



Ballarat **Health** Services

QUALITY OF CARE 2014-2015



11 Run Ballarat:
Doing it for the kids

12 Improving care for
Aboriginal patients

19 BHS dementia program
goes national



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Welcome

On behalf of everyone at Ballarat Health Services (BHS), we are proud to present our 2014/15 Quality of Care magazine.

BHS sits at the epicentre of a constantly evolving healthcare landscape. Our organisation’s capacity to respond to change is crucial to our success in providing timely and responsive health services to residents of the Grampians region.

For each and every action BHS takes, we have the care and needs of our patients and residents foremost in our minds. That’s why we focus our efforts on providing prompt, high-quality care in every circumstance.

As you will read in the following pages, our staff are always looking at ways to protect the public from harm and improve the quality of the health services we provide.

We are also focussed on involving consumers in their care and, ultimately, improving their satisfaction in the quality of care BHS delivers.

Our consumers and community members play an invaluable role in showing us how our organisation looks from a consumer’s perspective through a range of committees, groups and networks. We thank members for their tireless efforts in advocating on behalf of those they represent, and helping us tailor our various programs to the community’s needs.

Within this magazine, we have also showcased key milestones that have taken place across the organisation, such as the opening of the Base Hospital helipad, the appointment of our Aboriginal Care Coordinator and the introduction of our End-of-Life Framework. Each of these projects and initiatives, along with the dozens of others detailed, will result in improved care, services and amenities for all.

We hope you enjoy the read, and look forward to sharing more good news stories with you next year.

Andrew R. Rowe
Chief Executive Officer

Andrew Faull
Chair, Board of Management

Accreditation

National Safety and Quality Health Service
– full accreditation

National Mental Health Standards
– full accreditation

Aged Care Accreditation Standards
– full accreditation

Community Care Common Standards
– full accreditation

World Health Organisation (WHO) Baby Friendly Hospital
Accreditation – full accreditation

Acknowledgements

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61 Design

A woman with long blonde hair, wearing a blue hospital uniform with a gold logo on the chest, is smiling. She is holding a yellow folder. In the background, there are white metal shelving units filled with various medical supplies and boxes. To her right, another person wearing a colorful patterned headscarf and a black top is partially visible, also holding a yellow folder. The overall setting appears to be a pharmacy or a medical supply room.

Let's catch up...

We've put together this Quality of Care magazine as part of our commitment to you – our patients, carers and community members – to keep you up-to-date with how we're travelling at Ballarat Health Services (BHS).

We're talking specifically about the quality and safety of our services, and what BHS is doing to continuously improve the standard of care we provide.

We'd love to hear what you think about the magazine, or how we're doing in general, so please feel free to drop us a line at feedback@bhs.org.au, or give us a call on 03 5320 4014.



We're here for you

At Ballarat Health Services, we have been providing quality care for residents of the Ballarat and Grampians region for more than 150 years.

We have grown to become Victoria's second largest regional health service, and provide a wide range of general and specialist care for all stages of life and circumstance.

Our sites include:

- The Base Hospital, which houses our acute services, including the hospital, Emergency Department, Diagnostic Services, acute mental health beds and the Ballarat Regional Integrated Cancer Centre (BRICC); and
- The Queen Elizabeth Centre, which provides in-patient and community-based, sub-acute services such as the Cognition, Dementia and Memory Services Clinic; the Gandarra Palliative Care Unit, the Inpatient Complex Care Unit and Grampians Breast Screen.

Care is also provided through:

- Residential Aged Care Services at 10 facilities and five sites across Ballarat;
- Mental Health Services, including acute community and inpatient, aged community and inpatient, and child and adolescent mental health services;
- Community Programs and Services; and
- Dental Services.

Yearly snapshot

Yearly snapshot

In 2014/15, BHS has:

- Delivered **1352** babies
- Treated **36,519** inpatients
- Performed **12,503** cases of surgery
- Treated **51,443** Emergency Department patients
- Had **56,993** outpatient attendances

Celebrating our volunteers

BHS has more than 270 wonderful volunteers who have donated countless hours of invaluable service in 2014/15.

The support they provide to our residents, patients, visitors and staff is vital and, each year, we enjoy celebrating their marvellous contributions.

As part of this year's National Volunteer Week, BHS hosted a special afternoon tea with the highly appropriate theme, 'Give Happy, Live Happy.'

