



Ballarat **Health** Services
Putting your health first

Quality of Care Report

2006/07



BALLARAT HEALTH SERVICES

Vision, Mission and Values

The vision of BHS is:

Leadership and Excellence in Healthcare

The mission of BHS is:

To deliver an accessible, inclusive and fully integrated regional health service which maximizes care, compassion, individual choice and quality outcomes for all clients and patients in an environment that encourages and supports ongoing education, training and research.

The values of BHS are:

Our services and staff embrace the following values:

Client focus (includes individuals, families, communities, service providers and staff). We work towards improving the health and well being of our patients, clients and community, and emphasise care and treatment options and informed choice based on adequate information. We are committed to improving access for all patients / clients and ensuring the care and services are delivered in a culturally appropriate manner.

Professional integrity We treat all people with honesty, dignity, fairness and with respect for their rights.

Safety and Quality We are committed to providing high quality services, and a culture of continuous improvement.

Collaborative relationships We seek to co-operate further with other human services providers to ensure better integration of services.

Accountability We are accountable to Government and the community for quality, effectiveness and efficiency through public awareness and reporting, community participation and professional responsibility, including financial management.

Staff and Volunteers We recognise that the quality of service provided is dependent upon the way in which staff and volunteers perform their respective roles. It is therefore necessary to attract, retain, recognise and develop high quality staff and volunteers, and to ensure their continued motivation and accountability.

Knowledge and Innovation We recognise the importance of encouraging and supporting the ongoing development, education and research for our staff to ensure continued involvement and collaborative efforts promote innovation and improved care and services are delivered for our community.



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Message from the *CEO and President*

Welcome to the 2006/07 Ballarat Health Services Quality of Care Report. Ballarat Health Services is very proud of the care, services and professional standards we provide for all patients, residents visitors and staff. This report provides an opportunity for Ballarat Health Services to report to our community on the quality and safety of the services we provide. It also allows us to demonstrate the vital and innovative work that has been implemented as a result of continual review and evaluation of services.

This year's report has once again been produced in a magazine format following the positive response received last year. We have again circulated this report via The Courier to more than 19,000 individuals, families and businesses in Ballarat and surrounding districts to inform the broader community of the achievements and aspirations of Ballarat Health Services. In addition we will also provide those attending the Annual General Meeting on 22 November with copies of both the Annual and Quality of Care Reports in a presentation folder. The report will also be used at various information and promotional days during the year and made available throughout the health service.

The Quality of Care Report highlights some of our key achievements and also reports on areas where we have introduced new strategies to improve services for all members of the community.

In previous years we had received little, if any, feedback on the Quality of Care Report. However, in 2005/06 all feedback forms received by a particular date were included in a draw for movie vouchers.

We received more than thirty written responses from the community together with a number of verbal and anecdotal comments. The feedback received from the community and the Department of Human Services highlighted the areas that were successful and also provided valuable insight and suggestions for consideration when developing this year's report. Of particular interest to the community was the history of the Base Hospital and this feature will be continued as we celebrate the 150th birthday of the Queen Elizabeth Rehabilitation Centre.

During the past twelve months Ballarat Health Services has continued to work with a broad range of community members to ensure we are striving to meet the community's current and future needs.

We would like to take this opportunity to once again thank the Community Advisory Committee for their assistance and support in compiling, reviewing and editing the articles included in this report.

We would also like to thank our sponsors and supporters who have chosen to advertise in this publication. Their financial assistance ensures the cost of providing this report is kept to a minimum ensuring the operational budget for Ballarat Health Services is directed to providing patient care and services.

We hope you enjoy the Quality of Care Report for 2006/07 and find it both interesting and informative.



Lynne McLennan
President
Board of Management



Andrew R Rowe
Chief Executive Officer





Ballarat Health Services –

A quality focused organisation

BHS has a commitment to continually reviewing and evaluating the care and services provided. We aim to provide services that are of the highest level of patient safety and quality, while also encouraging patients to participate in decisions about their care.

A Quality Plan has been developed to oversee these endeavors. The ongoing implementation initiatives in the quality plan highlights that Ballarat Health Services:

- is a strategically led organisation;
- has a genuine commitment to a culture of quality;
- is well governed and engages all staff within the health service;
- ensures both professional and team-based accountability and
- promotes the active participation of consumers in quality systems.

Five key areas underpin the Quality Plan:

- Leadership, planning and culture;
- Customer and partner focus;
- Workforce competency and capacity;
- Managing and minimizing risks and
- Information and process management.

The Quality Plan is regularly reviewed and updated. Some of the specific initiatives of the Quality Plan are detailed throughout this Quality of Care Report.

Serving our *community*

Overview of BHS

Ballarat Health Services is the largest regional health service in the Grampians region and the principal referral hospital. BHS employs almost 3000 staff who strive to ensure optimum care is provided for all patients, families and visitors.

Profile of Ballarat Health Services

Ballarat Health Services has a total of 893 beds including acute, aged residential care, sub-acute and mental health. The key services are based at two sites, the Base Hospital and the Queen Elizabeth Rehabilitation Centre. In addition, there are 13 off-site facilities including residential aged care and community based programs located throughout Ballarat. Community based psychiatric services are located in Horsham, Stawell, Ararat and Bacchus Marsh.

In 2006/07 Ballarat Health Services:

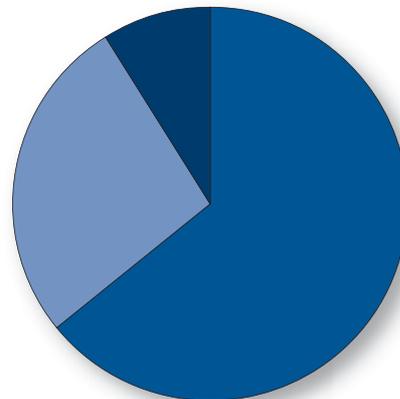
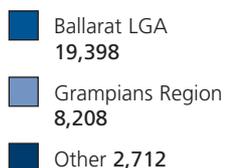
- admitted in excess of 30,000 acute inpatients,
- performed more than 10,000 surgical operations,
- delivered 1199 babies and,
- treated more than 40,000 patients in the Emergency Department.

Our changing community

The major changes to our population profile include increases in older age brackets and decreases in younger age brackets. Ballarat Health Services is planning for current and future needs to ensure the type of services and accommodation we provide is appropriate for residents of Ballarat and the broader Grampians region.

The chart indicates that 64 per cent of BHS' clients live within the City of Ballarat, with a further 27 percent living in the Grampians region. Only 9 per cent of BHS clients live outside of the region.

Ballarat Health Services
Base Hospital
Number Separations
by Locality 2006/07



Cultural diversity

Whilst almost 87 per cent of the Grampians Region population is born in Australia, we do have a significant group of people who have chosen to make Australia and our region home.

The graph highlights the country of birth of people born overseas (source 2001 census data). These people have arrived from a wide variety of countries providing a wonderful diversity of cultures and experiences.

As an example, ten families will arrive in Ballarat from refugee camps in Togo, a country located in West Africa. Four families have arrived and settled in the Ballarat area to date, with children attending both primary and secondary education. The parents have commenced English lessons and all families have become actively involved in the community.

BHS is a member of the refugee settlement committee and through our Cultural Diversity Committee we have introduced a number of new initiatives and strategies to improve access within BHS including the use of interpreter services and interpreter symbol to ensure information is provided in a way that is understood and culturally appropriate. BHS has worked with other local health providers to ensure our newest residents are able to access the care and services they require in Ballarat when ever possible.

Of special mention has been the advice provided by Dr. James Hurley, Physician, who has provided support and advice to local GPs and health professionals regarding medical conditions specific to African people including Vitamin D Deficiency.

