



**STAWELL**  
**REGIONAL HEALTH**

*Caring for our Community*



Annual Quality of  
Care Report 2006

## *Our Mission*

**Stawell Regional Health provides a complete continuum of integrated health and related services, by providing the highest quality facilities and skills delivered in a personalised and caring environment.**

Our Values and accompanying behaviours form a basic set of beliefs by which our people at Stawell Regional Health function:

## *Effectiveness*

- Display attention to detail when carrying out their role
- Plan work practice and is outcome focused
- Use problem solving strategies to achieve maximum results
- Perform their role to ensure appropriate service delivery

## *Openness*

- Share information and ideas readily
- Value new ideas and innovation
- Apply new ideas and embrace change when appropriate
- Ensures patients, families and staff have access to appropriate services

## *Integrity*

- Respect the unique nature of each person to assure dignity for all is maintained
- Display attributes of truth and honesty
- Ensure confidentiality and privacy is assured at all times
- Exhibit reliability and punctuality at work

## *Accountability*

- Provide services that are patient centred
- Display commitment to continuous quality improvement
- Use the theory of evidence based practice to ensure best possible outcomes
- Demonstrate best practice through clinical excellence and professional conduct
- Commit to the integration of best technology, systems and processes to manage and record relevant methods of work
- Accept the consequences of their actions

## *Flexibility*

- Willing to participate in new initiatives
- Contribute ideas when setting new directions
- Strive for best outcomes for all stakeholders and the Stawell community
- Display a willingness to consider other's goals and priorities when making decisions



## Highlights 2005/2006



**Awarded Quality of Care Reporting Award 2005 – Rural Category**

**Full Accreditation** awarded with Australian Council on Healthcare Standards

**Stage 3** of redevelopment completed, including Education Facility, Library, and Spiritual Care Room

**New CT Scanner** purchased as part of joint radiology contract between Stawell and East Grampians Health Service

**Board of Management President** appointed to State Council of Board Chairs by the Minister for Health, the Honourable Bronwyn Pike

**Partnerships** enhanced through shared key administrative positions between Stawell Regional Health and East Grampians Health Service

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# Quality of Care Board of Management Report

On behalf of the Board, it is once again our pleasure to present the combined Quality of Care/Annual Report for the year ended June 30, 2006. Whilst this is the fourth year the combined reports have been presented in this format, it was last year's report that has been acknowledged and recognised by the Health Minister Bronwyn Pike. In October last year the Minister announced the report had won the Rural Category for the Best Quality of Care Report for 2005 and presented a \$10,000 cheque to the health service.

We again thank and acknowledge all staff of the health service for contributing to the success of last year's report.

### **Hospital Redevelopment**

The third and final stage of the hospital redevelopment, which commenced in May 2001, concluded in December 2005. This third stage received a \$400,000 grant from the State Government towards the total cost of \$720,000.

The health service now has first class facilities for a medical library, staff locker room, mortuary and inter-connecting walkway between the main hospital building and allied health building. A particular benefit of this stage was the building of an excellent staff education centre, which is not only extensively utilised by Stawell Regional Health staff, but also by external groups for training and fundraising events.

### **Stawell Health and Community Centre**

The Board has continued to actively support this initiative in partnership with the Grampians Community Health Centre, Northern Grampians Shire and Department of Human Services. Whilst it was a disappointment that the project was not funded in the 2006 State budget, the Board is committed to working with its partners to establish a facility in Stawell for the co-location of a broad range of primary and community health personnel.

This would enhance the continuum of an integrated health care system for the residents of Stawell and district that would be consistent with the State Government objective of having a person-centred health care service in community settings.

### **Strategic Plan**

The Board, at least quarterly, formally reviews the progress of advancing the seven (7) strategic objectives detailed in the organisations current strategic plan. The Board wishes to particularly highlight the following issues advanced during the past year.

- Agreement with Eventide Homes Stawell on achieving a better balance of access to residential aged care services in Stawell
- Increased the attendance at the Bennett Centre for Community Activities by 3.1%
- Whilst retention and recruitment of clinical staff will remain an ongoing challenge for the health service, it is of note that:
  - Nurse recruitment included two (2) nurses from Canada and South Africa
  - Two new GP's commenced early 2006
  - Allied Health division is fully staffed which included the new position of Health Promotion Officer which commenced in February 2006
- Implemented simplified billing system in January 2006 to ensure patients who choose to be treated as a private patient, will have no "out of pocket" expenses

### **Accreditation**

The hospital section of the health service was formally surveyed by the Australian Council of Health Care Standards in March 2006.

The Board is delighted to report that, as a result of that survey that Stawell hospital has been accredited for the maximum



period of four (4) years, maintaining an enviable record of being continuously accredited since 1984.

The Board acknowledges and congratulates all staff on this excellent achievement.

The Macpherson Smith Nursing Home is scheduled for its accreditation review in September 2006. Under the leadership of our recently appointed Unit Manager Jason Laverack, we are confident that a successful outcome will be achieved.

## **Radiology Services**

The Board have committed a large amount of time and resources during the past two years in formulating a sustainable sub-regional radiology service. Significant progress has been made, in partnership with East Grampians Health Service and the clinicians servicing both the Ararat and Stawell communities. The outcome has included the appointment of a common Radiology Group – Western Medical Imaging (Ballarat) in July 2005, appointment of additional staff and maintenance of all modalities in each community supplemented by enhanced modalities; ultrasound in Ararat and CT in Stawell.

A new six (6) slice CT scanner will be available in Stawell during August 2006. This new piece of equipment is being made available due to the financial contribution by the Stawell Hospital Foundation.

## **Board of Management**

The Board publicly acknowledged the contribution of Mrs. Meg Blake (28 years) and Dr. Norman Castle (25 years) at last year's annual meeting by presenting them with a "letter of thanks", under Seal, the last Board meeting they attended was in October 2005. We again record our sincere thanks to Mrs. Blake and Dr. Castle for past and ongoing support of our health service.

The Board was delighted to welcome Mr. David Stanes to the Board, having been appointed to that role by the Minister for Health in October 2005. Mr. Peter Martin was appointed to the Council of Board Chairs by the Minister for Health and attended his first meeting in July 2005.

## **Grampians Health Alliance (GHA)**

The membership of the GHA expanded during the current year and now includes East Wimmera Health Service and Beaufort and Skipton Health Service in addition to the founding members of East Grampians Health Service (EGHS) and Stawell Regional Health.

These four health services have a commonality of interest and will continue to implement agreed strategies to maintain and expand access to health services by the communities of the GHA.

The Board wish to highlight the four (4) positions shared with EGHS which were formalised during the past twelve months:

- Director Finance : Mark Knights
- Director of Support Services : Stuart Kerr
- Human Resources : Sharnie Digby
- Chief Radiographer : Michael Muirhead

We congratulate these four persons on being appointed to these shared positions and acknowledge the added challenges of working between two communities.

## **Dr. Norman Castle OAM**

The Board was delighted, in partnership with the Northern Grampians Shire Council, to host a dinner in October 2005, to thank Dr. Castle for his 50 years of continuous service to the Stawell community. The fact that Dr. Castle's family and colleagues were able to attend this dinner made it a special occasion for all who attended. Also during the year, Dr. Castle was one of twenty-six rural Victorian Doctors who received forty year service awards from the Rural Workforce Agency Victoria.



## Acknowledgements

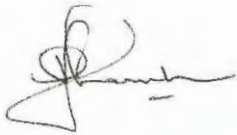
All involved at Stawell Regional Health acknowledge the ongoing support and assistance it receives from a large number of groups and individuals as we strive to achieve our corporate mission.

In particular, we wish to thank Mary Quinn and Vic Gordon from the Department of Human Services Ballarat Office, for their significant involvement and support of this health service.

## Conclusion

At the time of finalising the report, the Board had approved the Chief Executive's request to accept a six (6) month contract appointment as General Manager of the Wagga Wagga Hospital, commencing July 2006. We wish Michael all the best with this appointment and look forward to his return with additional health management skills gained from his time at Wagga Wagga.

The Board were delighted to promote Claire Letts to Acting Chief Executive and Enid Smith to Acting Director of Clinical Services during Michael's six month absence.



Peter Martin : President



Michael Delahunty : Chief Executive



## Board of Management



Peter Martin  
Retired School Principal



Kaye Harris  
General Manager Business & Management



Neville Dunn  
Branch Real Estate Manager



Joan Brilliant  
General Manager Coach Tour Company

### Board Representation on Sub-Committees

	<i>Peter Martin</i>	<i>Kaye Harris</i>	<i>Joan Brilliant</i>	<i>Howard Cooper</i>	<i>Karen Douglas</i>	<i>Neville Dunn</i>	<i>Gary Thomas</i>	<i>Graeme McDonough</i>	<i>David Stanes</i>
Executive	*	*	*						
Quality Improvement	*				*			*	*
Grampians Alliance	*	*							
Audit	*		*			*	*		
Governance	*	*		*	*			*	
Occ Health & Safety								*	*
Risk Management	*				*		*		
Fundraising		*		*		*			*
Foundation			*						



Howard Cooper  
Primary Producer



Karen Douglas  
Primary Producer



Gary Thomas  
Managing Principal  
Accounting Firm



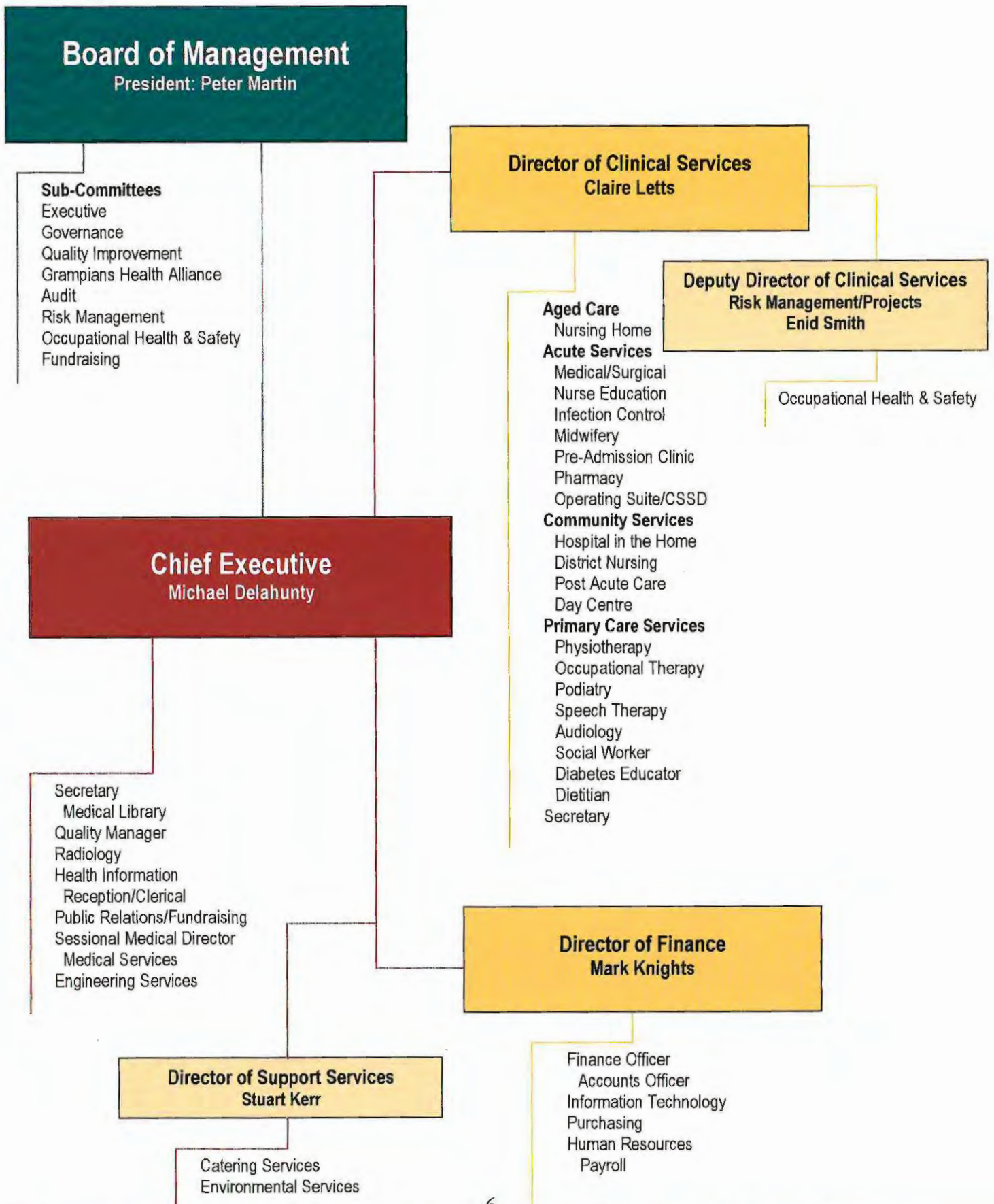
David Stanes  
Business Manager



Graeme McDonough  
Retired



# Organisational Structure





## Certificate of Appreciation



Each year the Board of Management presents either a Life Governorship or Certificate of Appreciation to community members for their valued support to the health service and long serving staff members in excess of thirty years. This year the recipient is Dr. Peter Graham, whose expertise is echocardiograms. With the assistance of his wife Phyllis, he has been providing this essential service to the Stawell community for a number of years.

## Staff Long Service Awards

Each year, in recognition of long and valued service to the health service, the Board of Management presents long service awards to staff members. The following are recipients of this years awards:

### Certificate of Appreciation

Dr. Peter Graham

### 25 Years Gold Watch

Ann Bibby  
Dawn Blackman  
Avis Davis  
Di Perry  
Barb Savage  
Shirley Summerhayes  
Mary Teasdale

### 20 Years

Carol Christian  
Sue Fontana  
Yvonne Harding  
Robyn Kalms  
Leonie McLaughlin  
Sarah Warren

### 10 Years

Jane Graversgaard

### VALE

Morris Morgan **Robson**  
March 19, 2006 – aged 95 years  
Life Governor



## Evaluation and Distribution

Limited anecdotal feedback was received about last year's report even though a request for feedback was included at the back of the report asking for suggestions. Evaluation of this year's report will be more formalised.

Approximately fifty local organisations/services/clubs were contacted by mail requesting suggestions of what 'they would like to read about' in this year's report. In addition to the mail out, an advertisement was placed in the local newspaper over a six week period on a fortnightly basis, requesting suggestions. Staff across the organisation were also asked for their input. Three suggestions were received and have been incorporated into the report.

The previous year's report was distributed widely throughout local and regional communities, other health services, local service clubs/groups, at the facility's Annual General Meeting and on the health service website. The hardcopy report was displayed at all reception areas throughout the organisation. It was also displayed in this format and on CD at the Graduate Nurse Career's Expo at Ballarat University on May 16 this year. The CD's have also been incorporated into recruitment packages when the facility has received expressions of interest from potential new staff.



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## Participation in your health

On February 14, 2006, the 'Doing it with us not for us' - Participation in your health service system : Victorian consumers, carers, and the community working together with their health services and the Department of Human Services (DHS) policy was launched. The policy provides strategic direction on consumer, carer and community participation in healthcare across Victoria. It targets how people can be involved across different levels of their own care.

As well as providing a definition of participation, an assessment of why we value participation and evidence of the benefits of participation, it also includes a minimum set of participation indicators. All Victorian Health Services must report against these indicators to DHS over the next few years (2006-2009).

This facility developed an interim plan in November 2005. With the official launch of the policy in February, the internal implementation plan has been reviewed to encompass a staged introduction process whilst addressing the most common risks and limitations of indicators.

During the 2005/2006 reporting period, this facility is required to report against five indicators. Three of the indicators are not applicable to our size health service. One of the remaining two indicators relates to at least five key measures that should be reported annually in the Quality of Care Report. This facility has identified a minimum of five key measures to report on annually as documented in the minimum reporting requirements. These measures can be found in the Quality, Safety and Risk Management section of this report. The remaining indicator relates to consumer participation in decision making about their care and treatment. This is assessed externally by the Victorian Patient Satisfaction Monitor (VPSM). The health services most recent results (September 2005-February 2006) for two indices (General Patient Information and Treatment and Related Information) show that we rate above the Hospital Category C current Wave Average Score. (Figure 4), page 22.



## Home and Community Care

The Home and Community Care (HACC) Cultural Action Plan (CAP) was reviewed and revised in October 2005. The purpose of this plan is "to assist agencies to meet the needs of the HACC target group from culturally and linguistically diverse (CALD) backgrounds. The CAP identifies activities already taking place and assists with planning and prioritising activities to meet the future needs of the target population". The Plan is reviewed annually.

The Plan comprises 5 key areas. All have aims, actions, status, timelines for action, a person nominated with responsibility to ensure actions occur, and performance measures to compare against.

The key areas include:

- Finding out about/promoting the service
- Identifying the needs of CALD communities
- First point of contact and access
- Training and induction process
- Management responsibility

The facility target groups for this plan are:

- Isolated farming communities
- Koori population
- The isolated and/or out of town people who are eligible for HACC services, such as the planned activities group

(PAG those that attend the Bennett Centre for Community Activities)

The activities which form the plan are achieved through:

- Community consultations
- Bi-monthly client/carer meetings
- Brochures readily available and on display
- Distribution of monthly diary of PAG activities
- Newspaper advertising for activities and health promotions
- HACC service provider meetings
- Providing wheelchair access
- Displaying staff interpreter guidelines at reception areas
- Delivering mainstream outreach health services
- Information of CAP included in orientation of new staff (commenced 06/06)
- Information on the revised plan disseminated to all staff
- The CAP being visible on the hospital intranet site (commenced 12/06)

The plan is due to be updated at the end of this year.

### Cultural Diversity

The organisation is currently developing a Cultural Diversity Plan.



# Our Indigenous Community

There are a total of 1,697 indigenous persons (8.1 per 1000 population) in the Northern Grampians Shire. (Source - Grampians Regional Aboriginal Services Plan 2004-2007). There are approximately 80 indigenous people living in the Halls Gap/Pomonal area.

Many of the people have difficulty accessing quality care owing to physical isolation and lack of transportation. Under a Commonwealth funded programme, Stawell Regional Health has been delivering the following services from the Budja Budja Cooperative in Halls Gap since January 2003:

- Physiotherapy
- Podiatry
- Family Counsellor (provided by Grampians Community Health Centre (GCHC))
- Community Health Nurse (provided by GCHC)
- Speech Pathology
- Dietetics
- Diabetes Education
- Occupational Therapy

To enable equitable access, these services are provided at no charge to the community.

The 2005 evaluation of the Commonwealth programme "Strengthening Rural Communities" supported the concerns of the auspicing agencies that the programme was not having the desired impact on indigenous health issues in our local region.

