



**STAWELL**  
*REGIONAL HEALTH*



# 2014-15

## QUALITY OF CARE REPORT

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Front cover photos left to right: Resident Flora Hodder and volunteer Karen Dadley, Enrolled Nurses Gabrielle Sherwood and Alison Murphy and Registered Nurse Suby Mathew, Residents Maree and Maxwell King.

Designed and printed by: Designlink @ The Courier  
Photographs: Kerry Kingston

Picture:  
Pre Admission  
Clerk Christine  
Nicholls



# Summary of Services

## Allied Health



- Audiology (visiting)
- Community Health Nursing
- Diabetes Education
- Exercise Physiology
- Nutrition & Dietetics
- Health Promotion
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology

## Community Services



- Planned Activity Group (Bennett Centre for Community Activities)
- District Nursing Service
- Hospital in the Home
- Post Acute Care
- Hospital Admission Risk Program
- Aged Care Assessment Service
- Memory Support Nurse

## Medical



- Day Oncology Unit
- Acute Care
- GP Clinic

## Medical Imaging



- X-Ray
- CT
- Ultrasound

## Rehabilitation Programs



- Cardiac Rehabilitation
- Gait and Balance Clinic
- Hydrotherapy
- Oncology Rehabilitation
- Pulmonary Rehabilitation

## Residential Aged Care



- Residential Facility (Macpherson Smith)
- Transition Care Program

## Rural Primary Care



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

## Specialties



- General Surgery
- Endoscopy
- Gynaecology
- Obstetrics
- Ear, Nose and Throat Surgery
- Urology
- Orthopaedic Surgery
- Ophthalmology
- Medical Oncology
- Paediatrics
- Rheumatology
- Cardiology

## St John of God Pathology



## Surgical and Anaesthetic Services



- Pre Admission Clinic
- Day Procedure Unit
- Operating Suite/Sterilising Department



Picture:  
Receptionist  
Linda  
Homden

# 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.

Last year we received 16 responses about our report on the feedback form that was provided. This was a great improvement on the three responses we received the previous year.

As a result of the responses we have included photos of our Board Members and information about the Urgent Care Centre. Responses also showed that you were happy with how the report was distributed, that the report was easy to read and it helped you understand our approach to safety and quality.

To encourage more feedback, the Quality Manager and I commenced a circuit of presentations about the Quality of Care Report to local service groups. The presentations commenced in May and went through until August. In total seven service groups were visited. This was a wonderful opportunity to meet with community members, obtain their feedback, and answer questions and queries that they may have about both the Report and the hospital.

We have reviewed the questions on the loose leaf feedback form, and the form is available in the report for you to complete and post back to the hospital at no cost to you. We look forward to your feedback.

To ensure this report reaches as many community members as possible, we are placing 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](http://www.srh.org.au).

This year's report was compiled in consultation with clinicians, staff, patients and community members.

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

Stawell Regional Health evaluates and assesses the care that is provided to our patients on a regular basis. Our quality plan promotes "Stawell Regional Health Great Care" for every consumer, every time, across the acute hospital, community services and residential aged care.

We have continued to strive to improve our customers' experience at the hospital and across all our programs.

The new Community Rehabilitation Centre, Oncology Unit and Student Accommodation are fully utilised, and we have new visiting specialists coming to our community, such as three orthopaedic surgeons and three radiation oncologists.

New and improved programs being offered to our community include the revised Cardiac Rehabilitation and Pulmonary Rehabilitation programs, and the new Oncology Rehabilitation program.

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

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

**Liz McCourt**  
Chief Executive



Picture:  
Stawell Senior  
Citizens Line  
Dancers

# Board of Management

## Howard Cooper

Date Appointed: 1st April 1999  
Board President, Board Representative on Quality Improvement and Risk Management and Audit and Risk Committees  
Primary Producer



## Lynn Jenz

Date Appointed: 1st July, 2008, Board Vice President  
Board Representative on Board Executive.

Accountant



## Peter Martin

Date Appointed: 1st April, 1999, Board Representative on Governance and Audit and Risk and Medical Appointments Committees.

Retired School Principal



## Rhian Jones

Date Appointed: 20th November 2013, Board Representative on Board Executive, Governance and Medical Appointment Committees.

Mum



## Joan Brilliant

Date Appointed: 1st October 1986, Board Representative on Quality Improvement and Risk Management Committee.

Postal Manager  
Australia Post Stawell



## Ross Hatton

Date Appointed: 1st July, 2008, Board Representative on Audit and Risk Committee.

Retired Chief Executive



## Barry Marrow

Date Appointed: 1st July, 2013, Board Representative on Quality Improvement and Risk Management and Governance Committees.

Retired Councillor



## Sam Haamid

Date Appointed: 1st July, 2014, Board Representative on Audit and Risk Committee.

Business Compliance



## Bruce Fowkes PSM

Date Appointed: 1st July, 2014, Board Representative on Audit and Risk, Quality Improvement and Risk Management and Medical Appointments Committees.


Retired Registered Nurse



# Consumer Carer and Community Participation

## '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.	<ul style="list-style-type: none"> <li>• The Consumer Participation Policy, Consumer Participation Plan and Person Centred Care Policy have been reviewed</li> <li>• Participation in the regional Primary Care Partnership</li> <li>• Current updates from across the organisation in the monthly advertorial in the Stawell Times News are provided in addition to other media releases</li> <li>• Attendance of hospital staff at auxiliary, carer, representative and community meetings</li> <li>• An endorsed Cultural Responsiveness Plan is in place</li> <li>• The four key areas of the ICAP Program have been met</li> <li>• A documented &amp; endorsed Disability Action Plan is in place</li> <li>• SRH will invite consumers, carers and community members to review the new Strategic Plan</li> <li>• SRH complies with the expected performance target in this area</li> </ul>
Consumers/carers participate in their care.	<ul style="list-style-type: none"> <li>• Since 2014 SRH has participated in the Victorian Healthcare Experience survey</li> <li>• 99% of residents/relatives rated the way staff involve them in decision making about their care and treatment as "good" to "very good"</li> </ul>
Consumers/carers are provided with evidence-based accessible information.	<ul style="list-style-type: none"> <li>• Brochures and leaflets are reviewed in line with our policies and with the 'Well Written Health Information Checklist'</li> <li>• The 'Enliven Organisational Health Literacy Self-Assessment Resource' has been completed</li> <li>• Victorian Healthcare Experience Survey. April-June 2015 results: 85% of patients stated the doctors and nurses gave them sufficient information about managing their health and care at home compared to the following benchmarks; State - 69%; Health Regional /Services - 85% and Peer Group (like size) - 83.5%</li> </ul>
Consumers, carers and community members are active participants in planning the improvement and evaluation of services and programs on an ongoing basis.	<ul style="list-style-type: none"> <li>• The Quality Improvement and Risk Management Committee has had a consumer representative since January 2015</li> <li>• Consumers are involved in the planning, improvement and evaluation of services and programs</li> <li>• Services and programs, e.g. Health Promotion and Community Rehabilitation Programs are reviewed regularly with the assistance of consumers</li> <li>• Actively involved in management of concerns and complaints</li> <li>• In 2014 three members of the community were invited to participate in a 'First Impressions' audit. The purpose was to see how easy it was to find your way using signs, phone and the internet. Signs are in the process of being changed as a direct result from this feedback. We plan to repeat the audit with a focus on our website this coming year</li> <li>• SRH complies with the expected performance target in this area</li> </ul>
SRH actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	<ul style="list-style-type: none"> <li>• A Quality of Care Report is submitted annually to the Department of Health and Human Services and is made available to the community through a variety of avenues</li> <li>• SRH is committed to and moving toward becoming a Health Literate organisation</li> </ul>

# Quality and Safety

## Improving Care for Aboriginal Patients (ICAP) Program

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, and have a formal contract in place. 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 through the Grampians Pyrenees Aboriginal Health Sub-Committee.
  - Stawell Regional Health is a member of the Grampians Pyrenees Primary Care Partnership (GPPCP) and directly involved in the Strengthening Cultural Security Project 2015. The project operates in partnership between GPPCP and Budja Budja and is supported by the Grampians Pyrenees Aboriginal Health Sub Committee (GPAHSC). Other agencies directly involved are Northern Grampians Shire, Grampians Community Health and East Grampians Health Service.
2. Provide or coordinate cross-cultural training for hospital staff.
  - Information on cultural issues, including cultural awareness, cultural respect and cultural safety are accessible by all staff on the main page of the hospital intranet. As a member of the Grampians Pyrenees Primary Care Partnership, we have collaborated in a project to increase cultural safety in the region.
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 four 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.
  - Stawell Regional Health is a member of the Grampians Pyrenees Aboriginal Health Sub-Committee (GPAHSC).
  - Regular meetings continue with key parties such as the Budja Budja Co-Operative Chief Executive, and key parties at SRH e.g. Chief Executive, Director of Clinical Services and Director of Primary Care.
4. Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.
  - As part of our admission process we have included prompts on our assessments to assist with timely referrals to the Aboriginal health worker.
  - There is a single point of referral to the Stawell Health & Community Centre from all medical clinics in the Stawell and Halls Gap area, including the Budja Budja Medical Clinic. Patients can be identified as ATSI on the referral. Reception staff contact the client to arrange an appointment, send written information on the appointment to the client, and offer support from Budja Budja. If the client consents, Budja Budja staff are advised of the referral and provide assistance such as support or transport if required.

## Consumer Experience

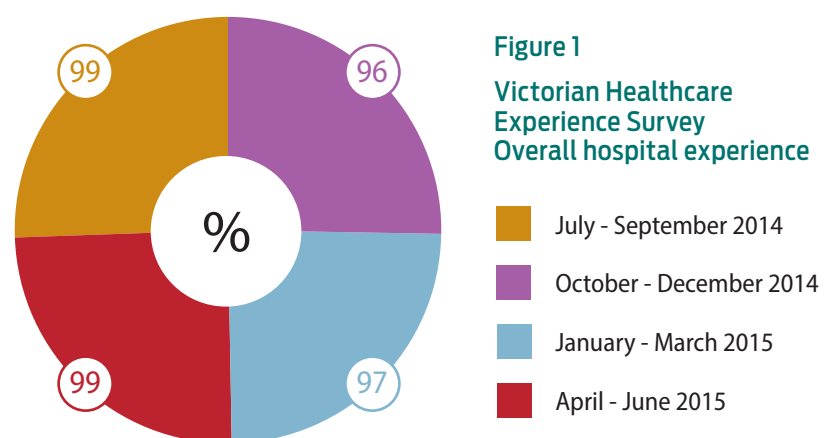
Stawell Regional Health monitors consumer satisfaction through a number of internal surveys and the Victorian Healthcare Experience Survey (VHES) (previously the Victorian Patient Satisfaction Monitor).

The VHES is a state-wide survey of people's public healthcare experiences and it asks people who have been discharged from hospital a number of questions about their stay.

An independent contractor conducts the survey on behalf of the Victorian Department of Health and Human Services. The VHES allows a wide range of people to provide feedback on their experiences.

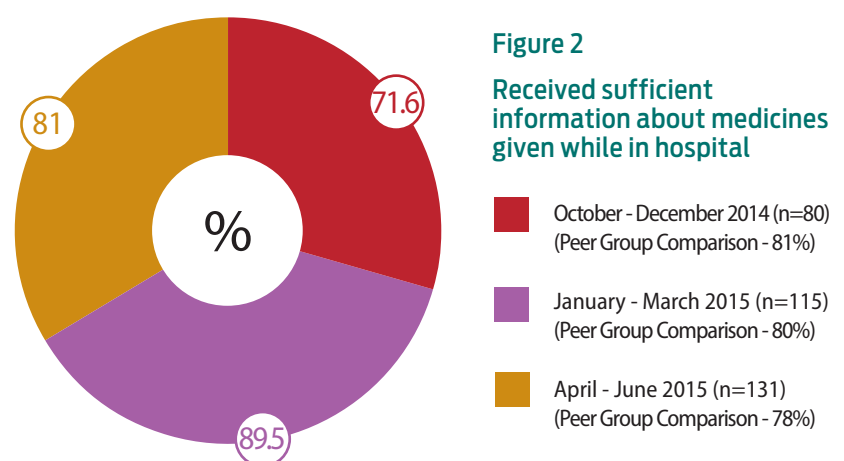
The surveys are distributed to a randomly selected group of eligible people from each health service in the month following their hospital discharge or their emergency department (Urgent Care Centre) attendance. Surveys can be completed by hand (mailed out surveys) or online. The personal details of people who complete the survey are not made available to the individual health service so responses are anonymous.

The VHES commenced in April 2014 and SRH has received regular quarterly reports. Figure 1 shows Overall Hospital Experience as rated by discharged patients as either "Very Good" or "Good" for the last year compared to the like-size (Peer Group) hospitals. SRH rates well. The average rate for Peer Group hospitals over the last year was 97.5% for "Overall Hospital Experience".



### Action taken in response to an outcome from the VHES

In response to an increase in Oncology services and the need for a Pharmacist to be available to patients on the acute ward to provide education on medicines, SRH has employed an additional Pharmacist to assist with the delivery of this service. Figure 2 demonstrates the improvement of information provided about medicines to patients whilst in hospital. The figure also demonstrates how we measure against hospitals of a similar size (Peer Group).



In 2013 SRH introduced hand held electronic devices called 'Patient Experience Trackers' (PETS). In the past year PETS have been used in Simpson Ward, the Day Procedure Unit, District Nursing and the Day Oncology Service. The device measures patients' and clients' experience by asking five questions about care. We continue to use these devices to capture feedback from our patients.

# Quality and Safety

## Ways We Gather Feedback

SRH also gathers valuable feedback through Allied Health appointments (either in Stawell or as part of the outreach program); and at Macpherson Smith Residential Care either through the bi-monthly resident and relative meetings or their annual survey.

There is a Suggestion, Complaints, Compliments (SCC) form 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.