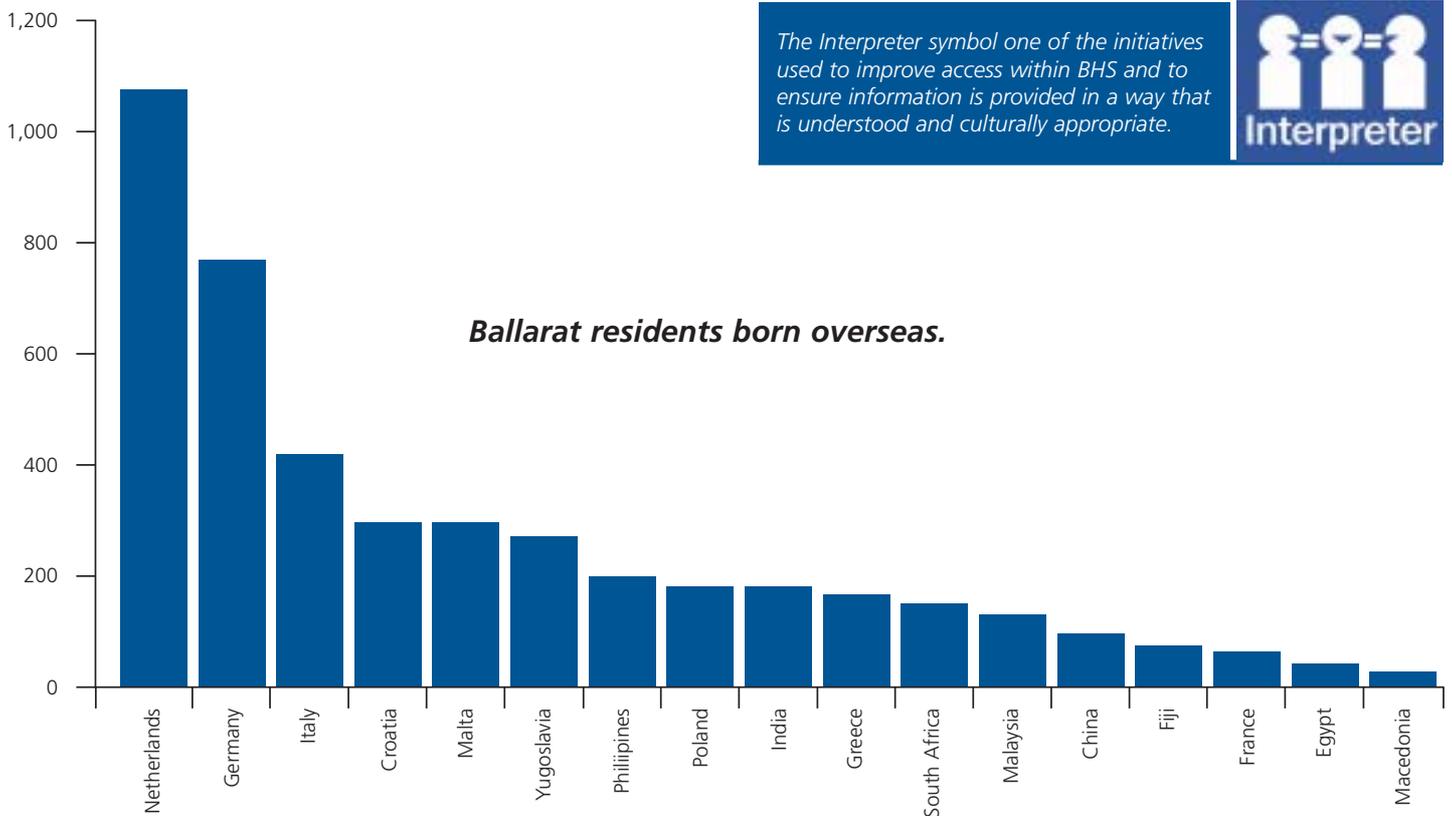


Sudanese refugee May Top with her daughters Nayadour and Nyabaum who was born in BHS Base Hospital.

Cultural Diversity Committee

The Cultural Diversity Committee, established in June 2006, encourages the participation of community representatives from culturally diverse backgrounds. In addition, the involvement of BHS on a number of cultural diversity committees in the community has enabled us to develop a better understanding of the cultural needs of all members of our community.

For example, some services have been adapted following consideration of cultural needs including greater use of interpreter services and translation cards across the health service.



The Interpreter symbol one of the initiatives used to improve access within BHS and to ensure information is provided in a way that is understood and culturally appropriate.





Carol Trusler, Midwife speaks with a new mum at the Ballarat and District Aboriginal Cooperative as part of The Aboriginal midwife program

Indigenous health

Aboriginal Health Partnership Agreement

Ballarat Health Services (BHS) and the Ballarat and District Aboriginal Cooperative (BADAC) developed and signed a Partnership Agreement in 2006 as the first step in a long-term commitment to improving the health outcomes for the Aboriginal community within the Grampians region.

One of the major priorities has focused on reducing barriers to access for Aboriginal and Torres Strait Islander people living in the Grampians region and promote greater understanding by clinicians.

Recognition of the developing relationship was celebrated during NAIDOC week with the presentation of the Aboriginal flag to BHS by BADAC.

In considering the needs of the Aboriginal community BHS has developed a number of key roles within the health service.

Aboriginal Midwife program

The Ballarat Health Services (BHS) Maternity Unit Ante-natal program is designed to inform Aboriginal women of information on birthing, breast-feeding and parenting issues.

When booking into the maternity unit, Aboriginal women are offered the services of a BHS midwife who offers information and support in a culturally appropriate environment.

Weekly information sessions at the Ballarat and District Aboriginal Co-Operative, have been embraced by women with participants saying the programs have 'removed fear' and in one case, 'helped me get over post natal depression'.

A key success factor is the flexibility afforded to families, including sessions in the home if necessary. However participants agreed the sessions 'provided an outing' and this was 'extremely important'

The sessions enable the midwife and maternal child health nurse to provide continuity of care and support for mothers and babies. Aboriginal mothers now average ten ante-natal visits per pregnancy at the centre, with the average birth weight of babies blossoming from 3000 to 3500 grams, since the programs' inception.

All sessions are well attended with an average of 10-15 mothers presenting on a regular basis. These sessions provide an opportunity to connect, offer peer education, and most importantly to provide support for one another.



**BALLARAT
GRAMMAR**

BALLARAT GRAMMAR
working with Ballarat Health Services in making
Ballarat a better community.



Involving our *consumers*

Ballarat Health Services understands the importance of listening to community views and consumer feedback to make sure we strive to provide safe, quality and appropriate services. At BHS we are constantly working to find ways to involve our consumers and community members in their own care and in planning for better services. There are many ways that consumers and the community have been engaged as partners in the past year at BHS.

Community Advisory Committee

The Community Advisory Committee (CAC), a sub-committee of the BHS Board of Management, was established in mid 2005 with broad representation and perspectives of the community. The CAC considers priority areas and key initiatives to strengthen community participation across all levels of BHS.

Key achievements of the CAC for the past year have included:

- Implementation of the Community Participation Plan;
- Participation in renewing the Quality of Care Report and "Going to Hospital" - patient information booklet;
- Development of a Consumer Participation Policy;
- Working with departments to undertake Consumer Participation Service Reviews to assess how clinical teams interact with patients and identifying opportunities for improvement;
- Participation in review of signage across BHS; and
- Development of a webpage on the BHS internet and intranet site for the Community Advisory Committee.

Marg Langlands, a carer for her mother Betty, also volunteers at the Eyres House Planned Activity Group (PAG) where Betty attends. Marg was a participant in the Community Forum run by Community Programs which she found very informative, "it is good to listen to people, hear their experiences and to know how other people relate to the services" she said. Marg added "BHS offers incredible support to my mother and I, and being part of the forum keeps me in touch and helps me spread the word about what is available to other people. I was pleased to be involved and look forward to participating in the forums again."

Community Programs: involving the community in planning

The Community Programs team reviews the services they provide using surveys and feedback forms. They also provide six-monthly community forums, which are an enjoyable way for consumers to be involved in service planning, development and evaluation. As a result of the information and feedback provided during the forums:

- a centrally managed waiting list program was developed providing a support service and point of contact for people on the waiting list for Community Programs at BHS;
- a booklet, radio interviews and a range of other promotional activities have been implemented in order to increase awareness of the community programs offered;
- a discharge planning audit was undertaken; and
- a review of the handling of patient information across programs and service providers is underway to reduce duplication for clients.

If you are a recipient of BHS Community Program services and would like to know more or would like to be involved in the forums, please talk to the community program staff.





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Consumers' views count

Receiving feedback from clients is essential to improve the quality and safety of care. Consumers' comments, complaints and concerns are a unique and important source of information and assist in identifying issues.

We receive feedback in a number of ways including:

- a formal feedback process for compliments, concerns and complaints;
- participation in the Victorian Patient Satisfaction Monitor surveys and
- a new Consumer Feedback Survey provided to patients on discharge, recently piloted and due for roll out in the near future

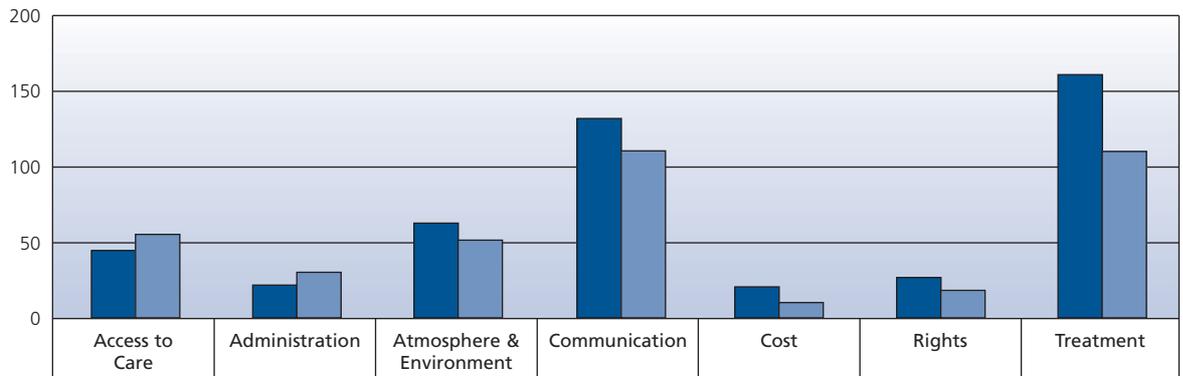
This approach has been established to ensure appropriate feedback is received and appropriate changes occur. Complaints are monitored by the Quality Care Committee to identify the numbers and types received, identification of trends and that appropriate action has been implemented. The total number of complaints received in 2006/07 has decreased by 14.9 per cent on the previous year from 483 to 397.

