STAWELL REGIONAL HEALTH

QUALITY OF CARE REPORT 2013/14

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Introduction

From left to right: Simpson Ward staff, Registered Nurse Anu Cherian, Enrolled Nurse Jacqueline Lazones, Registered Nurses Dianne Martin and Michael Hermosilla, Enrolled Nurse Wendy Lee and Nurse Unit Manager Betty Meumann.

Welcome

It is my pleasure to report to the Stawell Community on the quality and safety systems in place at the hospital.

Public hospitals in Victoria are required to produce a Quality of Care Report each year. Our aim is to produce an interesting, easy to read document at a reasonable cost. As we received very little feedback about last year's report we have reviewed how feedback can be provided. This year we have included a loose leaf sheet in the report for you to complete and post back to the hospital.

This year's report was compiled in consultation with clinicians, staff and consumers. To ensure it reaches as many local residents as possible, we are distributing it as an insert in the Stawell Times News. Copies are also available from all hospital reception areas or online at www.srh.org.au.

You will see that we have achieved and exceeded our targets in some areas and acknowledge there is still work to be done in others.

Stawell Regional Health constantly evaluates and assesses the care that is provided to our patients. Last year we introduced a new quality plan that promotes "Stawell Regional Health Great Care", for every consumer, every time, across acute, community and residential care. We have continued to strive to improve our customers' experience at the hospital and across all our programs.

Our new Community Rehabilitation Centre, redeveloped Oncology unit and new Student Accommodation are complete. Service delivery commenced in January of this year, and new and improved programs are being offered to our community, such as the revised Cardiac Rehabilitation and Pulmonary Rehabilitation programs, and the new Oncology Rehabilitation program. We are looking forward to officially opening both facilities later this year.

We will continue to be innovative in our approach to the delivery of healthcare and seek opportunities for improving the health status of the Stawell community.

I would like to recognise the tireless endeavours of our hard working staff; it is through their work across the entire organisation that we are in a position to support the local community with "Great Care".

CE Liz McCourt.

Our Processes and Systems

Clinical Risk Management

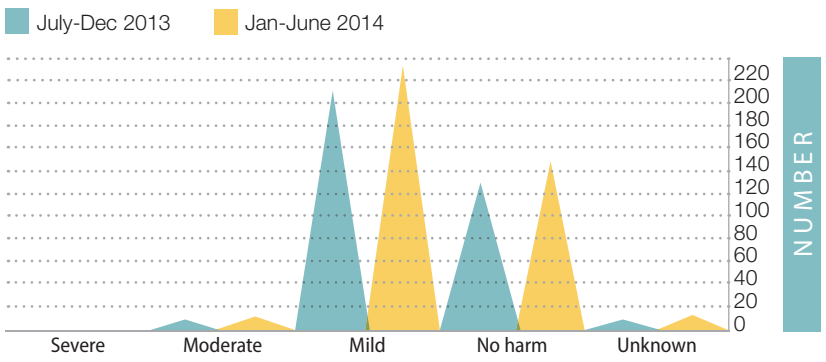
Clinical Risk Management is about reducing the risk of harm to patients, residents and clients.

From 2013 at their next Accreditation Survey all Australians hospitals are required to comply with the Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Health Service Standards. Eight of these standards are clinically related and improvement to these standards will be presented under the appropriate areas in this report.

Falls, medication errors and pressure injuries are recognised both nationally and internationally as major safety issues for people admitted to healthcare and residential aged care facilities. The staff at Stawell Regional Health work hard to improve quality and safe delivery of health care to our community by placing particular emphasis on identifying any circumstance which may place patients at risk of harm.

This year 730 incidents were recorded at SRH compared to 935 in the previous year. Whilst the total number of incidents was less than last year, the number of incidents recorded for the second half of the last year were higher than the first six months of the same year. The majority of the increase was demonstrated in the 'Mild' and 'No Harm' categories. This demonstrates that staff members feel confident with the system and are willing to report incidents that have the potential to cause harm. Figure 1 demonstrates the number of incidents in 2013-2014.

Figure 1: Number of incidents 2013-2014



Our Processes and Systems

Risk Management

A new risk register has been introduced that provides increased accountability for senior managers to maintain and update risks.

Education was provided to the Leadership Team on Risk Management and the new Risk Register. Each member of the Leadership Team identified two risks specific (local) to their department and these have begun to be populated into the Risk Register.

The Risk Management Policy has been reviewed.

Policies relating to the National Safety and Quality Health Service Standards have also been reviewed using a risk management approach.

Falls Monitoring and Prevention

A fall is defined as any unexpected movement to the ground, including slips, trips and falls. If a patient, resident or client is found on the floor, it is assumed that they have had a slip, trip or fall. On admission to the acute hospital and residential aged care, nurses complete a falls risk assessment. Anyone assessed as being at risk of having a fall has strategies tailored to their individual needs.

During the last year an extensive review of falls prevention and management has taken place in line with the introduction of the National Safety and Quality Health Service Standards. (NSQHSS).

The Falls Committee (a multidisciplinary group) provided leadership and direction to these changes.

In general, improvements have been made to assessment and screening tools, prevention and management plans - all which improve patient safety.

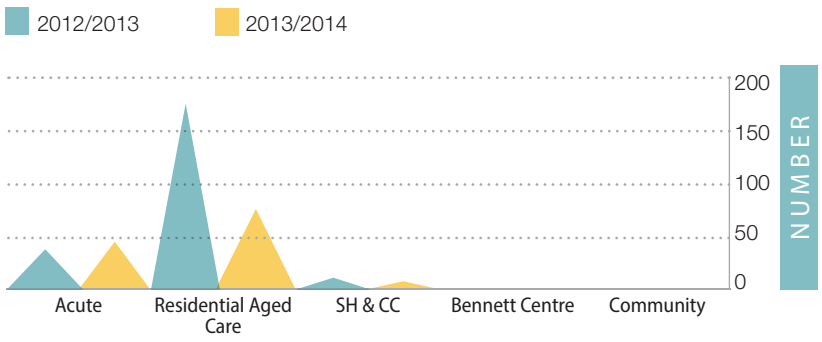
Specific improvements made as a result of this review include:

- Extensive review of the Falls Prevention and Management Policy against Best Practice Guidelines for Australian Hospitals 2009
- Comprehensive review of the Falls Risk Assessment Tool (FRAT) (assessment and screening tool) and introduction of a stand-alone falls Prevention Plan (PP) against Best Practice guidelines to include:
  - Instructions for use
  - Tick box area to state mandatory falls prevention strategies have been implemented for all patients
  - Mandatory strategies for all high risk patients
  - Area to document additional falls prevention strategies
  - Area to document that the plan has been developed in partnership with the patient/carer
- Provision of falls information in the Patient Information Booklet
- Development of a post falls assessment and management chart
- Development of a form to refer patients to other services if required
- Review and update of all other clinical forms that link to the FRAT & PP
- Development of a staff checklist to identify and manage 'At risk patients presenting to the Urgent Care Centre'

Asking patients if we have provided enough information and sharing results have been part of this process.

Residential Aged Care and Community Care have also made improvements to their systems and processes which have resulted in a significant decrease in falls in Residential Aged Care during the past 12 months. Figure 2 demonstrates this and the number of falls by location over the last two years.

Figure 2: Number of falls by department



Medication Safety

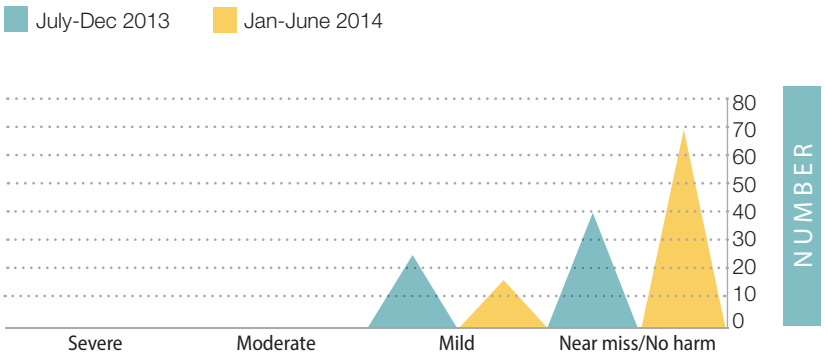
During the last year an extensive review of Medication Safety was conducted in line with the introduction of the National Safety and Quality Health Service Standards (NSQHSS).

Medication Safety is one of the ten standards developed that provide a clear statement about the level of care consumers can expect from health service organisations in Australia. Our Pharmaceutical Advisory Committee (a multidisciplinary group) is responsible for overseeing compliance with this standard, including the safe and effective use of medicines across the organisation. Review of the standard against our processes has led to several improvements over the past year, some of which are outlined below.

- The Medication Management Policy was extensively reviewed and updated.
- A Medication Management Plan was developed and introduced in 2014. The Medication Management Plan was implemented as a project by the Clinical Pharmacist as part of the Clinical Leadership in Quality and Safety Program sponsored by the Department of Health. The Medication Management Plan documents the best possible medication history of the patient on admission and is used to reconcile current medications on admission, discharge and transfer between facilities.
- Some medications have specific guidelines and require special monitoring. Some antibiotics such as Aminoglycosides fall into this group of medications. Adult Aminoglycoside dosing and monitoring guidelines were implemented for the safe and efficacious use of Aminoglycosides. This guideline is consistent with principles of Anti-Microbial Stewardship (AMS) and compliant with Antibiotic Therapeutic Guidelines.
- Extensive changes were made to the storage layout in the acute ward medication room. The medication storage shelves were redesigned and fitted with dividers and label holders to improve safety, storage and distribution of medicines within the hospital. The redesign also improved safe administration of medicines by reducing the number incidents relating to selection error.
- A Medication Safety Self-Assessment was completed in December 2013 to assess the safety of medication practices across our organisation. The assessment has identified opportunities for improvement. We will use our baseline result to compare against future results and benchmark with like size organisations.

In addition to the improvements above, the Pharmaceutical Advisory Committee continues to meet quarterly to review medication incidents, with a particular focus on high-severity incidents and incidents that may have caused patient harm. The medication incidents are reviewed at the Quality Improvement and

Figure 3: Medication Incident Severity



Risk Management Committee, which has Board member representation. Figure 3 demonstrates the number of medication incidents by severity over the last year. The rise in the number of no harm / near miss incidents demonstrates clinical staff are willing to report medication incidents.

An annual audit was conducted in February 2014 which ensured compliance with the Poison Control Plan and Health Service Permit requirements.

Our Processes and Systems

Clinical Pharmacist Somnath Sekaran discusses John Bebbington's medication with him.

Preventing and Managing Pressure Injuries

During the last year an extensive review of Pressure Injury Prevention and Management was undertaken. This was in line with the introduction of the National Safety and Quality Health Service Standards (NSQHSS) and involvement with a follow up audit which was the final part of the Wound Management Improvement Program SRH commenced in early 2013.

SRH's Skin Integrity Committee (a multidisciplinary group) is responsible for overseeing compliance with this standard. Review of the standard against our processes has led to several improvements over the past year, some of which are outlined below:

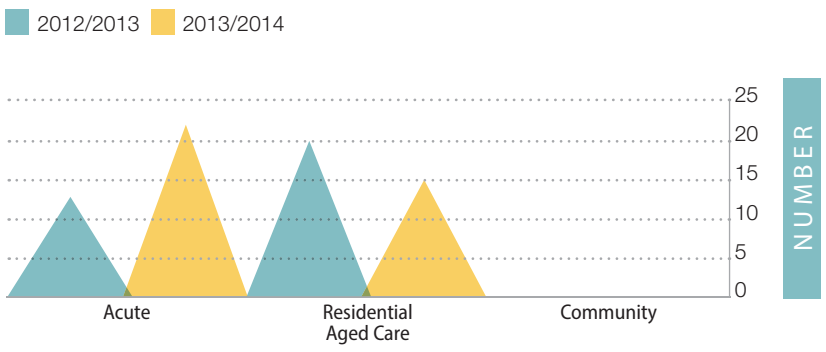
- Extensive review of the policies and protocols against Best Practice guidelines
- Development of a Pressure Injury Risk Assessment and Prevention Plan which incorporates a validated screening tool (Braden Scale Risk Assessment Tool) and also includes:
  - A skin assessment tool
  - Instructions for use
  - Tick box area to state mandatory pressure injury prevention strategies have been implemented for all patients
  - An area to document strategies for patients who are at a moderate or high risk of developing a pressure injury and an
  - Area to document that the plan has been developed in partnership with the patient/carer
- Provision of pressure injury information in the Patient Information Booklet
- Development of a variety of resource tools for staff to use in line with the Pressure Injury Risk Assessment
- Development of a form to refer patients to other services if required
- Review and update of all other clinical forms that link to the Pressure Injury Risk Assessment and Prevention Plan
- Development of a staff checklist to identify and manage 'At risk patients presenting to the Urgent Care Centre'
- Development of an Equipment Register for pressure injury prevention and
- Purchase of a Braden Scale DVD for staff education.

We are currently measuring patient's responses by asking them about the information they have received in relation to pressure injuries.

In the future we plan to introduce a risk assessment tool specifically for children.

Figure 4 compares the number of pressure injuries acquired by patients at SRH's acute ward and Residential Aged Care over the last 2 years. The incidence of pressure injuries has significantly reduced at the residential aged care facility mainly due to the diligence of staff and increased use of pressure relieving devices. The increase of pressure injuries in the acute area is mainly due to increased surveillance as a result of improvements made to the frequency of monitoring patients' skin.

Figure 4: Pressure Injury Rates (number acquired during hospital stay)



Wound Management Improvement Program

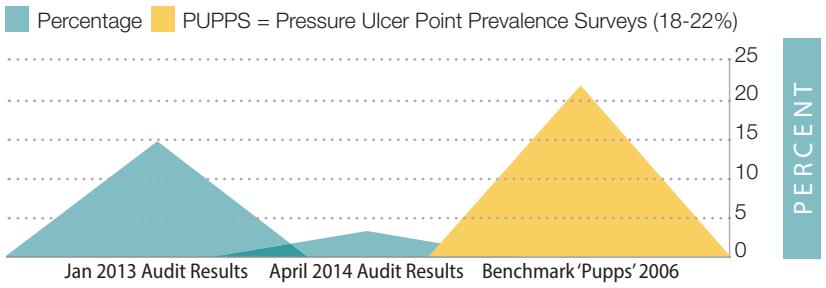
In January 2013, a baseline wound prevention and care audit was completed by an independent assessor. This identified the current wound care practices and provided SRH with qualitative and quantitative data on the type and prevalence of chronic wounds and pressure injuries. A follow up audit was planned for the following year.