The SCC forms are now available at the Stawell Medical Centre. This has resulted in more feedback from the Stawell Medical Centre.

The SCC form, envelopes and box has been relocated at Macpherson Smith Residential Care to make it more visible and accessible.

## Improvements

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

In response to suggestions we have taken the following action:

- Clock times in patient rooms were reviewed and re set to the correct times
- An automated calendar for MSRC reception area was purchased
- Additional car parking spaces for the disabled at the CRC entrance and at the front of Building C provided
- Residents and relatives provided with Wi-Fi /iPad access
- Reminded visitors at MSRC that tea and coffee making facilities are available and
- A zebra crossing from the main car park to the hospital buildings will be implemented when signs and line marking are upgraded later in 2015.

## Complaints

Complaints are an important part of continuous improvement. We acknowledge, assess and respond to all complaints. During the past 12 months we received 78 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.

In response to complaints we have taken the following action:

- Provided an explanation to consumers as to why the Living Longer Living Stronger classes transitioned to a different venue
- Nominated a clinical staff member to liaise with key family members and other staff members for patients with complex healthcare needs
- Provided serrated edged knives on meal trays for patients to use at meal times
- A "5 minute drop of zone" sign will be installed at the Community Rehabilitation Centre entrance
- The SRH website will be reviewed and updated in 2015-2016
- Internal signage in the Urgent Care Centre will be updated
- Regularly remind staff to park offsite on Tuesdays – Thursdays on the hospital site
- Reworded the Allied Health "Did not attend" letter with the help of a client
- The following are scheduled for reviews:
  - Pre Admission Clinic Cataract Discharge Information
  - PICC (Peripherally Inserted Central Catheter - a line into a vein to give long term medicine) Line Policy and education to staff
- Gluten free meals reviewed

## Compliments

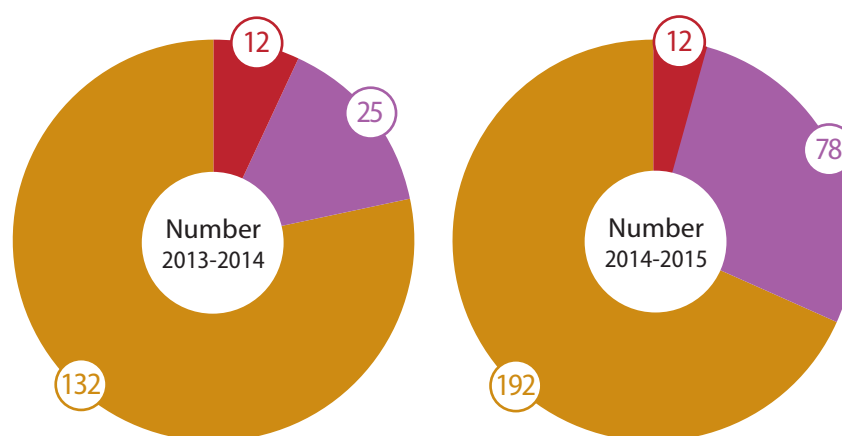
During the past year we received 192 compliments. They were from patients, residents, clients and families.

Figure 3 tracks feedback received during the past two financial years.

Figure 3

### Consumer Feedback

■ Suggestions ■ Complaints ■ Compliments



## Staff Experience - People Matter Survey 2014-2015

The People Matter Survey is undertaken every year through the Victorian Public Sector Commission and measures employee perceptions of how well the organisation is performing in applying the values and principles of the Public Sector Administration Act 2004 in the workplace. Stawell Regional Health has been undertaking the Survey since its inception in 2008. Trended data from our People Matter Survey shows the organisation improving in both rates of response and individual metric trends across all areas of the public sector values and principles.

Numbers of staff responding to the Survey shown in Table 1, indicate a significant increase in comparison to previous years. 49% of staff completed the Survey this year, in comparison to previous years.

Table 1  
People Matter Response Rates

2015	2014	2013	2012
49%	23%	19%	32%

In this past year, the Senior leadership team has worked to address both recommendations from staff and the issues highlighted in the Survey regarding Change Management within our organisation. A Plan was developed with the Leadership Team that was communicated to staff to seek out ideas for improving change management practices. In particular, employees highlighted through the Survey Results that they sought more information about change and more opportunities to provide input when change is being considered.

The Executive team increased their time in staff departments, in particular attending staff meetings across services to provide information regarding current planning and to receive direct feedback from staff regarding their department and its needs. The Chief Executive's office has provided agendas and minutes for Staff Forums to all staff, with meetings scheduled well ahead to enable staff and managers to participate. Attendance at these forums has increased over the past twelve months.



# Quality and Safety

## Accreditation

The Federal and State Governments require all health and residential aged care services to achieve 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 (Table 2) outlines our accreditation processes and general results over the last year.

Table 2

Type of Accreditation	SRH Status
<p>National Safety and Quality Health Service (NSQHS) Standards</p> <p>(Accredited provider:- Australian Council on Healthcare Standards (ACHS)</p> <p>(Three year cycle which includes one on site survey, once every three years)</p>	<ul style="list-style-type: none"> <li>• Ongoing Accreditation received at the Organisational Wide Survey (OWS) October 2014.</li> <li>• SRH was reviewed against the ten NSQHS Standards which comprised 209 “Core” actions and 47 “Developmental” actions. (Developmental actions do not need to be fully met in order to achieve accreditation)</li> <li>• SRH met all the “Core” actions and received recommendations for 18 of the “Developmental” actions</li> <li>• In April 2015, SRH submitted a Self-Assessment against the first three NSQHS Standards and an Action Plan against the recommendations received at the OWS in October 2014.</li> </ul>
<p>Australian Aged Care Quality Agency (AACQA)</p> <p>(Three year cycle with one on site survey and at least one unannounced site visit every other year)</p>	<ul style="list-style-type: none"> <li>• Full three year accreditation achieved in September 2012</li> <li>• Successful unannounced site visit in 2014</li> <li>• Planned review September 2015.</li> </ul>
<p>Home and Community Care (HACC)</p>	<ul style="list-style-type: none"> <li>• Successful review in October 2014</li> <li>• One recommendation received with a number of suggestions for improvement</li> <li>• Action Plan against the recommendations and improvements submitted May 2015.</li> </ul>
<p>Department of Veterans Affairs (DVA) review</p>	<ul style="list-style-type: none"> <li>• Two of the four stages of the Quality Management Framework have been completed.</li> </ul>



Picture:  
District Nursing  
client Irene  
Young and  
Ozzie

# Quality and Safety

## 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 'bugs' that can cause disease or infections.

These 'bugs' 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.

During the last year we continued our extensive review of the program in line with the introduction of the National Safety and Quality Health Service Standards. In October 2014 we were reviewed against the 'Preventing and Controlling Healthcare Associated Infections' Standard at our Accreditation survey. Results demonstrated compliance against forty of the forty one actions with one recommendation for improvement.

A Patient Experience Tracker is planned to be used to find out patients knowledge about infection control information. SRH's Infection Control and Blood Transfusion Committee a multidisciplinary group is responsible for overseeing compliance with this standard. Review of our processes against the standard has led to several improvements over the past year, some of which are outlined below.

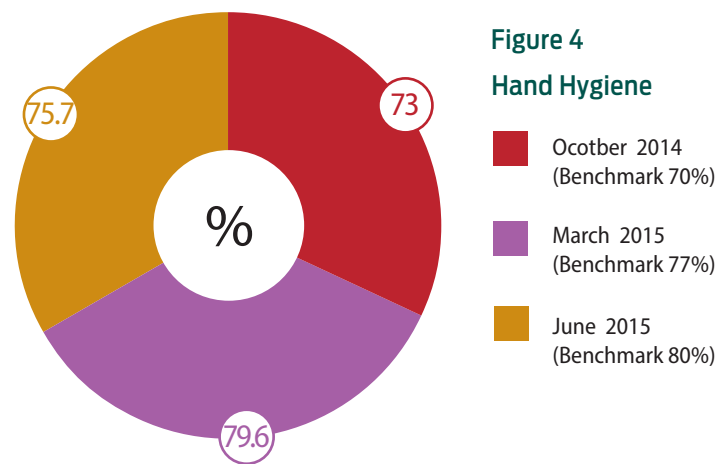
- Review of all the Infection Control policies and protocols
- Development of new policies and protocols
- Continued surveillance of staff compliance against our policies
- Continuation of the Anti-Microbial Stewardship Program (appropriate use of antibiotics)
- Assuring that staff undertake dressings and procedures in the best way to prevent infections (this is called Aseptic Non Touch Technique)
- Review of infection control risks
- Expansion of the Infection Control Liaison Nurses (ICLN) Program
- Introduction of a new hand hygiene product ('Blue Angel') across the organisation
- An information session on The Personal Protective Equipment that would be used by Health workers during management of patients with Ebola Virus Disease was provided by Sue Aitkens and Mary Smith Department of Health and Human Services (DHHS) 12th May 2015
- DHHS alerts about Ebola and other serious infectious diseases are reviewed.

### Hand Hygiene

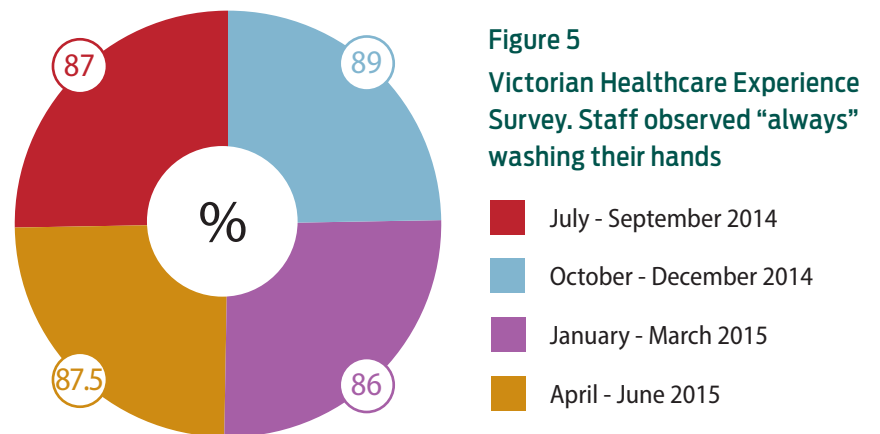
Hand Hygiene is one of the most important and simple methods of reducing the transfer of 'bugs' from person to person. That is, the transfer of disease and infections.

All SRH staff are required to complete an online test of their knowledge of good hand hygiene. Reminders are provided at staff forums and on staff newsletters. SRH continues to promote strategies to ensure staff use good hand hygiene practices.

Figure 4 shows hand hygiene compliance at SRH and the Department of Health and Human Services benchmark. This year's rates were consistently above the DHHS benchmark until the benchmark was raised in June. In response to this SRH plan to further promote hand hygiene and utilise the Infection Control Liaison Nurses to improve staff Hand Hygiene practices.



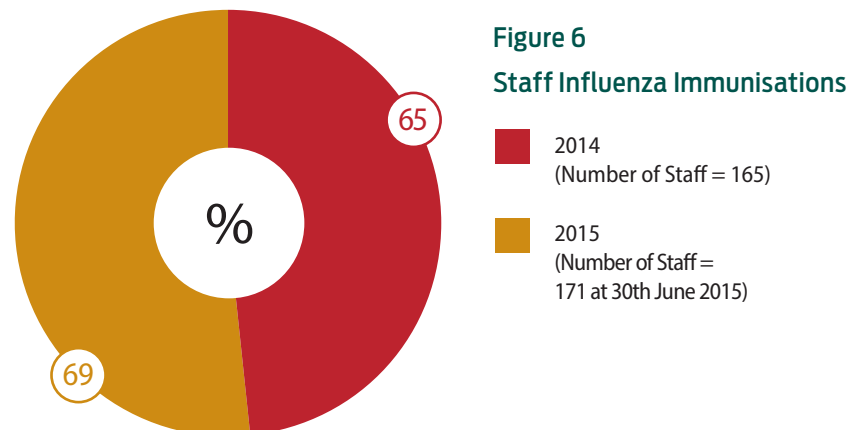
Patients are asked if they observe staff washing their hands, using hand gel to clean their hands, or putting on clean gloves. This feedback is collected through the Victorian Healthcare Experience Survey. SRH is provided with survey results four times a year. Figure 5 shows how patients have rated our staff. SRH rated well against Peer Group (like size) hospitals. The average rate of the Peer Group for this indicator over the last year was 85%.



### Immunisation

Influenza (Flu) 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. This year the vaccine was available a little later than previous years so the program commenced later and ran a little longer. As a public health service we are required to reach a certain rate of staff immunisation. Figure 6 shows staff immunisation rates over the last two years and demonstrates a slight upward trend.

This year as an incentive, coffee vouchers were offered to staff when they either agreed to take part in the program or formally declined to participate.

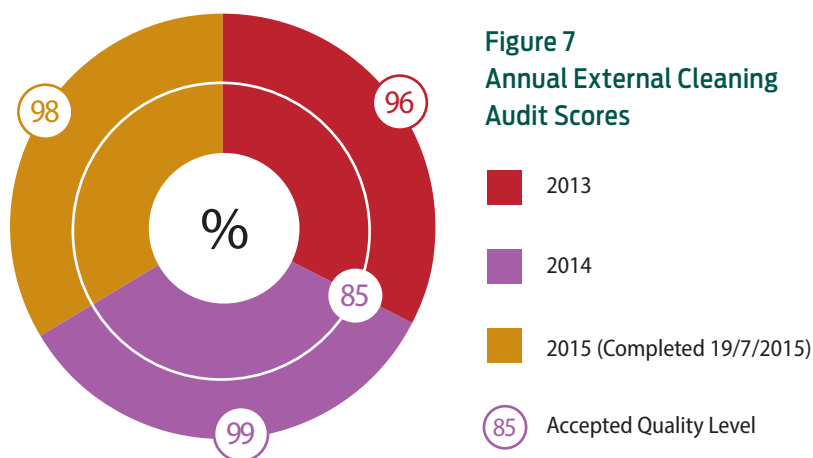


# Quality and Safety

## Our Cleaning Standards

In health care, a clean environment means there are less 'bugs' on the surface of furniture and equipment. Internal audits conducted by the Support Services Manager showed that we were above the Accepted Quality Level of 85% as per Department of Health standards.