Concern about communication is one of the most commonly reported complaints. In response, specific groups of staff received training and education in communications skills. In addition, the importance of customer service and patient's rights and responsibilities have been incorporated into the induction program for all new staff.

As a result, the number of complaints related to communication has also reduced by 17.4 per cent from 136 in 2005/06 to 114 in 2006/07.



Type and number of issues identified in complaints:



■ 2005/2006	45	27	64	136	21	27	163
■ 2006/2007	56	30	51	114	13	20	113



ballarat & district division of general practice inc.

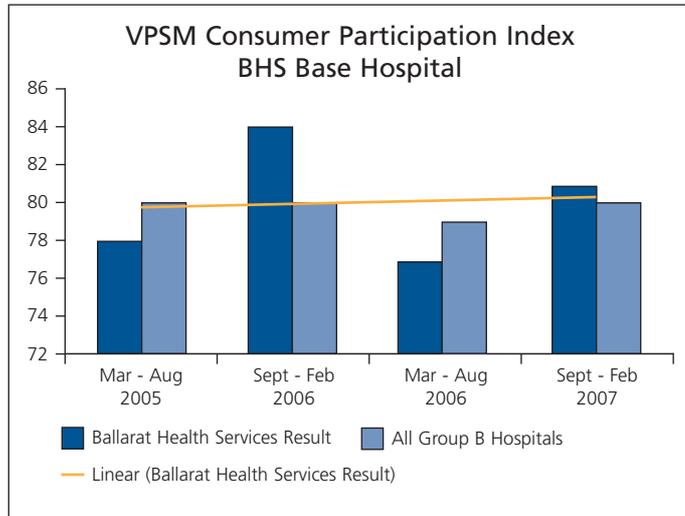
Our mission: To provide quality support and services to GP members in Ballarat and District, to enhance their role as leaders and major contributors to the improved health of our community.

<http://bddgp.org.au>

Victorian Patient Satisfaction Monitor

The aim of the Victorian Patient Satisfaction Monitor (VPSM), managed by the Department of Human Services, is to help hospitals identify ways to improve. This occurs through a randomly selected, confidential postal survey of patients. Although the data is prone to significant swings the results track hospital performance over time and compares them to similar sized hospitals.

Figure 1



Patients of both the Base Hospital and the Queen Elizabeth Rehabilitation Centre are invited to participate in the survey and the results are reported separately. The data indicates an improving trend in regard to the way patients are provided opportunities to be involved in decisions about their care, and the willingness of staff to listen to their concerns. (Figures 1 & 2).

Figure 2

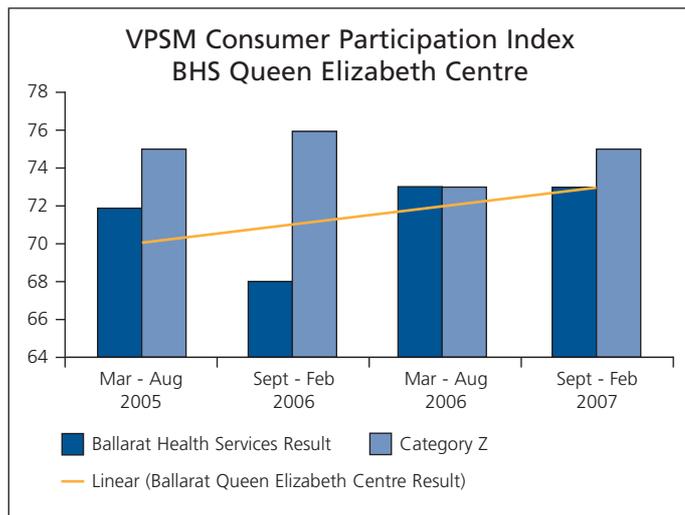
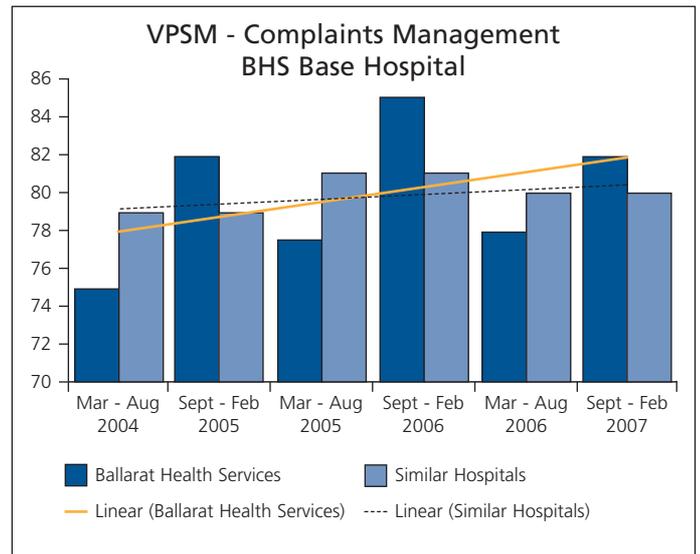
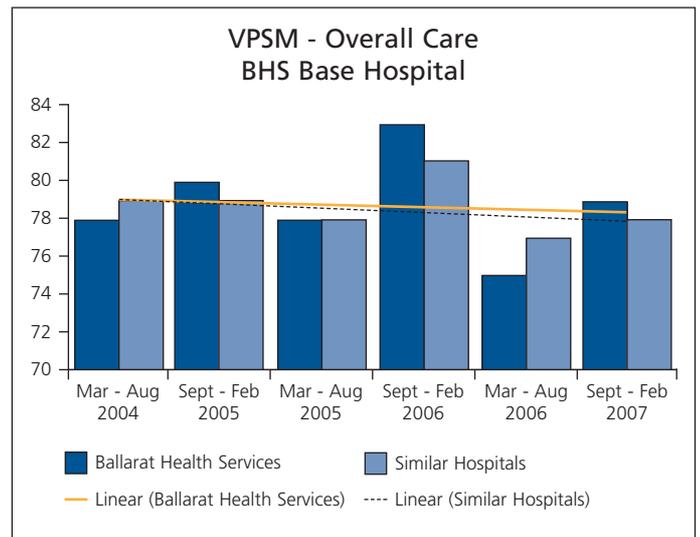


Figure 3



The improved management of complaints is highlighted by the results reported over the past three years (Figure 3).

Figure 4



The VPSM overall care index (Figure 4) reflects key care areas. A number of initiatives including a patient handbook "Going to hospital" have been recently implemented to improve our results in this area.



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Carer Consultant in Psychiatric Services

Ballarat Health Services Psychiatric Services have both consumer and carer consultants on staff to act as advocates for patients/clients and their families. The carer consultant, Jackie Crowe, is one of only five individuals from across the nation to be selected to take part in a 12 month international carer consultant mentor training program during 2007/08. Her passion for helping individuals and families deal with mental health issues has been the driving force behind her achievements. Jackie has been at the forefront of actively involving carers and has set up carer consultant groups across the region.



Jackie Crowe, Carer Consultant

Improving care for older people

Older people and people with multiple and complex needs, often require more support services in order to be able to regain or maintain their independence after or during an illness or surgery. The saying "If you don't use it, you lose it" is true.

Over the past 3 years, the Department of Human Services has funded a project called **'Improving Care for Older People'** across the state. At BHS we have implemented this through a number of projects with the aims:

- to reduce the need for older people to stay in hospital by providing for their needs in the community; and
- to keep older patients as well and active as possible during their hospital stay.

The Managed Waiting List Program for Community Programs clients and a Hospital in the Nursing Home pilot program were projects completed in the last year that aimed to prevent the need for a hospital stay. Two other projects involved working with patients while they were in hospital. One aimed to make sure older patients ate as well as they could during their stay and the other provided a gentle, chair based exercise program in which they could participate as able.

The Improving Care for Older Patients initiative will continue over the next few years with a focus on the care of patients with dementia and cognitive impairment while they are in hospital.

Patient rights

The revised BHS Patient Charter has now been in place for more than 12 months. Copies are placed at the bedside and within the "Going to Hospital" booklet. Posters and brochures are displayed prominently around the public areas of the hospital.



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Quality and *Safety*

Clinical Governance

Health services must have clear lines of management, accountability and continually strive to improve the quality, safety and standard of healthcare provided to their community. This is known as Clinical Governance and on this basis everyone at all levels of BHS is responsible for patient care.