In the time between the audits and in conjunction with review of the pressure injury prevention and management process, the following improvements were made:

- Education of Staff on basic to advanced wound care
- Appointment of clinical 'champions' in each department
- Review of protocols
- Review of the Wound Chart
- Review of skin products across the organisation
- Consolidation of the number of wound care products in use across the organisation to improve continuity of care between clinical staff and departments, reduce wastage and improve buying power.

The independent assessor conducted a follow up audit in April 2014 on patient, resident and client skin integrity. A huge improvement in the percentage of pressure injuries found at audit was demonstrated. Figure 5 demonstrates results at first audit compared to second audit results, benchmarked against Pressure Ulcer Point Prevalence Survey results.

Figure 5: Pressure Ulcer Prevalence



Excerpt from the report:-

"Stawell Regional Health deserves high commendation and recognition for not only having one of the lowest international pressure injury prevalence rates but for also creating an environment of leadership and patient safety. In addition, all staff that have been involved in this program deserve the highest acclaim for achieving such excellence in patient care and creating an environment not only for learning and safety but true leadership."

Preventing and Controlling Healthcare Associated Infections

The Infection Control Program (ICP) at SRH aims to provide a safe environment for all patients, residents, staff, visitors and the community. Unlike other quality and safety programs the focus is on 'microbes' that can cause disease or infections. These microbes cannot be seen by the naked eye therefore our monitoring, surveillance and education programs, along with policies and protocols that comply with standards and best practice, is vital in providing a safe environment for all.

During the last year an extensive review of the program was conducted in line with the introduction of the NSQHS Standard - Preventing and Controlling Healthcare Associated Infections.

Our Processes and Systems

Preventing and Controlling Healthcare Associated Infections (continued)

SRH's Infection Control Blood Transfusion Committee (a multidisciplinary group) is responsible for overseeing compliance with this standard. Review of the standard against our processes has led to several improvements over the past year, some of which are outlined below.

- Review of all the Infection Control policies and protocols
- Development of new policies and protocols
- Documentation of patient's infectious history on admission
- Increased surveillance of staff compliance against policy
- Introduction of the Anti-Microbial Stewardship Program
- Introduction of the Aseptic Non Touch Technique Program
- Increase in the observational auditing component of the program and
- Identifiction of the 10 top risks in relation to the program.

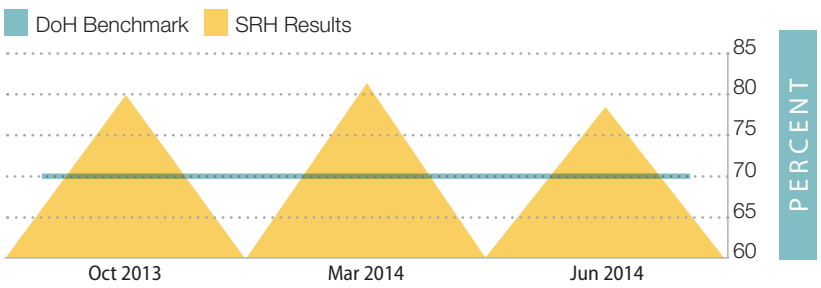
Hand Hygiene

Hand Hygiene is one of the most important and simple methods of reducing the transfer of 'microbes' from person to person. That is, the transfer of disease and infections. All SRH staff complete a hand hygiene test online each year and key hand hygiene reminders are being developed into computer screen savers as part of ongoing staff education. SRH continually reviews strategies to educate staff about hand hygiene.

Dr Addi Rasheed practising Hand Hygiene.

Figure 6 shows hand hygiene compliance at SRH compared to the Department of Health (DoH) benchmark. This year's rates were consistently above previous years' results and also above the DoH benchmark.

Figure 6: Hand Hygiene Comparison



Immunisation

Influenza can be a severe medical condition that requires hospitalisation, however it can be prevented through immunisation. Every year SRH offers an influenza immunisation program for both the residents at Macpherson Smith Residential Care and for all staff to protect them, fellow patients/residents and their family and friends.

Figure 7: Staff Influenza Immunisation

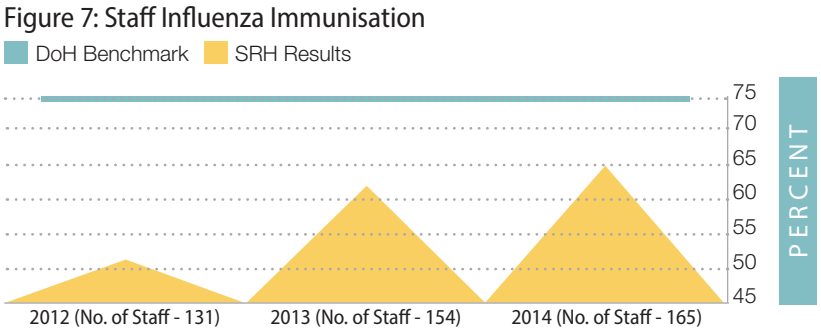


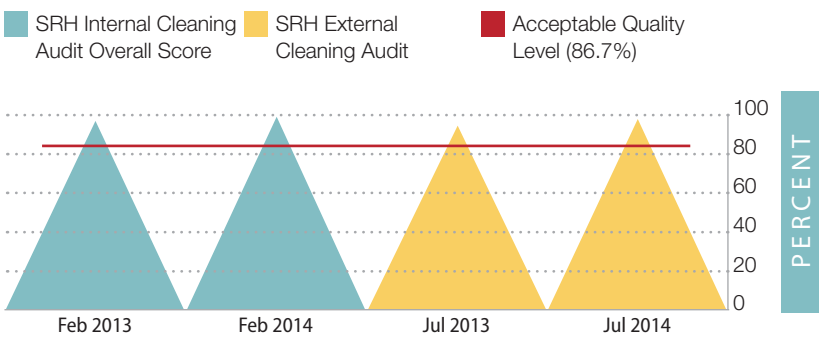
Figure 7 shows staff immunisation rates over the past three years against the DoH benchmark and demonstrates a slight upward trend.

Our Cleaning Standards

In health care, a clean environment means there are less 'bugs' on the surface of furniture and equipment.

Internal audits conducted this year by SRH's Support Services Manager showed that we were above the Accepted Quality Level of the Department of Health standards. Whilst the External Audit in July 2013 was slightly below SRH's average, the average score for the External Audit in July 2014 was 98%, which is well above the Accepted Quality Level. These results are depicted in Figure 8.

Figure 8: Internal and External Cleaning Audit Score



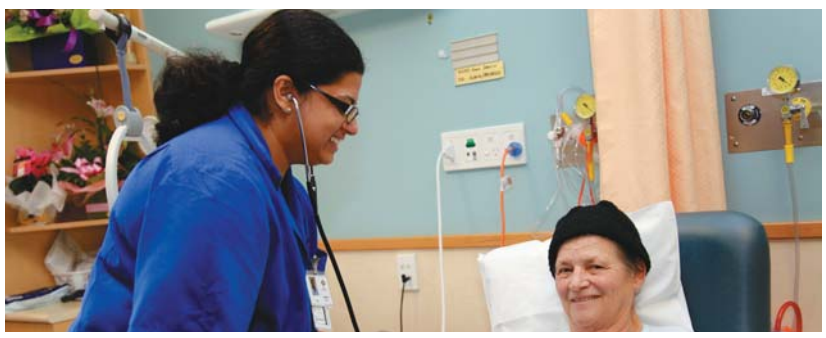
Environmental Sevices staff Christine Jenkins and Leonie McLoughlin.

Safe use of Blood and Blood Products

During the last year an extensive review of the management of blood and blood products conducted in line with the introduction of the NSQHS Standard – Blood and Blood products.

SRH's Infection Control Blood Transfusion Committee (a multidisciplinary group) is responsible for overseeing compliance with this standard. Review of the standard against our processes has led to several improvements over the past year, some of which are outlined below.

- Extensive review of the Blood and Blood Product Policy
- Introduction of a Blood Consent including a blood and blood product order list, staff checklist, administration alerts and Adverse Events table
- Consistency of information for staff in relation to Adverse Events
- Documentation of a patient's blood transfusion and reaction history on admission
- Provision of up to date information to patients about the reasons, risks, benefits and side effects of transfusions
- Regular auditing through the Blood Matters Program, & additional audits through the clinical auditing process and
- Regular reports of key performance indicators to the Board on blood and blood product incident data.



RN Anu Cherian taking Irina Danciu's blood pressure.

Residential Care Indicators

Indicator Our rates compared to State-wide High Care Rates (SHCR), over four quarters, July '13-June '14	SRH status	Improvements
Pressure Injuries	Stage 1 • Higher numbers compared to the SHCR over two of the four quarters Stage 2 • Higher numbers compared to the SHCR over three of the four quarters. Stage 3 & 4 • Lower than the SHCR over the four quarters	We compare the number of pressure injuries found at audit to the number reported as incidents Increased reporting over the last twelve months Work log prompt for staff to provide regular pressure care Purchase of additional pressure relieving mattresses and equipment.
Falls and Falls-related Fractures	Falls rate higher than SHCR over the first quarter, but continued to reduce over the rest of the year. Falls rate lower than the SHCR for the last three quarters. Four falls related fractures over the 12 month period.	We encourage our residents to maintain their mobility Maintained hourly ward rounds by nurses Falls Committee meets monthly:- • Analysis of falls by time of day, surname & outcome • Fortnightly falls statistics are provided to the Physiotherapist, acute and residential Nurse Unit Managers & the Falls Committee Purchased additional invisibeams (sensor alarm system) Health metrics Falls Risk Assessment Tool introduced Residents' foot wear audited and improvements made Exercise Physiologist visits twice weekly
Physical Restraint	Consistently lower than SHCR over the four quarters.	Small number of residents/representatives request bedrails in place for safety reasons
Residents prescribed nine or more medications	Slightly higher than the SHCR over three of the four quarters. Lower than the SHCR over one of the four quarters.	Regular review of resident medications in addition to an annual formal review.
Unplanned weight loss	Loss of 3 kgs or more • Higher than the SHCR over two of the four quarters. • Loss of weight each month over 3 months • Higher than the SHCR for the four quarters.	Trending of resident weights against their ideal weight range Health metrics Nutritional Assessment Tool introduced A Resident writes the menu on the menu boards in the dining areas for the information of others Volunteer Meals Assistance Program expanded Future plan for Exercise Physiology to include a healthy weight management program and hydrotherapy for Macpherson Smith Residential Care residents.

Occupational Health & Safety

Annual Fire Training

SRH staff completed their Annual Fire Training utilising our on-line "in-house" education package. This has been updated to include the new Community Rehabilitation Centre. All staff are required to review the on-line education program and then respond to a series of questions to ensure their comprehension of the material.

An electronic learning package for senior staff has been trialled to provide Fire Warden and Chief Fire Warden Training. The ability to provide on-line education in these crucial roles enables a greater number of staff to learn the responsibilities they are required to undertake in the event of a fire. This training has supported the two day education provided in 2013 to executive members and senior staff who are required to take lead roles in an emergency.

Fire Extinguisher Simulation Training

Fire Extinguisher training was complemented with utilisation of the shared resource "Bulls Eye Fire Extinguisher" purchased through the Grampians Region Health Emergency Manager Network. The availability of six training sessions enabled 67 staff to attend. The scenario for this year's simulation program was based on each staff member discovering a fire and then responding, which tested staff knowledge of the Code Red policy, as well as safe extinguisher use.

Emergency Management

Drills are undertaken throughout the year in all workplaces, either through table-top scenarios or active testing. The active drill assesses staff response to sounding alarms and emergency alerts, and managing an evacuation.

Emergency drills conducted

Code Red (Fire)/Orange (Evacuation): Six drills involving staff from Residential Aged Care, Simpson Ward, Support Services, Perioperative Services, Radiology Department, Administration, Executive, Engineering and District Nursing were conducted.

Code Purple (Bomb Threat): One Drill involving staff from Residential Aged Care and Support Services

Code Brown Response (External Emergency): Summer bushfires tested the organisation's response to Code Brown, which had been reviewed prior to the arrival of the hot weather. Key to the organisation's response was the ongoing provision of services to the community, whilst taking into account the impact on employees and their families within the affected area. Our employees responded with commitment to the patients, residents and clients, and supported each other throughout the prolonged event.

OH&S Incident Management

There has been a reduction in the severity of incidents, as well as a reduction in the total number of OH&S incidents reported in the last twelve months. See Figure 9. In 2013/14 a total number of 79 OH&S incidents were reported compared to 98 incidents during the 2012/2013 year. Overall, there was a reduction in incidents requiring first aid only, and a slight increase in 'near-miss' or those with 'no-harm' reported. The Nursing Division continues to be the largest area of reporting, but in the past twelve months, the Support Services department and Allied Health Division have increased their reporting. See Figures 10a and 10b.

The SRH Workcover premium has reduced again in this past financial year in response to a reduction in workplace injuries. See Figure 11.