In the past twelve months there has been a significant amount of work directed at developing a strategy to address the continued inequities in health outcomes and the lack of access to mainstream health services. This has included meeting

with representatives of Budja Budja Aboriginal Co-operative, Stawell Regional Health, Grampians Community Health Centre, the Commonwealth Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health and regional and metropolitan offices of the Department of Human Services.

In partnership with Budja Budja Aboriginal Co-operative, the Office of Aboriginal and Torres Strait Islander Health and the Commonwealth Department of Health and Ageing, Stawell Regional Health is auspicing a male Indigenous Community Health Development Worker to work with the indigenous community of Halls Gap. This position will work in partnership with the female Koori Community Health Development Worker working in Stawell and Halls Gap.

Key activities to be performed by the Community Health Development Worker will be:

- Needs assessment and subsequent development of a new Health Plan for the indigenous community
- Development of an 'access plan' that will include direction for mainstream health service providers to provide culturally safe access to services
- Organise services and activities that support the district's indigenous men and their communities with the goal of improving their health status. This may mean working on areas such as education, housing, family violence and justice provision
- Act as a resource/referral person to appropriate health and welfare services

It is anticipated this position will significantly enhance the health outcomes of indigenous people in our community.



## Staff Skills and Credentials

Quality patient outcomes are clearly linked to the skills and competencies of the staff providing your care. The health care service has a duty of care to ensure all staff involved in your clinical care have been adequately educated and assessed as competent to perform their role and specialised service.

When clinical staff are appointed, all are required to produce evidence of registration from their specific Registration Boards. Registration means that the professional colleges acknowledge the clinicians as qualified and with specific skills to undertake certain roles.

On an annual basis nursing staff at Stawell Regional Health must provide proof of registration with the Nurses Board of Victoria. Allied Health staff, such as Physiotherapists and Podiatrists must be registered with their respective Boards.

Earlier this year the Nurses Board of Victoria developed a discussion document that outlines a proposal to introduce a compulsory Continuing Professional Development (CPDP) Programme for Victorian registered nurses and midwives. This will link to annual registration. The Nurses Board of Victoria believe that the CPDP will help ensure nurses are up to date with current practice and the changing demands within the profession.

All medical staff undergo a credentialing and privileging process. In 2006 Stawell Regional Health adopted the Department of Human Services (DHS) guidelines "Credentialing and Privileging (defining the scope of clinical practice) for Medical Practitioners in Victorian Rural Health Services". The credentialing process has become more robust with the development of a Credentialing Committee across the region. Expert representation, relevant to the field of the medical practitioner being assessed, will participate in the credentialing panel. The process is overseen by the Regional Director of Medical Services. We are confident that

with the addition of the new processes our systems in this area are now more rigorous than ever, benefiting you, the patient.

Throughout the year nursing and allied health staff undertake training in a number of competencies to ensure current knowledge and actual bedside skills. Some of these include:

- Basic and Advanced Life Support
- Intravenous Cannulation
- Infection Control
- Medication Calculations
- Administering Cytotoxic Agents
- Management of Central Venous Catheters
- Epidural Management
- Cardiococograph (CTG) Interpretation

### Educating Your Carers

The education of staff is linked closely to skill development and the credentialing processes. We invest in our staff through paid leave, support for tertiary course education and a comprehensive inhouse training programme.

In 2006, our first student commenced the Graduate Diploma of Midwifery with Monash University. This allowed the student to remain in Stawell for the major part of their education whilst attending other larger organisations for training in more specialised areas. Additionally, in the area of Midwifery we have conducted a workshop on Emergency Midwifery, Neonatal Care and CTG readings.



Our anaesthetists and operating room nurses have attended an intensive two day workshop at the Anaesthetic Simulator in Melbourne. This helps ensure their current skills are assessed as competent in their field.



# Credentialing and Certification

Our Education Department co-ordinates and runs a large inservice programme, including comprehensive induction to the organisation. As a minimum all staff have received training on:

- Fire Safety
- Resuscitation
- Infection Control
- Risk Management
- Occupational Health and Safety
- Workplace Values and Behaviours

In 2005/2006 five (5) experienced nursing staff completed an Advanced Diploma in Business Management in partnership with the Grampians Region DHS, supported with paid leave by the health service.

## Reward and Recognition

In 2005 an internal Staff Reward and Recognition programme was introduced. Staff members are nominated by their colleagues as having achieved excellence in one or more of the core values of the organisation, as listed on the front inside cover of this report.

We are proud to present to you the recipients of this award for 2005/2006.

### March

Sarah Warren  
Quality Assurance

### June

Michael Hosking  
Payroll Services

### November

Phyllis Humphrey  
Day Procedure Unit

### April

Wayne Bannister  
Aged Care

### January/February

Anne Bibby  
Aged Care

### May

Philippa Norton  
Midwifery/  
Ante-natal Nursing

### December

Nicole Nicholson  
Catering & Environmental  
Services

*All these staff have provided premium quality care in their respective areas and are respected by their peers and manager for it.*



## Working in Partnerships

Stawell Regional Health operates under a philosophy of improving patient care. Service improvements and sustainability can be achieved through working in partnership with other organisations.

This is illustrated by the recently completed hospital redevelopments at Stawell and Ararat, who shared the same contractor to achieve better financial outcomes.

In 2006 joint appointments for Director of Finance, Human Resources Manager and Director of Support Services were made between Stawell Regional Health and East Grampians Health Service. This provides expert presence across both organisations while effectively managing costs.

The Grampians Health Alliance now consists of four health care organisations who are working together on a number of projects to achieve better outcomes.

In 2004 the alternating weekend "on call" programme for emergency surgery and birthing services commenced at Stawell Regional Health and East Grampians Health Service. This programme is currently under review and preliminary results are very positive.

The health service works closely with Grampians Community Health Centre, Budja Budja Aboriginal Co-operative, Northern Grampians Shire Council, and many other organisations.

Working in partnership with other health care providers now and in the future helps sustain the services this health service provides and develops opportunities for growth and sustainability in the future.





## Clinical Governance

***"Quality is consistently meeting the negotiated expectations of our customers and optimising their health outcomes in a cost effective manner"***

*Stawell Regional Health (SRH) has an ongoing commitment to improving the quality of its services.*

*We do this through our Quality Improvement Programme and maintaining Accreditation.*

The Board of Management has ultimate accountability for ensuring the health service is effectively and efficiently managed.

The framework of Clinical Governance ensures systems are in place to continuously improve the quality of health care through reducing risk and creating a culture in which best practice clinical care flourishes.

Some of the components of clinical governance include:

- Staff credentialing and privileging (what they are allowed to do)
- Monitoring of medication errors
- Collection and trending of complaints
- Ensuring external reviews such as accreditation are achieved.

In 2005 the Board of Management participated in a presentation outlining this organisation's Governance Framework.

In addition, many Board Members have received education through the Board of Management training sessions conducted on behalf of the Department of Human Services.

At this organisation, the Quality Improvement Committee is a sub-committee of the Board of Management. It is chaired by a Board Member and comprises clinicians, nurses, allied health and executive staff. This committee ensures clinical systems are well designed and their performance is monitored with identified issues actioned through systems improvements.

### Model of Clinical Governance



## Managing our Risks and improving safety ...

Safety of patients, staff and the community is critical to the quality of care. To enable this to occur, it is important that all board members, staff, patients/residents, carers and families know about identifying and reporting any risks so that they can be minimised to prevent serious events occurring. This also means that we must have good policies and procedures that provide clear direction on what to do if risks or events occur.

This year (2005/2006) we surveyed staff to identify staff perception of safety, teamwork, communication and openness, how management supported improvement of patient safety and how incidents are managed within the organisation. This survey was conducted prior to reviewing the health service incident reporting system. Fifty-eight staff from across the organisation were surveyed.

The key strengths arising from this survey highlighted that:

- 88% of responses indicated that management provided a climate that promotes patient safety
- 80% felt that mistakes have led to positive changes

- 78% felt that our procedures and systems were good at preventing errors from happening

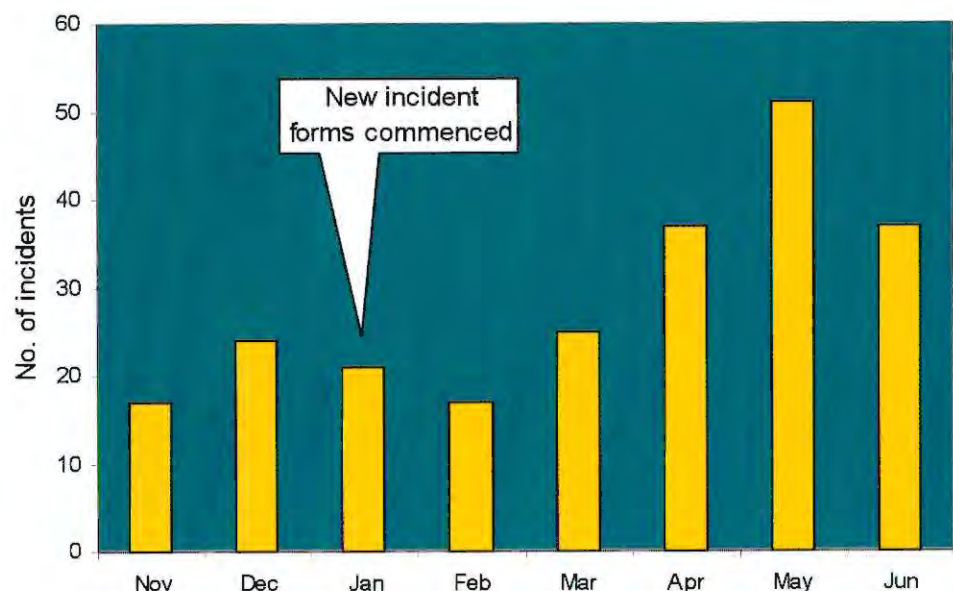
The health service still has some work to go on how staff perceive that mistakes may be held against them.

In 2006 a revised system for reporting incidents was initiated and now captures all incidents on the one form. This includes medication incidents and any Occupational Health and Safety incidents which had previously been reported separately. This has allowed a more comprehensive overview of all incidents in the organisation and an improved 'readiness' of staff willing to report risk in a more proactive manner. A repeat staff survey will be conducted later in 2006 to determine the impact of the changes made by introducing and educating staff on the new Incident Reporting System.

The number of monthly incidents at the beginning of the trial was approximately 25.

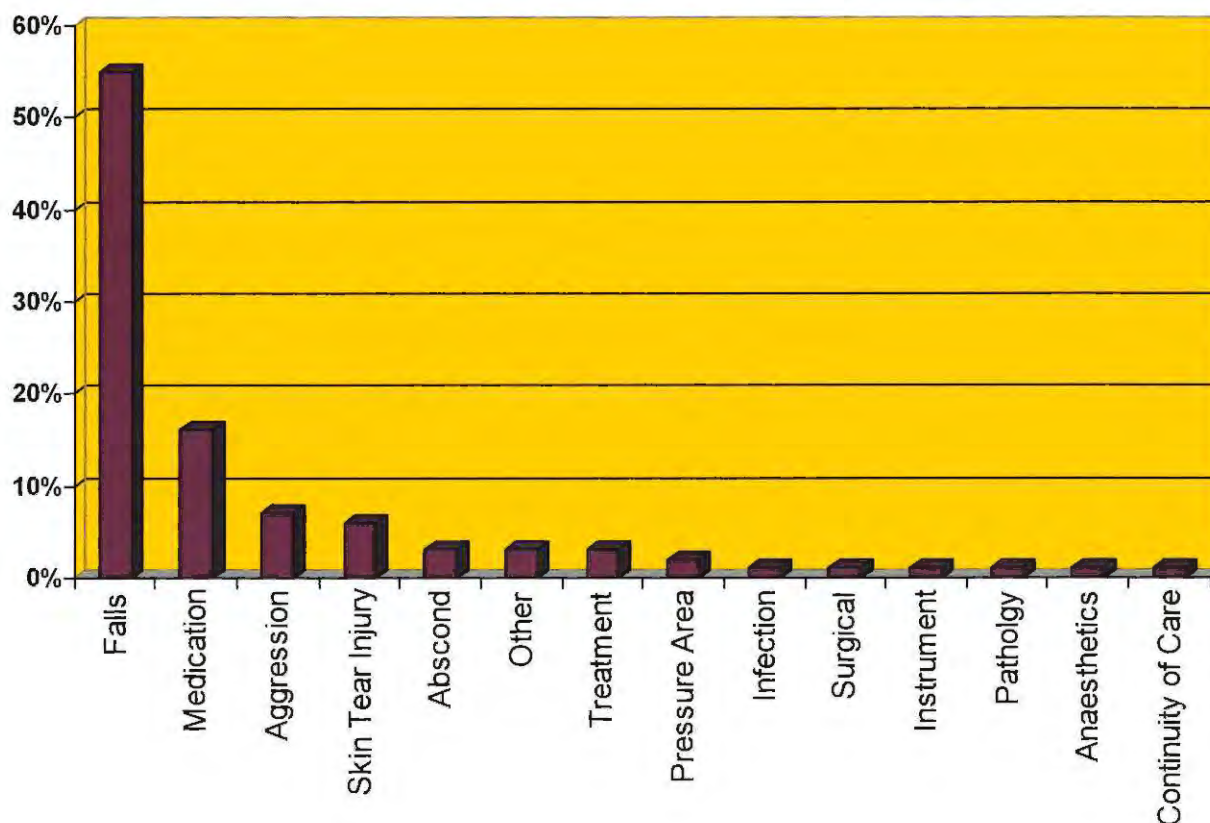
**Figure 1**

**Illustrates trends in incidents by month following education and review of incident reporting process.**



**Figure 2 Incidents by Category**

**Patient/Visitor Incidents (n=188) January - June 2006**



Of the 188 incidents 55% (n=104) were related to falls  
16% (n=31) related to medication errors  
7% (n=13) related to episodes of aggression (patient to staff or pt to pt)  
6% (n=11) related to a skin tear  
3% (n=6) related to patient absconding  
3% (n=6) related to treatment issues  
3% (n=5) related to other  
2% (n=4) related to pressure areas  
1% each was allocated to anaesthetics, infection, surgical, instrument, pathology and continuity of care

Staff were educated in how the revised reporting system was to work. This has also been supported by ongoing education for staff as they commence employment through orientation or as the need arises.

Board members have also received education on clinical governance which

highlighted many of the recent national and international adverse events occurring in health organisations.

Two of our staff have attended specific training on conducting a root cause analysis, to look at serious events in more detail.

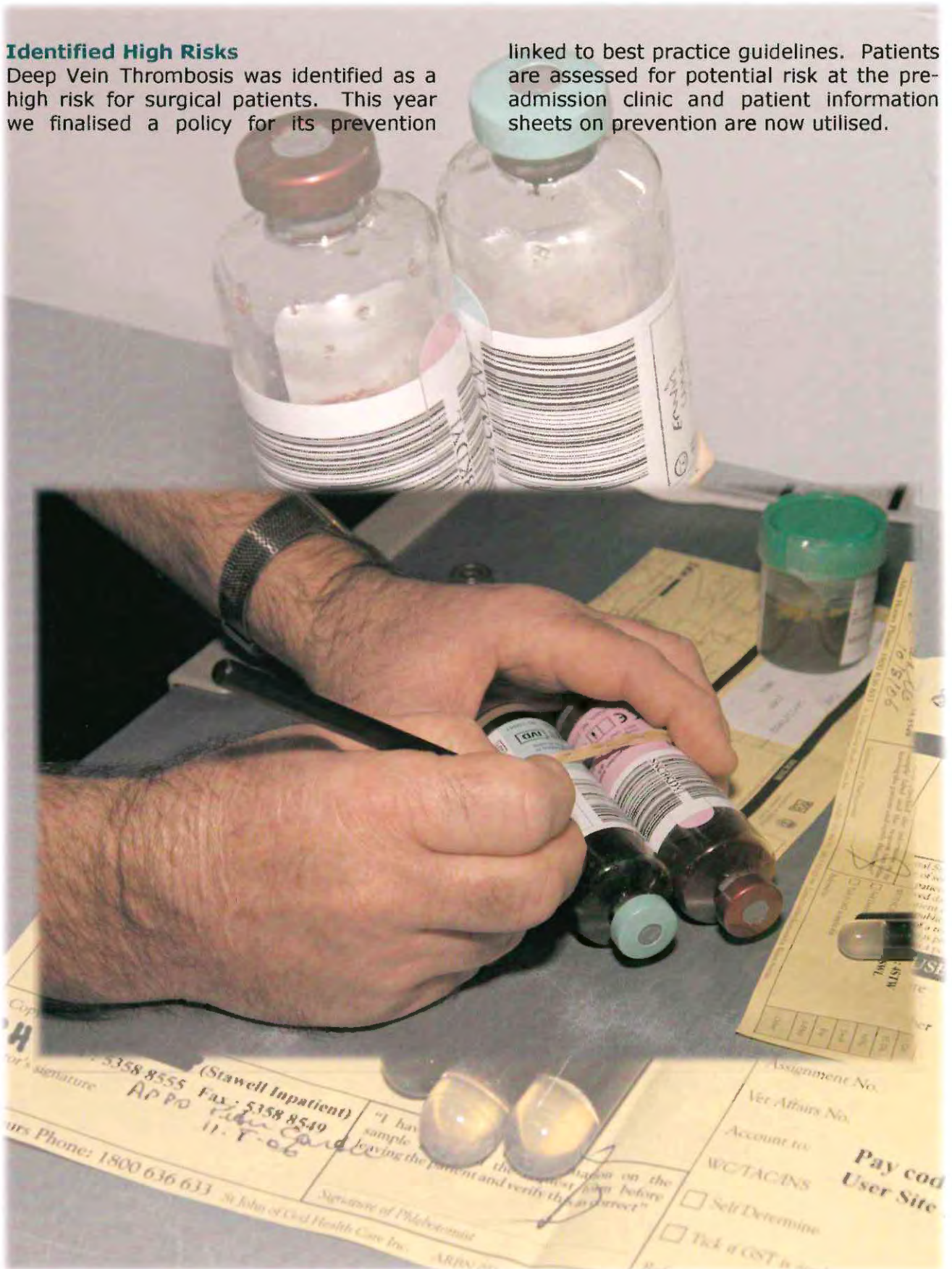


# Quality, Safety and Risk Management

## Identified High Risks

Deep Vein Thrombosis was identified as a high risk for surgical patients. This year we finalised a policy for its prevention

linked to best practice guidelines. Patients are assessed for potential risk at the pre-admission clinic and patient information sheets on prevention are now utilised.



Medication errors and management are high on the national agenda. Our policy on medication management has been revised and now includes all aspects of medication safety from prescriber's roles to storage, security and administration. Changes in the legislation have expanded the role of the Registered Nurse Division 2. If they have completed the medication course and are 'endorsed' they are approved to administer oral and topical medications in specific circumstances. Education of the role of all registered nurses in medication management has been undertaken to ensure that each is aware of his/her responsibilities.

