

There are 3 independent bodies that assess various aspects of the organisation. The Australian Council of Healthcare Standards (ACHS), the Aged Care Standards Agency and Home and Community Care (HACC) National Standards'

(ACHS) assesses every aspect of healthcare except Aged and Home and Community Care. They are dedicated to improving the quality of health care in Australia, through continual reviewing of performance, assessment and accreditation.

They have developed a standards framework (called EQUIP), which is applicable to all healthcare facilities Australia wide.

The standards are designed to focus on the essential elements of quality, safe care and service, as well as the organisational functions, which are important in supporting us to provide this care and service.

It is these standards that provide us with a framework for quality improvement in for our organisation.

An important aspect of the accreditation assessment is that it is ongoing - a continuous cycle. Each year the organisation is required to complete requirements as set out by the ACHS. Every fourth year sees the organisation participate in a full Organisational Wide Survey

What is an Organisational Wide Survey (OWS)?

This occurs once every four years and consists of an on site visit by 3 - 4 independent peer surveyors for a period of 3 days. Prior to the visit extensive documentation is completed and sent to the surveyors. This documentation showcases our achievements and states how well we feel we are doing against the set standards. We have 43 criteria to report on.

The Wimmera Health Care Group participated an OWS in July 2005. We had 3 surveyors and one trainee surveyor come and visit us for 3 days. The surveyors were a health administrator, 2 nurses and a doctor. They were all very experienced in their specific area of expertise and all came from interstate (this is common practice that so that the surveyors are not familiar with the organisation that they are assessing)

It is the surveyor's role to come and verify what we said in the submitted documentation. In other words are actually doing what we say we are doing to provide quality healthcare in a safe environment and are we addressing the 43 criteria. They do this by visiting all departments in the organisation and speaking to many staff and patients, the Executive and Board of Management members. They also look at many of our in house documentation such as minutes of minutes of meetings, reports and quality activities.

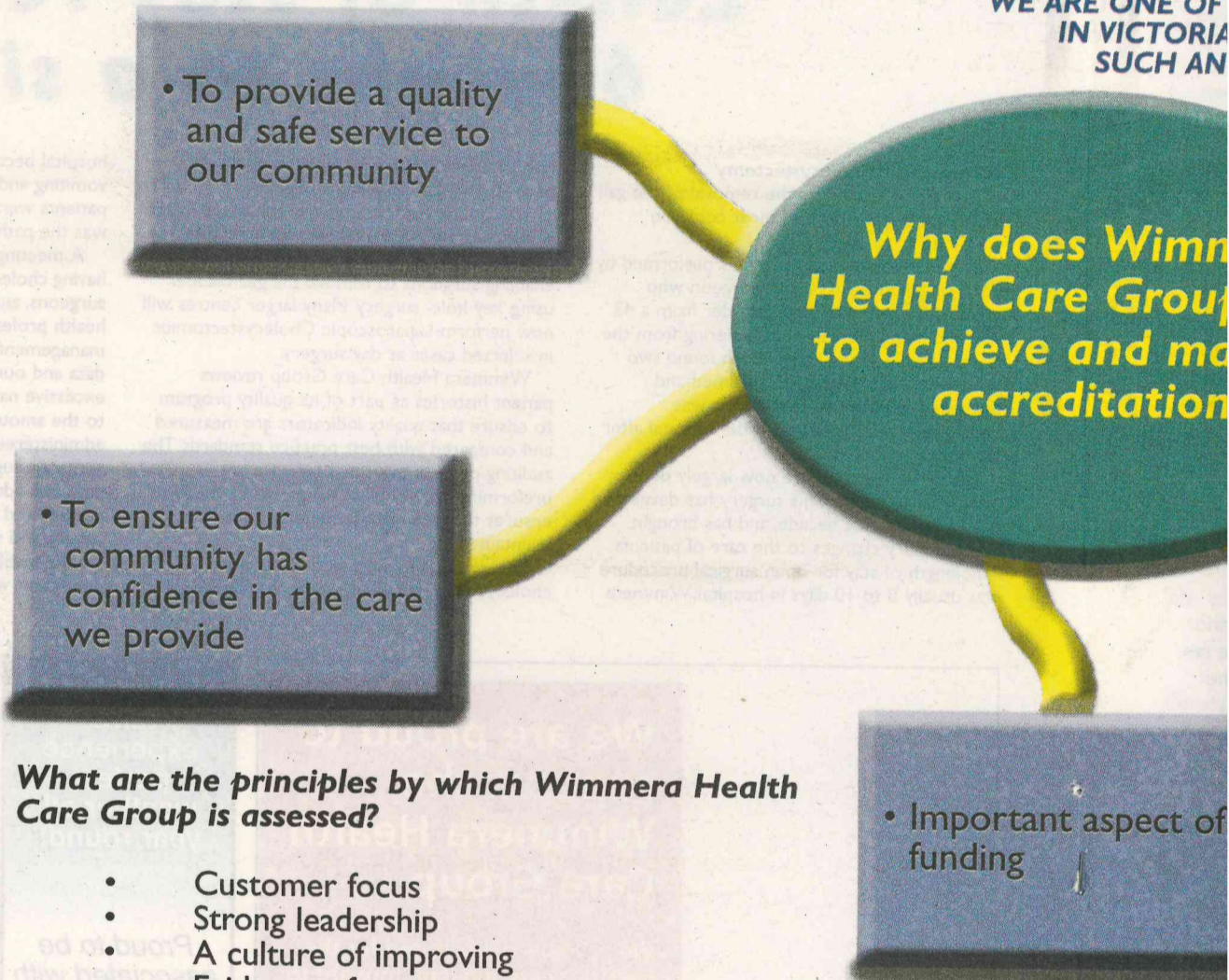
The surveyors then write a report based on what they have read and observed. They then assess and rate the 43 criteria that we have provided information on. Of these 43 criteria, 19 of them are mandatory eg we have to achieve a high rating or we fail accreditation.