Figure 9: OH&S Incidents by Severity

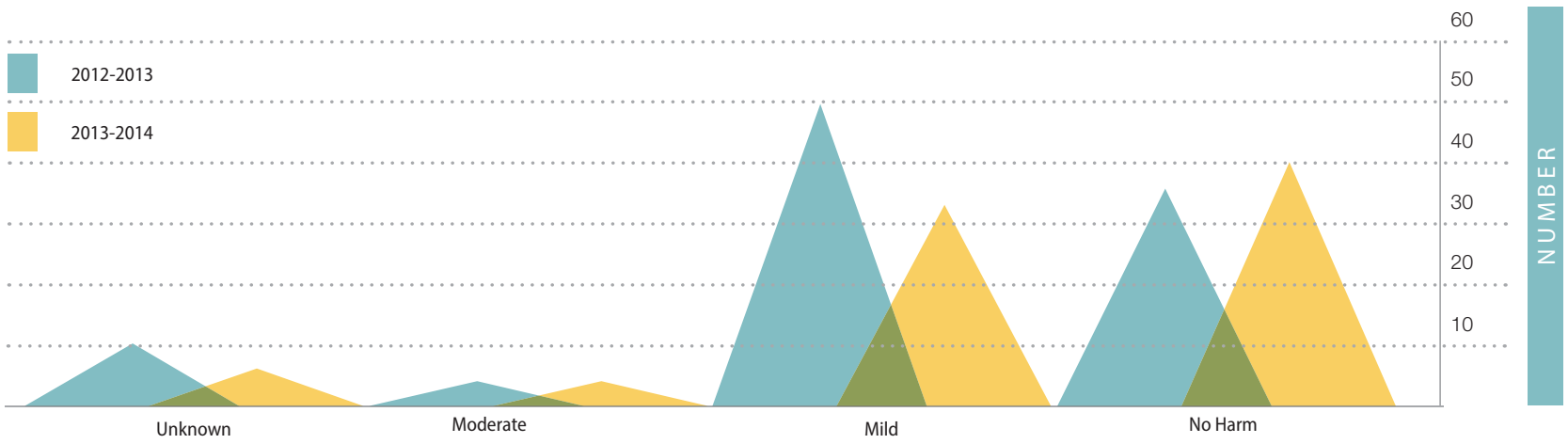


Figure 10a: Reported OH&S incidents by departments 2012-2013

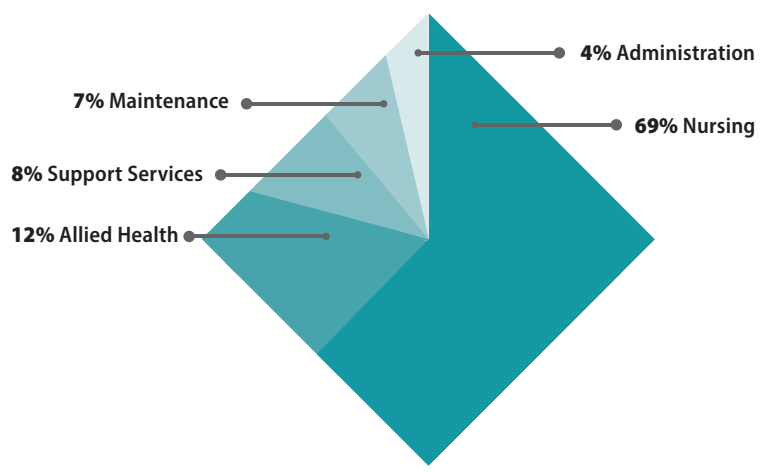


Figure 10b: Reported OH&S incidents by departments 2013-2014

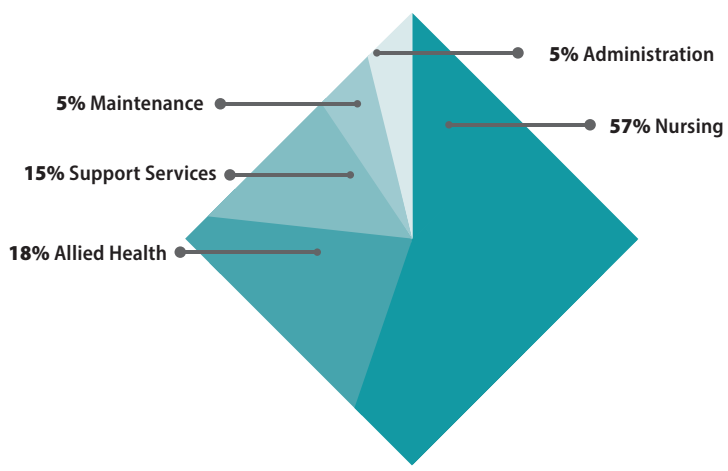
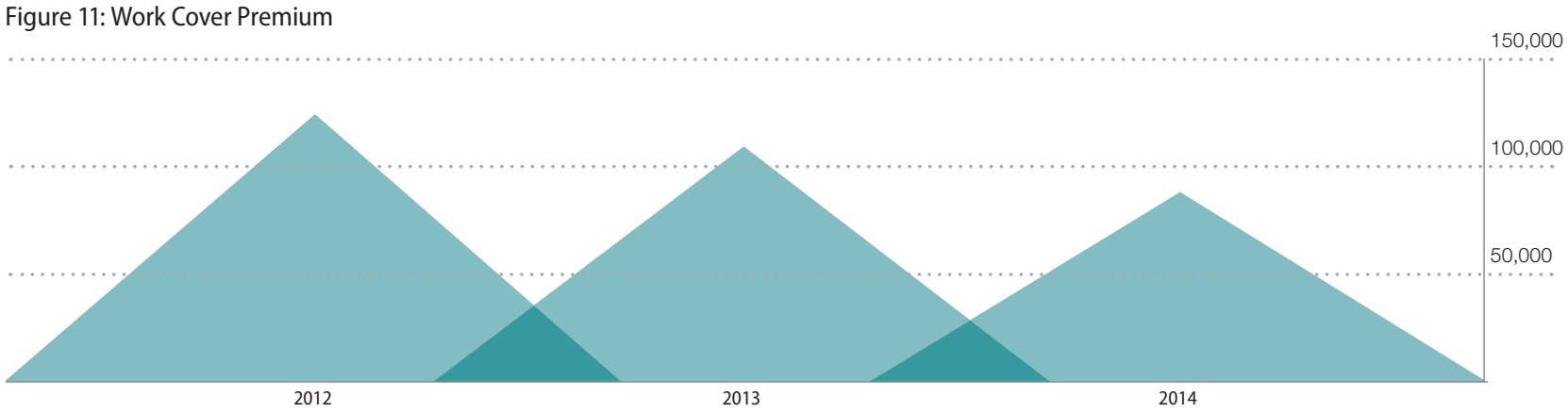


Figure 11: Work Cover Premium



Two Return to Work programs were required in the past twelve months to support employees to return to their workplace safely.

No Lift (Patient Handling) Program

All employees across the organisation who are involved in the manual handling of people are required to undertake training and assessment in the Louise O'Shea No Lift Training Program. This program is managed by the OH&S Officer, who is supported by three nursing staff who are also certified to train and assess employees in the No Lift Program. Staff who are new to the organisation attend the training sessions on the day of orientation, ensuring Stawell Regional Health remains 100% compliant with the Training Program. The competency assessments are undertaken with each new staff member in the following month and conducted annually over a two day period for all staff.

New OH&S Policies Introduced

- Hazard Management Policy

OH&S Policies reviewed 2013/2014:

- Code Brown
- Code Orange
- Emergency Management
- Code Red
- Code Yellow
- Code Purple
- Code Blue
- Dangerous Goods and Hazardous Substances
- Occupational Violence & Aggression
- Bariatric Management
- Incident Management
- No Lift Patient Handling
- Occupational Health & Safety

Medical Imaging

In the past year Stawell Regional Health's Medical Imaging (X-Ray) Department concentrated on the organization's values and patient focused care. This formed the foundation of the department and depended on the reliance, partnerships and successes we as a team share with our patients.

With successful completion of these projects:

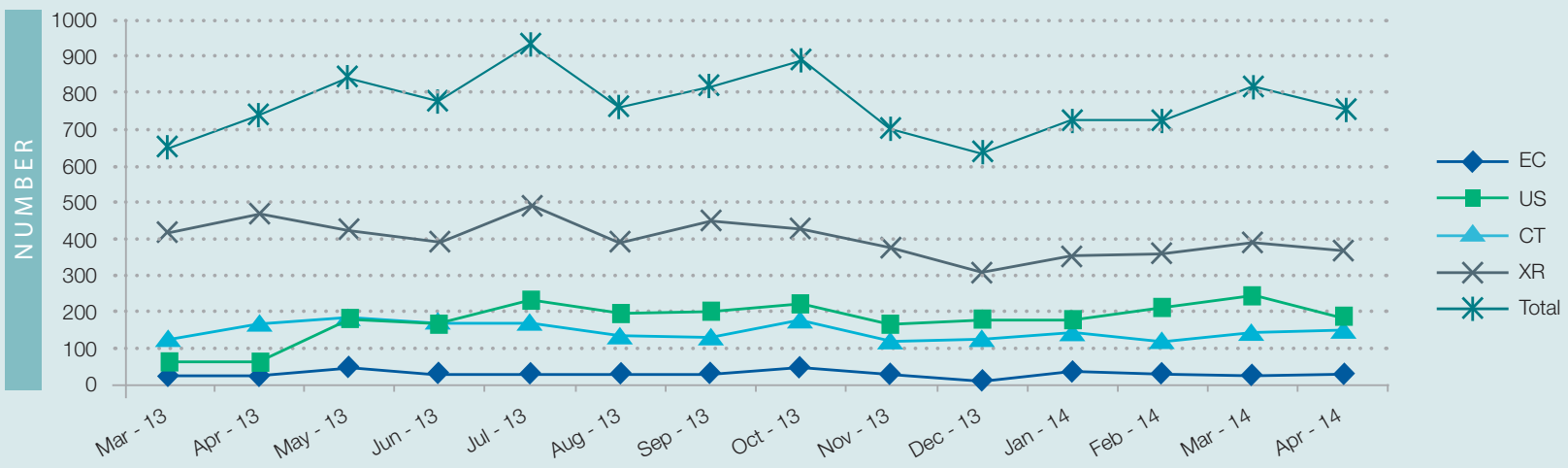
- Introduction of Standardized Operational Procedures across all imaging modalities
- Introduction of an Ultrasound student and several general radiography students.
- Expanded after hour coverage (24 hours emergency service).

Continued improvement in procedure cycle time, waiting time (from request to exam scheduled), and capacity were noted.

The disciplined and standardized approach not only continued to improve procedure cycle time from request to actual exam. A steady increase in patient capacity and therefore a stable revenue for the organization was also observed (see Figure 12).

In the following year, the department will focus on further equipment replacement and upgrades.

Figure 12: Client examinations over the last year.



Reviews and Accreditation

Clinical Governance

Essentially Clinical Governance is about being accountable for providing good safe care and is fundamental to improving patient safety.

The Board of Management (BOM) has ultimate responsibility for the governance of clinical care within SRH. The Board appoints the Chief Executive, provides oversight of management, assists in developing strategy and ensures the achievement of strategic objectives. The Board is assisted in its governance role by the Quality Improvement and Risk Management (QI & RM) Committee, the Audit and Risk Committee and the Leadership Team at SRH. The Clinical Governance policies guide the Board and the organisation. These policies include important elements relating to Consumer Participation, Clinical Effectiveness, effective workforce and Risk Management. Additional responsibilities of the Board include the overarching two National Safety and Quality Health Service Standards; Standard 1: Governance for Safety and Quality in Health Service Organisations and Standard 2: Partnering with Consumers.

Achievements in this area during the year included:

- Implementation of an online Credentialing system for medical officers
- Review of the Terms of Reference of the QI/RM committee
- Development of a new audit tool to review all patient deaths with a 6 monthly report provided to the BOM
- Review of the Clinical Governance Organisational Readiness checklist. This checklist is a tool to assist organisations review their safety and quality program against the elements of the policy essential to achieving effective Clinical Governance. The 21 elements of the tool were assessed by the Quality Improvement/Risk Management Committee. Even though 100% of the elements were met, four actions were identified for improvement. These were:-
  - To develop a structured approach to training that supports effective Clinical Governance
  - To ensure Clinical Governance responsibility is clear in all staff Position Descriptions
  - For the BOM committee to conduct a BOM evaluation
  - To develop a Communication Policy.

  The results of the review and the actions for improvement were endorsed by the Board of Management.
- All policies linked to Clinical Governance have been reviewed
- There were no sentinel events
- The Riskman Risk Register has been adopted for use
- Infection Control/Blood Transfusion Committee and the Pharmaceutical Advisory Committee identified their top 10 risks
- Departments have identified local risks specific to their area
- A Risk Management approach has been taken to meet the National Safety and Quality Health Service Standards (NSQHSS)
- The BOM have received education on the NSQHSS
- A QI/RM 'road show' was developed to educate staff across SRH on the NSQHSS.

Accreditation

The Federal and State Governments require all health and residential aged care services to go through accreditation. This external monitoring helps us improve our performance so we can deliver the highest quality services to the community. We are independently reviewed by a number of accrediting bodies.

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

Type of Accreditation	Status
National Safety and Quality Health Service (NSQHS) Standards Accredited provider:- Australian Council on Healthcare Standards (ACHS) This is a three year cycle that includes one on site survey, once every three years.	Ongoing Accreditation received at the Periodic Review Survey in April 2012. Two low priority recommendations were made in the Clinical Function. Submission of a Self-Assessment against the first three NSQHS Standards in May 2013. Review against the 10 NSQHS Standards to be conducted in October 2014.
Australian Aged Care Quality Agency (AACQA) Three year cycle with one on site survey and at least one unannounced site visit every other year.	Full three year accreditation achieved in September 2012. Successful unannounced site visit on March 4th 2014
Home and Community Care (HACC)	Successful review in April 2008. Planned review date October 2014.
Department of Veterans Affair (DVA) review	Two of the four stages of the Quality Management Framework have been completed.

New Initiatives and Services

Perioperative Service

In September we were pleased to welcome Dr Iruka Kumerage, consultant Gynaecologist, to Stawell Regional Health. Dr Kumerage operates and consults fortnightly and his appointment has supported an expansion of this service, with two surgeons now providing a service to our community.

In February 2014 we were fortunate to receive a bequest from the estate of Mr George Humphrey of $75,000. In consultation with Mr Humphrey's niece this money was used to replace the 20 year old operating microscope used by the ophthalmology surgeons to perform cataract surgery. Mr Humphrey's niece, Dianne Burton, Dr Michael Toohey and the Zeiss representative were on site in February to commission the Lumera I microscope.

Left to right, Zeiss Product Specialist Jason Hurnall, Dr Michael Toohey and Mr Humphrey's niece Dianne Burton with the Lumera Eye microscope.

Exercise Physiology

Exercise Physiology is an Allied Health discipline that specialises in exercise and movement for the prevention and management of chronic diseases and injuries.

An Accredited Exercise Physiologist (AEP) holds a four-year university degree and provides support for people with chronic disease, for example:- Obesity, chronic conditions such as Cardiovascular Disease, Diabetes, Osteoporosis, Mental Health issues, Cancer, Arthritis, Pulmonary conditions and more.

Most importantly they help people move and exercise their way into a healthier lifestyle.

New Initiatives and Services

Exercise Physiology (continued)

Exercise Physiology has received 148 referrals since the service commenced at Stawell Regional Health in June 2013.