The health service participated in the assessment of the use of blood and blood transfusions. This highlighted some improvements required in our policy. An education session from St. John of God Pathology staff on labelling and documentation of blood specimens was conducted in June this year. Later in 2006 further staff education is planned on grouping and cross matching. This was an identified high risk incident.

Security of the organisation for staff, patients, residents and visitors, has been a high risk priority on the risk action plan. An audit was conducted in March this year by an external consultant against the Australian Standard, 'Security for Healthcare Facilities'. An action plan to address recommendations has been developed and partially implemented.

The external consultant stated that:

***"Stawell Regional Health demonstrated to me that security is taken seriously by all staff that I interviewed during the audit"***

## External Monitoring

**Accreditation** is a process that requires external monitoring of our performance.

We are independently reviewed by a number of accrediting bodies. This is a requirement by the Victorian and Commonwealth Government for all health services.

The accreditation process enables us to compare and benchmark ourselves against set standards and to identify areas for improvement. We are continually looking at how we do things to improve our standard of care.

We have achieved and maintained accreditation with:

- Australian Council on Healthcare Standards (ACHS)
  - Full 4 year accreditation achieved in March 2006
- Aged Care Standards and Accreditation Agency (ACAA)
  - Accredited until October 2006
  - Site audit due September 2006
- Home and Community Care (HACC)
  - Successful review in 2003 (no review offered since)
- Department of Veterans Affairs (DVA)
  - Preliminary audit in 2005

## Clinical Data Reporting

The organisation also has a requirement to report on specific clinical data. This enables the health service to measure our performance against other health facilities. Examples of data reported on includes:

- Medical Record Coding (how we code a patients treatment for funding)
- Clinical Indicators

This health service also chooses to report Clinical Indicator Data (a measure of patient treatment/care) to the ACHS.



## Organisational Wide Survey

The health service's Organisational Wide Survey under the ACHS, Evaluation and Quality Improvement Programme (EQuIP) was completed in March this year.

Over two days in March three ACHS Surveyors assessed our compliance against criteria under five functions. In total we were assessed against forty three criteria, nineteen of which are mandatory. To maintain accreditation we had to achieve a Moderate Achievement (MA) rating for the nineteen mandatory criteria. We are pleased to inform you that not only did we achieve the required ratings, but achieved 'Extensive Achievement (EA) ratings (second highest achievable rating) for three criteria, two of which were mandatory.

The three criteria we achieved EA's for, were:

- Discharge Processes
- Information Technology Risk Management and
- Infection Control.

MA ratings were achieved for the following criteria:

- Clinical Governance
- Credentialing and Certification of Staff
- Risk Management and Complaints Management

We would like to share with you some comments made by the ACHS Surveyors:

*"Some excellent Health Promotion Programmes are well attended by the community."*

*"The strong team approach is to be commended."*

*"There is an excellent system for mandatory education for nursing and clinical staff."*

*"The executive management team of the hospital is praised for the changes introduced throughout the organisation utilising a consultative process. Major reforms have been made in the clinical nursing arena and the support staff environment."*

*"There have been some very good results in workplace health and safety over the past few years. The Surveyor commended SRH for these excellent results."*

We welcomed the Surveyors making two (2) recommendations on where improvement could be made. A number of suggestions were also made which will be discussed, actioned and reported on at appropriate committee meetings to improve our standard of care and services.

## Quality of Care Award

Last year this organisation's "Quality of Care Report" won the 2005 Rural Category for the Best Quality of Care Report. The award was presented by the Minister for Health, Bronwyn Pike at a function on Friday October 21, 2005. In presenting this award, the Minister stated:

*"The report demonstrated a high standard across all the assessment criteria and a commitment to improving the quality and safety of health care for your consumers. The clearly written style of your report, the range of qualitative and quantitative information, and the way you have involved your community and staff, impressed the assessment panel members. How the report is distributed to your community and evaluated is of equal importance."*



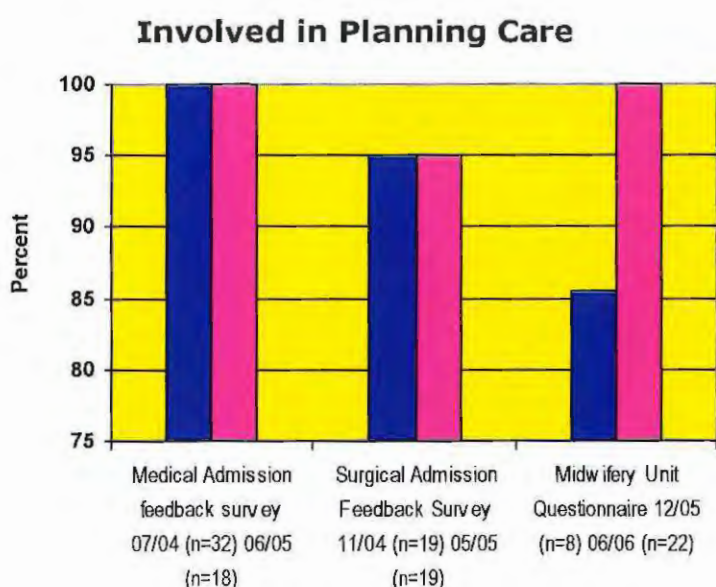
The award which had, as part of its prize, a \$10,000 grant was utilised by the health service to purchase digital projection equipment for the new onsite multipurpose education centre. All staff were congratulated on this achievement.

## Internal Monitoring of Performance

Feedback is sourced through a number of internal avenues. These include satisfaction surveys and the Suggestion, Complaint, Compliment process. Our performance is also measured through our Risk Management Programme, Clinical Pathway Variance Analysis and hospital department audits. We encourage patients to be proactive in their care and encourage their feedback.

Figure 3 demonstrates that patients believe they are involved in planning their care during their hospital stay. Comparison results for 2005 and 2004 are illustrated.

**Figure 3**



## Victorian Patient Satisfaction Monitor (VPSM)

A monitor involving all Victorian Public Hospitals re-commenced in March 2005. All patients who stay overnight in a Victorian public hospital are eligible to participate. We encourage all patients to be part of this worthwhile survey. A 'Refusal to Participate' form along with a 'Participant Information Sheet' and brochure is given to every patient at each admission contact.

Figure 4 (page 22) highlights our results for the second round of this monitor. It also highlights our hospitals results for each index and compares these results to the average of same category hospitals and the statewide sample.

## Suggestions/Complaints/Compliments

Suggestion, Complaint, Compliment (SSC) Forms/envelopes and post boxes are available at five reception locations throughout the health service. They are also available in the Bennett Centre for Community Activities, the Macpherson Smith Nursing Home and the Day Procedure Unit Waiting Room.

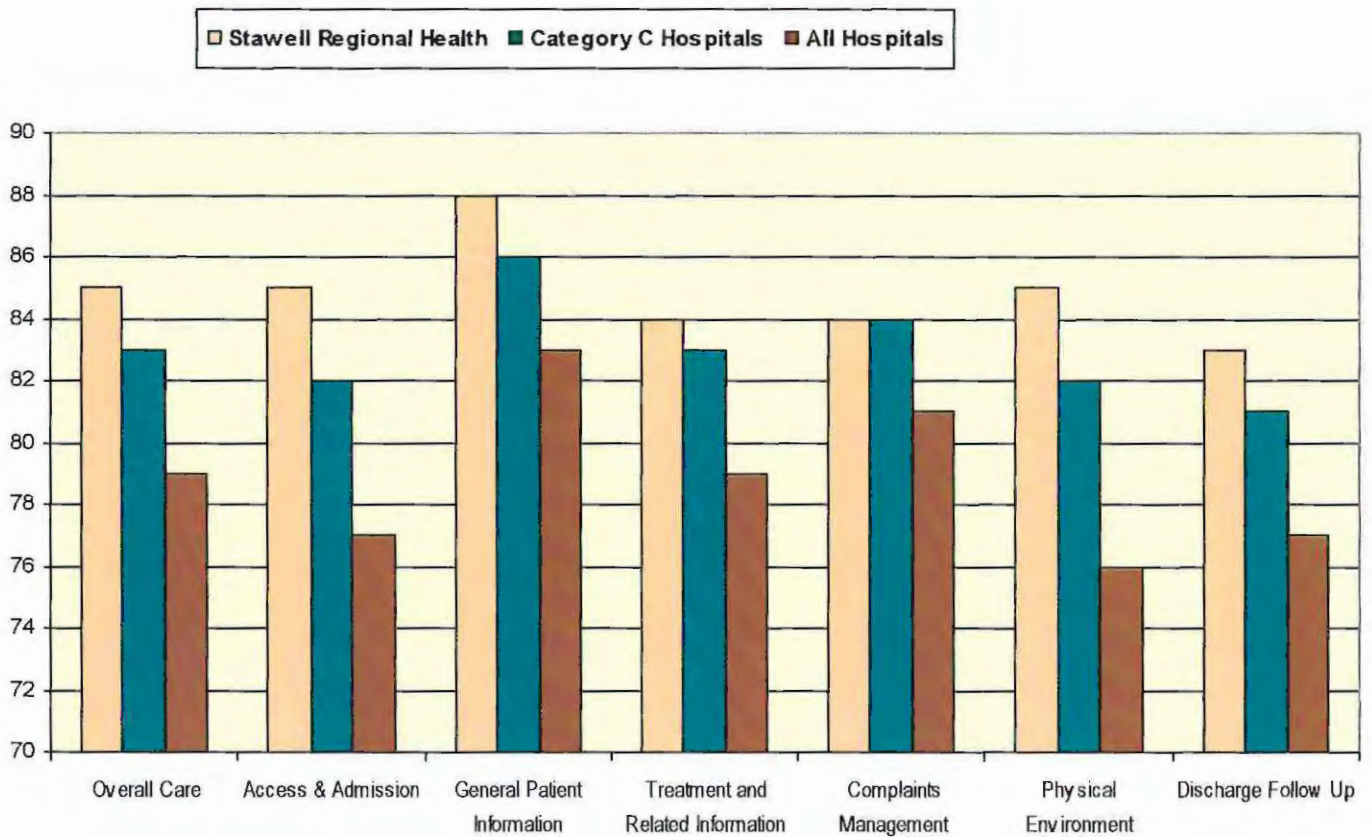
Formal complaints and suggestions are reported to the bimonthly Quality Improvement Committee. Compliments are highlighted at the monthly Leadership Team meeting.

Figure 5 (page 24) shows the percentage of patients who believe they were provided with information about the way in which they could make a formal complaint. Results are from the Victorian Patient Satisfaction Monitor and compare SRH results (six months ended February 2006) to the Hospital Category Average and State Average.



**Figure 4**

**Summary Results : Benchmark data comparing Stawell Regional Health with Category C and Statewide hospital benchmarks**



**Data Source : Ultra Feedback, VPSM – September 2005 to February 2006**





# Quality, Safety and Risk Management

## Complaints:

In 2005/06 a total of thirty-nine issues were identified from twenty-six formal complaints. The issues related to:

- Access
- Amenities
- Atmosphere
- Communication
- Cost
- Delay in treatment
- Failure to consult
- Privacy
- Treatment

All formal complaints are responded to in an equitable manner and issues addressed ideally within 30 days from the date of receiving the complaint. Staff education/counselling, purchase of new equipment and improved appointment making processes are some of the outcomes of these complaints.



## Performance Measures

Turn around time for addressing, investigating, responding and finalising complaints within 30 days rated at 80%.

Our 'Complaint' process was also reviewed against the National Best Practice project. 'Turning Wrongs into Rights' Better Practice Guidelines and Indicators. As part of this process policy review was undertaken and completed.

All complaints data is de-identified and logged electronically onto the Health Complaints Information Programme. This process commenced July 2005. The first six monthly report on trends was sent to the Health Complaints Commission in December last year and presented to the Quality Improvement Committee in January this year.

## Compliments

Twenty three (compared to 25 last year) written compliments were received from patients thanking staff for the care,

treatment and service during their hospital stay. In addition to this many thankyou cards were received from patients, relatives and visitors as well as students on placement.

## Suggestions

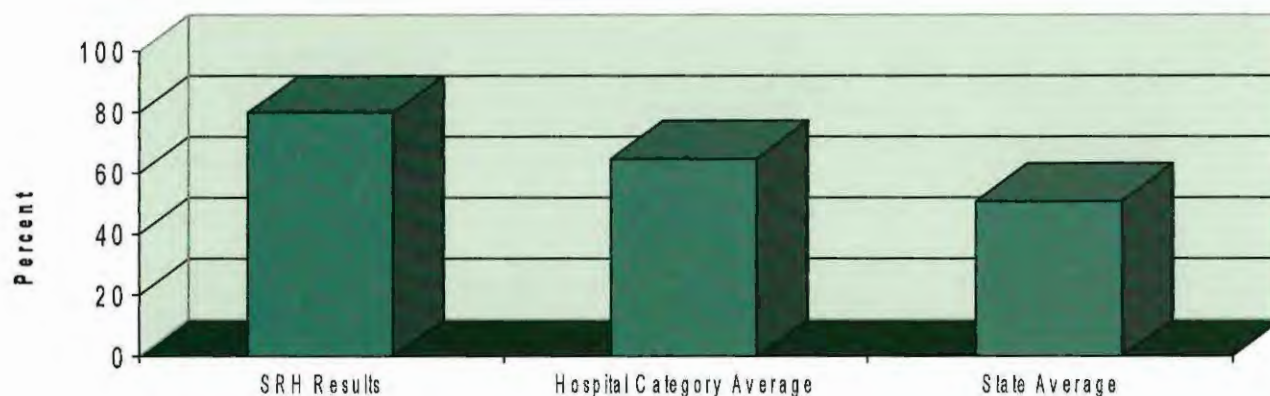
During 2005/06 eleven suggestions (compared to six last year) were received on the SCC forms. The suggestions on these forms related to:

- Patient Care
- Accessing Occupational Therapy prior to Hand Surgery
- Signage
- Entertainment for Children who are Patients and
- Staff Education

Additional signage and staff education are some of the outcomes of these suggestions.

Figure 5

"Provided with enough information to make a formal complaint"



Data Source : Ultra feedback : VPSM results – six months ended February 2006



## Infection Control

The health service has three staff members with Infection Control qualifications. The Infection Control Practitioner is also an accredited Nurse Immuniser and is a Department of Human Services (DHS) certified Pre and Post HIV and Hepatitis C test councillor.

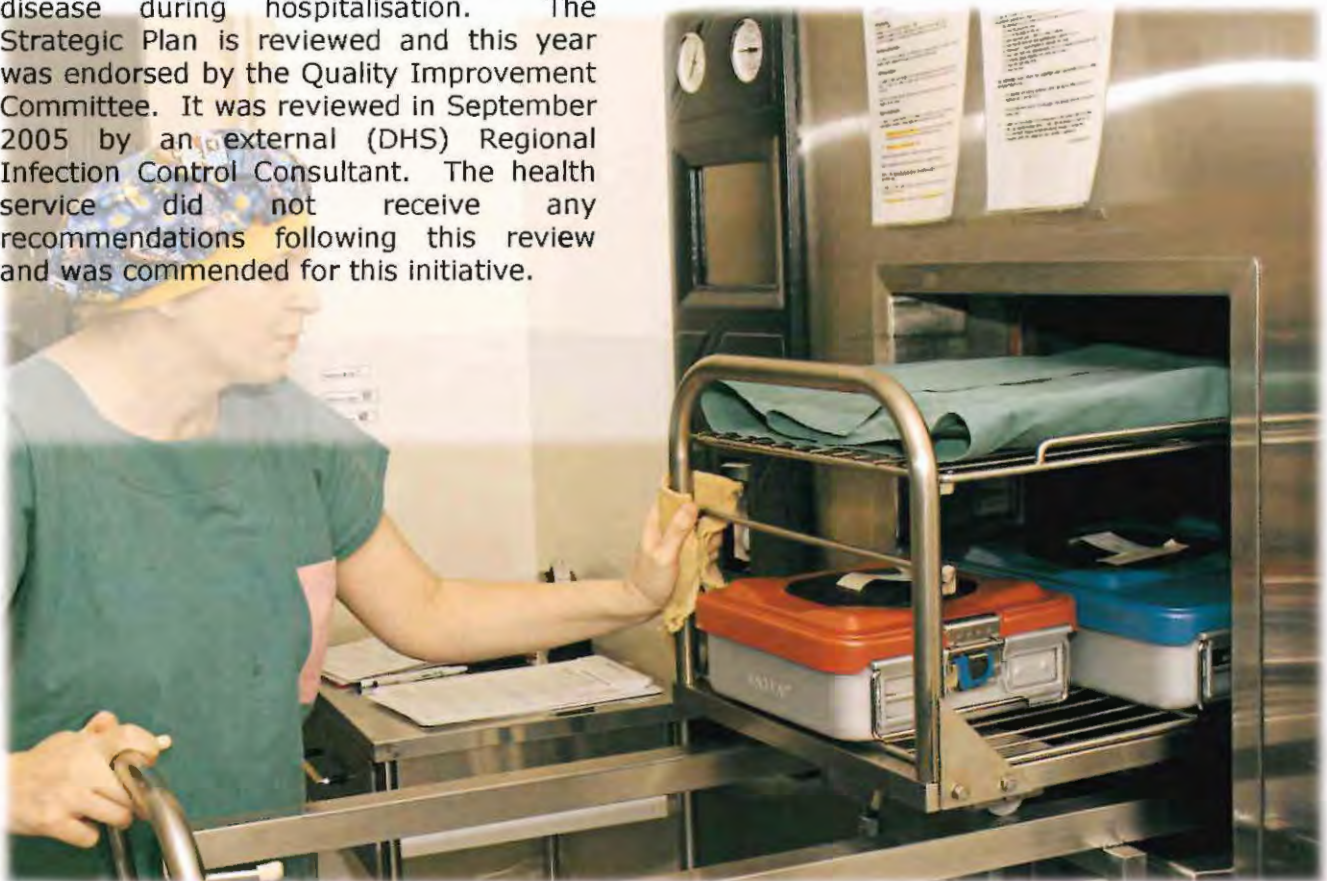
An annual Infection Control Programme is developed by the Infection Control/Theatre Committee. It is essential for monitoring and providing a safe and pleasant environment for all patients, residents, staff and visitors.

The Infection Control (IC) Programme requires commitment and support from the Board and all staff within the organisation.

Every year a Strategic Plan is developed to assess, identify and implement procedure/policies to reduce the risk of acquiring an infection or communicable disease during hospitalisation. The Strategic Plan is reviewed and this year was endorsed by the Quality Improvement Committee. It was reviewed in September 2005 by an external (DHS) Regional Infection Control Consultant. The health service did not receive any recommendations following this review and was commended for this initiative.

