STAWELL
REGIONAL HEALTH






QUALITY OF CARE REPORT 2010

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:

Graeme McDonough

Certificate of Appreciation

Ken Dadswell

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:

30 Years

Dawn Blackman

25 Years Gold Watch:

Sandra Dunn

Jill Fiscalini

Kath Gibson

Elizabeth Meumann

Nicole Nicholson

Jan Sherwell

Staff Members receiving their gold watch in recognition of 25 years service with the hospital. L-R Sandra Dalziel, Simon Healy & Carolyn McDonald

Presenting Esta Peters with Life Governorship Certificate at 2009 AGM. L-R Peter Edwards, Esta Peters & Karen Douglas

20 Years:

Debbie Rathgeber

10 Years:

Sharyn Vaughan

Vesna Stanfield

Bryan Fitzpatrick

Sally Hamilton

Vale

Heather Buckingham December 2009

Heather was a valued employee at Stawell Hospital as part of the Food Services & Environmental Team for 25 years.

Dr Keith Hayes December 2009

Keith was a former Medical Practitioner, Surgeon and resident of Stawell for many years.

Lorraine Ellen June 2010

Lorraine was a valued employee at Stawell Hospital as a Division 2 Registered Nurse at the Nursing Home for over 20 years.

Dr Don MacDonald June 2010

Don was a former Medical Practitioner and resident of Stawell for 16 years.

To ensure this report continues to be relevant to you and our community we would appreciate you taking a minute of your time to complete the reply paid feedback form which is included in this report.

You may also contact our Quality Manager on 53588576 or via email at info@srh.org.au

Contents

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, 2010. This report provides a comprehensive overview of the services we provide within Stawell Regional Health.

Our Health Service

The membership of the SRH Board remained static this year with the reappointment by the Minister of two long serving Board members, Mr Howard Cooper and Mr Neville Dunn. We are in an enviable position of having an experienced and balanced Board and the knowledge and experience of these two members, as well as their connection into the community is a tremendous advantage.

On a sad note Mr Graeme McDonough, who has been a serving Board Member for eleven years decided not to renominate to the Board and will complete his term on 30th June 2010. Graeme has been a solid contributor to the affairs of the Board and we wish Graeme and his wife Margaret all the very best for their future.

Grampians Health Alliance

The Grampians Health Alliance (GHA) is an alliance of the four hospitals, Stawell Regional Health (SRH), East Grampians Health Service (EGHS), East Wimmera Health Service (EWHS) and Beaufort & Skipton Health Service (BSHS). There continues to evolve a large number of services which are developed, shared and provided between these four entities.

Apart from the provision of sharing of services these agencies continue to meet formally on a regular basis to discuss matters of mutual interest. On occasions the GHA, as a group, comment on health policy issues or other matters affecting the delivery of health services in the region.

Stawell Regional Health values its association with the GHA for the improvements the Alliance has fostered within our health services and for the fellowship and spirit of co-operation it has generated between the respective Boards.

Strategic Planning

The Stawell Regional Health Strategic Plan is reaching the end of its cycle. We are about to embark on the next development phase. One of the purposes of planning is to ensure we are working towards providing services which are central to the needs of our local communities. The key elements of the current plan are:

- Maintain Acute Care Services
- Expand Primary Care
- Expand Community based services
- Develop Aged Care
- Develop a Healthier Community
- Develop relationships
- Recruitment and Retention
- Effective Management and utilisation of resources

I doubt whether we will move away from many of these core elements, however we are also aware that the provision of safe and effective health services requires staff and resources and recruitment and retention of key personnel is a key factor on how we progress forward.

Medical Support

Stawell Regional Health maintains a close relationship with its local General Practitioners and we are pleased that Dr Obi has remained in Stawell to commence the Patrick Street Family Practice. The growth of this practice and the continued support of the hospital by Stawell Medical Centre has encouraged us to look forward with some optimism to medical service provision in our community.

Capital Works Program

The continued refurbishment of our assets can only be achieved through maintaining a surplus and through our fundraising efforts. Once again we have been well supported in the past year by our various fundraising groups and a summary of their activities is provided in detail within this report. Our sincere appreciation is extended to these groups being the Hospital Ladies Auxiliary, Y-Zetts, Murray to Moyne Committee, and lastly the Stawell Hospital Foundation. The Foundation supported the purchase of the new Diagnostic Ultrasound Unit for radiology at a cost of $137,800 as well as 12 Baxter Infusion Pumps at a value of $35,000. During the year we also received a significant grant from the Department of Health's targeted equipment program towards endoscopic equipment for the operating theatre suite. This was an amount of $125,000 which was supplemented by a further $50,000 of hospital funds.

Quality Programs

2009/10 was a busy period for quality management at Stawell Regional Health. In September 2009 the Macpherson Smith Nursing Home successfully completed an Aged Care Audit and a spot visit was undertaken in April 2010. Also in April 2010 the Surveyors from the Australian Council on

Health Care Standards conducted an audit of the acute care facility. We were pleased to have been awarded a further four years Accreditation and within the report there was an acknowledgement the service has achieved EA (Extensive Achievement) status in eleven of the criteria surveyed. This is an excellent achievement, in fact the highest accreditation SRH has ever received and a positive reflection on all staff involved and upon the high standards the health service has set for itself. Our congratulations to all involved.

Finances

In our report last year I alluded to what will be a difficult financial road ahead. This has proven to be true with the health service reporting a small operating deficit of $20,000. As predicted the reduction in our operating budget to accommodate productivity savings and a loss of income in our nursing home were major contributors to our overall loss. One unexpected outcome in 2009/10 was the increase in activity which has consumed more resources than we anticipated. Whilst it is pleasing to note our activity was up, it is a fact of life that once certain targets are met the additional activity is unfunded.

One aspect of our work this year was our involvement in the Rural Patient Initiative through Ballarat Health Services. This project allowed for persons who were waiting for long periods in Ballarat to have their surgery in Stawell. We are sure these patients enjoyed their stay in our wonderful hospital and this increased our overall patient activity.

Staffing

The past year has been stable in terms of senior staff in the organisation. However as with many small rural health services there are from time to time shortages in key Nursing and Allied Health positions. We have been successful in recruiting to several roles this year and are pleased to now have a vibrant Allied Health unit with the positions in Podiatry, Physiotherapy and Social work filled during the year. We also welcome for a short term, Ben Sung to the role of Pharmacist. Ben has impressed us all with his attention to detail, work ethic and preparedness to implement new systems.

My personal thanks to our Executive team for their support over the last twelve months. We welcomed Mike Finch to the role of Director of Finance in October 2010.

Mike replaced Mark Knights who left to take up the role as Director of Corporate Services at Wimmera Health Care Group. Mark was a trail blazer at Stawell and was the instigator of the joint finance service across Stawell and East Grampians Health Services.

We valued Mark's innovative flair and the reporting and compliance systems he implemented across both services were a great assistance in enabling both Boards and executive teams to effectively manage the services we provide. We are certain Mike, who had ably assisted in this process will carry on this tradition.

Community

SRH enjoys a very close relationship with the communities it serves. We appreciate the honest and open feedback from all sectors and welcome all comments in the knowledge that this is a shared endeavour to keep improving our performance. We especially appreciate those members of our community who elect to utilise their private health insurance. We guarantee that by choosing to do so this does not translate to any additional financial burden.

Health Precinct

After a protracted process we are about to relocate some of our services into the newly opened Health and Community Precinct. We acknowledge there are many advantages for service delivery when collocating with other community services, however it will also require ensuring that these very important departments remain embedded and connected to our organization. The recently vacated Grampians Community Care premises along with other vacated areas within the hospital precinct will need to be re-evaluated and utilized.

Thank you to all the staff, medical officers, volunteers and supporters of Stawell Regional Health for your continuous support for what we do. I also take this opportunity to thank my fellow Board Members for their tireless contribution over the past twelve months. We all look forward to the opportunities and challenges ahead.

Karen Douglas : Chair

Karen Douglas Chair Board of Management and Peter Edwards Chief Executive Officer

Evaluation and Distribution

The how, when, where and why of the evaluation and distribution process

Method	Evaluation	Distribution
How	Evaluation of the 2008/09 report was two fold: 1. Through prepaid feedback forms (a reminder to send back the form was also included in the Caring for our Community article) which were included with the hardcopy report. Contact details were included in the report for those that accessed the electronic version and 2. By an independent panel auspiced by the Department of Health (DoH) who reviewed our report against guidelines and minimum reporting requirements.	The 2008/09 Quality of Care Report (QCR) was published separately to the organisation's Annual General Report (AGR).
When	Feedback about the report was requested from the time of its release and accepted until June 2010; at which time the 2009/10 report was commenced.	The QCR and the AGR were officially launched at the Annual General Meeting (AGM) on November 23rd, 2009. Hard copy QCR's were distributed from November 2009 until early 2010.
Where	In addition to suggestions already received through other avenues, between April and June this year we requested suggestions of what to include in the 2009/10 report through our weekly local newspaper article 'Caring for our Community'.	The QCR was initially distributed at the AGM, to stakeholders, and then across the Northern Grampians Shire by Australia Post. Hardcopies of the report were available from the hospital and also found in waiting rooms across the organisation. In addition, the report could also be accessed from the hospital website.
Why	The multifaceted approach in requesting feedback resulted in an increased number of responses particularly through the pre paid feedback forms. Thirty one forms were received which is the highest number of formal responses received to date!	Separate publications allowed more reports to be printed which resulted in wider distribution reaching increased numbers across the broader community. This approach was supported by those that returned the feedback form – 100% (29) 'strongly agreed' and 'agreed' that this distribution method allowed greater access to the report by the community.

2009/10 Quality of Care Report

Clinicians and staff (approximately 35) were included in the consultation process when developing this year's report. No suggestions were received from advertising in the hospitals 'Caring for our Community' article. This avenue of consultation will be reviewed as part of next year's evaluation of the report.

Feedback from the community:

- 100% (30) 'strongly agreed' and 'agreed' that the report was well presented and easy to understand and interpret
- 96% (29) 'strongly agreed and 'agreed' that the report was easy to read
- 97%(29) 'strongly agreed' and 'agreed' that the report helped them understand how SRH is responding to safety and quality issues.

Improvements they would like to see:

- Shorter, concise report
- Changes to the page headings and colour of the graphs
- More photos and all photos to be labelled
- Include reports on District Nursing and ancillary staff.

Feedback from the panel:

- Feedback was generally positive.

Improvements they would like to see:

- Less wordy and formal and
- More practical examples, specific improvements and information on reporting and monitoring.

Many of the suggestions from the community and the panel were used to make changes to the style, content and information of this report. This year we have used the same publishing and distribution strategy.

We look forward to your feedback

Patient feedback

"It was only day surgery. The staff were wonderful. The district nurse visited in the evening after I got home and checked again next morning. As I live alone, I really appreciated this care."

"Friendliness and caring attitude of the nurses and domestic staff. General facilities were excellent."

PARTICIPATION

'Doing it with us not for us'

Our aim is to involve you in decisions about your care. This is achieved by discussing care and treatment and providing education and information (verbal and written) at each point of admission through the Pre Admission Clinic, Day Procedure Unit, Shared Care Midwifery, Simpson Wing, John Bowen Day Oncology Unit and Macpherson Smith Nursing Home. At times a family conference involving a multidisciplinary group of staff may also assist in planning your care.

Internal

We monitor satisfaction with your care through a number of internal surveys.

Survey area	Results
Day Procedure Unit	100% satisfactorily involved in their care
Midwifery Unit	100% satisfactorily involved in planning their care by midwifery staff
Bennett Centre for Community Activities	88% said the care met their expectations

External

We also monitor patient satisfaction through the Victorian Patient Satisfaction Monitor (VPSM). This survey is conducted for two six month periods each year. We take part in this state wide survey which asks people who have been discharged from hospital a number of questions about their hospital stay. We can compare our results against hospitals approximately the same size as us (Category C hospitals) and also against all Victorian hospitals (State wide benchmarks)

The Consumer Participation Indicator (CPI) is one of the measures that is available through the VPSM.

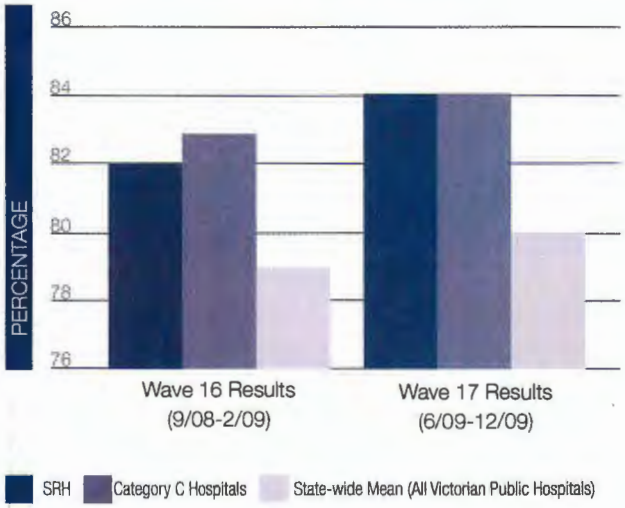
The CPI provides us with a measure of how you rated your involvement in your health care during your hospital stay.

This CPI is highlighted in Figure 1 and compares our average rating over two six month periods with Category C and State wide hospital benchmarks.

Our latest results rank us:

- equal to hospitals approximately the same size and
- 4% above the State wide mean.

Figure 1 Consumer Participation Indicator
(Victorian Patient Satisfaction Monitor)



Our checklist on participation

Indicator	Status	Evidence
The Quality of Care Report (QCR) outlines quality and safety performance and systems in key areas that address the health care needs of the service's communities, consumers and carer populations.	Achieved	SRH's 2008/09 QCR has been short listed for the Small Rural Health Service Award Category and won this category last in 2006-07.
Consumer participation in decision making about their care and treatment is assessed on the Victorian Patient Satisfaction Monitor's Consumer Participation Indicator (CPI).	Achieved	Assessed on a six monthly basis and published in this report annually. Figure 1 shows a 2% improvement in the CPI compared to previous results.
Appropriate information is available to enable all consumers and carers where appropriate, to choose to share in decision making about their care.	Achieved	Results from internal and external surveys continue to rate highly in this area.
Health service meets the accreditation standards in the EQuIP program: 'The governing body is committed to consumer participation' to the level of 'MA' (Moderate Achievement).	Achieved	SRH achieved a MA status at the 'Periodic Review' survey in April 2008 and maintained an MA status at the 'Organisational Wide Survey' in April 2010.

Feedback from patient satisfaction surveys:

"The friendliness, knowledge and helpfulness of the midwives. The family suite for my husband to stay with me. Also the great meals."

"The friendly and sensitive concern shown to me by all staff, medical and administrative. The good layout and cleanliness of the building and its equipment."

"I was glad to see the doctors and nurses that come from other countries, other than Australia come out in the country hospitals."

"Plenty of access time for visiting family/friends. Appropriate medical care/ encouragement from doctors, pharmacy and physio. I appreciate the doctors contacting my specialist about my treatment."

Consumer involvement in improving our health service

Client feedback

Bennett Centre for Community Activities holds a client/carer meeting every second month. Feedback from this meeting and the annual client satisfaction survey provide information about the direction future activities should take.