The External Audit in July 2014 mirrored the year's average; providing confidence in the rigor of our internal auditing schedule. Figure 7 shows our external auditing results over the last three years.

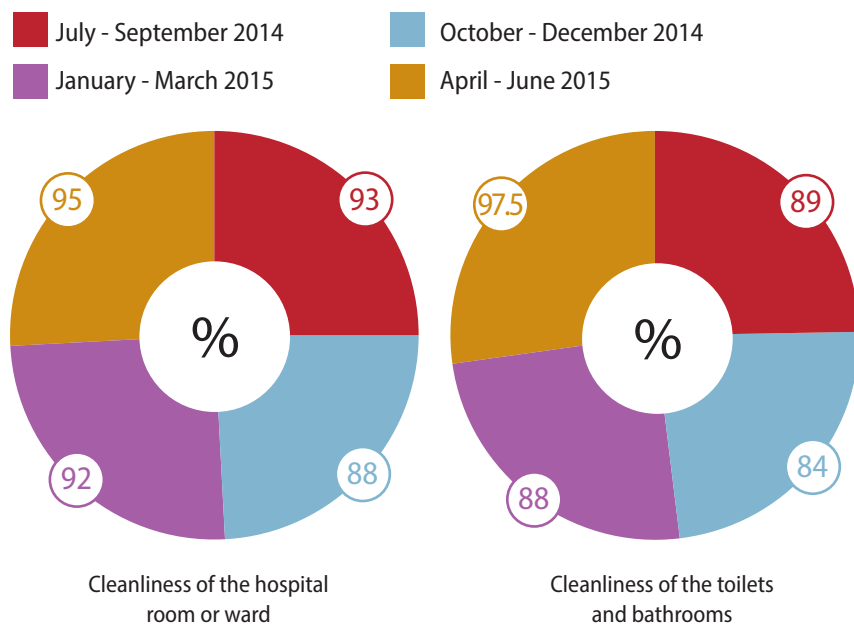


Cleaning Audits were conducted at Macpherson Smith Residential Care and the Stawell Medical Centre. Macpherson Smith Residential Care reported a score of 98%, comparable to the hospital score and the Stawell Medical Centre reported a score is 92%. Both areas required a minimum score of 85% which was achieved.

Patients are asked to rate the cleanliness of the physical environment through the quarterly Victorian Healthcare Experience Survey. (See Figure 8) SRH results relating to "cleanliness of the hospital room or ward" compared well to the Peer Group (like size) average of 91% for the April - June 2015 quarter results. SRH results relating to "cleanliness of the toilets and bathrooms" also compared well to the Peer Group (like size) average of 88% for the April - June 2015 quarter results.

**Figure 8**  
Victorian Healthcare Experience Survey

The physical environment of the hospital and ward and cleanliness of the toilets and bathrooms



## Preventing Falls and Harm from Falls

People over the age of 65 are more at risk of having a fall. Our team of staff work together to improve safety through our Falls Prevention Program. The team includes, nurses, allied health staff, the pharmacist and doctors.

If you are over the age of 65, admitted to hospital from having a fall, or have a history of a fall you will be reviewed for your risk of falling. On admission your nurse will assess you to determine if you are at risk of falling. If you are at risk of falling we will work with you, your family or carer to develop a plan to reduce this risk. Our patient information booklet provides top tips to prevent falls whilst in hospital. You may also be referred to our Gait and Balance Program.

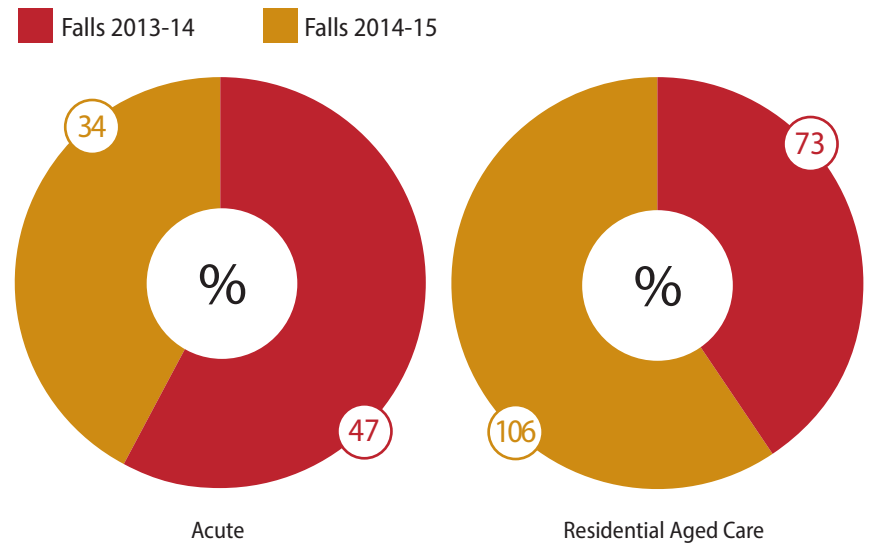
Tips to prevent falls whilst in hospital are:

- Use your call bell
- Acquaint yourself with your room and the bathroom
- Use your walking aid (your walking stick or walking frame)
- Wear your glasses and
- Wear safe footwear

In the next year we plan to purchase more sensor mats, including some that are designed for chairs. The sensors alert staff when a patient moves forward to stand up.

The following figure provides the number of falls across the organization over the last two years. Compared to last year there have been less falls at the hospital and a moderate increase at Macpherson Smith Residential Care.

**Figure 9**  
Falls Incidents



## Preventing and Managing Pressure Injuries

Pressure injuries are areas of damage to the skin and underlying tissue caused by constant pressure or friction. This type of skin damage can develop quickly in anyone with reduced movement, such as older people or those who stay in the one position e.g. lying or sitting in a bed, chair or trolley for too long.

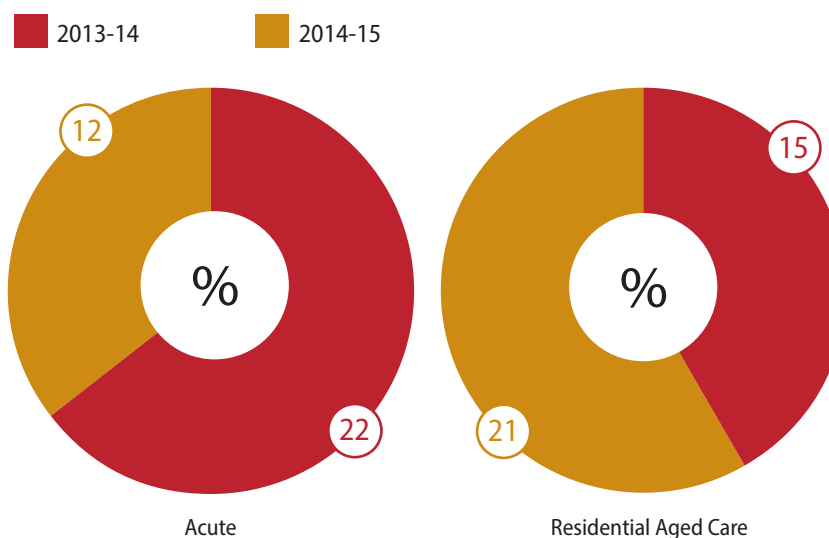
When you arrive in hospital your nurse will assess you to see if you are at risk of developing a pressure injury. If you are, we will work with you, your family or carer to develop a plan to meet your needs to reduce this risk. To help in preventing pressure injuries you can:

- Take care of your skin (do not use oils, powders or talcs that will dry out your skin)
- Protect your skin (use mild soaps and water based creams)
- Eat well and
- Increase your activity

# Quality and Safety

The Braden Scale for predicting pressure sore (pressure injury) risk is used by all nursing staff as the validated tool used to predict pressure injury risk in patients, residents and clients. Figure 10 shows that over the last year the number of pressure injuries acquired during a hospital stay have decreased and have increased a little at Macpherson Smith Residential Care.


**Figure 10**  
Acquired Pressure Injuries



## Residential Care Indicators

Consumer reports displaying results for each indicator each quarter have been provided by the Department of Health and Human Services from November 2014. Each quarter the reports are displayed on the North Wing noticeboard at Macpherson Smith Residential Care.

(Our rates compared to State-wide High Care Rates (SHCR), over four quarters during July 2014 - June 2015)

Indicator*	SRH Status	Improvements 
Pressure Injuries	<ul style="list-style-type: none"> <li>• Stage 1 – Higher numbers compared to the SHCR over one of four quarters</li> <li>• Stage 2 – Higher numbers compared to the SHCR over two of four quarters.</li> <li>• Stage 3 – Lower than the SHCR over three of four quarters. One Stage 3 Pressure Injury present on admission to the Residential Aged Care facility</li> <li>• Stage 4 – Lower than the SHCR over four quarters. No Stage 4 Pressure Injuries.</li> </ul>	<ul style="list-style-type: none"> <li>• We compare the number found at audit to the number reported as incidents</li> <li>• Additional pressure relieving mattresses and equipment purchased</li> <li>• The Pressure Injury Prevention and Management Policy has been reviewed</li> <li>• A new bed and mattresses will be purchased</li> <li>• The Braden Scale for measuring risk of developing a pressure injury is now used across all sites</li> </ul>
Falls and Falls-related Fractures	<ul style="list-style-type: none"> <li>• Falls rate higher than SHCR over three of four quarters.</li> <li>• Two falls related fractures over the 12 month period.</li> </ul>	<ul style="list-style-type: none"> <li>• We encourage our residents to maintain their mobility</li> <li>• The Falls Prevention Policy has been reviewed</li> <li>• The Physiotherapy Assessment and Care Plan has been reviewed</li> </ul>
Physical Restraint	<ul style="list-style-type: none"> <li>• Lower than SHCR over three of four quarters.</li> </ul>	<ul style="list-style-type: none"> <li>• No incidence of restraint with intent</li> <li>• Small number of residents/representatives request bedrails in place for safety reasons which has resulted in a high number of restraints counted in the fourth quarter than in previous reports</li> <li>• Residents choices discussed at Resident of the Day Clinical Review</li> <li>• The Restraint Policy has been reviewed</li> </ul>
Residents prescribed nine or more medications	<ul style="list-style-type: none"> <li>• Lower than the SHCR over two of four quarters.</li> </ul>	<ul style="list-style-type: none"> <li>• Resident medications are regularly reviewed by the residents doctor in addition to a more formal review by a credentialed pharmacist</li> <li>• “Stand –alone” Medication Management Policy developed for Macpherson Smith Residential Care</li> </ul>
Unplanned weight loss	<ul style="list-style-type: none"> <li>• Loss of 3 kilograms or greater – Lower than the SHCR over the four quarters.</li> <li>• Loss of weight each month over three months – Higher than the SHCR over two of four quarters.</li> </ul>	<ul style="list-style-type: none"> <li>• Trending of the weight of residents</li> <li>• Volunteer Meals Assistance Program expanded</li> <li>• Reviewed the Macpherson Smith Residential Care diet list</li> <li>• Education on nutrition provided to staff</li> </ul>

# Quality & Safety

## Occupational Health & Safety

The organisation supported the OH&S Officer to achieve his Diploma of Occupational Health and Safety during the past twelve months. This commitment has provided additional opportunities to improve safety practices within the organisation.

### Emergency Management

Summer bushfire threats continue to be monitored during the fire season. The availability of information through online sources regarding the event of a fire has allowed for better monitoring. The Code Brown External Emergency policy was tested, through a multidisciplinary table top drill early in the year involving senior members of the organisation. This drill led to the development of an Emergency Management Resource folder. The folder provides information that assists in identifying the degree of the threat to SRH, contact details for key staff, maps of the district, as well as information required to manage the response for senior staff whilst off site or in the event that communication is limited.

SRH identifies October as the start of the fire season and the organisation provides Summer Preparedness Education to staff. The education is delivered by the Country Fire Authority (CFA). This education is targeted at employees who, as part of their role, travel outside the township boundaries, however all employees are invited to attend. The education focuses on actions for safety when confronted by a fire when staff are located in a vehicle or offsite location. SRH vehicles used for delivery of services are equipped with Fire Bags containing Personal Protective Equipment (PPE) identified in consultation with the CFA. Fire bags include a woollen blanket for protection from radiant heat, torch to assist with visibility, bottled water for hydration, face masks for protection from inhalation of smoke, sturdy gloves for protection from hot surfaces and safety glasses. All PPE is reviewed annually to ensure it is in good condition, operational and within the use by date.

### Annual Fire Training

SRH staff completed their Annual Fire Training using the online 'in-house' education package, which has recently been updated to include the new Community Rehabilitation Centre. Staff review the online education program and then answer a series of questions to ensure their understanding. 285 employees (100%) completed the training for the financial year 2014-2015. (Table 3)

### Fire Extinguisher

Fire Extinguisher training was undertaken through the "Bulls Eye Fire Extinguisher" purchased through the Grampians Region Health Emergency Manager Network in 2013. Training sessions resulted in 52 staff experiencing a best practice extinguisher operation procedure. (Table 4) The scenario for this year's simulation was based on each staff member discovering a fire, testing staff knowledge of the Code Red policy, and safe extinguisher use.

### Fire and Evacuation Drills

Drills in Code Red Fire Procedures and Code Orange Evacuation Procedures are undertaken throughout the year. These are conducted in all workplaces, either through table-top scenarios or active testing. The active drill is intended to test staff response to sounding alarms, emergency alerts and managing an evacuation. Other Codes tested included Code Purple Bomb Threat and Code Black Personal Threat.