Volunteers play an important role across many areas of our organisation, including the Emergency Department, the Ballarat Regional Integrated Cancer Centre (BRICC), aged care, outpatient clinics, allied health and fundraising. They complement the work of staff through craft activities, reading, gentle exercise and massage, outings, gardening, conversation, listening, helping to write letters to family and friends, and other social activities.

In return, our volunteers enjoy the opportunity for socialisation, personal development and community contribution.



Appreciated: BHS volunteers celebrating the Give Happy, Live Happy National Volunteer Week.

For more information about our volunteer services, or to apply for a position, please contact Sue or Gayle at BHS' Volunteer Services department 5320 3789 or 5320 6931, or email gayles@bhs.org.au.

270 volunteers at BHS



Friendly faces: BHS Welcome Team volunteers Helen Matthews (right) and Vicki Fawals.

A volunteer's story

Volunteer Helen Matthews is a relatively new face around BHS. After moving to Ballarat several years ago, Helen became a volunteer member of the Base Hospital Welcome Team earlier this year.

"As a new resident to Ballarat, with a retired husband, I felt a need to get to know locals. The first and most logical step was to make contact with Ballarat Health Services via their website. The rest is history," Helen said.

"I have been part of the Wayfinding Team at the Sturt Street entrance of the hospital for the past three months. We are the first port-of-call for patients and visitors. This gives us an opportunity to interact with patients and visitors by either helping them with directions, welcoming them with a warm smile, providing some pleasant light conversation or, in some cases, offering the use of a wheelchair where required.

"At the end of our day we go home and reflect silently on what our day comprised of. The biggest reward I get is to know that I have made someone smile and maybe I have made a difference to their day in some small way.

"Finally, the response to our presence is so unbelievably rewarding. I am personally grateful for having the opportunity to be involved in such a wonderful environment."

"The response to our presence is so unbelievably rewarding."

Dying: It's urgent care

At BHS, we won't shy away from difficult conversations. Especially if it means ensuring we provide the best care possible for patients approaching the end of life. That's why we recognise that dying is urgent care, and treat it as such.

In 2013 we began developing an End of Life (EoL) Framework for all parts of our health service following local and national discussions that identified EoL care outside specialist palliative care units was not as good as it could be.

This is significant because acute hospitals, not specialist palliative care units, provide EoL care to most people who die in Australia. At the time, it was estimated that 70 per cent of people who died in hospital received life-sustaining measures, or active treatment unlikely to be of benefit, right up until the moment of death. Decisions about the appropriateness of providing life-sustaining measures in people with chronic, life-limiting illness were often postponed until there was a sudden deterioration. Families and healthcare workers were then required to make medical decisions about stopping active treatment quickly and without knowing the patient's wishes.

There was also evidence that hospitals not only needed to get better at identifying patients whose dying could have been anticipated, but that there was a clear need to make it easier for patients to communicate their wishes in relation to medical treatment, and for hospitals to ensure those wishes were respected.

BHS observed that, while many organisations provided elements of best-practice EoL care, none integrated it into one, aspirational framework covering all aspects of healthcare. By developing and putting into place the various elements of our framework, we have sought to improve our planning and delivery of care for a person approaching, or at the end of, life. That included supporting those close to the dying person.

To achieve this, the Framework included:

- Input from stakeholders impacted by an EoL framework, i.e. those who would require health care, their loved ones and healthcare professionals;
- The introduction of Advance Care Planning, enabling people not in crisis to document their wishes for future care;
- A method of identifying people at risk of deteriorating and dying so they have the chance to discuss their goals-of-care;
- Evidence-based care, with treatment aimed at providing comfort during the dying process and supporting the patient's EoL preferences; and

- Developing a Care of the Dying Management Plan (CDMP) to support staff to provide best care in the last days of life. This has been a key achievement of our work to improve the EoL experience for patients and families at BHS.

We saw significantly improved results in the 12 months following the Framework's implementation. Pleasingly, the project has changed the conversations we are having across BHS regarding EoL care. By shifting to a goals-of-care focus, the emphasis of our discussions with patients and their families is now on what we can do to provide good care at EoL rather than what we won't or can't do, which was often reduced to a discussion about when not to provide resuscitation for a patient. The earlier we make the transition to talking about recognising when a patient is at the end of their life, the more time the patient and their loved ones have to prepare for death and for best palliative care to be put in place.

While we are pleased with our progress, there is still much to be done to further enhance EoL care. The Framework helps us identify exactly what this is and BHS will continue to work hard to meet those challenges for the benefit of our patients and community.