Outreach customers

A variety of Allied Health services are offered in surrounding towns. Feedback from customers is provided to the visiting community health nurse and other members of the Outreach Team at individual appointments or 'Health nights'. Team members liaise with the Primary Care Manager on a regular basis to address concerns and improve service provision.

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 the organisation's executive attend on a regular basis. At the meetings attendees can receive information from guest presenters either on services provided by the home or services or products that could be available to improve the amenities in the home.

Suggestions, Complaints, Compliments (SCC)

These are collected from the forms that are accessible by all customers in all reception areas in the hospital, nursing home and at the Bennett Centre. Forms are also included in the Hospital in the Home admission pack. SCC's can be made by phone or in person. Deidentified and trended data from SCC's are reviewed at the bi-monthly Quality Improvement Committee meeting.

Suggestions

Ten formal suggestions were received over the last year.

In response to suggestions we have:

- introduced a new patient meal warming system on the hospital site which now ensures hot meals maintain their temperature for at least forty (40) minutes after plating
- reviewed temporary mobile phone signage as the permanent signage is on order and
- investigated the positioning of water dispensers and drink machines in the six waiting areas on the hospital site.

Judy Davidson (Chef) using the new meal warming system

Complaints

We view complaints as ... 'A window of opportunity for improvement...'

Complaints indicate your dissatisfaction with care and provide us with information about the services we provide. All SCC forms are initially referred to the Chief Executive Officer and investigation of the complaint is managed by a member of the Executive staff who is educated in complaints management.

Deidentified complaints data is reported to the Health Services Commissioner on a regular basis.

In the last 12 months we received 31 complaints.

In response to complaints we have:

- developed and updated policies and guidelines
- standardised information given to new mothers
- purchased an air conditioner and skylight cover for the chemotherapy area and
- provided letters of explanation.

Access to services and communication were the complaints most frequently raised and approximately 20% related to the Accident and Emergency area.

One complaint was lodged via the Health Ministers office.

Compliments

Over the last year we have received nineteen formal compliments with many other compliments on 'thank you' cards and returned patient satisfaction questionnaires.

Changes to the SCC process

With the introduction of the Victorian Health Incident Management System on April 1st, Complaints and Compliments will be logged as before but on a different electronic system. Deidentified complaints data will continue to be submitted directly to the Health Services Commissioner and deidentified trended data on both complaints and compliments will be reviewed at appropriate meetings.

In 2009/10, 84% of complaints were closed in 30 days compared to 80% in the previous year.

Our Community

Cultural Diversity

Australian Bureau of Statistics (ABS) data obtained in the 2006 Census indicates the following cultural roots for our residents:

Northern Grampians LGA – Country of Birth:

88.7 percent of residents of Northern Grampians Shire were born in Australia. 3.1% of residents were born in English–speaking countries and 0.5% of residents were born in non-English speaking countries.

Only 5% spoke a language other than English at home.

Of those born overseas, the majority of residents were born in England, New Zealand, Scotland, Netherlands and Germany.

Pyrenees LGA – Country of Birth:

84.6 percent of residents of Pyrenees Shire were born in Australia. English was stated as the only language spoken at home by 92.7% of people. The most common languages other than English spoken at home were German, Italian, Dutch, Croatian and Filipino.

4.9% of residents were born in English–speaking countries and 3.2% of residents were born in non-English speaking countries.

Of those born overseas, the majority of residents were born in England, New Zealand, Netherlands, Scotland and Germany.

It is important to note that the township of Landsborough, in the Pyrenees Shire, is almost equal in distance from both Ararat and Stawell. As a result, residents access health services in both towns. The predominant non-English-speaking country of birth in Landsborough is Malta. All residents speak fluent English.

Indigenous Population:

0.7% of residents (86 people) of Northern Grampians Shire (NGS) are of Aboriginal or Torres Strait Islander origin. 0.5% of residents (35 people) of Pyrenees Shire are of Aboriginal or Torres Strait Islander origin. This is compared with 2.3% Indigenous persons in Australia.

The majority of indigenous people in our catchment live in Halls Gap (NGS), Pomonal (Ararat Rural City), and Stawell (NGS).

Chinese Population:

Not included in the ABS data is the developing Chinese population in Stawell. For the last 6-7 years Stawell Secondary College have had a program in years 10, 11 and 12 that caters for students from China. There are approximately 30 Chinese students at Stawell Secondary College per year. The students are billeted out with host families in the district. When these students arrive, many of them do not speak English. There are health issues associated with dietary changes, and many are reluctant to access Western medicine.

Understanding clients and their needs

Access to mainstream health services has improved significantly with the involvement in the past four years of the male Indigenous Health and Community Development Worker who is now employed full-time.

In the next twelve months, further work with members of Budja Budja Aboriginal Co-Operative, including changes to the physical environment at Stawell Regional Health to increase cultural safety and sensitivity, is designed to impact positively both on individuals' willingness to identify as an indigenous person, and to access mainstream health services.

Partnerships with multicultural and ethno-specific agencies

Our organization has undertaken to work in partnership with the appropriate ethno-specific and multi-cultural agencies to assist in obtaining a better understanding of our local CALD communities, liaising directly with Budja Budja Aboriginal Co-Operative on a regular basis.

A workforce with skills in cultural diversity

Stawell Regional Health actively seeks to engage new employees who are from different backgrounds, or who have different experiences or perspectives. The employment application process identifies people from culturally and linguistically diverse backgrounds, and a general register is kept.

Using languages to best effect

Timely and effective interpreting and translation services improve both access to services, and the quality of the service provided. There has been significant education of staff to ensure they are trained and proficient in accessing the Department of Health interpreting and translation services.

Encouraging participation in decision-making

Despite extensive advertising and targeted recruitment in 2009, we have been unable to establish our own Community Consultation and Cultural Diversity Committee.

We have subsequently formed a partnership with the WestVic Division of General Practice that enables us to access their Consumer Health Network. The network works on an information sharing basis. Members of the community are sent quarterly newsletters to keep them informed on Division and local health service activities. Their views on certain issues are sought as needed. This may be in the form of small group discussions, questionnaires or written comments.

Promoting the benefits of a culturally diverse community

Whilst there is limited cultural diversity in the Stawell Regional Health catchment area, assisting in promoting and sustaining cultural diversity should result in positive benefits to health and well-being. Acknowledgment of cultural diversity does not necessarily require special events, but can be through enduring initiatives such as displaying artwork that is culturally important to a particular CALD group. SRH now displays the Aboriginal and Torres Strait Islander flags, and is considering artwork that is relevant to our local community.

L-R: Staff Member Alison Chatfield, Dr Peter Sago with patient Ian

Indigenous Health

The Indigenous Health and Community Development Worker (IHCDW) has now been in his position for four years and has recently commenced Certificate IV in ATSI Health (Community Care).

Additional funding from both the Commonwealth program Rural Primary Health Services, and the state Department of

Health have enabled this highly important position to become full-time. The IHCDW provides a high level of support to the local indigenous community, reporting an increase in the number of contacts with individuals with local GPs and other mainstream health agencies such as SRH. There has been an increase in his own client contact with referrals from other agencies such as Wimmera Uniting Care and Grampians Community Health Centre (GCHC). Liaison with bodies such as the DHS, Victoria Police, Hearing Australia and GCHC is a valued component of the position.

A visiting General Practitioner(GP) continues to attend Budja Budja Co-Operative, for weekly sessions. This clinic is open to all members of the community. Budja Budja are in the process of recruiting a female GP to provide a weekly service. As a member of the partnership, SRH has provided administrative support with sourcing equipment and consumables for the GP Clinic on behalf of Budja Budja, and is currently supporting them to become accredited.

Improving Care for Aboriginal and Torres Strait Islander Patients:

Key result areas	Achievements
Key result area 1 Establish and maintain relationships with Aboriginal communities and services	Stawell Regional Health 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." Increase in funding of the male Indigenous Health and Community Development Worker position to increase capacity in 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, with support to attain accreditation.
Key result 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 all hospital staff.
Key result 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 the 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.
Key result 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 referrals to primary care.

Budja Budja located in Halls Gap

Our Staff

Staff Services

The focus of the Human Resource Manager (HRM) since joining SRH in February is implementing workforce planning, refining recruitment and retention policies and supporting line managers to provide consistent employee management practices. The HRM has also been working with Executive and line managers to stream line many of the functions that have been shared by Executive team in the absence of a person in this role.

More recently, workforce planning has highlighted the issues faced by SRH in the longer term in managing an aging workforce looking to potentially retire, diminishing populations in smaller rural areas and challenges in attracting younger clinical staff to the workforce. Figure 2 shows the age profile of our staff and highlights the number of staff who are over 45. Workforce data also tells us the average age of our nursing staff is around 44 years.

Figure 2 Age Profile of Staff

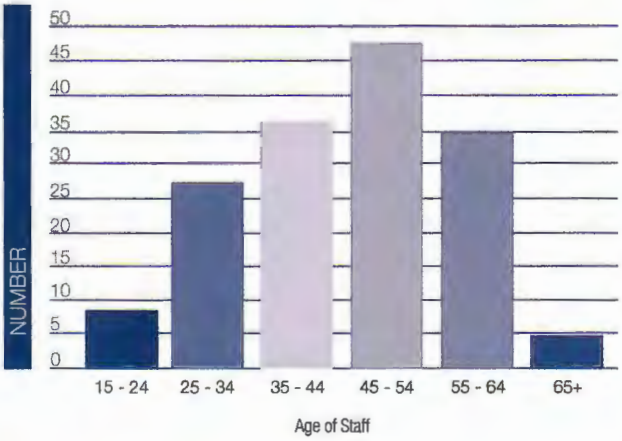
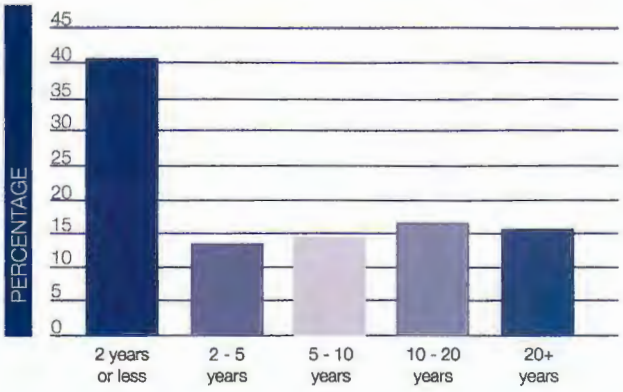


Figure 3 shows the even spread of tenure (the holding of an office or position) across SRH staff. Almost 40% of staff have been with the organisation over 10 years. SRH continues to rate highly in retention of staff across the industry and many initiatives including flexible work practices (52% of staff work part time) and a well supported education program aim to continue this trend.

Figure 3 Length of Service



Orientation Program

The Orientation Program has been reviewed to provide new staff an opportunity to meet key personnel. Feedback about the Orientation Day is always positive and new staff have the opportunity to meet all staff at the 'Welcome Morning Tea'.

The program is well supported by Department Heads with 100% of new staff having attended the program during the year.

June 2010 Orientation Group L-R Tarnia Haydon, Ravi Khosa, Judie Debney, Michelle Nuske, Julie Turner, Terri-Anna McKinnon and Tony Roberts

L-R Dr Andrew Cunningham & Elliam Hedges (Medical student Deakin University)

Human Resource Information System

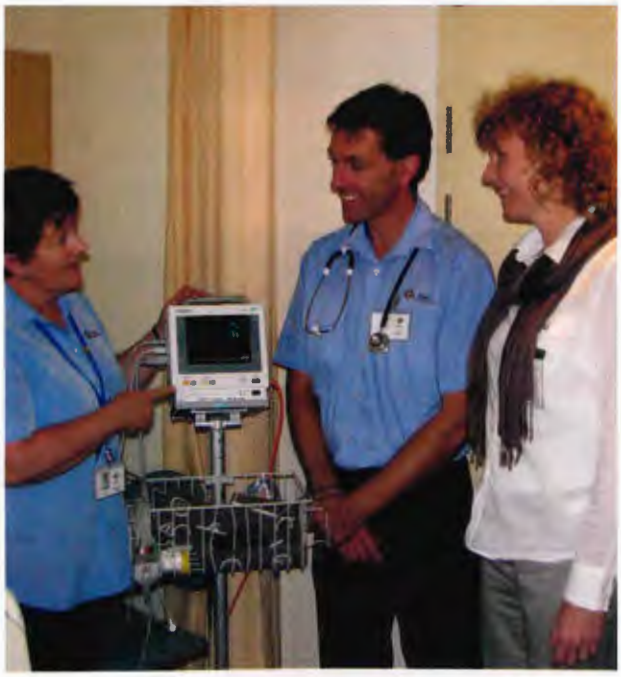
CHRIS 21, (Human Resource Information System), has been updated to include all employee training data from study leave days to in-services on the ward. Data entry has been the key focus, with administration, education and HR staff learning how to utilise the system to the best advantage. The focus ahead is reporting and monitoring of training records across the service via CHRIS 21 tools and reports. This system improvement is a key component to the ongoing development of a robust Performance Management System that will provide up to date records for managers and staff regarding key education activities and allow an overview of organisation education management.

Education and Training

SRH has many programs in place to address the challenges of recruitment and retention, with a focus to "Grow our Own", through student connectivity in placements, developing staff through professional education and enabling online learning opportunities to support clinical skill development.

Stawell Regional Health provides a comprehensive range of education for nursing staff to assist them in remaining up to date across the broad range of fields required for rural practice. Allied Health staff also participate in ongoing education and the mentoring program conducted in partnership with Ballarat Health Services (BHS) provides exposure to expert practitioners and opportunities for advanced skill development which may not be available in Stawell.

Examples of ongoing studies and professional development over the last year which assist in retaining and recruiting staff include-:



Jenny Farrer (Education Manager) providing an inservice to two RN Div. 1's Dan Magill and Robyn Camerman

- Scholarships towards university fees for the-: Graduate Certificate of Peri operative Nursing, Graduate Diploma of Midwifery, Graduate Certificate of Public and Community Health, Module 2 Chemotherapy Nursing and Post Graduate Certificate in Diabetes
- Financial assistance: - for Registered Nurses Division 2 to gain medication Endorsement and for the Clinical Support Nurse Educator to gain Certificate IV in Training and Assessment
- Clinical placements of 4 days each for two senior Division 1 Nurses at a large regional A&E Department as part of the Rural Emergency Collaborative Practice Model
- Commencement of a 'Skills Maintenance Program' as part of the Maternity Workforce Project which enables all midwives to go to BHS for a 10 day placement each year
- Two Return to Practice and two Refresher Programs resulting in employment of three new staff and
- A wide range of individual study days are also supported.

Eight universities are associated with SRH education department for student placement which may provide a future recruitment pool.

Other initiatives which create a culture that is supportive and an environment in which students feel valued and assists in skill consolidation and professional development include:-

- Professional learning placement over the last two years for two Year 2 Deakin Medical Students. 'They commented not only on the rich clinical experience they gained, but also how welcomed and involved they felt in both the health service and the general community'
- Professional learning placement for one third year Deakin Medical Student. SRH worked with Stawell Medial Centre (SMC) to bring a medical student here for one year's placement. The student will be mentored by a VMO from SMC and have acute, primary care and community placements throughout the year
- A Student Nurse Fellowship position was filled for a third year Bachelor of Nursing student who will be employed part time as a student fellow in acute care and
- Development of a Division 2 Registered Nurse Graduate Transition Program for newly graduated Division 2 Nurses.