A number of systems and processes have been implemented by BHS to support effective clinical governance, including:

- developing a transparent 'no blame' culture which encourages staff to report incidents enabling us to learn and find solutions;
- clear accountabilities and communication channels;
- a program of checking key clinical measures and reviewing results (a clinical audit program) and comparing them to other health services;
- risk management systems which identify, manage, minimise and monitor risk areas;
- Quality Governance reports are prepared and highlight achievements across BHS and
- regular senior medical staff meetings discuss audits of the outcomes of patient care and review serious cases.

Accreditation

Ballarat Health Services participates in an accreditation process with the Australian Council on Healthcare Standards (ACHS). This program involves a thorough on-site Organisation Wide Review every four years. Accreditation surveys, conducted by a team of qualified and independent surveyors, provide feedback on the standards attained as well as areas requiring improvement.

Ballarat Health Services successfully obtained a full four years accreditation in October 2006. In summary, the surveyors reported that "...there are many and varied initiatives across all departments which lead the observer to conclude that the BHS vision i.e. 'to serve the people of the Grampians region by continuously striving to achieve excellence in healthcare' is well advanced in its application". BHS was awarded an outstanding 23 Extensive Achievement (EA) ratings for the standards. Ballarat Psychiatric Services successfully underwent an In-depth Mental Health Review by a specialist psychiatric survey team from ACHS at the same time.

Some of the achievements for which BHS was commended include:

- the development of a strategic services plan to guide ongoing development;
- implementation of a new system for management of policies;
- improvements to signage;
- introduction of a Transit Lounge to improve discharge;
- the commissioning of the 6th operating theatre;
- the introduction of integrated care teams in Psychiatric Services;
- accreditation as a WHO Baby Friendly Hospital;
- the Family Choice Program in partnership with the Royal Children's Hospital enabling children with complex care needs to be cared for at home;
- the purpose built outdoor area for patients of the critical care unit to assist in their recovery;
- the improvements in continence care and nutrition of older people in BHS residential care units;
- improvements in access and security of the Information Technology (IT) system;
- library service improvements;
- improved corporate services management structure and
- an effective return to work program for injured staff.

Recommendations from the survey have been considered and are being addressed as part of the ongoing improvement program.

Residential Aged Care Accreditation

Full accreditation of the BHS Residential Care Services was granted by the independent Aged Care Accreditation Agency in early 2006 for most of the BHS units. Accreditation for Eureka Village, took place in May 2007. The commitment to improvement of performance and the provision of high quality care to our residents once again ensured that Eureka Village was fully accredited for all of the 44 aged care standards.

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International accreditation for BHS Catering

The highly motivated BHS Catering staff take their job seriously. This year they increased standards, to achieve a recognised world standard of food safety management, a higher accreditation than the normal Victorian food safety standards. The Hazard Analysis and Critical Control Point (HACCP) Accreditation was awarded to BHS Catering for five years. BHS is the only Victorian public hospital kitchen to have this accreditation.

Medical training accreditation

BHS also needs to maintain accreditation from the various medical colleges to be able to support interns in their learning and trainee specialist doctors. This year we have been reviewed and accredited for training places for surgeons, anaesthetists and intern placements.



Russell Hardy, Ballarat Health Services Catering Manager, proudly displays the International Catering Certificate



Ballarat Health Services staff has wiped their hands clean... of germs that is.

The results from the recently completed Hand Hygiene Project show great results. Sheryl Baker, Infection Control Hand Hygiene Coordinator, said staff had led the charge in reducing the risk of hospital acquired infections. The 12-month project has seen the introduction of alcohol-chlorhexidine hand rub at the end of all beds and in high traffic areas such as entrances to all departments. "The results were amazing, the target was 60 per cent and overall, BHS achieved 70 per cent."



Partners in care

Ballarat City Council and Ballarat Health Services: working together to improve the health and wellbeing of our community.

www.ballarat.vc.gov.au

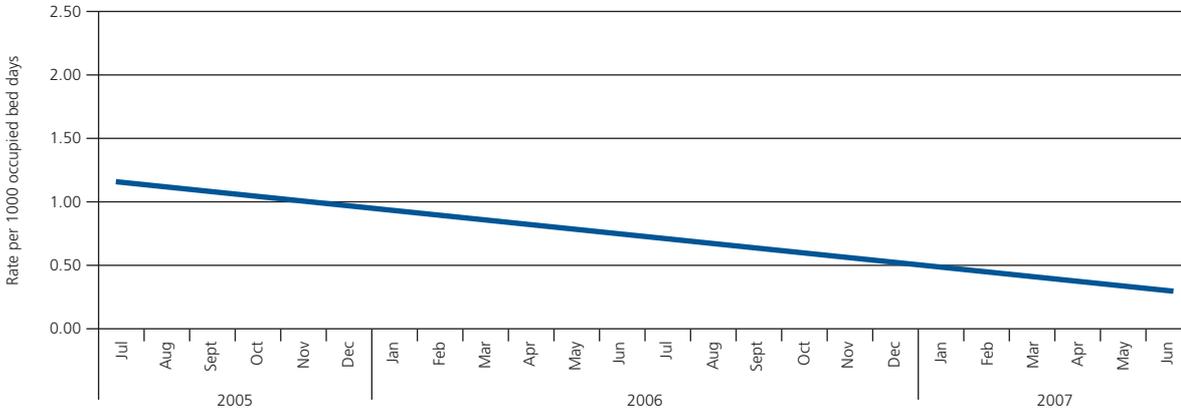


Managing Risk

Reducing Infections

Identifying and managing infection is crucial to preventing unplanned or prolonged stays. One of our infection control strategies overseen by the Infection Control Committee is to monitor the incidence of MRSA (Methicillin Resistant Staphylococcus Aureus) bacteria, commonly known as Golden Staph. This germ is thought to spread through cross contamination between patients and from staff to patients. The most effective way to prevent the spread of any micro-organism is by practising a high standard of hand washing.

MRSA Blood Stream Infections 1000 Occupied Bed Days

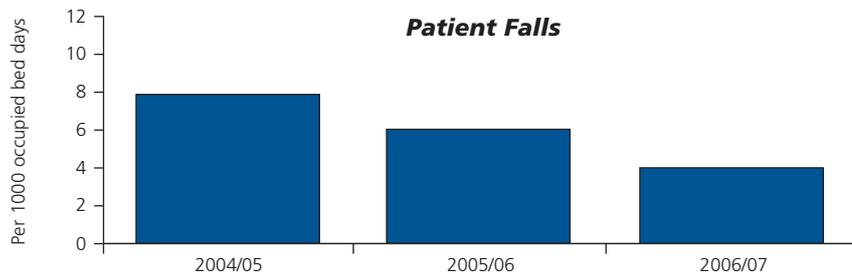


Reducing the risk of falls

Preventable falls is one of the major safety concerns for all areas of Ballarat Health Services. A fall increases the risk of complications, length of stay in hospital, costs of care and can mean loss of confidence for the patient or resident.

Over the past two years, the Falls Working Group has adopted clinical practice guidelines, developed a risk screen tool for staff and an information package for clients.

There is still work to be done, but the activity to date has seen a reduction in the number of falls since 2004.



Occupational Therapist Sharon Vella works with patient Les Pattenden at Ballarat Health Services Queen Elizabeth Centre.



Proudly Serving Ballarat Health Services

Collection Centres for your convenience

Ballarat Base Hospital Drummond Street Mon-Fri 8am - 5.30pm Sat 9am - 12pm

Ballarat 53 Victoria Street Mon-Fri 8am - 4pm (Closed 12.30 - 1.30 for lunch)

Wendouree Day Procedure Centre 1119-1123 Howitt Street Mon-Thurs 8am - 6pm Fri 8am - 5pm

Daylesford Hospital Hospital Street Mon-Fri 8.30am - 11.30am

Ballan 25 Fiskin Street Mon-Fri 8.30am - 11.30am

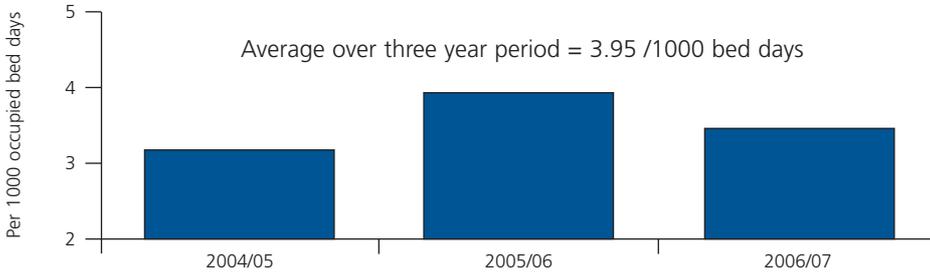
Maryborough Health Services Clarendon Street Mon-Fri 9am - 4pm

Safe use of medications

Medication errors are a preventable event. The Safe Medications Working Group has succeeded in improving the reporting of medication errors, through increased staff awareness and ongoing review of protocols and processes. A strategy to improve medication safety has been the introduction of the National Inpatient Medication Chart. This chart is a standard format used nationally so doctors and nursing staff rotating between hospitals are familiar with the format thus reducing the risk of medication errors.



