STAWELL REGIONAL HEALTH

Caring for our Community

Annual Quality of Care Report 2008

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

03/2006

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Board of Management

On behalf of the Board it is my pleasure to present the annual Quality of Care report for the year ending June 30, 2008. The content of this report has been continually refined over the years and we appreciate the feedback we receive from the Quality and Safety Branch of the Department of Human Services, as well as the comments both formally and informally we receive from our staff and residents of our community. In particular we wish to thank our local community for participating in the focus group held in late 2007 which has assisted us to make further modifications to the report to meet its objectives as being both an informative document and one which reflects the activities of the organisation.

Board Members

During the year Mr. Martin Dorman left the Board having been transferred to another senior role within Victoria Police. Martin was a valuable contributor to the Board and to Stawell Regional Health, and his strategic management skills will be sorely missed.

The process for appointing Board Members altered during the past year and Board Members Mr. Peter Martin, Mrs. Karen Douglas and Mrs. Kaye Harris had their terms extended from November 1, 2007 to June 30, 2008. In addition retiring Board Members were invited to reapply for Board membership during a re-appointment process which commenced in February 2008. This process saw the re-appointment of all current Board Members for further terms as well as the appointment of two new Board Members, Mrs. Lyn Jensz and Mr. Ross Hatton who commenced their terms as Board Members on July 1, 2008. We extend a warm welcome to Lyn and Ross and we are confident their individual skills will be a valuable contribution to the function of the Board.

I would like to take this opportunity to congratulate Peter Martin on his outstanding contribution as Chair for the past 3 and half years Peter has been very active in regional and state forums where he has been able to ensure that the realities of rural health providers is not overlooked.

Grampians Health Alliance (GHA)

The Grampians Health Alliance has been in existence for several years and is a partnership between Stawell Regional Health and three adjoining regional health services.

Further details of the activities of the GHA are provided later in this report.

However it is fair to say that with our regular bi-monthly meetings and interaction between senior management personnel from each of the services we have achieved much in the past year.

While each health service retains its own autonomy, by combining where we have identified common needs and challenges we are in a better position to seek solutions to some of these challenges.

One of the key result areas has been obtaining the services of a Director of Medical Services, Dr. Robert Grogan, who now occupies a joint position across the Alliance. The lack of an appointment to this role was of a concern to the members of the Alliance and the recruitment of Dr. Grogan has enabled us to meet our requirements particularly in the area of clinical governance.

During 2007/2008 the Alliance was also successful in negotiating a joint tender for linen services and we thank Stuart Kerr our joint Corporate Services Manager for his contribution to that process.

Finally the Alliance has fostered another joint venture which is being undertaken between East Grampians Health Services and SRH for the provision of food service to the Macpherson Smith Nursing Home. It is anticipated that this initiative will be completed in early 2008/2009.

Accreditation

It is current Victorian Government policy that health services funded by the Department of Human Services must maintain accreditation status with the Australian Council of Healthcare Standards (ACHS) EQuIP Program. This process involves a review of the services provided by Stawell Regional Health by an independent body. Stawell Regional Health underwent a periodic review in April 2008 and was successful in maintaining its full accreditation status. The summary report complimented the standards achieved by Stawell Regional Health and in particular referred the high levels of excellence in its Risk Management and Staff Emergency Training Areas. Congratulations to all our staff on achieving this milestone.

Hospital Redevelopment and Capital Works

There were no major redevelopments undertaken in 2007/2008 however several minor projects were commenced or completed.

Board of Management

One project involved the completion of fire safety and emergency evacuation stairs and the installation of fire hose reels. This project was valued in excess of $75,000. Stawell Regional Health also received $70,300 under the Council of Australian Government Long Stay Older Patients' initiative. These funds have been allocated to a number of minor capital projects and the purchase of equipment items identified through an internal audit. The aim of these changes is to improve the safety and accessibility of the hospital environment for older persons.

Lastly Stawell Regional Health received tremendous support from its community and in particular the Ladies Auxiliary, Y-Zetts and the Murray to Moyne Sprockets. During the year these three fundraising groups made significant contributions to Stawell Regional Health and whilst their exploits are mentioned elsewhere I take this opportunity to acknowledge their wonderful efforts.

I would also like to recognise the value of the Foundation to Stawell Regional Health and thank the custodians who so diligently undertake their important duties ensuring that this hospital will enjoy the safeguarded benefits of their astute deliberations.

Recruitment and Retention of key personnel

The past year has presented a number of challenges for Stawell Regional Health in maintaining its services through periods where the availability of staff and medical officers has been limited. In December 2007 Stawell regretfully lost the services of two key medical practitioners, Dr. Peter Carter and Dr. Fiona Maughan who left after a long association with the hospital and our community. I take this opportunity to thank Peter and Fiona for the contribution to our community and wish them all the very best in their future endeavours.

Their departure and that of other key medical officers placed considerable pressure on the remaining medical staff and we thank them for coping through that difficult period.

We were delighted to contribute, through our association with Stawell Medical Centre, to the recruitment of Dr. Adnan Rasheed and Dr. Arthur Obi during the early part of 2008.

Their appointments, along with the recruitment of other strategic personnel within the hospital, has enabled us to return to our previous activity levels. However the recruitment and retention of key personnel within Stawell Regional Health has and will remain a high priority issue for the service.

The health service is indebted to Claire Letts, our Director of Clinical Services, who has capably juggled the staffing mix within the organisation over the last twelve months and enabled us to continue to maintain services during a period where it is recognised almost all of Australia is encountering difficulties.

Stawell Regional Health has developed a reputation within the health sector as an organisation that is prepared to contribute to the overall development of the sector by participating at a senior level in trialling new initiatives and practices. In the past year Board Members and Senior Staff have also been involved in a number of projects and statewide initiatives which demonstrate our commitment to the overall health system not just our local region. These projects are quite a few in number and I congratulate all those involved.

Thank you to all the staff, visiting medical officers, volunteers and supporters of Stawell Regional Health for your enduring support for what we do. We thank you for your contributions on behalf of our local community and look forward to a continuation of the excellent services we provide to our community.

Karen Douglas : President

Peter Edwards CEO with outgoing President Peter Martin

Board of Management

Peter Martin, Retired School Principal

Board Representation on Executive, Grampians Alliance, Audit, Governance, Risk Management Committees

Howard Cooper, Primary Producer

Board Representation on Audit/Finance, Project Control Group(Health Precinct) Committees.

Karen Douglas, Primary Producer

Board Representation on Executive, Quality Improvement, Grampians Alliance, Governance and Risk Management Committees

Joan Brilliant, Postal Manager, Australia Post Stawell

Board Representation on Fundraising and Foundation Committees.

Graeme McDonough, Retired

Board Representation on Quality Improvement, Governance and OH&S Committees

Neville Dunn, Branch Real Estate Manager

Board Representation on Audit/Finance, Fundraising and Project Control Group (Health Precinct) Committees.

Martin Dorman, Police Inspector

Board Representation on Governance, OH&S, Risk Management Committees

David Stanes, Business Manager

Board Representation on Quality Improvement and Project Control Group(Health Precinct)Committees

Kay Harris, Business Manager

Board Representation on Governance and Fundraising Committees

Organisational Structure

Board of Management
President: Peter Martin

Sub-Committees
Executive
Governance
Quality Improvement
Grampians Health Alliance
Audit
Risk Management
Occupational Health & Safety
Fundraising

Chief Executive
Peter Edwards

Secretary
Medical Library
Quality Manager
Occupational Health & Safety Officer
Radiology
Health Information
Reception/Clerical
Public Relations/Fundraising
Medical Services
Engineering Services
Environmental Services
Porter
Catering Services
Human Resources

Director of Clinical Services
Claire Letts

Aged Care
Nursing Home/Day Centre
Acute Services
Medical/Surgical
District Nursing
Nurse Education
Midwifery
Operating Suite/CSSD
Hospital in the Home
Post Acute Care
Pre-Admission Clinic
Hospital Admission Risk Program
Primary Care Services
Physiotherapy
Occupational Therapy
Podiatry
Speech Therapy
Social Worker/Counselling
Diabetes Educator
Nutrition and Dietetics
Health Promotion
Secretarial Support

Deputy Director of Clinical Services
Risk Management/Projects
Enid Smith

Risk Management
Pharmacy
Infection Control
Projects

Director of Finance
Mark Knights

Finance Officer
Accounts Officer
Payroll
Information Technology
Purchasing

Awards

Life Governorship

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 to long serving staff members in excess of thirty years service. This year's recipients are:

SRH Y-Zetts Auxiliary

Helena Nicholson
Lyn Bibby
Alison Rasche
Pam West

Staff Members

Carmel Murphy
Stella Fletcher
Marg McGaffin
Esta Peters

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:

35 Years

Mavis Graham

25 Years Gold Watch

Heather Thomas
Garrie Martin

20 Years

Pam Dunn

10 Years

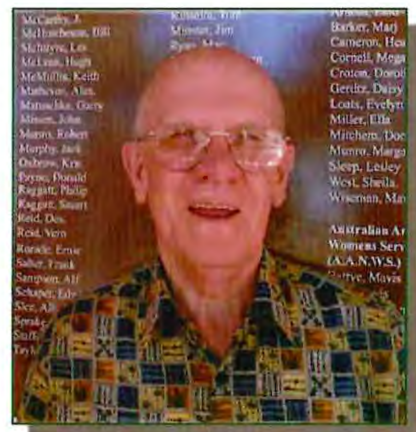
Stephanie Rathgeber
Suzy McQueen
Pip Norton
Mr. Ben Yokhanis

Vale

Meredith Dolina Ann **BINGER**
27/02/1943-13/07/2007
Meredith was a valued employee at SRH as a Registered Nurse and Midwife for many years until her retirement

Iris **GAVAN**
25/11/1922-05/10/2007
Iris was a former member of the Hospital Ladies Auxiliary and a Life Governor of SRH

Robert 'Keith' **McMULLIN**
01/01/1927-14/03/2008
Keith was a past Board Member, President, Life Governor and Manager of SRH. He was also Paymaster from 1981 to 1989.



Keith McMullin

Evaluation & Distribution

Distribution

The 2007 Quality of Care report was again combined with the organisations Annual General Report.

The report was officially launched at the Annual General Meeting on November 12, 2007. Reports were also distributed at the Walking/Team/Kids Challenge presentation evening on November 26, 2007 and to key stake holders and local businesses that provide waiting areas for customers. Hardcopies of the report were also provided to visitors at Stawell Regional Health's stand at the 2008 Nurses Expo in Melbourne in May this year.

In addition, the report can also be accessed from the hospital website, in waiting areas throughout the organisation, all hospital departments, in each patient bed locker in the acute ward or in person by request.

To increase the distribution of last year's report excerpts were placed in the 'Caring for our Community' article that is featured on a weekly basis in the local newspaper.

The distribution process was selected as it provides a multi faceted approach and reaches a broad cross section of the community.

Evaluation of the 2007 report

The effectiveness of the distribution strategies and report content were three fold. Firstly through a focus group that was held in late November last year at which 15 community members attended, secondly through a Consumer Feedback Questionnaire and lastly by an independent panel auspiced by the Department of Human Services who reviewed the report against guidelines and minimum reporting requirements.

Feedback from the focus group highlighted a number of areas relating to distribution and report content. Even though a very small number of responses were received from the questionnaire, suggestions have been incorporated into this year's report. All who returned the questionnaire 'strongly agreed' the report was well presented and easy to read. Feedback from the independent panel was generally positive. Clinicians and staff were also included in the consultation process when developing this year's report.

Some suggestions for improving this year's (2008) report:

From the focus group: Use recycled paper, advertise when the report is available and who can access it, include names with photographs; more information on Meals on Wheels/ Volunteers, Waste Management, Visiting Surgeons, Oncology and services we provide.

From the questionnaire: Less glossy production, listing of Life Governors, and allow a dedicated space for all fundraising groups.

From the independent panel: Smaller size report, graphs require more explanation, better explanations of data, more detail on Accreditation outcomes, outcome data on infection rates and more explanation on why there was an increase in some indicator scores.

Many of the suggestions listed above have been included in this years report.

This year we have published the report separately from the Annual General report and reviewed the format so we can increase the number printed and distribute the report to a wider community audience.

We look forward to your feedback

Quality of Care Small Rural Health Service Award 2006-07
Peter Edwards, CEO and Sarah Warren, Quality Manager

Partnerships - working together

Stawell Health and Community Centre (SHACC)

This project involves the renovation of the old technical school in Patrick Street and is now underway. The building program commenced in early 2008 and is due to be completed in September 2009. Grampians Community Health Centre will be the main tenant of this building however Stawell Regional Health will occupy a significant amount of space on the first and second floors. When it opens a number of our services will transfer to the new facility and these include our Allied Health Team, the District Nurse staff and several support staff members. In addition it is anticipated the building will be occupied on the ground floor by local General Practitioners and Visiting Medical Specialists.

The integration of a range of health services in the building will provide a one stop shop for the local community to receive a various range of services. It will also provide integrated care and allow the service providers within the building an opportunity to further develop their referral pathways and information networks.

Stawell Regional Health is involved in the project through its membership of the Project Control Committee and a Building Users Group.

Grampians Health Alliance (GHA)

The Grampians Health Alliance has been in existence for several years and is a partnership between Stawell Regional Health and three adjoining regional health services. These are:

- East Grampians Health Service (EGHS)
- East Wimmera Health Service (EWHS)
- Beaufort and Skipton Health Service (B&SHS)

Representatives of the four services meet formally bi-monthly and senior staff have developed informal networks. One of the key outcomes in 2007/8 has been obtaining the services of a Director of Medical Services. Dr. Robert Grogan now occupies a joint position across the Alliance. This appointment was seen as an integral part of the fulfilment of clinical governance responsibilities for the four services.

During 2007/2008 the Alliance was also successful in negotiating a joint tender for linen services and we thank Stuart Kerr of East Grampians Health Service and Stawell Regional Health for his contribution to that process.

Other initiatives that are continuing through the Alliance include shared positions between East Grampians Health Service and Stawell Regional Health in finance, radiology and corporate services (catering and environmental services) and an inter-relationship with the purchasing/supply department. In addition we continue to receive an excellent service through the joint payroll venture which has been auspiced by East Wimmera Health Service. Apart from the regular Grampians Health Alliance meetings, CEO's from the Alliance meet on a regular basis to pursue other issues of common interest and identify areas where collaboration can achieve efficiencies.

Finally the Alliance has fostered another joint venture which is being undertaken between East Grampians Health Services and SRH for the provision of food service to the Macpherson Smith Nursing Home. It is anticipated that this initiative will be completed in early 2008/2009.

Partnerships - working together

Meals on Wheels

Stawell Regional Health provides a 'Meals on Wheels' program on behalf of the Northern Grampians Shire. The program is managed by Northern Grampians Shire staff, but could not exist without the tremendous support provided by local volunteers. This community is indebted to this resilient group of volunteers who provided a wonderful service to the community during 2007/2008. The service continues to grow and this year we provided in excess of 19,000 meals. Apart from a daily delivery service, frozen meals are provided to persons who live in remote settings and there is also a weekend supply service.

Grampians Community Health Centre (GCHC)

GCHC remains a close partner with Stawell Regional Health and occupies buildings within the hospital grounds facing Wimmera Street. Whilst Stawell Regional Health auspices the Commonwealth Regional Health Program, GCHC provides general counselling and staff and community health nurses for the program. The co-operative liaison also occurs in the areas of health promotion, diabetes education and some other home care programs.

Budja Budja Aboriginal co-operative

The health service provided through Budja Budja at Halls Gap continues to develop through a range of funding initiatives provided by the Commonwealth Government. In the past year the scope of the program has further developed with the provision of a General Practitioner service from Ballarat.

Heather Buckingham & Sandra Dalziel preparing meals on wheels for volunteers Joan Fletcher & Phil Phelan to deliver.
Pat Jobson enjoys her meal.

Consumer involvement in improving our Health Service

Consumer involvement in improving our health service

Resident feedback

Macpherson Smith Nursing Home residents/relatives receive information and provide feedback at meetings which are held monthly. The meetings are chaired by a resident's relative and a number of the organisation's executive staff attend.
(For additional information see the nursing home entry in this report)

Client feedback

Bennett Centre for Community Activities holds a Client/Carer meeting second monthly. Feedback from this meeting and the annual client satisfaction survey provide information about the direction future activities should take.
(See the Bennett Centre report for more information)

General feedback

After using one of our hospital services you may be contacted to complete a satisfaction survey.

We encourage you to provide this feedback as it tells us how we can improve the services we deliver to you. In addition to sending out a number of our own surveys we are also involved in a state wide survey called the '*Victorian Patient Satisfaction Monitor*'. Results from this survey provide us with information which we can compare against our own results, hospitals of a similar size and all Victorian public hospitals. (More information is provided under the 'Monitoring patient satisfaction' report)

Suggestions, Complaints, Compliments (SCC)

These are collected from the forms that are accessible to all customers in all reception areas in the hospital, nursing home and at the Bennett Centre. SCC's can also be made by phone or in person.