Staff credentialing

We routinely check the qualifications and experience of staff applying for positions at SRH and those that are currently employed to ensure you feel safe and can trust the systems we have in place.

Support Services Staff L-R: Kathy Gibson, Tania Pollock (Chef), Carol Christian, Heather Thomas, Lowell Waller

Medical Staff

Medical Staff whether employed by SRH or contracted (Visiting Medical Officers) are registered by the Medical Board of Victoria and are subject to credentialing (registration) and privileging (what they are allowed to do) on commencement of their employment and at regular intervals thereafter.

Their application to become a visiting medical officer at SRH 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 the appropriate, training, supervision and risk analysis. This means that you will receive the treatment and surgery appropriate for this size of hospital and level of skill of the staff.

Nursing and Allied Health staff

Nursing staff must provide evidence of annual registration which is verified on the Nurses Board of Victoria website under 'Public Register'. A more formalised system to show evidence of recency of practice through continuing professional development has been developed for nurses nationally. Police checks are undertaken on all staff in accordance with the requirements of the legislation. Allied Health staff are credentialed and participate in an annual registration process with their relevant Board.

Support Services staff

With the average age of our catering staff at 46 years and environmental services staff at 51 years it is expected retirements and staff moving to part time will increase over the next five years. The high standards achieved by our catering and cleaning staff are substantiated by external cleaning audit results and VPSM comments demonstrated in this report. The support and encouragement given by staff to a student from Marion College attending SRH on a VCAL Student Placement (to learn hospitality skills whilst undertaking supporting studies at school) continues the "Growing Our Own" focus. Future support for traineeships, our commitment to the casual employment of junior staff at evenings, or other student placements is one avenue of our sustainable recruitment and retention program for support services staff.

Rural Emergency Collaborative Practice Model

Access to health services for members of our community is always a high priority for Stawell Regional Health.

The Rural Emergency Collaborative Practice Model course was completed by two staff in 2008 and another two completed it in 2010. This course allows these Registered Nurses to practice at an advanced level, including supply and administration of a limited range of medications, normally for more minor conditions. The aim is to work collaboratively with the Medical Practitioners using approved primary care guidelines.

Gay Peoples (above) and Mia Brooks (below) (RN Division 1's) successfully completed the course in 2010

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.

CasConnect is a centralised casual bank service that specialises in relief staffing for rural and regional health services. The centralised system allows a bank member who works at multiple sites to have their shifts coordinated through the one system.

CasConnect is not an agency. Bank members have the choice of health services and departments that they are interested in working for and are considered for employment by those health services.

During the past twelve months, CasConnect has offered health services the opportunity to include Part Time staff on the system. Currently four health services are utilising the system to contact their Part Time staff regarding 'as soon as possible' type shifts.

CasConnect has also expanded into the Loddon Mallee and Hume regions of Victoria.

CasConnect currently has ten health services in the Grampians Region participating in the pilot, those health services are: Stawell Regional Health, Dunmunkle Health Service, Wimmera Health Care Group, East Wimmera Health Service, Edenhope and District Memorial Hospital, East Grampians Health Service, Beaufort and Skipton Health Service, Rural Northwest Health, Hepburn Health Service, West Wimmera Health Service and Heathcote Health.

Additional health services scheduled to join CasConnect in 2010 include Nathalia District Hospital, Castlemaine Health and Cobram District Health.

Currently CasConnect has 450 bank members (310 casual and 140 part-time), of which 6% (29) are available to work at Stawell Regional Health. The bank pool currently consists of Registered Nurse Div 1, Registered Nurse Div 2 and Personal Care Attendants. Figure 4 depicts numbers of bank members in each group.

On average, 71% of vacant shifts at SRH are filled each month by CasConnect, with an average of 2.7 shifts being requested each day. In total, 83% of requested shifts are filled each month by CasConnect, with an average of 26.65 shifts being requested by all health services per day (as at 30 June 2010).

The amount of notice provided regarding a shortfall in staff has a significant impact on the ability for a shift to be filled, which the following statistics show, with the average at 30 June 2010 depicted in Figure 5.

Figure 5 Shfts Filled

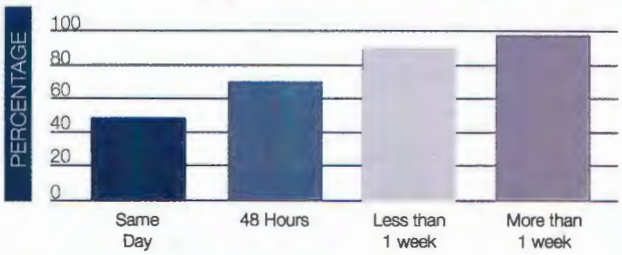
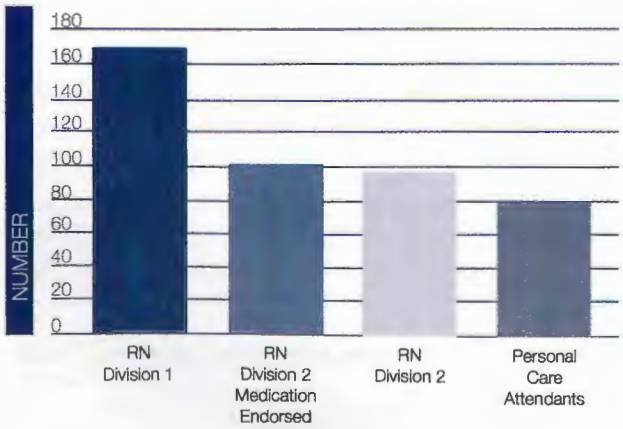


Figure 4 CasConnect Bank Members



CasConnect Manager Karla Dewhurst

Quality and Safety

Clinical Governance

"Is the system by which the governing body, managers and clinicians are held accountable for patient care, minimising risks to consumers & continually monitoring and improving care"

SRH has an ongoing commitment to improving the quality of its services. This is achieved through our Clinical Governance Framework, Risk Management (RM) and Quality Improvement Programmes and maintaining Accreditation. The Board of Management has ultimate accountability for ensuring the health service is effectively and efficiently managed with all staff responsible and accountable for issues relating to safety, quality and risk.

The framework of Clinical Governance ensures systems are in place for continuous improvement of the care and services provided by SRH whilst promoting a culture and willingness to report errors.

Some of the components of clinical governance include:

- Staff credentialing and privileging
- Monitoring of 'adverse events' and 'near miss' events
- Collection and trending of complaints
- Ensuring compliance with external reviews and Accreditation are achieved and
- Review and development of policies and procedures against current legislative and industry standards.

All staff play a role in clinical risk management.

The following table outlines some changes and outcomes over the last year:

Change/Review	Areas for improvement/Outcome
1. Board member training/education	• Received education through the Board of Management training sessions conducted on behalf of the DoH • Attended the 2009 VHA conference • Education on 'Victorian clinical governance policy framework' by an executive staff member - 29/6/09.
2. Board member Self Assessment Survey and Board Meeting Evaluation Form (7/09) • 90% response rate for both • Results presented at 31/8/09 Board meeting; results discussed & plan developed at 28/9/09 Board meeting.	• Requested regular Governance information & education refreshers VHIA provided an education session on 'Governance' to the Board on 22/2/10. The session included information on a number of topics including clinical governance, process of clinical privileges, strategic issues & strategic planning.
3. Review of SRH Clinical Governance Policy against the *'Victorian clinical governance policy framework'* • Commenced 12/09 • To the Board meeting 25/1/2010	The 'organisational readiness checklist' has been utilised to document evidence to support existing practices. SRH's draft Clinical Governance Policy was reviewed against the priority areas of the 'Victorian clinical governance policy framework'. The framework was utilised to enhance the implementation of clinical governance within the organisation. SRH's policy highlights roles & responsibilities of the Board & key personnel and is linked to appropriate policies.
4. Independent Audit undertaken on Clinical Governance to determine systems and processes against Best Practice • conducted 16-19th February 2010 • Final report received	• Overall 'strong controls' are in place • The report identified some issues which related to incident reporting and Human Resource records. Recent implementation of new software programs, Riskman and CHRIS 21, will address these issues.

External Monitoring

Accreditation is a process that requires external monitoring of our performance. This is a requirement of the Victorian and Commonwealth Governments for all health and aged care services. The accreditation process assists us to continuously improve our performance so we can deliver the highest quality services to the community. We are independently reviewed by a number of accrediting bodies.

Accreditation Certificate being held by David Stanes (Board Member) with L-R Ben Sung (Pharmacist), Robyn Leslie (NUM,MSNH), Sarah Warren (Quality Manager), Kath McClintock (Podiatrist), Enid Smith (DDCS) and Claire Letts (DCS)

The following table outlines our accreditation processes and results over the last year.

Type of Accreditation	Status
Australian Council on Healthcare Standards (ACHS) • Four year cycle which includes two on site surveys, one every second year.	Full four (4) years accreditation achieved from the Organisational Wide Survey in April 2010. SRH received eleven (11) Extensive Achievement (EA) ratings and eight (8) recommendations. Risk Management and Complaints Management achieved an Extensive Achievement (EA) rating and Staff Credentialling a Moderate Achievement (MA) rating. Next review April 2011.
Aged Care Standards Accreditation Agency (ACAA) • Three year cycle which includes one on site survey and at least one unannounced visit every other year.	Full three year accreditation achieved in September 2009 with compliance in all 44 outcomes. One unannounced review in April 2010 which demonstrated compliance in Physical Environment and Safe Systems.
Home and Community Care (HACC)	Successful review in April 2008. No planned review date.
Department of Veterans Affair (DVA) review	A Contractor Assessment Questionnaire was completed in 2007-08. To date there has been no word of a follow up review or on site visit.

Risk Management

'Risk' is defined as the chance of something happening that will have an impact on the patient, staff member systems or organisation.

At SRH we believe 'prevention is better than cure'. To achieve this we use our Risk Management Systems in a proactive way as a mechanism for identifying potential risks before they occur. If risks are identified staff are required to complete an incident report.

Prior to April this year, incidents were collected through a paper based system and trended data and reports were produced internally. In 2009 Riskman International Pty. Ltd. was retained to work with the DoH in development and state wide implementation of the Victorian Health Incident Management System (VHIMS). SRH was one of the first organisations to commence implementation of Riskman in 2010.

The process for investigating an incident at SRH remains the same, but the process of documenting the incident and communication with staff has changed. De-identified data will be collated by the DoH to enable state wide benchmarking.

Implementing Riskman across the organisation

- A pre knowledge questionnaire comprising eleven questions relating to Incident Management was completed as part of the project. Sixty one staff completed the questionnaire. Staff education will address the three lowest scoring responses from the survey; which were how incident data is used, reported and how feedback is provided.

Positives

- Staff are very positive and receptive of the change from hard copy incident reporting to on line data entry
- Three months since implementation and the number of incidents entered have remained constant
- By comparing the results of the pre and post knowledge survey (online survey which 23 staff have completed) SRH will be able to measure the knowledge staff learnt/retained relating to Incident Management

Challenges we face

- Further education to be undertaken in regards to reports and report writing.

Some of the improvements resulting from the investigation of incidents:

1. Commencement of the Clinical Handover Project in the acute ward
2. Improvements to the physical environment including changing synchronisation of opening of nursing home doors to an asynchronised system to ensure secure access and exit preventing residents absconding
3. Allocation of a physio aids time, to assist in the mobility program at the nursing home and
4. A clinical skills audit of nursing staff on the acute ward and implementation of an education program.

VMIA Risk Framework Quality Review

- Conducted on 17-18th February 2010
- Final report received 4/2010

Results

1. Rating improved from previous site audit 3 yrs ago
2. Current rating – now the higher end of 'Good'
3. SRH now rated 2nd highest against other comparable health services in the 'Good' category
4. Six recommendations were received which will strengthen what SRH has in place
5. Action Plan to be developed
6. Report to be circulated to the Board members & progress report to be provided at future Risk Management meetings.

797 incidents were reported over the last year, of which 48% resulted in no harm, 49% minor injury and 3% required some sort of intervention

Falls Monitoring and Prevention

A fall is defined as any 'descent to the floor'.
Falls are in the most part preventable.
Falls can result in broken bones, injury and time in hospital.

To help prevent you having a fall we:-

- Identify your risk of falling on admission
- Put things in place to reduce your risk of falling
- Put things in place to reduce injury if you are at risk of falling and
- Monitor the things we have put in place to see if they are working.

Identifying the risk

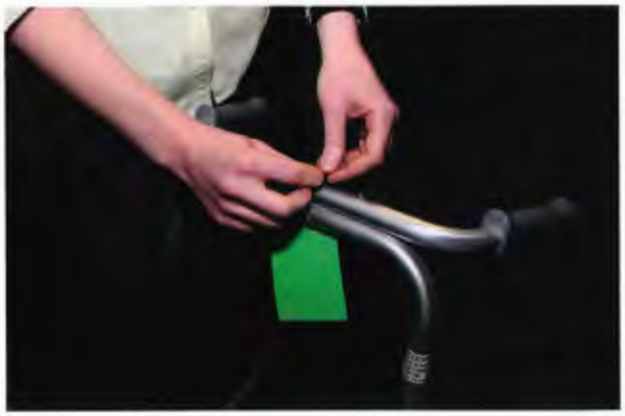
- A Falls Risk Assessment is conducted on admission, after a change in your condition, a 'near miss' ('event that has the potential to result in harm but didn't'), or a fall and referrals are made to appropriate Allied Health Staff
- A Falls Prevention Pack containing information on how to prevent falls at home is given to you if you are identified as being a high risk of falling
- Strategies to prevent falls are tailored to each individual
- If you are discharged from hospital or transferred to another facility for ongoing care we advise them of your risk of falling
- The Gait and Balance Program (G & B) is open to you and all members of the community who have experienced a recent fall or are at a high risk of falling. An individually tailored program is developed to maintain body condition and prevent further falls. Those that have graduated from this program are encouraged to attend the Community Walking Group.

Reducing the risk

- Equipment, changes to the environment, furniture placement, sensor mats, invisibeams and exercise programs are some of the strategies used to prevent you from falling
- Walking frames are colour coded at first assessment to alert staff to your current mobility status. (Red-needing assistance, Orange-under supervision and Green-ambulate independently). The code is reviewed regularly as your mobility changes.

Reducing injury

- Hip protectors are a preventative measure and if worn may reduce hip fractures.

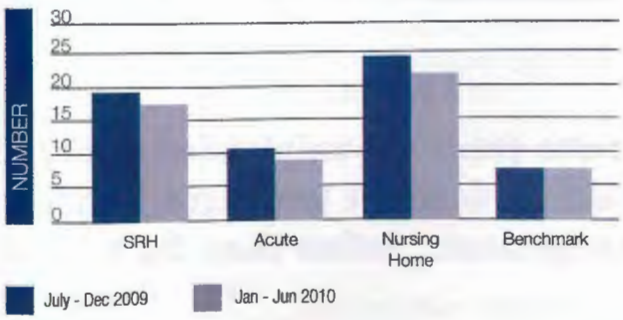


'Coding' a walking frame

Monitoring – is what we have in place working?