The role includes the following programs:

- Healthy Living exercise group for people with diabetes and whose goal is weight loss,
- Hydrotherapy program (exercising in water),
- Transition Care Program (weekly exercise group),
- Macpherson Smith Residential Care exercise group, and many home exercise programs.

Recently the Oncology Rehabilitation Program commenced. A joint Exercise Physiology / Dietitian group, promoting a healthy lifestyle for indigenous people at Budja Budja has also commenced.

Further plans for Exercise Physiology include a healthy weight management program and hydrotherapy for Macpherson Smith Residential Care residents.

Continence Clinic

As part of the new Community Rehabilitation Centre (CRC), Stawell Regional Health has received funding to commence a Continence Clinic.

Continence is the ability to control the bladder and bowel. Urinary incontinence (inability to control your bladder) affects up to 13% of Australian men and up to 37% of Australian women (Australian Institute of Health and Welfare 2006 as cited in Continence Foundation of Australia 2014). Faecal incontinence (inability to control your bowel) tends to affect more Australian men (20%) than women (12.9%).

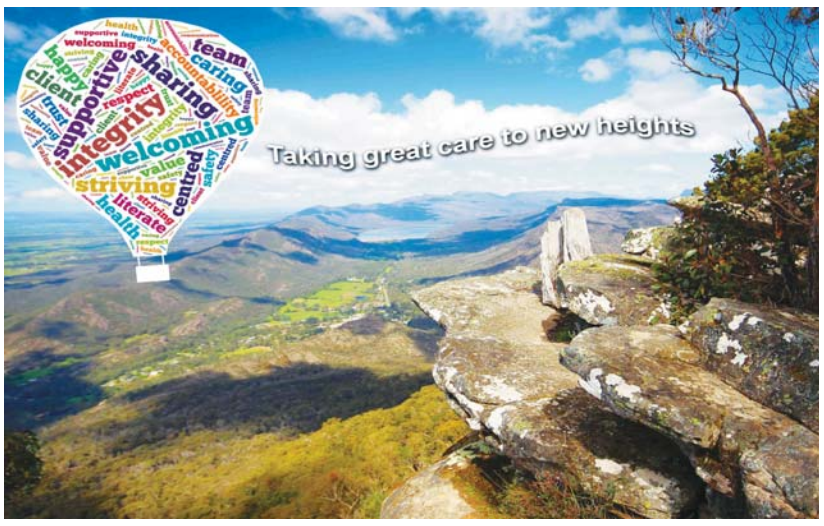
People will be able to attend the Continence Clinic at the CRC for appointments. Both men and women can be seen for assessment and treatment of a variety of conditions including prolapse, pelvic pain, constipation, urinary or faecal incontinence, or prior to or following pelvic surgery such as prolapse repair, bladder surgery, or prostate surgery.

Incontinence and pelvic disorders can affect people of all ages, and can have a significant impact on quality of life. The Continence Clinic will provide assessment, information and treatment to help minimise the impact of these disorders on people in our local community.

Productive Series

SRH embarked on a new project called the Productive Series. The Productive Series is being implemented in selected health services across Victoria by the Department of Health. Stawell Regional Health was fortunate to be selected to implement the programs, which have been rolled out in both the United Kingdom and New Zealand public health systems. Stawell Regional Health is the only Category C health service accepted into the program.

1. Productive Leader – Releasing time to lead (8 members of the Leadership Team). Commenced July 2013.
2. Productive Ward – Releasing time to care (Simpson Ward). Commenced August 2013.
3. Productive Operating Theatre – Building Teams for safer care. Commenced in October 2013.



Productive Ward

The Productive Ward – 'Releasing time to care' (Simpson Ward) commenced August 2013.

By releasing time to provide direct care to patients, staff will be able to concentrate on delivering safer, more reliable care. Patients who receive safer, more reliable care get better sooner and have a reduced length of stay in hospital.

The time is gained by improving efficiencies in the ward environment and the systems used in daily work.

Staff have been working to complete the three foundation modules in the first 12 months.

These foundation modules are:-

- Well Organised Ward
- Know How Well you are Doing and
- Patient Status at a Glance.

A white board has been placed on the wall in the corridor of Simpson Ward for staff, patients and visitors to see the progress. We have displayed 'Safety Crosses' on this board to depict days free of medication incidents, pressure injuries and falls - our three highest risks to patient safety.

The reorganising of work areas has improved efficiency and, in relation to the Medication Room, reduced medication errors. Visiting pyramids have also commenced with senior staff (Executive and Board of Management) visiting the ward to discuss the patients' hospital experiences with them.

In the first year, the time for direct care is not expected to increase due to the reorganising of the ward, but there has been a reduction in medication and pressure injury incidents. We plan to complete the next two modules in 2014/15.

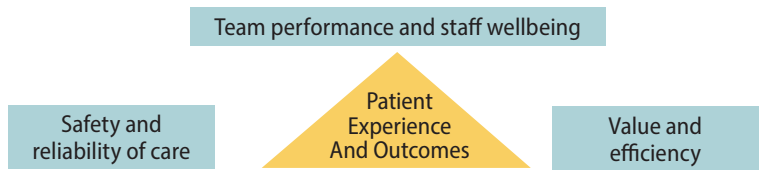
Productive Operating Theatre

In October 2013 the Perioperative Service commenced The Productive Operating Theatre (TPOT) program. TPOT is part of a suite of programs, the Productive Series, offered by the Commission for Hospital Improvement- Department of Health. The TPOT program was reported on at 6 months with the final report due in October 2014. The departments' goals in offering this program were two fold-

1. To increase improvement capacity and capability, by training staff across the service to lead projects, implement change and train their peers and
2. To measurably improve health delivery processes and outcomes across the system.

Stawell Regional Health is the only Category C health service accepted into the program.

The Productive Operating Theatre aim:
To improve 4 key dimensions of quality



Our Vision For You! - Stawell's Gift - "Patient Centred Perioperative Care"

New Initiatives and Services

Productive Operating Theatre (continued)

What we have achieved so far:

- In 6 months increased utilisation of scheduled session time from 62% to 76%
- Reduction in late surgical session starts in all but one specialty
- Review of data integrity and reporting capacity with Information Technology staff to ensure we can benchmark across other hospital TPOT sites
- In January 2014, The Safe Site Surgery checklist was re-visited and re-launched
- The Post Anaesthetic Care Unit Clinical Handover was reviewed and new documents trialled and implemented
- Pre & post implementation audits were undertaken of the handover record & staff satisfaction measured with the handover process
- Improved engagement of nursing staff through the process
- Review and implementation of processes to manage commercial sterile inventory to LEAN and CANBAN principles
- 14 staff have undertaken advanced skills training to not only support the program, but to assist in developing other team members

While this project will have the final review in March 2015, the principles and process will be embedded into our practices and will continue to benefit the organisation well into the future. We have six more modules to undertake to ensure we have addressed all components of the program.

Student Accommodation

The $774,000 purpose-built accommodation facility for nursing, allied health and medical students undertaking clinical placement at Stawell Regional Health was completed in December. Located in Sloane Street, the building features 12 bedrooms, separate study areas, a shared living area and kitchen. The building was completed in time for the 2014 student intake. The construction site was previously gifted to the Stawell hospital by the Healy family and this will be recognised in the new building. The project was funded by Health Workforce Australia, the Department of Health's Clinical Placement Network and Stawell Regional Health.

View of the Student Accommodation from Sloane Street.

Community Rehabilitation Centre and Day Oncology Unit

The new Community Rehabilitation Centre (CRC) was completed in January. The redevelopment is located in the former allied health wing at the hospital.

With consulting rooms and a large multidisciplinary gym, the modern facility is the base for acute inpatient and out patient rehabilitation services such as exercise physiology, physiotherapy, occupational therapy and speech pathology. Several rehabilitation programs are being conducted in the gym, and include the gait and balance rehabilitation program, pulmonary rehabilitation, and cardiac rehabilitation. A new oncology rehabilitation program is now available to our patients with cancer.

The new oncology centre is a state of the art treatment centre for people requiring chemotherapy and reviews with their oncologist. The treatment areas are well-designed with fantastic views of the Grampians from each treatment chair.

New purpose built gymnasium.

The well-appointed consulting rooms are utilized and radiation by a number of consulting specialists including orthopaedic surgeons, medical and radiation oncologists, general surgeons, paediatricians, rheumatologists, and an ear, nose and throat specialist, to name a few.

The centre was funded by a $3.5 million Federal Government grant and $180,000 State Government contribution. Local shearer Aaron Hemley raised in excess of $120,000 towards the oncology unit during his huge shearing marathon.

Mobility Garden.

New Initiatives and Services

Community and Complex Care Manager Julie Scanlon with volunteers Karen Leithhead and Olive Hallam.

Volunteer Program

Our Volunteer Program has been revitalised in 2013, with the introduction of a Customer Service Officer two days per week. Recruitment of new volunteers and recognition of our current volunteers has been a priority.

We have implemented a new Volunteer Meal Buddy program at Macpherson Smith Residential Care. The Meal Buddy training program was developed and delivered to our volunteers by our Speech Therapist, Dietitian and Occupational Therapist. Articles in the local paper with volunteer advertisements and a new dedicated volunteer page on the Stawell Regional Health website led to a number of enquiries, with four community members completing training in March.

We have doubled our volunteer numbers with ten new members starting with us since November 2013, giving their time helping with activities and meals at the Macpherson Smith Residential Care, activities at the Bennett Day Centre and helping make patients comfortable in the Day Procedure Unit and Oncology. The new volunteers have also attended orientation, have toured the facilities, and met the manager, staff and residents. A new program running four days per month has been developed at the new CRC building, making patients comfortable while waiting to see specialists.

In addition, the documentation associated with volunteers has been redeveloped with a specific handbook being introduced and a more detailed application form to capture individual skills and interests, job descriptions for each area as well as a more detailed tracking system for information. With each volunteer that joins us, an evaluation process commences to ensure we are giving appropriate and timely information and responding to any questions that may arise.

On 14th May, thirty of our current volunteers enjoyed an afternoon tea with staff at the Stawell Regional Health cafeteria to celebrate National Volunteers Day and the great work being done across our service by both new and long-standing volunteers.

Stawell Regional Health nominated Olive Hallam, Planned Activity Group (PAG) Volunteer, for a 2014 Minister for Health Volunteer Award. Olive has worked tirelessly with the PAG clients for over 4 years and attended a special ceremony in Melbourne with the Community & Complex Care Manager, Julie Scanlon, supporting her attendance.

We plan to improve our Volunteer Program by continuing to recognise our current volunteer contributions to our organisation through morning and afternoon teas and keeping in touch with them on a regular basis.

SRH staff and volunteers at the Volunteer Meals Assistance Training Program.

SRH Team update

Human Resources Report

Medical Credentialing

Stawell Regional Health has implemented an electronic medical credentialing tool. The online credentialing system enables medical practitioners to maintain a personal 'file' electronically that can be shared with hospitals utilising the system. The credentialing file can be viewed electronically via protected password log-ins by Medical Directors and Fellows representing relevant colleges such as Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine and the Royal Australasian College of Surgeons. It is intended that the credentialing process will be undertaken through a region wide initiative commencing with Stawell and East Grampians Health Services supported by the Department of Health.

SRH Values and Great Care

Interactive education to demonstrate the SRH Values was provided during the past year by executive staff, including the Chief Executive. The education supported staff to identify workplace behaviours that align with the organisation's goals of Trust, Respect, Accountability, Communication and Safety. Departments have used different methods to implement the values, including the identification of "above the line – below the line" behaviours and incorporating values into staff meetings and agendas. Position Descriptions are incorporating the Values and goals of the organisation, along with the SRH Quality Plan goal of "Great Care". The Values are embedded into the organisation, from the time of an employee's orientation at commencement to active utilisation when undertaking their everyday role in the workplace.

Volunteer Program

The appointment of a Customer Service Officer to assist in expanding the Volunteer Program has been a great success. Volunteers have increased by 200% over the past 6 months, with new volunteer roles being undertaken in the Day Procedure Unit and Oncology Service; and a trained Meal Buddy Program to assist residents in the Nursing Home. Other areas of the organisation are currently under review to identify further opportunities to support community participation in the Health Service.

Staff Education

Utilising the Human Resources Information System, accurate and timely reporting of education undertaken by staff has been achieved through collaboration with the Grampians Region Health Alliance (GRHA). GRHA has worked with Human Resources and Education Departments to implement reporting tools that provide a comprehensive snapshot of education undertaken within a twelve month period. This type of data is crucial for managers to ensure all staff, in particular clinicians, maintain required levels of education necessary for their role. With education requirements for clinicians increasing through more complex health needs, it is important that Stawell Regional Health can manage, report and ensure that each individual has obtained their necessary competencies.

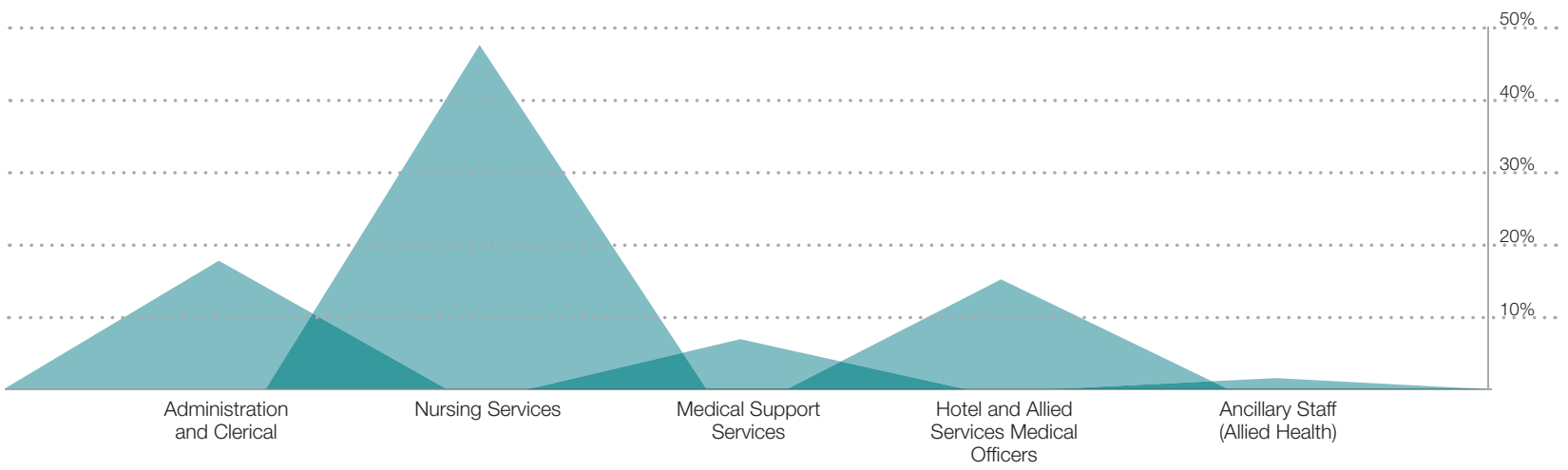
Professional Development Grants

For the first time, SRH offered Professional Development Grants that were open to all staff, in all areas of clinical, administration and support services. The grants were intended to support staff to develop knowledge, skills and experience through external providers or programs that directly support and improve performance in their current role. This new program aligns with the organisation's strategic goals of attracting, developing and retaining staff and developing a customer centred culture emphasising quality and safety. All successful applicants will make a short presentation at a staff forum on how their new knowledge and skills will benefit SRH.