Suggestions

The same number (eight) of formal suggestions were received over the last two years.
In response to suggestions we have:

- Provided temporary bathroom shelving in a number of patient ensuites and extra hooks in all patient ensuites
- Provided a double bed for the use of the patient/partner in the post natal period
- Improved internal signage-to the Library, Education Centre and Cafeteria
- Fitted sealing rubbers to reduce noise to ensuite doors, patient room doors, the medication room and documentation boxes and
- Purchased one fold out bed to enable parents with children in hospital to stay on site over night.

In the future we intend to:

- Fit towel rails to all patient ensuites and modify bathroom shelves in some patient ensuites and
- Provide information about the 'Emergency Fire Drill Protocol' in the patient information brochure.

In response to a suggestion that SRH return to being on call every weekend instead of sharing with a neighbouring health service, at present there will be no change to current arrangements.

Recent changes to the suggestion/compliment process include:

- Development and logging all data onto an excel database. This has enabled data to be trended, graphed and presented in this format to the hospital Quality Improvement Committee, Department Heads and displayed for staff and customers to read in the hospital cafeteria.

Complaints

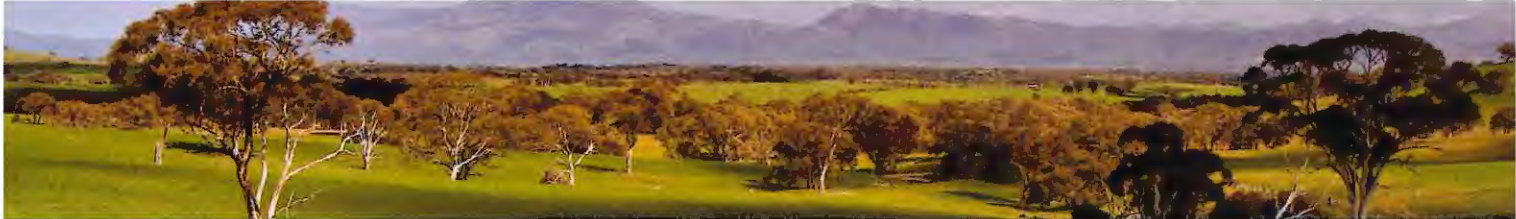
'a window of opportunity for improvement'

Complaints indicate your dissatisfaction with care and provide us with information about the service we provide.

The complaints are initially referred to the Chief Executive Officer and investigation is managed by a member of the Executive who is educated in Complaints Management.

Complaints are reviewed at the bi-monthly Quality Improvement Committee meeting and reported to the Health Services Commissioner three monthly. All complaints information is de-identified to protect privacy.

In the last financial year we have received 13 formal complaints that have identified 20 issues. This is comparable to the number of complaints received in the previous financial year.



Consumer involvement in improving our Health Service

Issues from complaints have fallen into the following categories:

- Access (45%)
- Communication (40%)
- Treatment (10%) and
- Rights (5%)

In response to patient complaints:

- A multidisciplinary team have commenced and continued to review Admission/Discharge Planning systems and processes
- An Intravenous Management Policy has been developed which includes a phlebitis (inflammation of a vein) rating scale, and
- Introduced changes to clinical procedures

One complaint that was received through the Health Services Commissioner was resolved at a local level.

Performance Measures

In 2007-08 69% of complaints were closed in 30 days compared to 75% in the previous year.

Compliments

In addition to receiving formal compliments on the Suggestion, Complaint, Compliment form we also receive many through 'thank you' cards and on patient satisfaction questionnaires.
Over the last year we received 21 formal compliments and a vast number on cards and questionnaires.

Outreach Customers

A variety of allied health services are offered in surrounding towns. Feedback from customers is provided to the visiting Community Health Nurses and other members of the Outreach Team. Team members liaise with the Primary Care Manager on a regular basis to address concerns and improve service provision.

Customers also provide feedback through a customer satisfaction survey. Results can be found in the Strengthening Rural Communities section of this report.

Focus group

In November last year 15 community members attended a focus group which was asked to evaluate and provide feedback on three different areas:

1. Strategic planning
2. The 2007 Quality of Care Report (see Evaluation & Distribution section of this report)
3. The weekly column called "Caring For Our Community" (CFOC) in the local paper.

The *Strategic Planning* part of the focus group involved a presentation by the CEO. Ideas and suggestions were added to those that had been collected at presentations made to other community based service clubs (Probus, Lions) that our CEO had visited.

Another aim of the focus group was:

- to assess the impact of the *CFOC column*
- attain format preferences and
- generate ideas for future articles to make it more relevent to the community.

The knowledge focus group participants have gained from reading the CFOC included information about fundraising events and where fundrasing proceeds have gone, after hours help and Allied Health services.

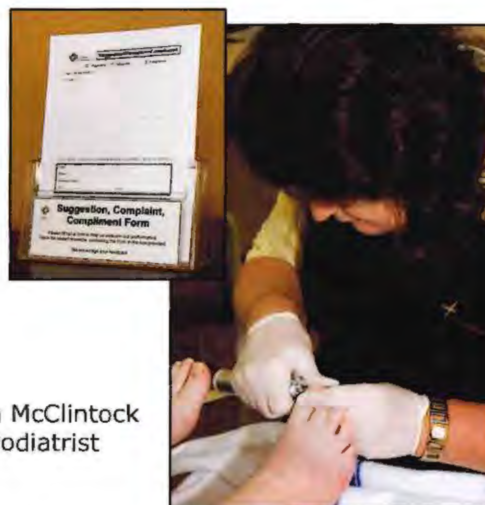
There was strong support for the addition of photos with articles to add interest. Some focus group members liked to see larger articles in the editorial section however there were others that liked the more compact style articles used by CFOC.

In response to this feedback, the type of CFOC articles placed in 2008 have reflected a greater focus on programs and services, fundraising and hosptial activities.

Future Directions

To develop a Cultural Diversity and Consumer Participation Committee, which will:

- Monitor and review the Cultural Diversity Plan
- Develop/review patient information brochures and
- Aid in development of future Quality of Care Reports.



Kath McClintock
Podiatrist

Monitoring Patient Satisfaction

'We encourage your feedback'

We monitor patient satisfaction through a number of internal and external surveys and are involved in a State-wide survey called the 'Victorian Patient Satisfaction Monitor' (VPSM).

The survey is conducted for two six month periods (March-August and February-September) each year.

All patients who stay overnight in a Victorian Public Hospital are eligible to participate. A 'Refusal to Participate' form, 'Participant Information sheet' and brochure are given to every patient at each admission contact. We are provided with results on a regular basis and are able to compare our results with organisations of the same size (Category C) and all public hospitals across Victoria.

Our latest results (six months ended February 2008) indicate that 90% of patients were very satisfied overall with their hospital stay, compared to 79% (six months ended August 2007)

Patient feedback

'This was my first hospital admission in 25 years and I found the experience excellent'
'Comfort and consideration of my needs. Operation procedure well detailed. Care was exemplary. Gave me great confidence and peace of mind'

Patient responses have told us we are good at:

- Clarity of information – 97%
- Courtesy of nurses – 100%
- Courtesy of doctors – 100%
- Explanation of treatment – 98%
- Communication between doctors/nurses/ others about your treatment – 99%
- Cleanliness toilets/showers – 99%

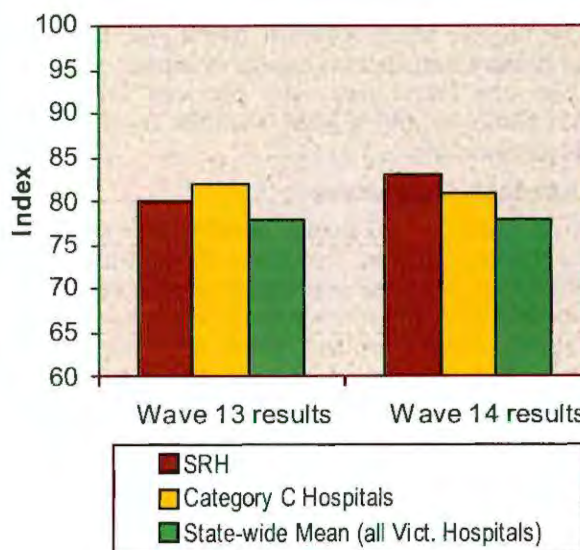
We need to improve:

- Length of time between knowledge that visit was required and admission – 89%
- Temperature of hot meals – 87%

Figure 1 illustrates how patients rated their overall care compared to Category C hospitals and all Victorian hospitals.

Figure 1 Overall Care Index

(Victorian Patient Satisfaction Monitor)



Lily Horsman being assessed by
Helen Kennedy, Pre-Admission Clinic Co-ordinator

Consumer Participation and Decision Making

Our staff aim to involve you in decisions about your care. This is achieved on an individual basis through the Pre Admission Clinic, Day Procedure Unit, and Shared Care Midwifery or when admitted as a medical or surgical patient to the acute ward - Simpson Wing.

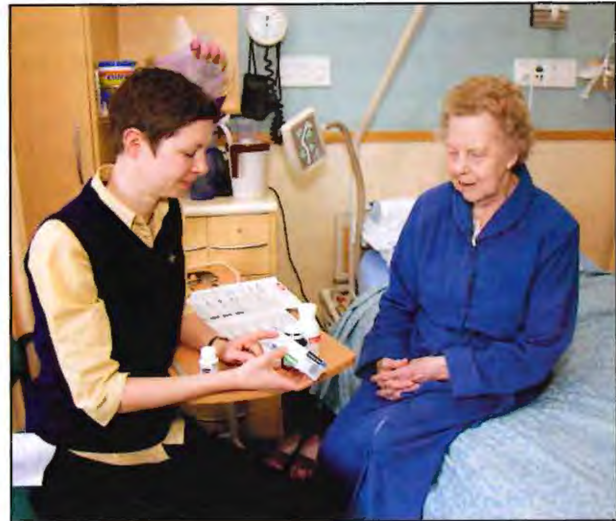
At times a family conference involving a multidisciplinary group of staff may also assist in planning your care. Through the *Victorian Patient Satisfaction Monitor* (VPSM) we can compare how our customers rate consumer participation. We can compare our results against hospitals approximately the same size as us (Category C hospitals) and also against all Victorian hospitals (State-wide hospital benchmarks).

The Consumer Participation indicator (CPI) is a measure that is collected from a combination of results of three VPSM questions. The indicator provides us with a measure of how you rated your involvement in your health care during your hospital stay.

These questions are:

- The opportunity to ask questions about your condition or treatment
- The way staff involved you in decisions about your care
- The willingness of hospital staff to listen to your health concerns

The indicator is highlighted in Figure 2 and compares the average rating over two six month periods with Category C and State-wide hospital benchmarks.



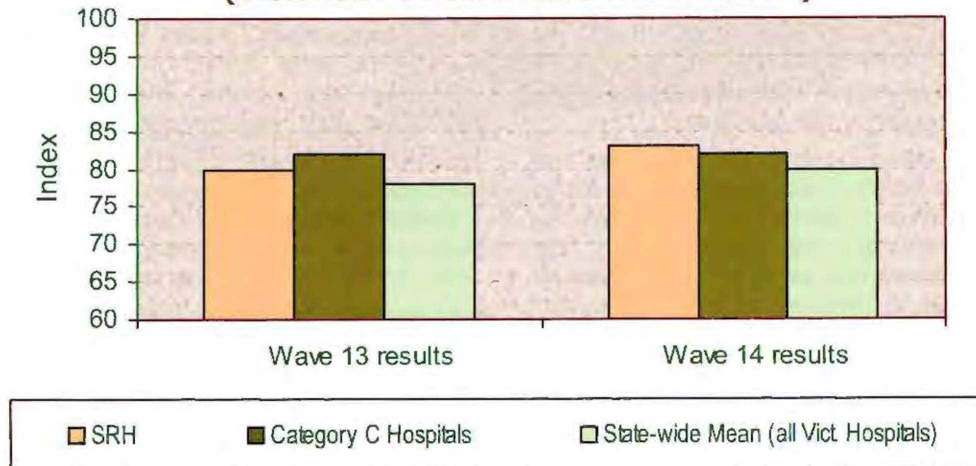
Rose Bates receiving advice on medication from Hospital Pharmacist Jo Hunter

Patient Feedback

'Great information regarding procedure'

'The nursing staff were friendly and helpful explaining to me what signs to look for post op and encouraged me to phone if I had any concerns. The next day they phoned me to do a check up on me'

Figure 2 Consumer Participation Indicator (Victorian Patient Satisfaction Monitor)



Indigenous Health

Improving Care for Aboriginal and Torres Strait Islander Patients

Key Result Areas	Achievements
Area 1 Establish and maintain relationships with Aboriginal communities and services	Stawell Regional Health (SRH) and Budja Budja Co-Operative have enjoyed a positive working relationship for many years, with the joint auspice of the Commonwealth program "Strengthening Rural Communities." Scheduled commencement of a Cultural Diversity / Consumer Participation Committee that will have indigenous representation. Employment of a male Indigenous Community Health Development worker to assist with improving access to mainstream health services for local indigenous people. Administrative support to Budja Budja Co-Operative in the establishment of a regular visiting GP service to Budja Budja Co-Operative.
Area 2 Provide or coordinate cross-cultural training for hospital staff	Involvement of local indigenous people in planning and delivery of cross cultural training of hospital staff. Development of a comprehensive cross-cultural training plan for hospital staff.
Area 3 Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.	Budja Budja Health Plan developed following extensive consultation with the local indigenous community and service providers. Regular meetings with Indigenous Health & Community Development Worker, Budja Budja Co-Operative Board member and key parties at SRH e.g. Chief Executive, Director of Clinical Services and Primary Care Manager.
Area 4 Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.	Progress towards involvement of aboriginal staff in development, review and refinement of referral to primary care. Progress towards obtaining the views of Aboriginal service users through development of a Cultural Diversity Committee.

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 Clinical Governance Framework, 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 for continuous improvement of 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:

- Collection and trending of complaints
- Ensuring external reviews such as accreditation are achieved
- Monitoring of medication errors
- Staff credentialing and privileging (what they are allowed to do), and
- Monitoring of 'adverse events' or 'near miss' events

This year our organisation underwent a Risk Assessment Survey by the Victorian Managed Insurance Authority. The object of the survey was to identify the maturity of our **Risk Management Plan.**

This was benchmarked with all other public healthcare facilities. Our organisation rated 'Good'. Another improvement has been to report the top 10 Risks to the Board and Audit committee on a quarterly basis.

A number of 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.

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 of the Victorian and Commonwealth Governments for all health and aged care services.

The accreditation process enables us to compare and benchmark ourselves against set standards. This ensures the quality and standard of care we provide is comparable with other health services. It also provides us with the opportunity to identify areas for improvement.

In the last 12 months (July 2007 - June 2008) Stawell Regional Health has been involved in two on site accreditation reviews and one 'unannounced visit'.

- **Australian Council on Healthcare Standards (ACHS)**

  As part of the 4 year cycle we were assessed through an on site review called the 'Periodic Review' (PR) in April this year. Two surveyors assessed us against 14 Mandatory Criteria (MC). At a minimum we needed to achieve a 'Moderate Rating' for all 14 MC to maintain our accreditation status. Compliance with the MC means we have process/systems in place to meet, monitor and evaluate a number of areas including Clinical Governance, Credentialing and Certification of staff, Risk Management and Complaints. Improved outcomes relating to these areas can be found throughout the report.

  At this review we also needed to show good progress or have completed the two recommendations we received from our Organisational Wide Survey in March 2006.

We did achieve the required ratings, completed the recommendations and also received a number of commendations!

Commendations went to:

1. 'The organisation is commended on its risk management plan and its commitment to the challenges of risk management'
2. 'Fire training is the responsibility of a member of the maintenance staff. This staff member is commended for his excellent training program'.

Recommendations from our PR relate to:

1. The community health client record
2. Infection Control data collection and
3. Development and allocation of staff action cards during a disaster.

We received no 'High Priority' recommendations.

Comments from the surveyors:

'It was a privilege and a pleasure to be a member of the survey team to conduct this Periodic Review. The organisation has had excellent leadership with both the previous and current Chief Executive, being committed to a culture of quality and allocating resources to support the quality activities. There are many quality activities that are currently underway that will assist in improving the care and service that is being provided'.

We have maintained our 'Accredited' status until our next on site review, our 'Organisational Wide Survey' in April 2010.

Mary Bruce, HARP Co-ordinator assessing Jack Herman's activity levels

External Monitoring

- **Home and Community Care (HACC)**

  The HACC review on District Nursing (DN) was also incorporated into the ACHS review which was undertaken in April this year. The onsite Periodic Review was extended by half a day, to one and a half days to allow time for a comprehensive review against a separate 50 page national standards assessment tool. SRH was one of the first facilities to undergo the combined ACHS/HACC review. Our DN service was rated against the seven objectives in the tool and based on the combined score we receive against these objectives our service is then rated. Out of a possible score of 20 our District Nursing Service scored 18.71. *This was an improvement from our previous score of 16.25. Our DN Service has been assessed of a 'High' standard which is also an improvement from the previous rating of 'Good'.*

  Recommendations from the review related to polices and procedures and incorporating the client record with the organisation medical record on discharge from the DN service.