- **Falls are reported through our Incident Reporting program**
- **Figure 6 compares six monthly benchmarked data, measuring the number of falls that have occurred within 1000 bed days that a bed is occupied. Falls per bed day have reduced marginally in the last six months.**
- **Macpherson Smith Nursing Home also submits quarterly data on falls and the number of fractures resulting from falls through the Public Sector Residential Aged Care Quality Indicator Program. Although the number of reported falls remain high, the number of injuries sustained from a fall remains low. Only one falls related fracture was reported in the last 12 months**
- **Client satisfaction and improvements in physical activity are outcomes monitored through the G&B Program. Please refer to the G&B article in this report.**

Figure 6 Falls/1000 Bed Days



Medication Safety

Medication incidents at SRH are managed by a multidisciplinary team including the Clinical Pharmacist, Risk Manager, doctors and nursing staff.

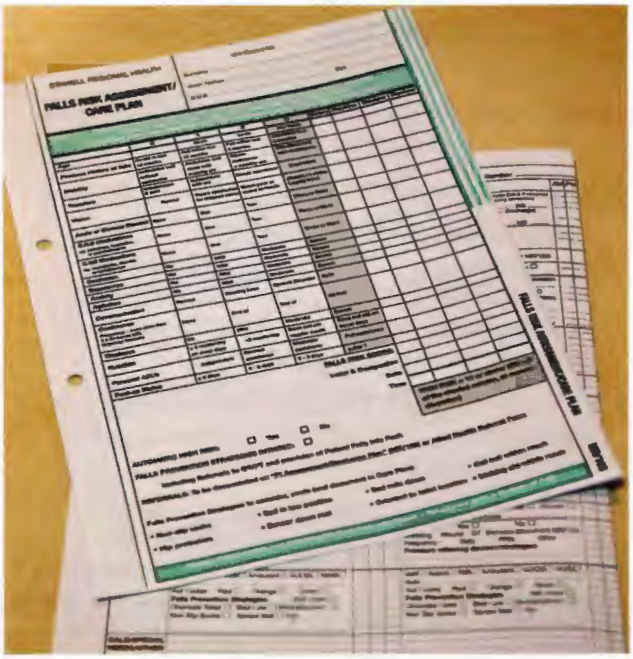
The aim is to improve patient and staff safety.

When an incident report is received it is used to review systems and practice, to prevent or reduce the risk of the adverse event recurring.

In the last twelve months there has been a total of 82 reported incidents involving medications compared to 80 the previous year. This total includes incidents from the hospital, Macpherson Smith Nursing Home and District (Community) Nursing.

Medication errors for this period are depicted by type in Figure 7.

The most common errors that occurred were due to checking procedures and included medication not having documented evidence of being administered (25% of the errors), delayed doses and doses that were related to the medication order.



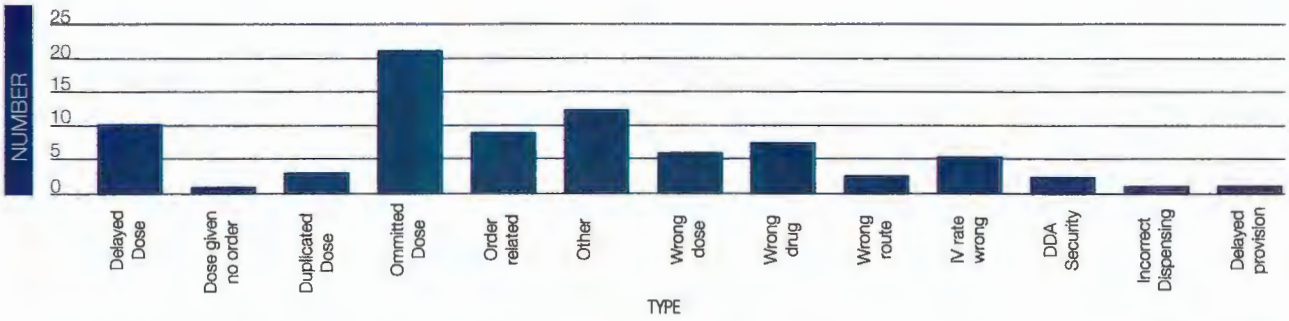
Falls Risk Assessment Form

Pharmacist Ben Sung cross checking Medications

Adverse event 'an unintended injury or complication which results in disability, death or prolonged hospital stay and is caused by healthcare management...rather than the patient's disease'.

(Quality in Australian Healthcare report)

Figure 7 Medication Errors (2009/10)



Improvements as a result of incidents:

- Reinforcement in the role of RN Div 1 and Endorsed Div 2 and circulation of professional requirements
- Introduction of special Warfarin sheets into Aged Care
- Introduction of a 'Warfarin Alert'. This alert is inserted in the file of an inpatient that is on Warfarin ('blood thinning drug'). It is used as a resource tool to ensure INR's (International Normalised Ratio)(test of blood clotting) are within the appropriate range. A Point of Care Testing machine was purchased which will allow INR's to be taken 'out of hours' and 'on weekends'
- Introduction of the medication management 'Read out' 'Time out' procedure which encourages nursing staff to read out the order when checking any medication and
- Review of access to 'After hours' emergency blood.

Christine Graveson (Laboratory Manager) accessing emergency units of blood from the 'After hours' fridge

Emergency units labelled with information about processes

Proactive measures taken to improve systems and processes:

- Medication Room storage at the hospital was reviewed and rationalised
- A register for Schedule 11 Medications was introduced
- A High Alert Medication Poster and Sustained Release Drug Guide is displayed in the Medication Room
- Pre packed medications were introduced to Accident and Emergency for doctors to dispense and
- On admission, a more comprehensive assessment is taken on how you manage your medication at home.

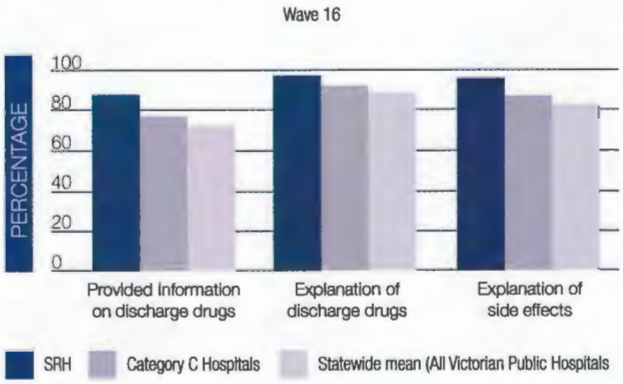
Nursing staff competencies

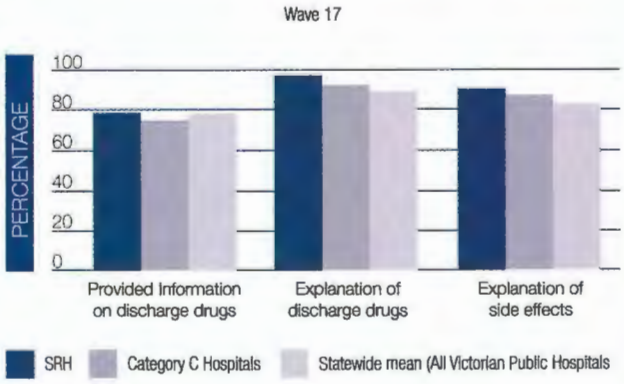
- Registered Nurse Division 1's & Endorsed Division 2 Nurses are assessed annually regarding their medication management competence. An on-line medication competency available through the Grampians Loddon Mallee e learning portal now replaces the previous paper based system. It is expected that all nurses will achieve 100% for this annual competency.

Patient Satisfaction

Figure 8 depicts your satisfaction with explanations of medicines and side effects, and written information given at discharge over two six month periods (Wave 16 -9/08-2/09 and Wave 17 -6/09-12/09) with Category C and State-wide hospital benchmarks. SRH results rate higher that the Category C average and State-wide mean over both VPSM Wave results.

Figure 8 Medication Management





Pressure ulcer prevention and monitoring

Patients who are admitted to the hospital and nursing home are at risk of developing pressure ulcers. They can occur if pressure is applied to a body part from lack of movement, and may occur when patients are immobile or when under an anaesthetic.

To prevent you developing a pressure ulcer we:-

- Identify your risk of developing a pressure ulcer on admission
- Put things in place to reduce your risk of developing a pressure ulcer and
- Monitor the things we have put in place to see if they are working.

Identify the risk

- A Pressure Sore Risk Assessment Tool is used on admission to identify your potential risk of developing a pressure ulcer. The assessment is reviewed as your condition changes and at discharge and referrals are made to appropriate Allied Health Staff and wound care consultants
- Strategies to prevent pressure ulcers are tailored for each individual
- Wound Assessment Charts and cameras are used across the organisation to document and track the management and healing of pressure ulcers and wounds
- If you are going to have an operation, being discharged, or transferred we advise those services accepting your ongoing care of your potential to develop a pressure ulcer
- Information brochures on pressure ulcer prevention are available to staff and patients.

Reducing the risk

Interventions that are used to prevent pressure ulcers may include:-

- getting you to move frequently
- increasing your mobility
- regular positioning of you in bed or when sitting in a chair
- providing pressure relieving mattresses and heel wedges and
- applying emollients and limb protectors.

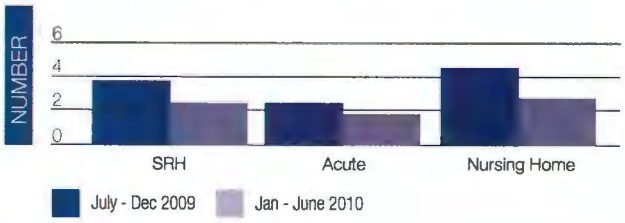
Pressure Ulcer Information Booklet

Monitoring – is what we have in place working?

- All pressure ulcers are reported through the Incident Reporting program regardless of whether they were present on admission or develop during admission
- Our pressure ulcer data is trended and benchmarked internally. Figure 9 compares six monthly benchmarked data, measuring the number of pressure areas that have occurred within 1000 bed days that a bed is occupied. Pressure Ulcers per bed day have reduced over the last six months
- We also benchmark trended data externally; with like size health facilities (by reporting to the DoH) and like size residential aged care facilities (by reporting the number of pressure ulcers during a two week audit every quarter
- The compliance of performing the Pressure Sore Risk Assessment is also compared externally.

Our latest results (SRH 100%) demonstrate a higher compliance than our peers (Peer group 80%).

Figure 9 Pressure Areas/1000 Bed Days



Infection Control

SRH's Infection Control Program (ICP) provides consultancy, education and surveillance across the organisation. The aim of the program is to provide a safe environment for patients/residents, visitors and staff that minimises the risk of acquiring an infection or communicable disease during their stay/visit to our facility. People admitted to hospital are unwell and often have underlying conditions which reduce their immune response. They may also be coming to hospital to have a procedure which makes them susceptible to acquiring infections. SRH has programs in place to minimise these risks.

These programs include:-

- Development and review of Policies and Protocols
- Compliance to cleaning standards
- Annual immunisation programs for staff and residents
- Hand Hygiene surveillance
- Food Safety surveillance
- Benchmarking infection rates regionally and state wide and a
- Waste Management Program.

The ICP is also supported by three qualified Infection Control Practitioners, two Victorian Nursing Council Accredited Nurse Immunisers and one HIV/Hepatitis C accredited counsellor.

SRH has achieved an Extensive Achievement (second highest rating) for our ICP at Accreditation Surveys in 2008 and 2010

Cleaning

A clean environment means that there are a reduced number of 'bugs' on the surface of furniture and equipment which could be transferred from one person to another. The Environmental Service Staff continue to maintain a very high standard of cleaning throughout the organisation using low chemical cleaning.

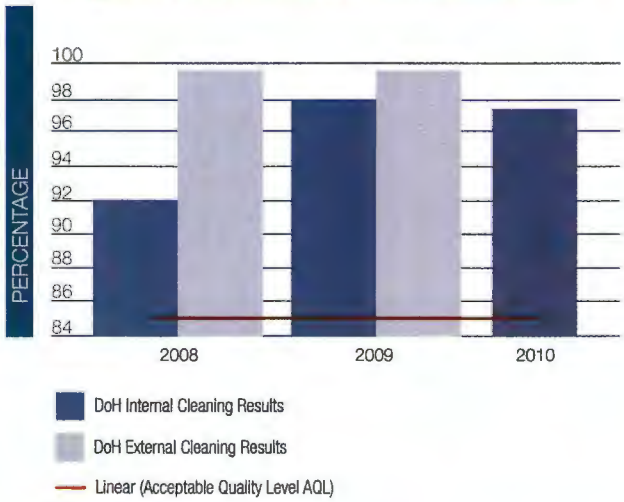
Support Services staff Lowell Waller and Hope Duffus making a bed and completing the cleaning checklist

During the last year, Cas2 Cogent Auditing - Cleaning Standards for Victorian Health facilities has been introduced across the region. Changes to reporting requirements, development of an extensive internal auditing schedule, staff education and changes to staff roles and accountabilities have been introduced as part of this process. The internal cleaning audit schedule is now managed by the Support Services Supervisor. All external cleaning audits are now conducted by an accredited external auditor and SRH is now required to submit three reports to the DoH each year. Identified deficits from the most recent external audit conducted in April 2010 have been minimal and have been addressed with relevant staff.

Comment from the April 2010 External Cleaning Audit report:-

'Cleaning staff should be congratulated for maintaining an excellent level of cleaning; the main entry was a pleasure to come into' 'Congratulations for achieving an actual score of greater than the required Acceptable Quality Level of 85%'

Figure 10 DoH Internal & External Audit Results



Staff member cleaning hands with alcohol rub

Feedback from patient satisfaction surveys:

Best things about your hospital stay

"Cleanliness of the facilities' (room, corridor, bathrooms)"

"Considerate nursing staff and clean environment"

"Nutritious and healthy meals"

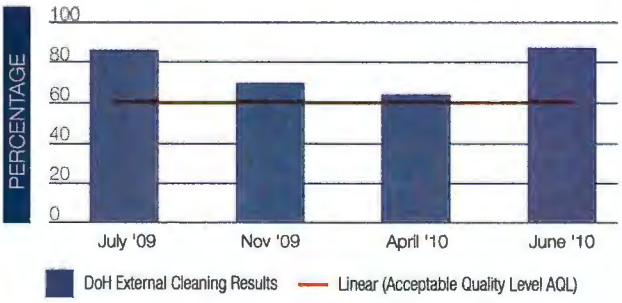
Hand Hygiene

Hands and shared equipment remain the main mode of transferring 'bugs' from one person to another. Hand hygiene products are in place at the end of patients beds, in every resident's room and in all waiting areas and entrances to the organisation so that staff and visitors can decontaminate their hands.

In 2010, fifty two (52) staff completed the Hand Hygiene on line 'e learning' package compared to twenty one (21) in 2009.

Figure 11 illustrates hand hygiene compliance rates for the last year. SRH continues to exceed the DoH benchmark of 60%.

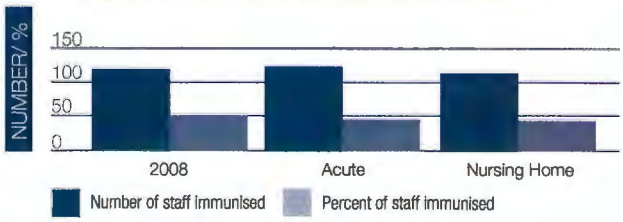
Figure 11 Hand Hygiene



Immunisation

The immunisation program is important in the prevention of our staff acquiring a vaccine preventable disease which will protect them, their families, patients, residents and other staff members. Over the past three years the number of staff accessing the annual influenza program has remained fairly constant. Figure 12 illustrates these results.