The surveyors make recommendations in areas that they feel the organisation can look at to improve. This gives us valuable feedback and helps us to either enhance existing services or to implement new services.

What does accreditation mean?

To be officially recognised as providing guaranteed quality. For us, accreditation is about providing cost effective and safe healthcare in a safe environment.

DID YOU KNOW?
WIMMERA HEALTH CARE GROUP IS FULLY ACCREDITED BY THE AUSTRALIAN COUNCIL OF HEALTHCARE STANDARDS. WE ARE ONE OF THE FEW HEALTHCARE ORGANISATIONS IN VICTORIA TO ACHIEVE SUCH AN ACCREDITATION.



What are the principles by which Wimmera Health Care Group is assessed?

- Customer focus
- Strong leadership
- A culture of improving
- Evidence of outcomes
- Striving for best practice
- Quality



What does accreditation mean?

Officially recognised or having quality. For health care facilities it provides cost effective, quality care in a safe environment.

DID YOU KNOW THAT WIMMERA HEALTH CARE GROUP HAS BEEN FULLY ACCREDITED SINCE 1975?

WE ARE ONE OF ONLY NINE HOSPITALS IN VICTORIA WHO CAN CLAIM SUCH AN ACHIEVEMENT!

Wimmera Health Care Group want to maintain accreditation?

Assists in recruitment and retention of staff

For legislative requirements

What do we mean by quality?

"Quality is consistently meeting the negotiated expectations of our customers and optimising their health outcomes, in a cost effective manner" (Wimmera Health Care Group policy and Procedure Manual-Continuous Quality Improvement) More simply put, quality isabout doing the right thing and doing the right thing well. This is what we strive to achieve at the Wimmera Health Care Group.

What is the assessment rating scale used for the criteria?

The assessment rating scale is used as a means for both the organisation and the surveyors to assess the level of achievement against the standards and criteria.

We MUST achieve a MA rating or higher for the 19 mandatory criteria. Here is an explanation of rating scale

- LA - Little achievement (awareness)
Awareness/knowledge of fundamental requirements not apparent.
- SA - Some achievement (implementation)
Systems have been developed and are implemented
- MA - Moderate achievement (evaluation)
Data are collected. Evaluation of systems occurs. Improvements are made resulting in developed systems
- EA - Extensive achievement (benchmarking)
Benchmarking occurs through comparison of systems and result. This is done internally and externally, resulting in superior systems
- OA - Outstanding achievement (leader)
Leading the way. The organisation is an industry leader in systems and outcomes

How well did Wimmera Health Care Group do with this years assessment?

Wimmera Health Care Group has successfully achieved accreditation again.

Out of the 43 criteria we achieved

- 7 EA's,
- 32 MA's
- 4 SA's

All mandatory criteria achieved a MA rating or above. Overall the surveyors were extremely impressed by the services and care provided by Wimmera Health Care Group. This is demonstrated by the many positive comments we have taken from their report and scattered throughout this document.

We are very proud of our achievement. Maintaining accreditation continuously involves a committed and dedicated staff. Staff at all levels of the organisation have contributed to the quality culture, you as consumers experience.

Do any healthcare facilities fail accreditation?

Yes. Many healthcare facilities over the years have failed to attain accreditation.

ACHS recently updated the framework and from January 1st 2005 the expectation of what organisations must achieve to gain accreditation was lifted substantially. This caused much concern amongst healthcare facilities who were unsure if their organisations could meet these increased expectations. It was a fact that some healthcare facilities would fail accreditation under the new arrangements. This makes our achievement of passing accreditation in July this year even more commendable.

Care



Food Services

New food system begins

Wimmera Base Hospital has launched a new food heating system which aims to serve better quality meals as well as a greater range of foods.

The hospital has introduced nine Burlodge Nova Flex double refrigerated meal-delivery systems.

Food services manager Tony Patten said the cabinets had dividers for keeping food hot or cold.

"The presentation of the food is a lot nicer," he said.

"We've worked hard to improve quality and these cabinets allow us to put the final touches on meal presentation."

He said the meals were cooked and plated in the kitchen, placed on trolley frames and then loaded into the refrigerated cabinets programmed to start reheating at a set time.

The cabinets were then transferred to wards and the meals distributed to patients. Mr Patten said kitchen staff prepared about 120 meals for each sitting.

"We now have the option of extending our menu. Previously pastry items weren't successful, so we now have the option to be more flexible and have the final product crisp as it should be," he said.

"It reheats like your oven would at home."



DINNER IS SERVED: Food Services Assistant Val Bethke presents new mum Tammy Van Duren with her meal in Yandilla ward. Tammy is pictured with newborn daughter Nikita.

Two improvements introduced by our Food Services Department are:

Introduction of 600mls bottled water:

- 8 out of 30 (27%) places tested in Brisbane in 2001 failed to comply with Australian drinking water guidelines
- Public access to ice machine (no control over possible contamination)
- Taste of Horsham's water
- Hygiene in cleaning/handling/filling jugs with water and ice, then sitting open for hours in the wards
- Cost of running/maintaining the old ice machine
- Introduction of regular testing of ice (would have to be sent of site for this to be done)
- Time/labour-Washing, storing, filling, distribution and collection of jugs.