- **Aged Care Standards and Accreditation Agency (ACAA)**

  Macpherson Smith Nursing Home is accredited until November 2009. As part of the review process, all visits leading up to the next survey in late 2009 will be 'unannounced' (no notification of when surveyors will arrive) There has been one unannounced support contact visit this year. This took place on February 27, 2008. As a result of that visit Macpherson Smith Nursing Home maintains its Accreditation status and complies with all 44 Expected Outcomes.

  'No areas of 'non-compliance' were found.' We expect at least one unannounced support contact visit per year until the next survey.

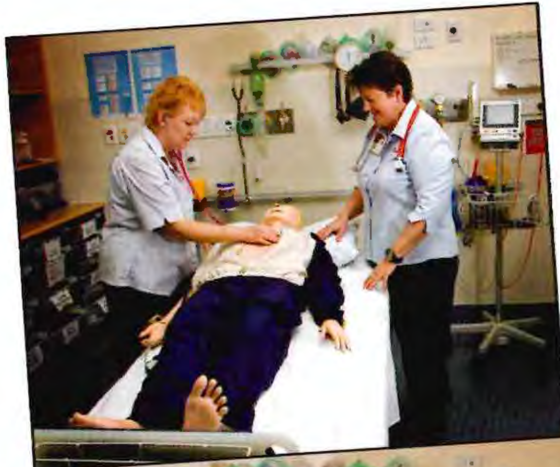
- **Department of Veterans Affairs (DVA)**

  A Contractor Assessment Questionnaire was completed earlier this year.

  To date there has been no word of a follow up review or on site visit.

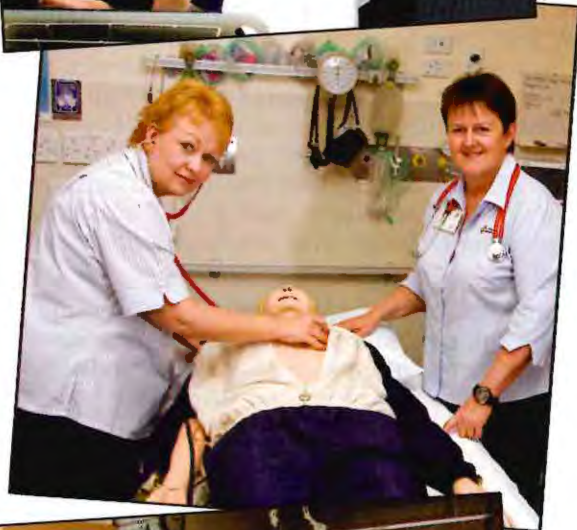
Members of District Nursing Service
Julie Stephens, Deborah Rathgeber (Admin Support), Barb Oates, Rhonda Folkes, Crystal Wemyss, Gabrielle Sherwood

Staff Skills & Credentials



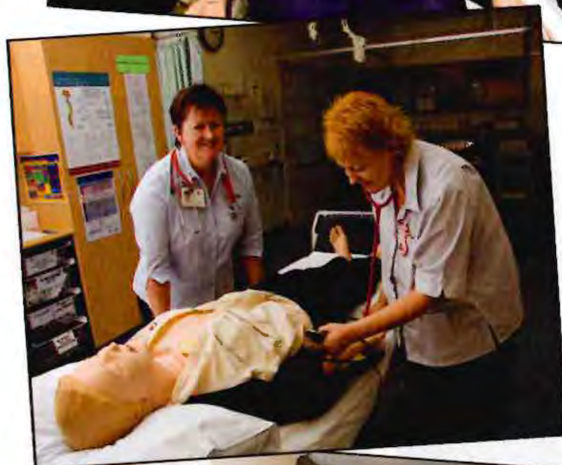
As the consumer of our services it is important that you feel safe and can trust in the systems we have in place for ensuring staff have the required knowledge to do the job they are employed for and have been credentialed to practice in their field.

Medical staff are registered by the Victorian Medical Board and their application to become a visiting medical officer at Stawell Regional Health is assessed by the Director of Medical Services and approved by the Board of Management. Policies are in place to ensure procedures cannot be performed without appropriate training, supervision and risk analysis. This means patients can only receive treatments and surgery appropriate for this size of hospital and the level of skill of the staff.



Nursing staff must apply for registration with the Nurses Board of Victoria each year. An electronic check is conducted to provide verification. All staff that work in our Aged Care Service have had Police Checks in accordance with the requirements of the legislation.

As professionals, nurses must participate in ongoing education to ensure they are up to date and safe to practice. Education is an important part of skill and knowledge maintenance with good patient outcomes clearly linked to it. This year our Education Department produced a comprehensive book on patient assessment and a portfolio booklet for recording of professional development. There are a number of mandatory competencies which all nurses complete each year such as Basic Life Support plus many others at a more advanced level.



Leadership and management skills play an important role in supporting staff and patients and in moving the organization forward. A series of Human Resource (HR) Management education sessions are being conducted for senior staff by a HR Consultant from Ballarat Health Services.

Our Allied Health staff play an important role in the provision of services to inpatients, residents and outpatients and are credentialed with their relevant Board. Many allied health staff participate in mentoring programs and ongoing education updates. With a strong emphasis on patient outcomes and evidence based care our allied health team strive to achieve excellence.

Education Manager Jenny Farrer and Clinical Nurse Educator Sharon Taylor

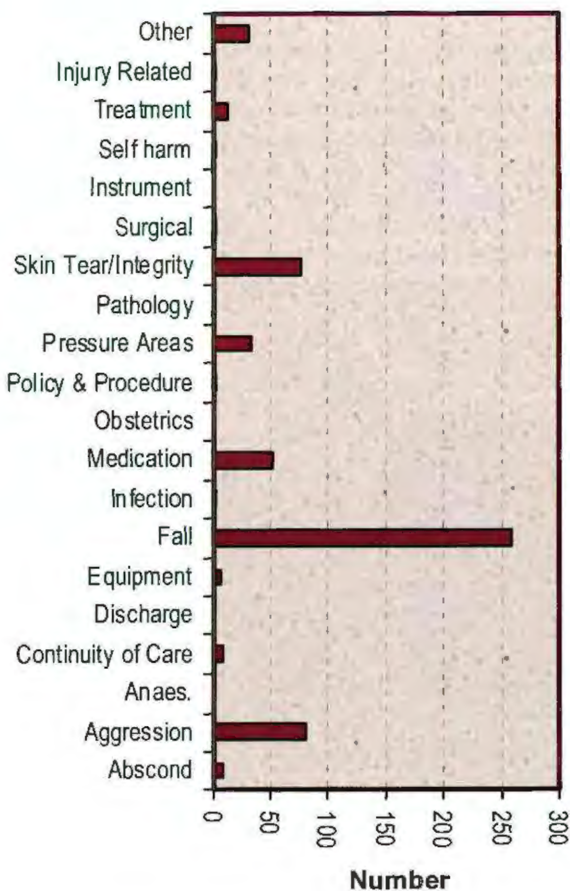
Risk Management

'Risk' is defined as something that may have an impact on the patient, staff member, systems or organisation. It is essential to identify risks to minimise, act or manage them.

If risks are identified the staff are required to complete an incident form stating the risk or incident.

Following this, the circumstances that occurred at the time that may have contributed to the incident are identified. This helps determine what needs to be looked at in more detail. Any action or equipment that is used prior to the incident is included in the investigation. This assists the Department Head and Risk Manager when review of the incident occurs.

Figure 3
Number and types of incidents recorded over the last twelve months



All incidents are reviewed by the Department Head and then forwarded to the Risk Manager to determine if adequate action has occurred or further investigation or action needs to be taken. Incidents are trended to look for:

- Common causes
- Frequency and
- Severity of events.

Incidents are classified depending on whether it has been a near miss, a minor injury or major injury.

All significant risks are entered onto a central risk register.

Information is collated on a monthly basis and presented to our Risk Management Committee which has Board representation.

Some of the improvements resulting from investigation of incidents:

- A risk screening guideline tool has been developed for pre-admission clinic staff to identify and screen patients who have a high Body Mass Index (BMI) and additional risks. It may be appropriate for those patients to undergo surgery at a larger regional health service where additional backup services particularly in the post operative period, are readily available
- Reinforcing the use of a fluid safety device (burette) which only allows a specific small volume of fluid to be infused. This is particularly important when infusing intravenous fluids and drugs into children
- Review and relocation of emergency bells to a central location within the Day Oncology Unit to enable easier staff access
- Revisiting and extending the 'Right side, Right procedure' to all departments across the organisation
- Implementation of Clinical Emergency Criteria which provides a range of vital signs as early notification of a patients deteriorating condition for nursing staff to use to escalate patient care
- Review of the Intravenous Therapy Management Policy and introduction of a phlebitis (inflammation of a vein) rating scale and
- Aggression Management training undertaken by maintenance and nursing staff in the acute ward and aged care facility.

Blood transfusions have been closely monitored in accordance with the National Health and Medical Research Council and Best Practice Guidelines.

Outcome – all requests for blood transfusions now meet the mandatory documentation requirements.

Falls Monitoring and Prevention

Falls have been identified as one of the major factors for hospital admission, particularly in persons over the age of 65 yrs. Falls are in the most part preventable and our health service has a Falls Prevention Programme in place. Falls were our most frequently reported incident in the last twelve months.

When patients or residents are admitted and are over 65 years of age or have a history of a previous fall a risk assessment is undertaken. Once this is completed, strategies to prevent falls or prevent acquiring an injury when falling, are put into place. Falls are monitored on an ongoing basis and incident reports completed as part of our risk management programme. This enables information to be trended over time. These reports identify strategies in place for patients or residents and include additional interventions that have been added should a fall occur.

The prevention programme involves consultation between doctors, nurses, allied health staff and the pharmacist to identify the best possible prevention strategies.
Some of these strategies include:

- Bed in low position
- Non slip socks
- Use of alarm sensor mats
- Use of Invisbeams (invisible electric beam that alarms when a resident crosses the beam)
- Medication review and
- Review of the patient/resident's environment.

Strategies are documented on care plans. Whilst the rate of falls in Aged Care has increased over the last 6 months, several factors need to be considered.

The culture of willingness of staff to report any trip, slip or fall has improved and identification of a number of resident's who have had multiple falls.

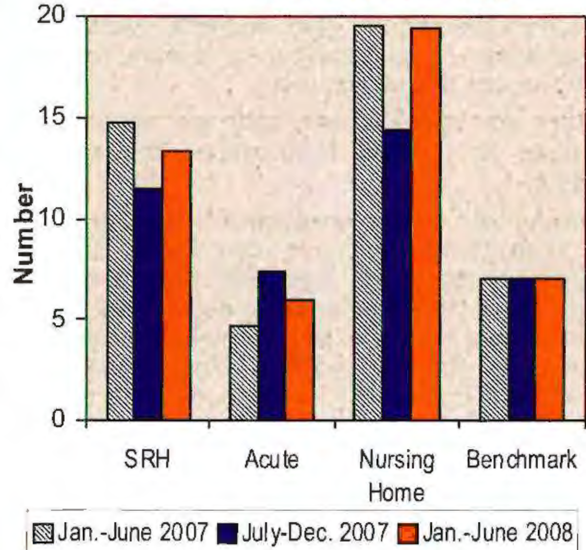
Whilst every effort is made to minimize falls our focus has also been on reducing harm. *Seventy five percent (75%)* of those patients/residents who 'fell' in the last twelve months *did not sustain any injury*. Of the remaining *25% nearly all sustained a skin tear, graze or bruising.*

Falls have been measured by the number that have occurred within 1000 days that a bed is occupied. This method is used as it provides a consistent measure for each time frame.

Falls in acute care have reduced and are now below the State benchmark.

Falls have been monitored and benchmarked within acute and aged care comparing six month timeframes. This is depicted in Figure 4.

Figure 4 Falls/1000 bed days



Managing falls is not just limited to when you are admitted to hospital. People in the community who have experienced a recent fall or are at a high risk of falling can be referred to the Gait and Balance Program where they are assessed by a multi disciplinary team to identify risks and develop and implement a program to maintain body condition to prevent further falls.

Naomi Hunter, Occupational Therapist assisting client Clifford Jones

Infection Control

Infection Control has a high priority at Stawell Regional Health (SRH). There are two qualified Infection Control Practitioners, two accredited Nurse Immunisers and one HIV/Hepatitis C accredited counsellor employed on site.

Infection Control has many programs which all work in conjunction with each other to achieve the major aim of Infection Control. The aim is to provide a safe environment for patients/residents, visitors and staff that minimises the risk of acquiring an infection or communicable disease during a visit to our hospital.

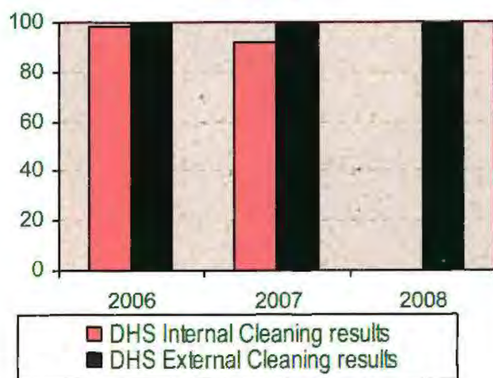
It is important to note that many people being admitted to hospitals are unwell and often have underlying conditions which reduce their immune response; or are having procedures which make them susceptible to acquiring infections. Stawell Regional Health has programs in place to minimise these risks including cleaning standards, policies and procedures, an immunisation program, waste management, food safety, surveillance, hand hygiene and education.

Cleaning Standards

The Department of Human Services (DHS) requires all hospitals to submit two cleaning audit reports per year, one which has to be conducted by an external auditor. A clean environment means that there are a reduced number of microbes('bugs') on the surface of furniture and equipment which could be transferred from one person to another.

Our Environmental Service staff, continue to maintain a very high standard of cleaning throughout the entire health service which is reflected in the audit results in Figure 5.

Figure 5 DHS Internal and External Audit Results

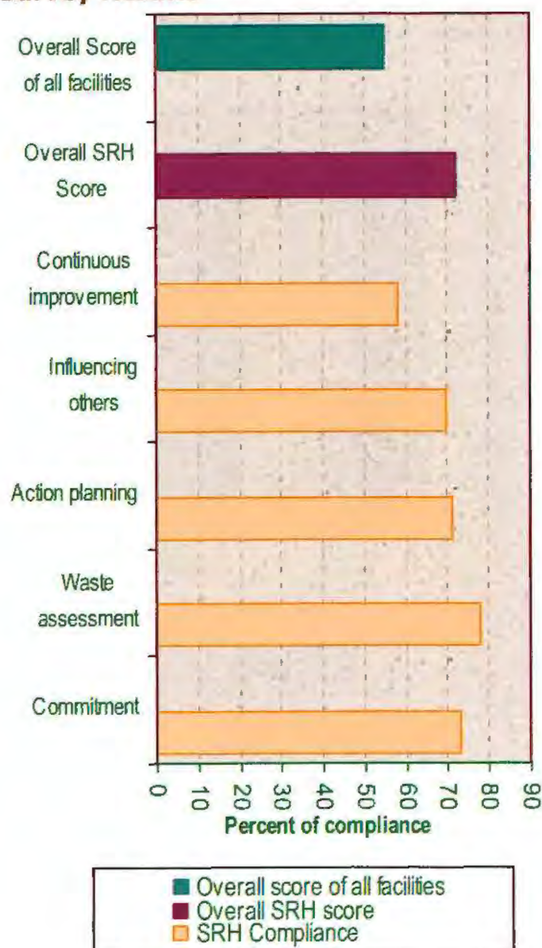


Waste Management

The waste management committee implements strategies and monitors the appropriate segregation, handling, transportation and disposal of clinical, general and recyclable waste in a safe and cost effective manner. These strategies are vital to ensure safe and appropriate handling of all waste to ensure incidents of inappropriate waste disposal like clinical or sharp objects are not placed into general or recyclable wastes where there could be a potential for injury or cross infection.

SRH has been Waste Wise Accredited since 2004. In 2007 we participated in the South Western and Grampians Region Waste Management Group Benchmarking Survey. We achieved 72% compliance compared to 53% for all facilities. (Figure 6)

Figure 6 South Western and Grampians Waste Management Benchmarking Survey Results



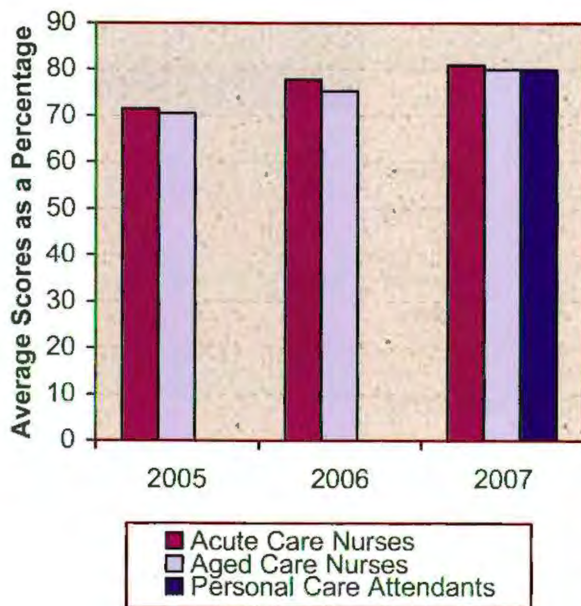
Infection Control

Education

Since 1998, staff at SRH have been participating in an annual Infection Control Challenge Exam. Knowledge and understanding of how infections and diseases are spread is the key to minimising the risk of patients/residents, visitors and staff acquiring an infection or a communicable disease such as Measles, Mumps, Chicken Pox or the flu. The exam is accessible on line and is now compulsory for all Registered Nurses and Personal Care Attendants. The purpose of the exam is to identify any knowledge deficits so that an appropriate education program can be developed to suit the needs of the staff.