Figure 12 Influenza Immunisation Program



Continuity of Care

How long will I have to wait...

Stawell Regional Health continues to provide access to a broad range of surgical services supported by a number of visiting and local surgeons.

Waiting times for access to surgery are as follows:

Speciality	Frequency	Waiting Times
General Surgery	Weekly	1-6 months
General Surgeon-Gastroscopy/ Colonoscopy	Weekly	Urgent less than 28 days Otherwise within 3-4 months
Gynaecology	Weekly- Monthly	1-3 months
Gastroenterology-Gastroenterologist	Monthly	1 month
Opthalmology	Monthly	3-6 months
	Bi-monthly	
Urology	Monthly	One month
Orthopaedic Public Lists Surgeon 1 Surgeon 2	Twice monthly & Bi-monthly	 All surgery 3 years All surgery 6 months
Orthopaedic Private Lists	Fortnightly	Joint Replacements 2 months Minor procedures 2 months

The allocation of patients from elective surgery waiting lists onto surgical sessions is dictated by the urgency of the surgery, as defined by the surgeon, the frequency with which that surgeon operates at Stawell Regional Health and the date on which patients were booked onto the waiting list.

Equipment and Technology

September 2009 saw the introduction of electronic real time data capture in the perioperative environment with the advent of the Isoft i.PM Theatre Management Module of Isoft Patient Management Software System.

This theatre management module allows for theatre sessions to be set up for each surgeon with specific time frames allowing for a better managed system of cost containment around session overbooking and waiting list management. It also allows for the capture of relevant information on every patient and to be able to generate reports electronically from this information including unplanned returns to theatre, available vs utilised time, theatre utilisation statistics, patients meeting recovery discharge criteria to name a few.

2010 has also seen the replacement of the six year old endoscopy suite of equipment with a state of the art Olympus Endoscopy System comprising 3 video-gastroscopes, 3 video-colonoscopes, light source, image processor, trolley and HD video monitor. This was financed partly by a Targeted Equipment Grant from the Department of Health, with the balance provided by the Board of Management.

Chris Gillmartin (NUM Perioperative Services) with Minister for Health Daniel Andrews viewing the new endoscopy equipment.

Allied Health Waiting Times

Continence Clinic – New Service Improvement

Until mid 2009 there were no practitioners in Stawell who offered assessment and treatment of conditions relating to continence (bladder and bowel function and control). Since then the Allied Health Department has been offering continence services in the form of physiotherapy and continence nursing. From early 2010 this service has been advertised as the Continence Clinic.

The continence nurse works regularly in district nursing, and fortnightly (on Tuesday) in Allied Health. The physiotherapist conducts continence consultations on Tuesday and Thursday afternoons. Clients can be referred to the clinic by themselves, their General Practitioners (GPs), District Nursing, family or other health professionals. The continence nurse and physiotherapist liaise to offer clients the most appropriate service. If appropriate, clients may be referred to other Allied Health professionals, their GPs or recommended for review by a specialist.

As this is a new and developing service, the aim for the next 12 months is to carry out a clinical audit to determine how many clients are seen, the average number of consultations attended and what the clinical outcome is for these clients. The Allied Health Department looks forward to expanding this service to the Stawell community.

Diabetes Education

Outpatient appointments with the Diabetes Educator are made through the Visiting Specialist reception, and a doctors referral is not required to access the service.

During February- April, people who were newly diagnosed with diabetes, and women who had developed gestational diabetes, were seen within one week of referral. General appointments were seen within one-two weeks of referral.

Team Care Arrangements

Since February 2009, the diabetes team (Diabetes Educator, Dietitian and Podiatrist) have conducted Team Care Plans. Team Care Plans enable all individuals with Diabetes who have been referred by their doctor, to see the diabetes team at the same appointment time. This "one stop shop" allows individuals with diabetes to have full assessments completed by each discipline. Follow up reviews by the Diabetes Educator and Dietitian are also conducted in a joint appointment as required.

Evaluation of the Team Care Plan service has shown that 100% of respondents were satisfied with the appointments and 62.5% said they would prefer their next appointment to be as a Team Care Plan. In the case of joint appointments with the Diabetes Educator and Dietitian, 62.5% felt that it enabled them to have a better understanding of their condition.

The diabetes team plan to continue the Team Care Plans throughout 2010 with four days a month allocated.

Nutrition and Dietetics

Currently the Dietitian has 13 – 15 hours per week allocated to community outpatients. Appointments can be made through Visiting Specialists Reception. A Doctor's referral is not required to access this service.

The Dietitian waiting times have varied during the period of 1st July 2009 – 30th June 2010. A community health priority tool has been commenced for all outpatient appointments. Patients

are therefore assessed according to their health condition. This has enabled high priority patients quick access to the service.

The average waiting time for an appointment, between May and June this year was 8 days. However patients with a high priority had an average waiting time of 4 days, with the longest waiting time being 10 days. Medium and low priority patients had a longer waiting time with an average of 8 and 14 days respectively.

Healthy Food Options

Occupational Therapy

All new patient referrals are prioritised according to their clinical need for assessment. This ensures patients with sudden and severe changes in ability to manage at home, high falls risk, and acute and severe hand conditions will receive urgent intervention, while less acute issues will be required to wait for longer.

During the quarter January – March 2010 the following average wait times were experienced.

1. High Priority – Initial assessment to occur within 2 working days of referral.

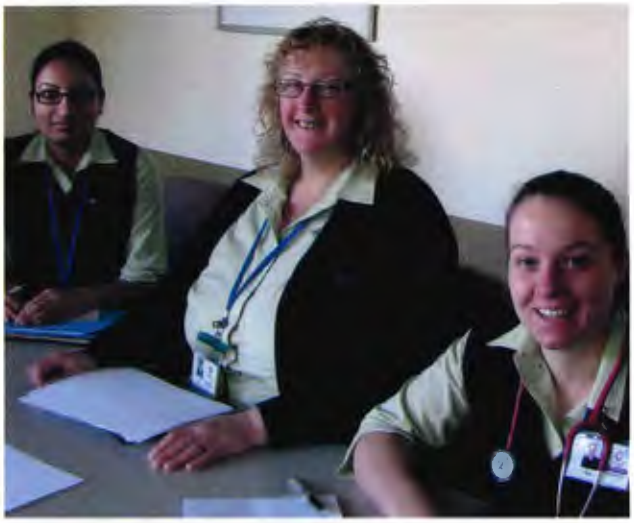
Average waiting time – 1.7 days

2. Medium Priority – Initial assessment to occur within 2 weeks of referral.

Average waiting time – 10.4 days

3. Low Priority – Initial assessment to occur within 6 weeks of referral.

Average waiting time – 20.3 days



L-R: Ravi Khosa (Social Worker), Sue Fontana (Diabetes Educator) and Peta Andrews (Physiotherapist) at the discharge planning meeting

Physiotherapy

In 2010 the physiotherapy department has managed to significantly reduce the waiting time for the public to receive outpatient physiotherapy treatment compared with the equivalent time period in 2009.

An audit of the waiting list between February and April revealed that the average time from initial contact to receiving an appointment was 6 days.

A large number of people who sought physiotherapy outpatient services during these months have been managed more efficiently with :

- Reduced time allocation for some appointments
- Different staffing combination
- More effective management of cancellations, non-attendance and staff appointments
- Rostering of staff at meetings and
- Active prioritisation of patients.

Continued monitoring of current systems and practices will be undertaken to ensure that the community continues to receive timely and quality treatment.

Podiatry

Over the past 12 months the Podiatry Department has continued using the Priority Appointment System and has been able to maintain consistent waiting times for patient appointments.

Emergency appointment: < 2 days
High Priority: < 7 days
Diabetes Team Care Assessment: < 2 weeks

With the employment of a second podiatrist in February 2010 we have also been able to open appointments for once off assessments and education sessions for Low Priority patients. This has enabled the Podiatry Department to offer a better service to patients and at the same time reassess those patients that have had a change in their overall condition.

We also participate in Diabetes Team Care Plans with dedicated appointments 2 days per month and education and Health Promotion activities with the Allied Health Team.

Social Work

Significant changes have occurred in the Social Work Department in the last twelve months with a full time Social Worker commencing in late March 2010 following the resignation of the previous part time one in January.

The increase in staffing has enabled a faster response to referrals with most of the referrals being responded to within one working day.

The Social Worker plays an active role in supportive care for patients experiencing cancer and other illnesses, trauma, grief or psychosocial issues. The information brochure for the Social Work Department has been amended to clarify the cost of the service for patients/clients.

Speech Pathology

During March and April 2010 the average waiting time between referral to Speech Pathology and initial assessment was 16.75 days. However, in quieter periods during this time the average waiting time was 6 days. In order to reduce the waiting time for an outpatient appointment, a "new patient" appointment has been created. Any referrals that are identified as urgent will be seen as soon as possible. A doctor's referral is not required to access outpatient Speech Pathology services.

Stomal Therapy

The Stomal Therapy Nurse is a health professional who helps people to better understand the day-to-day management of living with a stoma, fistula or feeding tube.

The practice of Stomal Therapy includes clinical care, education, health promotion and counselling.

The Stomal Therapy Nurse:

- Is responsible for the care and education of people who are anticipating or have had surgery resulting in the creation of a stoma or insertion of a feeding tube
- Assists with the management of those who live with a fistula
- Educates you in the pre and post operative periods to manage your stoma or feeding tube

- Provides appropriate ostomy appliances on discharge and assists patients with membership to an Ostomy Association
- Performs the routine changing of PEG (Gastrostomy tubes) and their ongoing care and
- Is available to discuss any issues important to the client and family.

The Stomal Therapy Service at Stawell Regional Health recommenced in February 2009. The clinic is now conducted on the first and third Tuesday of the month from 0830-5.00pm. Appointments can be made through Allied Health Reception. Clinic appointments are within the month. (Clinic days will change in the next financial year).

Patients may self refer to this service.

Strengthening Rural Communities

The "Strengthening Rural Communities" program which provided outreach allied health services to the towns of Landsborough, Navarre, Halls Gap and Mamoo for the past eight years was discontinued in June 2010.

Following an extensive needs analysis and mapping process, and development of a service plan, Stawell Regional Health was successful in obtaining funding for the outreach program under the newly configured Rural Primary Health Services program until 2013.

This program is very similar to the original program in that it continues to seek to reduce the social inequalities in the health of people living in rural areas and to reduce the need for secondary and tertiary medical interventions.

The services delivered include:

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

These services are delivered out of Budja Budja Aboriginal Co-Operative in Halls Gap, the Marnoo Hall, the Landsborough and District Community Recreation Centre and the Navarre Football/Netball Clubrooms.

As part of our response to requirements for the safety of both our customers and our staff, Stawell Regional Health has implemented an 'Extreme Weather and Bushfire Alert Policy', which will enable a timely and safe response to extreme weather events.

In the event of an extreme or catastrophic weather event as designated by the Department of Health, the Allied Health team will contact all patients attending an outreach clinic to reschedule their appointments. Patients who are travelling in to Stawell to a scheduled appointment will be offered another appointment on a different day. Where possible, patients will be notified of these changes on the previous day.

Secondary School College Student helping Joyce Crook make a garden mosaic

Macpherson Smith Nursing Home

Macpherson Smith Nursing Home's (MSNH) mission is to provide quality care and support to residents, that focuses on their individual needs and choices in a caring, friendly, home like environment.

Macpherson Smith Nursing Home (MSNH) is home to 36 residents who require high level nursing care including: frail aged, dementia and those with a psychiatric illness. Accommodation includes 8 shared rooms and 20 single rooms.

Staff at the nursing home include: Registered Nurses, a Leisure and Lifestyle Coordinator and kitchen and laundry personnel. All staff are involved in the accreditation process and contribute to quality improvement.

MSNH 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.

Muriel Adams enjoying Line Dancing at the Senior Citizens.

New projects & initiatives

The multi sensory room continues to be utilized for a quiet space. Through the purchase of snooker table male residents are now able to spend some time playing snooker with volunteers or other residents and staff.

The Sensory Garden has been completed thanks to the hardworking committee and generous donation of funding from the SRH Ladies Auxiliary. The garden was officially opened on March 25th. The garden is a wonderful area for residents as they are able to go outside and walk through the garden, touching and smelling the plants and herbs. The water feature is calming and the fish provide visual stimulation and inspire wonderment and serenity. Relatives can relax with their loved ones in quiet calming surrounds instigating conversations and or quiet reflection. Residents who require a wheelchair or palliative care chair are also able to move around the garden. The garden has provided a safe, secure, nurturing, stimulating sanctuary for residents/relatives and staff. Residents, volunteers and family members continue to work on mosaics for our garden.

In 2009 MSNH was successful in obtaining funding for the 'Count us In' project, an initiative of the DoHA. The project has enhanced the comprehensive activities already provided by leisure & lifestyle staff (see separate report).

Residents & Relatives Committee

Residents and relatives have a dedicated committee which is supported by the Manager of MSNH and SRH's Executive Staff. The committee acts as a focus group, advocates for residents and provides a venue for information sharing. Residents and relatives are kept informed of quality indicators for the nursing home and of any issues and improvements that are current or planned for the future. The Laundry services, Maintenance Department and Food Services are some of the guest speakers that have presented to the committee. The meeting is chaired by a relative of a current resident. Relatives are encouraged to play an active role in the organisation and we thank them for their involvement.

Volunteers

Volunteers are highly valued members of the nursing home team and continue to play a vital role in enhancing and maintaining quality of life for our residents. Volunteers assist with activities such as reading, friendly visiting, outings, musical entertainment and wheelchair walks. One volunteer comes in to give residents hand massages and shows her jewellery work while another takes the resident out to Hammer & Gad for the afternoon. Church representatives come in for one on one chats, communion and hymn singing and for services to remember our past residents. We are very grateful for the time and care our volunteers give to our residents.

Leisure and Lifestyle Program

The Leisure & Lifestyle Program remains an integral part of daily life for all the residents. The program continues to adapt to suit the changing needs and interests of our residents. Group activities such as exercises, bingo, newspaper reading, footy tipping, crosswords quizzes and happy hour continue to take place on a regular basis. We have been busy this year trying to get our residents out and about in the community.

L-R Norma McPherson enjoying lunch with her friend Mrs Shirley Joiner during an outing to Uniting Church's friendly lunch

Graham Brooks participating in activities at the Mens Shed

Residents have been taken to The Howie Brothers Concert, Orchid Show, church morning teas, Stawell Arts Council production, Bowling Club fete, Community Expo, Model Train Display, Senior Citizen concert, Alpaca Farm, Railway Art Gallery and the biggest morning tea.

Paul Rathgeber showing Pru Robson a baby Alpaca

We have organized theme days such as 'Christmas in July', Australia Day celebrations, Waitangi Day, Saint David's Day, Saint Andrew's Day, Guy Fawkes Day, Melbourne Cup, Mothers Day and a footy day. We have also had visits from ballroom dancers, line dancers, a ladies musical group, school choir and the Victoria Museum.

Residents are regularly taken up the street for afternoon tea, out to lunch at cafes, hotels or the Chinese Restaurant and to line dancing. They also attend the friendly lunch at the Uniting Church and the 'trots' monthly.

One resident attends the Men's Shed and has completed an activity board for use in the Home.

Our two resident pets, Daisy and Rocky continue to play a vital role in contributing to the homelike environment. Gus and his family continue to visit, with Pepper also coming in daily to visit with his owner.