Infection Control is complex and involves many areas of the hospital environment. The Strategic Plan covers:

- Food safety
- Cleaning standards
- Monitoring of the cleaning and sterilising of surgical instruments
- Surgical site infections
- Staff immunisation
- Waste management
- Micro-organisms identified in specimens
- Antibiotic usage
- Hand hygiene
- Risk assessments
- Outbreak management
- Blood borne infections
- Urinary tract infections
- Developing and reviewing policies and procedures to reflect current standards, regulations and legislation.



## Is our Strategic Plan working?

### Risk Assessments

Audits and surveillance are conducted to identify practices/issues/risks/policies that do or do not comply with current standards, regulations, best practice and occupational health and safety requirements.

Each month the health service conducts an "Infection Control Risk Assessment" audit of different departments/wards within the organisation. Audit results are benchmarked with other health services in the Grampians Region, to 'identify a potential problem before it becomes an active problem'. The audit tool was developed using the current standards and best practices guidelines.

In February this year a new audit tool was introduced enabling the health service to benchmark state wide.

Table 1 depicts different areas/wards at the health service in which risk assessments were conducted over the last three years. The table compares Stawell Regional Health results to the Grampians Region Infection Control Group (GRICG) results.

All surveillance/audits are reported back to the head of the department with an 'Action Plan'. Action Plans are signed and dated when the action has been implemented. All surveillance/audit reports are tabled at the Infection Control Committee and the Quality Improvement Committee, sub-committees of the Board of Management.

**Table 1**

Areas in which Risk Assessment were conducted	2004 Results		2005 Results		2006 Results	
	SRH	GRICG	SRH	GRICG	SRH	GRICG
Clinical Areas	84%	86%	92%	92%	97%	93%
Maternity	94%	90%	96%	97%		
Food Services	85%	87%	76%	92%	90%	N/A
Environmental Services	97%	91%	93%	93%	89%	N/A
Operating Suite	98%	94%	98%	96%	N/A	N/A
Clinical Waste	89%	84%	84%	92%	90%	N/A
Endoscopy Service	94%	96%	96%	97%	96.3%	N/A
Maintenance Department	87%	89%	89%	94%	91%	93%
Sterilising Department	94%	93%	98%	96%	96%	N/A
Aged Care	95%	86%	75%	92%	85%	93%





regulations. We are pleased to report the organisation complies with this requirement.

### A clean environment

The health service also conducts internal cleaning audits, using the Cleaning Standards audit tool. The health service is also audited annually by an external auditor. The DHS cleaning standard target rate is to obtain a score of 85%. This health service has exceeded the standard for the past four years as depicted in Table 2.

### Food Safety

Food safety is another significant feature of the organisation's infection control programme. All health services must undergo an annual external audit to measure compliance with food handling

**Table 2**

Type of Audit	2002	2003	2004	2005	2006
DHS External Audit	80%	98%	99%	99%	99.8%
Internal Audits	87%	97%	96%	97.4%	N/A





In July this year the health service is participating in Stage 2 of the hand hygiene project.

### **Extensive Achievement (EA)**

At the Organisational Wide survey in March this year, conducted by the Australian Council on Healthcare Standards (ACHS), this health service achieved an EA (second highest) rating for mandatory, Safe Practice and Environment criteria - *'The infection control system supports a safe practice and a safe environment'*.

Three extracts from the Accreditation Survey report are highlighted below:

*'The surveyors commended the cleaning staff for the excellent results achieved.'*

*'The registered nurse responsible for the infection control programme is commended for the introduction and ongoing management of the challenge quiz that tests staff knowledge...'*

*'The pilot implementation of low chemical based cleaning products supported and monitored by cleaning audits illustrates the key role played by the service within the organisation and the use of microbiology results to enhance and improve the service - resulting in Stawell Regional Health being a leader in new cleaning technology systems throughout health in Australia.'*

### **Hospital acquired infections**

In 2004 Stawell Regional Health joined the Victorian Nosocomial Infection Surveillance System (VICNISS), which benchmarks health services infection rates on a state wide level.

### **Hand Hygiene Project**

Victorian hospitals have been asked to participate in the 'Hand Hygiene Project' which is an initiative of the Victorian Quality Council. The project will be rolled out in a number of stages during 2006. The aim of the project is to improve hand hygiene in health services as poor hand hygiene practices amongst healthcare workers is known to be one of the largest factors associated with hospital acquired infections.



## Medication Safety

Stawell Regional Health collects data from doctors, nurses and pharmacists regarding medication incidents in the hospital and nursing home. As soon as possible after an incident has occurred, a report is completed and submitted for review by the Risk Manager, Director of Pharmacy and Nurse Unit Manager. Further review is then undertaken by the Drug Incident Working Party (DIWP). The working party is a multidisciplinary team which meets quarterly and reports to the Pharmaceutical Advisory Committee. The purpose of the group is to review the incidents and make recommendations regarding medication related matters.

In the past year, recommendations from the working party and a review of policies and procedures have led to changes in practices and impacted on medication safety.

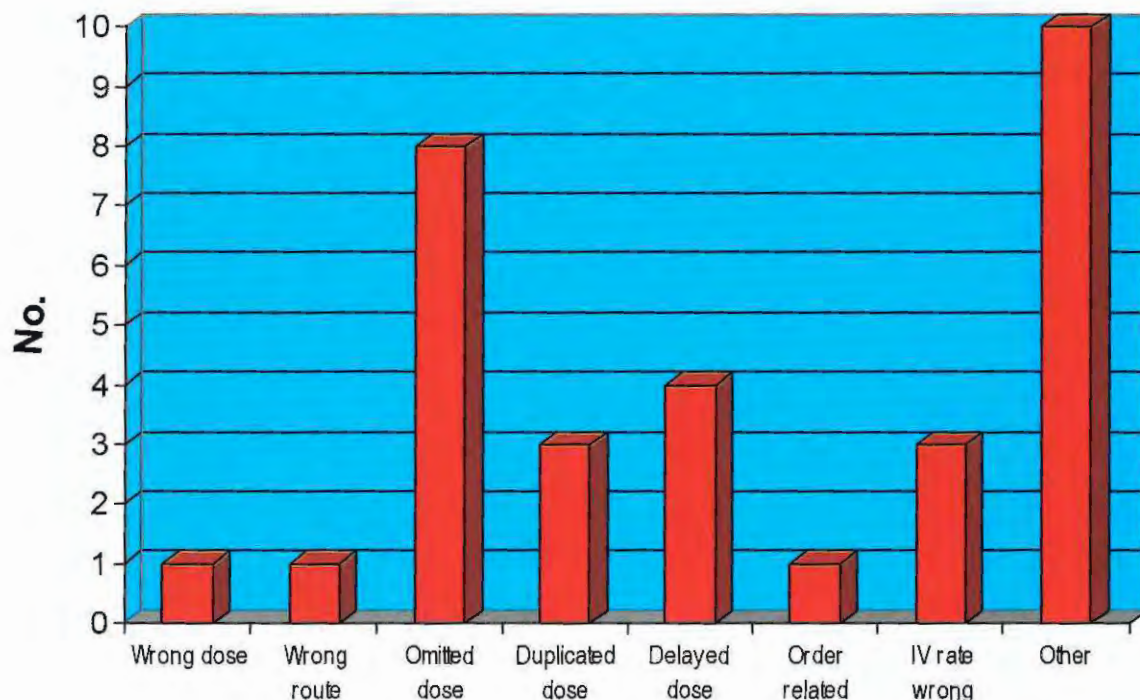
Changes which have been implemented include:

- Streamlining discharge between the acute care and aged care facilities
- Reorganisation of ward stock medication to reduce errors when choosing different medication formulations
- Review of the Medication Management Policy

During the past year, the method of reporting medication incidents has been reviewed. Prior to November 2005, different types of incidents warranted different report forms. Since the review of the Incident Reporting System, all incidents are now reported on one multi purpose form which has resulted in integration of medication incidents into the overall incident reporting system. Figure 6 illustrates medication errors by type over a 6 month period.

**Figure 6**

**Medication Errors : January-June 2006 (n=31)**



# Quality, Safety and Risk Management

From January to June, a total of 31 medication incidents were reported in the acute care and aged care facilities. The majority of medication incident reports are due to an omitted dose. In the majority of cases, as per protocol, once the omission was noted the dose was given.

The actions undertaken to address the medication incidents were:

- Targeted staff education provided from the pharmacy and clinical educators
- Audits undertaken to provide feedback
- Increased emphasis on checking of medications at handover.
- Introduction of the National Medication Chart from July 2006 which provides a standardised medication chart throughout the state.

Research shows that many reported adverse events which are associated with medications are due to errors in the

prescribing and the administration processes. In order to standardise procedures and reduce the associated errors, the Australian Council for Safety and Quality in Healthcare and Department of Human Services (DHS) supported a strategy to introduce the National Medication Chart (NMC). In line with national recommendations and targets, this standardised medication chart was introduced into use in the acute care facility of the health service in July this year.

As part of the introduction of the NMC, education sessions have been provided for all nursing and medical staff and an audit on targeted areas on the health services previous medication chart has been completed. Results from this audit were included in the education sessions and will also provide a baseline for comparison after the new chart has been introduced.





## Pressure Wound Monitoring and Prevention

When patients are admitted to hospital they are at risk of developing pressure areas. This can sometimes lead to an increased length of stay or the need for additional care which not only impacts on the patient, but also on costs. Pressure areas are defined as damage to the skin usually as the result of constant pressure or friction.

Staff are educated on accurate assessment of pressure areas and all patients are monitored and assessed for risk during their care.

In 2003 the Department of Human Services, as part of a wider national pressure ulcer prevention program commenced a state wide project called 'Pressure Ulcer Point Prevalence Survey' (PUPPS). In 2003/2004 hospitals were required to conduct a snapshot of how many pressure areas patients had on a specific day. This information was used to determine how many pressure areas were present in our hospital. The information

was also used to compare hospitals to see what the average occurrence was across all hospitals in the state.

In 2005 an additional survey was conducted. Preliminary review of site data revealed the facility had a 14.3% prevalence of pressure ulcers on the day of audit. (see Table 3) The audit revealed that three inpatients had a total of three ulcers. The ulcers were already pre-existing and the patient had not developed the ulcers during their stay in this health service.

This organisation has purchased heel wedges, overlay alternating air mattresses and gel mats for seats, which assist in positioning patients correctly and prevent pressure areas occurring.

A number of in-service education sessions on pressure risk screening have also been conducted for acute/aged care staff in the last financial year.

**Table 3**

**Pressure Ulcer Prevalence over Three Years, Compared to the State Average**

Year	Stawell Regional Health	State Average
2003	10%	26.5%
2004	18.2%	20.8%
2005 (preliminary review data)	14.3%	Information not available

In the previous Quality of Care report it was stated we would review this organisation's system of reporting the incidence of pressure areas to enable and ensure early intervention in both the acute and aged care areas. This has occurred. The new incident report now captures data on pressure areas on an ongoing basis.

Of the 188 incidents reported in the first six months (January-June 2006), 4 (2%) related to pressure areas.

### Rated Based Indicators

Rate based indicators (a measure of the rate of occurrence of a particular clinical event) have been developed for pressure areas. This has been calculated by:

- The number of pressure areas reported x 1000  
The total number of bed days (acute and aged care)

**Organisation Rate** for pressure areas  
Pressure Areas Incidence = 0.69/1000 bed days





**Acute Care** : two incident reports with four pressure areas were reported  
Pressure Area Rate Based Indicator = 1.0/1000 bed days

**Aged Care** : two incident reports with three pressure areas were reported  
Pressure Area Rate Based Indicator = 0.47/1000 bed days

In addition to collecting pressure ulcer incidents internally through the Incident Reporting System, the Macpherson Smith Nursing Home is required to collect Prevalence of Stage 1-4 pressure ulcers through the Quality Indicators in Public Sector Residential Aged Care Services, commencing the third quarter this year.



## Falls Monitoring and Prevention

Falls are a major cause of injury in our community particularly among older people. However falls do not need to be accepted as a usual part of ageing, as fortunately they are preventable.

This facility maintains a programme to monitor and assess falls risk factors for inpatients, nursing home residents and members of the community, with the aim of preventing falls and reducing the injuries and other serious consequences which can result from falls.

The Falls Prevention Programme continues to include:

- Systematic monitoring of falls
- Automatic implementation of falls prevention strategies for high risk inpatients
- The Patient Falls Information Pack. This has been updated with more informative posters and brochures, and is now presented in attractive and easy to read colour print
- Physiotherapy and Occupational Therapy are regularly involved in consultation with nursing staff to review inpatients/residents falls prevention strategies after they have experienced a fall. This commonly includes:
  - Reviewing/changing mobility aids used
  - Re-positioning the bed to decrease opportunities for confused patients/residents to climb out of bed when unsafe
  - Installing sensor alarm mats on the floor to alert staff to patients/residents getting up from the chair or bed
  - Ensuring non-slip socks are being worn by patients/residents
  - Providing hip protectors for patients/residents to wear

Other strategies include:

- Medication reviews
- Review of Care Plans to place residents on visual checks
- Review of use of overlay air mattresses

In consultation with multidisciplinary staff, the Falls Risk Assessment Tool has been reviewed to make it more user friendly. It now provides a concise 'falls history' of the patient/residents on admission.

### Incidence of Falls

Of the 188 incidents reported in the six month timeframe January to June 2006, 55% (n=104) were related to falls. Rate Based Indicators have been established for falls. This has been calculated by:

The number of falls reported x 1000

The total number of bed days (acute and aged care)

### Across the organisation

The organisation falls rate = 10.3 falls/1000 bed days

### Acute Care

Eighty-nine incidents were reported for January to June 2006. Of these, thirty-three incidents were falls which were the most frequently reported incident.

Falls rate equated to 8.7 falls/1000 bed days

### Aged Care

Eighty-seven incidents were reported for January to June 2006. Of these, seventy incidents were falls. These were the most frequently reported incident. Five residents actually contributed to 30% of all incidents.

A comprehensive review has been undertaken of these residents.

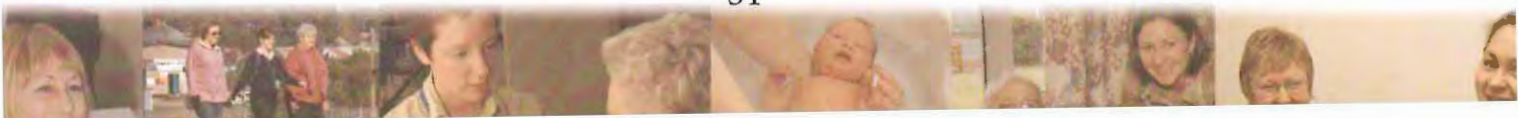
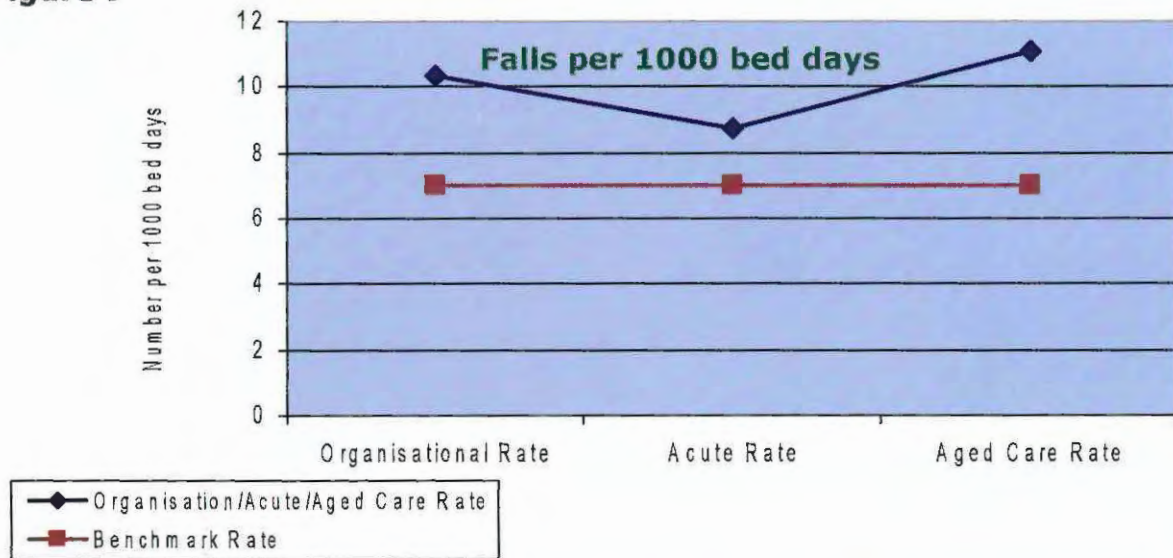
Falls rate equated to 11.1 falls/1000 bed days



# Quality, Safety and Risk Management

Figure 7 illustrates the falls for the total organisation. Acute and Aged Care benchmarked against 7 falls per 1000 bed days. (Reference: Victoria Minimising the Risk of falls and falls related injuries Guidelines for Acute, Subacute and Residential Care Settings : Research supplement)

Figure 7



## Pre-admission Clinic

The Pre-admission Clinic operates Monday to Friday, except public holidays. Hours vary according to patient bookings and doctor's clinics.

Patients are referred to this health service by their surgeon and general practitioner (GP). We assess all elective patients having their surgery at Stawell Regional Health. The nurse at the pre-admission clinic will assess the patient and give verbal and written information to the patient relating to their hospital admission, prior to the patient being assessed by the Anaesthetist.

Approximately 100 patients a month are assessed. Seeing the patients in the pre-admission clinic has decreased the rate of cancellations on the day of surgery to less than .007% (9 out of 1,217 patients)

The advantages of seeing patients at pre-admission clinic are:

- It lowers the risk to the patient and helps to decrease unexpected problems that could arise before and during surgery
- Decreases patient cancellation on the day of surgery, and the associated impact on patients and their families.
- Streamlines services
- Discharge planning is commenced
- Maximise patient's health on admission
- Gives staff the ability to fast track urgent cases
- Decrease the length of stay
- Increases patient satisfaction

We can be contacted by phone and have a message bank facility in place.

### Patient comment

***"It was very convenient for me to see both nurse and doctor at one appointment."  
"I think everything was made very clear at all times."***



## ACE Radio Broadcasters Day Procedure Unit

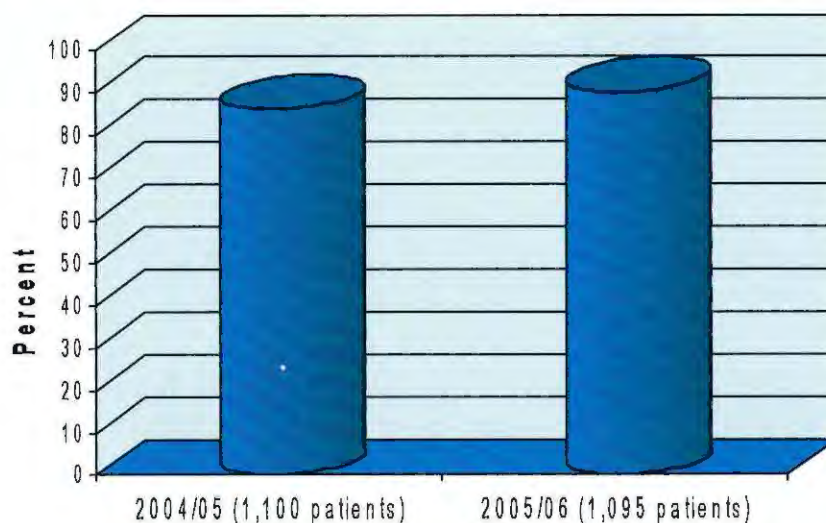
The Day Procedure Unit (DPU) has been open three years and continues to achieve high levels of customer satisfaction.