The importance of Infection Control for patients and visitors has been supported by SRH including information in the patient information pack and in all waiting areas throughout the facility. Figure 7 depicts results from the exam over the last three years.

Figure 7 Infection Control Challenge Exam Results



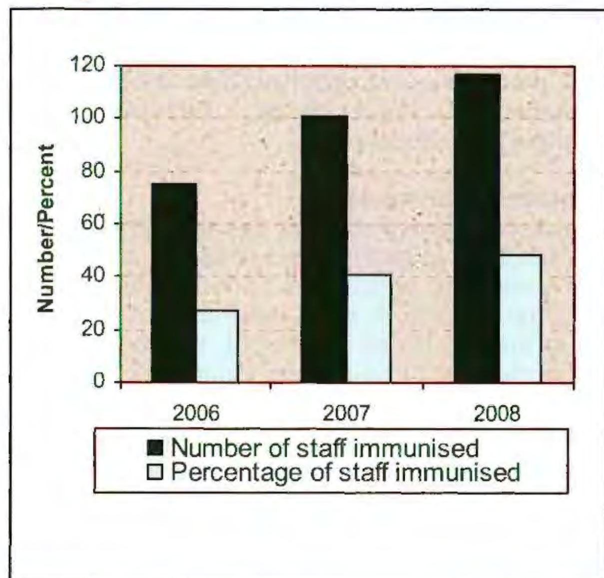
Staff Immunisation Program

The immunisation program is important in the prevention of acquiring a vaccine preventable disease. This protects not only the staff, but also reduces exposure to their families, patients, residents and other staff members.

Currently 144 staff members (61%) have completed their immunisation program.

The annual influenza program has seen a gradual increase over the past four years with 117 staff members (49% of all employees) accepting the influenza immunisation this year, which is an increase of 16 from last year. Figure 8 shows the number and percent of staff immunised over the last three years.

Figure 8 SRH Influenza Immunisation Program



Colin Phillips using the hand wash facility provided throughout the hospital

Infection Control

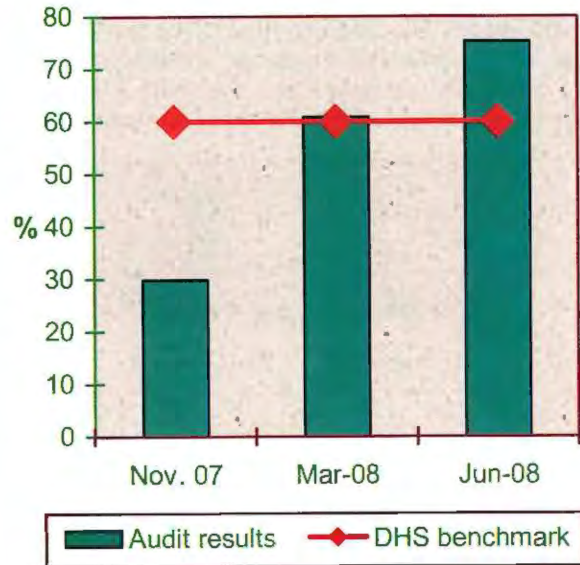
Hand Hygiene Program

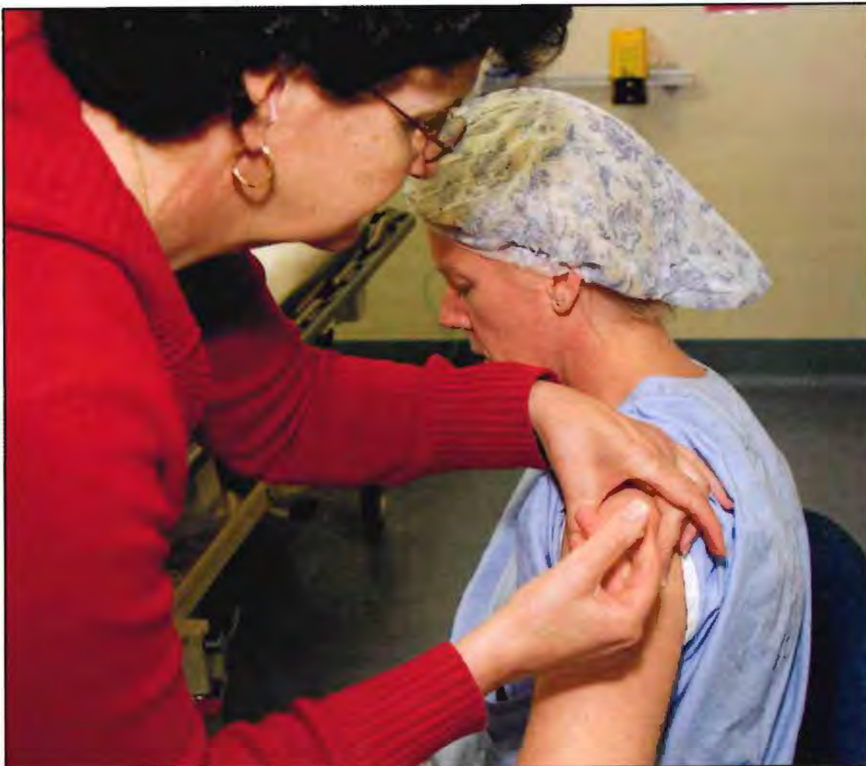
The Victorian Quality Council initiated a 'Hand Hygiene' Project in which SRH was a participant. The aim of the project was to implement a 'best practice' program across Victorian hospitals, as hands and shared equipment remain the most common means of transferring microbes from one person to another. In 2007 DHS adopted the program which in now being benchmarked with the World Health Organisation. The program required intensive education to enable staff to identify when and how they performed their hand hygiene procedures.

Hand hygiene products which are alcohol based have been placed at the end of every bed in the wards for visiting doctors, visitors and staff to use prior to and after each contact with a patient. Hand hygiene products have also been placed in all waiting areas and entrances to the hospital to encourage visitors to decontaminate their hands before visiting their family and friends who are in hospital.

Figure 9 compares results from our last three audits to the DHS benchmark. Our latest results exceed the DHS benchmark and we have had no instances of Methicillin Resistant Staphylococcus aureus (MRSA) in the last 12 months.

Figure 9 Hand Hygeine





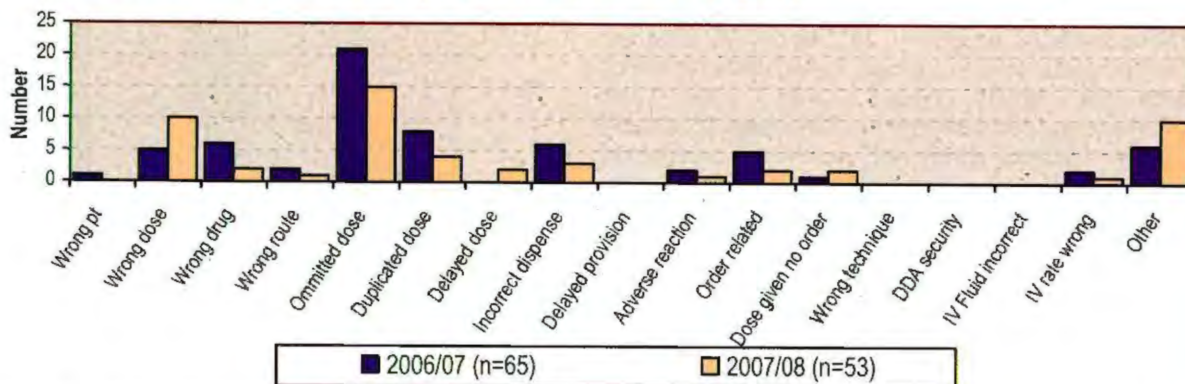
Accredited Immunisation Practitioner Linda Farrer, and Terri-Anne Howard during a staff vaccination session

Medication Safety

Reporting of medication incidents at Stawell Regional Health (SRH) is encouraged in order to identify areas for improvement.

In the period July 2007 to June 2008 there were a total of 53 medication related incidents reported. The incidents occurred in the acute (Simpson) ward, Operating Suite, Macpherson Smith Nursing Home and District (Community) Nursing. **No incidents resulted in harm to the patient or client.** Figure 10 illustrates the number and type of medication incidents from this period.

Figure 10 Medication Errors (compared 2006/07 to 2007/08)



Some of the improvements resulting from investigation of incidents:

- Reinforcement of the role of RN Div 1 and endorsed RN Div 2 and circulation of professional requirements (Nurses Board of Victoria)
- Review of medication errors at the Pharmacy working party
- Review of storage and access to Benzodiazepines (drugs liable to cause abuse/dependence)
- Specific risk management education on Medication Management
- Increased emphasis on checking of medications at handover.

SRH has been involved in several projects and initiatives recommended or instigated by the Department of Human Services (DHS), to improve medication safety and quality in public hospitals.

Quality Use of Medicines (QUM) is currently a high priority, in order to reduce the risk of medication misadventure, ensure safe prescribing and to improve medication safety within the hospital environment. In order to monitor and improve QUM, DHS have adopted an initiative from New South Wales and the United States' Institute of Safe Medication Practice' (ISMP). The Quality Use of Medicines Indicator Initiative (QUM II) allows audit of current practice in areas such as Venous Thromboembolism (VTE) prophylaxis (prevention of the formation of a blood clot in a major vein) and Pharmacist services, such as medication history and reconciliation (the process of confirming medications taken prior to admission and comparing them to what is prescribed on admission, discharge and transfer). Reconciliation is an opportunity for highlighting discrepancies, changes and education requirements.

The results of the QUM II audit allows the implementation of appropriate staff and patient education; and the development of robust assessment, prescribing and documentation pathways in order to ensure safe and effective practices are in use.

During a hospital admission, the older person is known to be at risk of decline in their functional abilities. Medications may be a contributory factor in the decline of older persons, whether it is due to a medication being incorrectly prescribed or omitted, or due to the discharge education and reconciliation process not being complete. DHS has been developing and field testing various 'tool kits' for use in minimising functional decline in the older person.

SRH was selected to participate as a "Rural Health partner agency", in collaboration with St Vincents Hospital, Melbourne. A six week period allowed the field testing of risk screening, medication reconciliation and medication action communication tools. The field testing report is awaiting publication. However, due to perceived benefit of improved communication between healthcare providers within the hospital and upon discharge, SRH has opted to retain and continue to use the medication reconciliation and medication action communication documents.

Pressure Ulcer Prevention and Monitoring

Patients who are admitted to hospital are at risk of developing pressure ulcers, particularly if pressure is applied to a body part from lack of movement. This may potentially occur when patients are immobile in bed or even under an anaesthetic.

A Pressure Ulcer Prevention Program has been introduced on a statewide level which requires health services to screen for risk of pressure ulcers. This may be by assessing continence, nutrition, mobility and the type of surgery to be undertaken.
Interventions are put into place and may include:

- pressure relieving mattresses
- heel wedges or
- regular repositioning of patients.

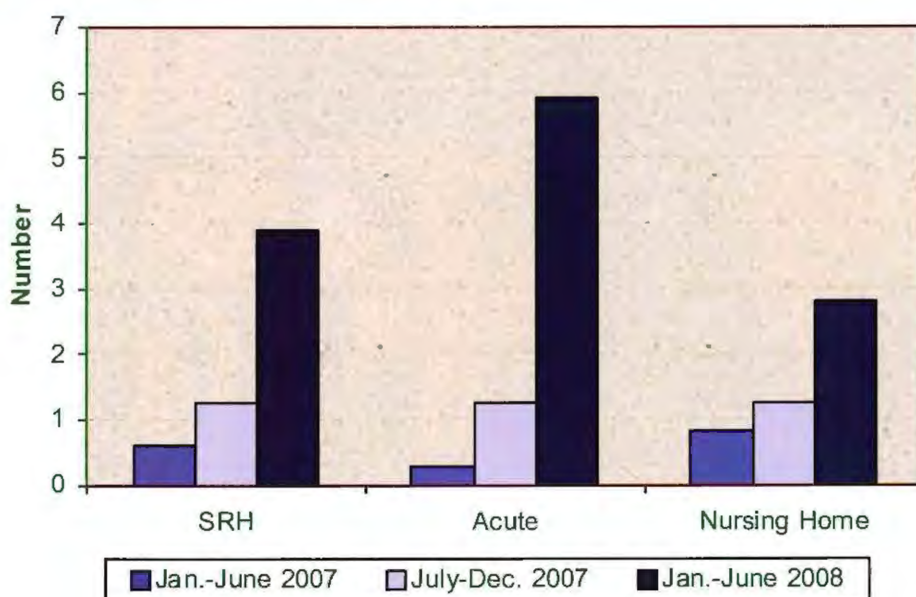
Our staff are educated in how to assess patients for risk, determine the grade of any pressure ulcer that may occur and initiate appropriate treatment.

Frequently residents and patients are admitted with pre-existing pressure areas. Over the last twelve months 52 pressure ulcers were identified, 24 of which were pre-existing before admission to the service.

Our policy on Pressure Area Prevention has been updated and provides current best practice information for staff and patients. In addition to collecting information on pressure ulcers through our own Incident Reporting System we are now required by the Department of Human Services to report on hospital acquired pressure ulcers for acute inpatients. This commenced in January this year. Our aged care facility is also required to undertake a two week audit on residents every quarter to determine the number of pressure ulcers and the stage of each pressure ulcer. We have been collecting this data for two years and are able to internally benchmark our own results as well as benchmark them against other high care facilities. We are also able to compare the data collected in this two week snapshot against our incident register to determine the reporting compliance of pressure ulcers.

Figure 11 compares six monthly benchmarked data, measuring the number of pressure areas that have occurred within 1000 bed days that a bed is occupied. Both acute and aged care show an increase in rate over the last six months due to more diligent reporting.

Figure 11 Pressure Areas/1000 bed days



Note: These statistics include pressure area ulcers which were present on admission to the service

Ladies Auxiliary

The Ladies Auxiliary has been fundraising for our hospital for eighty years. They have always worked at fundraising to buy much needed equipment for the use and comfort of the patients in the hospital and clients of the nursing home.

The private donors are a wonderful source of extra income and the Bookworm Gallery is invaluable. After the sale of the building which houses the gallery, the new owners were generous enough to continue the rent under the same conditions with no extra costs involved. In the last twelve months we have received $5,500 in donations from the Bookworm Gallery.

Fundraising events have consisted of:

- An annual Wine and Savoury Night
- A Trivia afternoon
- In very hot conditions in November the Clementon's opened their wonderful garden for our Garden Party
- At the end of November we had a social Christmas dinner at Trackside which was very successful and
- We started 2008 with a Luncheon at the 1892 Cellar at Seppelts Great Western on Sunday April 6 on a beautiful autumn day

Purchases during the last twelve months

$8,000 towards
a $16,000 Bladder Scan Machine

A Sara Mechanical Lifter
for the Nursing Home
valued at $4,250.

Jean Coote, long term member of the Ladies Auxiliary is a volunteer at the Bookworm Gallery

Y-Zetts

Once again we are pleased to report another very successful year for the Stawell Y-Zetts. The success of any fundraising committee depends upon the enthusiasm and dedication of its members.

The annual Stawell Traders Shopping Spree is still proving to be very popular with a large number of shoppers turning up to 'shop their socks off' and melt the credit card. The ability to pre shop during the week before and the move to the town Hall foyer for supper and raffle draws has proved to be very successful so hopefully this can continue for this years 'spree'.

The Garden Day was once again very enjoyable and successful. Again a big thank you to all those people who kindly opened their gardens for the public to view and a special thank you to Lynne Bibby who kindly opened her house making the day just a bit different.

This year the Y-Zetts were lucky to add an extra fundraiser to their coffers through a bus trip to see 'Priscilla, Queen of the Desert' in Melbourne.

This turned out to be a fantastic day with everyone in attendance thoroughly enjoying themselves. The added bonus of being able to power shop or enjoy a leisurely lunch before the show also proved popular. Thank you again to Lynne Bibby for organising the tickets and bus.

The Y-Zetts again catered for the annual Rotary Club Convention in May and again this could not be successful without the great support from the organisers, those we can call upon to bake cakes, the great kitchen staff at the hospital and those who can help prepare the luncheon early on the Sunday morning. We are confident that this project will continue in 2009.