MSNH has been funded for three new extra long floor level beds for residents.

Two Air mattress's and Deluxe bed chairs have also been purchased with the generous donations from families, the Y-Zetts' and the Ladies Auxillary.

Bill Puddy and Daisy

L-R Robyn Leslie (NUM, MSNH), Joy McCracken (Social Inclusion Co-ordinator), Mary Rillstone (Stawell Secondary College (SSC) Chaplain) in between SSC Students.

"Count Us In"

Social Inclusion Project

The "Count Us In" project - was funded by the Department of Human Services to assist Macpherson Smith Nursing Home improve the psychosocial well being of residents through improving their social inclusion with a focus on community participation. The project has successfully created pathways and provided opportunities to promote social inclusion to connect residents, their family members, staff, volunteers and the broader community. Residents now have greater opportunities for social interaction in the community and at Macpherson Smith due to people being more inclusive. Additional volunteers have been recruited through the program to assist with leisure and lifestyle activities.

Sustainable and ongoing partnerships have been forged with community groups such as: - Stawell Men's Shed, Stawell Uniting Church, Grampians Community Health, Stawell Senior Citizens, Bennett Centre for Community Activities, Grampians Outreach Volunteers, Twisted Threads Needlework Group, Stawell Secondary College and businesses in Stawell.

Nursing home staff have participated in focus group meetings, in-house educations sessions and discussed the commitment to the resident leisure and lifestyle program that is offered to residents. A tangible shift in thought has occurred about how important social inclusion is in its many forms and how everyone can incorporate it in what they do. This is an ongoing and sustainable thought process that staff will continue to carry with them and pass on to others.

Stawell Secondary College and Macpherson Smith have forged a Community Connections Program that will bring art, culture & drama to the residents. This program is about improving the well being of residents with a focus on communication and includes, Reminiscing & Writing, school choir and band visits and a performance by students of a modern dramatic version of "Romeo & Juliet".

During the project a volunteer was recruited to assist a resident make a DVD about her life. They worked together and found a common understanding through humour. Residents, family members, staff and volunteers have had a viewing of the DVD called "My Home, my life" and are amazed that between them they were able to produce a wonderful box of memories with songs, photos and writing. The DVD is a real treasure for everyone!

Through the use of media releases and newsletters a very wide audience was able to be captured. The total numbers of contacts made during the project, through various brochures, posters, newsletters, reports & newspaper articles; was 58,624. This number divided by 36 residents, gives a contact ratio per resident number. This helped achieve a "Contact Ratio per Resident of 1,634"

The Residents & Relatives Meetings gave an opportunity for the Social Inclusion Coordinator to provide in-house education sessions and updates on how the "Count Us In' Project was progressing. These meetings also gave residents and family members a forum to ask questions, raise concerns and give feedback.

An outcome of the project brief was to develop an "Educational Tool Kit". The completed kit contains:- an information brochure, poster on importance of Social Inclusion, a brochure for ongoing use and a PowerPoint DVD called "Dignity, Respect & Social Inclusion for Aged Care Residents"

Key staff attended a forum on June 3rd to publicize the project to health professionals.

Gillian Dickson-Hughes thanked our team for their colourful, creative and informative exhibition, displayed at the forum. 'Many have taken your ideas to plan, develop, and implement these at their service level and have also seen the huge benefits of recognising the value of involving community and volunteers to support and facilitate social inclusion opportunities for older people living in the community and residential aged care'

The "Count Us In" Project has been instrumental in introducing a new and more inclusive focus for all. Thank you everyone for all your work in enhancing the lives of people in residential aged care.

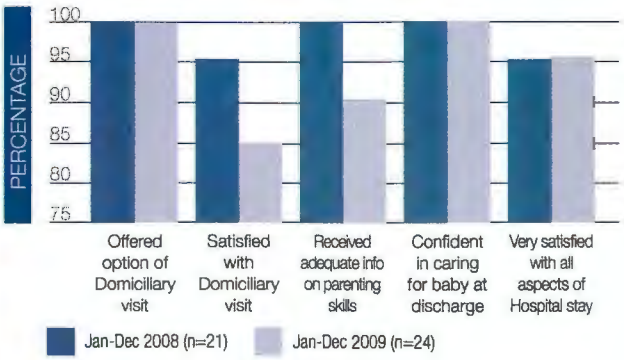
...See Me...Hear Me...Value Me...Include Me...

RN Div. 1 Lisa Blight (newly graduated Midwife) with Maddison Dempsey

All families are offered follow up visits in their home following the birth of their baby. This includes women who have birthed at regional hospitals. This service allows new parents to be linked to local services and enables the transition from hospital to home to be as smooth as possible.

Satisfaction with domiciliary services at discharge is shown in Figure 13.

Figure 13 Satisfaction Survey Results



The double bed introduced last year for the use of maternity patients to enhance the bonding process of the family has proved popular and continues to receive positive feedback.

Most memorable thing about your hospital stay:

'The family room and my husband being able to stay with me overnight'

Birthing Services

Our maternity 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. Monitoring of the pregnancy, education and support is provided throughout this time by midwives who work closely with the General Practitioners (GP's).

The Shared Care Model of care continues to be a popular choice for most mothers. Nearly all eligible women choose to participate in collaboration with their choice of GP.

Midwives also provide an Early Pregnancy & Assessment Service to women requiring information regarding tests and investigations in the early stages of pregnancy, prior to appointments with their local GP. This includes a free service from the diabetes educator and dietitian to women diagnosed with gestational diabetes. Diabetes education is also provided throughout the remainder of the pregnancy and for relevant follow up care after birth.

Education within midwifery is a continuous process and to ensure best practice knowledge is maintained midwives have regular education on: - neonatal and obstetric emergencies, Cardiotocography interpretation, breast feeding and changes to midwifery practice. Our midwifery student studying through the University of Ballarat graduated in 2010.

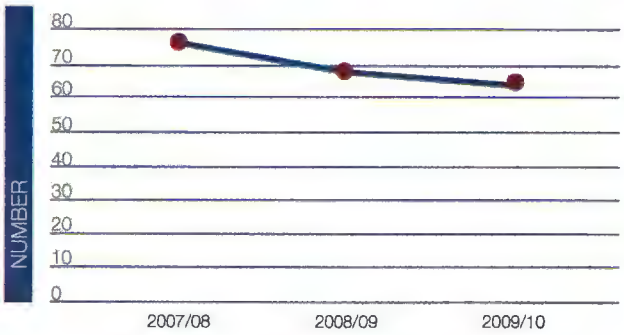
Improvements to the maternity service over the last twelve months include:-

- Review of the Midwifery Care Plan and Post Natal Education Questionnaire
- Development of a guide on how the Antenatal Service is to be provided and
- Adoption of the Induction and Augmentation of Labour Clinical Practice Guideline from the Maternity and Newborn Clinical Network (MNCN).

Satisfaction of the midwifery service is monitored on an annual basis through an internal customer satisfaction survey. Some results from this survey are shown in Figure 13 and show a high level of satisfaction with the service.

Birthing numbers have remained similar to last year and birthing trends are shown in Figure 14.

Figure 14 Birthing Trends



SRH continues to share maternity service cover each weekend with the East Grampians Health Service. Regular communication and review between the two hospitals allows this service to run smoothly.

Ben and Nicole McSparron with baby Dominic

Dr Norman Castle with Scott Fraser (first baby -22/2/1956), Claire Letts (DCS), Karen Hyslop holding Blake Robert Hyslop (last baby -14/10/2009) and Colin Hyslop

John Bowen Day Oncology Unit

In 2008 the John Bowen Day Oncology Unit conducted a project funded by the Grampians Integrated Cancer Services (GICS) titled "Improving Patient Care Co-ordination".

The aim was to provide supportive care to our clients by assessing their condition two days following their treatment via a phone call. Any concerns or problems were promptly attended to either by organising appropriate referrals to allied health, medical, social and nursing services or simply by offering advice or information.

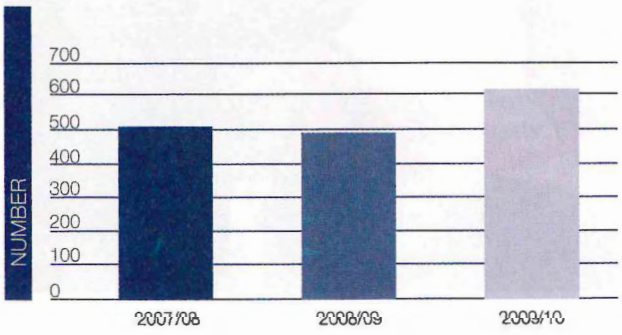
As a result of the project, Stawell Regional Health has been chosen to conduct a pilot trial for supportive care screening as part of the implementation of GICS three year Supportive Care Strategic Plan 2010-2012. This plan is linked to the Victorian Cancer Action Plan that highlights two major targets for supportive care:-

- Training of the cancer workforce in supportive care screening processes and survivorship awareness by 2012 and
- Documentation of supportive care screening for 50% of newly diagnosed patients by 2012.

Training for the oncology nurses and associated health professionals in supportive care screening processes will begin July 2010. This pilot trial will benefit the patients having their chemotherapy at Stawell Regional Health because effectively addressing their supportive care needs (physical, social, psychological, spiritual and information) will assist our patients and families to cope with their diagnosis and treatment and to live as well as possible through the cancer pathway.

The John Bowen Day Oncology Unit has seen a sharp increase in patient episodes for 2009/2010 which is highlighted in Figure 15. A patient episode includes chemotherapy, venesections for blood disorders and procedures such as Infusaport flushes.

Figure 15 Number of patient episodes of attendance



At the moment the oncologist consults in Stawell on the second Wednesday in every month. Large numbers of patients are seen that day either for a consult with the oncologist or consult and treatment. Clients from nearby Ararat and Horsham oncology units may also receive treatment in Stawell on that day if their treatment requires an oncologist to be present. The unit operates over two days during this week to accommodate the patients requiring treatment.

Plans for future expansion:

Planning has begun for extending the unit once the Allied Health department moves to Patrick Street. This will mean a much bigger area that will include:-

- a reception and waiting area
- consulting rooms
- private areas for patient care
- office space and treatment preparation areas for nursing staff and storage space.

Also planned is a resource centre that will be managed by GICS and staffed by volunteers. These plans should enhance the comfort of our patients during their treatment, improve the working conditions for staff and reduce the crowded conditions on the days when the oncologist is consulting.

To help fund our new Cancer Centre, Aaron Hemley, a Callawadda shearer, will attempt to break a world record and raise $200,000 for the oncology unit with a 48 hour shearing challenge on August 19th to 21st 2010. Stawell Regional Health is very grateful for Mr. Hemley's offer to make the planned extensions possible.

Health Independence Support : a Hospital Admission Risk Program (HARP)

These programs and initiatives focusing on older members of the community have been provided by SRH through COAG (Commonwealth) funding and coordinated at a state and regional level by the DoH.

This home based program provides clients/patients with support and self management strategies for living with chronic disease or ongoing complex health issues. The aim is to ensure older persons with chronic diseases maintain maximum independence and have confidence to live well in their home and community.

The program is managed by Stawell Regional Health and is offered through a partnership with East Wimmera Health Service to provide this program to patients in their region.

In the 12 months to June 2010, 29 new clients have participated in the program. There has been an average of 38 clients receiving support during any one month. In 2008/09 the program was being established across both catchment areas and there was a monthly average of 22 clients receiving support.

The Health Independence Support program has supported the establishment of a combined Cardio Pulmonary Rehabilitation Program to assist clients improve their exercise tolerance and confidence.

The program (HARP) has proven effectiveness through formal evaluations through a 'Quality of Life' survey (the AQoL) and data on a physical evaluation of patient exercise capacity (the 6 minute walk test). Results of these evaluations have shown positive improvements for the majority of participants.

Hospital admissions for some clients continue to be unavoidable and are appropriate due to the complexity of their health issues. Support through the program has significantly improved patients' confidence and independence at home, and has shown a reduction in admissions to hospital after participation and subsequent discharge from this program (as per state reporting).

Longer Stay Older Patient

The aim of this Commonwealth project is to improve the care for older people, thereby reducing length of stay in hospitals, supporting discharge options and providing person centred care.

The work has focussed on reviewing how Stawell Regional Health ensures a 'Person centred care' approach in all service areas. Person centred care promotes staff respect and dignity for each patient. By information sharing and encouraging participation in care and decision making, the patient and family choices are central to the care and services provided.

Practice change implemented has included:

1) Comprehensive admission assessments of all patients. Referrals are made for further screening and specialist assessment as indicted and

2) Staff encourage patients to dress in day clothes and eat at the designated dining area, especially at lunch times. This is helps older patients maintain routine activities and therefore their abilities to manage at home once discharged.

This year, Stawell Regional Health has implemented evidenced based practice in the areas of care for patients who have cognitive impairment, (thinking and memory problems), often known to be due to a dementia or a delirium.

Carer support packs and new signage has been introduced to assist staff work and communicate with patients and families to improve our understanding of and care for these patients.

District Nurse preparing dressing tray for use

Barb Oates (District Nurse) visiting Betty Farrer

District Nursing

The District Nursing Service provides care and support to patients who have been in hospital for acute medical/surgical or palliative care.

The District Nursing Service (DNS) continues to strive towards meeting the changing needs of our community. The management of long-term or chronic wounds, such as leg ulcers has been a main focus of review this year with the ability to access a regional wound consultant. The process has been further enhanced by the introduction of new equipment to assist in assessing and treatment of wounds. We have been very fortunate to have been given a camera, venous 'Doppler' machine and visytrak equipment (for measuring ulcers). As part of the continuing education program, each nurse is commencing a planned individual education program with the Continence Nurse to assist them in becoming competent in male catheterisation. Ongoing education and upskilling will assist the DNS in providing up to date optimum care.

We were thrilled to receive a nomination for an award at the Grampians Palliative Care Awards 2010 in recognition of our contribution to palliative care in the region. Whilst we did not win our section it was an honour to be nominated.

Last summer brought a lot of change to how we manage client care and staff safety on 'Code Red' fire days. Monitoring and review of extreme weather conditions continues to form part of the nurses work day to ensure care can be delivered to clients in a safe way.

Lyn Iseppi & Elizabeth MacKenzie with Mrs Judy McLeod and Mrs Audrey Moorhouse

Bennett Centre

The Bennett Centre for Community Activities provides a safe, social-like environment where the aged, frail aged and disabled feel 'at home' cared for and part of a group. Activities promote independence and are tailored to each persons ability and need.

The Bennett Centre staff have continued to conduct the strength training program for their clients and provide support to the twice a week program offered to community members. Research shows that everyone benefits from regular exercise and this has an added benefit of reducing the risk of falls in the elderly.

The annual client survey was conducted in April. This survey is important to ensure we meet the needs of clients and we identify a range of activities which satisfy everyone throughout the year. The most popular activities continue to be day trips, meals out, games, walks, shopping, quizzes and exercises. The women were very happy with their trip to Horsham last year to shop prior to Christmas.

Eighty-eight percent (88%) of those that responded to the survey said that the Bennett Centre made their life 'better'.

An event which has become a hugely successful annual fund-raiser for cancer research was again organised and run by the staff at the Bennett Centre in May. Australia's Biggest Morning Tea raised a record $1,150. A big thanks to the staff and the community who supported it.