This year 90% (1,095 patients) of all elective surgical admissions were managed through the DPU compared with 86% (1,100 patients) in 2004/2005. This is highlighted in Figure 8. This year 63%

(771 patients) of admissions to the DPU were discharged the same day. The length of stay in the day unit varies from two to seven hours, with an average length of stay in the unit (from admission to discharge) of three hours. The average waiting time from admission to the DPU, to surgery is 1.6 hours.

**Figure 8**

**Percent of Surgical patients admitted through DPU over two financial years**



One means of monitoring satisfaction with the service is through the 24 hour phone call follow up. A nurse phones the patient the day after surgery to determine any problems and to provide support and advice. There are six standard questions used for the 24 hour phone call follow up which support the data collected through the written customer satisfaction survey. One of these questions relates to the patient experiencing pain and how they managed this. Responses to this question have identified an area to be addressed.

Two per cent (36 patients) of our patients underwent laparoscopic gynaecological procedures this year and of these, 66%

(17 patients) experienced significant problems with shoulder tip pain requiring strong analgesia or medical advice following discharge. One patient was readmitted to hospital for twenty four hours.

The following are recommendations to address this issue:

- Emphasise verbally and on the patient information documentation that this is an anticipated side effect of this type of surgery
- Investigate with the anaesthetists and the visiting gynaecologist the current best practice standards for managing this type of pain



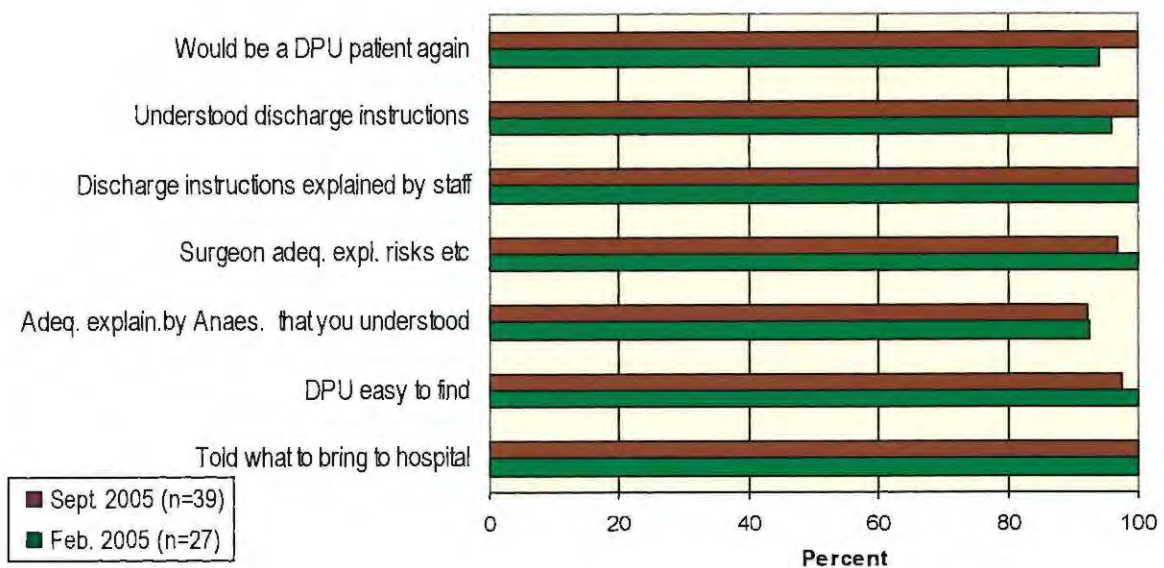
- Investigate the current practices in the post operative period to minimise the risk of this pain.

In September 2005, patients were again surveyed through the health service

internal hospital customer satisfaction survey. These results are collated and compared with previous surveys, recommendations made and acted upon. Results from the last two surveys are reflected in Figure 9.

**Figure 9**

## DPU Satisfaction Survey Results



While there were no recommendations made as a result of the patient satisfaction surveys, it was noted that a patient had commented on the lack of toilet facilities for day surgery patients. The single toilet

facility opposite the DPU office provides a second facility for patients to use. The average waiting time from admission to DPU, to surgery was 1.6 hours.

### Some comments from the September 2005 satisfaction survey

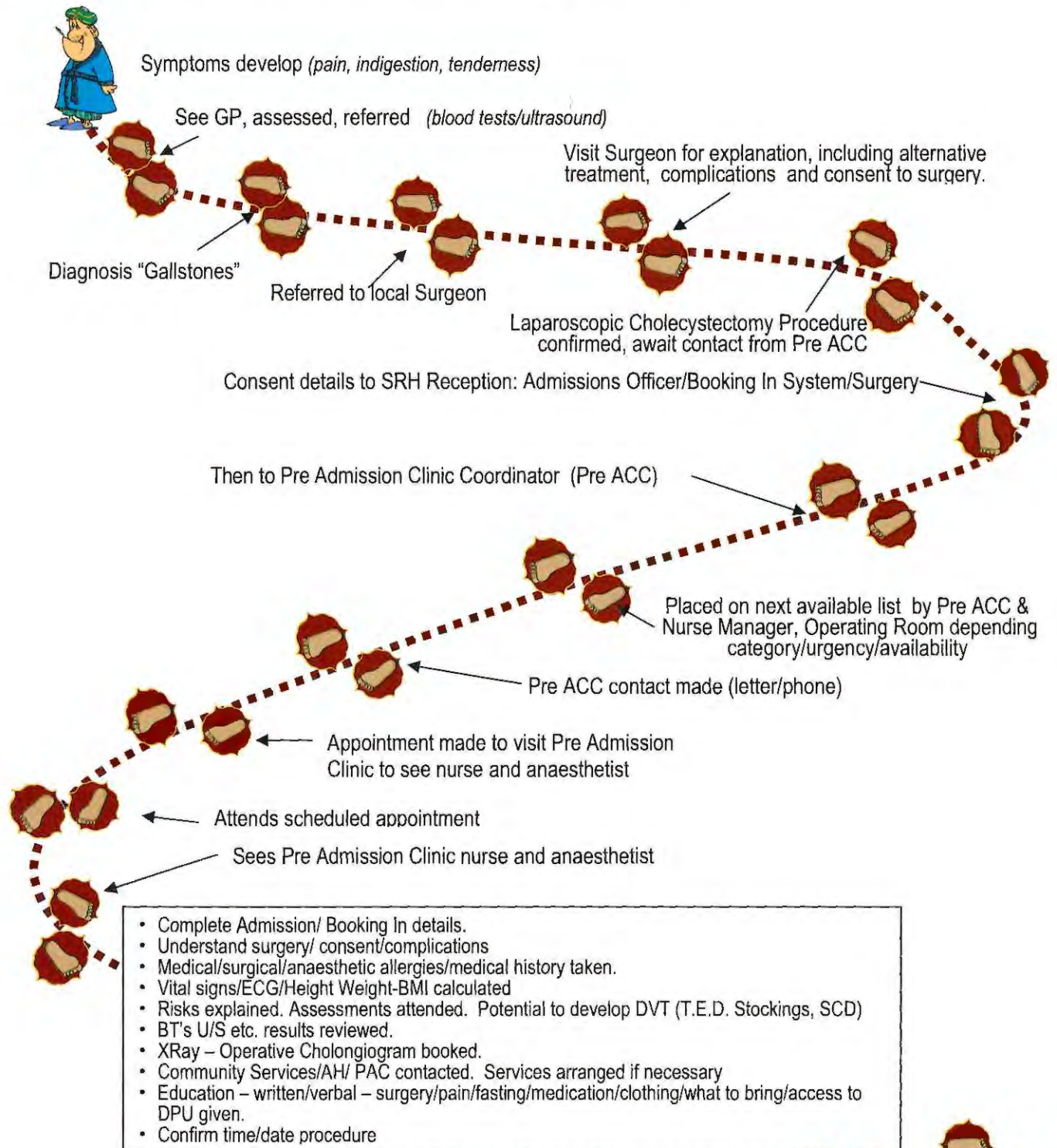
*"We feel that the service received at your hospital is tops- 100%. The very way my husband is treated owing to a stroke as he is unable to have a conversation. Your staff treated him with great respect".*

*"I'm not sure you need to improve this service, it's handled professionally and compassionately by all nursing staff involved. I extend my congratulations to all involved".*



## A Patient's Journey .....

A real journey of a local patient who is to undergo a Laparoscopic Cholecystectomy (removal of gall bladder by 'key hole' surgery) performed by a local surgeon.

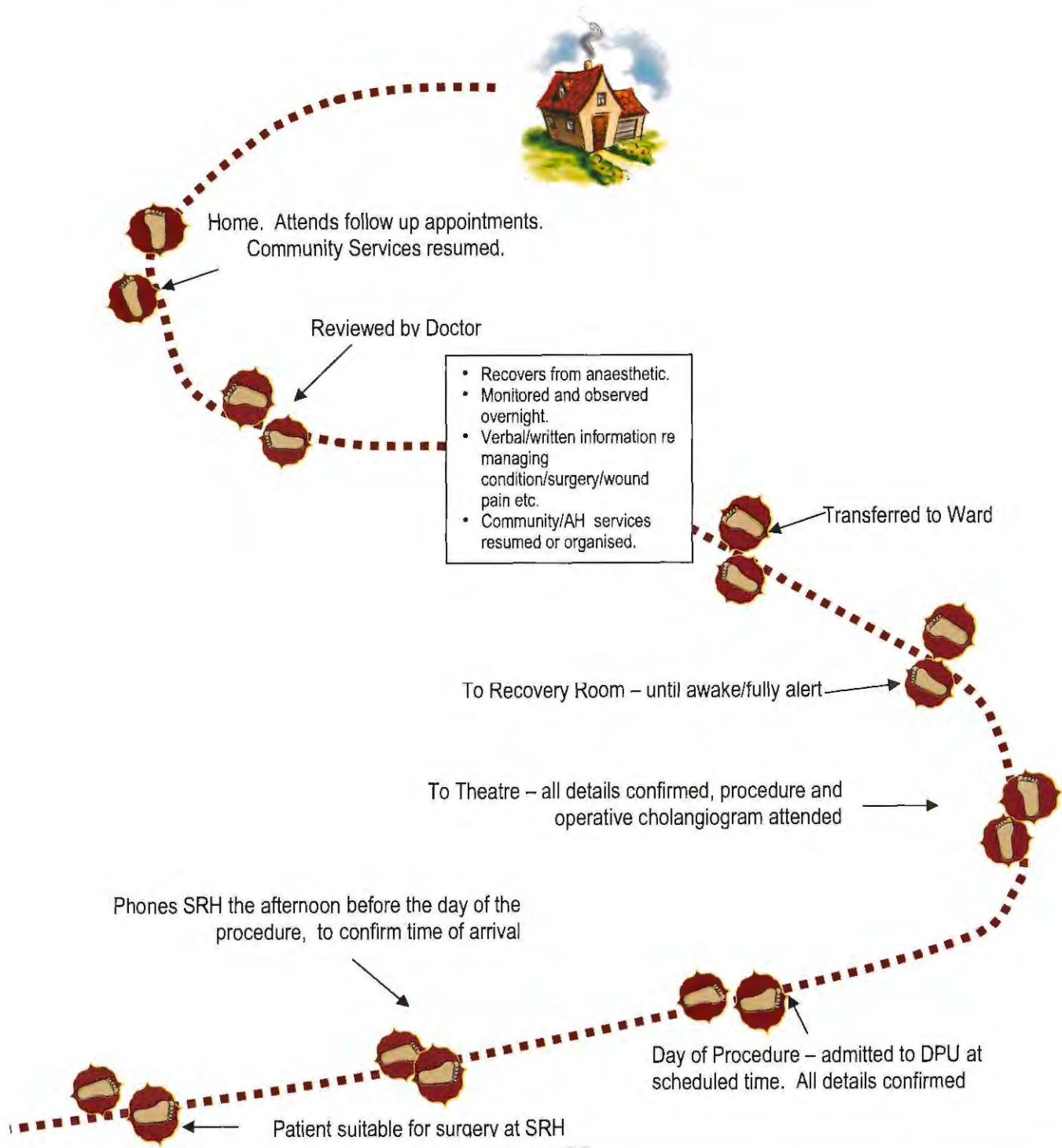




## ..... A Patient's Journey

**LEGEND:**

GP = General Practitioner; PreAC = Pre Admission Clinic; PreACC = Pre Admission Clinic Coordinator; NUM OR = Nurse Unit Manager, Operating Room; SRH = Stawell Regional Health; BMI = Body Mass Index; DVT = Deep Vein Thrombosis; TED = Anti Embolism Stockings; SCD = Sequential Compression Device; BT = Blood Tests; U/S = Ultrasound; AH = Allied Health; PAC = Post Acute Care; DPU = Day Procedure Unit; ECG = Electrocardiograph.



## Birthing Services

Our birthing services form an important part of the health care provided to mothers and babies in Stawell and surrounding district. Our skilled midwives in conjunction with our GP Obstetricians, provide care throughout the pregnancy, labour and post birth phase.

As part of the organisation's Risk Management Plan, guidelines have been developed to ensure that the mothers are appropriate to birth in this health service's facility without complication. This educational support during the birth and a comprehensive domiciliary service (home visiting service), help our mothers and fathers to make the journey through an exciting and sometimes challenging time successfully.

To provide a safe service the staff need to ensure that their skills are maintained in all areas at a level to reflect best practice:

- Two midwives have successfully completed the Advanced Life Support in Obstetrics (ALSO) Course. This course is designed to assist health professionals to manage emergencies that may arise in maternity care. The plan is for all midwives to attend this course in the future.

- In May, eight midwives and four doctors participated in a Maternity Emergency Workshop. The advantage of bringing the simulation workshop to Stawell was that the nurses and doctors were able to participate and work as a team in their familiar working environment. This education is funded and part of the government's future directions for Victoria's Maternity Services.

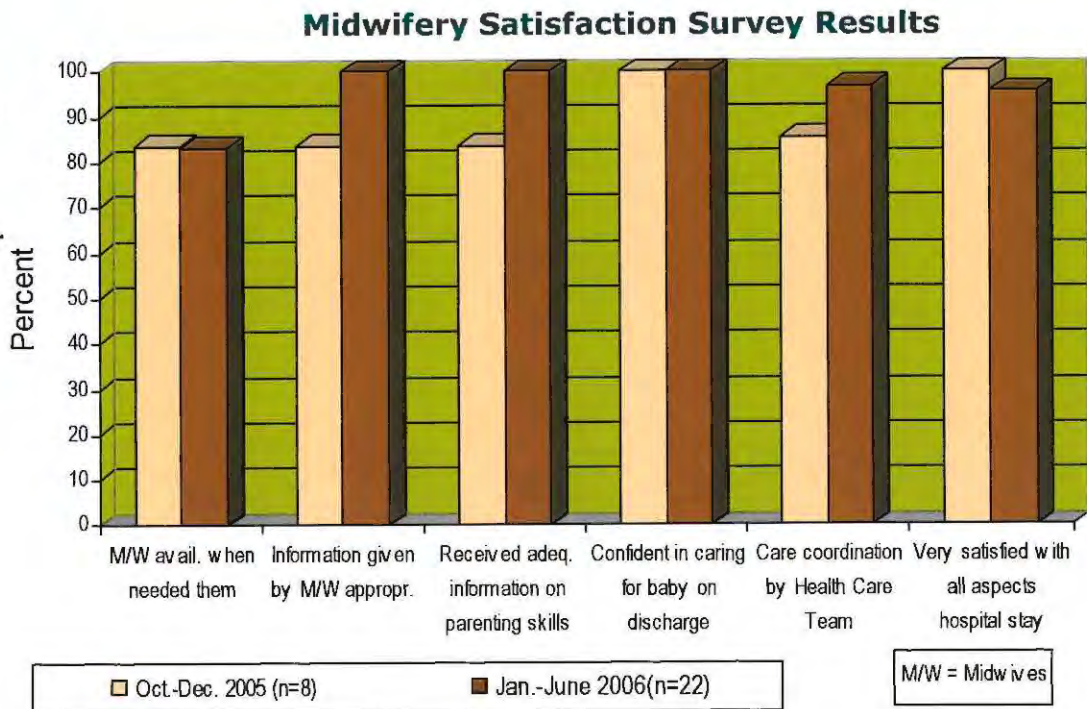
As well as skilled staff, it is essential to have modern equipment. This year we have purchased an isolette and an overhead warmer for the babies who require extra support and care. Money to purchase this equipment was made available through Department of Human Services (DHS) and donations from the Stawell Y-Zetts.

We continue to monitor the satisfaction of our service with a six monthly collation of results from internal customer satisfaction surveys. The results (see Figure 10) indicate a high level of satisfaction. All comments are reviewed so that we can continually work towards improving our service.



**Figure 10**

Depicts the results from January to June 2006 survey compared to the previous results – October to December 2005



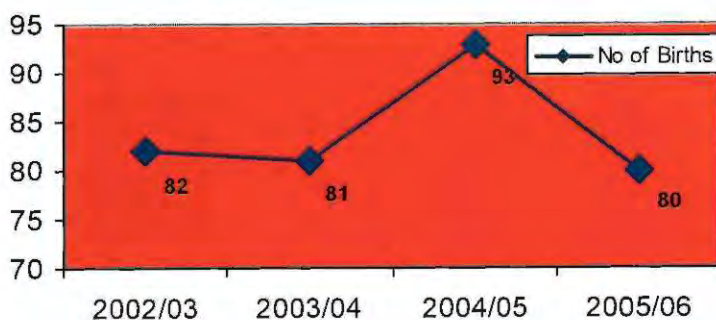
This year we have continued to streamline the provision of care through the "Shared On-Call Service" with East Grampians Health Service. There have been 8 births at each of the alternate services during the last financial year. Mothers are given the choice to return to their chosen hospital on the Monday following the birth of their baby or continue their stay at the hospital where they birthed. The "Shared On-Call Project" (funded by DHS) will evaluate the processes, policies and outcomes of the system, in particular the mother's

experience of birthing at the alternate health service.