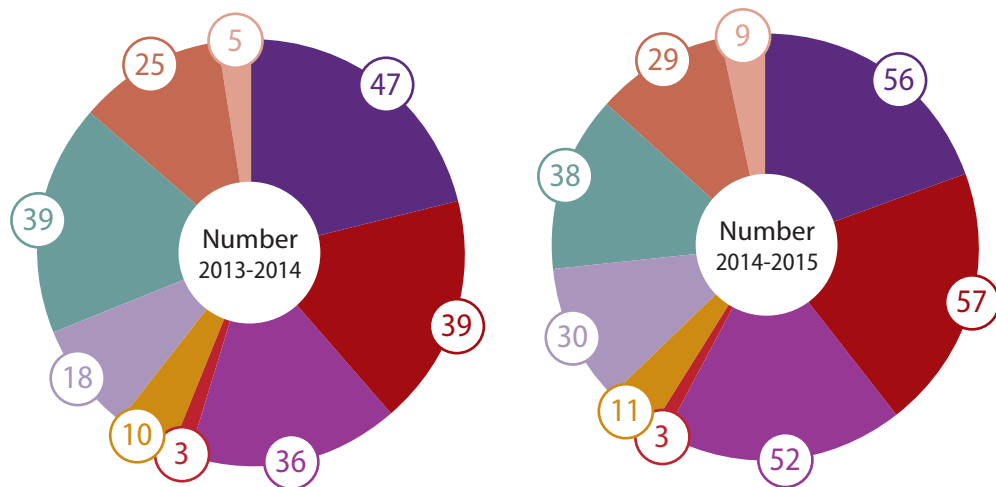


Table 3: Fire/Evacuation Training

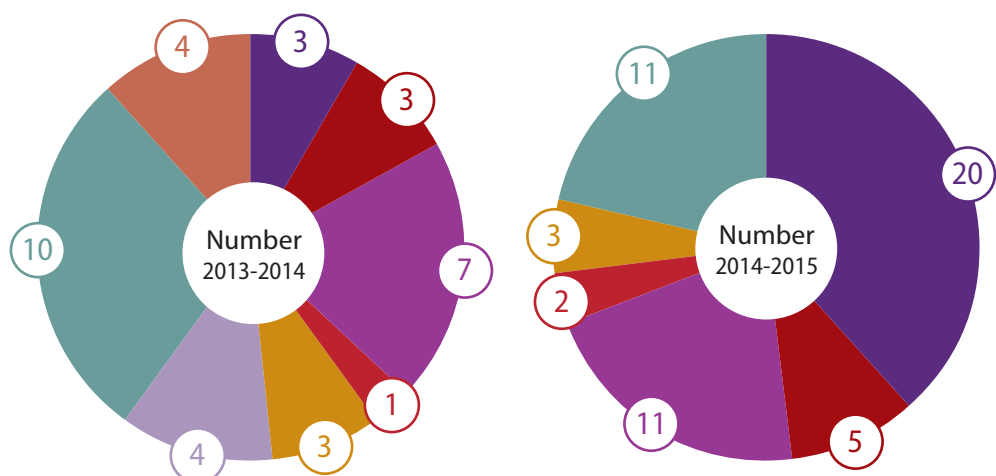
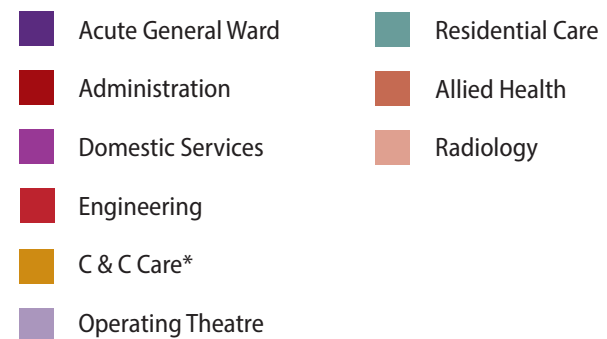
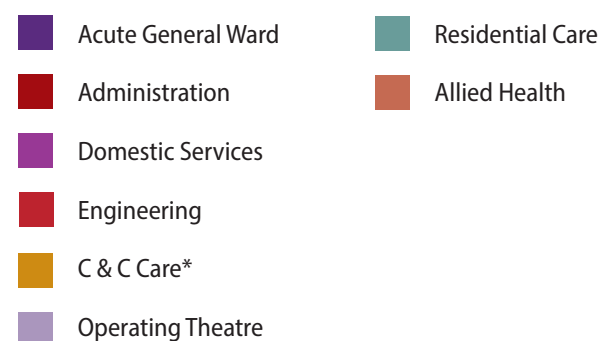


Table 4: Extinguisher Training



\* C & CC. Community and Complex Care

# Quality & Safety

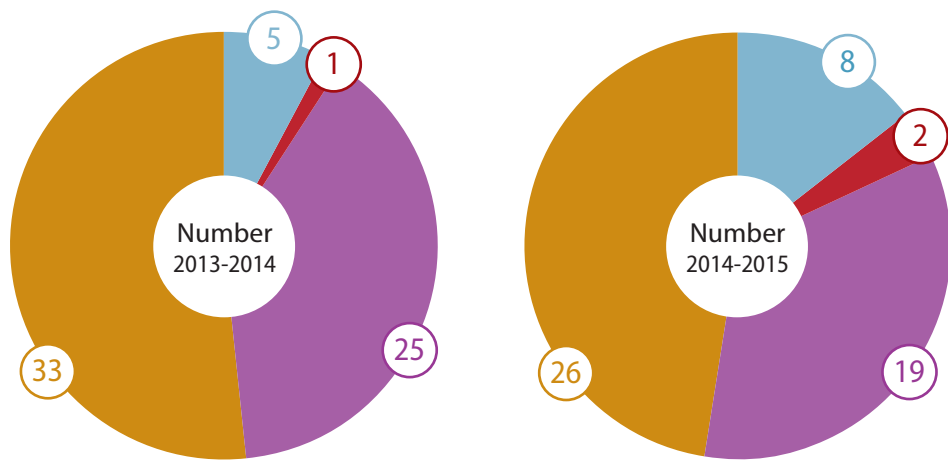


Table 5: OH&S Incident by Severity

<span style="color: red;">■</span>	2 Moderate
<span style="color: purple;">■</span>	3 Mild
<span style="color: gold;">■</span>	4 No Harm/ Near Miss
<span style="color: lightblue;">■</span>	5 Unknown

## Incident Reporting

All incidents across the organisation are reported by staff through the Victorian Health Incident Management System (VHIMS). When an incident is entered, the system generates emails notifying the responsible persons that an incident has occurred. The responsible people across the organisation include the manager of the department, Risk Manager, OH&S Officer and the Executive Team. The notification system assists the management team to provide a quick response to incidents that occur in the workplace, enabling hazard and risk management to prevent or reduce staff injuries.

Table 5 shows OH&S incidents by severity. There has been an overall decrease in OH&S incidents reported in 2014-2015.

The VHIMS system enables the responsible persons to identify trends, allocate actions and communicate reports to the safety team.

The VHIMS information is reported to the OH&S Committee bi-monthly. The information is also reported to the Board of Management in a six month Key Performance Indicator summary.

Although the reported number of incidents has reduced from the previous financial year, the departments reporting incidents have increased with a wider spread of staff accessing VHIMS and reporting incidents. The increase in reporting of a 'Near Miss' is encouraged, as this means staff are recognising a risk before an injury can occur.

to develop Policies and Procedures, education and training for staff. This will be implemented from August 2015.

## OH&S Policies reviewed 2014-2015

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

## Injury Management

To increase the support available to injured workers the OH&S Officer completed the Worksafe Accredited Return to Work training in April 2015.

Employees that have an injury seek assistance through the introduction of an Employee Work Support Proposal. This enables employees to have a planned work review that identifies safe work tasks to provide for their health and wellbeing.

## Code Grey

The Department of Health and Human Services introduced a state wide policy for Code Grey response in hospitals to provide detailed guidance to assist in addressing Occupational Violence. The Code Grey policy is designed to manage incidents where patients or visitors to hospital become aggressive or threatening to staff or other patients. SRH is working with other hospitals in the Grampians Region

Picture:  
Ballarat University  
Student Amanda  
Cranstoun, Registered  
Nurses Christine Eldrige  
and Nicole Woodhams  
with Graduate Nurse  
Hayley Watts



# Continuity of Care

## Urgent Care Centre (UCC)

Stawell Regional Health has an Urgent Care Centre which is staffed by experienced nurses.

Patients are assessed by nursing staff who then contact a doctor for advice on treatment, or request they attend to the patient. This is known as triage.

Doctors that come to the Urgent Care Centre are usually from the Stawell Medical Centre and will be the "On Call" doctor rather than your own doctor. If a doctor is required patients will need to pay for this service. Patients should only attend the hospital in an emergency. If medical attention is required for a general condition, patients are encouraged to contact their doctor during business hours.

Routine dressings and prescriptions are not done through the Urgent Care Centre.

## After Hours

If you are concerned about a health issue outside business hours, please contact the Nurse on call helpline on **1300 606 024** which is open 24 hours a day, 7 days a week.

This free phone service is operated by a highly trained nurse who may suggest ways you can care for yourself, advise you to contact a doctor or, if your condition is very serious, transfer the call to 000.

## Call 000 immediately if you have:

- Chest Pain
- Difficulty Breathing
- Weakness in one side of your body
- Slurred Speech
- Heavy Bleeding
- **ANY OTHER EMERGENCY**

## Cost

If you are required to see the "on call" doctor at the Urgent Care Centre there will be a cost. This is not bulk billed.

You will receive an account from the Stawell Medical Centre that includes an "Out of Pocket" amount of \$50.00. Please discuss this with the doctor at the time or Stawell Medical Centre on 53 581410.

Urgent Care Opening hours 24 hours a day, 7 days a week.

## 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, Simpson Ward or Macpherson Smith Residential Care. At times a family conference involving a multidisciplinary team of staff may also assist in planning care.

Improvements to communication during patient admission include the daily bedside handover and collection of feedback from patients about bedside handover.

## Regional Patient Flow

This initiative was introduced so that patients who have required a higher level of care at Ballarat Health Services were able to be come back to their local hospital as soon as they are well enough.

There is a weekly meeting. The Patient Flow Manager at Ballarat Health Services and Simpson Ward staff have weekly meetings to discuss and plan for local patients to be transferred back when medically stable.

The benefits of this are:

- The patient has help with planning to come back to Stawell
- Enable patients to recover in their local hospital while they are closer to family and friends and
- The meetings assist with the management of hospital beds across the region.

## Discharge Planning

Discharge planning actually starts before or at admission. At the Pre-Admission Clinic, staff identify issues that may need to be considered to help patients return home safely. Referrals may be made to the Hospital Admission Risk Program, Post-Acute Care, District Nursing or Allied Health services such as Occupational Therapy or Physiotherapy.

On and during admission, discharge arrangements are reviewed with the patient and referrals made for any support services. Staff also provide assistance with access to equipment should you need this to assist with your rehabilitation at home.

In the future, we will have an automated patient journey board; that will show staff the "Patient status at a glance". The board will provide a 'dash board' (green lights-ready; red lights-not ready) that will reflect each patient's readiness for discharge.



Picture: Registered Nurse Michael Hermosilla and patient Betty Hyland

Picture: Registered Nurse Bec Peters, Graduate Nurse Kristie Beaton and patient Ronald Bernard



# Continuity of Care

## Allied Health

Our Allied Health Division provides an extensive range of outpatient services that are based at the Community Rehabilitation Centre, the Stawell Health and Community Centre and off site to the towns of Landsborough, Navarre, Halls Gap and Marnoo.

Picture: Allied Health Assistant Sue Terbos with client Joan Laidlaw



All Allied Health services use a prioritisation tool that ensures the person with the highest need is seen first and within the best time frame.

## Transition Care Program (TCP)

This program is for older patients who may need extra time to recover after being in hospital. It provides up to twelve weeks support as soon as a patient leaves hospital, which allows time for the patient and family to consider care options.

The program has four beds available for patients at the hospital and four home based places in the community. A Care Coordinator works with each patient and their family on recuperation strategies and care options that include returning home.

The program offers support and therapy from Allied Health staff. Patients join in activities that build confidence and independence. They are supported in walking, exercises, preparing meals, taking medication, shopping and social outings. Many of these activities take place in the Community Rehabilitation Centre.

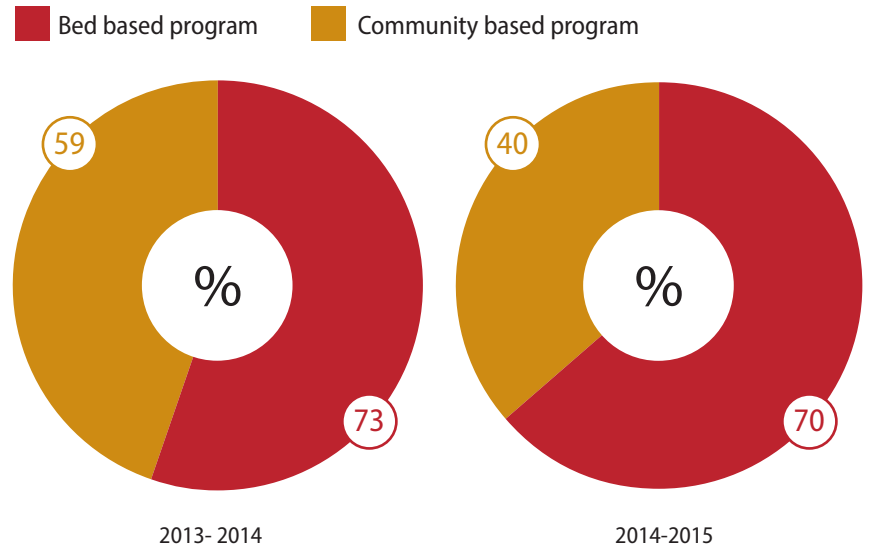
Before leaving the program, patients will have an understanding of all the services that can provide support and help them live safely.