Twelve grant applications were successful, totalling $15,867, and were provided to staff members from all areas of the organisation. The education completed to date using the grant has included a Graduate Certificate in Continence by Kate Vance, Physiotherapist. A Continence Clinic now complements the new programs available within the Community Rehabilitation Centre. Other education being progressed by staff include a Diploma in Business Administration, Diploma in Human Resources Management, Suturing and Wound Closure and Certificate 3 in Health and Hospital, Pharmacy Technician.

Labour Category	June Current Month FTE		June YTD FTE	
	2013	2014	2013	2014
Nursing Services	86.37	84.75	84.67	86.65
Administration and Clerical	37.30	36.88	34.67	36.02
Medical Support Services	9.41	9.65	8.95	9.72
Hotel & Allied Services	24.93	26.32	24.05	26.35
Medical Officers	1.29	1.29	1.29	1.29
Ancillary Staff (Allied Health)	12.36	13.79	11.24	13.93
Total	171.66	172.68	164.87	173.97

Figure 13: Total Percentage of Staff by Labour Category



SRH Team update

Students on placement with Student Support Nurse Kate Carter.

Education

Graduate Nurse Program

SRH's 2014 Graduate Nurse Program increased in numbers from four to five Graduate Nurses. SRH continues to offer two of our graduate nurses a metropolitan nursing experience with the Metropolitan Rural Graduate Experience (MeRGE) program. This allows the nurses to complete a four month rotation at Western Health – Footscray, and two of Western Health's graduate nurses complete a rotation at Stawell Regional Health. This continues to be a very beneficial experience for nurses from both health services.

This year SRH has partnered with Leading Age Services Australia (LASA) Victoria to offer a Graduate Nurse Program. This program is funded by the Commonwealth Department of Health and Ageing and is designed to support and mentor nurses through their graduate year from student to nurse. It focuses on providing best practice and leadership when supporting and caring for our ageing population.

Simvan

The Simvan is a mobile integrated learning environment . It continues to be popular with staff developing knowledge and skills. Since June 2013, 108 SRH staff and students have participated in the Simvan sessions. Figure 14 demonstrates the overall rating of improved knowledge and confidence after staff have attended Simvan sessions.

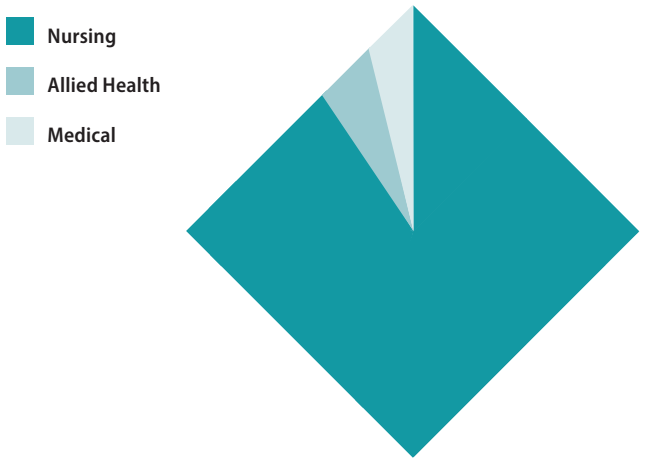
Figure 14: Improved Knowledge and Confidence of Staff

Students

SRH continues to provide an excellent clinical placement experience for our future health professionals.

70% of nursing students rated their overall placement experience as 'Excellent'.

Figure 15: Student placements over the last 12 months



Best Practice Clinical Learning Tool

SRH are participating in the Best Practice Clinical Learning Tool initiative and the benefits of this include:

- Improvements in the clinical learning environment, resulting in better experiences for all learners and for staff involved in delivery of education and training.
- Efficiencies and improvements in clinical education activities and processes, resulting in less "wasted" effort by staff.
- Better relationships between health services and their education provider partners, such as universities, resulting in more support for staff in the delivery of clinical education and teaching programs that produce work-ready graduates.
- Enhancement of the organisational learning culture, resulting in improved patient care and health outcomes.

CasConnect

CasConnect is a low-cost casual relief staff management system managed by SRH.

CasConnect was restructured to a cost recovery model in early 2014 after the withdrawal of project funding and termination of their contract by several health services during 2013. Staff affected were either redeployed or requested redundancy. SRH was pleased to redeploy and retrain two of these staff members who are now valuable members within other teams at the hospital. CasConnect continues to provide services to several health services, who report receiving ongoing value from the system. It is intended that CasConnect will continue under these arrangements.

How We Promote Health

Health Literacy at Stawell Regional Health

Stawell Regional Health aims to enhance individuals' and families' ability to make decisions that improve their health status and reduce their risk of ill health by improving health literacy. Health Literacy can be described as the ability to read, understand, and use health information to make appropriate healthcare decisions and follow instructions for treatment.

Health Literacy Training

Twenty four staff attended a health literacy training day in September 2013. The training provided staff with an introduction to health literacy, skills to increase effectiveness in clinical communication, measurement of health literacy, elements of health literate organisations, and ways to develop effective skills in writing health information.

The sessions included the introduction to health literacy and verbal and non-verbal communication including the teach-back method, introduction to health literacy assessment tools with hands on assessment of documentation and tips on writing 'easy to read' documentation.

A questionnaire established participants' understanding of health literacy and the different methods of communication before the training and at the end of the training. It also indentified key learnings from the training. The questionnaire also asked participants to identify where they would make changes to their work as a result of attending the training session.

- 84% of participants increased their understanding of verbal communication
- 72% increased their understanding of non-verbal communication
- 72% increased their understanding of written communication and
- 100% identified changes they would make to their work as a result of attending the training.

With health literacy improvements to our organisation, patients will be able to understand how to better manage their chronic condition or illness, as well as improve our strategies to prevent chronic disease.

It was a great introduction to health literacy, and for many staff was the first time they had exposure to the topic. It provided sound evidence that clearly showed the link between poor literacy levels and poor health outcomes. The tools that were provided such as the 'Teach-back' method (a tool that assesses verbal communication is understood) and the SMOG (readability of written information tool) were great resources to improve the health literacy of SRH.

Health Literacy audits

Since the training SRH worked with three members of the community on a 'First Impressions' audit of the organisation. The purpose was to determine the ease of navigating around our service by signage, phone and internet. A report was compiled with an extensive list of recommendations, some of which have already been considered.

A more extensive audit tool called the 'Enliven Organisational Health Literacy Self-Assessment Resource' will be used later this year to measure the health literacy of Stawell Regional Health as an organisation.

Stawell Regional Health support Primary Schools in the Victorian Prevention and Health Promotion Achievement Program

SRH's Health Promotion Coordinator continues to work closely with Stawell Primary School and their Health and Wellbeing team. The team aims to improve and maintain the health and wellbeing of students, staff, families and the broader school community. Using the framework of the Victorian Prevention and Health Promotion Achievement Program the team coordinate current health and wellbeing practice and develop new strategies to address health concerns in the school community.

Much of 2013 was spent consulting with staff, families and students, mapping out the priority areas for focus. Mental Health and Wellbeing was selected as the priority area to focus on in 2014 and strategies are in place to address the areas of concern with the school.

The health and wellbeing team includes teachers, school council representatives, parents, the school Chaplin, staff from Northern Grampians Shire and Grampians Community Health and is a great example of partnership at work.

SRH's Health Promotion Coordinator is also a member of the Stawell Secondary College health and wellbeing team which is in the early stages of using the framework to identify priority areas for future work.

Stawell Regional Health will continue to work with other local agencies and services that have included this initiative in their plans including the Northern Grampians Shire Municipal Health and Wellbeing Plan and Grampians Community Health Integrated Health Promotion Plan. Stawell Regional Health will continue to support schools and assist them to become awarded in this Department of Health, and Department of Education and Early Childhood Development initiative.

Stawell Regional Health Staff Health & Wellbeing Committee

The SRH Staff Health and Wellbeing Committee (SH & WBC) formed in July of 2011. The committee focuses on the health and wellbeing of staff based on the Social Model of Health. The committee is a forum for identifying issues and developing strategies and recommendations for approval by the SRH executive.

Last year the committee adopted the Workplace Achievement Program as a framework to guide work ensuring an evidence based approach.

The committee focus on a mix of strategies within the following four areas:

- Healthy culture
- Healthy physical environment
- Healthy community connections
- Health and wellbeing opportunities

With staff spending up to one third of their life at work, workplaces have an important role to play in supporting the good health of staff.

In 2013 the committee developed a questionnaire basing three questions for each of the five priority areas in the Workplace Achievement Program:

- Smoking
- Physical Activity
- Mental Health and Wellbeing
- Healthy Eating
- Alcohol.

The questions were answered in SRH SH & WBC facilitated sessions at team meetings. The main area of concern identified was staff mental health and wellbeing. The committee identified opportunities for improvement in supporting good mental health of staff and developed some strategies.

"Stress Down Week" for staff is planned for September 2014. This will include a forum on Work Life Balance and managing stress and some 'come and try' activities.

Staff are also encouraged to attend Mental Health First Aid training. This training will assist in supporting colleagues, patients and members of the community in recognising the signs and symptoms of common and disabling mental health problems, how to provide initial help, where and how to get professional help, what sort of help is available and how to provide first aid in a crisis situation.

Other initiatives the committee are working on include:

- Reviewing the Employee Assistance Program
- Increasing physical activity levels and
- Reviewing existing work environments that support social opportunities.

Reaching All Corners Of Our Community

'Doing it with us not for us'

The Department of Health has established a set of standards which we are required to report against and the following table outlines how we have performed over the past twelve months.

Standard	SRH Status
SRH demonstrates a commitment to consumer, carer and community participation.	• Development of a Consumer Participation Policy, Consumer Participation Plan and Person Centred Care Policy • Active participation in the Regional Primary Care Partnership • Provision of current updates from across the organisation in the monthly advertorial in the Stawell Times News as well as through additional media releases • Attendance of hospital staff at auxiliary, carer, representative and community service meetings • Endorsment of a Cultural Responsiveness Plan • Has met the four key areas of the ICAP Program • Has a documented & endorsed Disability Action Plan • SRH invited and consulted consumers, carers and community members to review the Strategic Plan • SRH meets the target for reporting of this indicator
Consumers/carers participate in their care.	• Participates in the Victorian Healthcare Experience survey (from April 2014) • Victorian Patient Satisfaction Monitor; Consumer Participation Indicator (CPI) score of 86 above the benchmark of 75 (Wave 24 results) • 75% of residents/representatives were 'satisfied' to 'very satisfied' with the way they were involved in decision making about care and treatment.
Consumers/carers are provided with evidence-based accessible information.	• Review of brochures and leaflets in line with the policy and with the 'Well Written Health Information Checklist' • Three consumer focus groups have been held. Participants reviewed and provided feedback on approximately 16 brochures/patient visual paths & one booklet. Allied Health patients and community clients have reviewed and provided feedback on a number of brochures. • Health Literacy workshops for staff conducted in September 2014. • Plan to complete the 'Enliven Organisational Health Literacy Self-Assessment Resource' in 2014-15. • Victorian Patient Satisfaction Monitor Rated 4.2 out of a possible score of 5 by consumers who rated written information on how to manage their condition /recovery at home as being 'good' to 'excellent' (Wave 24 results)
Consumers, carers and community members are active participants in planning the improvement and evaluation of services and programs on an ongoing basis.	• Consumers are involved in the planning, improvement and evaluation of services and programs. • Review of services and programs, e.g. Health Promotion and Community Rehabilitation Programs • Actively involved in management of concerns and complaints • First impressions audit conducted in May 2014 to identify the various factors that help or hinder the ability of consumers to navigate through the organisation • SRH exceeds the target for reporting for this indicator
SRH actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	• A Quality of Care Report is submitted annually to the DoH and is made available to the community through a variety of avenues.

Registered Nurse Claire Dunkley and Simpson Ward staff and patient in the background.

Reaching All Corners Of Our Community

Indigenous Health

The Aboriginal Health Worker role provides support to both the local community members, and to people visiting from other areas when admitted to Stawell Regional Health. The worker visits people in hospital, providing support, ensuring that their cultural needs are being met and assisting with discharge planning and follow-up after discharge from hospital.

Improving Care for Aboriginal Patients:

1. Establish and maintain relationships with Aboriginal communities and services.

- Stawell Regional Health and Budja Budja Aboriginal Co-Operative continue to enjoy a positive working relationship. This includes delivery of physiotherapy, podiatry and dietetics services from Budja Budja, and a relationship with Rural Workforce Agency Victoria to deliver both Nutrition and Dietetics and Exercise Physiology services to improve health outcomes for community members with chronic disease. Stawell Regional Health is an active partner in the Koolin Balit initiative, in conjunction with other local stakeholders.

2. Provide or coordinate cross-cultural training for hospital staff.

- Information on cultural issues, including cultural awareness, cultural respect and cultural safety are easily accessible by all staff on the main page of the hospital intranet.

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.

- SRH has participated in the Rural Workforce Agency Victoria Chronic Disease Management strategy for the past three years. This involves provision of nutrition and dietetics and exercise physiology services by staff experienced in chronic disease management. This is a special clinic that occurs when a GP attends Budja Budja to enable a case management approach. Uptake of this service was lower than expected in the first two years, however there has recently been an increase in number of clients attending as the Dietitian and Exercise Physiologist have, in collaboration with Budja Budja, altered their engagement strategy.