With these successful fundraisers the Y-Zetts have been able to purchase much needed equipment for the hospital and nursing home such as 20 vases for the wards, scales for the preadmissions clinic, 2 palliative chairs for the nursing home, an IV pole, 3 air mattresses and a pharmacy trolley, totalling over $11,300.

We extend our appreciation to the committee and members of the Y-Zetts for their wonderful work that they do throughout the year.

Y-Zett Members: Leanne Blachford, Justine Linley, Jan West, Pam West, Meg Blake, Kylie Murtagh, Miriam Scott, Helena Nicholson, Wendy Howden, Lyn Bibby

Murray to Moyne

An exceedingly successful 2008 Murray to Moyne campaign culminated with the handing over of a new Diathermy Unit by naming rights sponsor partners, Dr Andrew Cunningham and Dr John Osborne-Rigby of the Stawell Medical Centre.

The 2008 Stawell Medical Centre Sprockets raised a record amount of $30,000. Community, individual and corporate business support for the enthusiastic and ambitious team members was outstanding.

All events conducted by the 'Sprockets' were well attended by riders, sponsors and the public. Team members and organisers acknowledge all supporters, many of whom are long standing and much valued sponsors.

The 'Sprockets' are becoming a well recognised and much revered group of dedicated enthusiasts. They are readily identified during their training over many months by wearing their official costume, which bears corporate branding of many sponsors.

The 'Sprocket Rocket' (bike trailer) project came to fruition this year with finalisation of signage from eight businesses. David Francis was the driver of this very successful project, and with Cliff Dudley are commended for a very professional result.

Team members this year were:
John Osborne-Rigby, Frank Stokes, David Francis, David Tapscott, Wayne Cox, Mal Elliot, Tania Walter, Barney Fry, and first time riders were Elissa Hill, Carolyn Gellert, Naomi Altmann, Sean Dwyer, Cliff Dudley and Nicole Holloway. Wavell Pyke, Peter Kilpatrick and Graeme Trickey formed the support crew.

Team Members leading up to the event, relaxing after the ride and handing over the Diathermy Unit to Dr. Andrew Cunningham and Dr. John Osborne-Rigby

CasConnect Rural Health Bank Pilot

The Rural Health Bank (RHB) Pilot is a project that is being managed by Stawell Regional Health (SRH) on behalf of the Department of Human Services (the Department) and Grampians health services. The RHB Pilot has been jointly funded by various branches of the Department including the Nurse Policy Branch, the Service and Workforce Planning Branch, the Rural and Regional Health Services Branch and the Grampians Regional Office of the Department.

The primary aim of the RHB Pilot is to provide a central organisation to co-ordinate the placement and professional development of nurses and allied health staff who provide relief services in the Grampians region of Victoria. If the pilot is successful, it is expected that the RHB will eventually expand its operations into other regions of Victoria and to other health occupations.

The primary objectives of the RHB Pilot are to:

- Promote and support the mobilisation of relief health service occupation staff in the Grampians region
- Increase the availability of relief health service occupation staff for Grampians region health services
- Provide a staff relief service for participating Grampians region health services that is more efficient, sustainable and cost effective when compared to existing staff relief systems
- Reduce clinical risks and other risks typically associated with the recruitment and placement of relief health service staff in the Grampians region
- Improve the working lives and employment choices for health workers who provide relief services in the Grampians region of Victoria
- Reduce the workload of senior staff who coordinate the recruitment and placement of relief health care personnel in participating Grampians region health services.

Crystal Wemyss RN1 Graduate Nurse

Stawell Regional Health has set up a department to manage the project and have given it the business name of "CasConnect".

The Project officially began at the end of April 2008. To date the CasConnect staff and the Project Management Team have been developing the project plans and working through the various documents and processes that will be required to run the services that CasConnect will provide.

Each health service that has expressed interest in being involved with the pilot will be gradually brought onto the system. The first health service to join will be Stawell Regional Health, which went live in late July 2008.

The project timeframe is two years. The final evaluation report and outcomes of the pilot being reported by April 2010

Leena Thomas RN1,
Helen Farnsworth ANUM

Gaylene Peoples RN1,
Casey Grant RN1
Graduate Nurse

Clever Health/Telemedicine

Stawell Regional Health has been involved as a pilot site for the introduction of video link to assist in patient assessment and treatments with more specialised health services with tertiary hospitals. This is a Commonwealth funded project involving all of the Grampians region health services

The staff at Stawell Regional Health were some of the first in the region to experience the value of the mobile new videoconferencing unit called an 'Intern II' to the value of delivery of health care, in early October 2007. The technology is being installed in the main sites of the health care agencies in the region over the next two years and will provide links with either secondary or tertiary hospitals in the region.

This is an exciting opportunity for Stawell to work through the training and procedural issues to use videoconferencing to facilitate the delivery of healthcare services which are difficult to provide in regional areas.

The units may be used for patient related information, consults or professional support and education.

Preliminary work has been undertaken at Wimmera Base Hospital and Stawell Regional Health in establishing procedures to enable these mobile video units to be used in a manner which protects patient privacy.

Betty Meumann NUM checking Jenny Farrer's ears during a training session

Enid Smith DDCS and Betty Meumann NUM during training session

Improving Services for Older Persons

Health Independence Support Program

The Health Independence Support program commenced at Stawell Regional Health in December 2007 and is a DHS funded program.

The program is part of the Government's "Hospital Admission risk Program – Better Care for Older People" initiative which aims to increase quality of life for clients and reduce hospital admissions and the need for emergency treatment.

The program provided education, monitoring and support to encourage people to self manage their health. We work with people with heart disease, respiratory disease or complex health needs to help them maintain maximum independence and have confidence to live to their full capacity in the community.

To be eligible for the program, people must be:

- Over 65 or
- Over 45 if they are indigenous.

The Health Independence Support team can help people by:

- Providing strategies to assist clients to monitor their symptoms at home and to seek treatment if they start to become unwell
- Reviewing management and treatment options with clients, their carers and other health professionals
- Assisting clients to set personal lifestyle goals and/or
- Providing medical management and emergency plans.

Twenty-nine (29) clients had been referred to this program by June this year, of which fifteen (15) has been admitted and of those six (6) discharged.

Generally the client feedback has been positive. General client outcomes include:

1. increased client confidence
2. increased fitness
3. weight reduction
4. confidence to take interstate trips
5. education around the use of oxygen in the home and
6. further referral to other allied health and community services.

Longer Stay Older Persons

This was a Commonwealth and Department of Human Services funded project. Our organisation received $70k to undertake a survey of the environment to identify areas that could be changed or adapted to meet the needs of the older person.

We were successful in obtaining funding to:-

- Install hand rails that meet the Australian Standard
- Install a safety barrier around the helipad/car park
- Replace seating in one of the patient lounges in the acute ward
- Replace outside bench seats
- Provide additional shelving in showers
- Replace toilet flush buttons with larger push buttons and
- Install safety fencing to the top of the garden staircase.

Various age groups gather weekly to walk around Cato Lake

Day Centre clients enjoying the sunshine whilst doing an exercise program

Nurse Practitioners

In April 2008 we commenced a scoping project funded by DHS to determine the possible opportunities to utilise Nurse Practitioners at Stawell Regional Health during the next five years.

What is a Nurse Practitioner?

A Nurse Practitioner is a registered nurse with many years of practical experience in a chosen specialty area who has also completed a Masters of Nursing Practice degree (Nurse Practitioners) and who has completed rigorous assessment in their chosen field. They are endorsed by the Nurses Board of Victoria following very stringent criteria completion. Nurse Practitioners have an extensive scope of practice including advanced decision making, some medication prescribing rights, referral to specialists and ordering of some pathology.

Nurse Practitioners work in partnership with Medical Officers to ensure patients receive advanced care when required.

The greatest need for a Nurse Practitioner at this stage according to our research, is in Aged Care, where they would conduct comprehensive assessments, early intervention of conditions and work closely with GP's, Geriatricians and other specialists to obtain optimal care and outcomes for residents.

Other areas where the role of a Nurse Practitioner could be considered are Diabetes Education, Wound Management, Midwifery and Continence Management.

Mary Bruce, HARP Co-Ordinator

Rural Emergency Collaborative Practice Model

Stawell Regional Health is one of 6 pilot sites to participate in a research study. The aim of the project is to introduce a practice model of care into rural hospitals to deliver sustainable and safe emergency care in rural Victoria by more efficient use and access to medical and nursing staff in the provision of emergency care to the community. This is particularly important when recruitment and retention of professionals in rural areas is a priority for rural health.

One of our participants has been selected as an Assessor for future up skilling of staff should the project be extended Victoria wide.

Key achievements of the project to date:

1. Reviewed a number of clinical policies and procedures
2. Reviewed Accident and Emergency documentation
3. Are using Queensland's 'Primary Clinical Care Manual' as a guide and reference to emergency presentations

Patient Documentation

How we have improved inpatient admission and discharge information between Stawell Regional Health and the doctors at the Stawell Medical Centre

Communication of patient information, which is timely, informative and readable, is a constant challenge for our health service.

A recent project that has been successfully implemented between the hospital and the doctors at the Stawell Medical Centre (SMC) has been the development of an Automated Admission Form and a Discharge Summary within the SMC's electronic Medical Director Software Program.

How it works:

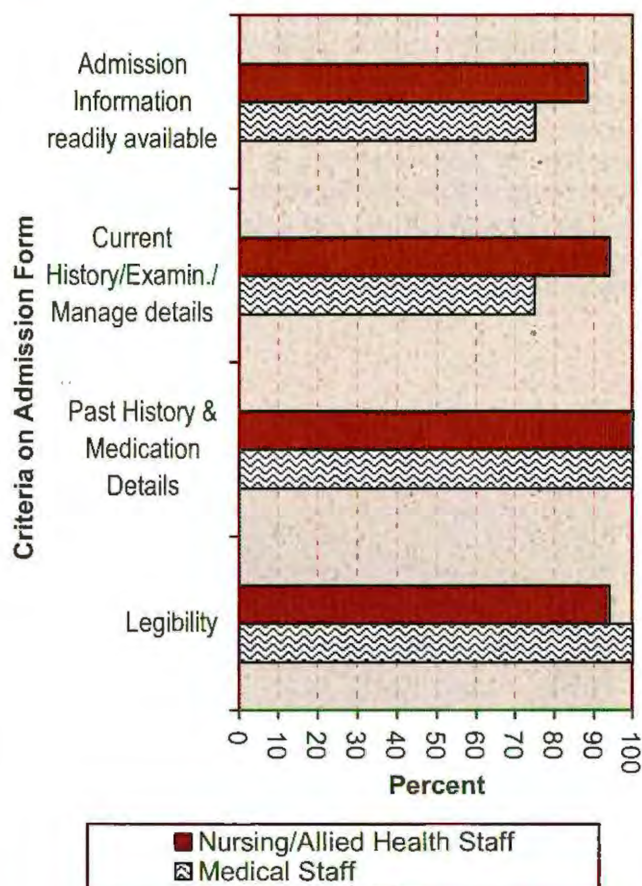
- When admitting a patient, the treating doctor accesses the Medical Director Program and enters current history, examination and required treatment details of the patient into a preformatted form
- The patient's past history, current medications automatically come across into this form
- The form is printed and placed in the patient's hospital record as the main communication tool for all clinicians to commence the patient's treatment

The same process works, but in reverse, for the patient's Discharge Summary. This process allows the treating doctor to update the SMC record with any changes to the patient's medication on discharge.

In this way, continuity of patient care information is improved for the hospital with the SMC having these detailed records as a part of their own record system.

Figure 12 illustrates the high level of satisfaction the medical, nursing and allied health staff have with the information contained on the recently introduced Automated Admission Form.

Figure 12 Staff Satisfaction with Automated Admission Form



Beryl Greig RN1 checking patient's medication chart

Macpherson Smith Nursing Home

Macpherson Smith Nursing Home is home to 35 residents who require high level nursing care including: frail aged, dementia and those with a psychiatric illness. Accommodation includes 8 shared rooms and 19 single rooms. Recently we were notified of the success in securing the approval and funding for a further High Level Care Bed which enables us to provide further respite. The Residents and Relatives Committee have endorsed this initiative.

A new Aged Care Manager who has a background in Community Health, Palliative Care, and most recently, Manager of Central Grampians Carer Respite Centre, was appointed in March. Staff at the nursing home also include: - registered nurses, personal care workers, and kitchen and laundry personnel. All staff are involved in the accreditation process and contribute to quality improvement.

Macpherson Smith Nursing Home is regularly serviced by allied health staff from the hospital. Resident's needs are assessed by a registered nurse who undertakes the role of a case manager to co-ordinate and monitor care of the resident. Families are invited to attend case conference meetings to discuss and contribute to the care planning and changing needs of their loved one.

Residents and relatives have a dedicated committee which is supported by the Aged Care Manager, Chief Executive Officer and Director of Clinical Services. All quality activities are tabled at this meeting for discussion and action. The committee acts as a focus group, advocates for residents and provides a venue for information sharing between residents, relatives and staff.

New Project and Initiatives

The service is moving toward establishing a multi sensory room known as a Snoozalon Room. A committee has been formed and following consultation with residents, families and staff, we envisage the room will be completed and in use by December this year.

In March this year the Commonwealth Government introduced a new Assessment & Funding Instrument for all Residential Care facilities. The Aged Care Funding Instrument, (ACFI) was commenced on March 20, 2008 and replaces the Residential Classification System. It is a simpler method of assessment matched to funding.

Volunteers

Volunteers are valued members of the nursing home team. They continue to play a vital role in enhancing and maintaining the quality of life for all residents with activities such as reading the newspaper, friendly visiting, assisting with indoor and outdoor leisure and lifestyle activities and musical entertainment. Community organisations have continued to volunteer their time over the past twelve months. Church representatives come in for one on one chats, communion and singing. Thank you to all the volunteers who have helped make the nursing home a vibrant inclusive home for all residents.

Christmas in July Celebrations

An excursion to Barney's Rubble, Pomonal

Birthdays are special occasions

Macpherson Smith Nursing Home

Leisure and Lifestyle Program

The Leisure and Lifestyle Program is a vital part of the nursing home ensuring residents participate in various activities of their choice thus maintaining their quality of life. The program co-ordinator and assistant organise regular group activities including newspaper reading and discussion, exercises, bingo, games (bowls etc) and quizzes. Happy hour was introduced about 4 months ago and takes place mid afternoon once a week when residents gather together to enjoy nibbles and drinks. This has proved to be a real hit with the residents.

Other activities offered include massages, crosswords, BBQ's and a footy tipping competition. Not all activities are held indoors. A visit to the Alpaca Show, attendance at the ANZAC Day march, and scenic drives around Stawell and Halls Gap were some of the outdoor activities also offered this year. Some Residents go on outings and have afternoon tea at our local coffee shops, to the local hotel for either lunch and/or to play pool, fish at Cato Lake, or spend an afternoon watching horses at the harness racing.

Our two resident pets, Daisy and Rocky are very popular with our residents and we thank their owners for lending them to us.

It is wonderful to see the smiles and to hear the laughter of people participating in all the variety of activities, whilst socialising with other residents, relatives, staff and volunteers.

Equipment

Since the introduction of the 'Invisibeam' (early alert system & falls management device), staff are able to quickly attend to residents when the call bell system is activated.

Sonja Whelan partnering Neville Hogan during a dancing activity session

The recent purchase of two new high care beds provide added features of adjustable knee comfort to reduce the effect of pressure on knees and heels of residents. The tilting mechanism also allows more comfort for residents when eating meals as well as improved safety for residents and staff when transferring from bed to a chair.

With generous donations we have been able to purchase six Deluxe Air chairs. The chairs have made a significant difference to residents comfort and ability to spend more time out of bed. This allows them to be more involved in the leisure and lifestyle activities with other residents. The staff have found the chairs easy to manoeuvre and beneficial to resident care. The recent donation of a toaster from a resident's relative has also been greatly appreciated.

Improvements in service provision

Overall staffing levels have been increased to ensure best quality of care for all residents in the nursing home. Staff continue to participate in ongoing personal and professional development through attendance at in-services (such as Aged Care Channel), conferences, workshops and seminars. The current Case Management model continues to enhance quality care and takes into account all residents medical, social, spiritual, emotional and cultural needs in accordance with the Aged Care Standards. All staff play a vital role in the case management model of care.

All personal Laundry is now being outsourced to Intertwine Services in partnership with Stawell Dry Cleaners. Laundry will be picked up and delivered back to the nursing home folded and pressed ready for support staff to put away.

Our current food services will be replaced by the 'Banqueting System' (pre-plated food prepared off site, cooked and chilled) following extensive renovations to the existing laundry area at the nursing home. These changes have been made to improve nutritional quality of the food, reduce manual handling, OH&S and risk management issues.

Macpherson Smith Nursing Home

Some of the goals for next year are to:

- Continue improving the case management model
- Move towards the introduction of the Eden Principles for care of residents
- Improving quality of care - Reduction of Falls, Pressure Ulcers, weight loss and medication issues
- Expand the Leisure and Lifestyle Program
- Improve the outdoor equipment/garden area for residents and families

As the new manager of the nursing home I wish to thank the residents for their gentle wisdom, the relatives for their patience and to all the dedicated caring staff for their professionalism.