The antenatal nurses from Stawell and East Grampians Health Service meet to ensure that consistent support through antenatal education is given to mothers at both hospitals. Some mothers from Ararat have taken the opportunity to view Stawell Birthing Suite so that they will be in familiar surroundings should they birth their baby in Stawell.

**Figure 11**

**Birthing trends over four financial years**



***This year at discharge, 82.5% of new mums were breast feeding their babies, compared to 87% in the first six months of 2005.***



## John Bowen Oncology

The John Bowen Oncology Unit continues to provide a service for Stawell and District residents that require chemotherapy for various types of cancer. Other treatments administered in the unit include Biotherapy, agents derived from biologic sources, such as antibodies that modify the body's response to cancer cells with a resultant therapeutic effect for patients with Lymphoma.

The visiting Oncologist, Dr Kannourakis sees his patients the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of each month. Treatment is administered by nursing staff who have undergone further training to specialise in chemotherapy administration.

Nursing staff aim to deliver high quality care in a friendly and comfortable environment and are ably assisted by two volunteers who work hard to ensure the needs of each patient is met. Over the course of their treatment a close relationship often develops between the staff and patients and this helps them cope with this difficult time in their lives.

One of the organisation's nurses has recently left to take up a new position with Grampians Integrated Cancer Services (GICS). She will be greatly missed. The patients and her colleagues wish her well in her new venture. We will be able to keep in contact with her as GICS is a Department of Human Services (DHS) initiative aiming to improve the delivery of all facets of care to patients with cancer. GICS have contact with all the Oncology Units in the region.

We are always looking at ways to improve service delivery to our patients. We do this by:

- Educating patients and their families about chemotherapy.

This is commenced when they first present to the unit and is very important. To assist the nurses in this area an education pack has been developed so the nurse, patient and family can go through the information together. This ensures a more thorough introduction to the chemotherapy treatment and any fears can be dealt with before treatment starts. To determine if the pack is relevant and helpful our patients have the opportunity to comment on it in this year's patient satisfaction survey.

- Continuing nurse education. This year one nurse will complete Chemotherapy Modules 1 and 2 at Peter MacCallum Cancer Centre and another nurse will complete the Haematology Modules which cover lymphoma, myeloma and leukaemia diseases.
- Competencies. Patients undergoing long term chemotherapy often have a device inserted into tissue (port) or a vein (PICC Line, Hickman catheter) that allows easier access to administer the chemotherapy treatment. The education department at the health service is in the process of developing a competency programme which all nurses working with our patients will be required to complete. This will ensure expert care when dealing with these devices.

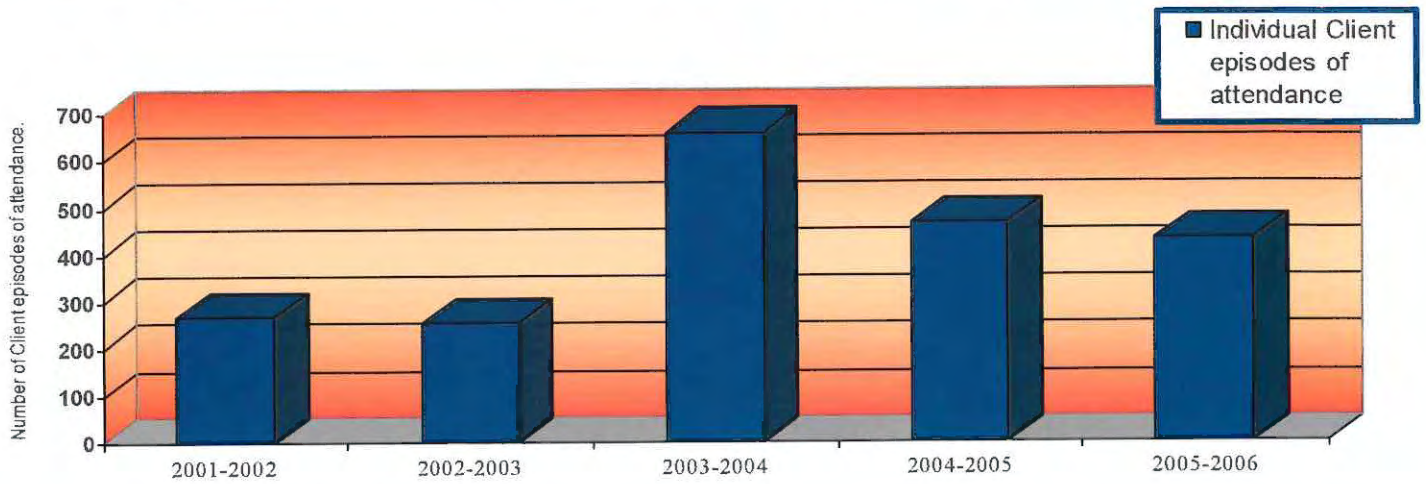
### Patient Numbers

The number of patient episodes for this financial year (2005/2006) is down from last year. This is due to East Grampians Health Service (EGHS) first full year of administering chemotherapy to patients from their district which was previously done in Stawell. Annual attendances are illustrated in Figure 12.



**Figure 12**

**Annual patient episodes of attendance over the last five years**



## Nursing Home

The Macpherson Smith Nursing Home provides an essential service to members of our community whose needs require 24 hour 7 day a week nursing care. The facility has a total of 35 beds which accommodates a range of residents, including : frail aged, dementia and aged persons with psychiatric conditions. There are 8 shared twin rooms and 19 single rooms at the facility.

Macpherson Smith Nursing Home is a dedicated high care facility, employing registered nursing staff ensuring that resident's complex physical, social and emotional needs are recognised and cared for. The residents and carers have the comfort of knowing that the facility enjoys access to a number of allied health services.

On the November 29, 2003, the Macpherson Smith Nursing Home was granted 3 years Accreditation by the Aged Care Standards and Accreditation Agency and is due to receive another site audit in September 2006. The nursing home has maintained its accreditation status since the introduction of the Commonwealth of Australia Aged Care Act in 1997. A spot audit was conducted by the agency on February 24, 2006 and they were satisfied that the nursing home complied with Accreditation Standards. The organisation continues to focus on quality improvement ensuring our residents receive the best multi disciplinary care available. Our intention is to continually evaluate how we do things, identifying areas of improvement and implement actions that translate into improved outcomes for our residents.

Some of the outcomes achieved from suggestions/responses to satisfaction surveys include:

- Purchase of an outdoor setting
- Introduction of a pet - 'Daisy' the dog
- Employment of a gardener responsible for the garden/outdoor area
- Landscaping of the garden off the main lounge, including construction of raised garden beds and secure fencing

In addition to this, specialised equipment including overlay alternating air mattresses, sensor and gel mats and a lifting machine have been purchased.

The future is full of promise with a strong focus on staff development, resident and carer involvement in care planning, expanding the volunteer programme and enhancing the Leisure and Lifestyle Programme.



## Gait and Balance Programme

Stawell Regional Health conducts a monthly Gait & Balance Programme. This programme is open to all people in the community who have experienced one or more recent falls, or are at high risk of falling.

Many people are referred to the programme by their doctors or from other health professionals within Stawell Regional Health. They can also be referred by family, community services or simply by personal contact with the Allied Health department.

The 2005-2006 year saw 41 new patients referred, with 30 patients attending to be assessed by the Gait & Balance Programme's multi disciplinary team. The team includes the dietitian, occupational therapist, pharmacist, physiotherapist and podiatrist.

Some of the most common falls risk factors found were:

- Unsteady balance
- Poor muscle strength
- Difficulty standing up from chair or bed
- Lack of grab rails in the shower, toilet or by steps at home
- Floor mats at home
- Low fluid intake
- Need for ongoing professional foot care
- Medication interactions, dosages and related issues including blood pressure changes

The major interventions which have been implemented as a result of the programme include:

- Gait & Balance Exercise Class – 55% of patients have attended
- Medication changes / advice to the GP – 55% of patients
- Home modifications – 28% of patients
- Adapted equipment at home – 17% of patients

Other significant recommendations include:

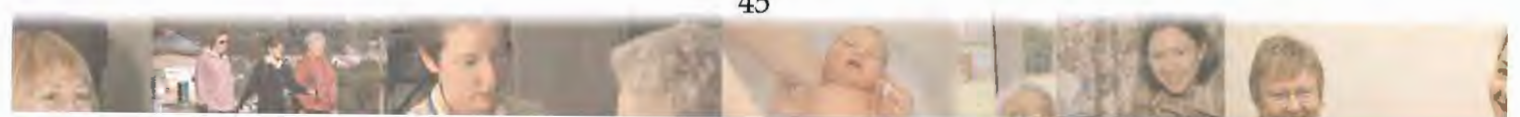
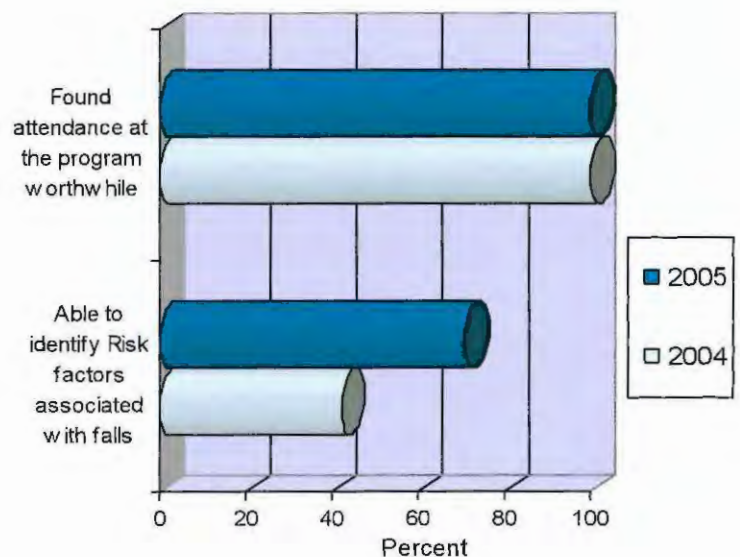
- Increasing fluid intake – 28% of patients
- Removing floor mats at home – 24% of patients
- Attending podiatry – 17% (41% already attend)

Follow-up telephone interviews conducted approximately one month after attending the programme revealed that:

- 71% of patients have experienced no further falls
- 14% had experienced one or more falls, but less than they were previously experiencing and with no injuries sustained
- 100% stated that they found attendance at the programme worthwhile
- 71% reported it helped them identify the risk factors associated with falls compared to 42% in 2004/2005

**Figure 13**

### Follow up telephone interview results



# Continuity of Care

The Gait & Balance Exercise Class runs weekly except during the Christmas/New Year holiday period. Forty-five people began the class during 2005-2006, with 21 of these graduating from the 15 week course.

A monthly Review Exercise Class started in 2006, and is open to all previous graduates of the exercise class. Currently 6 people have attended to check their present status, ensure they are maintaining their improvements from the initial class, and maintain social connectedness with other attendees.

Objective measurements taken before and after the exercise class show that 75% of attendees improved on:

- tasks which involve maintenance of balance
- flexibility of muscles and joints
- strength of muscles

Importantly, people experience significant social connection through class attendance and report increased confidence in being able to get around home and the community without fear of falling.





# Orthopaedic Rehabilitation Class

The health service has many patients each year who undergo joint replacement surgery and knee arthroscopic surgery. Following surgery, patients receive physiotherapy both as an inpatient and then as an outpatient to assist in successful rehabilitation. On discharge from Simpson Wing physiotherapy staff organise ongoing outpatient care. Patients from the local region and those who elect to travel back for outpatient care may require several appointments over a period of six to eight weeks.

In the past it was difficult to schedule the needed outpatient physiotherapy appointments due to the limited availability of outpatient appointment times.

In October 2004 a decision was made to establish an outpatient orthopaedic class to provide effective and appropriate physiotherapy services to patients post lower limb joint replacement, knee reconstruction or arthroscopic surgery.

The provision of care in a class setting also allows:

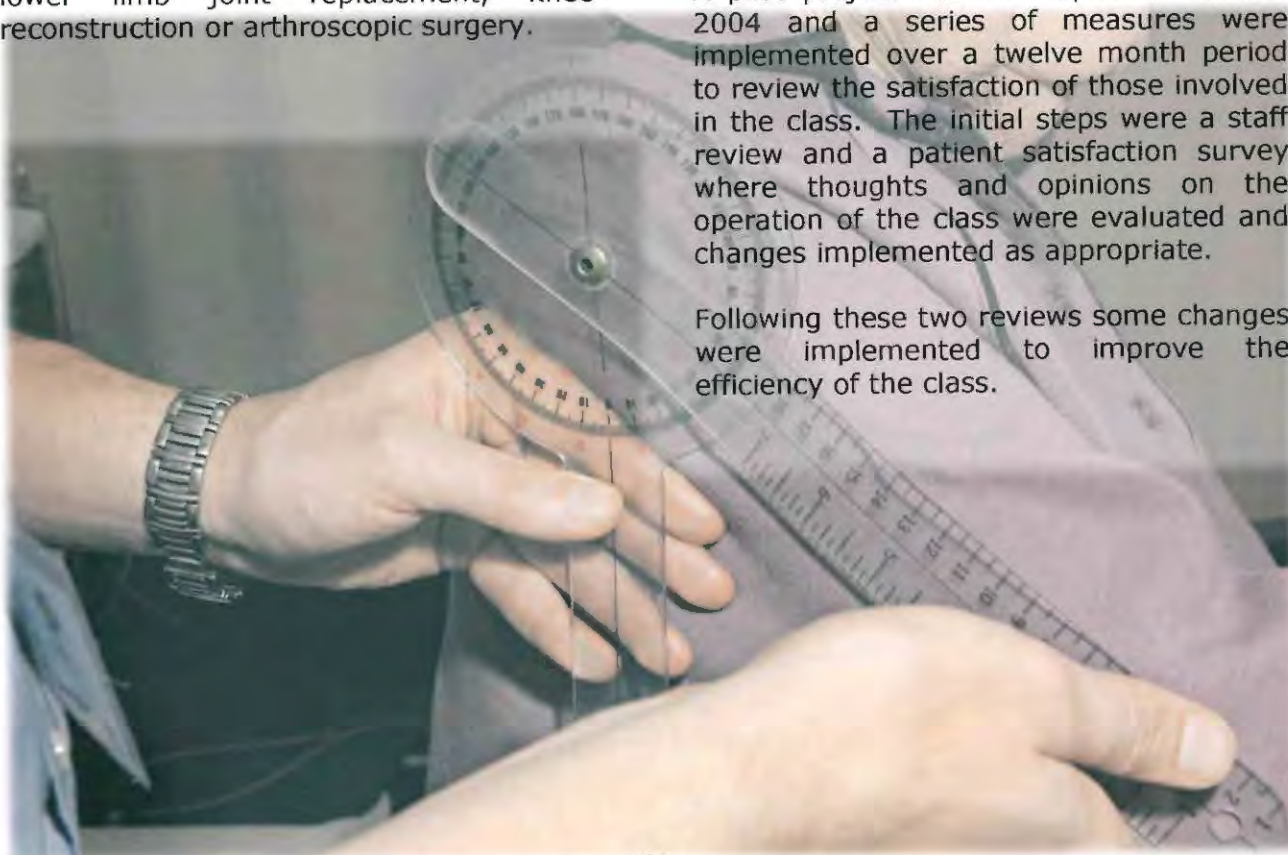
- good utilisation of staffing
- timely access to services
- an opportunity for patients that have undergone similar procedures to interact and gain support from others in a similar situation

The class was to be staffed by one physiotherapist and an allied health assistant with another physiotherapist available if further assistance was required.

To ensure the establishment of a quality service a number of steps were taken to measure whether classes were meeting the needs and expectations of patients and staff. Stawell Regional Health also needed to ensure that industry benchmarks of quality service provision in this area were met.

A pilot project was developed in October 2004 and a series of measures were implemented over a twelve month period to review the satisfaction of those involved in the class. The initial steps were a staff review and a patient satisfaction survey where thoughts and opinions on the operation of the class were evaluated and changes implemented as appropriate.

Following these two reviews some changes were implemented to improve the efficiency of the class.



# Continuity of Care

In October 2005 a senior physiotherapist from Ballarat Health Services attended an orthopaedic class interviewing patients and staff. The reviewer examined the protocols and relevant forms for the class and asked attending patients for feedback on the operations and benefits of the class.

The report prepared by the reviewing physiotherapist gave a very positive endorsement of the class, recognising the benefits of the class to the patients and the organisation whilst noting it was cost effective and provided a high quality rehabilitation programme. The report also commended Stawell Regional Health physiotherapy for its flexibility in providing appropriate services to the post orthopaedic surgery patients. Suggestions made by the reviewing physiotherapist included:

- the consolidation of the extensive range of exercises used into a smaller selection more applicable to practice at home
- a reduction in the number of outcome measures used

The establishment of the Stawell Regional Health Outpatient Orthopaedic Class has ensured patients get timely access to a quality rehabilitation programme. The class has assisted in management of the large number of outpatient referrals to physiotherapy and provided a cost effective measure to care for a large group of patients using the skills of a physiotherapist and allied health assistant.



## Bennett Centre for Community Activities

The Bennett Centre for Community Activities or Planned Activities Group, operates Monday to Friday and provides programmes aimed at social connectedness. The Centre continues to strive towards providing social and recreational activities for frail older people, people with disabilities and respite for their carers. Over the past twelve months the number of attendances at the Bennett Centre has gradually increased; in particular the number of men attending.

Bi-monthly participant/carer meetings commenced early last year and have continued. These meetings give participants and their carers an opportunity to discuss activities they have enjoyed, what they would like to do, and places they would like to visit. It also provides the carers with an avenue to talk with the staff and other participants who they may not see on a regular basis.

In July 2005 a monthly evening activity was commenced. Activities for these sessions included 'old film' nights, hotel meals, performances from singing groups and other activities. Unfortunately attendance numbers did not support this service. When asked, some participants said that they just preferred to stay at home in the evenings. This service was subsequently discontinued in May this year. 'Balloon Netball', a new activity recently introduced has been a big hit with participants.

The health service took receipt of a new bus in May this year, with hoist and wheelchair access. The bus was funded by the Department of Veterans Affairs (DVA) and the health service. It will primarily be utilised for pick up and delivery and excursions of the Bennett Centre participants. It is expected that it will also be used for the broader community, particularly the veterans, legatees, and any other supporting community agencies.

This year ongoing education of Bennett Centre staff has been focused on maintaining an up to date knowledge of activities and issues of care that will compliment current expertise. This will strengthen the ongoing commitment by the health service to the community by offering the best planned activities and care available.

In March 2006 a customer satisfaction survey was repeated to identify whether any improvements had been achieved since the previous survey. Response rates to this year's survey were lower (n=12) compared to last year (n=18). High levels of satisfaction were again demonstrated with the service, staff and activities.