Medication Incidents

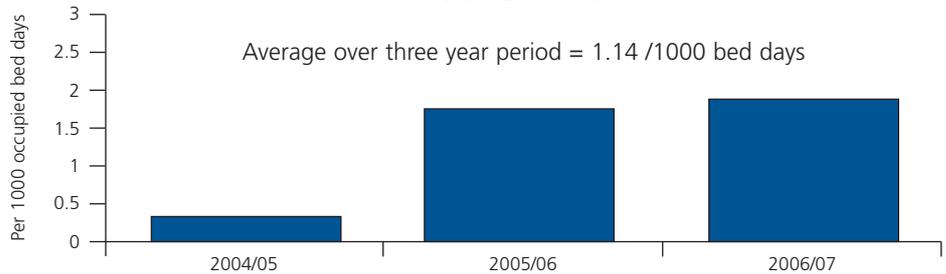


Reducing pressure ulcers

Pressure ulcers, commonly known as bed-sores, are usually a complication of immobility due to illness and/or frailty. The Skin Integrity Working Group is aiming to reduce the frequency and severity of pressure ulcers for patients and residents. For the past three years BHS has been involved in the statewide Pressure Ulcer Point Prevalence Survey (PUPPS), focusing on the identification and detection of pressure ulcers.

Our results as indicated in the graph highlight an increasing trend in early detection and improved reporting of pressure ulcers. Although the numbers of pressure ulcers have increased, there is a corresponding decrease in the severity of pressure ulcers, due to increased vigilance.

Pressure Ulcers



Safe Blood Transfusions

The Better Safer Transfusion Program (BeST) is a State Government program for improving care for patients requiring blood transfusions. A key part of the program has been the employment of a Transfusion Nurse to implement improvements, which have increased safety and appropriateness of blood and blood product use and reduced waste of a precious resource.

In the past year, BHS also participated in the Serious Transfusion Incident Reporting (STIR) system pilot to improve monitoring. A review of transport and storage ensures that blood products are stored in specific, temperature controlled fridges.



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Maintaining our *environment*

Violence & aggression

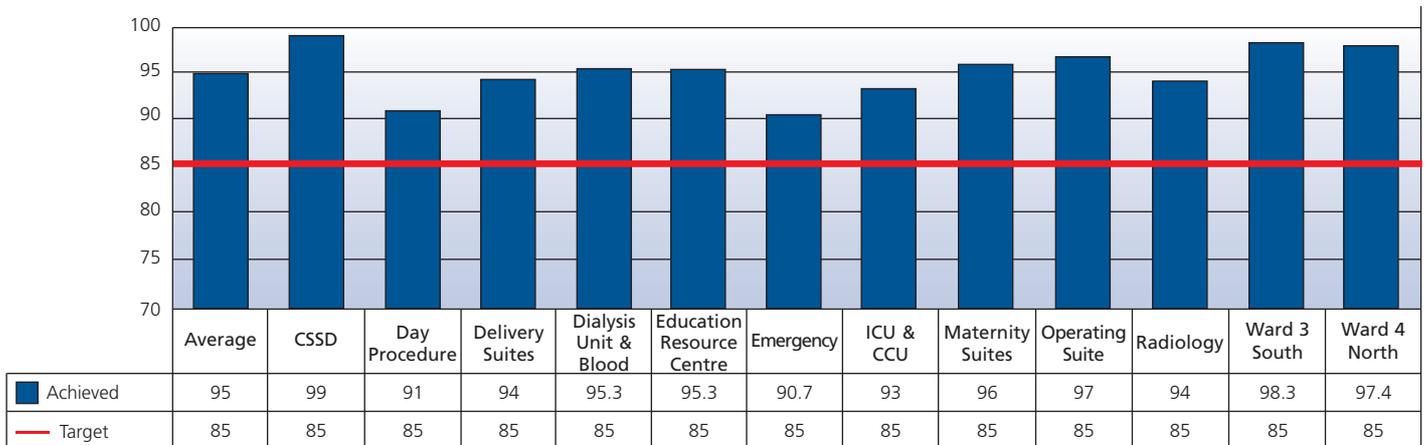
BHS continues to review the Violence and Aggression policy and framework to ensure staff, patient and visitor safety. Improvements to the system include consistent responses to all violent or aggressive activities, increased number of Closed Circuit Television (CCTV) systems, enhanced security guard services, the establishment of a police liaison officer and improved training in high risk areas. This all supports our commitment to zero tolerance to acts of violence on our premises and reinforce that appropriate action will be taken against any person placing our staff, patients, visitors or property at risk.

Cleaning and waste audits

The Base Hospital achieved the highest rating for a cleaning audit since standards were introduced seven years ago. An independent audit reviewed 11 ward areas and an overall cleanliness rating of 94.9 per cent was achieved. Don Colbert, Environmental Services, Manager, said it was worth noting that seven out of the 11 areas rated above 95 per cent and all 11 areas were above 90 per cent.

Ballarat Health Services - Cleaning Audit Scores

Average by Department - 22 March 2007



Water

Ballarat Health Services has implemented water saving strategies to reduce water usage by more than two million litres this year and are continuing to work closely with Central Highlands Water and consultants to identify further measures.

The Base Hospital, residential facilities, kitchen and laundry areas use large volumes of water in the provision of services to the community. Water saving projects include the re-use of water through the Base Hospital toilets and in the maintenance of garden areas. Eureka Linen is using recycled water following modifications to the batch washers and water saving devices have been installed in many bathrooms.





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Improving *access to care*

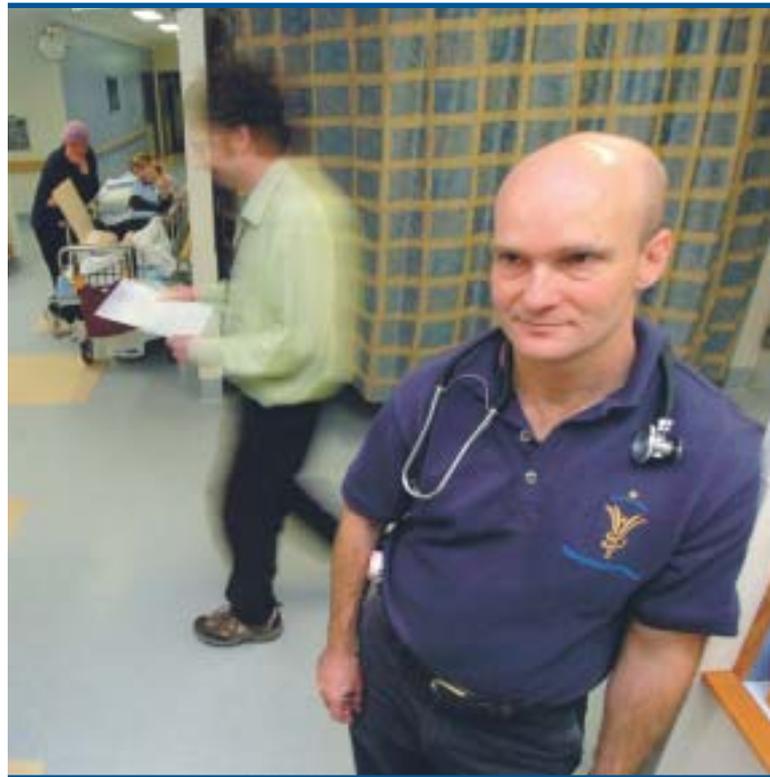
The Emergency Department gets results

The workload within the Emergency Department (ED) continues at a very high level. Despite the opening of the Eureka Medical Centre, the attendance numbers have remained consistent. The Emergency Department (ED) has achieved the targets set by the Department of Human Services, for patient categories despite increases in patients presenting with more complex conditions, a significant achievement by this department. All patients presenting to the ED are assessed on arrival to determine the urgency and severity of their condition.

Patients requiring urgent care (including those arriving by ambulance) are classified as category one and seen immediately. Patients classified as less severe category two patients, should be seen within 10 minutes, category three patients should be seen within 30 minutes and category four and five patients are those classified as less severe, will wait longer for care. Although this may seem frustrating for patients waiting to be seen, it does ensure that those people in the most urgent need are seen in the shortest possible time.

We aim for patients to progress through the ED as efficiently as possible in order to be either admitted to a ward, as required, or return home. We continue to strive to meet each of the targets as highlighted in the table below.

Length of Stay in the Emergency Department	2004/05	2005/06	2006/07	Target
Non-admitted patients seen within 4 hours	90%	90%	89%	80%
Admitted to ward within 8 hours	90%	85%	80%	80%
LOS in ED of more than 24 hours	5	0	0	0
Number of ED attendances	35,835	40,062	40,027	



Dr Stephen Pinkus, Assistant Director of Emergency Medicine at work in the Emergency Department



Assistance and Care in Emergency, volunteer Tracey Bennetts at work at BHS



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Waiting for surgery

A key part of maintaining effective patient flow is the management of our elective surgery waiting lists.