Meals on Wheels soup containers:

- Safety in carrying/handling of hot

bulk liquid-Spills in cars and a number of burns to hands and forearms

- Hygiene of people and method of serving
- Safety of product after delivery-a large majority allow the soup to cool and then re-heat for their evening meal
- Some alternative methods that other places are using, which are not to our standard are-Individual packet soup that the recipient would have to add boiling water to and hot soup in cups, which can squash on lifting, causing burns and lost product
- 76% of recipients surveyed preferred to receive the soup cold

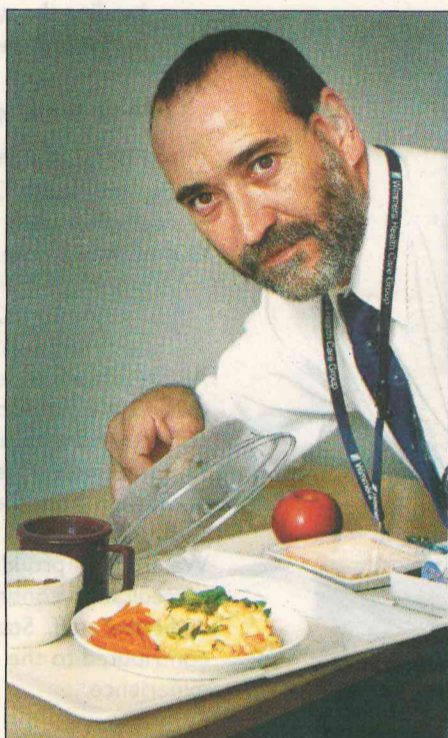
By serving cold in individual disposable bowls, improves safety and hygiene in handling and as it can be reheated in the bowl (directly into the microwave or decanted into a pot) increases the safety of the product and allows the recipient to have it when ever they like.



ON ITS WAY: Food Services Assistants Kerri Kelly and Val Bethke deliver meals from the new trolleys.



TESTING: Food services manager Tony Patten is responsible for maintaining food quality. Here he checks the food temperature before the delivery of meals.



READY TO GO: Tony Patten makes sure this serve of barramundi in whisky sauce with vegetables is piping hot and ready to go.



NEW SYSTEM:Wimmera Base Hospital food services manager Tony Patten demonstrates the workings of the new food trolleys which he says have increased the quality of the hospital's food. Pictures: DAVID FLETCHER

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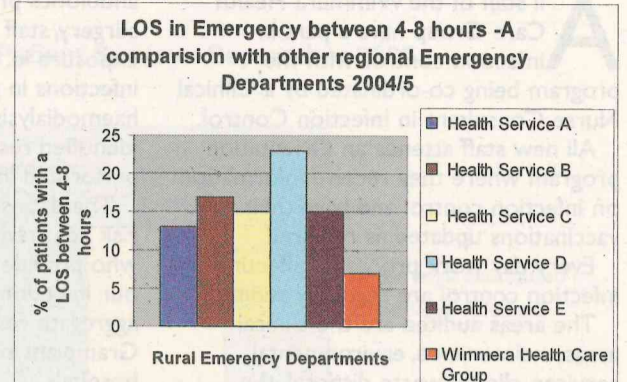
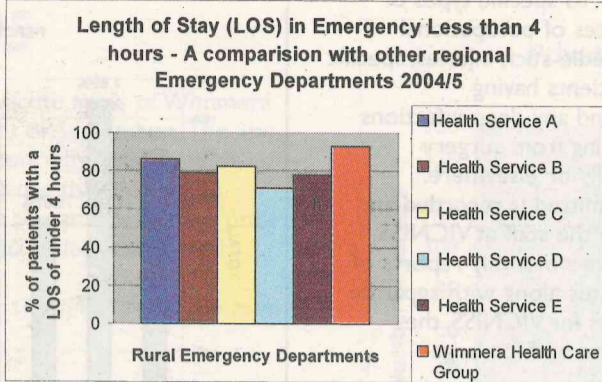
Complaint Issues

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Emergency Department

The graphs below shows you the length of time patients spend in Emergency Departments including both waiting and treatment time. This data is collected by all rural emergency departments and sent to the Department of Human Services who then compile the data and send to us. This type of data is particularly useful as it allows us to make comparisons with other like organisations.

You can see that patients who visit the Wimmera Health Care Group Emergency Department stay for the shortest time compared to five other Rural Emergency departments of relatively similar size. This is outstanding and demonstrates that our Emergency Department is 'leading the way'.

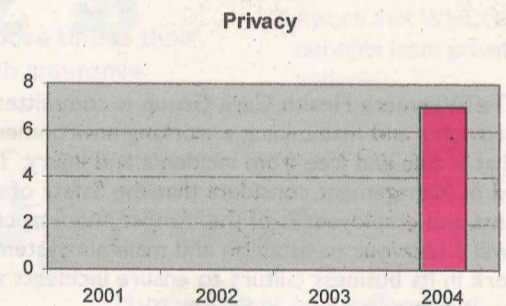
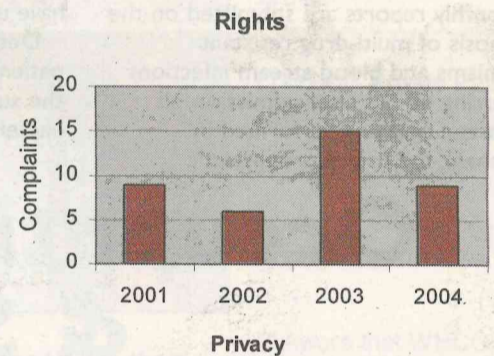
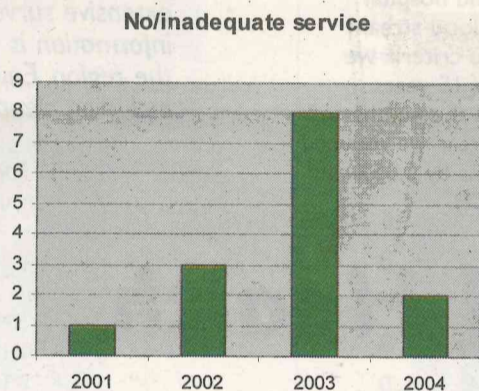
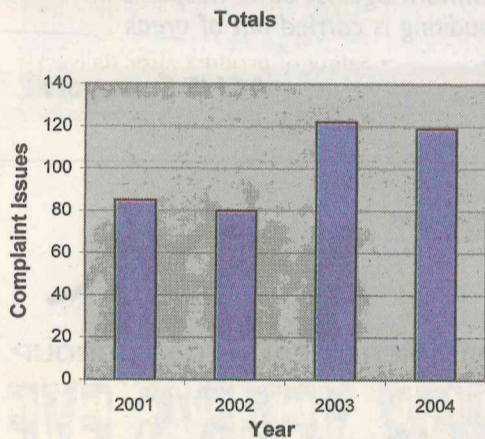