Before we implemented our goals-of-care form:

- 15 per cent of patients who died were not involved in a discussion about their goals for medical treatment and resuscitation;
- Patients who did have a resuscitation plan did not have it discussed and completed until late in their admission; and
- For 23 per cent of patients the resuscitation plan was made in a time of crisis by the intensive care team, rather than by the person's treating doctor.

Progress since implementing our goals-of-care form:

- 90 per cent of patients have a goals-of-care plan in place within two days of admission;
- The goals-of-care at time of death meant that appropriate treatment was in place for 80 per cent of patients; and
- Over 80 per cent of those who died within the sub-acute wards were managed with a plan that helps give best care in the last days of life.

Best care for residents... to the very end

Death is always distressing. But the manner in which it occurs is important and, at BHS, we are determined to get it 'right.'

As the largest residential aged care service in Australia, BHS is home to more than 440 residents across nine facilities.

Residents and their families and/or carers take comfort in the knowledge that, when the time comes, we do everything we can to ensure they, or their loved ones, receive a respectful, peaceful death.

This is made possible through the use of an Advance Care Plan, which was introduced at all BHS residential facilities following our participation in a pilot program, *Respecting Patient Choices*, in 2010.

As part of an Advance Care Plan, residents are given the opportunity to discuss and record their wishes for the end-of-life.

The Advance Care Plan sits within our overall End of Life Framework, which then gives consideration to the additional

services needed to achieve residents' wishes.

By focussing on comfort and a positive approach to reducing an individual's symptoms and distress, residents and their family members feel that they are being actively supported through the end-of-life process.

Introducing the Advance Care Plan and End of Life Framework required significant work and training, and BHS is proud of the results.

The Advance Care Plan process is now part of our admission process for every resident, and updated as part of each residents' annual care review.

An audit of deaths in late 2013 also showed that 82 per cent – the vast majority – of residents had the wishes documented on their Advance Care Plan respected or met at the time of death. BHS is dedicated to achieving our residents' Advance Care Plan goals and will continue to monitor and, importantly, improve the care we give at this important time of life.

Simply better together

They say that love conquers all. But, fortunately, in this case, it didn't need to.



There was no way BHS was going to stand in the way of Jeffrey and Elwyn Arnold's happiness when they moved-in together at our Geoffrey Cutter Centre residential facility late last year.

Elwyn, 92, was admitted six years earlier when her health began to slowly deteriorate and she lost feeling in her legs. Every day after that, Jeff sat by her side from 9am to 6pm.

"I had nothing else to do," he said.

"I think it's wonderful here – I'm with her."


Jeff joined Elwyn to live at the facility last December and the staff worked hard to arrange for the couple to share a double room. They celebrated their 70th wedding anniversary at the Geoffrey Cutter Centre in February.

BHS Director of Nursing Jacqui King said it was the first such anniversary she had seen in eight years of working in aged care.

"We couldn't even find a 70-year anniversary card at the shop," she said.

"They are so devoted to each other. They are a gorgeous couple, caring and grateful for everything we do".

"We had to do a bit of work to make the moves needed to have them together but it's been a really rewarding project."



Providing best practice in residential aged care

BHS provides nursing home care for people who can no longer care for themselves at home independently. We provide high care and low care services over 10 facilities at five sites throughout Ballarat.

Our Residential Aged Care Services (RACS) are changing over time with residents becoming older, frailer, and sicker, which increases the complexity of their care needs.

The quality of the care we provide is measured using the Department of Health quality indicators, which are used for all public sector residential aged care services.

These indicators are:

- **Prevalence of pressure ulcers:** Our rates of pressure injury in high care and low care facilities are shown to be slightly higher than state average for the last 12 months. However, with increased vigilance and review of all serious pressure injuries, this rate is decreasing. When pressure injuries do occur, they are generally associated with a decline of mobility and general health.
- **Prevalence of falls and falls-related fractures:** The incidence of falls and falls with fracture in low and high care is slightly above state average. We continue to review every serious fall to determine what factors lead to the fall and have found that, with these reviews and improvements made, the number of serious falls is decreasing.
- **Incidence of physical restraint used:** Use of physical restraint is considered a last resort when caring for those at risk of self-harm.

Use of physical restraint in comparison to state-wide averages remains exceptionally low across all 10 BHS residential aged care facilities. No instance of physical restraint use was reported within RACS (Low Care) facilities. The use of physical restraint within the RACS (High Care) services remains significantly lower in comparison the associated state-wide average. If restraint is used it is limited to a seat belt in a wheelchair, or bedrail used at the family's request.