All patients are given information about Advance Care Planning. This documents medical decisions they would want others to make for them if they were not able to speak for themselves.

Transition Care Staff welcomed new volunteers to assist with activities and with driving patients.

The program has offered support to 70 patients in the bed based program and to 40 patients in the community over the last twelve months. This is shown in the following figure.

Figure 11  
Transition Care Program



Transition Care is a very popular program and receives lots of praise: "For the professional and kind care of ... during her recent stay at the hospital"

## Hospital Admission Risk Program (HARP)

With the goal of helping clients and their carers to be safe and independent at home while meeting their health needs and reducing admissions to hospital, the HARP nurse works with the client and carer to support them and help them understand and manage the illness themselves. The HARP nurse develops a Care Plan with the client and can refer them to other services i.e. Memory Support Nurse, District Nursing to assist them to be able to stay at home.

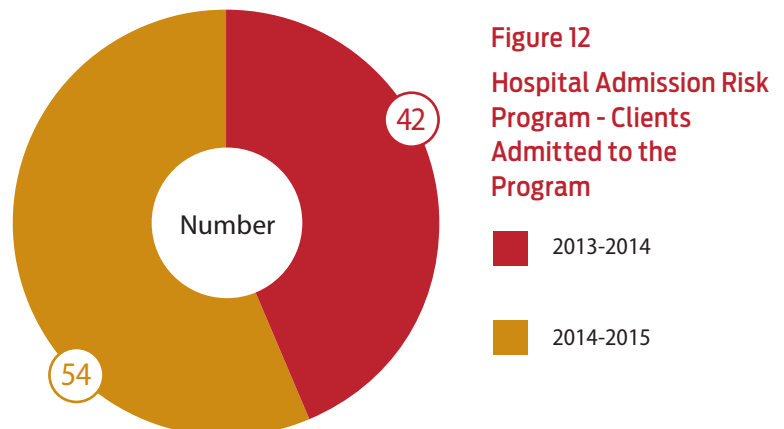
HARP service assists people who have:-

- Chronic Lung Disease
- Chronic Heart Disease
- The chance of repeat admissions to hospital and
- Complex needs that needs a team approach.

Referrals can be through:-

- Your doctor or specialist
- Yourself and or your family
- Other health services i.e. District Nurse, Diabetes Educator or
- Through an acute hospital admission.

During 2014-2015, 54 clients have been admitted to the program. This is an increase from 42 clients in the previous year. This is shown in the following figure. To meet the increasing demand on our service we have employed an extra part-time Registered Nurse in this program.





# Continuity of Care

We have improved our client assessments and followed Best Practice by introducing the Falls Risk for Older People in the Community Screen, the Carers Strain Index and the Braden Scale for Predicting Pressure Injury Risk in Home Care.

We have been working with local medical clinics, the Allied Health Team and our clients on Shared Care Plans to improve the individual care for our clients and improve communication with all those involved with our clients care.

To promote a better understanding of the service we offer we have provided education to nursing staff on Simpson Ward and to community groups.

Our plan for next year is to:-

- Increase the number of clients we see in the community by increasing awareness of our services and
- Investigate the feasibility of Telehealth conferencing for our clients.

## Post Acute Care

Post-Acute Care provides assistance to patients discharged from a public hospital, including areas such as the Urgent Care Centre, acute services and sub - acute services. These patients are assessed as requiring short term community – based support (up to four weeks) to assist them to recover in the community and ensure a safe and timely discharge. Post-Acute Care provides the patient with a broad range of services to meet their needs. Services commonly used are Home Care, Personal Care and District Nursing.

This year 138 patients received Post-Acute Care services through Stawell Regional Health.

## District Nursing

The District Nursing Service provides access to trained nurses that meet the needs of the patient through assessments and individual care plans.

The services we provide include:-

- Wound care
- Specialised nursing care
- Support with medication management and
- Assessments regarding health care needs.

This year our nurses delivered 6,213 home visits compared to 6,609 in the previous year.

The Hospital in the Home (HITH) program has seen an increase in the number of patients in the last year. HITH provides care to patients in their home instead of the hospital.

Patients need to meet certain conditions for admission to this program.

During the last year there have been many changes to the service. Some of these changes are:-

- Staff of the service moved to the hospital site from the Stawell Health and Community Centre

- We worked more closely with our patients using improved assessment tools to ensure a more personalised service
- A new patient information brochure with our patients was developed
- A patient Exit Survey to provide us with information on how we can improve our service was developed.

Next year we plan to ...

- Increase patient and community awareness of services that District Nursing provide
- Improve safety and communication for the District Nurses through use of Satellite phones and
- Introduce an electronic documentation program.

## Memory Support Nurse

The Home and Community Care funded Memory Support Nurse Service started in October, 2014. The program is based on an existing service from England called the "Admiral Nurse Service". The service provides practical and emotional support to clients with memory or thinking problems or who have a diagnosis of dementia. This service extends to support for carers and families.

Our Memory Support Nurse works three days a week from Stawell Regional Health and services the Northern Grampians Shire, Ararat Rural City and the Pyrenees Shire. Anyone can refer into this service, and people can refer themselves.

Our nurse provides helpful hints on how to manage memory loss and its daily challenges. Our nurse works with other health professionals to guide assessments and care plans. This planning makes sure the client and carer get the right supports at the right time.

Our nurse will refer to other services so the person and their carer can manage at home safely and provide them with some useful resources. They provide information to carers and other health professionals so they have a better understanding of memory loss or dementia.

The program values working closely with other services. In March this year the nurse worked with Alzheimers Australia to deliver information and support sessions over four weeks to six families caring for a person with dementia. By linking with Grampians Community Health the service has been able to access the loan of equipment and will be able to plan more events for clients and carers.

The service currently provides support to 19 clients and families. With the practical help of the loan of digital clocks and whiteboards, people are able to know the time, the day, date, month and when appointments or social outings are scheduled. The service has been able to help carers and the person with memory loss live in a positive way by listening to concerns, making simple signs as a reminder to turn off the stove, or to help find their way to the bathroom; making referrals to other services to help with housework, cooking or social outings with other people. With the assistance of Alzheimers Australia the service has provided education and information to carers, service providers, and the person with memory loss.

Picture: Planned Activity Group Staff and clients at the Ballarat Begonia Festival



Picture: Registered Nurse Barb Barham and client Margaret Dryburgh



# Continuity of Care

One of the future events with Grampians Community Health and our Dietician and Speech Pathologist is a cooking class for carers. The service will also provide education to our Planned Activity Group through the Dementia Behaviour Management Service.

## Planned Activity Group

The Planned Activity Group (PAG) has been servicing the community for greater than 35 years. Bennett Centre for Community Activities opens five days per week Monday to Friday 9am – 5pm except public holidays. The centre is closed over the Christmas period for up to two weeks.

To assist the staff with the varied activities we have three valued volunteers, Olive, Annette and Karen who participate in the activities with the clients.

The program provides the clients with a wide range of activities and outings.

Favourite outings the group continue to attend on an annual basis are:-

- Ballarat Gardens for the Begonia Festival
- Halls Gap Zoo in the spring and
- BBQ lunch at Cato Park when the weather is fine.

We now have a larger group of men who attend where they catch up and have a chat.

There has been increased participation in the exercise programs to aid health and well-being and falls prevention.

This year some new activities included:-

- Attending the Moyston Dog Trials where the clients enjoyed watching the trials and having lunch
- Attending the Horsham Quilt show
- Participating in creating sheep for the "Shaun the sheep" Arts project and
- Hand piecing/sewing hexagon blocks to construct a small quilt which will be raffled at a later date.

Last year we planned to include the Occupational Therapist (OT) as part of the assessment process. This new service commenced in March.

As a result the OT has:-

- Presented information to the group about the OT role
- Provided demonstrations of daily living aids and
- Completed one on one / reviews with the clients to identify issues / goals for therapy.

From these reviews individual clients have been:-

- Provided with built up cutlery and modified crockery to increase their independence with meals and
- Provided signage the client could use at home to inform visitors to be patient as the client takes a long time to walk to the door.

To improve the quality of our service we:-

- Continue to send out an annual survey to clients to ask for their feedback
- Have introduced an exit survey that the client completes which we provide to a client when they leave the centre and
- We complete Risk Assessments for new venues we plan to visit to ensure the venue meets the clients needs and we can provide the activities at that venue safely.

## John Bowen Oncology Unit

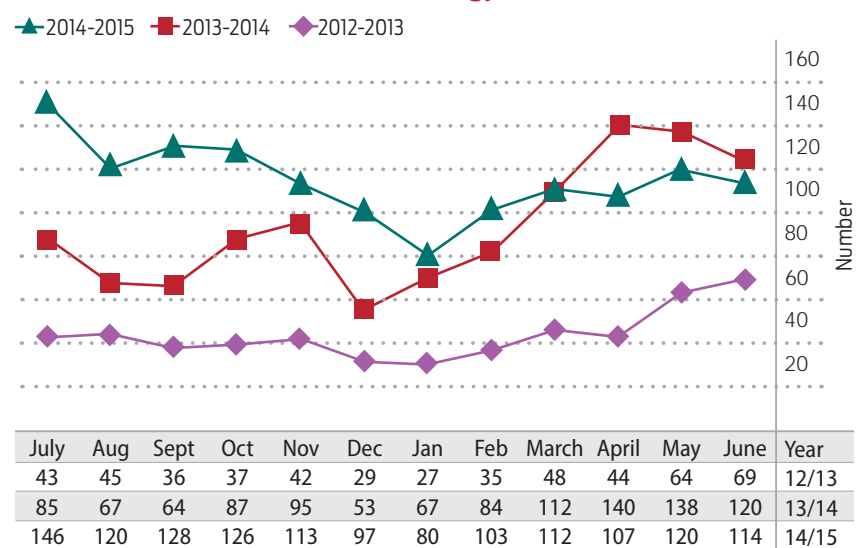
The new oncology unit has been open for 18 months. Patients and their families, staff, visiting oncologists and our volunteers continue to appreciate our modern, spacious unit with the wonderful views stretching from Stawell across to the Grampians.

This year we were pleased to formally recognize Aaron Hemley's shearing effort for our unit with a canvas print and commemorative plaque. It shows Aaron shearing one of the 904 sheep that resulted in a world record for Aaron and helped build our beautiful unit.

The unit continues to operate Tuesday, Wednesday and Thursdays with three visiting oncologists, Professor George Kannourakis, Dr. John Sycamias and Dr. Stephen Brown. A new nursing Model of Care was developed which included staff patient ratios of one nurse to three patients, to ensure patient centred care is delivered in a timely and safe manner. Our staff satisfaction survey showed the nursing staff felt happier and under less stress now the ratios have been implemented.

Figure 13 shows the number of patient attendances in the unit by month over the last three years. Numbers have remained fairly constant this year compared with the previous financial year.

**Figure 13**  
Attendances at the John Bowen Oncology Unit



When a person has been diagnosed with cancer they may require support. Surgery, chemotherapy and radiotherapy are intense and can cause side effects, body image issues, loss of interest in usual activities and extreme fatigue that can be very debilitating. To determine the support required, each new patient completes a 'Supportive Care Screening' assessment which is discussed with their oncology nurse. Areas of concern are addressed. This may include referral to another health professional, home care services, financial advice or reassurance from their nurse or doctor.

Two supportive programs that our patients can be referred to during or after their treatment are:

1. The Oncology Rehabilitation Program. An eight week program conducted by the Exercise Physiologist to improve physical function and endurance, combined with education sessions covering topics of interest to people living with cancer.

Picture:  
Professor George Kannourakis, Aaron Hemley and Ward Clerk Lyn Bibby



Picture:  
Richard and Kaye Lipovas with resident Elena Lipovas



# Continuity of Care

2. Look Good Feel Better Program. A workshop dedicated to teaching cancer patients how to manage the appearance-related side-effects caused by cancer treatment. These workshops are mainly geared towards women, but they can be organised for men and teens if required. The inaugural workshop for Stawell is planned for August 25th 2015.

Continuing support for our unit and the patients we care for is demonstrated by generous donations from Stawell and district community groups. We have been able to purchase

- Two vital signs monitors at \$2578 each. We now have one in each treatment room
- Three infusion pumps at \$3600 each – bringing us close to a new pump for each chair.

This equipment makes the delivery of care easier and is greatly appreciated by SRH and the nursing staff working in the unit. The staff would also like to thank the wonderful people who knit the beanie and scarf sets, crochet rugs and drop in with magazines for the unit.

Efforts to increase the number of nurses qualified to deliver chemotherapy have been rewarded with two nurses completing the on-line Antineoplastic Drug Administration Course (ADAC). These nurses can now work in the unit and are a great resource when any of our patients need care in Simpson Ward or the Urgent Care Centre. Two staff in the unit are also undertaking further study, i.e. a Graduate Diploma in Oncology and a Graduate Certificate in Oncology. This specialist knowledge will be put to good use as we continue to provide "Great Care".

## Macpherson Smith Residential Care

In July 2014 we welcomed a new Nurse Unit Manager Alison Fischer to Macpherson Smith Residential Care (MSRC). Alison has an enthusiastic approach to resident- focussed care and during the year we have seen development of programs undertaken which enhance the residents' experience.

These programs involve nursing staff, staff from food and support services, leisure and lifestyle staff and volunteers.

We are particularly fortunate to have loyal volunteers who contribute in many ways to our residents' life at MSRC.

The 'Volunteer Meal Assistance' program is great example of how much volunteers contribute and make a difference for residents and staff as well as for the volunteers. It is wonderful to have laughter and joy during meal times as they provide social and physical support to our residents.

Residents have a choice to wear dining scarves for their meals. The scarves have been made by staff and the CWA ladies from donated material. These scarves protect residents' clothes at meal times and maintain their dignity.