Complaints & Compliments

Trends indicate that the number of complaints issues being received by the Complaints Liaison Officer is increasing, with the number of complaints issues increasing an average of 47% over the past 4 years. This could be due to a number of reasons, not the least being the work that has gone into encouraging consumer feedback and providing ease of access to the complaints management system over this period.

Closer examination of the data has shown that inability to provide part of or all of a service has contributed to this pattern and appears to be related to problems we have had with recruitment of allied health professionals particularly in the areas of podiatry and occupational therapy.

Over the past 4 years the organisation has spent a lot of time and energy in promoting patient rights and responsibilities to our consumers. The number and nature of complaint issues raised reflect a growing awareness in our consumers of their rights. If you take into account that privacy issues were included with rights until 2004 when they were separated out you can see that there is an upward trend in the number of patient rights issues raised by our consumers.



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 WHCG Complaints Management System are:

- Recognise, promote and protect consumer' 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

Year	Complaints Received			Commendations Received	
	Inpatient Admissions	Number	%Inpatient Admissions	Number	%Inpatient Admissions
2004/05	9,614	52	0.54%	69	0.72%
2003/04	9,459	88	0.93%	96	1.02%
2002/03	9,224	62	0.67%	76	0.82%

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Infection Control

All staff of the Wimmera Health Care Group have a part in infection control, with the program being co-ordinated by a Clinical Nurse Consultant in Infection Control.

All new staff attends an Orientation program where they receive information on infection control and have their vaccinations updated as required.

Every day work processes affecting infection control are regularly audited.

The areas audited are the clinical areas, maintenance, environmental services, clinical waste disposal, the sterilising department and operating suite. These audits identify any risks that have the potential to cause a breach in infection control.

The food services area is independently audited each year with consistent excellent reports.

This organisation participates in the Victorian Infection Control Surveillance System (VICNISS). We are part of the Type 2 surveillance system for smaller Victorian hospitals with less than 100 beds. Both Dimboola and Horsham sites participate with an individual report from each site.

Monthly reports are submitted on the diagnosis of multi-drug resistant organisms and blood stream infections occurring 48 hrs after admission, all caesarean sections performed in Horsham, the use of prophylactic

antibiotics prior to specific types of surgery, staff rates of occupational exposure ie. needle-stick injuries, specific infections in patients having haemodialysis and any deep infections identified resulting from surgery performed locally or elsewhere.

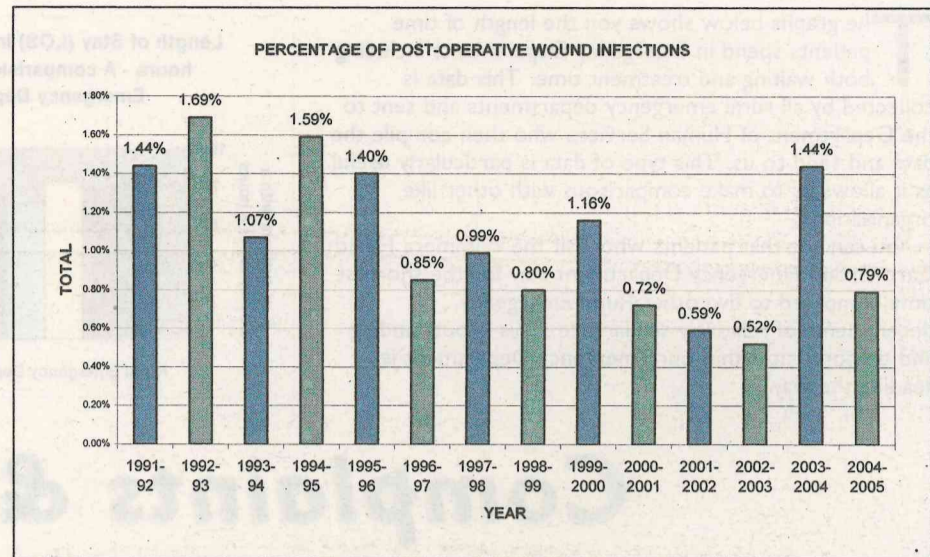
The data submitted is recorded and risk adjusted by the staff at VICNISS who provide three monthly reports of our infection rates along with separate aggregate results for VICNISS, the Grampians region and for large hospitals.

All of our rates are comparable with state rates. Another Quality and Safety Framework Reporting Requirement we participate in is regular internal cleaning audits and an annual audit conducted by an external auditor.

External auditor results were good again this year with Horsham scoring 92% and Dimboola 96%.