The centre is closed annually over the Christmas/New Year break. After weighing all the options it was decided to close for a longer period last year. It is anticipated that the centre will close again for 3 weeks over the 2010 festive season.

Cardiac/Pulmonary Rehabilitation

In October 2009, Stawell Regional Health (Allied Health Department) implemented a Cardiac/ Pulmonary Rehabilitation program, offered to any person who has had a heart attack, heart surgery, or any other heart condition or a chronic lung disease.

This program entails twice weekly classes for eight weeks, consisting of information/ education relating to the heart and lungs, and graduated exercise. Attendance can be commenced at any time during the eight week cycle.

Since October 2009, twenty-nine (29) people were referred to cardiac rehabilitation and nine (9) people referred to pulmonary rehabilitation. Twenty-one (21) people attended the classes for a period of time. Of the twenty-one (21), thirteen (13) completed the program. Four current group members will complete the program over the next 8 weeks.

Participants are encouraged to complete a home exercise program to supplement the supervised exercise classes and the physiotherapist discusses progress regularly with each individual.

Implementation of the combined cardiac/ pulmonary rehabilitation program has enabled SRH to offer the Stawell catchment area residents access to this service. Recent evaluation of this program for the period October 2009-June 2010 has highlighted the need to develop ongoing strategies to maximise participants' attendance of the program. This will become a focus of future program evaluation.

Diabetes Self Management Program

Initial funding for this program was provided through the "Go for your Life" strategy. This is a component of the Victorian Government commitment under the Australian Better Health initiative. The program was based on the "One Step Ahead" model trialled in four Melbourne health services in 2005.

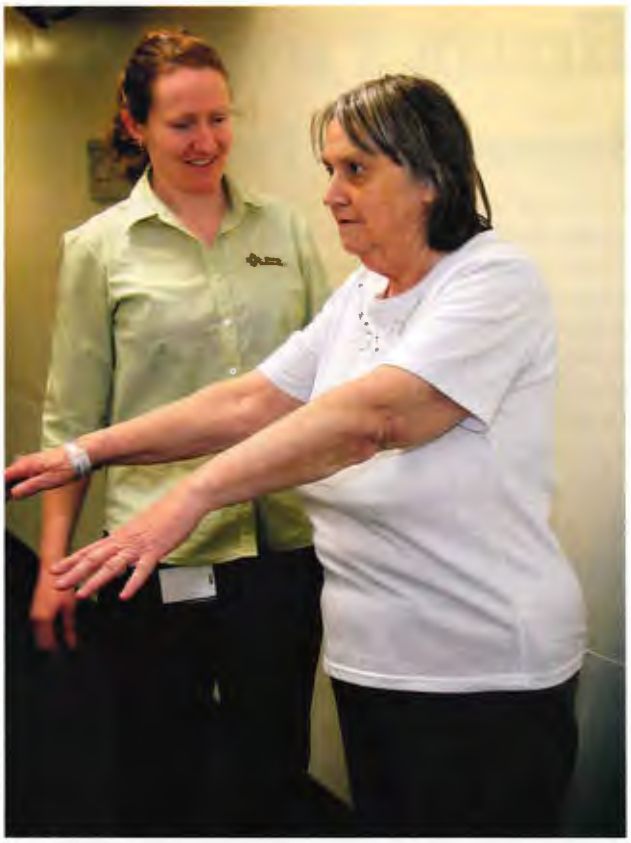
The Diabetes Self Management (DSM) Program is for people who had been newly diagnosed with Type 2 Diabetes in the previous 12 months.

The program is multidisciplinary; currently involving a Credentialled Diabetes Educator, Dietitian, Physiotherapist, Social Worker, Podiatrist, Pharmacist and Registered Nurse. The Pharmacist was included following evaluation of the June 2009 program. Members of the Allied Health Team provide educational topics relevant to their area of expertise relating to Diabetes. The registered nurse assists participants set weekly personal goals to improve their health. In October 2009, physical activity included a walking group activity that was in collaboration with the SRH Community Walking Group.

The numbers of participants in the program over the last year were:-

eleven (11) in October 2009 and four (4) in May 2010.

The program has now become an intrinsic part of our early intervention for people with Type 2 Diabetes. The self-management approach, which also incorporates elements of health coaching, underpins Stawell Regional Health's Chronic Disease Management strategy.



Kate McEvoy (Physiotherapist) instructing Valda Fearon on strengthening exercises

Gait and Balance Program

The Allied Health Department continues to provide a Gait and Balance Program as part of our approach to falls prevention. Assessments are conducted once a month, with weekly and monthly balance classes.

During 2009-10 a total of sixty eight (68) people were referred to the program by either their doctors, families, other health staff or themselves. Sixty (60) agreed to assessment in the clinic by the Occupational Therapist, Pharmacist, Physiotherapist and Podiatrist. This was an increase of nineteen (19) from 2008-09. Thirty five (35) attendees were referred to Gait and Balance classes, eighteen (18) graduated, and six (6) are ongoing participants. The clinic also resulted in seventeen (17) discipline specific referrals to allied health and eleven (11) referrals to other groups such as strength training and the walking group.

All graduates are invited to attend the monthly review classes. This enables socialisation with previous fellow attendees and a chance to review their balance skills and strength exercises. The review class has been regularly attended by up to and over ten (10) participants.

A home exercise program is given to all participants and it is expected they will attempt to supplement their class activity with regular exercises for the duration of their 15 weeks. Class evaluation via feedback form has demonstrated consistent responses that participants feel more confident about not falling, and that they continue to enjoy the class atmosphere.

Several changes were made to the program in 2008-09 that have been consolidated in 2009-10. Outcomes measures now being used include the step test, 6 metre walk test, timed up and go test and an evaluation form. For the coming year, review class participants will be asked about falls history in the 3 months following graduation to compare with pre-class data. This will provide more information as to the prolonged effect of Gait and Balance Program.

Health Promotion

Sustainable Farm Families

In February of this year local farmers who have been participating in the Sustainable Farming Families (SFF) program over the previous two years returned for the final day of the program. All participants undertook another health assessment and had the opportunity to speak with health professionals. The SFF program aims to address the health, well being and safety issues facing the farming industry through a sustainable and evidence-based program with solid research and cross-sector collaboration.

Some positive changes in health parameters were recorded as a result of the health assessments.

Some of the results recorded from year three included:

- A 16.5% improvement in Blood Glucose Levels in the past 12 months
- 17% more farmers are wearing protective gear when using workshop or outdoor equipment
- From the first to the third year, participants wearing sunscreen all the time increased by 100%.

On the third day of the program, participants also revised information from the first two years of the program which included rural men and women's health status, cardiovascular disease, cancer, farm safety, nutrition and diet, stress, depression and anxiety, and gender benders. Participants shared both how their farming practices have been adapted to ensure their goals can continue to be achieved; and their Individual Action Plans that were developed and added to over the two year period. These Action Plans were to implement identified changes to improve their lifestyle or business. The Action Plans were discussed and some of the changes that occurred as a result of these plans included:

- Incorporating activity into their day
- Getting a full dental check-up
- Work for self - not just children
- Taking a holiday with family and
- Being more conscious about healthy eating.

The half day workshops this year focused on topics such as "Diabetes – the epidemic", respiratory health, and "Beyond the Bale" – a report on the health outcomes across Australia farming families.

The program is now completed and Stawell Regional Health is hoping to offer another program to farming families next year with the support of the Western District Health Service who provides the resources and data.

An exercise class conducted during the Sustainable Farming Families Program

THERE HAS BEEN A HIGH LEVEL OF ENJOYMENT AND SATISFACTION WITH THE PROGRAM OVER THE THREE YEARS.

Feedback from the president of the Glenorchy-Stawell VFF on completion of the program was, "The Glenorchy-Stawell Victorian Farmers Federation thank you and your hospital for helping to improve the overall health and wellbeing of our Farmers".

Feedback from one of the families on completion of the program included " I am happy to say it (SFF) has made a real difference to our lives thanks to the data recorded, the sharing of valuable health information and the goal setting requirements that have forced us to finalise action plans. E.g. Workplace Safety Upgrades".

Heather Thomas serving a selection of healthy food choices for staff using the traffic light system

STAFF WORKHEALTH MONTH

The SRH Health Promotion subcommittee have long seen a need to address the factors that contribute to poor health for some of our staff. It was identified that, not unlike many other workplaces, staff at SRH were at risk of developing a chronic disease and may benefit from skill development on "how to start" a healthy lifestyle. Our inaugural Workhealth Month, which was based on 'Worksafety Week' which is usually held in October, was held in March.

There were a range of activities offered to staff; including education sessions, exercise classes and healthy canteen options. The healthy canteen options included introducing the Green, Amber and Red traffic light system for foods - identifying everyday and sometimes foods. Staff were encouraged to walk to work on a Wednesday, and read the healthy tips in the weekly WorkHealth newsletter.

Forty-four staff members participated in at least one of the activities available and each of these staff members was asked to complete a post-program evaluation to self assess lifestyle changes. Attendance registers were kept at each session, and comments and suggestions were collected along the way. The evaluation indicated that, whilst not as many staff as originally hoped participated, 94% of those that did participate made a positive lifestyle change as a result of the program. The other 6% of staff stated that they were already leading a healthy lifestyle and did not make any changes as a result of the program - however enjoyed participating.

Whilst this program was only four weeks long, some of the activities created as a part of the SRH Workhealth Month are sustainable and will continue to be accessed and built upon. These activities include staff exercise classes and the canteen guidelines using the traffic light system in the canteen.

Areas for improvement

It would be hoped that more staff would participate in future SRH Workhealth months. The timing of the education sessions so all staff can attend at least one will be considered, and more consultation regarding activities will need to occur. Regular ongoing healthy canteen specials have been requested; and plans for the Health Promotion team to work with the kitchen staff on sourcing both alternative suppliers and manageable recipes with limited preparation time is underway. Whilst the newsletter was popular, it was time consuming to produce on a weekly basis. It is planned to include one healthy lifestyle message each month in the SRH General Staff Newsletter, 'Health Matters'.

Staff Exercise Class

Lifestyle Program – 'Taking Charge'

After an extensive evaluation of our Community Physical Activity Challenge it appeared that the challenge was no longer effective in making sustained change to the activity levels or health impacts of the inactive community of Stawell. The Allied Health division and Health Promotion team decided not to offer this program this year and instead planned a new program that addressed these issues that met the community's needs. After consultation with members of the community, groups and services, we piloted a new program for the months of October and November 2009. The 'Taking Charge' program utilised the skills of our Allied Health team in goal setting and motivation to make lifestyle changes. Each session included the setting of short term and longer term goals, group discussions and support around improving health.

Weekly sessions included education on topics such as pre-diabetes, healthy eating, a supermarket tour, good mental health, confidence and reducing stress, back care and pelvic floor tips and exercises, mixing of pharmaceuticals, planning and preparing a shared lunch, and a variety of physical activity options. Each session was linked in with existing activities and programs in the community to ensure both sustainability and opportunity for participants to continue achieving their goals beyond the length of the program.

Impacts

A specific aim of the 'Taking Charge' Program was to assist community members to implement lifestyle changes that reduce the risk of developing chronic disease. Health improvements in six areas of health were measured using the 'Health –Promoting Lifestyle Profile 2'. The six areas were:- Health Responsibility, Physical Activity, Nutrition, Spiritual Growth, Interpersonal Relations and Stress Management.

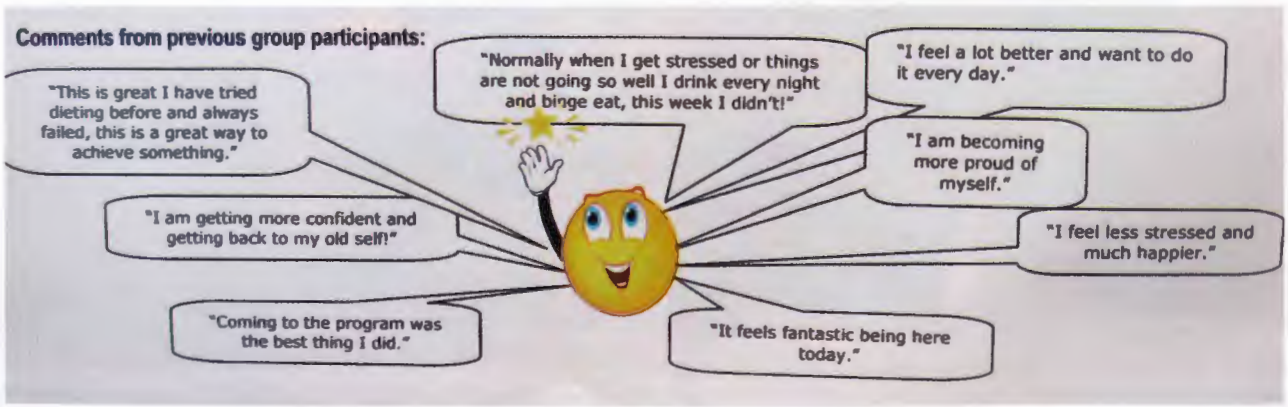
Nine participants completed a questionnaire pre and post-program. Results showed a percentage improvement in the overall score post-program compared to pre-program, the mean change being 16.8%. For the specific areas of health, Physical Activity and Spiritual Growth had the greatest mean changes of 29.6% and 25.0% respectively.

All participants improved in at least three areas of health.

Areas for improvement

From the evaluation of the 'Taking Charge' Pilot program, a number of changes were implemented in the program delivered in April and May 2010. As it was established that setting personal goals in a group setting was not as effective as one-to-one, more staff trained in goal setting were available in the first session to assist with the setting of individual goals.

The length of the weekly program was extended from the two hours in the pilot program to two and a half hours to allow more time for both reviewing goals and to allow more informal conversations.



Stawell Walktober Event

Community Walking Group

The SRH Community Walking Group was originally developed both as a health promotion initiative and in response to the need to offer an activity / exercise program for clients following graduation from more acute rehabilitation programs such as the Cardiac/Pulmonary Rehabilitation or Gait and Balance. Other programs delivered through Stawell Regional Health such as the Diabetes Self Management Program and the 'Taking Charge' program have used the group as an option for participants to increase their activity levels.

The Walking Group has been 'up and walking' for over seven years and Allied Health staff have supported the weekly Walking Group by attending each week. Members of the broader community have been invited to attend and there are now around seventeen members who meet at the Victoria Street side of Cato Lake each week. Members walk at their own pace for up to an hour around the fully accessible walking track.

In May this year the group decided to become a Heart Foundation Walking group in support of the Heart Foundation. Two members of the group agreed to become 'Walk organisers' and volunteer for the Heart Foundation. The 'Walk organisers' have undergone training and welcome new members to join them each week. Staff from the SRH Allied Health team continue to provide support to the group, however there is now more ownership of the group by community members.

The group intend to keep walking regularly as a Heart Foundation Walking group and hope that the profile of the Heart Foundation will encourage others to join them in an activity that has positive benefits on participants' overall health and wellbeing.

Last year the Walking Group was involved in the Stawell Walktober event. The morning was planned around the existing time the group meet (9.30am on a Thursday morning). Over 500 people attended the day, with the main focus of the morning being on a community walk. Other activities such as warm up exercises and Tai Chi were also enjoyed on the day.

The group intend to keep walking regularly as a Heart Foundation Walking group and hope that the profile of the Heart Foundation will encourage others to join them in an activity that has positive benefits on participants' overall health and wellbeing.