Our Leisure and Lifestyle coordinator, has a dedicated group of volunteers who spend time with residents giving them opportunities to be escorted out and about and become involved in community activities. Residents have attended community events such as the races, car shows, sing-alongs, have been taken out for a much needed cake and cuppa.

Theme days are promoted where staff and residents dress up and participate in activities related to the particular day. Food services provide food to match the theme and often there is associated music and dancing which brings fun and enjoyment to all involved!

We have been very fortunate to receive donations from numerous community

organisations and individuals which enabled the purchase of equipment to enhance the lifestyle opportunities and improve the facility.

The Men's Shed have built a chicken coop and we are in the process of purchasing some chickens for the residents to look after.

Funds from the Ladies Auxiliary have been used to purchase an ice machine fridge freezer which is available for residents and families to readily have ice and cool drinks in the summer.

Donations from the Senior Citizens, The Book Worm Gallery and some private donations will be used toward improvements to the outdoor areas.

Other improvements include purchase of new chairs and two new tables in the dining area which enable residents in palliative care chairs to participate more easily in meals and activities.

There has been a focus in 2015 on care provision at the 'End of life', with staff, residents and families being educated and involved in planning wishes and care options. "Advance Care Planning" where residents' wishes can be considered and documented has been introduced. An 'End of Life Care Pathway' has been implemented using a regionally developed toolkit to ensure the best, appropriate care is given to residents who are facing the end of their life.

## MSRC Advance Care Planning Project

The aim of this six month project is to support residential care staff to implement a Palliative Approach for residents at Macpherson Smith Residential Care (MSRC)

This involves the implementation of two key processes:-

- Advance Care Planning, (ACP)
- Residential Care End of Life Care Pathway, (EoLCP)

Completing an ACP involves residents and their families talking about a plan for their future health care. It means that a resident can continue to have the care they want, if they can't speak for themselves. Care decisions have historically been made at a stressful time after a resident's health declined and families often worry they have made the wrong choices. The ACP process relieves the burden on family and friends having to make decisions about a resident's end of life care at such a time. The ACP discussions are organised once a resident has been admitted and made for a time convenient for family and carers to be in attendance so they can hear and support the resident's decision making process. Alternatively a Palliative Care case conference can take place with the resident's GP present if available, the resident and family, and members of the care team.

Staff have attended intensive training to allow them to lead these discussions with residents, their families and carers. A record is kept of the decisions made and the treating doctors are informed. The ACP can be changed or upgraded at any time.



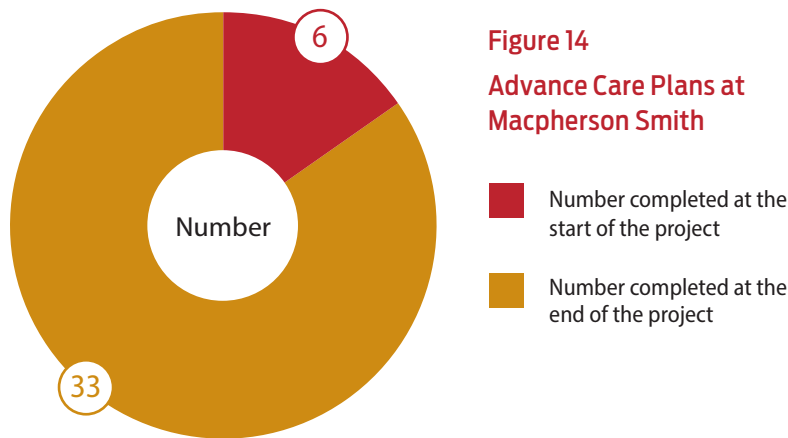
Picture: Darrelyn Boisen and resident Roy Brown

Picture: Enrolled Nurse Wendy Lee with resident Florence Pert



# Continuity of Care

At the start of the project six residents had ACPs in place with thirty three residents at the end of the project with an ACP in place. This is shown in Figure 14.



**Figure 14**  
**Advance Care Plans at Macpherson Smith**

■ Number completed at the start of the project  
■ Number completed at the end of the project

When a resident nears the end of their life, their goals and needs change. The EoLCP supports care that focuses on what is important for the person in their final days and weeks. Nursing staff concentrate on the relief of symptoms and support of the resident and their family and friends. The EoLCP allows staff to briefly document at the bedside any care given, so they can spend more time with, and concentrate on the resident's needs. Families are very involved in the process.

Every resident that has passed away during this time was cared for using the EoLCP.

## Perioperative Services

In July 2014, after 29 years, orthopaedic surgeon Mr John Nelson retired from consulting in Stawell. Patients have come from all over Western Victoria to be treated by Mr Nelson who has conducted around 250 joint replacements and five hundred minor cases during his time here. SRH would like to thank Mr Nelson for his excellence in both surgical skill and patient care over the past three decades. We wish him well for the future.

Picture:  
ENT Specialist, Mr  
Niall McConchie  
with the new Zeiss  
Microscope



## New Orthopaedic surgeons and increased surgical lists

In the past 12 months we have welcomed two additional Orthopaedic Surgeons to Stawell Regional Health. In July 2014 we were pleased to welcome Mr John Dillon, and in March 2015 Mr John Patrikios.

Mr Dillon initially operated once a fortnight until May 2015 when his list increased from two to three sessions every four weeks. This increase has helped to reduce the public waiting lists for the region. Mr Dillon regularly consults here and in his rooms in Ballarat. Mr Patrikios has come to the organisation to help reduce the public waiting list for joint replacements. He currently operates once a month and consults in Ballarat and Ararat. These two Orthopaedic Surgeons have helped reduce the waiting list for a joint replacement on average by four patients every four weeks. In addition to Orthopaedic Surgery; Gynaecology and Endoscopy have also increased their session times.

Dr Kumerage, Gynaecological (surgery on the female reproductive system) Surgeon, has also increased his sessions from two to three every four weeks. Due to an increasing endoscopy (looking inside the body using a flexible tube that has a small camera) waiting list, Mr Yokhanis has increased his lists from eight to ten sessions every four weeks. On average this is an increase of 16 extra patients.

## New equipment

In July 2014 we were fortunate to receive funding through the Murray to Moyne Sprockets cycling team, hospital fun run and the generous efforts of local primary school students to purchase a Zeiss Microscope to use for Ear, Nose and Throat (ENT) surgery. This new microscope is specifically designed for ENT surgery and it replaces a 20 year old operating microscope that was being used by both the ENT surgeon and the Ophthalmologist (specialist in medical and surgical eye problems).

In October 2014 we received a generous donation from Mr Brian Hancock, local pharmacist, of a wheel chair for transporting theatre patients.

## Productive Theatre

As part of The Productive Operating Theatre (TPOT) Program, a Compactus Sterile Storage System was installed in August 2014 to condense our sterile consumable supplies such as dressings and bandages. Benefits of this system are that all sterile consumable stock is now stored in one area, and we have been able to implement an automatic ordering system.

This new ordering system is now a supply department initiative and has freed up nursing hours, generating an annual saving of \$13,110 on wages that can now be applied to direct patient care. The storage system cost \$16,000 to buy and install. We also purchased bins and wall brackets that were placed in the anaesthetic room to decrease stock levels and reduce over ordering. The approximate cost was between \$2000-3000, and the bins and wall brackets were installed in December 2014.

The department has continued on with the TPOT program and we are now seeing some substantial changes since the program was initiated. Through regular auditing by theatre staff we have been able to see benefits from the changes that we have made and also the areas in which we still need to work on.

Improvements to date:-

- Session utilisation has improved with the extra operating sessions and the introduction of a new Orthopaedic Surgeon. However, even with the introduction of five new sessions every four weeks, session bookings haven't been fully utilised as we first expected.

# Continuity of Care

By looking at the data we were able to identify the individual surgeons that regularly fall short of utilising their sessions. In 2013 our base utilisation was 61.92% and it is now 65.24%.

- Reduction in late session starts through the introduction of the 'knowing how we are doing' white board and displaying late starts data by Surgeons. This data has helped improve our session commencement times from 74% to 86%.
- Regular auditing of the re launched Safe Site Surgery checklist to ensure there is 100% staff compliance in this process.
- Regular auditing of the Post Anaesthetic Care Unit Clinical Handover (PACU) form initially revealed poor staff compliance. However after further education, subsequent audits have revealed significant improvement.

Even though the final TPOT report has been completed and submitted to the Department, we have identified we still need to undertake the remaining three modules. Although this project has officially finished, we will continue to embed the principles and processes into our practices to not only benefit the organisation into the future but the quality of patient care we deliver.

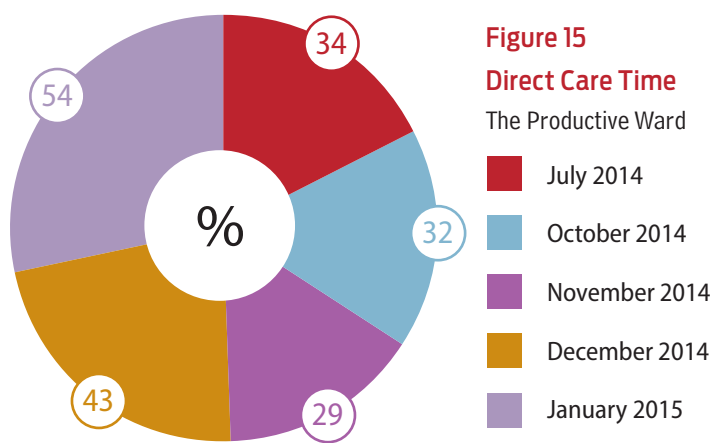


Picture: Exercise Physiologist Jade Cleary with class participant Mason Chamberlin

## Productive Ward

Productive Series offered by the Commission for Hospital Improvement - Department of Health.

It was reported to the Commission that since the introduction of this project in 2014 there have been changes in Simpson Ward that have resulted in increasing the time for the nurse to provide direct care to the patient. (See Figure 15). This allows nursing staff more time to deliver safer and more reliable care to patients. Patients who receive this care are able to get better sooner and have a shorter time in hospital.



**Figure 15**  
**Direct Care Time**  
The Productive Ward

- July 2014
- October 2014
- November 2014
- December 2014
- January 2015

This improvement in direct care time is because ward processes have been reviewed and the layouts of certain areas of the ward have been reorganised. This has helped staff to access more frequently used items of equipment or stores closer to their area of work. This reduces the time to collect the item and return the item to its storage area.

The "Know how well we are doing board" in the main corridor of the ward allows staff, patients and visitors to see the progress and actions to reduce our three highest risks to patient safety. These risks are: medication errors, pressure injuries and falls.

The "Patient Status at a Glance" electronic board is currently being developed. Staff will be able to see the progress of the patient towards discharge 'at a glance'.

The next area in this project to be reviewed is Shift Handover. This handover is between the nurse who is providing care to the patient and the nurse

taking over the care. Included in this, we will also review bedside clinical handover which is currently at 1 pm at the patient bedside. Bedside Clinical Handover includes the patient and carer in the handover of information to staff taking over their care.

Information on Bedside Clinical Handover is being collected from our patients to see if there are any areas in which they think we can improve.

# Rehabilitation Programs

## Hydrotherapy Program

The Hydrotherapy Program is managed by an Exercise Physiologist and has kept growing with around 40 referrals since 1st July 2014. Sessions are run twice weekly for a period of eight weeks with the recent addition of an Allied Health Assistant to allow for more numbers.

The water lets patients exercise in a reduced weight bearing environment. It can be helpful for a broad range of people including those with reduced strength or endurance, chronic pain, stiffness or who are recovering from surgery or an injury.

The pool hoist allows for safe entry and exit for those who cannot use the steps and has allowed for a wider range of patients to attend the program. Patients can be referred by their doctor, themselves or by other allied health staff.

# Rehabilitation Programs

## Hydrotherapy Program (continued)

Following an assessment with an Exercise Physiologist an individual exercise program is developed. The assessment involves gathering information on medical history, goals and current physical activity levels which is all reviewed upon completion of the eight week program.

Patients complete their exercise program with supervision of the Exercise Physiologist. An ongoing management plan is discussed during the review at the end of the program.

## Cardiac/Pulmonary Rehabilitation

SRH's Allied Health service now offers both Cardiac and Pulmonary Rehabilitation Programs to clients in the Stawell and surrounding areas at the Community Rehabilitation Centre gymnasium.

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.

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 other health and community services. The environment of the groups adds a social and supportive atmosphere in which people often openly discuss issues amongst themselves.

## Cardiac Rehabilitation

Cardiac Rehabilitation runs throughout the year with participant's commencing the eight week program shortly after the referral is received.

Since June 2014, of the 16 people who were referred to cardiac rehabilitation, three individuals declined the service and 13 commenced classes for a period of time. Of these 13 individuals, eight went on to complete the program and two are currently undergoing rehabilitation. One participant returned to work before completing the program and one found the distance too far to travel to the rehabilitation centre.

conducted four times a year. Since February 2014, 61 individuals have been referred to the Pulmonary Rehabilitation Program. Of these 61 individuals, 53 accepted and commenced the program, 45 of these completing the program. Seven became unable to complete the program due to ill health or injuries, and one individual commenced full time employment. In previous programs, transport was identified as a difficulty and reason for poor attendance. If transport was identified as an issue during the initial assessment, transportation to and from the program was offered. This improved the attendance rate and accessibility of the program for those who had declined the services in the past.

Picture:  
Class participant  
Elinor Davies



Picture:  
Class participant  
Lou Hemley



Participants are also encouraged to complete a home exercise program to supplement the supervised exercise classes. If demand continues to grow, a maintenance program may be established offering the exercise component once weekly.

## Oncology Rehabilitation Program

An Oncology Rehabilitation Program was developed in early 2014 and has now become an ongoing program offered at SRH. Since July 2014 twelve patients have been involved.

The free program runs for eight weeks for those patients with cancer and their carers; pre, during or post cancer treatment. The program is run by an Exercise Physiologist with support from other Allied Health disciplines including Occupational Therapy. The aim of the program is to improve physical function, strength, fitness and provide social support for patients.