The Department of Human Services (DHS) waiting list categories relate to the condition and clinical needs of the patient and the urgency of the surgery as assigned by the treating doctor. As can be seen on the table (right).

BHS has maintained the 100 per cent target that ensures that the most urgent patients (category one) undergo surgery within the 30 days.

Considerable work by the surgical services team to manage patient flow has also achieved a steady improvement in category two patients. The average waiting time for these patients has reduced from 71.5 days in 2004/05 to 43 days this year.

BHS is constantly reviewing the number and types of patients waiting for surgery to ensure equitable access for all patients.

The increased numbers of more urgent cases can result in category three patients waiting longer than is ideal.

For this reason DHS has implemented the Elective Surgery Access Service (ESAS), a state wide program, to assist patients on long waiting lists to receive their care earlier than would be possible at their hospital.

This option is available for various types of surgery and is provided by metropolitan health services.

Patients accepting treatment through ESAS must be willing and able to attend outpatient, pre-admission and post-operative appointments at the designated hospital.

The initial referral is arranged by the ESAS Coordinator at Ballarat Health Services.

The receiving hospital then communicates with both the patient and their General Practitioner regarding the surgery and care.

The patient has access to a designated nurse at BHS regarding any enquires or issues.

For further information please contact the Elective Surgery Access Coordinator on 5320 4775

Elective Surgery	2004/05	2005/06	2006/07	Target
Category One elective patients admitted within 30 days (urgent, can deteriorate quickly and lead to an emergency)	100.00%	100.00%	100.00%	100%
Category Two elective patients seen within 90 days (conditions that cause some pain, dysfunction or disability but are not likely to deteriorate quickly)	87%	78%	96%	96%
Category Three elective patients seen within 365 days (non-urgent - conditions causing minimal or no pain, dysfunction or disability)		92%	83%	95%
Number of patients on the Elective Surgery Waiting List	1009	1239	1140	1200



Since the first patient was treated with dialysis in 1984 the Dialysis Unit has undergone significant growth and had a number of homes within BHS. The unit is now located in the former Accident and Emergency Department which has been refurbished into a modern, purpose built and equipped facility for 12 dialysis stations to accommodate increasing numbers of patients requiring this service. Patient numbers in the unit have increased by 51.8% in the past five years and the numbers are expected to continue to increase in the future.



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Transit lounge

The Transit Lounge is an initiative to improve timeliness of admission and discharge and has been established at the Base Hospital to cater for patients experiencing delays in discharge.

A timely discharge is considered to be 10am; but this requirement may not be met due to transport arrangements, dispensing of medications or a late decision to discharge a patient.

Instead of this group of patients remaining in a hospital bed, the Transit Lounge provides an alternative, comfortable environment while they wait.

Since the lounge opened in November 2006, a total of 723 patients have used the facility. The average time spent in the lounge is two hours with the main reason for patient transfer to the lounge, being waiting for transport.



Nonnie Tennant keeps an eye on patient John Jones in the Transit Lounge at the Ballarat Health Services Base Hospital



Accessing rehabilitation services

The Sub Acute Waiting list is used to ensure patients can be easily transferred from the Base Hospital to a ward at the Queen Elizabeth Rehabilitation Centre (QEC). This means that acute hospital beds are released and patients are transferred when they are ready for the next stage of their recovery. A database has been developed to monitor and manage this patient flow. All relevant clinical staff are involved in a daily team meeting to ensure timely and appropriate transfer.

On average it takes 1.7 days for a patient to be transferred to the QEC once they are identified as ready for transfer. Using this system the number of patients unexpectedly readmitted to the Base Hospital has been reduced.

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A team approach to psychiatric care

Following a rigorous internal review of Psychiatric Services it was identified that the previous team functions of triage; crisis assessment and treatment; continuing care; and mobile intensive support and treatment were shown to inhibit capacity to deliver optimal client services.

The reorganisation of the clinical workforce and support processes now ensures clients and their families receive a comprehensive, seamless treatment program from the same clinicians.

The implementation of Integrated Teams has improved the health status of clients and as a result, admissions to the Adult Acute Psychiatric Unit has reduced.

The implementation of integrated teams ensures clients and their families receive comprehensive, seamless treatment from a consistent group of professionals for the duration of their care.

Residential Care

BHS is the largest provider of public aged care residential services in Australia with a total of 535 beds. Residential aged care facilities are located in a number of sites across Ballarat offering both hostel and nursing home levels of care. Demand for residential aged care is high and as a result a centralised waiting list has been developed and is managed by an access coordinator. In this way we can ensure that potential residents are provided with accommodation choices that best suit their needs and level of dependence. In order to assist families to select the most appropriate options for care, BHS residential services are currently reviewing the website to include information and links about the admission process.



WB Messer, a 45 bed single room hostel, is located next door to Stocklands shopping centre on Gillies St. The hostel consists of four interlinked houses each with their own kitchen, lounge and dining area, providing 24 hour support for residents. One new resident commented "I'm glad that I made the move when I did. I have adjusted to my new life and still can enjoy outings with friends. I was reluctant in the beginning even though I was not coping at home and was very lonely. Now the hostel is home and I have lots of company."



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Celebrating *our past*

150 years of service at Queen Elizabeth Centre

This year we celebrate 150 years of service to the community by the Queen Elizabeth Rehabilitation Centre. Over the past 150 years there has been significant development, expansion and changes.

The origins of the Centre can be traced back to a decision by community minded citizens in 1857 when they agreed to develop a Benevolent and Visiting Society in Ballarat. The Society provided for members of the community who were sick or needed assistance either financially or to find employment.

The Ballarat District Benevolent Home officially became the Queen Elizabeth Home in 1945 following a visit by their Royal Highnesses the Duke and Duchess of Gloucester. Her Majesty Queen Elizabeth, the Queen Mother, visited the home in 1958.

In the 1870's the role of the Society expanded to incorporate maternity services and also included visiting people in their own home. Maternity services were transferred to the Base Hospital in the 1920's.

Lederman Hall, which still exists within the grounds of the QEC today, was opened in 1930 as an entertainment and dining hall for the male residents. This was later renovated to establish a restaurant for residents and also provide conference facilities.

In the 1940's the Centre employed its first matron with nurses' accommodation opening the following year.

In 1951 Hailey House, named after its benefactor, opened providing modernized nurses' accommodation, this was altered and re-opened in 1991 as a hostel for long-term residents. Hailey House has since been relocated to North Ballarat to ensure residential facilities continue to meet safety and quality standards for residents.

In the late 1950's changes to government policy influenced how services were to be delivered resulting in the transfer from large hospital-like wards to community based, home like accommodation.

Over the next few years the centre acquired a number of properties around Ballarat and refurbished them to accommodate long term residents.

During the 1980's additional community based homes were purpose built in community settings with the centre developing in to a specialised centre for rehabilitation and assessment for older residents.

The Peter Heinz Rehabilitation Centre, originally opened in 1989, was specifically designed to accommodate a multidisciplinary approach to rehabilitation. The facility was relocated to the Ascot Street entrance incorporating a gymnasium, hydrotherapy pool and rehabilitation ward in 1999 as part of the significant redevelopment of the site.

Less than a decade later the centre merged with Ballarat Base Hospital and Grampians Psychiatric Services to become Ballarat Health Services.

The first 150 years of the Queen Elizabeth Rehabilitation Centre have provided the Ballarat and broader Grampians region with important and necessary services to our community. During this time the buildings and services provided have significantly changed and developed to meet the changing needs of the community.



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Planning for *our future*

Strategic planning process

In September 2006 the Board of Management adopted the Strategic Services Plan and Model of Care final report outlining the key directions and strategic priorities for BHS over the next five years. The report provides a framework and vital reference and resource for planning and decision making across the organisation. It identifies strategic priorities for BHS to achieve its vision, whilst continuing to provide and improve health services for Ballarat and the broader Grampians region. The plan has been developed by the Board, Executive Staff Council, staff, consumers and other key stakeholders.

Priorities for the first year of the plan include review of:

- cardiology services;
- cancer and palliative care services;
- teaching, training and research opportunities across all staff groups;
- models of care;
- psychiatric services;
- residential care reform;
- strategic alliances and partnerships;
- workforce recruitment;
- buildings and services to ensure that infrastructure continues to keep pace with community needs. This process is known as Master Planning;
- framework for managing patients with behavioural issues;
- information technology and
- comprehensive clinical services plan.



Executive Director Corporate Services, Steven Jones and Major Projects and Infrastructure Director, Chris Lockett, consider the master planning exercise for BHS.