Robyn Leslie

Activities Co-ordinator Sonja Whelan accompanied World War II veteran Jack D'Alton to the 2008 Anzac March

Bennett Centre for Community Activities

The Bennett Centre for Community Activities or Planned Activity Group continues to operate successfully, opening Monday to Friday. Whilst there is an increased emphasis on exercise to maintain strength, reducing age related illness and increasing fitness, other activities continue. These activities help provide a positive avenue for maintaining social and recreational links for people who are frail aged, have disabilities or for those whose attendance provides respite for their carers.

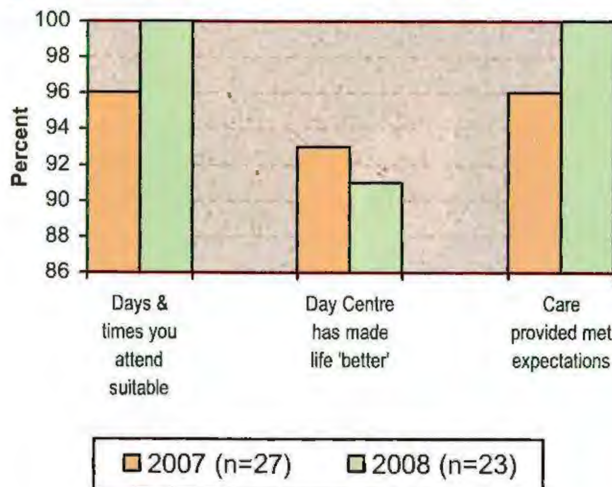
This year has seen an increase in wheelchair-bound attendances, which presents its own challenges when transporting to and from the centre in a timely manner and also on activities away from the centre. It also demonstrates the flexibility that the staff in the centre strive for.

The numbers of people attending on a daily basis remain steady. Whilst we are continually welcoming new clients, we are also farewelling old friends who move on to more supported accommodation.

Client/Carer meetings with the staff continue and generate fresh ideas for activities. The Centre now runs specific Mens' and Ladies' days every alternate month. They are proving popular and usually result in an outing somewhere.

Each year a client satisfaction survey is conducted. Whilst the response to this year's survey was lower than last year's, it once again demonstrated high levels of satisfaction with activities, service and the staff. Figure 13 illustrates some of the results from this year's satisfaction survey compared to last year.

Figure 13 Satisfaction Survey Results



Fresh ideas for activities are constantly being sought and this year saw visits to places such as "Old Dadswells Town" for a barbeque and to the Alpaca Farm. Outings, both out of town and around town for lunch are very popular. Even drives around town prove popular for those who are otherwise housebound.

Staff education has had a strong focus this year. Two (2) staff have completed their Cert 3 in Fitness and are working towards the completion of a module on Aged Care Fitness as an adjunct to their certificate. This is already having benefits for the clients with exercises being more tailored to their needs, both individually and as a group. It is also hoped that their new skills will be utilised in the broader health service community as well. Another staff member has also completed study and now has her Cert 3 in Aged Care. This formalized study will continue to optimize the care clients receive.

Once again the Bennett Centre held a very successful Biggest Morning Tea in May and raised $600 for Cancer research, which was a fantastic effort.

This year we advertised for volunteers for the Bennett Centre, with limited success. It is recognised that volunteers can enhance a client's wellbeing with the contributions they make when they are able to assist, particularly with one on one activities such as reading and card playing and other things which clients may not otherwise be regularly involved in.

> *"Attending the Bennett Centre has filled a major gap in my life and allowed me to settle into living back in the Stawell area in a major way."*
>
> *"Much better, the weekends don't go fast enough, as I live alone and love the company."*

John Bowen Day Oncology Unit

The John Bowen Day Oncology Unit continues to provide a service for Stawell and District residents that require chemotherapy for various types of cancer and haematological (blood) disorders. With continuing research the treatment of cancer is becoming more proficient and patient survival time and remission outcomes continually improve.

The unit operates every Wednesday and if patients require their treatment over a few days they are admitted to Simpson Wing. While on the ward an oncology nurse administers the chemotherapy and the general care is provided by the ward nurses.

Improvements in the last year include:

- Education of Simpson Wing staff in the care of the patient undergoing chemotherapy
- Improving patient care coordination and
- Review and simplification of paperwork used for each patient treatment episode.

The education sessions delivered by oncology staff, aim to increase the nurses' knowledge of the patient's care requirements and of the safety precautions needed during and after the administration of chemotherapy.

The Improving Patient Care Coordination Project that will run throughout 2008 is funded by Grampians Integrated Cancer Services (GICS), and allows an oncology nurse one day a fortnight to telephone clients who are undergoing treatment for cancer. The follow up call allows the nurse the opportunity to ascertain how the client is coping physically and emotionally and to determine if a referral is needed to another service. E.g. medical, allied, social and nursing services. In the busy environment of the Oncology Unit on treatment day, clients may feel the nurses are too busy to give them one on one quality time.

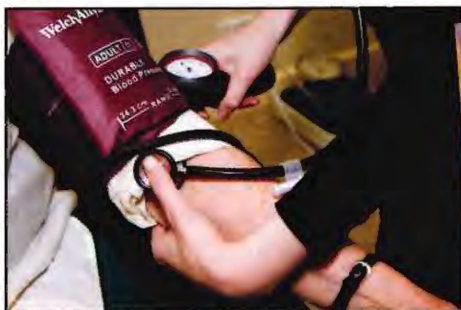
The telephone call gives the patient the opportunity to discuss any issue they may have with their diagnosis and treatment, ask the nurse for extra information or just seek advice and reassurance.

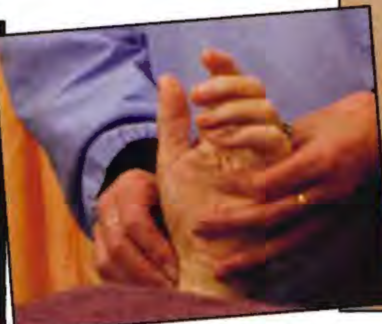
Patient satisfaction with this new service will be measured through a questionnaire that will ascertain how useful the follow up telephone call was in regards to referrals made, advice given or just having the opportunity to talk. The six monthly interim report on the project shows that forty nine (49) calls have been made to clients and twenty one (21) referrals were made to nine (9) different services. The aim is to continue this service once the project has been completed.

Paperwork used for each patient treatment episode has also been reviewed. This includes an initial admission form and treatment flowcharts. The unit is still trialling these forms and further adjustments are likely, but already the oncology nurses have appreciated less paperwork which means more time spent with clients. In addition to this a 'handover sheet' has been developed which allows for the seamless transition of clients from the unit to the acute ward to continue their treatment. Nurses will be surveyed to determine their satisfaction with this form before it is formally introduced.

Plans for the future:

With the growth of our service we are finding that the area we occupy in Building B is becoming more crowded, especially on the days when the Oncologist, Professor George Kannourakis is in attendance. Initial plans are being made for expansion when the Allied Health department move off site. As well as more room, the plans will include areas where clients can have their treatment administered away from the main group if privacy is needed.



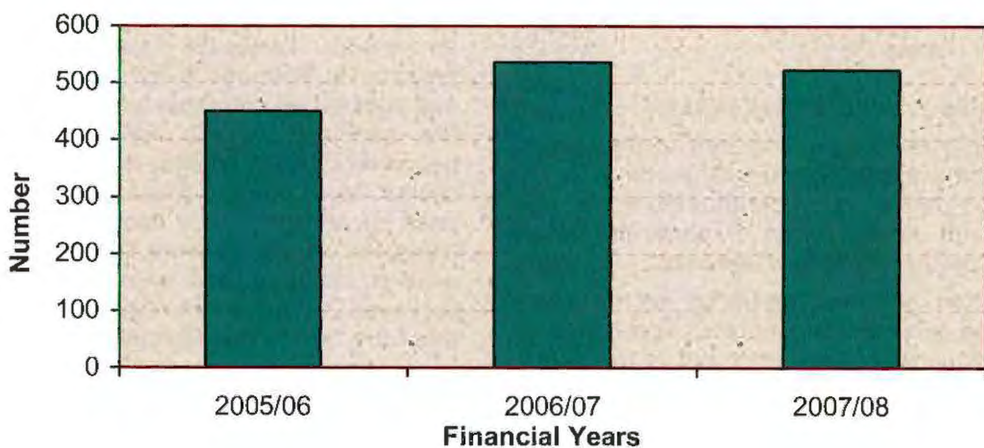


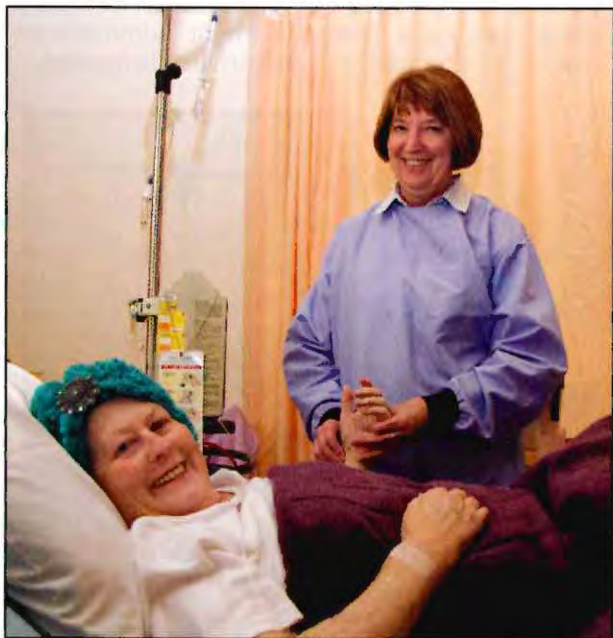
John Bowen Day Oncology Unit

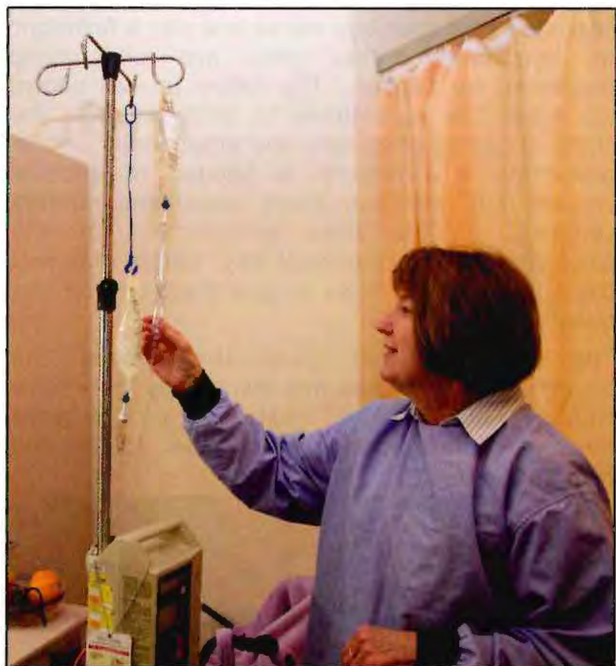
Patient numbers

There were 523 patient episodes for the financial year 2007/2008. As well as chemotherapy treatments, these episodes include patients requiring venesection (incision into a vein for the purpose of drawing blood) for haematological disorders and patients requiring post-chemotherapy care of intravenous access devices such as infusaports and PICC lines. Figure 14 illustrates patient episodes of attendance over the past 3 years.

Figure 14 Number of Patient Episodes of Attendance







Oncology patient Barb Jenkins being monitored by Jan Sherwell RN1

Birthing Services

Birthing services are an integral part of health care within Stawell and the surrounding district. Care of women and their family begins in early pregnancy and continues beyond the birth of the baby. Education and support is provided throughout this time by a small group of midwives who are known to the expectant mothers.

The Shared Care Model of care, which commenced in January 2007, continues to be a popular choice for most. Nearly 100% of eligible women choose to participate in collaboration with their choice of General Practitioner (GP).

Midwives now provide an Early Pregnancy & Assessment service to women requiring information regarding tests and investigations in the early stages of pregnancy, and prior to appointments with their local GP. Funding from the Department of Human services (DHS) has allowed us to continue to provide this service free of charge to all families.

A free service has also been introduced to women diagnosed with gestational diabetes during their pregnancy. This enables them to receive education from a diabetes educator and dietician for the remainder of their pregnancy and for relevant follow up care after birth.

All families receive follow up visits in their own home following the birth of their baby. This includes women that have birthed in regional hospitals for medical reasons.

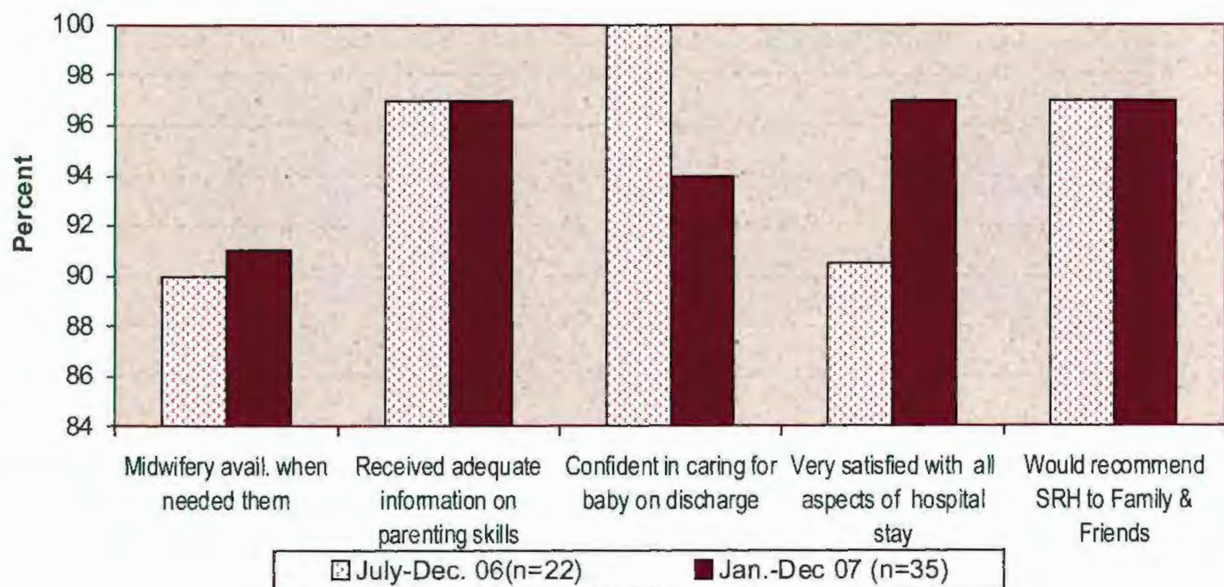
This allows all new parents to be linked to the local services available, and enables the transition from hospital to home to be as smooth and seamless as possible.

> This year at discharge 92% of our mothers were exclusively breast feeding compared to 87% last year and 82.5% in 2005/06

Two (2) midwives successfully completed the Advanced Life Support in Obstetrics (ALSO) course in November 2007. Two (2) more midwives will be attending this course in 2008 to ensure they are further prepared to manage emergencies that may arise in maternity care. Education within midwifery is a continuous process, to ensure best practice is maintained.

Satisfaction of the midwifery service is continually monitored through internal customer satisfaction surveys. The results of these surveys indicate a continually high level of satisfaction, and all comments are taken into account so any part of our service can be improved.
Figure 15 demonstrates some of these results.

Figure 15 Satisfaction Survey Results

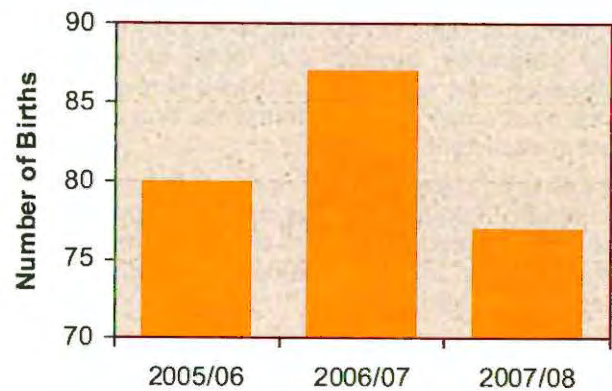


Birthing Services

Stawell Regional Health shares maternity service cover each weekend with East Grampians Health Service. Families have adapted positively to this system as it has become better known. Feedback received from women birthing in their "non-booked" hospital is positive. Regular communication and review between the two hospitals allows this service to run smoothly.

Figure 16 shows birthing trends over the last three financial years.

Figure 16 Birthing Trends



Bodie Taylor with baby Lillie Maree

Diabetes Self Management Program

In 2006, Stawell Regional Health became a fund holder (Department of Human Services funded) for the Grampians Health Alliance for a Self Management Program for people newly diagnosed with Type 2 Diabetes.

In March 2008, we conducted the pilot 6-week Diabetes Self Management (DSM) Program. Eight people who had been diagnosed with Type 2 Diabetes in the last twelve months participated in the program.