Despite participation in external surveillance programs we have continued to monitor infection rates in surgical site infections and hospital acquired bacteraemia (blood-stream infection) using the same criteria we have used for more than 15 years.

Despite an increase in the number of patients during the last year we reduced the surgical site infections by 0.65% and bacteraemias by 0.02% (2).



Well developed Infection Control practices are evident throughout the Wimmera Health Care Group. The Clinical Nurse Consultant, in Infection Control, is an experienced practitioner, and is involved in all facets at both sites including the purchase of new and replacement equipment and extensive surveillance of various clinical indicators. This information is used to benchmark against other hospitals in the region. Environmental auditing is carried out of areas including cleaning practices.

— ACHS Surveyors

Occupational Health & Safety

The Wimmera Health Care Group is committed to providing and maintaining a working environment that is safe and free from incidents and injury. The Board of Management considers that the Safety of patients and employees is of the utmost importance, and will endeavour to establish and maintain systems of work in its business culture to ensure incidents and injury do not occur."

As a part of that commitment Wimmera Health Care Group has appointed a full-time Occupational Health and Safety Officer to oversee the progress and effectiveness of its OH&S activities and to systematically plan and implement systems and processes that provide direction and consistency across the whole organisation.

Wimmera Health Care Group will continue to monitor quality and safety throughout the organisation

using various indicators, audits, reviews and evaluation tools. That includes both internal and external audits to assist in the continual review and improvement of our services.

The Australian Council on Health Care Standards conducted an organisational review on the Equip program in July 2005. The visit included reviewing any recommendations made from the self-assessment submission report from last year and to conduct the organisational wide survey.

Maintaining a Safe Environment:

As a part of the on going monitoring of a safe environment, previously completed risk assessments are being assessed and actioned. Risks are being rated using the Risk Management rating system and prioritised in accordance with the score rating to ensure the risk is addressed in a timely manner.

Wimmera Health Care Group

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Proceeds to purchase essential equipment for Wimmera Health Care Group-Operating Suite



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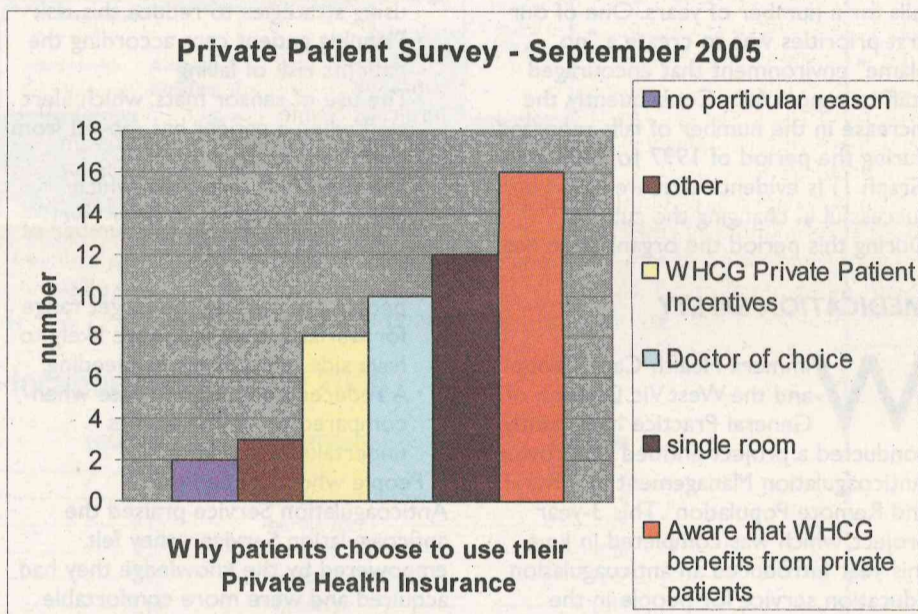
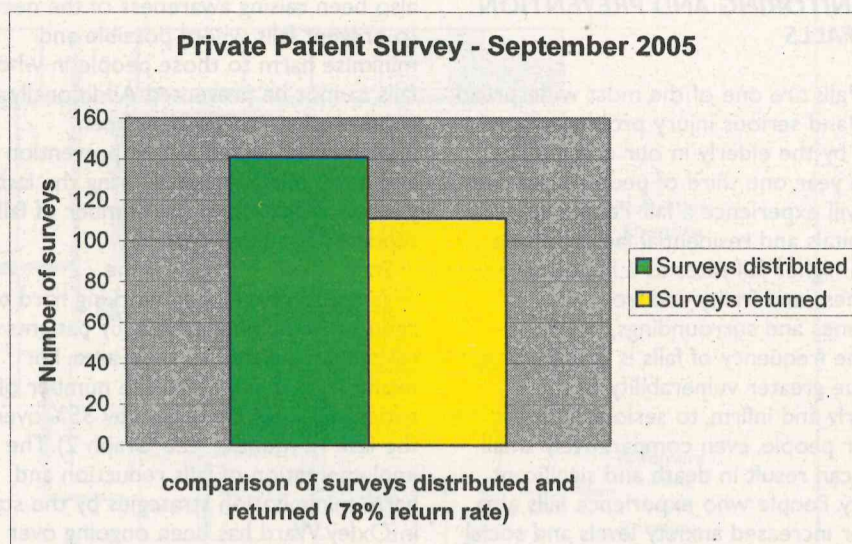
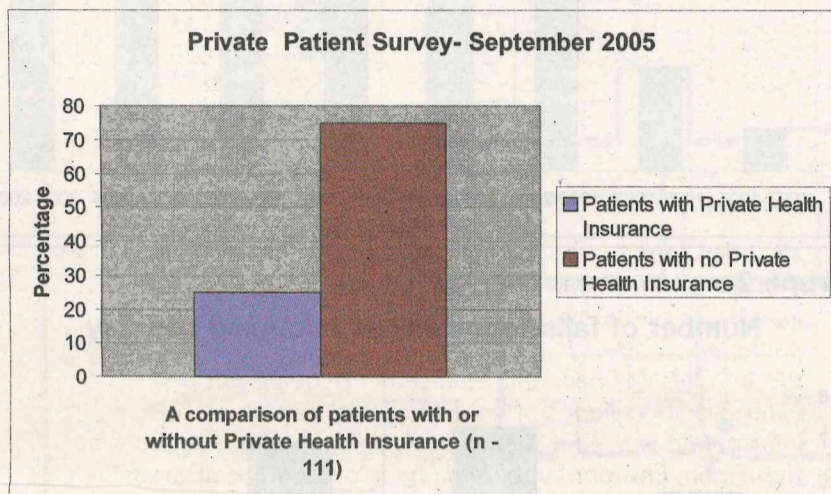
Private Patient Survey