- Regular meetings continue with key parties such as the Indigenous Health Worker, Budja Budja Co-Operative Board member, acting Chief Executive, and key parties at SRH e.g. Chief Executive, Director of Clinical Services and Primary Care Manager.

Continuity of Care

Patient Admission

When patients are admitted to Stawell Regional Health, they are involved with all decisions about their care.

Admission staff talk to patients about their care plan and provide further information, both verbal and written. This may be at the Pre-Admission Clinic, Day Procedure Unit, John Bowen Day Oncology Unit or Macpherson Smith Residential Care. At times a family conference involving a multidisciplinary group of staff may also assist in planning care.

Improvements to communication during patient admission include the introduction of patient whiteboards at the bedside in the acute ward, review of the formal handover between the Peri Operative Unit and acute ward, and roll out of the National Health Service (NHS UK) Institute for Innovation and Improvement's 'Productive Ward' and 'Productive Theatre.'

Bedside Clinical Handover

The Bedside Clinical Handover Project was commenced at SRH in July 2013 and completed in August 2014.

Bedside Clinical Handover is the sharing of clinical information about the patient between the nurse who is providing care and the nurse who will be taking over the care. Performing the handover at the bedside allows the nurses to visualise what is discussed and to ensure continuity in patient care.

It is essential that each nurse involved in the patient's care has up to date information about their status and treatment. This communication occurs at the end of each shift through handover.

Continuity of Care

Bedside Clinical Handover (continued)

Clinical handover takes place between 1.00pm – 1.30pm. This is an opportunity for the patient and carers to be involved in the handover, provide information or comments and ask questions.

Bedside Handover has been well received by patients and carers. Patients and carers feel much more involved with their care. They also feel confident that the nurses have the correct information to provide their care.

Regional Patient Flow and Access Nursing Collaborative

In early 2012, key nursing staff from Ballarat Health Service (BHS), Maryborough District Health Service and Stawell Regional Health established a nursing collaborative initiative with the key purpose of improving patient flow and responsiveness between the rural and regional health system.

The work of the group is underpinned by the Victorian Health Priorities Framework 2012-2022 Rural and Regional Health Plan.

The weekly bed meeting to improve patient flow has been an initiative of this group and has been expanded to include five health services.

The weekly bed meeting, via medilink, with the Patient Flow Coordinator at Ballarat Health Service and SRH staff enables discussion of any inpatients who come from the SRH catchment area and whose condition might allow them to be transferred to SRH for ongoing care in a timely manner.

This enables patients to transfer to their local health service as soon as it is medically appropriate to do so.

The health services are able to plan for patient transfers back to their local health service and have improved communication with Ballarat Health Service staff.

The benefits of this initiative are:

- Planning for transfer begins early so that SRH is able to accommodate patients' individual care needs prior to returning home
- Patients can receive ongoing care in their local hospital closer to family and friends which aids in their recovery
- Beds in BHS are made available for more acutely ill patients
- Collaboration and partnerships between different levels of healthcare services are strengthened so rural people are better supported as they move between health services
- Opportunities are made available to support teaching, training and professional development for health professionals in rural and regional settings
- The utilisation of telehealth and other communications technologies is used to strengthen clinical leadership and access to care for patients.

From left to right: Registered Nurses; Kristy Yole, Rebecca Peters and Christine Eldridge.

Discharge Planning

Discharge planning actually starts before or at admission. At the Pre-Admission Clinic, staff identify any issues that may need to be considered to help patients return home. Referrals may be made to Hospital Admission Risk Program, Post-Acute Care or District Nursing.

On and during admission, discharge arrangements are reviewed with the patient and referrals made for any support services.

Registered Nurse Barb Barham visits client Mary Browne with Patrick Browne looking on.

Hospital Admission Risk Program

This program supports people and their carers to maintain their independence and capacity to live within the community, and to reduce hospital admissions by developing a health management plan.

Your 'Health Independence Program' team may include:

- Your GP and specialists
- Physiotherapists
- Social Workers /Counsellors /Psychologists
- District Nurses
- Occupational Therapists
- Pharmacists
- Dietitians and
- Other services or community supports we recommend and agreed to by you.

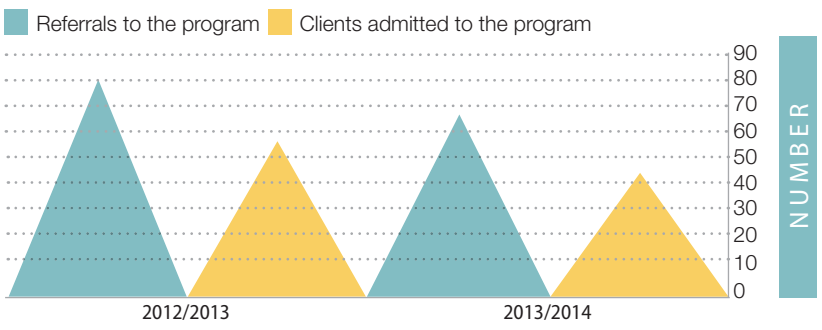
What can the program help with:

- Assisting you to meet your care needs
- Strategies to help recognise changes in your condition and to seek treatment as early as possible
- Improving management and access to treatment options through individual plans for wellbeing
- Ongoing monitoring and support
- Facilitating communication between you, the hospital, your doctor and other services, and providing health information and education

For the financial year 2013-2014: there have been 68 referrals, 42 Admissions and 58 discharges from the service.

Figure 16 compares this year's referrals and admissions with last year's.

Figure 16: HARP Program



Continuity of Care

Case Study # 1

A 74 year old gentleman was referred to HARP by his General Practitioner for management of symptoms for his chronic heart condition. Together the coordinator and the client set out a care plan for his goals which were to be able to lose weight and self-manage his chest pain. The HARP coordinator liaised with his doctor and other health professionals to meet his goals. In the following months he exercised regularly with gentle walking and using self-management strategies for his symptoms. He gained confidence in managing his symptoms and was able to lose weight. This resulted in him having fewer episodes of chest pain and reducing his presentations to hospital.

Transition Care Program

This aged care program offers options to older patients and their families if more time is required before discharge to home or to residential care settings. Eligibility to the program is confirmed with an aged care assessment while the client is in hospital.

Transition Care provides short-term (up to 12 weeks) support immediately after a hospital stay and offers clients;

- Low intensity therapy and support from Allied Health professionals in the areas of Physiotherapy, Occupational Therapy, Dietetics, Social Work and Speech Pathology
- Further time with family and carers to assess their circumstances and consider the care options available
- A care co-ordinator to plan their care on the program and explore their preferred aged care options, including whether they can return to the community.

Four bed based places are located at Stawell Regional Health and four community or home based places are offered in the catchment area for Stawell LGA and Ararat city area.

In the last year a Social Worker has joined the team and is regularly involved with clients and case managing, especially those in the community. Our Exercise Physiologist commenced a weekly group program in the new gym, our breakfast group, which is run twice a week, continues to be a very productive and enjoyable program. Our clients also make use of the new kitchen area in the rehabilitation centre for specialised occupational therapy and physiotherapy sessions and lifestyle cooking programs.

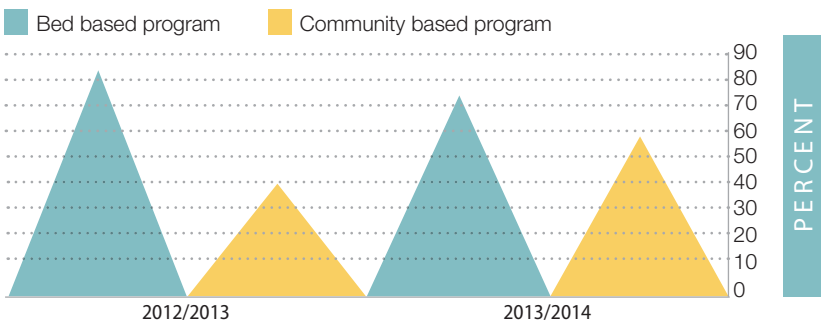
Occupational Therapist Kirby Egan, Allied Health Assistant Nicole Nicholson with TCP client David Martin.

The program has proved beneficial for clients regaining confidence with mobility, managing meals and medication, accepting services to support living safely in the community, as well as encouraging clients in activities such as shopping and social outings. It gives other clients and their families time to choose a suitable residential care facility.

The program has been successful in offering case management and lifestyle activities in addition to Allied Health and nursing support to 50 clients in the past year. Our occupancy reflects a slight decrease in the bed based program having 73% beds filled, but the community based program had an increase with 59 % occupancy compared with 40% the previous year.

This is depicted in Figure 17.

Figure 17: Transition Care Program



The program is run in conjunction with Ballarat Health Services and there is a regional approach to providing this aged care service with clients coming from Ararat and St Arnaud areas for the bed based program.

Enrolled Nurse Wendy Lee, TCP client Lisa Remias and TCP/ACAS Co-ordinator Mary Bruce.

Post Acute-Care

This financial year 152 clients received Post Acute Care services through Stawell Regional Health

Through the Post-Acute Care service, patients with more complex needs being discharged from hospital can receive short-term support like home care, personal care and District Nursing.

Averaging 12-13 clients per month, the service received the majority of referrals from Stawell Regional Health clinical staff. The coordinator designs a care plan specific to the client's needs in liaison with the client, their family and healthcare workers. They then coordinate service delivery for up to four weeks post discharge from hospital.

Home and Community Care Services

The Active Service Model is the foundation of care delivery by Home and Community Care Services. Our aim is to support clients to live in the community as independently and autonomously as possible. This is achieved by increasing the client's capacity to manage the activities of daily life, with a focus on individualised care plans to assist with achieving their goals. The client is the centre of their care.

District Nursing:

Stawell Regional Health District Nursing Service provides access to a wide range of specialised nursing and health support services. We employ trained nurses who provide services including:

- Wound Care
- Palliative Care
- Stomal Care
- Healthcare assessments
- Continence Care
- Medication management
- Hospital In The Home (HITH)

Hospital in the Home provides an alternative to inpatient care for those who are acutely ill, prefer to be cared for at home and who fit the criteria for admission.

In the financial year 2013 -2014, 6,609 home visits were made by the District Nursing Service. The quality of the care we provide is gauged by client satisfaction. This year we have collected data through hand held devices called Patient Experience Trackers (PETS). Our service collected this feedback from our clients during March and April 2014. Our clients have rated their experience against five questions. These questions related to privacy and dignity, rights and responsibilities; overall care, District Nurse effectiveness with other carers and involvement and development of their Care Plan.

Based on these results new documentation has been implemented to improve care plan development. A client information booklet has also been developed with patient input.

Continuity of Care

Allied Health

Our Allied Health Division provides an extensive range of outpatient services that are based at the newly built Community Rehabilitation Centre, the Stawell Health and Community Centre and off site through the Rural Primary Health Services Program. All services use a prioritisation tool that ensures the person with the highest need is seen within the appropriate time frame. During the last year the Continence Clinic has been offered as a new service.

Rural Primary Health Services Program

The Rural Primary Health Services program has been discontinued in its' previous form, with the funding passed on to the Grampians Medicare Local. This has been in line with a change in government policy, and has impacted all programs previously funded under this model. The Medicare Local has provided funds to Stawell Regional Health to continue to provide services, although on a lesser scale, to the towns of Landsborough, Navarre, Halls Gap and Marnoo.

The funding for the original program sought 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:

- Community Health Nursing
- Podiatry
- Speech Pathology
- Diabetes Education
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Indigenous Health
- Exercise Physiology
- Social Work
- Family & Relationship Counseling, through collaboration with Grampians Community Health.

Enrolled Nurse Cassie Williss and DN client Irene Young.

Macpherson Smith Residential Care

Across Australia, residential care continues to experience significant changes in funding agreements and in the way services are delivered. With community support and input, Macpherson Smith Residential Care (MSRC) continues to move with these changes and ensure the provision of care to residents is at its best.

MSRC was successful in maintaining accreditation at the unannounced support visit in March this year with the next full onsite survey in September 2015.

Successful application to equipment funding streams through the government has resulted in the purchase of significant items.

These purchases are: three air mattresses, an IV infusion pump and pole, a patient lifter / hoist machine, a light weight wheelchair to take residents on outings,

Leisure and Lifestyle Co-ordinator Sonja Whelan, Registered Nurse Lauryn Matheson and resident Kevin Keeping.

an Automated External Defibrillator (AED - a portable electronic device that automatically diagnoses life-threatening cardiac arrhythmias), new tables and chairs and additional equipment for the Leisure and Lifestyle Program.

A locked medication fridge was acquired and storage areas have been increased in the medication room.

Leisure and Lifestyle Co-ordinator Sonja Whelan reading to resident Joan Claridge.

Staff continue to use the electronic documentation system called 'Health metrics' and have now progressed to using the assessments and Care Plan component of the system. Key boards for the tablets for staff to use when accessing this system have been ordered.

Staff participated in the follow up audit through the organisation-wide Wound Improvement Program. Results of this audit are documented in the Wound Management Improvement Program section listed earlier in this report.

Residents & Relatives Committee

The committee continues to play a major role in the functioning and future directions of the residential care facility and comment on issues or improvements underway or being planned. As part of their valuable role, relatives and friends helped to update the organisation wide Suggestion, Complaint Compliment form. This year a number of guest speakers attended the meetings and provided information about programs and services.

Clerical Assistant Suzy McQueen sorting socks with resident Joy Fisher.

Continuity of Care

Volunteers

Volunteers continue to be highly valued members of the residential care team and play a vital role in enhancing and maintaining the quality of life for our residents. In March this year training for the Volunteer Meals Assistance Program was offered and a number of volunteers attended. These volunteers play a vital role in assisting residents with their meals at meal times.

Volunteers also assist with a number of the activities through the Leisure and Lifestyle Program.

Leisure and Lifestyle Program

The program has continued to adapt to the changing needs and interests of our residents. Group activities continue to be popular and those relating to music and dancing have included entertainment by the Senior Citizens choir, ballroom dancers, line dancers, rock n roll dancers and various individual musical entertainers.

Craft activities have included visits from spinners and people have brought their craft work in to show residents.

Students from Stawell West Primary School come in monthly to assist with the gardening and one on one games. Residents have visited children at the kindergarten and the children have come to the facility to visit the residents. Some residents attend the Senior Citizens luncheon every month.

Folding and sorting of socks and other items of linen continue to be popular. Special theme days continue to be celebrated on a regular basis.