The program was based on the "One Step Ahead" model trialled in four Melbourne health services in 2005. It was a multidisciplinary program involving the Diabetes Nurse Educator, Dietitian, Health Promotion Coordinator, Physiotherapist, Social Worker and Podiatrist.

The topics included:

- blood glucose management
- nutrition
- weight management
- physical activity
- stress
- communication and
- caring for feet

Each week participants set personal goals to improve their health and were able to sample a variety of "diabetes-friendly" snack ideas.

There were a number of positive impacts of the program including:

- Increase in diabetes-related knowledge
- High satisfaction from participants
- 100% of respondents stating that the program helped them to better manage their diabetes and
- The intention of all participants to keep setting regular goals for their health

To encourage the sustainability of these results, a three month follow-up appointment with the Diabetes Nurse Educator and Dietitian will be arranged. A group get together will also be organised to help maintain social connectedness and support for the participants.

We are currently looking at running another program and areas identified for improvement from the pilot program will be incorporated in this program.

Patient feedback

'I should like to thank all the Nursing Staff and hospital for the six week course for Diabetics. I am an 82 year old and very ignorant about this complaint. The girls certainly enlightened all 6 of us to the treatment of diabetes. They certainly made a wonderful, friendly, helpful team to educate us all.

I'd like to thank the hospital and staff for their effort. Well Done'

'I am very pleased with the information and treatment received from all parties concerned, at all the information mornings we had at the hospital. The Diabetes Educator and all the other girls were fantastic'

Gait and Balance Program

In 2007-08, 20 people attended the Gait and Balance exercise class (through referral from the Gait and Balance Clinic). Seven graduated from the program, eight are ongoing and five could no longer attend for a variety of reasons.

Impacts from the program have been positive. The six minute walk test and 'timed up and go' have both improved (less reliance on aids and faster times) and the Berg Balance Scale (14 item test to measure the balance of an adult) has shown improvement in the few participants who have completed this new assessment tool. Assessment of social connectedness has started using the UCLA loneliness scale and SF-12 short form, but only initial questionnaires have been completed so far. Results will be available next year.

As part of the "improving physical activity in older persons" project, all strength and balance/mobility programs in the Grampians region will be standardised so that they conform to best practice to ensure patients get the same quality of care. It is possible this will impact on both our Gait and Balance and strength training program in the future, and may involve further training of staff and the use of more documentation.

The Gait and Balance exercise class is a 15 week program with a review class once a month for people who have graduated. However, as the review class has a low attendance rate, it is not very effective in maintaining the bodily condition required to prevent falls.

The aim for the next year is to change the monthly review class into a weekly strength/balance class. Participants will be tested on the Berg Balance Scale and sent to the appropriate class. Higher level participants will attend the "review" class and do more personalised strength training programs and possibly including Tai Chi. Planning will begin when funding is obtained and new staff commence.

Physiotherapist Kate McEvoy with client Lindsay Darker

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

Elective Surgery

Stawell Regional Health offers services provided by both visiting specialists and General Practitioners within the Operating Theatre environment. These Medical Practitioners come from Stawell and from other areas in the Grampians Region. The Operating Suite, Day Procedure Unit and Pre- Admission Clinic are staffed by dedicated and skilled nursing staff whose high standards produce excellent patient outcomes.

Surgeon	Speciality	Waiting Times Note some surgeons operate once per month
Local Surgeon	General Surgery	1-6 months
Local Surgeon	Gastroscopy} Colonoscopy}	Urgent less than 28 days Otherwise within 3 months
2 Local Surgeons	General Surgery	Minimal Waiting Time
Local Surgeon	Gynaecology	1 month
Visiting Specialist	Gastroscopy} Colonoscopy}	1-2 months
2 Visiting Specialists	Ophthalmology	6 months
Visiting Specialist	Gynaecology	One month
Visiting Specialist	Urology	One month
Visiting Specialist	Orthopaedic	Joint Replacements 18 months Minor Procedures 6-8 months
Visiting Specialist	Orthopaedic	Joint Replacements 3 months Minor Procedures 3-4 months
Visiting Specialist	Ear, Nose and Throat	2-3 months

Your allocation to an operating list, the scheduling of lists and the management of patients on waiting lists, is the responsibility of the Peri-operative Nurse Manager in consultation with the Pre-Admission Clinic Co-ordinator based on the information on your consent form which is provided by your surgeon. Should your surgeon or General Practitioner feel your surgery needs to be done sooner this information is acted upon as soon as possible. Waiting times are also impacted on by surgeons taking leave. E.g. a surgeon taking leave over the time he would normally visit Stawell will increase the waiting time for that particular surgery. Additionally some surgeons only operate in Stawell once a month.

Waiting times depicted above are comparable to 2006/2007.

ACE Radio Broadcasters Day Procedure Unit

In 2007-2008 day of surgery admissions through the unit accounted for 96% (1355 patients) of all surgical admissions. Our day of surgery cancellation rate is minimal, at only .003% (5 patients).

These cancellations were due to:

- the patient being unfit for surgery
- the patient cancelling on the day of surgery
- the patient not arriving on time or
- the surgeon cancelling the procedure due to a change in the patient's condition

Phyllis Humphrey RN Div2 with patient Helen Cameron

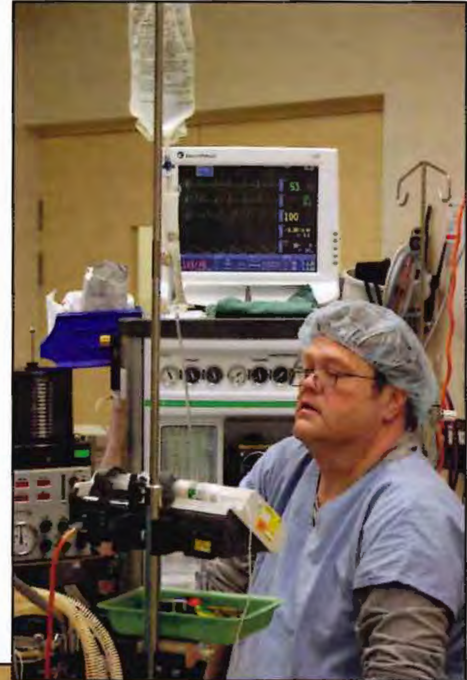
Electronic Instrument Tracking System

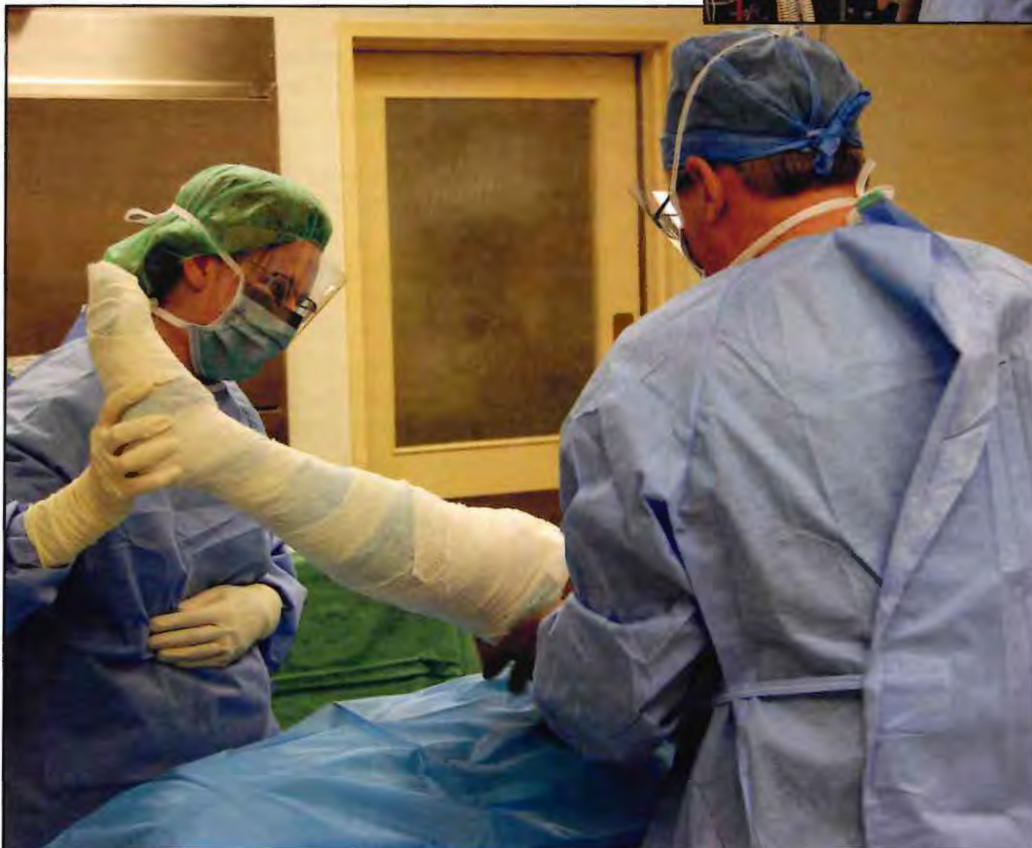
The Traybax Sterility Management System, an electronic instrument and sterilized items tracking system, went live in April 2007 following three months of preparation and a week of intensive staff training.

Overall the implementation has been as planned. A further scanner has been purchased to capture data at the cleaning stage of the instrument processing cycle as well, as this was deliberately not included in the original implementation project. At this point weekly audits are being undertaken to measure the electronic tracking capture rate against the collateral manual tracking system with an overall improvement in the rate of data capture (currently averaging 90%). It is anticipated manual tracking will cease by December 2008. This has been impacted upon by staffing changes and training of new staff.

Planning is underway to further maximise the use of the TrayBax Sterility Management System to scan orthopaedic prosthesis (an artificial substitute for a diseased or missing part of the body) from the time they enter the department, are assigned to a patient, and through the re-ordering process until the unused components are returned to the supplier following each joint replacement surgery.

There can be up to 300 or more prosthesis components in the department at any time and this will allow them to be checked using barcode technology creating greater efficiencies rather than using the current manual system.





Allied Health Waiting Times

Diabetes Educator

The Diabetes Education Department hours were increased at the end of 2007 due to an increase in funding for newly diagnosed Type 2 Diabetes clients.

The Diabetes Educator works 4 days a week and covers Stawell and Outreach regions. An appointment for the Diabetes Educator can usually be made within one week.

The Dietician

The Dietician waiting times have varied during the period of July 1, 2007 - June 30, 2008. During busy periods, such as the planning and commencement of the Diabetes Support Group, during February, March and April 2008, the waiting time for an outpatient appointment was as long as 12 days.

However, during the less busy times throughout this period, the average waiting time has been 3.9 days. Urgent referrals are seen at the Dietician's earliest convenience, usually within 1-3 days. The receptionist will communicate with the Dietician if an urgent referral is received and waiting time is longer than 5 days, and the Dietician will make an appointment for these outpatients at the earliest possible convenience.

The Occupational Therapist

In order to allow effective management of the Occupational Therapy department waitlist, all referrals are prioritised according to the identified needs of the client. This ensures that clients who experience any of the following are seen urgently.

- Experience a sudden change in their ability to manage activities at home safely and independently
- Experience changes in their mobility that requires changes to the physical set-up at home
- People who are high falls risk or have a history of falls at home
- People who have an acute or severe hand condition that limits their function at home

A snap shot of the quarter April - June 2008 was taken with the following average waiting times:

1. High Priority - Initial assessment to occur within 2 working days of referral. **Average waiting time - 1.5 days**
2. Medium Priority - Initial assessment to occur within 2 weeks of referral. **Average waiting time - 4.6 days**
3. Low Priority - Initial assessment to occur within 6 weeks of referral. **Average waiting time - 5 days**

The Physiotherapist

Waiting times for 2008 was significantly higher than 2007.

Large groups of referrals (up to 6 and 7 per day) in February to April 2008 may have contributed to increased waiting times, whereas referrals during the same months in 2007 were slightly more evenly spread.

In 2008, two therapists took extended leave during January and one therapist took leave during the first two weeks of February. There were therefore very few available new patient appointments during this time and many of these patients waited up to 2 weeks. With a constant flow of referrals, it then took well into March before the department was able to reduce waiting times back to acceptable levels. This explains why the mean waiting time in February was 10.2 days, more than 3 days higher than March (6.7 days) and April (7.6 days).

The Podiatrist

The Podiatry Department is a service for patients with ongoing high risk needs.

Due to changed staff numbers a new prioritised appointment system has been introduced in the last six months. All patients are seen on a priority basis. High risk patients are seen as determined by the podiatrist, on an average 6-8 weekly.

- All new patients to the service are seen for assessment under 8weeks
- Emergency appointments are available within 3 days
- Non priority patients are seen when and if appointments are available

The aim is to maintain a service for "at risk" patients and to provide education sessions for both carers and community members to increase their capacity for self care.

The organisation has made considerable efforts to recruit another podiatrist by advertising both interstate and overseas.

Social Work Department

Inpatient referrals are seen between 1-2 days.
Community clients are seen in 2-3 weeks.

Aged Care Assessment Service (ACAS) referrals are prioritised in 3 categories of:

1. Within 48 hours to 3 days
2. Within 14 days
3. More than 2 weeks

Allied Health Waiting Times

Speech Pathology

SRH Speech Pathology service hours are 8:00-4:30 Monday-Friday. No referral is required to access outpatient Speech Pathology services; however referrals are received from nursing staff, doctors and other allied health staff for inpatient and nursing home patients requiring assessment. A recent audit of waiting times for Speech Pathology community health patients was conducted, to determine if timeliness of assessment were in line with best practice. The waiting periods between referral and assessment dates of community health patients, between the months of January and April 2008 were analysed. The average waiting time between referral and assessment for patients was 3.8 days. One hundred percent of these referrals met within the Speech Pathology scope of practice as determined by Speech Pathology Australia.

These findings demonstrate that the Speech Pathology department is prioritising patients appropriately, and ensuring timeliness and best practice time frames are being adhered to in the assessment of community health patients.

No formal waiting list is currently required within the SRH Speech Pathology department. The eligibility and prioritisation of patients for Speech Pathology services are based on a formal prioritisation scale, where assessment of patients acutely at-risk of adverse events is deemed the highest priority. 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.

Carrie Dunkley
Speech Pathologist

How do I contact Allied Services?

Service	Contact Details
Diabetes Educator Dietician Speech Pathologist	Ring the Visiting Specialist Reception on 5358 8507, Monday to Friday (except public holidays), or visit Building C reception area in person.
Physiotherapist Podiatrist	Ring Allied Health Reception on 5358 8531, Monday to Friday (except public holidays), or visit Building B reception area in person.
Occupational Therapist	Ring directly on 5358 8564, Monday to Friday (except public holidays).
Social Worker/ Counsellor and Family Therapist	Ring directly on 5358 8518, Monday to Friday (except public holidays)

Health Promotion

There was a high level of enjoyment and satisfaction with the program.

Some of the feedback included:

> *"An extremely worthwhile and well run program."*
>
> *"Excellent presenters and easy to follow topics that make you think after you finish the course."*
>
> *"It was great for the blokes to see and hear about 'common' illnesses and how they can help to prevent them themselves."*

We hope to run another workshop in the Stawell area in the coming year.

'Food For Thought' project

Stawell Regional Health has been participating in a regional Healthy Eating Working Group for the past three years. The group consists of health workers, school representatives, environmental health officers and community members from across the Pyrenees, Ararat Rural City and Northern Grampians Shires.

The purpose of the group is to identify and address barriers to people eating healthy food. To achieve this goal, the group has been working with local food businesses to help consumers make healthy choices when eating out.

Future directions in this area will include:

- Implementing a procedure to support smoking cessation in patients as a routine part of care
- Developing an "Active Transport Plan" to encourage the use of physically active and environmentally friendly means of travel
- Providing a greater selection of healthy food choices

Each participating business has had their menu assessed by a Dietician to identify items that are low in fat, sugar and salt and high in fibre. The business was then placed in a "Food For Thought" brochure distributed throughout the community. The brochure also contains information about where to buy local produce and tips to encourage healthy eating.

Twenty businesses in the Grampians/Pyrenees region have participated in the project. It is hoped that even more businesses will get involved when the brochure is updated next year.

Future directions in health promotion

Health promotion at SRH has been traditionally centred around the Allied Health department. In the coming years, we will work towards integrating preventative health measures across the entire organisation to promote health in a holistic and sustainable way.

Occupational Health and Safety (OH&S)

The Occupational Health and Safety (OH&S) Program is designed to improve the environment of Stawell Regional Health for employees, visitors, patients and residents. The program is overseen by the Chief Executive Officer and independent expertise and advice is provided by and OH&S consultant employed by the Grampians Office of the Department of Human Services. The involvement of the consultant has been invaluable in supporting senior staff at Stawell Regional Health as well as assisting in the development of audit tools, risk management programs and the education of staff. Stawell Regional Health runs several programs which include No Lift, Manual Handling, Return to Work, Safety Inspections and Risk Assessments.

During the year the health service also participated in several external reviews of its OH&S program conducted by VMIA, our internal auditors, Deloitte, and the Department of Human Services.