September 2005

An internal survey of all patients discharged from the acute areas of Wimmera Health Care Group was conducted during the month of September. The aim of survey was to ascertain for this particular admission, why patients with Private Health Insurance either chose or did not choose to use their insurance.

Ward clerks on Oxley and Yandilla distributed the survey to patients the day prior to their discharge. The ward clerks were also responsible to collect completed surveys and send to the Quality Manager.

38% of discharged patients replied to a survey form (n = 141). The response rate was excellent - see graph below.



Yandilla Patient Satisfaction Survey December 2004 - January 2005

40% response rate (n=80)

	Approval
Medical Staff	
• Courtesy	94%
• Communication	91%
Appropriate Visiting Hours	97%
Hotel Services	
• Range food/variety	93%
• Overall quality	97%
Overall Satisfaction With Hospital	97%

Wimmera Community Options

Introduction of Duty Worker System

It was identified that if the services of the department were to be accessible to consumers, there needed to be a Case Manager/Carer Support Worker available for all business hours to take intake calls and urgent matters during working hours. It was also identified that all staff should be familiar with the

programs, eligibility criteria and availability of places on the program. Staff also needed to be familiar with the level and type of service that can be provided by the program as well as the alternative services and resources within the community.

In order to provide this service the agency has introduced a duty worker system whereby Case Managers/Carer

Support Workers rotate the responsibility for taking incoming referrals, provide back-up for other workers who are unavailable and answering inquiries.

This new system was introduced in November 2004 and informal reviews have indicated that consumers are more satisfied and that it has actually decreased the amount of time Case

Managers spent on handling basic inquiries which the duty worker now undertakes. An off-spin has also been the Case Managers/Carer Support Workers also use their duty time to complete their own outstanding paper work.

Kathy McEwan
Manager,
Wimmera Community Options
Ph. 5381 9338

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Falls/Pressure Ulcers/Medication Data

MONITORING AND PREVENTION OF FALLS

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

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

Wimmera Health Care Group has been actively monitoring and managing falls for a number of years. One of our first priorities was to create a "no blame" environment that encouraged staff to report falls. Consequently, the increase in the number of falls reported during the period of 1997 to 2003 (see Graph 1) is evidence that we have been successful in changing the culture. During this period the organisation has

MEDICATION SAFETY

Wimmera Health Care Group and the West Vic Division of General Practice have jointly conducted a project entitled "Improving Anticoagulation Management in a Rural and Remote Population". This 3-year project, which was completed in June this year introduced an anticoagulation education service for people in the community taking the drug warfarin. The Anticoagulation Service aimed to reduce the number of side effects associated with this "blood thinning" drug, by providing education on drug interactions, dietary advice and other general information.

Analysis of the data collected during the project has found that people who participated in the project did have:

- Longer periods of time spent in the target range for warfarin. When

also been raising awareness of the need to prevent falls where possible and minimise harm to those people in whom falls cannot be prevented. Additionally a number of strategies have been implemented aimed at falls prevention and harm minimisation. During the last 2 years, a reduction in the number of falls reported has been seen.

Staff across all areas of the organisation have been working hard to reduce the number of falls by patients / residents admitted to their area. For example, in Oxley ward the number of patient falls has decreased by 35% over the last 12 months (see Graph 2). The implementation of falls reduction and harm minimisation strategies by the staff in Oxley Ward has been ongoing over the last 3 years and have included:

- Earlier recognition of those patients who are at high risk of falling and using strategies to reduce this risk
- Planning patient care according to the patients risk of falling
- The use of sensor mats, which alert staff when a patient has moved from their bed or chair
- The use of lift care beds, which lower the mattress to floor level

people are outside the target range for warfarin, they are more likely to have side effects such as bleeding.

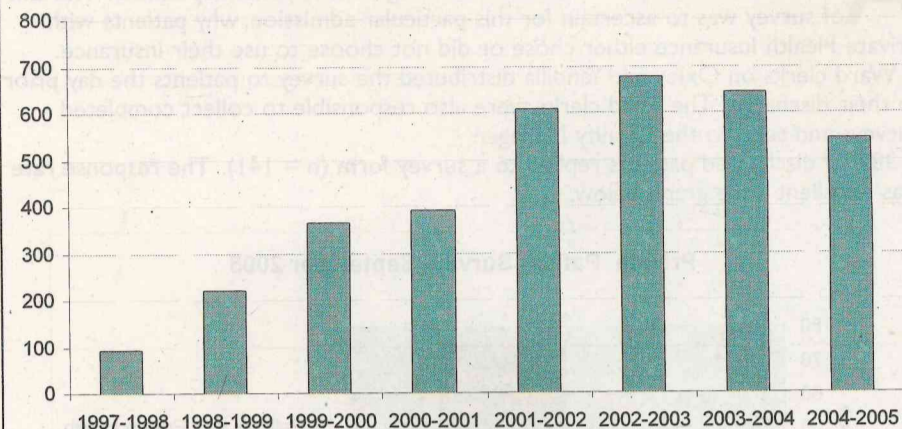
- A reduced complication rate when compared to similar studies undertaken elsewhere.