Stawell Abattoirs (Frewstal Pty Ltd) donated money to beautify the area between the south and east section of the site. A path has been constructed and plants purchased with the money. A fire pit has been installed and this area has been utilised for fish and chip picnic lunches and provides a pleasant outlook onto the wetland areas on the block behind the home. This area was well utilised when, to the delight of residents, cricketers Greg Matthews and Rodney Hogg from the Masters Tour visited Stawell. Not only did they visit the Residential Aged Care facility but also included the hospital in their visit.

A plan for the future is for the Food Services Department to incorporate themed food lunches into the Leisure and Lifestyle Program and offer one (1) Food Theme Day each month, on the same day, across the whole organisation.

Grad Nurse Sigrid Holden and resident Gwen Boisen.

Pet Therapy

Residents are entertained and comforted by two pets that regularly visit and spend time with residents families and staff. It is always a pleasure to see Minnie and Fred who come in with their owners. All visiting dogs are required to have current vaccinations and a care plan is developed prior to the commencement of their visiting schedule.

Thank you to all the hard working relatives and friends, staff within MSRC and all the visiting service providers and General Practitioners for the dedication and excellent care provided to all residents.

In June this year we wished a fond farewell to Robyn Leslie who was Nurse Unit Manager of the facility for the last six years.

Planned Activity Group (Bennett Centre for Community Activities)

Planned Activity Group participant Lorna Keller

We aim to:

- Create a social, friendly atmosphere where our clients feel "at home", cared for and part of the group and
- Promote client centred activities that assist participants to remain as independent as possible.

We offer a diverse range of activities, including:- BBQs, Bowls, Bingo, Bus trips, Cards, Cooking, Crafts and exercise classes including strength training.

For the financial year of 2013-2014, 83 Clients attended the Planned Activity Group which equals 13,981 hours of service delivered. The quality of the care provided by

Planned Activity Group Assistant Lynne Iseppi and client Bruce Richards.

the service is gauged by client satisfaction. A survey distributed in October 2013 indicated between 90-100% satisfaction with the activities, the impact attending the group has made on their life, and the care and information provided.

In 2014-2015 the Occupational Therapist and Exercise Physiologist will be a part of the client assessment process to assist clients with their activities.

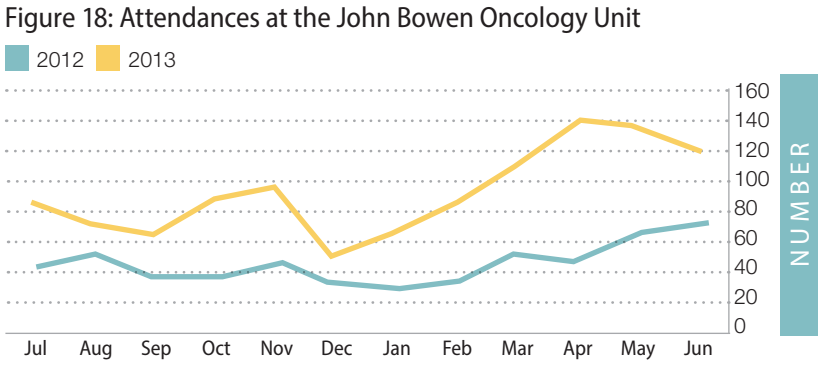
Continuity of Care

John Bowen Oncology Unit

The much anticipated move to our new unit in the Community Rehabilitation and Oncology Centre took place at the start of the year with the first treatment day on the 7th January. Staff, volunteers and patients appreciate the purpose built facility with spectacular views of the Grampians and nearby ranges.

The unit is very busy with three visiting oncologists, Professor Kannourakis and Dr John Sycamnias from Ballarat Oncology and Haematology Services and Dr Stephen Brown from Ballarat Health Services. Patient numbers continue to increase (see Figure 18) and patients come from Stawell and district as well as all areas across the Wimmera. The unit operates Tuesday, Wednesday and Thursday and some Fridays if patients require treatment.

Figure 18: Attendances at the John Bowen Oncology Unit



To ensure our patients receive their treatment in a safe, timely and professional manner, a new nursing model of care has been developed. The model supports patient centred care where patients are cared for by one nurse. The patients' treatments are scheduled over three days to reduce waiting times and allow treatment to be administered safely and in an appropriate time frame. When patients arrive at the unit they are greeted by the ward clerk, admitted, shown to their room and introduced to the nurse that will be looking after them.

Entrance to one of three rooms in the unit.

New equipment purchased for the unit includes:-

- Eleven treatment chairs that can be positioned electronically by the patient for their own individual comfort. Each chair has a television and a nurse call button.
- Six procedure carts stocked with consumables so nurses can stay with their patients and not have to leave the room for equipment.
- Chairs for carers/family to sit with the patient.
- Six infusion pumps, IV poles and mobile cabinets for patient's belongings. These were purchased thanks to the generosity of the hospital's fund-raisers and the broader community.
- A two-seater couch and a recliner for a private 'quiet room' from funds from Aaron Hemley's World Endurance Shearing record fundraiser.

New treatment chairs and trolley.

Community donations are still coming in and we hope to purchase a mobile vital signs monitor very soon.

An Oncology Rehabilitation Program is now being offered to our patients. The program runs for seven weeks and includes exercise sessions tailored specifically for each patient with the aim of improving physical function and endurance while having treatment for cancer. These sessions are held twice a week in the gym and there is also a weekly education session covering topics of interest to people living with cancer and their carers/family.

We rely on client feedback to improve the standards of our service. To help achieve this a Patient Experience Tracker (PET) was introduced. Patients answer questions by pressing the buttons on the keypad. Patients have rated the care they received highly. The data collected helps us identify what is important to patients in our unit and to make the right improvements.

Our volunteer staff has increased since moving to the new unit. These wonderful ladies ensure our patients receive nourishment and TLC during their time in the unit. They also assist the nursing staff in many ways that do not go unnoticed.

Efforts to increase the numbers of nursing staff qualified to work in the oncology unit are on-going. Interested staff at SRH are currently doing the Antineoplastic Drug Administration Course (ADAC), developed by the Cancer Institute of NSW. This online course enables Registered Nurses to administer chemotherapy safely and to provide professional care to patients with cancer.

The staff at SRH involved with the running of the oncology unit, including administration, clerical, pharmacy, nursing, volunteers and support staff, have taken on the challenge of service expansion and are confident that our patients have and will continue to receive 'Great Care'.

Registered Nurse Nicole Cox assisting patient Bert Sprague with his treatment.

Rehabilitation Programs

Exercise Physiologist Nicole Dixon with class participant Paula Kelly.

Hydrotherapy Program

The Hydrotherapy Program has been coordinated by an Exercise Physiologist since June 2013.

Patients can be referred to the program by their General Practitioner, themselves or by other health professionals.

A one-on-one assessment is completed by the Exercise Physiologist to determine their suitability for the program. This includes their medical history, goals and current physical activity levels. From the assessment, an individualised exercise program is provided.

The benefits of hydrotherapy include:-

- Improving cardiovascular fitness,
- Increasing muscular strength and endurance,
- Enhancing flexibility and joint range of motion.

The water enables patients to exercise in a reduced weight bearing environment.

From June-December 2013, the program was held once a week at Stawell Leisure Centre as an ongoing program. During that time eighteen participants attended the weekly session.

A new program began in January 2014 increasing to two sessions per week for eight weeks. Eight people have completed the new program with eight enrolled in the next program.

Participants attend each session and complete their exercise program under the supervision of the Exercise Physiologist. The aim is to complete their exercise program independently. On completion, a reassessment is conducted to measure areas of improvement. An ongoing management plan is then discussed.

Exercise Physiologist Nicole Dixon with class participant Philomena Price.

Pool Hoist

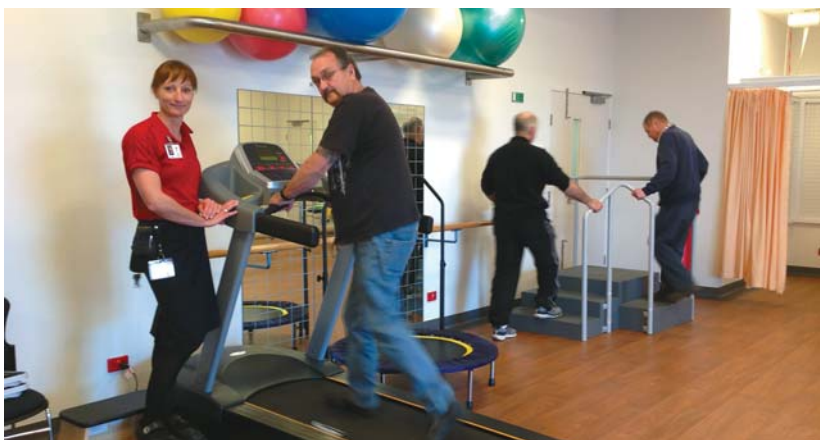
A Federal Government grant of over $42k enabled Stawell Regional Health to purchase rehabilitation equipment for the new rehabilitation centre. As part of this grant, a new pool hoist was purchased for the Northern Grampians Shire Stawell Leisure Centre pool. The hoist is used to enable people with poor mobility to safely enter and exit the pool, and is a great improvement to the hydrotherapy program conducted by our exercise physiologist.

Cardiac/Pulmonary Rehabilitation

SRH's Allied Health Service now offers both Cardiac and Pulmonary Rehabilitation Programs to clients in the Stawell and surrounding areas.

Both Cardiac and Pulmonary Rehabilitation are delivered in a supervised group environment.

The programs are aimed at improving the health, wellbeing and quality of life of people who have heart and lung problems, by encouraging the adoption of a healthy lifestyle.



Registered Nurse Viv Cole with class participant Richard McClintock.

The programs consist of exercise training; to increase exercise tolerance levels and education delivered by professionals from the Allied Health team in positive health behaviours, diet, stress management, relaxation techniques, energy conservation management and information on how to access appropriate health and community services. The environment of the groups adds a social and supportive atmosphere in which people often openly discuss issues amongst themselves.

The programs are offered twice weekly for eight weeks. Upon completion of the program, individuals are presented with a certificate and are invited to return to the

Rehabilitation Programs

Allied Health Assistant Sue Terbos watching Betty Sergeant play golf.

Cardiac/Pulmonary Rehabilitation (continued)

program for long term follow-up checks as part of their continuing management. Pulmonary clients are advised to attend a pulmonary rehabilitation program once every twelve months to maintain health benefits gained during the program.

Since June 2013, of the 40 people who were referred to cardiac rehabilitation, 27 commenced classes for a period of time. Of these 27 individuals, 15 went on to complete the program and seven are currently undergoing rehabilitation. Thirteen individuals declined the offer of Cardiac Rehabilitation.

With the opening of the Community Rehabilitation Centre at Stawell Regional Health in February, Pulmonary Rehabilitation has been offered as a separate program to Cardiac Rehabilitation for the first time.

The Pulmonary Rehabilitation program is offered twice weekly for eight weeks and the program is conducted twice a year. This may increase according to demand. Since February 2013, nine individuals have been referred to the Pulmonary Rehabilitation Program. Of these nine individuals six commenced the program that is still currently running. We are looking to assist clients in attending this program by assisting with transport as this has been identified as a restraint on some clients' ability to attend the program.

Participants are also encouraged to complete a home exercise program to supplement the supervised exercise classes, and the community health nurse discusses progress, concerns and achievements with each individual at each session.

As this is a new program, we are only scheduling it to run twice yearly at this stage. If the demand is there we will increase the number of programs offered accordingly. We are trying to avoid the cold winter months as attendance is very poor over this time.

- A number of clients have been referred to the Exercise Physiologist following rehabilitation programs to have a home exercise program developed for them.

Gait and Balance Clinic

The Gait & Balance (G&B) Clinic at Stawell Regional Health seeks to reduce the incidence of falls in adults living in the community. Those who attend the clinic may or may not have had a previous fall. The goal of the assessment is to identify any of the intrinsic falls risk factors that the individual may have. The individual may be recommended to attend the G&B class or have other intervention.

According to the Preventing Falls and Harm From Falls in Older People – Best Practice Guidelines for Australian Community Care 2009:

- Many falls can be prevented
- Factors such as fear of falling and reduced activity levels can affect function and quality of life, and increase the risk of falls resulting in serious harm.
- Studies undertaken in community settings around the world have indicated falls rates in older people living in the community to be approximately 30-40% each year.
- Most falls occur in people's homes in rooms such as the bedroom, lounge and kitchen.

A person who attends the Gait and Balance Clinic is assessed by a Physiotherapist and Occupational Therapist. The therapists meet to discuss any risk factors that the person may have and the strategies to address these factors. Information outlining the risk factors are collated and provided to the person and their GP.

Physiotherapist Jackie Dynon with Gait and Balance Clinic participants.

Gait and Balance Clinic participants in action.

Rehabilitation Programs

Gait and Balance Clinic (continued)

In the 2013/14 financial year 55 people were referred to the Gait & Balance Clinic, of these referrals,

- 28 people accepted the referral and were assessed
- 16 people were referred the Gait & Balance exercise class
- Six people were referred for individual allied health assessments
- There was a total of 330 visits for G&B class and
- There was a total of 70 visits for the G&B review class.

Proposed changes for 2014/2015

- Change in the structure of the assessment
- Combined Physiotherapy/Occupational Therapy assessment form to prevent the need for the person to repeat information and make it easier to identify and report risk factors
- Follow up assessments will be booked after completion of the treatment plan to analyse the effect of the treatment on the person's falls risk factors.
- Initial assessment and discharge measures will be compared and analysed
- This will be the point of discharge from the Gait & Balance Clinic
- Recommending that individuals attending the Gait & Balance exercise class have an appointment with the Allied Health Assistant to run through their Home Exercise Program and ensure they are using the correct exercise techniques.

Gathering your Feedback

Stawell Regional Health monitors consumer satisfaction through a number of internal surveys and the Victorian Healthcare Experience Survey (VHES), previously the Victorian Patient Satisfaction monitor.

The VHES commenced in April this year and SRH is expecting the first round of results in September.

The questionnaire asks people who have been discharged from hospital a number of questions about their stay. Last year hand held electronic devices called 'Patient Experience Trackers' were introduced to Simpson Wing. The devices measure patients' hospital experience by asking five questions about specific aspects of care. These devices were rolled out to the Day Procedure Unit, District Nursing and Day Oncology Services earlier this year.