Picture:  
Pulmonary  
Rehabilitation  
class  
participants



## Pulmonary Rehabilitation

Pulmonary clients are advised to attend a pulmonary rehabilitation program twice every twelve months to maintain health benefits gained during the program.

The Pulmonary Rehabilitation program is offered twice weekly for eight weeks and the program is

# Rehabilitation Programs

The program involves twice weekly supervised exercise sessions. Exercises are individualised according to patient goals, exercise capacity and medical conditions. There is also a weekly education session covering topics of interest for people living with cancer, their carers and family.

Patients can discuss a referral to the program with their Oncologist, staff at the SRH Oncology Rehabilitation Centre or with their doctor. Medical clearance is required before commencing the program.

## Gait and Balance Program

Approximately one third of those people aged over 65 years will experience at least one fall every 12 months. This can cause injuries, pain, anxiety and a loss of confidence and independence. (As described in the National Institute for Health and Care Excellence Guidelines; Falls in older people: assessment after a fall and preventing further falls).

The Gait and Balance Program aims to reduce a person's risk of falling, whether they have had a fall in the past or not.

The Gait and Balance Program begins with a combined assessment by a Physiotherapist and an Occupational Therapist. This looks at all of the different factors that might increase someone's risk of falling.

The therapists look at two different types of risk factors:-

- Ones that we can change and
- Others that we can't change.

Through this, we are able to create a plan to improve what we can and manage the risks that we can't change as best we can.

There is a Gait and Balance Class that we recommend some people join after they have been assessed. This is a 15 week program that includes a combination of balance, strength and mobility exercises.

There are exercises that each participant completes at home which are

explained when starting the program. At the end of the program, we make a plan for future exercise and strategies to reduce the risk of falling. A summary letter is sent to the patient and their doctor.

During the last year 60 people attended Gait and Balance assessments. Of those assessed, 42 people attended the Gait and Balance Class with a combined total of 402 attendances over the 12 month period.

Improvements in the last 12 months include:

- Revision and combining of the Physiotherapy and Occupational Therapy assessment form. The form includes a section that allows pre and post-program outcome measures to be compared and analysed
- A later appointment at the completion of the Gait and Balance Program is made to review changes and discuss ways to maintain or continue to improve balance
- New participants are booked in for an appointment with one of our Allied Health Assistants so participants can learn the exercises that they are to complete at home to ensure they have the correct technique.

In the next 12 months we plan to:

- Continue booking appointments for new participants with an Allied Health Assistant
- Review the home exercise program and
- Review the Gait and Balance Program information that is available in the community. This includes information brochures and the information on the SRH website.



Picture: Gait and Balance class participants



Picture: Gait and Balance class participant Heather Seaman

# Health Promotion

## Health Literacy at Stawell Regional Health

Health Literacy is the ability to read, understand, and use health information to make good decisions about your health and follow instructions for treatment.

Health Literacy is an area of focus in our Health Promotion plan and a part of our Strategic Plan, Statement of Priorities and an action for the National Standards.

We have used an audit tool called the 'Enliven Organisational Health Literacy Self-assessment' which measured the current health literacy of Stawell Regional Health against ten areas recommended by the Australian Commission on Safety and Quality in Health Care. We have developed an action plan for the next two years to move us towards becoming a Health Literate organisation.

In 2014 three members of the community were invited to participate on a 'First Impressions' audit. The purpose was to see how easy it was to find your way using signs, phone and the internet. Signs are in the process of being changed as a direct result from this feedback.

We plan to repeat the audit in more detail for our website this year. We will be working with students, staff and members of our community to find out how easy our website is to navigate, and to make sure the content is readable and relevant.

Two staff members have been attending a Health Literacy Development course through the Centre of Ethnic Health. The course is held over eight months and provides support to many of the projects that are built into our Health Literacy action plan.

*SRH would like to acknowledge the support of the Grampians Pyrenees Primary Care Partnership for funding the training.*

Picture:  
Health Promotion  
Co-ordinator  
Katrina Toomey  
with Stawell  
Secondary College  
students



## Health Promotion at Stawell Regional Health

All the health promotion work at Stawell Regional Health involves working closely with other organisations. This is called "Integrated Health Promotion" and it is important in changing the health of our community. We work together to plan, implement and evaluate initiatives that improve the health and wellbeing of our community. Below are some examples of how we are working together to achieve this.

### Support to schools

We continue to provide support to primary and secondary schools in our area. The Health Promotion Co-ordinator works closely with Stawell Primary School on their Health and Wellbeing team, supporting them to improve the mental and physical health of students, staff, families and the broader school community.

Last year we hosted Stawell Secondary College students in a visit to the hospital. The visit was part of the Prevent Alcohol and Risk-Related Trauma in Youth Program (P.A.R.T.Y Program) students had been studying as a part of their health elective subject. It involved students visiting three areas of the hospital including Ambulance, Urgent Care and the Community Rehabilitation Centre. In each of these areas students were exposed to hands on experiences of a trauma and the consequences of risk related behaviour. Staff based the activities on the Alfred PARTY program that was developed to address the number of young people dying or injuring themselves taking risks.

## Staff Health and Wellbeing

Workplace health refers to the combined efforts of employers and staff to encourage and support healthy lifestyle habits, making healthy choices at work the easy choices. Staff spend up to one third of their life at work and we recognise the important role we play in supporting good health of our staff. The Health and Wellbeing committee continue to meet to develop strategies that support good physical and mental health and wellbeing for staff.

Picture:  
Macpherson Smith  
Residential Care  
staff dress for  
'Stress Down  
Week'



The committee held a 'Stress Down Week' last September. 'Stress Down Week' was targeted at all staff across all sites and focused on stress and a healthy work and life balance. Staff were able to try new activities to use as tools to reduce their stress.

Mark Bunn, from Health Advantage Australia delivered a two hour forum for staff that focused on Stress and Work and Life Balance. Forty seven staff from nine departments attended the forum. Feedback from Stress Down Week was collected and compiled. This feedback will be used by the committee in future planning.

Mental Health First Aid (MHFA) training was offered to interested





# Health Promotion

staff last year. Staff from the Grampians Partners in Recovery Program joined our group of staff at the two day training. The training gave staff knowledge and skills to recognise a mental health problem, how to respond to the person's needs, and support the person to gain effective treatment. Staff now have more knowledge and skills to recognise a mental health problem, respond to the person's needs and support the person to find treatment. These skills will benefit staff with interactions with patients, colleagues and members of the community.

We welcome the chance to discuss ways to improve the health and wellbeing of staff with other organisations and business who are interested.

*SRH would like to acknowledge the support of the Grampians Pyrenees Primary Care Partnership for funding the training.*

## Grampians Food Alliance

Stawell Regional Health is an active member of the alliance. The goals of the Food Alliance are to achieve:

1. Affordable nutritious food widely available and accessible to all throughout the region
2. Educated and connected communities growing, sourcing, budgeting for and cooking healthy food and
3. An integrated and sustainable local food system thriving for future generations

The new working group in the Food Alliance is called the 'Food Access and Skills Group'. This group will focus on access to food and skill development with regards to food purchasing and preparation. We are in the process of conducting some further mapping into what is already happening in the food space. Work we are considering includes:

- Cooking skills
- General Budgeting
- Linking excess food with organisations
- A food budgeting program supported by volunteers
- Food Access workshops being facilitated in the region.

## Sexual and Reproductive Health

Stawell Regional Health works closely with other organisations to improve access to Sexual and Reproductive Health services in our area. This year the group launched a new guide that lists all the services available in the area. We worked with Women's Health Grampians last year mapping what services we already have and identified the gaps. Existing services were compiled into a Sexual and Reproductive Health Services Guide. The guide is designed for use by staff working in health services to use as a referral tool or for information on services for the general public. The tool is now available at <http://www.grampianspyreneespcp.org.au/integrated-health-promotion/sexual-and-reproductive-health/>

This year the group will also focus on supporting schools to use the 'Safe Landing' program. The program builds the capacity of schools and teachers to deliver effective sexuality education. This includes respectful relationships and has links with prevention of family violence.

Picture:  
Mark Bunn and  
Chief Executive  
Liz McCourt

## A coordinated Approach to Volunteering in the Northern Grampians Shire

We are a part of the Volunteer Coordination Working group and have been working on a coordinated approach to volunteering in the area. Evidence states that volunteering in your community is good for your mental health. We would like to increase the number of people in our community who feel connected to their community by increasing the number of people who volunteer.



Picture:  
Macpherson Smith  
Residential Care  
Leisure and Lifestyle  
co-ordinator Sonja  
Whelan with volunteer  
Helen Nihill

Our main focus is to build and support volunteering that is already happening in the area. We aim to increase the number of people who volunteer and make sure volunteers feel valued. We will provide opportunities for people to increase their skills and knowledge in managing volunteers and support one another. We also hope to increase the number of places people can volunteer.

The Group have invited Volunteering Western Victoria (VWV) to be part of the work in the Northern Grampians Shire. The skills and experiences from their work in the Wimmera will assist us in building the capacity in our area to promote and market volunteering opportunities.

Over the last twelve months the group delivered workshops for managers and coordinators of volunteers at the Neighbourhood house. More workshops are planned this year with the aim of an on-going Managers and Coordinator network in both Stawell and St Arnaud.

# SRH Team Update

## Investing in Our People

### SRH Values

The leadership team of senior and middle managers across the organisation have continued work to embed the organisations' values into the everyday care of our patients, residents and consumers. The team of managers meet monthly to share information and ideas about services and activities across the departments. This forum, led by the Executive team, has strengthened relationships and understanding between different service areas and aims to improve patient service outcomes. It has also enabled improvements in service planning and introduction of change in the organisation.



Picture: Simpson Ward nursing staff

### Leadership Program

Our Transforming Leaders program, which commenced in November 2014, provided a series of workshops to twelve staff across a six month period that continued to focus on building leadership capacity within the organisation. Staff involved were required to apply for the program, undertook a comprehensive personality profile and development interview with educators from Lixivium Consulting and attended the workshops in-house. The team at Lixivium had provided this program to twelve previous participants in 2012, who have all gone on to more senior roles across the organisation and health industry. The program continues to develop skills in understanding the difference between management and leadership, building effective workplace teams, managing conflict and building resilience and effective communication. All staff who participated in the program, from a wide variety of disciplines including nursing, finance, hospitality and allied health, reported improvements to their style of management and communication within the organisation. The Executive team continue to identify opportunities for all these staff to test their skills and experiences in leadership to continue to develop an internal workforce skilled to lead in the future.

## Education

Stawell Regional Health supports staff within their relevant disciplines. Our Education Team make every effort to ensure our staff have access to different learning opportunities and modalities to develop their knowledge and skills. In addition to face-to-face learning sessions, all staff complete online learning modules relevant to their department on topics such as infection prevention, emergency care, medication safety and customer service.

### The Education Department Team

The team consists of our Education Manager, Clinical Support Nurse Educator, Student Support Nurses and Education Administration Officer.

### Students

Our work experience program offers high school students from the local community the opportunity to gain insights into the variety of professions available in health care. We tailor work experience to support student interests and provide them with placement across many different areas that service the health care needs of the Stawell community.

We also support a variety of learning and placement opportunities for students completing health care training. In 2014-2015 we hosted 1685 student placement days for medical, nursing and allied health students. Once qualified, we offer a graduate program for Registered Nurses to support them in their transition from student to clinician.

Healy House, which offers accommodation for students completing clinical placement at SRH continues to receive positive feedback about its facilities. The student accommodation has been very well utilised throughout the past year with a minimum of 50% occupancy each month.

Student numbers continue to increase at SRH with bookings for nursing, medical and allied health student placements for 2016 currently being finalised.

Over 90% of students rated their overall clinical placement with us as either "Very good" or "Excellent".

Some of the feedback from our nursing students:

*"I was provided with great support."*

*"Absolutely love the nursing home. Every staff member I have worked with involved me and educated me."*



Picture: Nursing students on placement

# SRH Team Update

*"Has been a very valuable placement. I feel I have consolidated knowledge and built on my clinical skills."*

*"Most organised placement I have been on. Such a great structure that you have in place. Makes it all so much easier!"*

*"Excellent experience. Great nursing and education team."*

## Graduate Nurse Program

We have four graduate Registered Nurses working at SRH. The graduate nurses rotate between Simpson Ward, the Operating Theatre and Macpherson Smith Residential Care. The program is designed to support and mentor participants through the beginning of their career in nursing as they make the transition from being a student to a practising nurse. It focuses on promoting best clinical practice, advocacy and leadership when supporting and caring for our patients, residents and colleagues.

## Best Practice Clinical Learning Framework

SRH continues to participate in the Best Practice Clinical Learning Framework which is an initiative by the Department of Health and Human Services. It was developed to promote and coordinate high quality clinical education and to ensure that this is provided on clinical learning placements for health students. Through using this framework, the Education Team continue to examine and analyse systems for managing clinical placements. The team also uses the framework to identify goals and processes to improve the learning culture and environment. The ongoing aim of the framework is to continually improve patient care and health outcomes. The SRH Education Team is well equipped to support students on clinical placements and continue to plan future quality initiatives.

Picture:  
Nursing students  
from Careers  
Australia and  
Federation  
University

## SIMVAN

The SIMVAN is a mobile learning environment and visits SRH at least once a month. It is a popular way to deliver simulated, scenario-based education to our staff to enable them to develop their knowledge and skills. Topics covered by the SIMVAN in the past year have included the care of a critically ill child, diabetes management and emergency care.

## Volunteer Program

After being 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 remained a priority in 2014 and 2015.

The Volunteer Meal Buddy program at Macpherson Smith Residential Care has continued to develop with eleven new volunteers completing a second round of training in August 2014. 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 dedicated volunteer page on the Stawell Regional Health website led to a number of enquiries.