- 92% (n=11) felt that attending the Bennett Centre made their life 'better', compared to 89% (n=16) in 2005. (8% (n=1) did not answer the 2006 survey question)
- 83% (n=10) felt the care received at the Bennett Centre met their expectations, compared to 89% (n=16) in 2005. (17% (n=2) did not answer the 2006 survey question) (Results are illustrated in Figure 14 page 50)

Suggested activities for the future include:

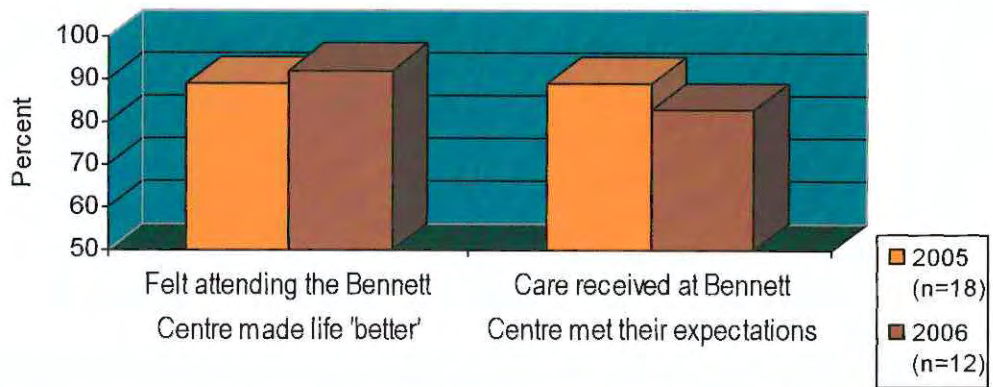
- Tai Chi Classes
- Skits/charades
- A person to speak about motorised scooters
- Speakers from the local Fire Brigade and local Pharmacy

The Bennett Centre again hosted 'The Biggest Morning Tea' and raised \$350 – a wonderful effort!



**Figure 14**

**Bennett Centre Customer Satisfaction Survey Results**



## Planning for your Discharge

Discharge planning will commence at the first contact. This is to help you and/or your carer, together with medical and other staff involvement, to have an integrated approach to planning and the delivery of services, when required, to ensure continuity across organisational boundaries.

On, or prior to admission, you will be given an estimate of how long you will be in hospital by your doctor and/or the nursing staff. This allows you and your family/friends a chance to commence planning your discharge and destination if it will be different to your normal home address.

The discharge date will be confirmed by your doctor at least 24 hours prior to discharge, in most cases.

Planning your discharge is done in collaboration with nursing and allied health staff at the 'Weekday Discharge Planning and Care Coordination meeting' (Monday-Fridays excluding public holidays) in Simpson wing. At this meeting your 'Patient Assessment/Discharge Plan' is referred to and referrals made to Allied Health and additional services as necessary during your hospital stay.

You may be referred to one or more of the many hospital and community support services available to assist you in the period following your discharge from hospital. The hospital will help you to identify any needs and will refer you to any relevant service.

Some of the services include:

- District Nursing
- Physiotherapy
- Speech Pathology
- Meals on Wheels
- Personal Care
- Social Worker
- Linkages
- Asthma Support and Education
- Cardiac Rehabilitation Programme
- Post Acute Care

- Occupational Therapy
- Dietetics
- Home Help
- Carer's Respite
- Palliative Care
- Diabetes Education
- Drug and Alcohol Services
- Podiatry

As part of the discharge process Quality Improvement Activities (Key Performance Indicators) are monitored by the Effective Discharge Committee and regionally through benchmarking at regular meetings of Discharge Champions who are designated staff from each hospital in the region responsible for the quality activities.

### Performance Indicators for Effective Discharge

Four Key Performance Indicators (KPI's) are measured.

SRH continues to audit patient medical records on a monthly basis to collect, collate and examine documentation to measure these four KPI's. The health service has continued to participate in Regional Benchmarking comparing Effective Discharge Key Performance (KPI's) Indicators with eleven other health facilities across the region.

These indicators are:

- **KPI.1 - Risk Screening Tool Comparisons** (the provision of timely and informative risk screening within one day of admission). Internal audit results over a 9 month period (July 2005-March 2006) rank the health services average monthly compliance for KPI 1 at 98%, third highest score compared to eleven other health facilities across the region.
- **KPI.2 - Commencement of a Discharge Plan** (the commencement of preparation of a Discharge Plan by day 2 of admission). Internal audit



- results over a 9 month period (July 2005-March 2006) rank the health services average monthly compliance for KPI 2 at 90%, fourth highest score compared to eleven other health facilities across the region.
- **KPI.3 - Timely Notification of Community Providers** (the timely notification of community providers within 48 hours prior to discharge). Internal audit results over a 9 month period (July 2005-March 2006) rank the health services average monthly compliance for KPI 3 at 97.5%, second highest score compared to eleven other health facilities across the region.
- **KPI.4 - Provision of Timely and Informative Discharge Summary** (the provision of a timely and informative Discharge Summary to GP's within one day of discharge). Internal audit results over a 9 month period (July 2005-March 2006) rank the health services average monthly compliance for KPI 4 at 99%, equal second highest score compared to eleven other health facilities across the region.

### Where do we go from here?

Whilst the health service has been acknowledged and rated at an 'Extensive Achievement' level through the recent accreditation survey for the discharge planning process, we recognise that there is a need to continue to improve and remain proactive in our approach. To do this, the health service has targeted KPI 2 as an area to improve on.

In addition, the recent Victorian Patient Satisfaction Monitor (VPSM) results, (September 2005 to February 2006), indicate the indice that measures 'Discharge and Follow up' has slipped a few points in comparison with the health services previous (March 2005-August 2005) results.

A more indepth review by the Effective Discharge Committee, will focus on

discharge processes for Overnight/Medical Patients to improve this indice in the next round of results.



## How long will I have to wait ....

### Elective Surgery

Surgical specialities offered at this facility include general, gastroenterology, gynaecology, obstetric, ear nose and throat (ENT), orthopaedic and ophthalmology.

#### Who manages the waiting times/lists.....

The Peri-operative Nurse Unit Manager and the Manager of the Pre-Admission Clinic manage the surgical waiting times/lists in consultation with the visiting specialists.

#### How long will I have to wait.....

Table 4

Type of Surgery	Waiting Time
General Surgery	Minimal waiting time
Orthopaedic Surgery	4-6 months
Ophthalmology	40 patients waiting at the beginning of the 2006/2007 financial year
ENT	Approximately one month
Urology	No waiting list
Gynaecology	Approximately two months
Endoscopy	Urgent - within 28 days

We address waiting lists by:

- Regular review of all surgical waiting times per speciality through the Infection Control/Theatre Committee
- Bringing patient's surgery forward to fill gaps and cancellations
- Increasing the length of the list (doing more surgical procedures each list)
- Offering visiting specialists extra surgical time (adding extra lists)
- Including Category 3 (recall) patients waiting for endoscopies in the waiting list

#### Referral to a surgeon...

All patients must have a doctor (GP) referral to see a surgeon.



## How long will I have to wait ....

### The Diabetes Educator

Generally the waiting period for an appointment for diabetes education is five working days. Any issues relating to patients who need to discuss urgent matters are referred by email to the Diabetes Educator. There is a waiting period of approximately two weeks for those patients who require a dual appointment with both the Dietitian and Diabetes Educator.

The Diabetes Education Department is currently operational 2 days a week.



### The Dietitian

The average waiting time for a new appointment over the past financial year (2005/2006) was 11.1 days. Urgent referrals are seen at the Dietitian's earliest convenience. This is usually within 3-5 days. The receptionist keeps a log to record initial day of contact by the patient, and then initial contact with the Dietitian. The receptionist will communicate with the Dietitian if an urgent referral is received and the waiting time is longer than 5 days.

Currently the Dietitian has 4 hours per day allocated for outpatients.

### The Occupational Therapist

Waiting times for outpatient and community assessments are managed by prioritising them into three levels of urgency on receipt of referral, according to 'Occupational Therapy Client Priorities'. This ensures patients with sudden and severe changes in ability to manage at home, high falls risk, and acute and severe hand conditions will receive urgent intervention, while less acute issues will be required to wait for longer.

- Priority 1 (High Priority - initial assessment to occur within 2 working days of referral) : Average wait for initial assessment at the health service = 1.9 days
- Priority 2 (Medium Priority - initial assessment to occur within 2 weeks of referral) : Average wait for initial assessment at the health service = 8.4 days
- Priority 3 (Low Priority - initial assessment to occur within 6 weeks of referral) : Average wait for initial assessment at the health service = 31.5 days (4.5 weeks) from referral

Efficient management of referrals has also been facilitated by the introduction of a Safety Link referral form letter. This provides patients with the information they require to apply for Safety Link themselves, rather than awaiting assessment by the Occupational Therapist. An assessment is not required unless the patient wishes to apply for funding. In this instance, the patient is still able to go ahead with organising the Safety Link themselves so it is in place, and receive the assessment for funding at a later date.





## How long will I have to wait ....

### The Podiatrist

The Podiatry service is available to all members of the community. However priority is given to those members of the community who are considered to have "at risk" feet, eg. Diabetics. The service offers all aspects of Podiatry to all age groups with the exception of Podiatric Surgery.

The average waiting period for an outpatient appointment is 8-10 weeks. Emergency appointments are blocked out in the timetable for "at risk" feet. With the current clinician/patient ratio, and the ever increasing number of patients requiring treatment, we do not believe that the waiting period can be decreased in the near future.



### The Social Worker

Waiting times for outpatients are two to four weeks for scheduled appointments and a waiting list is kept.

Outpatients can be seen more urgently if required. Outpatients have the option of speaking with the Social Worker over the phone, depending on the nature of the referral. The Social Worker is also involved in organising Aged Care Assessment Service (ACAS) assessments for patients requiring placement in an Aged Care facility. There is a longer waiting period for these assessments.

### The Physiotherapist

The physiotherapy department experiences a high demand for its services. At times it can be challenging to provide the needed services as soon as we would like. Outpatient appointments are predominantly for musculoskeletal and sporting conditions.

The department regularly audits waiting times for physiotherapy and attempts to provide timely access to its services. A recent review of waiting times for outpatient physiotherapy appointments revealed an average wait for an appointment of three days. However appointments are frequently available earlier than this. As in all health services there is a longer wait for the more popular appointment times such as late afternoon. In periods of the year that have several public holidays (April 2006), the waiting times for appointments can also be longer. Average waiting time between contacting the department and receiving physiotherapy in February this year was 2.7 days, March 3.3 days and April 5.8 days.

The physiotherapy department has strategies in place to prioritise services and minimise waiting times. The department operates a cancellation waiting list and attempts to fill any cancellations with patients requiring urgent appointments.

The department also has several classes in which patients are encouraged to attend. Best Practice evidence suggests that many long term conditions respond best to exercise and class based activities. The health service physiotherapists are also very involved in health promotion activities. It is recognised by health authorities that promoting health has long term benefits in reducing the incidence of chronic conditions.



## How long will I have to wait ....

### The Speech Pathologist

In December 2005, an audit of acute Speech Pathology referrals was conducted to determine if timeliness of assessment and appropriateness of referrals were in line with best practice. Between the months of February and September, 18/20 (90%) of swallowing referrals were assessed within 24 hours (the two exceptions were weekend referrals where no Speech Pathologist was available). One hundred percent of these referrals met with the Speech Pathology scope of practice as determined by Speech Pathology Australia. These findings demonstrate that the Speech Pathology department is prioritising acute swallowing patients in line with best practice and that nursing staff are aware of the correct indicators of referral to Speech Pathology services.

No formal waiting list is maintained. However, patients receive service based on a formal prioritisation scale where acute swallowing assessment and management is a more urgent priority than community health outpatients. This prioritisation scale remains in the Speech Pathology work instruction manual and is referred to as required to ensure equitable service and best practice management.

Failure to attend appointments is an ongoing issue in community health caseload management and threatens equitable service for other patients. A new management approach to appointments was implemented in October 2005. Therapy appointments are now scheduled in 6 fortnightly blocks to ensure a consistent appointment time can be made.

When a patient fails to attend or cancels one of their block appointments, if an appointment can not be made in the next day or two, they can attend the following scheduled fortnightly appointment. This has both streamlined service delivery and

has reduced the disruption that non-attended appointments cause to overall caseload management.



### The Stomal Therapy/ Wound Management Nurse

This service is available fortnightly on Tuesdays. The nurse helps people to better understand the day to day management of living with a stoma, fistula or feeding tube. The nurse also manages all kinds of wounds, prescribing treatment to provide optimal healing in partnership with the patient's doctor.

Currently, there is a waiting time of two weeks for outpatients to access the service.



## How long will I have to wait ....

**Table 5**

**How do I contact Allied Health Services.....**

Service	Contact Details
<ul style="list-style-type: none"><li>▪ Diabetes Educator</li><li>▪ Dietitian</li><li>▪ Social Worker</li><li>▪ Speech Pathologist</li><li>▪ Stomal Therapy</li><li>▪ Wound Management Nurse</li></ul>	Ring the Visiting Specialist Reception on 53588507, Monday to Friday (except public holidays), or visit Building C reception area in person.
<ul style="list-style-type: none"><li>▪ Physiotherapist</li><li>▪ Social Worker</li></ul>	Ring Allied Health Reception on 53588531, Monday to Friday (except public holidays), or visit Building B reception area in person.
<ul style="list-style-type: none"><li>▪ Occupational Therapist</li></ul>	Ring directly on 53588564, Monday to Friday (except public holidays).

**Referral to Allied Health Services**

A Doctor's referral is not required to seek any Allied Health Outpatient Services.



## Commonwealth Regional Health Services Programme (CRHS)

The "Strengthening Rural Communities" Programme seeks to reduce the social inequalities in the health of people living in rural areas and to reduce the need for secondary and tertiary medical interventions. Specific outcomes for our consumers include:

- Improved access to a multi disciplinary health team
- A reduction in service gaps throughout our region
- Provision of health promotion and education to schools, sporting and social groups and individuals
- Increased awareness of consumers about the factors that contribute to poor health
- Access to nursing staff for the evaluation, monitoring and maintenance of chronic diseases and conditions such as asthma and diabetes
- Early intervention and management practices that reduce emergency hospital admissions
- Provision of support through 1:1 counselling and group work

During the past four years, the programme has progressively developed and now provides a broad range of services to the outlying communities. The services include:

- Family & Relationship Counselling
- Community Health Nursing
- Physiotherapy
- Podiatry
- Speech Pathology
- Diabetes Education
- Nutrition and Dietetics
- Occupational Therapy

### **Health Promotion in Communities:**

In addition, specific programme such as strength training, Tai Chi and chair-based exercise and walking groups have been introduced to communities to assist in improving general health.

In late 2005, our allied health assistant conducted a fortnightly Walking Group and a chair-based exercise group. The chair-

based exercise group was highly popular, often with 13 attendees. The exercise groups were increased in frequency to weekly in August 2005.

The days were highly popular with residents. The Walking Group was held in the late morning and the Exercise Group was held in the early afternoon. Community members began bringing their lunches and would stay and chat between groups.

Services are delivered from a variety of sites, depending on the community. Budja Budja Co-Operative in Halls Gap have provided their venue for the benefit of all members of the community. Local halls, recreation reserves, post offices and homes are utilised in the communities of Glenorchy, Marnoo, Landsborough and Navarre.

Regular Health Promotion events incorporating guest speakers and free health checks are conducted by the outreach team. These events are often held in the local hotel or at a local football and netball training night to provide access to community members that may not be able to attend specific services owing to work or school commitments.

### **Health Promotion in Schools:**

The allied health team members who staff the CRHS programme, additional allied health members such as the health service Social Worker, and the CRHS Community Health Nurse have conducted a day of health promotion activities at each of the following primary schools: Navarre, Landsborough, Glenorchy, Marnoo, Halls Gap, Concongella and Great Western. The days' events were primarily Community Health funded apart from the Community Health Nurse's involvement. The screening activities conducted by the podiatrists (for school-aged children) and the speech pathologists (pre-school-aged children) identified a significant number of children requiring intervention. These children were



then able to be seen by the clinicians in their communities under the CRHS programme rather than having to travel to Stawell, St Arnaud or Horsham

## Risk Management

A key focus for programme staff in the last twelve months has been the refinement of risk management processes for team members travelling to outreach locations.

Identification of risks has led to implementation of the following improvements:

- Training of outreach staff by Victoria Police in personal safety
- Implementation of formal hazard identification for home visits
- Implementation of a sign-in / sign-out procedure for staff travelling to outreach locations or on home visits, which has a procedure for action if staff do not call in or return at pre-determined times
- Fitting of all vehicles with car-kits and aerials to improve mobile phone reception whilst on-route to outreach locations
- Ensuring there are telephone landlines in all outreach facilities used on a regular basis, particularly where there is inadequate mobile telephone access
- Where possible, staff travel to outreach locations in the company of another worker
- Laminated cards outlining the steps to be taken in the event of breakdown or bushfire placed in all car glove compartments
- Development of clear procedures for staff safety in bushfire situations, with the provision of a "bush fire kit" in all outreach cars

The value of the outreach service has been encapsulated by the comments in the narrative of one of our physiotherapists prior to her departure overseas:

*"It appears that the resumption of services has not just had an effect on the physical well-being of patients due to physiotherapy related problems, but also a generalised improvement in well-being in the patients knowing that this service is available to them. It seems that the fact the health professional's travel to see them makes them feel important to the health care system and that has an impact on the individual and the community."*

It should be noted that many of the residents of the outreach communities are frail aged and cannot readily access transport.

The Commonwealth Regional Health Services Programme is auspiced by Stawell Regional Health, Grampians Community Health Centre, Budja Budja Aboriginal Co-Operative and Northern Grampians Shire Council.



## Walking Challenge

The third Stawell Regional Health Community Walking Challenge and Team Challenge once again proved highly successful in promoting physical activity and awareness of the importance of exercise to Stawell and district residents.

In 2005, 38 community teams comprising 228 participants took part in the Stawell Regional Health Community Walking Challenge. This was a significant increase on the previous year in which 31 teams competed. In the Community Walking Challenge, teams are made up of six people who record the time they spent walking over a six week period. The team that spends the greatest amount of time walking is awarded the team challenge trophy. Last year, trophies were awarded across three divisions due the large number of participants and variation in walking times between the teams.