People who attended the Anticoagulation Service praised the anticoagulation Service - they felt empowered by the knowledge they had acquired and were more comfortable taking warfarin.

In order to maintain positive outcomes for people attending the Anticoagulation Service, local clinicians in Kaniva, Nhill and Edenhope have been trained to continue the service in these areas. The Anticoagulation Clinic will continue to operate in Horsham and Dimboola one day a week. Referrals to the clinic can be made through your general practitioner or by phoning the clinic directly on 5381 9107.

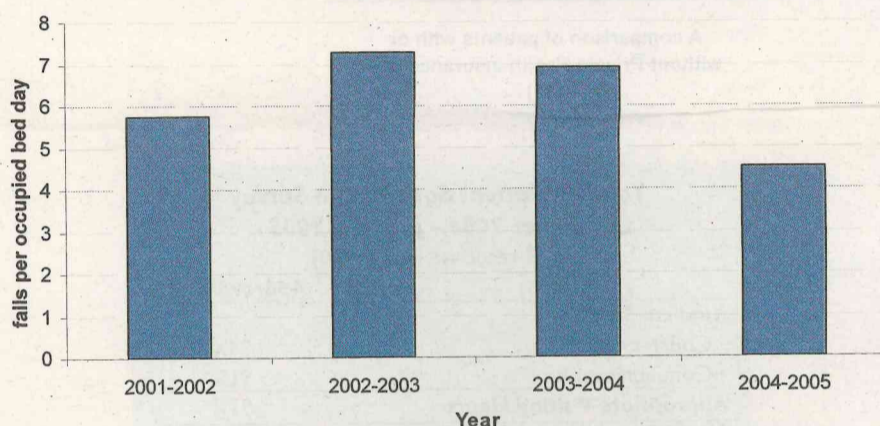
Graph 1

Wimmera Health Care Group Number of falls reported



Graph 2

Oxley Ward Number of falls reported per occupied bed day



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

The electric Lift care bed has a concave mattress which lowers to floor level to reduce the risk of falls and injury.

MONITORING AND PREVENTING PRESSURE ULCERS

A pressure ulcer is any lesion caused by unrelieved pressure that results in damage to the skin and underlying tissue. Pressure ulcers are an internationally recognised patient / resident safety problem.

As reported in the 2003/2004 Quality of Care Report, Wimmera Health Care Group participated in a state wide survey conducted by the Victorian Quality Council to determine the percentage of patients in public hospitals

who had a pressure ulcer. As a result of this state wide survey, the Victorian Government announced funding to purchase pressure-reducing foam mattresses.

In December 2004, the second state wide survey of pressure ulcers was conducted. The aim was to determine the prevalence of pressure ulcers and compare the results to the survey conducted in 2003; and to track the level of improvement in pressure ulcer management since the last survey.

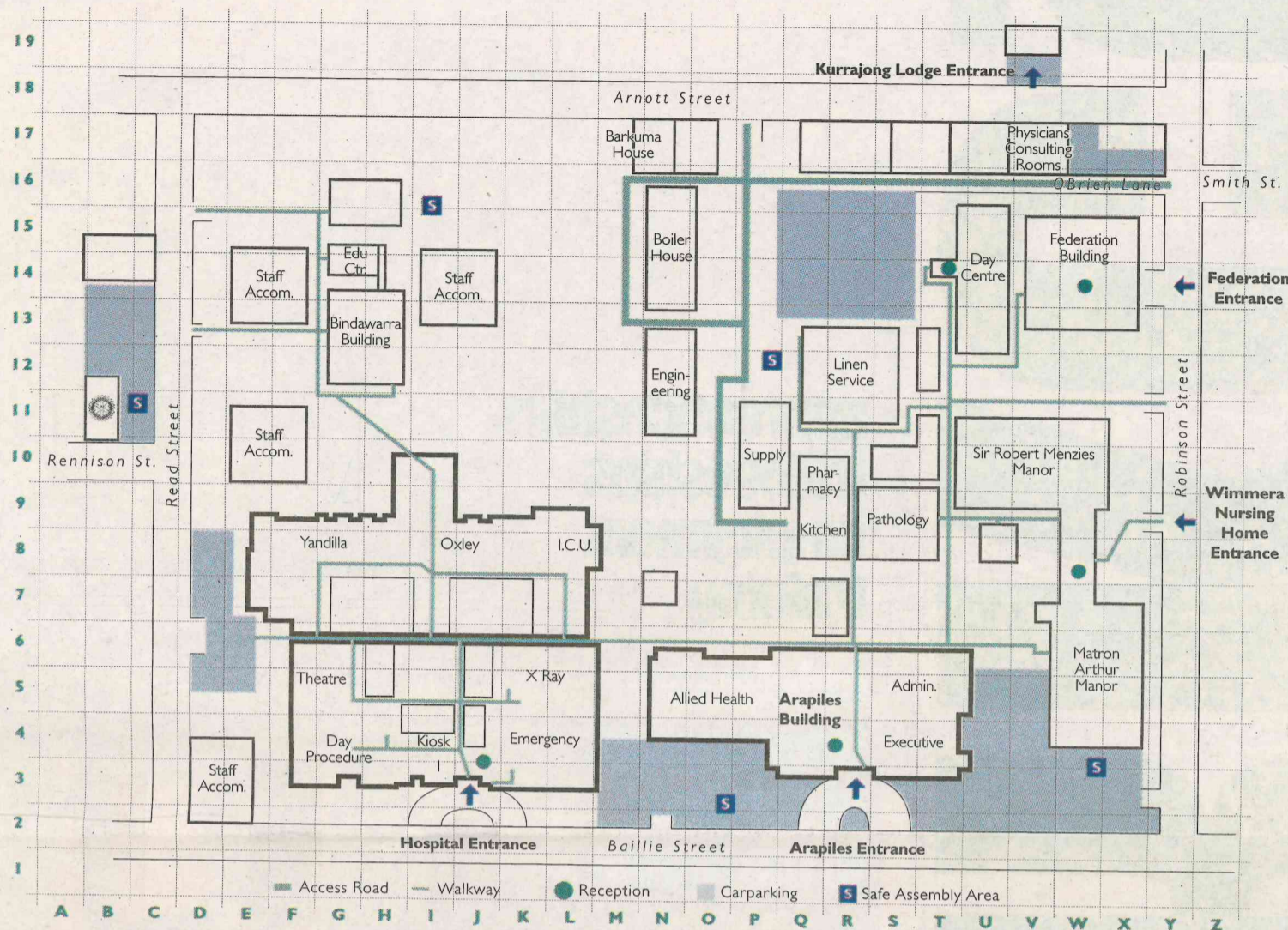
Wimmera Health Care Group again participated in the survey, which was