Ladies Auxiliary

Group photo of Ladies Auxiliary at the Sensory Garden Opening.

This year we celebrate eighty two years of fundraising by the Ladies Auxiliary. Our fundraising efforts have included; a Wine and Savoury Night, Christmas Dinner at the Trackside, a luncheon at Seppelts Winery, a film day and a picnic at the Lavender Patch in Pomonal.

Donations from the Bookworm Gallery ($5500), Stawell Bowls Club and private donations have all assisted in making the funds grow.

Our profits from the Wine and Savoury Night and the Christmas dinner as well as donations resulted in a $10,000 grant being made to fund the Sensory Garden at the Macpherson Smith Nursing Home.

Ladies Auxiliary members attended a morning tea opening of the Sensory Garden in March. It was a pleasure for all attending members to see such a lovely garden for residents to enjoy. The Manager of the Aged Care facility attended the April meeting to inform the committee of how much difference the garden had already made to the residents and staff.

Funds have also been used to purchase china coffee mugs and a Baxter Infusion Pump for the John Bowen Oncology Unit.

The film day in March and the visit to the Lavender Patch Pomonal in April were successful and we thank the owners for opening their premises for our enjoyment.

Ladies Auxiliary and Y-Zetts representatives were invited to attend the hospital Organisational Wide Accreditation Survey in April, to explain the function of the committees and how they are received in the community. The surveyor was delighted to meet with the representatives and feedback was very positive.

Many thanks to all auxiliary members who work tirelessly throughout the year at the fundraising activities.

Y-Zetts

The Y-Zetts year has been one of consolidation. With meeting attendances dwindling this has not impacted on member's capacity to raise significant proceeds from events.

It is essential to acknowledge the committee executive and members, who with a minimum of time and fuss and excellent organisational skills, can plan and action events which have a capacity to raise and exceed $4,000 in proceeds time and again.

Y-Zetts year commenced again with the Annual Local Shopping Spree in November with participating businesses in Stawell sharing in an estimated $180,000 of sales.

Members and numerous helpers (we call friends of Y-Zetts, those who believe in our cause to fundraise for Stawell Regional Health, but prefer not to attend meetings) assisted to cater for the Annual Rotary Convention and proceeds exceeded $4000.

Considerable time spent in planning a 35th Y-Zetts Anniversary to be held in July along with a Forum for Rural Women will hopefully rekindle interest within the community and build our membership numbers.

Equipment purchases during the year included a large wall mounted television for the Longer Stay Older Patient Program as well as a monitor for the Radiology Department.

Thanks are extended to management and staff at Stawell Regional Health, husbands, partners and friends of Y-Zetts who willingly assisted members in all fundraising endeavours, over the past twelve months.

Acknowledgement of Stawell Times News and the media generally is appreciated.

As we enter our thirty sixth year with a new executive in place our vision is now, as it was in the beginning – that the residents of Stawell should enjoy health care as good as, if not better than country hospitals of similar size.

L-R: Lyn Bibby, Meg Blake, Kelly Auty (Entertainer) and Helena Nicholson organising the 35th Anniversary celebration

SRH Foundation

The Stawell Regional Health Foundation was established in 1989 and operates under a Trust Deed which was established at that time. In the past year the Trust Deed was amended to allow for a name change and to ensure the Trust would maintain its independence as a fundraising vehicle. A new member of the Foundation appointed in this year is Mr. Graham Ellen of Wallaloo East who replaced Mr. David McCracken. The Foundation meets quarterly to discuss its activities and to determine the way in which it can assist Stawell Regional Health through the provision of funds for replacement or new equipment. The Foundation members have continued to observe the objectives of the Foundation which provides a source of funds for health services equipment where it may not have necessarily been able to source these funds from either its own resources or from other arms of government. The Foundation has determined that it will maintain as a minimum, a corpus or protected amount of $1m within the Foundation as a secure means of retaining the viability of the Foundation.

During the past year the Foundation has considered requests from the hospital and has approved funding of $255,000. This has been provided for the purchase of 12 Baxter Infusion Pumps for Simpson Ward and the Oncology Unit, the replacement of the X-Ray Department Ultrasound Unit and $82,000 for the replacement of Orthopaedic instruments for the theatres approved in late 2008/9. At the same time the Foundation received two substantial bequests in the year and these along with interest received on investments meant that the Foundation improved its financial position at the end of the year by $73,000 with a closing balance of $1.325m.

The Foundation appreciates the generous donations it receives either directly or through the bequests from various persons within the Stawell and greater community. Any enquiries regarding donations to the Foundation can be made with either a Foundation member or with the Chief Executive Officer of Stawell Regional Health.

L-R: Graham Ellen, Dr Norman Castle and Jim Barham

Murray to Moyne

Murray to Moyne riders

'We ride as a team to the ability of all riders'

The 2010 Woody's Murray to Moyne relay consisting of ten riders and a dedicated support crew departed from Echuca on Saturday March 27th. The riders enjoyed a safe and pleasant journey, very different from the challenges of previous years.

Escorted by their Pink Dragster Mascot they made a brief stopover at the Stawell Medical Centre (SMC) the first night where they enjoyed hot food provided and prepared by Stawell Regional Health's (SRH) Catering Department. The riders were also offered massages by SRH physiotherapists.

520 kilometres after starting, the riders were greeted by large crowds as they arrived at Port Fairy. The 'Sprockets' arrived in tenth place.

This year's fundraising goal for SRH was $15,000 to purchase an Exsudex Positive Pressure Wound Drainage machine. The Lady Bay Resort at Warrnambool again provided the prize for the SMC 'Sprockets' raffle to the value of $600 worth of accommodation.

A big thankyou to the SMC as naming sponsor and for the use of the facilities for the meal break stopover, and to all other sponsors who supported the 2010 'Sprockets' in their annual fundraising relay.

Occupational Health and Safety (OH&S)

The Occupational Health and Safety Programs conducted at SRH continue to improve the working environment within the organisation facilities and support those working in and accessing services.

The OHS Officer provides resources and support to the Occupational Health and Safety Committee, Health and Safety Representatives, employees and managers in all aspects of OHS. Our Human Resource Manager (HRM) joined SRH in February 2010 and brings to the organisation experience in OHS in the health industry and is able to complement the services provided to SRH employees. Our HRM is also a Return to Work Coordinator, and is active in rehabilitating injured staff and providing preventative injury management. The Chief Executive Officer continues to promote OHS initiatives that enable SRH to maintain and improve systems across the service.

SRH conducts all OHS Programs within the requirements of the relevant Acts, Regulations, Industry Standards and Guidelines.

OHS Programs managed at SRH include Orientation and Induction; 'No lift' and Manual Handling; Falls Prevention; Safety Inspections; Return to Work; Risk Assessments; Emergency Management; Security; Hazardous Substances and Education and Training.

Incident Reporting

In 2009/10, 281 incidents were reported, with 20% of incidents resulting in injury. In 2008/09, 187 incidents were reported, with 35% resulting in injury. Table 1 below shows the reduction in both Category 2 Incidents and Category 3 incidents, with numbers of incidents almost halved.

Table 1	2008/09	2009/10
Category 2 (First Aid)	90	59
Category 3 (Lost Time)	9	5

Figure 17 shows reported incidents of aggression, both physical and verbal, over the past three years. There is a significant reduction in both types of aggression during the last year. These results highlight the implementation of education, system supports and staff management of incidents of occupational violence experienced across the service. This continues to be an area of focus for SRH as occupational violence, in any form, contributes to staff illness and injury, workplace dissatisfaction and impacts on quality of care.

Figure 16 OHS Incident-Injuries

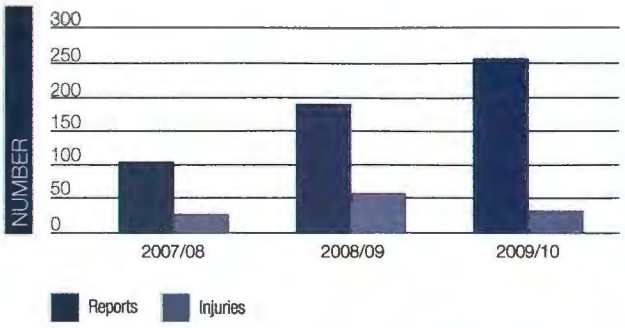
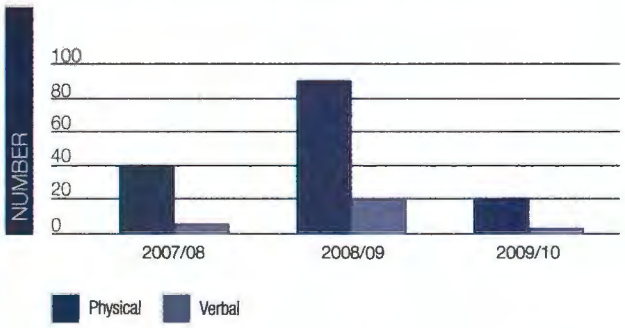


Figure 16 shows the number of reported incidents and how many of those reported incidents resulted in an injury. Over the past three years, the number of reported incidents continues to rise, with a reduction in the number of injuries sustained in the last year. Staff are continuing to utilise the reporting systems, and reporting numbers continue to rise with the newly introduced electronic VIHMS system.

Figure 17 Reported Incidents of Aggression



OHS Committee

The OHS Committee, comprising staff representing individual work areas as Health and Safety Representatives (HSR), Board Members and Management, met regularly to review safety data and reports from all areas of SRH. Safety initiatives supported by the committee included a review of the trolley requirements of Ambulance Victoria in utilising the Helipad, supporting safety education and compliance in the workplace, review of District Nursing Vehicles, Summer Preparedness. Policies and Procedures and managing occupational violence and aggression in areas of risk including our Emergency Department and the nursing home.

The meetings provide a valuable network for communication and consultation in managing the challenging demands of the facilities within SRH. Both Board of Management representatives and staff provide key input to improvements in overseeing the SRH OHS Systems. The HSR role, recording of minutes and OHS noticeboards provide information to all staff of ongoing initiatives and improvements.

Simon Healy testing fire hoses

Safety Inspection

All areas of SRH undergo inspection during each six month period, to review hazards and consult with staff regarding the workplace. These audits seek to identify and improve aspects of the workplace. As well as this inspection program, other audits are initiated for individual areas to seek improvement due to incidents or identified risks that require immediate intervention and planning.

In the past year, several investigations have been undertaken to improve identified risks, including Security Management in Accident and Emergency and Occupational Violence and Aggression Policy and Procedure. This audit was undertaken by Richard Murray, and identified improvements required to the Monitoring and Duress systems and a recommendation to implement Code Grey, which is currently under review.

Other investigations include the reduction in height of the hot water urn in the main kitchen, manual handling in work areas, vehicle management, office ergonomics in desk and workstation requirements, reviewing food production processes to reduce risks, compliance audits and noise assessments. All of these investigations have led to improvements or changes to work practices, through consultation, review and evaluation.

External notification by the Dept of Health and Ageing, consultation with the Manager and resident assessment by SRH Physiotherapists has led to the removal of KA542 bed poles from the nursing home, as these have been identified as a high risk to residents for neck entrapment.

Staff Education & Training

SRH supports quality education for all staff and has provided ongoing education in aspects of safety that meet the diverse needs of its workforce. The Orientation Program, educates new staff in safety systems including Fire Safety, Risk Management, incident reporting and OHS responsibilities. No Lift remains a key focus for OHS and is a mandatory program run by SRH. No Lift Trainers endeavour to maintain safe systems of transferring patients and residents, ensuring nursing staff health and wellbeing.

Online education through the Grampians Loddon Mallee Portal (Internet) provides education in manual handling, office ergonomics, occupational violence and aggression and dementia education (challenging behaviours). To improve staff access to Safety Education, SRH has purchased VOCAM, which provides additional online education in areas that are difficult for staff to access without travel and time away from work. These have included Fork Lift Essentials, Working Safely at Heights, Risk Management and Risk Assessment and Shift Work Safety Essentials.

Emergency management education continues with annual mandatory fire and evacuation sessions for all staff, fire drills provided in the nursing home and extensive training for key personnel involved in managing declared Code Red periods across the service.

Injury Management and Return to Work

The Rehabilitation Policy was reviewed and seeks to provide clear direction to staff as to their rights and SRH responsibilities under current legislation. One staff member (Category 3), absent from the workplace for more than 10 days, was provided with a successful Return to Work Plan involving consultation with the employee, their manager and the GP to ensure safe graduated return to normal duties. Minor claims investigated sought to ensure support for staff was provided, including access to treatment and alterations to workplace systems where practicable to allow the employee to continue to work. Our early indication for 2009/10 is that the Workcover Premium for that year will have reduced reflecting our low level of claims in the past three years as a result of the achievements of all involved in the OHS program.

Fire Safety Hoses ready for distribution

Services We Provide

Accident and Emergency Services

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

Medical

- Day Oncology Unit
- Acute Care

Surgical & Anaesthetic Services

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

Specialities include:

- Ear, nose and throat
- Endoscopy
- General
- Gynaecology
- Obstetric
- Ophthalmology
- Orthopaedic
- Urology

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
- Post natal - Domiciliary visits

Primary Care

- Audiology (visiting audiologist)
- Continence Clinic
- Diabetes Education
- HARP (Health Independence Program)
- Health Promotion
- Nutrition & Dietetics
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology
- Stomal Therapy

Commonwealth Regional Health Services Program

- Allied Health/Community Services to outlying communities
- Support for the Budja Budja Aboriginal Health Service at Halls Gap.

Residential Aged Care

- High Care facility

Community Services

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

Life Governors of Stawell Regional Health

Barham, Jim
Bennett, John
Bibby, Lyn
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
Fletcher, Stella
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)
McGaffin, Marg
Miller, Kaye
Monaghan, Terry
Murphy, Carmel
Neilsen, Beryl
Neilsen, Vern
Nicholson, Helena
Norton, Rosemary (Sam)
Perry, Rosemary
Peters, Esta
Potter, Val
Pyke, Wavel
Rasche, Alison
Redman Pat
Rowe, Lorraine
Schwartz, Win (dec)
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
West, Pam
Witham, Janet
Young, Kaye

Glossary

A&E	Accident and Emergency
ATSI	Aboriginal Torres Strait Islander
CALD	Cultural and Linguistically Diverse
COAG	Council of Australian Governments
CSSD	Central Sterilising Supply Department
DHS	Department of Human Services
DoH	Department of Health
DoHA	Department of Health and Ageing
DVD	Digital Video Disc
EQuIP	Evaluating Quality Improvement Program
GP	General Practitioner
HD	High Definition
HIV	Human immunodeficiency virus
HR	Human Resources
LAOS	Limited Adverse Occurrence Screening
LGA's	Local Government Areas
PEG	Percutaneous Endoscopic Gastrostomy
RN	Registered Nurse
SMC	Stawell Medical Centre
SRH	Stawell Regional Health
VCAL	Victorian Certificate of Applied Learning
VFF	Victorian Farmers Federation
VHA	Victorian Healthcare Association
VHIA	Victorian Hospitals Industrial Association
VHIMS	Victorian Health Incident Management System
VMIA	Victorian Managed Insurance Authority
VMO	Visiting Medical Officer
VPSM	Victorian Patient Satisfaction Monitor
WIES	Weighted Inlier Equivalent Separation


Caring for our Community


REGIONAL HEALTH