Volunteer numbers continue to increase with between fifteen and twenty new volunteers starting with us since July 2014, giving their time helping with activities and meals at Macpherson Smith Residential Care (MSRC), activities at the Bennett Day Centre and helping make patients comfortable in Day Procedure and the oncology unit. The new volunteers have also attended the SRH orientation program, have toured the facilities, and met the manager, staff and residents at MSRC. A new program has been developed at the Community Rehabilitation Centre, making patients comfortable while waiting to see specialists four days per month.

The documentation associated with Volunteers has been redeveloped with a handbook being introduced, a more detailed application form to capture individual skills and interests, Job Descriptions for each area, and 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 5th December 2014, forty of our current volunteers enjoyed an afternoon tea with staff and residents at Macpherson Smith Residential Care to celebrate International Volunteers Day and the great work being done across our service by both new and long-standing volunteers.

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 on a regular basis.

We will improve our organisation's appeal to potential volunteers by promoting our programs in newspapers and online with improved access and information to potential volunteers.



# SRH Team Update

## CasConnect – Rural Health Bank Staff

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

CasConnect continues to provide services to several health services. The current health services continue to report ongoing value from the system. It is intended that CasConnect will continue under these arrangements, with Stawell Regional Health continuing to auspice the service which is managed by Support Services Manager David Francis.

## Our Supporters

### Hospital Auxiliary

The members of the auxiliary are dedicated ladies who work together to raise money for the comfort of those who find themselves in either our hospital or our residential care facility.

During the year we welcomed Jenny Sharp, Doreen Duffy and Liz Konig as members and we said good bye to Bev Lovelace.

Our year of fund raising began on the 30th May 2014 with a casserole luncheon which was well attended. We would like to thank the Y-Zetts for supplying the potato bakes.

On the 26th September we had a wonderful and enjoyable fashion parade at the Stawell Neighbourhood House featuring clothes from our local fashion houses along with a display of shoes. Our sincere thanks to them all for their generous support, thanks also to the staff at Neighbourhood House. Some of our ladies and members of the community became models for the evening including two men and one young lad.

In September we unfortunately saw the passing of one of our loyal members Norma Ridd who joined the auxiliary in 2005. Norma with her gentle nature was ever ready and willing to assist and is sadly missed.

In October our members attended International Volunteers Day at the nursing home and also assisted at a half marathon run by the hospital at North Park.

We held a garden party on the 19th October with a soup and sandwich lunch at the home of member Jenny Sharp. What a hot and windy day, however Jenny's beautiful garden was enjoyed by those who braved the weather. Thanks to Jenny and husband Peter for their hospitality.

In November we said goodbye to Lorraine Rowe who retired after nearly 20 years of dedicated service to the auxiliary, so she and husband Ray could enjoy travelling in their new camper van. We wish them well and thank Lorraine for her years of support.

Picture:  
Members of the  
Ladies Auxiliary



A number of members attended the Hospital Board Annual General Meeting on the 28th November which was followed by our annual Christmas Dinner at 'Trackside'. This event was well attended and all enjoyed a fun night, especially Santa's sack of goodies, thanks Santa!

We began 2015 with an afternoon tea for Lorraine Rowe on 17th March at the home of Jocelyn Fuller where several members came together to wish Lorraine well. Lorraine was presented with a certificate of appreciation, a group photo and a plant. This was a very enjoyable afternoon.

Fund raising activities for 2015 commenced with our wine and savoury evening on 27th March. This evening, as always, was well attended and very successful resulting in the largest amount being raised to date for one of our wine auctions. Thanks go to our local wineries, the Town Hall Hotel, Terry Monaghan, our bar staff Ken Reid and Garry Middleton, and our ladies for supplying the delicious supper.

In May we assisted the Y-Zetts by providing sponges and dozens of biscuits for a Rotary function.

With the money raised from the very busy and successful functions we were able to provide funds to the hospital to purchase ten Temporal Scanner Thermometers two head section models for staff training (clearing airways).

We were also able to fund the purchase of a number of items for the residential care facility which included an ice making fridge, a buffet cabinet and a chicken coop.

In closing I would like to thank hospital CEO Liz McCourt for making herself available to explain things to us when asked, to hospital office staff for their help with tickets and posters, the public of Stawell who always support us, and to our husbands who support us behind the scene.

Thanks also to Eleanor, Fay and all the members of the auxiliary for your continued support and friendship over the past year. I wish Doreen, her committee and members of the auxiliary a very successful year ahead.

### SRH 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 its' activities and to determine the way in which it can assist Stawell Regional Health through the provision of funds for replacement or new equipment.

The Foundation members have continued to observe the objectives of the Foundation, which provides a source of funds for health services equipment where it may not have necessarily been able to source these funds from either its' own resources or from other areas of government.

Mr Bill O'Driscoll has continued in the role of Chairman.

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.

### Y-Zetts

20th August 2015 saw the realisation of a team created 40 years ago.

In 1975 the female ward charge nurse, Sister Evelyn Newell, in conversation with Matron Hoare discussed the possibility of engaging significant interest amongst young Stawell mothers to start a junior auxiliary that could work to fundraise for the Stawell District Hospital.

That discussion became the catalyst for the birth of the Younger Set – now known as the Y-Zetts.

# Our Supporters

With sanction of the Board of Management, particularly encouragement from Cr. Chil Hutchings and wife Phoebe, who gifted a meeting bell and gave us our first donation, plus generous mentoring from the Hospital Ladies Auxiliary secretary Kaye Teasdale – a launch became imminent.

During March 1975 Meg Blake, hosted an afternoon tea for several interested women. After a stimulating address from Matron Hoare, enthusiasm was very evident and a few weeks later the first official meeting of the Younger Set was conducted at the home of David Blackman.

Meg Blake was appointed President and Bev Squire, Secretary.

Over the past four decades many friendships were forged, hundreds of thousands of dollars raised, all assisting with the purchase of essential equipment for Stawell Hospital.

In the early days for every dollar raised, the Health Department would match it dollar for dollar.

That is a brief history of our past and how the Y-Zetts evolved.

Now to present times – the past year has seen the number of meetings dropped as has the number of attendees. Our members have focused on two special fundraising events, being the catering for the Annual Rotary Assembly and the very popular local shopping spree.

Realistically, without support for manpower from the auxiliary, Red Garters, friends and the hospital catering division, the Rotary catering would not be achievable.

Support from our local community and participation by local traders is critical for the success of the "Shopping Spree". Y-Zetts acknowledge all who have assisted in any way with fundraising – assuring everyone that considerable thought and deliberation goes into selecting the equipment purchased will deliver better health care for patients.

This year funds purchased an Accu Vein, Carpet Bowls, Octoband and a Power Driver and Needle Set totalling \$10,829.00.

I take this opportunity to thank my executive Wendy Howden, Lyn Bibby and particularly Helena Nicolson for her technical assistance and capable organisational skills. Thanks to our members for staying loyal and keeping the dream alive, often in difficult times!

The future – what does it hold? We will see many more changes – to which we must adapt. There are so many worthy causes – but at the end of the day, a well-run, well equipped hospital is essential to a rural community – that was and is still is our vision.

## Murray to Moyne

The 2015 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 Stawell Regional Health.

Celebrating its 29th year participating in the Murray to Moyne, the 12 member Sprockets team raised over \$12,000 to go towards a new operating theatre microscope at the Stawell Hospital. Funding from the hospital fun run and generous efforts from local primary school students also assisted to purchase the microscope.

This year's riders were Mal Elliott, Terri Clarke, Lindsay Knight, Darren Linke, Peter Wemyss, David Tapscott, Ottis Francis and ride coordinator

David Francis, along with five new members of the team Sharon Linke, Helen Kennedy, Amy Nealon, Amanda Walker and Julie Edwards. Unfortunately Julie and Amanda had to withdraw at the last minute due to family illness.

"The 2015 ride ran very smoothly with the weather remaining perfect for the whole journey," said coordinator David Francis. "Again in 2015 many cyclists surpassed their personal distances goals. It was great see novice riders join the team and enjoy the ride and also see our experienced riders Ottis and Peter, who rode the entire distance from Echuca to Stawell, over 285km non- stop."

"The Stawell Sprockets have ridden in the Murray to Moyne event since its inception in 1986 and for the second year in a row we received the most courteous team award in recognition of our approach to this iconic event. This was achieved primarily through the exemplary driving skills of our support crew Cliff Dudley, Mal Elliott & Kerry Linke. Cliff also rode the last 20km into Stawell."

Many staff members from Stawell Regional Health kicked in to help the Sprockets during the ride. A special thanks to Peta and Karen for their soothing hands and the hospital kitchen and Alex for looking after our hearty appetites and cleaning up after us," Mr Francis said.

The major raffle, a three-night holiday at the Lady Bay Resort in Warrnambool, was won by Carolyn McDonald from Stawell. Ticket sales for the donated luxury sea side holiday, worth \$675, raised a total of \$1100. For Carolyn it was many years of ticket buying having finally paid off.

The second prize of an overnight bed and breakfast stay at the Parkview Hotel, Melbourne went to Amelia Kingston, also of Stawell.

A feature again 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 \$1900 towards the total fundraising effort, thanks to many local businesses donating goods and services. A special thank you to the Halls Gap Lakeside Caravan Park, Halls Gap Caravan Park, Grampians Adventure Golf and Newtons' Butchers 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.



Picture: Members of the Y-Zetts with Chief Executive Liz McCourt



Picture: Board Member Howard Cooper, Support Services Manager David Francis, Registered Nurse Michelle Dunn and primary school students with the new microscope



# Life Governors

**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

**Castle**, Noelene

**Castle**, Dr. R.Norman OAM

**Coote**, Jean

**Crouch**, Judy

**Cunningham** Dr. Andrew

**Dadswell**, Ken

**Dunn**, Neville

**Earle**, Greg

**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

**Gross**, Betty

**Gust**, Betty

**Harris**, Kaye

**Heslop**, Lorraine

**Howden**, Betty

**Howden**, Bruce

**Humphrey**, Phyllis

**Jackson**, Betty

**Jerram**, Hazel

**Jones**, David

**Kennedy**, Val

**King**, Beth

**Krelle**, Sadie

**Kuehne**, Edna

**McCracken**, J.D. (David)

**McDonald**, Carolyn

**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**, Mary

**Thomas**, Gary

**Thomas**, Heather

**Ward**, Fred

**Warne**, Mr. R.B. (Roger)

**West**, Janet

**West**, Pam

**Witham**, Janet

**Young**, Kathleen

**Young**, Kaye



# Staff service awards

## 10 Years

Lisa Blight                      Karyn Davidson  
Nicole McIntosh                Susan Klauss  
Vivienne Cole                   Susan Terbos

## 20 Years

Jane Kibble                      Lorraine Tiley

## 25 Years

Debbie Rathgeber

## 30 Years

Sandra Dunn                    Kath Gibson  
Elizabeth Meumann            Nicole Nicholson  
Jan Sherwell

# Glossary

<b>AACQA</b>	Australian Aged Care Quality Agency	<b>NSQHSS</b>	National Safety and Quality Health Service Standards
<b>ACHS</b>	Australian Council on Healthcare Standards	<b>OH&amp;S</b>	Occupational Health and Safety
<b>ACP</b>	Advance Care Planning	<b>OT</b>	Occupational Therapist
<b>ADAC</b>	Antineoplastic Drug Administration Course	<b>OWS</b>	Organisational Wide Survey
<b>ATSI</b>	Aboriginal Torres Strait islander	<b>PACU</b>	Post Anaesthetic Care Unit Clinical Handover
<b>BBQ</b>	Barbeque	<b>PAG</b>	Planned Activity Group
<b>CE</b>	Chief Executive	<b>PARTY</b>	Prevent Alcohol and Risk-Related Trauma in Youth Program
<b>CFA</b>	Country Fire Authority	<b>PETS</b>	Patient Experience Trackers
<b>CRC</b>	Community Rehabilitation Centre	<b>PICC</b>	Peripherally Inserted Central Catheter
<b>CWA</b>	Country Women's Association	<b>PPE</b>	Personal Protective Equipment
<b>DHHS</b>	Department of Health and Human Services	<b>RN</b>	Registered Nurse
<b>DVA</b>	Department of Veterans Affairs	<b>SCC</b>	Suggestion Complaint Compliment
<b>EN</b>	Enrolled Nurse	<b>SHCR</b>	State wide High Care Rates
<b>ENT</b>	Ear Nose and Throat	<b>SMC</b>	Stawell Medical Centre
<b>EoLCP</b>	Care End of Life Pathway	<b>SRH</b>	Stawell Regional Health
<b>GP</b>	General Practitioner	<b>TCP</b>	Transition Care Program
<b>GPAHSC</b>	Grampians Pyreiness Aboriginal Health Suncommittee	<b>TPOT</b>	The Productive Operating Theatre
<b>GPPCP</b>	Grampians Pyreiness Primary Care Partners	<b>UCC</b>	Urgent Care Centre
<b>HACC</b>	Home and Community Care	<b>VHES</b>	Victorian Healthcare Experience Survey
<b>HARP</b>	Hospital Admission Risk Program	<b>VHIMS</b>	Victorian Health Incident Management System
<b>HITH</b>	Hospital in the Home	<b>VMO</b>	Visiting Medical Officers
<b>ICAP</b>	Improving Care for Aboriginal and Torres Strait Islander Patients	<b>VWV</b>	Volunteering Western Victoria
<b>ICLN</b>	Infection Control Liaison Nurses		
<b>ICP</b>	Infection Control Program		
<b>MHFA</b>	Mental Health First Aid		
<b>MSRC</b>	Macpherson Smith Residential Care		

Back cover photos left to right: Stawell Medical Centre staff Tina Anyon and Bec McQueen, Registered Nurse Bec Peters, Graduate Nurse Kristie Beaton and patient Ronald Bernard, Support Services staff members Kath Gibson and chefs Shirley Hetherington and Joan Murphy



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