conducted on one day to identify the percentage of patients with a pressure ulcer in the hospital on that day. 88.2% of our patients agreed to take part in the survey and underwent a skin inspection. The state wide average prevalence was 20.8% and the prevalence for Wimmera Health Care Group was 15.6%. Whilst Wimmera Health Care Group remains below the state wide average, the prevalence had increased slightly since 2003 when the result prevalence was 11.1%.

Since the second survey was undertaken Wimmera Health Care

Group has received 50 pressure-reducing mattresses as previously promised by the Victorian Government. Our plan is for all mattresses to be pressure-reducing type in the near future. We will continue to monitor the effectiveness of these mattresses and other nursing strategies in reducing the number of pressure ulcers.

Reference: VQC Individual Health Service PUPPS 2 Report 2004 Pressure ulcer point prevalence survey. Victorian Quality Council, 2005



Wimmera Health Care Group location index - Sept 2005

DEPARTMENT	LOCATION	DEPARTMENT	LOCATION	DEPARTMENT	LOCATION
Administration - (Executive / Medical / Nursing)	S 4	Education Centre	G 14	Pay Office	S 5
Admissions	J 4	Emergency	K 4	Paediatric Pre-Admission Clinic	G 8
Aged Care Assessment Team	U 14	Engineering	N 12	Paediatric Ward	G 8
Aged Care Nurse Consultant	T 12	Environmental Services	T 12	Pharmacy	R 10
Allied Health Reception	R 4	Family Planning Clinic	G 13	Physicians Consulting Rooms	V 17
Alzheimer's Association of Victoria	C 14	Federation Building	X 15	Physiotherapy	R 4
Anticoagulation Nurse	T 12	Finance	T 5	Podiatry	R 4
Arapiles Building	R 4	Food Services Administration	T 12	Pre-Admission Clinic	C 14
Audiology	R 4	Grampians Psychiatric Services	X 15	Psychiatric Services	X 15
Barkuma House	N 17	Handbury Library	S 5	Quality Manager	S 4
Birth Rooms	F 8	Health Information Service	H 5	Radiology (X Ray)	K 5
Bindawarra Building	G 13	Hospice Care	U 14	Recreation Hall	G 16
Board Room	S 4	Human Resources	S 5	Residential Services Manager	T 12
Breast Care Nurse	G 8	Infection Control	T 12	Rotary House	B 11
Breast Screen	K 5	Information Technology	T 5	Safety and Security (See Human Resources)	S 5
Chapel	U 8	Intensive Care Unit	L 8	Social Work	R 4
Chemotherapy Unit	L 7	Kiosk	I 4	Speech Pathology	R 4
Clinical Pathways Project	I 9	Kitchen	R 9	Staff Accomodation	D 3/E 10/E 14/I 14
Clinical Risk Management	I 9	Koori Hospital Liaison Officer	H 13	Staff Development Unit	H 12
Clinical Services	S 4	Kurrajong Lodge	V 19	Stress Testing	I 6
Community Liaison Officer	S 5	Lactation Service	G 13	Supply	P 9
Community Rehabilitation Centre	R 4	Library (Handbury Library)	S 5	Wimmera Base Hospital (Main Building)	J 4
Conference Room	I 3	Linen Service	Q 12	Wimmera Community Options (Carer Respite, Linkages)	W 14
Continence Service	U 14	Midwives Clinic	G 13	Wimmera Centre Against Sexual Assault	X 17
CSSD	G 5	Mortuary	N 7	Wimmera Hospice Care	U 14
Day Centre	U 14	Nursing Operations Manager	L 7	Wimmera Nursing Home	W 8
Day Procedure Unit	G 4	Nursing Supervisor (Evening)	J 4	X Ray (Radiology)	K 5
Dental Clinic	R 4	Occupational Therapy	R 4	Yandilla	G 8
Diabetes Educator	C 14	Olympic Building	T 12	Yandilla Nurses Station	G 7
Dialysis Unit	I 10	Operating Suite	G 5		
Dietitian	R 4	Oxley	J 8		
Distressed Relative's Room	K 4	Oxley Nurses Station	I 8		
District Nursing	U 14	Pathology	T 8		
Domiciliary Nursing	G 13				



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