Other Ways We Gather Feedback

SRH also gathers valuable feedback via Allied Health appointments (either in Stawell or as part of the outreach program) and at Macpherson Smith Residential Care monthly resident and relative meetings.

There are Suggestion, Complaint, Compliment (SCC) forms available at all hospital, residential and allied health reception points across the organisation. Feedback is reviewed at the bi-monthly Quality Improvement and Risk Management Committee meeting.

Improvements

During the year SRH received 12 formal suggestions from the public about how the health service could be improved.

As a direct result we have:-

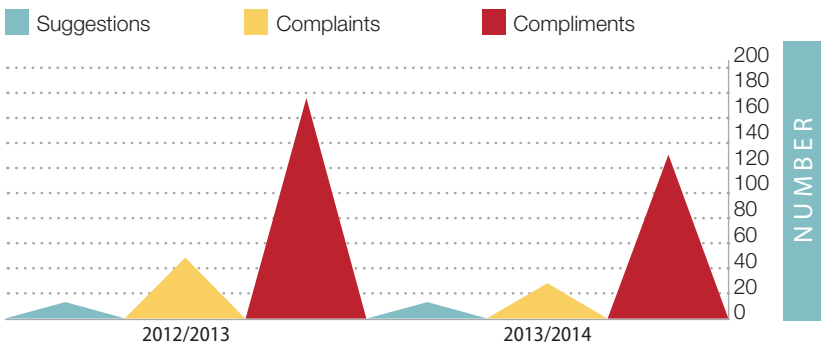
- Purchased a stand up hoist (patient lifter) as part of the equipment purchase for the new CRC.
- Provided magazines in the waiting areas of the CRC
- Conducted a first impressions audit to review signage around the hospital site
- Introduced volunteers to provide tea and coffee to patients waiting for appointments in the CRC and Oncology
- Reviewed and removed some of the glass partitions at the reception area in the CRC

Compliments

During the past year we received 132 compliments on the SCC forms, letters and thank you cards.

Figure19 tracks feedback received during the past two financial years.

Figure 19: Consumer Feedback



Complaints

Complaints are an important part of continuous improvement. We acknowledge, assess and respond to all complaints. During the past 12 months we received 25 complaints regarding clinical care, staff behaviour, and food and service costs. As a result we have made a number of service improvements across the organisation.

Our Supporters

Hospital Auxillary members in the foreground enjoying the Volunteers Day afternoon tea.

Hospital Auxiliary

Over the past 12 months, the auxiliary welcomed three new members, taking numbers to 26.

The first event for the year was a casserole luncheon which was a very busy and successful day. Thanks to the Y-Zetts for their assistance and contribution of the potato bakes.

The next event was a HOY (cards) afternoon at the Senior Citizens Hall with a Devonshire Tea. This event was enjoyable, but unfortunately not well attended.

In August, the then Director of Clinical Services Karen Conte explained to auxiliary members the valuable use of white boards in the wards (one for each patient) and also how air beds provide comfort for the very ill. The auxiliary were in the fortunate position of being able to provide funds to have these items ordered immediately (one white board per patient bed and one air bed for the acute ward).

The September meeting was held at the home of auxiliary member Ruth Hatton. A tour of her extensive native garden and afternoon tea followed the meeting.

During November the auxiliary were taken on a tour of the new Community Rehabilitation Centre (CRC), Oncology Unit and the Gym by the CEO, Rohan Fitzgerald. Several members of the auxiliary attended the hospital Annual General Meeting (AGM) where Cynthia Cashin received her 10 year certificate. A number of members also attended the Y-Zetts AGM.

On the 29th November the auxiliary celebrated the end of the year with the annual Christmas dinner and fund raiser at Trackside. This was a very successful and enjoyable evening. The auxiliary were entertained by Briannon and Titian who sang, with Santa Gary making his annual appearance.

At the first meeting for 2014, Rohan Fitzgerald spoke about the opening of the new CRC. He mentioned that the Oncology Unit could benefit from three additional infusion pumps. The auxiliary were proud to have been able to contribute and agreed to purchase three pumps at a cost of $10,800.

2014 began with a wine and savoury evening on the 28th March with delicious food and fine wines donated from a number of local wineries, and beer donated from the Town Hall Hotel. The auxiliary thanks them for their generosity, Terry Monaghan for his auctioneering skills and all the other people who assisted and made the event successful.

In May, the auxiliary assisted the Y-Zetts by providing sponges and numerous biscuits for a Rotary function. Also in May the auxiliary received a certificate of appreciation from the hospital during Volunteer's Week.

Earlier this year the auxiliary were introduced to Jackie Peacock who works part time at the hospital as the Customer Services Officer. One of her responsibilities is managing the Volunteers Program.

The auxiliary would like to sincerely thank the hospital CEO, Rohan Fitzgerald, staff at both the hospital and the Stawell Entertainment Centre, the generous people of Stawell, and their husbands for their support.

Thanks also to Doreen Duffy, Stawell Golf –Bowls Club, Woolworths and IGA for their donations throughout the year.

Stawell Regional Health Foundation

The Stawell Regional Health Foundation was established in 1989 and operates under a Trust Deed that was established at that time. The Foundation meets quarterly to discuss it's 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 it's own resources or from other areas of government.

During the last year Dr R Norman Castle OAM retired as Chairman and Mr Bill O'Driscoll was appointed into that position.

During the past year the Foundation has considered requests from the hospital and approved funding for the purchase of a Philips bedside cardiac telemetry system (IntelliVue Information Center iX) for the acute ward at a cost of $109,250. The Foundation appreciates the generous donations it receives either directly or through bequests.

Any enquiries regarding donations to the Foundation can be made either to a Foundation member or with the Chief Executive of Stawell Regional Health. A donation form can be accessed directly from Stawell Regional Health's website.

Our Supporters

Back left to right Team Photo: Naomi Altmann, Peter Wemyss, David Tapscott, Terri Clarke, Mal Elliott and David Francis. Front left to right: Darren Linke and Lindsay Knight.

Y-Zetts

Over the last financial year Y-Zetts have not held as many meetings as previous years with fewer members attending the meetings. Due to these circumstances, no equipment purchases have been funded, which sees the Y-Zetts in a very healthy credit balance for the new financial year.

A large portion of the funds raised has been via the catering for the Annual Rotary Convention and the Annual 'local' Shopping Spree.

The tireless efforts of a few members, their dedication and networking abilities have ensured the recruitment of friends from the Hospital Auxiliary and Red Garters to team up and ensure the success of both events.

We have seen considerable developments at our health service over the past twelve months. However, things continually change so there will always be a need for updating or purchasing equipment, ensuring the ongoing provision of the best care possible.

Appreciation is extended to the management and staff of SRH for assistance, fellow members particularly Helena for her logistical event advice, and others who have been involved at any level over the past year.

Murray to Moyne Relay

Smooth Peddling for the Stawell Sprockets in 2014

The 2014 Stawell Medical Centre 'Sprockets' cycling team has once again completed the gruelling 520 kilometre relay ride from Echuca to Port Fairy to raise funds for their local health service.

Celebrating its 28th year participating in the Murray to Moyne, the 13 member Sprockets team raised $7,500 for equipment to go towards the newly completed Oncology Unit at Stawell Regional Health.

This year's riders were Naomi Altmann, Mal Elliott, Terri Clarke, Lindsay Knight, Darren Linke, Anthony Morey, Peter Wemyss, David Tapscott and ride coordinator David Francis. Ottis Francis, who individually raised $600, had to withdraw at the last minute due to illness.

The support crew included Somnath Sekaran, Geoff Illig, Sharon Linke and Josette Loomes.

"The 2014 ride ran very smoothly with the weather remaining fine the whole journey," said coordinator David Francis. "Again in 2014 many cyclists surpassed their personal distance goals. It was great see the return of Mal Elliott after a couple of years' break and welcome new rider Lindsay Knight."

"The Stawell Sprockets have ridden in the Murray to Moyne event since its inception in 1986 and for the first time we received the most courteous team award, primarily through the exemplary driving skills of Somnath Sekaran."

Many staff members from Stawell Regional Health kicked in to help the Sprockets during the ride. A special thanks to Shirley and Gavin from Food Services and our newly appointed physiotherapist Jackie for providing the well-earned dinner break and massages as we passed through Stawell on Saturday night.

The major raffle, a three-night holiday at the Lady Bay Resort in Warrnambool, was won by Craig Eckel from Stawell. Ticket sales for the donated luxury sea side holiday, worth $675, raised a total of $1100.

"When I called Craig, he was very excited to win the prize and felt it might make a great gift for a family member" said David Francis.

A feature of this year's fundraising was the running of three Park Raffles in Halls Gap on Labour Day and over the Easter period. These raffles raised a total of $1400 towards the total fundraising effort, thanks to many local businesses donating goods and services. A special thank you to the Halls Gap businesses who very generously donated prizes.

"Thank you to the many people who sold raffle tickets on behalf of the fundraiser. Support is always strong from our local community when we ask them to participate in activities which bring benefit to our community through our local hospital," said ride coordinator David Francis.

Staff service awards

10 years

Kristine Austin
Erin Radley
Lynne Young

20 years

Wendy Lee
Connie Maddocks
Jenny Priest

25 years

Moira Hateley

30 years

Beth King
Carolyn McDonald

Life Governors of Stawell Regional Health

Barham, Jim
Barry, Debbie
Bennett, John
Bibby, Doreen
Bibby, Lyn
Blackman, Dawn
Blake, Meg
Blake, Rodney
Blay, Glenda
Blay, John
Boatman, Carol
Bonney, Trevor
Bowen, Eileen
Bowers, Wally
Brilliant, Joan
Cadzow, Faye
Carter, Alex (dec)
Castle, Noelene
Castle, Dr. R.Norman OAM
Coote, Jean
Crouch, Judy
Cunningham , Dr. Andrew
Dadswell, Ken
Davidson, Helen (dec)
Dunn, Neville
Earle, Greg
Earle, Jean (dec)
Elliot, Malcom
Eime, Anna
Fowkes, Bruce PSM
Fletcher, Stella
Francis, David
Fraser, W.G. (Scottie)
Fry, Darrelyn
Fuller, Graham
Fuller, Jocelyn
Gavin, Jenny
Gaylard, Rob
Graham, Mavis
Gray, Pat (dec)
Gross, Betty
Gust, Betty
Harris, Kaye
Heslop, Lorraine
Howden, Betty
Howden, Bruce
Humphrey, Phyllis
Jackson, Betty
Jerram, Hazel
Jones, David
Kennedy, Val
Krelle, Sadie
Kuehne, Edna
McCracken, J.D. (David)
McDonough, Graeme
McGaffin, Marg
Martin, Garrie
Miller, Kaye
Monaghan, Terry
Murphy, Carmel
Neilsen, Beryl
Neilsen, Vern
Nicholson, Helena
Norton, Rosemary (Sam)
Perry, Di
Perry, Rosemary
Peters, Esta
Potter, Pam
Potter, Val
Pyke, Wavel
Rasche, Alison
Reid, Patricia
Redman, Pat
Richards, Yvonne
Rowe, Lorraine
Savage, Barb
Scott, Myriam
Seeary, Joy
Sibson, Janine
Smith, Betty
Stokes, Frank
Stone, R.C. (Bob)
Summerhayes, Shirley
Teasdale, Kay (dec)
Teasdale, Mary
Thomas, Gary
Thomas, Heather
Ward, Fred
Warne, Mr. R.B. (Roger)
West, Janet
West, Pam
Witham, Janet
Young, Kathleen
Young, Kaye

Remembering Bev

Bev Powney joined the SRH Support Services team in May 2012 as a casual Catering and Cleaning assistant. Bev was full of enthusiasm for her new direction in life and employment, and quickly became a valued member of staff. Bev was appointed into a permanent position in early 2013, working across both food and environmental services, and was instrumental in establishing cleaning services to the recently acquired Stawell Medical Centre. Bev's work colleagues were devastated by her sudden loss. Bev is fondly remembered by all as a cheeky and cheerful beacon across, SRH as she brightened everyone's day.

Remembering Cheryl

Cheryl Wallace commenced employment at Stawell Regional Health 1st August 1996. Cheryl was employed in the Environmental Services Department and mainly worked at Macpherson Smith Residential Care but also worked on the acute site at weekends undertaking cleaning duties. Cheryl was a quiet, hardworking staff member who was well liked and respected by her work colleagues. After over 11 years working at Stawell Regional Health Cheryl finished employment on November 30th 2007.

Glossary

AACQA	Australian Aged Care Quality Agency
ACHS	Australian Council on Healthcare Standards
ADAC	Antineoplastic Drug Administration Course
AEP	Accredited Exercise Physiologist
AGM	Annual General Meeting
AMS	Anti-Microbial Stewardship
BHS	Ballarat Health Services
BOM	Board of Management
CANBAN	Work smarter to increase efficiency and productivity
CEO	Chief Executive Officer
CRC	Community Rehabilitation Centre
CT	Computed Tomography
DoH	Department of Health
DVD	Digital Video Disc
DVA	Department of Veterans Affairs
EN	Enrolled Nurse
FRAT	Falls Risk Assessment Tool
FTE	Full Time Equivelant
G & B	Gait and Balance
GP	General Practitioner
GRHA	Grampians Regional Health Alliance
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HITH	Hospital in the Home
ICAP	Improving Care for Aboriginal and Torres Strait Islander Patients
ICP	Infection Control Program
LASA	Leading Age Services Australia
LEAN	Maximize customer value while minimizing waste; creating more value for customers with fewer resources
LGA	Local Government Area
L&L	Leisure and Lifestyle
MeRGE	Metropolitan Rural Graduate Nurses Program
MSRC	Macpherson Smith Residential Care
NHS UK	National Health Services United Kingdom
NSQHSS	National Safety and Quality Health Service Standards
OH&S	Occupational Health and Safety
PAG	Planned Activity Group
PETS	Patient Experience Trackers
PP	Prevention Plan
QI & RM	Quality Improvement and Risk Management
RN	Registered Nurse
SCC	Suggestion Complaint Compliment
SH & CC	Stawell Health and Community Centre
SH & WBC	Stawell Health and Wellbeing Committee
SHCR	State wide High Care Rates
SRH	Stawell Regional Health
TLC	Tender Loving Care
TPOT	The Productive Operating Theatre
VHES	Victorian Healthcare Experience Survey

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Stawell VIC 3380 (03) 5358 8500 www.srh.org.au