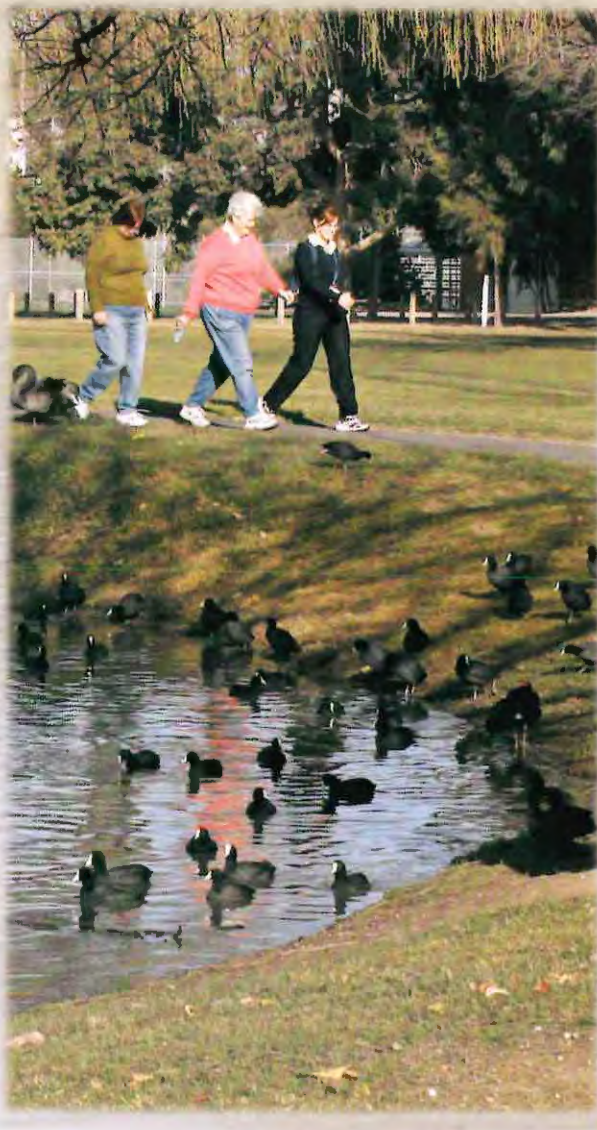
The Stawell Regional Health Team Challenge is aimed at hospital staff and allows participants to record time spent competing in a large range of physical activities, each weighted according to the amount of energy that is typically expended whilst completing the activity. Six teams, or 36 participants, competed in the Team Challenge in 2005. While this exceeded the 2004 numbers, it still fell short of the participation rates achieved during the 2003 pilot project. Prior to the commencement of the 2006 Team Challenge staff were surveyed to identify action required to increase participation levels for 2006.

### Results available

The Team Challenge and Community Walking Challenge resulted in some impressive health outcomes, with participants losing a total of 13 metres from their waist and hips and achieving a total weight loss of 221 kgs. For both Challenges, a Health Improvement Award

was given out to the team that demonstrated greatest overall change in health parameters such as waist/hip ratio and weight over the course of the Challenge.

The Challenges are now firmly established within the hospital and broader community as an enjoyable and motivating way to engage in physical activity. Stawell Regional Health will strive to continually increase the number of people participating in the challenges each year in order to build on the positive health outcomes achieved to date.



## Community Walking Group

Now in its second year, the Stawell Regional Health Community Walking Group has a strong following of participants that come along on a Thursday morning to exercise, have a chat and enjoy the scenery at Cato Lake.

The Walking Group is led by an allied health staff member. This ensures it is a suitable exercise option for graduates of the hospital's Cardiac Rehabilitation and Gait and Balance classes, or anyone who would like to start walking with others in a friendly, supportive environment. In a recent evaluation, most participants expressed that they found it beneficial having an allied health member walk with the group.

The Walking Group averages six (6) participants per week, but has had as many as fourteen (14) attend. Those that attend regularly have reported an increase in the number of laps of the lake they can now complete and a decrease in the difficulty of the task since starting the group. Increased energy, new friendships, weight loss and feeling more connected to others in the community are other health benefits that have been reported by participants.

While a number of new faces have started attending the Walking Group over recent months, engaging and motivating community members to join is an ongoing challenge for the allied health team, especially through the colder months. Fostering linkages with existing health services and programs, for example the New Mothers Group at the Maternal and Child Health Centre, has proved a promising approach to increasing participation. The next financial year will see Stawell Regional Health build on this progress and seek to connect the Walking Group with other community programs and activities.

## Rural Health Week

Rural Health Week this year saw Stawell Regional Health form a collaboration with East Grampians Health Service, Grampians Community Health Centre and Grampians Pyrenees Primary Care Partnership to organise the feature event for the Grampians region.

The 'Healthy Communities Turn Out' was held in Pomonal on May 19<sup>th</sup> and eighty (80) residents from Pomonal, Halls Gap, Moyston, Stawell, Ararat and Rainbow came along to celebrate what it means to live in a rural community. Sponsorship from Medibank Private allowed the event to be completely cost-free to participants.

The theme for Rural Health Week 2006 was 'Creating Healthy Communities' and this was used as an opportunity to promote physical activity, healthy eating, and social connectedness within local communities, particularly those that were directly affected by the recent devastating bushfires.

To promote enjoyment and participation in physical activity, the event aimed to introduce people to some fun and interactive ways to exercise. The line dancing lessons which kicked off the day got a great response from the crowd. As one participant commented "I had a great workout - dancing, exercising and laughing." Another popular session involved chair-based exercises and stretches that people could do at home. This was conducted by an Allied Health Assistant. The rock climbing wall appealed to the more adventurous in the crowd and the challenge was thoroughly enjoyed by both children and adults.



Healthy eating was promoted at the event with the health service dietitian running a cooking session with local school children. The children were extremely enthusiastic in preparing healthy snacks such as pancakes, strawberry smoothies, plain popcorn, muffins, fresh fruit and raw vegetables. Both parents and children alike were surprised at how "yummy" healthy food could be. To reinforce the healthy eating message, nutritious options such as vegetable burgers, soup and sandwiches were presented for afternoon tea and dinner which generated significant positive feedback.

The evening entertainment included performances from local bands and singing groups as well as belly dancing and rock 'n' roll dancing demonstrations. The latter really got the crowd interacting with each other as they joined in the dancing. Information displays from local groups and agencies including the CFA, Parks Victoria and Stawell Regional Health also helped to facilitate greater linkages with the community.



Involvement in the 'Healthy Communities Turn Out,' has enabled Stawell Regional Health to better connect with our community; enhance morale and wellbeing in the community and provide avenues through which the general public can improve their health. Working collaboratively with other agencies to plan and implement the event has also fostered

positive working relationships on which to base future health promotion initiatives.



## Health Promotion in Primary Schools

In 2004, Stawell Regional Health made a commitment to improving the health of children across three health promotion priority areas:

- physical activity
- food and nutrition
- social connectedness and mental wellbeing

By promoting the adoption of healthy beliefs and behaviours in these areas at an early age, the impact of a variety of conditions may be reduced or prevented including:

- childhood obesity
- diabetes
- psychological problems





# Health Promotion

Across 2005/2006, the allied health team conducted a series of health promotion days at primary schools in the communities of Navarre, Glenorchy, Landsborough, Marnoo, Halls Gap, Concongella and Great Western.

The format of the day was structured so that children rotated through a number of different health education and skills development sessions including:

- healthy eating
- body image and self esteem
- posture and physical activity
- health and wellbeing

Podiatry screens were also offered to all children. Pre-school siblings were offered speech and language screens by the speech pathologist.

The health promotion days have generated a lot of enthusiasm and positive feedback from both school staff and students.

The healthy lunch provided by Stawell Regional Health comprising of wraps, sandwiches and fruit has made a particularly big impact on many of the students.

A striking example of this was seen in a boy who was overweight with a generally poor diet. After attending the health promotion sessions the previous day, he proudly exclaimed to a teacher that he had brought "a healthy sandwich like I had yesterday". Other children have expressed that they now enjoy fruit without sugar on it.

Evaluations of the health promotion days have indicated that there was a high level of health knowledge retained from the education and skills development sessions and that the sessions were enjoyed by students, parents and the allied health staff themselves. Podiatrists have reported that a high percentage of gait and foot problems were identified during the school screens, with many students seen for follow-up management.

All schools have expressed interest in participating in future health promotion initiatives with Stawell Regional Health. In the coming year, parent and teacher education sessions will be offered to reinforce the health messages given to the children.



Stawell Regional Health conducts all Occupational Health and Safety programmes with reference to the relevant Acts, Regulations, Industry Standards and Guidelines.

The health service has an Occupational Health and Safety committee which is active and meets bi-monthly. Members represent the various work sections/areas and stakeholders of the health service and are trained to the required Victorian Work Cover Authority competency.

Throughout the facility many Occupational Health and Safety programmes operate. These include:

- **Employee rehabilitation**

An active employee rehabilitation programme is provided at this health service. This is provided to employees injured at work and those recovering from injury and illness that have occurred away from work. Six staff members have utilised the rehabilitation programme this year. Four have returned to full time work.

- **Safety/environmental inspections**

Ongoing safety and environmental inspections continue. In addition to reviewing the previous year's observations, remedial activities and new issues are established.

- **Risk assessments**

Risk assessments have again been a high priority, mostly flagged by incident reports and/or staff concerns of the work environment with equipment and processes. Risk assessments included orthopaedic loan kit handling, kitchen activities in the nursing home kitchen, moving oncology chairs, general linen and waste material and bulk supply handling.

As a result of these assessments, improvements and rationalisation of equipment and process are progressing

in the nursing home kitchen. Purchase of a chair lifter/mover and pallet hand truck have been made for handling of the oncology chairs and bulk supplies respectively.

Risk assessments of equipment (proposed and in current use) are conducted as part of new equipment acquisitions.

- **Hazardous substances**

An annual review of the storage, handling and disposal of hazardous substance was conducted.

The register of substances was reviewed, and the health service intranet Hazardous Substance Database updated during March 2006. A comprehensive review and updating of all Material Safety Data Sheets (MSDS) was also completed. The MSDS are held in each work/section area.

Two hazardous substance incidents were recorded for the year, these being exposure to adhesive fumes during installation of floor coverings.

- **External Audits**

Stawell Regional Health attained 8 MA's (moderate achievement) and 1 EA (extensive achievement) for the nine Safe Practice and Environment criteria at the recent accreditation survey.

An external security audit was conducted of SRH premises during March 2006. Consequently an upgrade of security has been implemented, including increased security patrols, escorting of night shift staff and a 'running' incident ledger of all security breaches and issues.

WorkSafe Victoria visited once during 2005/6. The visit was to review staff consultation processes, OHS committee meetings and designated work groups.



## ▪ Fire & evacuation training

Annual fire and evacuation training was provided for staff across the facility, orientated to their particular locations of work. 98.9% of staff across SRH participated in the training.

The Occupational Health and Safety programmes conducted at Stawell Regional Health (SRH) continue to improve the safe and healthy environment of the facilities for the benefit of employees, visitors and patients.

## ▪ Incident Reporting

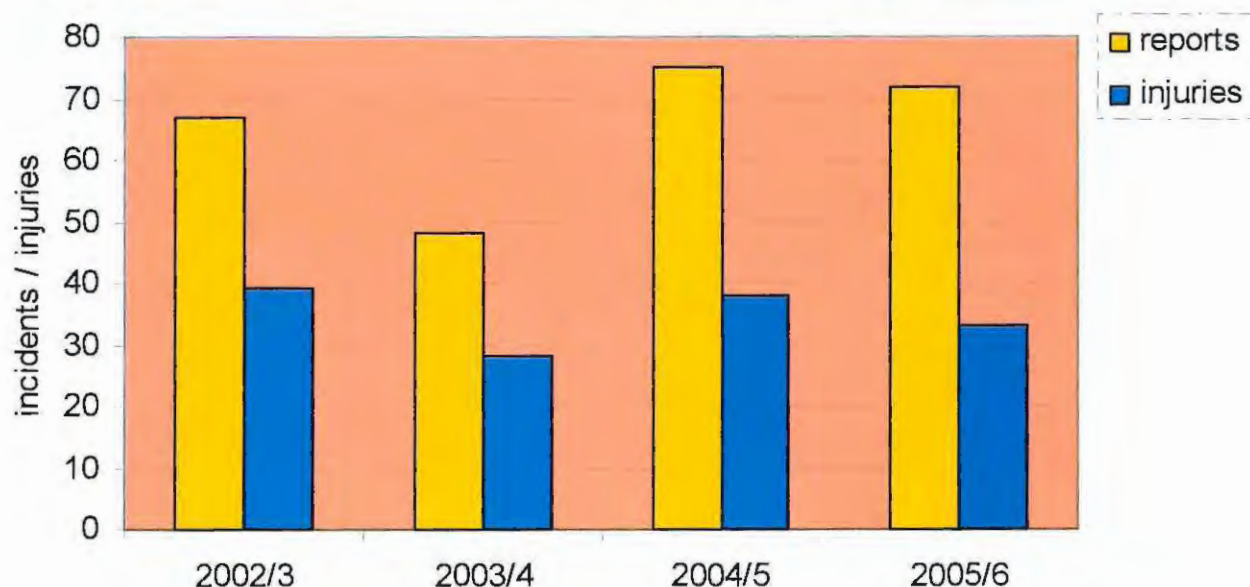
During the 2005/2006 year the number of staff reported incident occurrences was 72 of which 33 resulted in injury. The number of injuries has decreased from 38 the previous year. Overall the

number of staff injury occurrences has remained within the range of 28 to 39 (46% to 58% of reported incidents) over the 4 years. These comparisons are depicted in Figure 15. The report of an incident/injury is followed up as soon as possible by department heads and the Occupational Health and Safety Co-ordinator and/or Risk Manager. Strategies are put in place to reduce if not eliminate a recurrence of the incident.

The number of staff lost time injuries of 5 (2005-6) is similar to the previous year. Causation of these injuries was manual handling and contact with objects. The total time off work for these injuries equated to 80 days, an increase from the previous year of 10 days.

**Figure 15**

**Staff incident/injury comparisons for the past 4 years 2002-2006**



# Occupational Health and Safety

## Contractor management

Contractors (eg services, trades) are required to complete a contractor Occupational Health and Safety Plan before starting work at SRH and are regularly supervised by the respective SRH person whom the contractor reports to.

There were no reports of contractor injury for the year.



# Activity Indicators

<b>Hospital Inpatient Activity</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Inpatients treated	3,093	2,904	2,692
Casemix adjusted (WIES)	2,171	2,058	2,112
Average Length of Stay (days)	2.74	2.70	2.94
Total Bed Days	8,477	7,519	7,927
"Hospital in the Home" Bed Days	248	198	125
Nursing Home Type Bed Days	228	133	223
Operations	1,316	1,277	1,237
Births	81	93	80
Occupancy Rate	75%	60%	61.07%

<b>Nursing Home Activity</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Residents Accommodated	56	54	46
Resident Bed Days	12,729	12,684	12,710
Occupancy Rate	99.4%	99.3%	99.49%

<b>Outpatient (non-admitted) Occasions of Service</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Casualty	4,539	4,356	3,554
Pre-Admission Clinic	1,145	1,167	1,090
Ante-Natal Classes	425	450	490
Podiatry	3,446	2,974	2,851
Occupational Therapy	952	1,241	1,264
Physiotherapy	6,424	7,992	7,493
Speech Therapy	644	537	727
Dietetic	922	1,277	1,151
Social Work	773	968	682
Day Centre	4,631	3,168	3,363
District Nursing	13,525	14,039	13,973
Radiology	4,934	5,295	5,620
Meals on Wheels	13,489	13,058	12,447

## Quality Assurance

Full Accreditation Status with:

- Australian Council on Healthcare Standards, and
- Aged Care Standards and Accreditation Agency

YES

YES

YES

## Pecuniary Interests

Members of the Board of Governance are required under the Hospital By-Laws to declare their pecuniary interest in any matter that may be discussed by the Board or Board Sub-Committees.

## Freedom of Information

There were ten (10) requests under the Freedom of Information Act 1982 regulations and access to information was granted in all instances.

Freedom of Information requests should be in writing and addressed to the Chief Executive, Stawell Regional Health, Sloane Street, Stawell Victoria 3380.

## Publications

A review is regularly undertaken to update information in publications such as, the Patient Information Brochure. The Annual/Quality Care Report is presented each year at Stawell Regional Health's annual meeting.

## Whistleblowers Protection Act

The Whistleblowers Protection Act 2001 came into effect on January 1, 2002. The Act is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector and to provide a framework for the investigation of these matters.



The Protected Disclosure Co-Ordinator for Stawell Regional Health is Liz McCourt. She has the central clearinghouse role for managing disclosures: Tel: 5358 8506 email: [lmccourt@srh.org.au](mailto:lmccourt@srh.org.au)

Disclosures of improper conduct by Stawell Regional Health or its employees may be made to:

- The Protected Disclosure Officer, Meg Blake, Tel: 5358 8513 email: [mblake@srh.org.au](mailto:mblake@srh.org.au) Stawell Regional Health, Sloane Street, Stawell 3380  
or
- The Ombudsman Victoria  
Level 22,  
459 Collins Street, Melbourne 2000  
Tel: 9613 6222 Toll free: 1800 806 314

No disclosures under the Act were received during 2005/2006.

### Hospital Fees

The Hospital charges fees in accordance with the Department of Human Services Victoria directives.

### Consultants Engaged and Their Cost

Nine (9) separate Consultants : total cost \$51,828.65.

### Public Authorities Equal Employment Opportunity Act 1990

Stawell Regional Health has an ongoing commitment to eliminate discrimination and inefficient work practices, and to promote Equal Employment Opportunities in its workplace, in accordance with the Public Authorities (Equal Employment Opportunity) Act of 1990. Responsibility for the Equal Employment Opportunity programmes has been conferred upon the Pay Officer.

### Staffing Profile

A total of 274 persons were employed by Stawell Regional Health : full time 69; part time 136; casual 69

### Building and Maintenance

All building works have been designed in accordance with the Department of Human Service's Guidelines and comply with the Building Act 1993 and the Building Code of Australia 1996

### Building Works

Conversion of the old radiology department by Hooker Cockram Pty Ltd into an education centre, staff library, staff changing rooms, mortuary and quiet room commenced in June 2005 and was completed by December 2005. A walkway was constructed along with the Education Centre, joining the main hospital building to allied health and visiting specialist areas.



Stawell Regional Health incorporates Macpherson Smith Nursing Home and Bennett Centre for Community Activities  
Sloane Street, Stawell Victoria 3380

Phone (03) 5358 2255 Fax (03) 5358 3553 Email [info@srh.org.au](mailto:info@srh.org.au) Web [www.srh.org.au](http://www.srh.org.au)



The **front cover** features a mother and her baby in front of the stained glass window in our Quiet Room.

This room provides a private area  
for use by relatives and friends  
needing some special time together.

The production of a Quality of Care Report is an annual reporting requirement, initiated by the Department of Human Services. The management and staff of Stawell Regional Health want to make this report interesting and useful for our valued community.

Suggestions of what to include in the next report can be forwarded to:

Quality Manager  
Stawell Regional Health  
Stawell Vic 3380

The Quality Improvement Department can also be contacted on 5358 8576 or via email at [info@srh.org.au](mailto:info@srh.org.au)

We value your comments

### **Acknowledgements**

Compiled by Lynette Healy assisted by Jane Kibble, various staff members and IT Department  
Main Photography : John Tiddy

### **Thank You**

to everyone for their assistance and involvement in the production of this report