Grampians Clinical School and Deakin University

Ballarat Health Services has a long and proud association with undergraduate medical training and is keen to continue to play a role in the education and training of future medical staff. In April 2006 the Prime Minister announced that Victoria would be allocated 160 new Commonwealth Supported Places (CSPs) in medicine. Deakin University was allocated 120 of these places to establish a new medical school at their Waurn Ponds campus outside of Geelong. Twenty five percent of the Deakin University medical students will be allocated to the Grampians Rural Clinical School, with Ballarat Health Services as the coordinating centre. By 2010, Ballarat Health Services will accommodate 80 Deakin and Melbourne University medical students each year. In preparing for the additional medical students BHS will include the development of an education precinct to accommodate education needs for students and staff in to the future as part of the master planning exercise currently underway.



Melbourne University Medical students Adam Straudband, Michelle Hamrosi with Executive Director Medical Services, Dr John Gallichio

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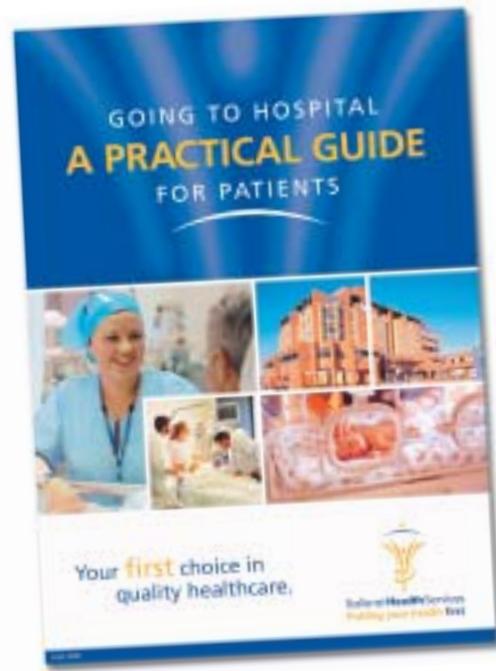
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Responding in *the present*

Changes/improvements to our facilities

BHS continues to maintain and improve all facilities to provide the safest and most appropriate environment for all patients, staff and visitors to Ballarat Health Services. In 2006/07 capital projects commenced include:

- alterations to the foyer of the **Emergency Department** to provide more room for people waiting for care and also ensure that those waiting can be monitored in case their condition changes.
- **handrails & upgrade to Base Hospital foyer** have recently been completed to ensure the entrance and corridors are appropriate for older members of the community.
- **signage** has been reviewed and updated to provide easier access for all BHS patients and visitors.
- **upgrade to isolation rooms** at the Base Hospital.
- work is underway on the commissioning of a **sixth operating theatre** and upgrade of the **Central Sterilising Supply Department**. This will enable an additional 1500 theatre cases to be completed within BHS each year.
- **new defibrillators and resuscitation trolleys** have been provided for all floors of the Base Hospital to improve response times to medical emergencies.
- **an Electrical upgrade** is underway to ensure the power supply to the entire health service can be maintained and meet future increases in demand.
- the decommissioning of **Pleasant Homes** is the first stage in the significant review of residential services following the release of the Strategic Services Plan. Although Pleasant Homes currently meets accreditation requirements, future standards will necessitate significant refurbishment of this facility. Over the next few years all residential aged care facilities will be reviewed to ensure we have the right mix and type of residential accommodation.
- two **flagpoles** have been erected at the Mair Street entrance of the Base Hospital site enabling the Australian and Aboriginal flags to be on permanent display. The Aboriginal flag was presented to BHS during NAIDOC week in recognition of the ongoing partnership between BHS and the Aboriginal community.
- improvements to the **Cafeteria** have resulted in a major refurbishment providing a pleasant space and increased usage by staff and visitors.
- the arrival of a **second cook-chill plant** this year has significantly increased the capacity of BHS catering services.



'Going to Hospital; a practical guide'

An admission to hospital can cause anxiety about your condition, and what to expect from the hospital stay. The patient guide has been developed using information from staff and patients. It includes checklists of what to bring, what to expect in hospital and how to plan for going home. This guide will be provided to all patients admitted to the Base Hospital.



LtoR: Ted Lovett, Lynne McLennan (MLA Ballarat East) Geoff Howard and Andrew Rowe Raise the flags in celebration of NAIDOC week.

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A qualified and quality *workforce*



South African born Orthopedic Surgeon Hans Lombard moved to Ballarat with his family in June 2007 to work at Ballarat Health Services.

Credentialing

A key part of providing safe and quality health services is making sure that all staff have the necessary skills, qualifications and experiences to do the job they are employed to do. This process of checking before a new staff member is appointed, or a new type of procedure is introduced is called credentialing. Credentialing procedures are used to verify the qualifications, experience and professional attributes of health professionals wanting to practice at BHS. All medical, nursing and allied health professionals must present evidence of their qualifications and registration prior to commencement with BHS and then on an annual basis. For medical staff once these have been verified, the scope of the clinical practice that they are to be granted to perform at BHS is carefully defined and is known as privileging. A subcommittee of the Board of Management has the responsibility to oversee the credentialing, privileging and appointment of the medical staff within BHS.

Recruitment & Orientation

Ensuring Ballarat Health Services is staffed with appropriately skilled staff is an ongoing challenge particularly in regional areas.

BHS has a highly competent Human resources (HR) team to ensure we are able to attract the right mix and balance of staff to meet community needs. BHS has a total staff of 2955 including full-time, part-time and casual staff. In 2006/07 an average of 2638 pay slips were processed each fortnight. During the year the HR team assisted BHS to conduct 1055 interviews resulting in 529 new staff joining the organisation.

Every new member of staff or volunteer attends the orientation program held each fortnight. Specific areas like nursing also have an additional component to ensure staff are familiar with the surroundings and have the requirements to meet the needs of our clients/ patients.

Doreen Bauer Traveling Scholarship

In 2004 Ballarat Health Services created the Doreen Bauer Traveling Scholarship in recognition of the outstanding service of the late Doreen Bauer who served Ballarat Health Services from 1977 to 2005, occupying the roles of Director of Physiotherapy, Manager of Rehabilitation and Quality Coordinator. Awarded annually, the scholarship assists members of staff to attend interstate and overseas educational programs, conferences and short term attachments or visits to centres of excellence.

The recipients for the Scholarship in 2005/06 were:

Phillip Catterson, Nurse Unit Manager, Emergency Department. The scholarship allowed Phillip to travel to various hospitals in the United Kingdom and review the systems utilised in their emergency departments to improve triage and patient flow through the department.

Jackie Warner, Manager, Education Training and Development, Psychiatric Services. The Scholarship enabled Jackie to travel to various National Health Service Mental Health Units in the United Kingdom and review the integrated Mental Health Care Model and gain practical experience in the delivery of education for clinicians.

The recipients for the Scholarship in 2006/07 were:



Sue Flockhart,

Manager Infection Control Unit, attended an international conference in California in June 2007, for infection control professionals. She also visited the Emory Health Care Hospital in Atlanta and the Centre for Disease Control.



Andrew Tobin is a senior physiotherapist working at the Queen Elizabeth Rehabilitation Centre. The focus of his scholarship was the rehabilitation of patients following stroke. Andrew traveled to the World Confederation of Physical Therapy International Congress in Vancouver in June 2007. He also visited centres of excellence to review evidence based practice in Sydney and in Adelaide.

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Medical careers weekend

Melbourne medical students considering a career in rural and regional areas attended a Rural Medical Career Weekend at BHS in April. Seventy five students from Melbourne and Monash Universities attended the two-day seminar. The weekend was a unique opportunity for students to learn from medical practitioners who have devoted much of their life to working in rural and regional areas. The students heard first hand of these doctors' experiences, and of the personal and professional benefits of living and working in rural communities.



BHS intern Dr Catherine Brumby, with patient Gloria Hains, is happy to work in a rural centre but may have to further her career in Melbourne.

Physician exams

The annual Royal Australian College of Physicians' exam was successfully held for the second consecutive year at BHS. Aspiring registrars train for three years before becoming eligible to sit the exam. Eight registrars from other Victorian hospitals took part in the exam held at BHS, while seven BHS physicians volunteered their time to assess the participants. The exam provides BHS with an opportunity to highlight our facilities and staff in the broader medical community and health system, and increases our profile in relation to the specialist medical community, universities and future medical staff.

Training staff to be prepared for emergencies



Craig Mitchell and Frances LaBarbera take part in the two day Emergency Training course at Ballarat Health Services

Ballarat Health Services in conjunction with Rural Ambulance Victoria, St. John of God Hospital, Victoria Police, State Emergency Service and the Department of Human Services conducted a Code Brown External Disaster/Incident exercise in August 2006 with a mock train crash located at Warrenheip. The exercise, using the Emergo Train System (ETS), moved simulated casualties from the incident site through to admission to hospital. The Emergo Train System has been internationally accepted and by the World Health Organisation. Ballarat Health Services used the system as an educational tool for training and testing preparedness for major accidents and disasters, using the principle of 'learning by doing'. The exercise, based on real time and real resources, was designed to put emergency services under pressure and allowed staff to deal with all the variables that may occur in a major incident or disaster. The response from the staff and services involved in the exercise demonstrated that we are ready if such an event should occur.