Incident Reporting

The Stawell Regional Health incident reporting process is dovetailed with the clinical reporting system. In many instances there are overlaps between the two systems particularly with regard to aggression management issues that arise either within the hospital or our residential aged care facility. Reports are reviewed by the Chief Executive Officer and the Risk Manager (Deputy Director of Clinical Services) in conjunction with Department Heads, and where appropriate OH&S representatives. Where appropriate, remedial action is implemented or further action is taken to eliminate the risk. During the past year there were 105 staff reported instances (Figure 13), of which 35 (33%) resulted in injuries. Whilst reported incidents increased the number of injuries decreased from the previous year (down 8). The dominant contributory factors in 2007/8 were abuse and assault (72) and these incidents were generally initiated from the Residential Aged Care facility and attributed to a small number of residents with challenging behaviours. As a consequence, in the latter half of the financial year, SRH initiated a training program for staff which concentrated on safe practice in the prevention and management of violence and aggression.

The number of loss time injuries was 1 (2 in 2006/7). Total loss time for this injury amounted to 6 days compared to 32 days lost the previous year.

Safety Initiatives

Throughout the facility many OH&S programs operate for the improvement of employee, patients, residents and visitor wellbeing.
These include:

- **Employee Return to Work and Rehabilitation**
  An employee rehabilitation program is provided to employees injured at work and those recovering from injury and illness that occurs away from work. During the past year there was one return to work program initiated and one rehabilitation case.

- **Safety Inspections**
  Safety inspections are completed throughout the service on a regular basis. Where remedial action is required, appropriate action is taken. In the past year the health service identified three major areas where remedial action was required and these included:
  - The introduction of lifting equipment for orthopaedic equipment within the theatre area (this equipment was purchased during 2007/2008 and has proven to be highly effective)
  - Improvement to the fencing and stairs in Simpson Ward (this project was completed in May 2008)

One final area under review is the management of the delivery of meals for Meals on Wheels recipients and food delivery systems within the residential aged care program. Funding has been allocated for both these projects and the introduction of a banquet catering system into the nursing home will eliminate both these manual handling issues.

Security was a major focus in 2007/2008 with several remedial projects being undertaken. These included new security policies and procedures, the introduction of further code pads for entry into secure areas, and regular changes to the security codes. The implementation of these changes has seen the frequency of security breaches during the past twelve months decrease markedly and as further improvements are identified they too will be implemented.

Occupational Health and Safety (OH&S)

- **Hazardous Substances**
  A further administrative review was carried out in November 2007 of the hazardous substances products within the organisation and to ensure appropriate material safety data sheets were available. No hazardous substance incidents were recorded for the year.

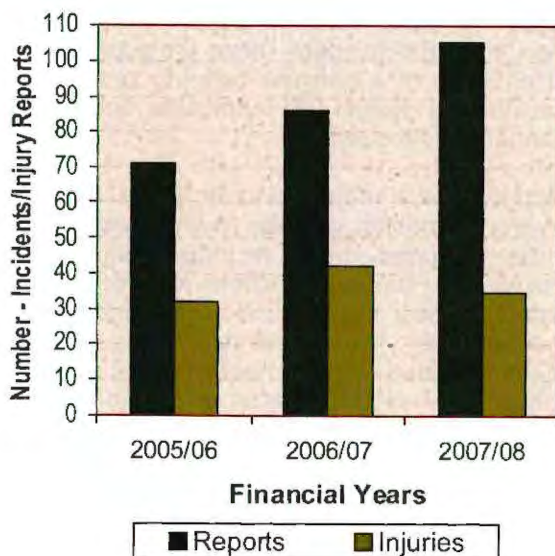
- **Worksafe Audits**
  No Work Safe inspections were conducted in 2007/2008 and there were no improvement notices issued during this year.

- **Fire Training**
  All staff receive fire and emergency training at orientation and during the year. Staff achieved 100% attendance compliance in 2007/2008 and the new fire safety training program was audited with significant improvements recorded.

- **OH&S Committee**
  The OH&S committee meets bi-monthly and members are representative of the various work groups in the organisation. Our appreciation is extended to the involvement staff have with the committee and the input they provide within committee discussions and as representatives of their work groups.

Lorraine Tiley with Fire Officer Andrew Pender

Figure 17 Staff Incidents/Injuries



The new safety fence surrounding the helipad

Activity Indicators

Hospital Inpatient Activity	2005	2006	2007	2008
Inpatients treated	2,904	2,692	2,891	2,799
Casemix adjusted (WIES)	2,058	2,112	2,075	2,035
Average Length of Stay (days)	2.70	2.94	2.61	2.64
Total Bed Days	7,519	7,927	7,535	7,376
"Hospital in the Home" Bed Days	198	125	153	194
Nursing Home Type Bed Days	133	223	131	97
Operations	1,277	1,237	1,278	1,318
Births	93	80	78	75
Occupancy Rate	57.30%	61.07%	57.78%	55.93%

Nursing Home Activity	2005	2006	2007	2008
Residents Accommodated	54	46	56	62
Resident Bed Days	12,684	12,710	12,629	12,606
Occupancy Rate	99.28%	99.49%	98.82%	98.08%

Outpatient (non-admitted) Occasions of Service	2005	2006	2007	2008
Casualty	4,356	3,554	3,254	3,147
Pre-Admission Clinic	1,167	1,090	1,195	1,157
Ante-Natal Classes	450	490	570	736
Podiatry	2,974	2,851	3,576	4,139
Occupational Therapy	1,241	1,264	981	1,395
Physiotherapy	7,992	7,493	5,761	5,796
Speech Therapy	537	727	686	1,205
Dietetic	1,277	1,151	1,253	931
Social Work	968	682	394	288
Day Centre	3,168	3,363	3,442	3,576
District Nursing	14,039	13,973	14,301	12,292
Radiology	5,295	5,620	6,060	7,867
Meals on Wheels	13,058	12,447	17,507	19,243

Services we provide

Accident and Emergency Services
- Shared weekend on call Obstetric & Surgical Services with East Grampians Health Services

Medical
- Day Oncology Unit

Anaesthetic Services
- Pre Admission Clinic
- Day Procedure Unit
- Operating Suite/CSSD

Surgical specialities include:
- General
- Endoscopy
- Gynaecology
- Obstetric
- Ear, nose and throat
- Urology
- Orthopaedic
- Ophthalmology

Medical Imaging (x-ray, CT & ultrasound)

St John of God Pathology

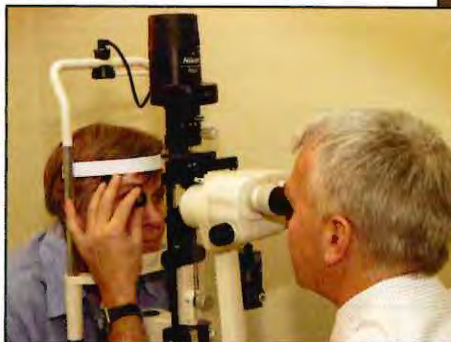
Maternity Care -Early Pregnancy Assessment and Care Coordination Services
- Antenatal Booking In
- Shared Care Model
- Team Midwifery
- Post natal - Domiciliary visits

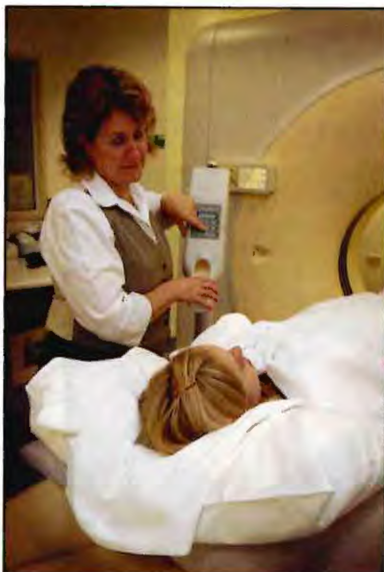
Primary Care
- Audiology (visiting audiologist)
- Diabetes Education
- Dietetics
- Health Promotion
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology
- HARP (Health Independence Program)

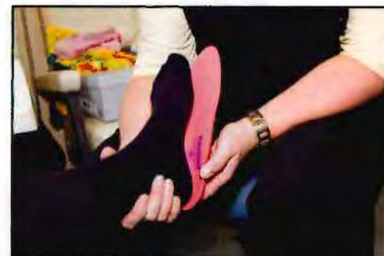
Commonwealth Regional Health Services Program
- Allied Health/Community Services to outlying communities

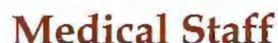
Residential Aged Care
- High Care facility

Community Services
- Community Activities Group (Bennett Centre for Community Activities)
- District Nursing Service
- Hospital in the Home
- Post Acute Care









Medical Staff

Regional Director of Medical Services
Dr. Robert Grogan MBBS, MPH, Dip Obs RCOG, FRACMA

Visiting Medical Staff
Dr. Andrew Cunningham MBBS, DRANZCOG
Dr. Han Lim MBBS
Dr. Arthur Obi MBBS, MRCOG, MRCGP, FRACGP
Dr. John Osborne-Rigby MB, ChB, MRCGP (UK), FRACGP
Dr. Henry Plange B.Sc. (Hons), MBBS, AMC
Dr. Adnan Rasheed MBBS, ARSCSA
Dr. Frederick Chan MBBS
Dr. Ahmed Al-Talib MBBS
Dr. Michael Connellan MBBS, DRANZCOG, FRACGP, FACRRM
Dr. Derek Pope MBBS, DRANZCOG, FACRRM
Dr. Eric Van Opstal MBBS, DGM, D.Pall Med FRACGP, DRANZCOG, FACRRM
Dr. Christian Haidacher MBBS

General Surgeons
Dr. R. Norman Castle OAM, MBBS, MRACMA, FACRRM
Mr. Roger Warne MBBS FRACS
Mr. Ben Yokhanis MB, ChB (Mosul), FRACS, FRCS (UK)
Miss Tamaris Hoffman MBBS, FRACS (Locum)
Mr. Barry Alexander MBBS, FRACS

Anaesthetist
Dr. Neil Provis-Vincent MBBS, BMedSci. (Hons) FACRRM
Dr. Neil Shorney MBBS (Lond), FRCA
Dr. Kim Fielke MBBS, DA (UK), FACRRM
Dr. John Williams MBBS

Orthopaedic Surgeon
Dr. John Nelson MBBS, FRACS
Mr. Paul Plank MBBS, FRACS (Orth)

Consultant Paediatrician
Dr. Maurice Easton MBBS FRACP
Dr. Harry Zehnwirth MBBS (Hons), FRACP

Consulting Obstetrician & Gynaecologist
Dr. Russell Dalton MBBS, FRANZCOG

Consultant Rheumatologist
Dr. Kimberley Boyden MBBS, MRCP (UK), FRACP

Ear, Nose & Throat
Mr. Niall McConchie MBBS, FRACS

Neurologist
Dr. David Prentice MBBS, FRACP

Consultant Psychiatrist
Dr. Martin Atkins MRCPsych, FRANZCP

Urologist
Dr. Richard McMullin FRACS

Consultant Physician
Dr. Michael Giles FRCP
Dr. John Stickland FRACP, FAFRM

Pathologists
Dr. Christopher Pilbeam MBBS, BMedSci, Ph.D, FRCPA
Dr. Harold Armstrong MBBS FRCPA
Dr. Owen Harris MBBS, FRCPA

Gastroenterologist
Dr. Jon Watson MRCP, PhD, FRACP

Radiologists
Dr. Anthony French MBBS, FRANZCR

Ophthalmic Surgeon
Dr. David McKnight FRACO, FRACS, MBBS
Dr. Michael Toohey FRACO, FRACS, MBBS

Oncology
Dr. George Kannourakis MBBS, B(Med) Sc, PhD, FRACP
Dr. Stephen Vaughan (locum) MBBS, FRACP

Consultant Cardiologist
Dr. Christopher Allada MBBS FRACP
Dr. Hemant Chaudhary MBBS FRACP

Visiting Dental Staff
Dr. Yuluan (Karen) Zhang BDSc

Dr. Adnan Rasheed : Visiting Medical Officer

Life Governors of Stawell Regional Health

Barham, Jim
Bennett, John
Blake, Meg
Blake, Rodney
Boatman, Carol
Bonney, Trevor
Bowen, Eileen
Bowers, Wally
Brilliant, Joan
Carter, Alex
Castle, Noelene
Castle, Dr. R.Norman OBE
Coote, Jean
Crouch, Judy
Crouch, Norma
Cunningham Dr. Andrew
Dadswell, Ken
Davidson, Helen
Earle, Greg
Earle, Jean
Eime, Anna
Fowkes, Bruce
Fraser, W.G. (Scottie)
Fry, Darrelyn
Fuller, Graham
Fuller, Jocelyn
Gaylard, Rob
Graham, Mavis
Gray, Pat
Gross, Betty
Gust, Betty
Howden, Betty
Howden, Bruce
Jackson, Betty
Jerram, Hazel
Jones, David
Kennedy, Val
Krelle, Sadie
Kuehne, Edna
McCracken, J.D. (David)
Miller, Kaye
Monaghan, Terry
Neilsen, Beryl
Neilsen, Vern
Norton, Rosemary (Sam)
Perry, Rosemary
Potter, Val
Pyke, Wavel
Redman Pat
Rowe, Lorraine
Schwartz, Win
Scott Myriam
Sibson Janine
Smith, Betty
Stokes, Frank
Stone, R.C. (Bob)
Teasdale, Kaye
Thomas, Gary
Ward, Fred
Warne Mr. R.B. (Roger)
West, Janet
Witham, Janet
Young, Kaye

The **front cover** features a series of photographs of the surrounding landscape of the Northern Grampians.

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

We value your comments

Acknowledgements

Compiled by Lynette Healy with assistance from 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 and in particular the professionalism of photographer John Tiddy.

149TH ANNUAL GENERAL MEETING

Wednesday November 12, 2008

6.30 p.m.

Trackside Function Centre
Patrick Street, Stawell

Stawell Regional Health

PROGRAM

1. Peter Edwards, Chief Executive Officer to declare meeting open, read apologies received, and introduce the President and Chairman for the evening, Mrs. Karen Douglas.

2. Welcome by President of the Board of Management to those present and special guests.

3. Confirmation of previous Annual General Meeting held Monday November 12, 2007.

4. Presentation of both the Annual Report and Quality of Care Report.

5. Presentation of Financial Report by Finance Director Mr. Mark Knights.

6. Introduction of Guest Speaker Mr. Neil Barr who is a Social Researcher with the Department of Primary Industry.

   Topic for the evening is : *"Who might be on the farm in 20 years?"*
   Neil will reflect on possible futures. He brings his perspectives based upon an upbringing on a farm and a research career focussed on understanding the changing social structure of the Australian farm sector.

7. Expression of thanks and presentation of "thank you" gift to Neil Barr by Mrs. Karen Douglas.

8. **AWARDS**
   Each year awards are given to volunteers and staff of Stawell Regional Health.

   LIFE GOVERNOR CERTIFICATES

   Y-Zett Auxiliary members who have been a member for at least 10 years:

   Helena Nicholson — Lyn Bibby
   Alison Rasche — Pam West

   Lyn and Alison attended their first meeting of Y-Zetts in February 1997. Helena attended her first meeting in November 1997 and Pam in July 1998.

   Helen, Lyn and Alison have all filled executive roles of President, Secretary and Treasurer, respectively for in excess of a decade.

Staff members who have served SRH for at least 30 years:

Carmel Murphy	Registered Nurse Division 2
Stella Fletcher	Registered Nurse Division 2
Marg McGaffin	Registered Nurse Division 2, Allied Health Assistant
Esta Peters	Registered Nurse Division 2

9. LONG SERVICE AWARDS

10 YEAR SERVICE BADGE

Stephanie Rathgeber	Theatre Instrument Technician
Suzy McQueen	Clerical Assistant at Macpherson Smith Nursing Home
Pip Norton	Registered Midwife
Mr. Ben Yokhanis	Surgeon

20 YEAR SERVICE BADGE

Pam Dunn	Theatre Instrument Technician

25 YEAR SERVICE GOLD WATCH

Heather Thomas	Environmental Services – Cafeteria Supervisor
Garrie Martin	Maintenance Foreman

35 YEAR SERVICE AWARD

Mavis Graham	Registered Nurse Division 1

10. LIGHTS & SIRENS BALL PRESENTATION

Cr. Kevin Erwin to present cheque for $6,000 to SRH as half of the proceeds from the Lights & Sirens Ball held during the year.

11. APPRECIATION

Thank you to all involved in preparing the meeting venue, Annual Report and Quality of Care Report, organising meeting, including staff of Trackside Function Centre for their assistance.

Thank you to everyone for attending the 149th Annual General Meeting of Stawell Regional Health - an invitation is extended to all to remain for refreshments.

Stawell Regional Health

Incorporating:

Stawell Hospital
Macpherson Smith Nursing Home
Bennett Centre for Community Activities

Sloane Street
Stawell Vic 3380

Caring for Our community

Stawell Callawadda Marnoo Navarre Landsborough
Great Western Pomonal Halls Gap Dadswells Bridge Glenorchy