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CAN'T WAIT FOR TOMORROW

Partnerships with other *service providers*

Primary Care and Population Health Committee

The Primary Care and Population Health Advisory Committee, a sub-committee of the Board of Management of BHS, has continued to work to identify key issues within the community that require support and action. As its first initiative the committee is currently lobbying for the introduction of fluoride to the Ballarat water supply as a public health initiative. The advocacy for fluoride aims to compliment strategies and initiatives already in place to improve community awareness of the importance of oral health as an integral part of general health and well being.

Fluoride

Ballarat Health Services has been advocating for fluoridation of the Ballarat water supply for some time and is concerned about the significant public dental waiting lists and the poor oral health of our community. Melbourne water supplies have been fluoridated for 30 years and, as a result, the incidence of dental decay in 12 year old children is approximately 40 per cent less than 12 year olds in the Grampians region.

The public dental waiting list in Ballarat and surrounding communities is increasing and is almost five years for a routine dental check up. Emergency appointments are available but only to treat the cause of the pain.

Fluoride plays a crucial role in the prevention of dental decay throughout life. Fluoridation of the water supply is an effective way to deliver fluoride to all members of the community, regardless of age, socioeconomic status, education levels and the availability of dental care.

The adjustment of fluoride in community water supplies has long been recognised as an effective method of preventing dental disease with the overwhelming weight of scientific evidence supporting the safety and effectiveness of water fluoridation. There are a number of myths and concerns regarding the adjustment of fluoride levels in the water supply, all of which have been thoroughly researched and proven to be inaccurate.

Central Highlands Primary Care Partnership

An important aspect of health care is the prevention of illness and the promotion of health across the care continuum. We are working with partners in the community to provide health promotion and prevention activities and programs to improve the health and well being of our community. Ballarat Health Services has been a proud member of the Central Highlands Primary Care Partnership (CHPCP) since its inception in 2000. During that time we have been involved on various levels to improve the patient journey and experience both within the health service and also following discharge. BHS was pleased to announce the appointment of the Manager Population Health & Strategic Planning as the Chairperson of the CHPCP for a two year period.



Tracey Wilson, Manager population health and strategic planning

We continue to work with a number of partner organisations to ensure referrals to other services are completed in a timely and efficient manner, whilst ensuring patient confidentiality. The BHS Community Program sector is an active participant in the further development of communication and referral tools to reduce the number of times patients need to retell their history.



Selkirk Roosters, proud supporters of the community & Ballarat Health Services

The North Ballarat Football Club has been proud to raise over \$14,000 in the past three years to assist the hospital to purchase a neo-natal monitoring machine for their Special Care Nursery, and equipment for the 6th operating theatre and the Paediatric and Adolescent Unit.

www.theroosters.com.au



Foundation

The Ballarat Health Services Foundation has more than a million dollars invested and is using the income from investments to purchase new equipment to enable BHS to continue to deliver the best health care to Ballarat and district residents.

Foundation funds have supported a number of vital projects at both the QEC and the Base Hospital including:

- \$100,000 for the commissioning of a sixth operating theatre,
- a prosthetics alignment jig to aid accurate fitting of artificial limbs,
- a patient and visitor lounge on the Oncology ward,
- optical equipment aids in the Emergency Department and
- resuscitation equipment across Ballarat Health Services.

Donations from the community have always been important to supplement Government funding and a gift or bequest to the Foundation provides a lasting legacy for Ballarat and district residents. For further information about the Foundation please contact Geoff Millar, Director Foundation and Fundraising, on 5320 4093 or email to foundation@bhs.org.au.

Ballarat Health Services Foundation Limited PO Box 577 Ballarat Vic 3353



Pictured with BHS CEO Andrew Rowe are Flower Shop volunteer Kylie Cross (left) and Kiosk coordinator Grace Floyd who assisted with fundraising for the sixth theatre.



Beau Pertzel in the Base Hospital Children's Ward with Richmond Football Club players.



LtoR: Foundation members Shane Bicknell, George Fong, Bruce Bartrop, Geoff Millar, Peter McCracken, Mark Paterson & Win Menadue

Your donation will be invested by the Ballarat Health Services Foundation and the interest earned will assist in the purchase of health facilities and equipment at the Base Hospital and Queen Elizabeth Centre.

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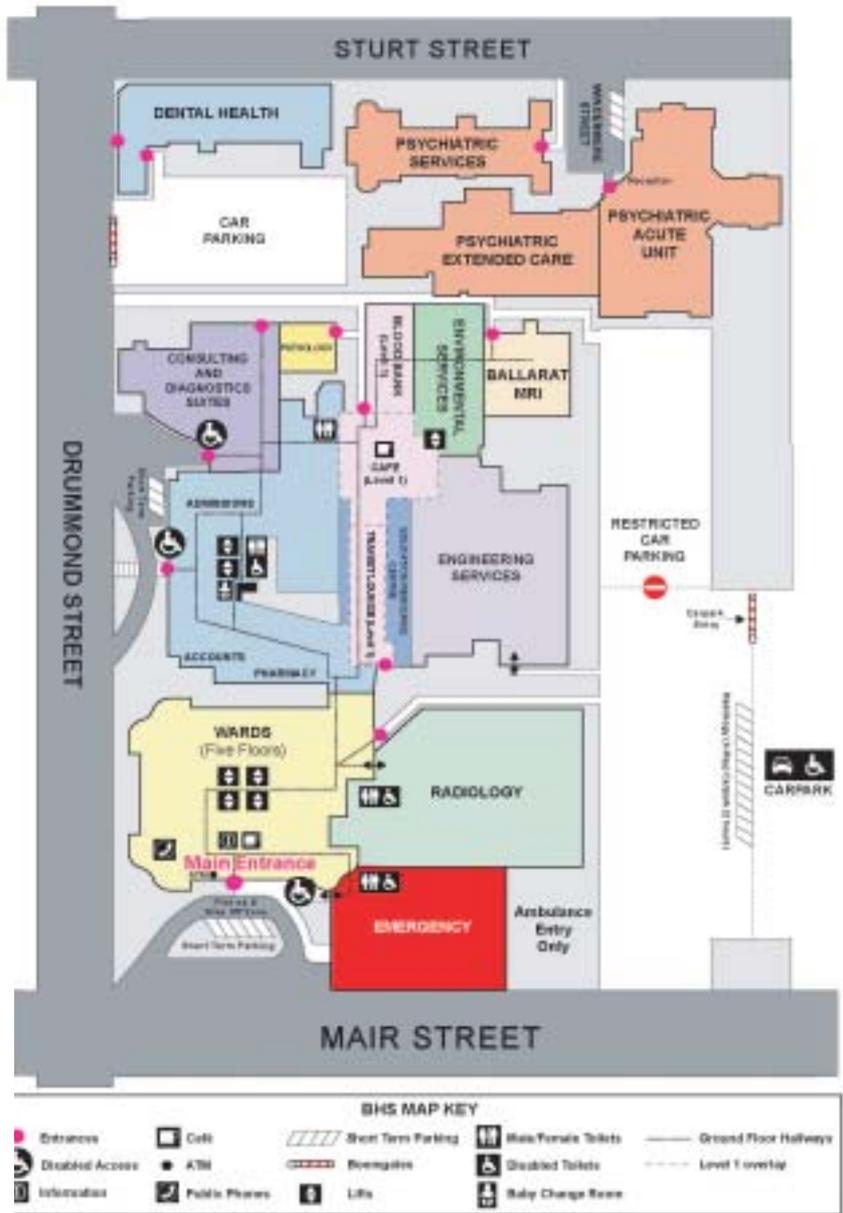
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Base Hospital Site Map



Queen Elizabeth Centre Site Map

The Ballarat Health Services Foundation welcomes donations and bequests. The income derived from investments funds vital equipment and facilities at the Base Hospital and Queen Elizabeth Centre.

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Ballarat Health Services Location Map







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Breast Care

Cardiology

Central Sterile Supply Department (CSSD)

Coronary Care Unit

Cognitive Impairment & Dementia Management

Community Nursing

Community Programs including:

- Adult Day Activity Centres
- Aged Care Assessment Service (ACAS)
- Allied Health Domiciliary Service
- Commonwealth Carer Respite Centre - Carelink Centres
- Domiciliary Care
- Hospital Admission Risk Program (HARP)
- Hospital in the Home
- Linkages - Central Highlands Coordinated Care
- Planned Activity Groups
- Post Acute Care
- Regional Continence Service
- Regional Palliative Care Team
- Rehabilitation in the Home

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Falls and Balance

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General Medicine

General Surgery

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Infection Control

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Lymphoedema

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Neonatal

Nephrology

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Ballarat 3350
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Ballarat **Health Services**
Putting your health first

For all enquiries please contact the Ballarat
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