- **Incidence of residents who are prescribed nine or more medications:** All RACS facility managers actively work in conjunction with local GPs to reduce the number of medications. In almost all cases, residents' medication regimes are reviewed within the reporting period by either a GP or community pharmacist.
- **Incidence of unplanned weight loss in residents:** All residents are closely monitored for weight loss. Residents that fall into either of the above categories are referred for specialised assessment with a referral to a dietician and or other allied health professional. Patients who experience weight loss may also be given supplements, high calorie snack foods, increased frequency of foods/drinks and have their diet further modified to suit their needs. All residents are weighed regularly to monitor progress.

We can identify where changes may need to be made in our systems by monitoring these indicators. We can also see where standards are being met, maintained or improved upon, which helps enhance the quality of care to our residents overall.

BHS Residential Aged Care facilities:

- Bill Crawford Lodge – a 30 bed, dementia specific facility in Ballarat.
- Eureka Village Hostel – a 45 bed facility in Ballarat East.
- Geoffrey Cutter Centre Nursing Home – a 60 bed facility in Ballarat East.
- Hailey House Hostel – a 60 bed facility in Ballarat North.
- Jack Lonsdale Lodge – a 60 bed facility in Sebastopol.
- James Thomas Court – a 34 bed facility in Sebastopol.
- P.S Hobson Nursing Home – a 60 bed facility in Wendouree.
- Steele Haughton Unit – a specialist psychogeriatric facility in Ballarat.
- Talbot Place – a 30 bed facility Ballarat.
- WB Messer Hostel – a 45 bed facility in Wendouree.

If you, or someone you know, is interested in gaining a place at any of our residential aged care accommodation sites, please call 5320 3620 or email residential@bhs.org.au.

Interested in health? We want you!

Do you have an interest in health and feel like you've got something to contribute?

If so, please consider joining BHS' Consumer Advisory and Resource Evaluation (CARE) group. Members share information and ideas, and provide input and advice on specific programs run by our organisation.

One important service the CARE group provides is the review of our patient information. The strategy, cREAD, (consumer Reviewed, Evaluated, Assessed and Discussed) ensures all brochures, flyers, surveys and letters etc. are well written and meet the needs of our consumers.

The CARE group meets once every three weeks in different settings around the Base Hospital site to consider and discuss a range of issues that are important for patients and their families.

For more information, or to join the CARE group, please call our Consumer Participation Coordinator on 5320 6783.



**Ballarat Health Services
Foundation**

The Ballarat Health Services Foundation continues to provide funds for facilities and equipment to support the services our staff provide to patients, residents and clients.

During this year the Foundation funded a number of small but vital projects across Ballarat Health Services. These projects included the acquisition of library audio visual equipment for staff education, the refurbishment of Intensive Care Unit and acute ward visitor waiting and patient treatment rooms, the provision of equipment to midwives to enable home-visit monitoring of jaundice in newborn babies and computer equipment for Hospital in the Home staff.

This year the Foundation sponsored Dry July event raised \$30,000 for Wellness Centre programs for cancer patients at the Ballarat Regional Integrated Cancer Centre. The 2015 Charity Golf Day raised \$15,000 for mental health.

The Foundation welcomes donations and bequests so that it can invest and, with the income derived, help support the delivery of the best possible care.

You can discuss the work of the Foundation by calling the Foundation Office on 5320 4093 or emailing geoffm@bhs.org.au

Great cause: The annual BHS Foundation Charity Golf Day raised \$15,000 for BHS Mental Health Services. More than 90 players supported the March event, including winning team members (l-r) Ian Corcoran (North Ballarat Roosters), Luke Kiel (North Ballarat Roosters), Andrew Rowe (BHS CEO), Phil Partington (North Ballarat Roosters), Mark Patterson (North Ballarat Roosters), and Geoff Millar (BHS Foundation).





Run Ballarat: Doing it for the kids

More than 5,500 people took part in Run Ballarat in October 2014, raising \$232,870 for the redevelopment of the Children's Ward. The tally easily exceeded the previous year's total of \$189,00 and the event has now raised in excess of half-a-million dollars since its inaugural year in 2012.

The Children's Ward at BHS treats around 2000 children each year with an average length-of-stay of two days.

Funds raised through Run Ballarat each year will enable facilities to be upgraded and improved so we can offer patients and their families from across the Grampians region access to a state-of-the-art paediatric and adolescent ward.

Some of the specific design elements that we are excited about are:

- Spaces that allow parents to stay overnight;
- Single rooms to accommodate adolescents;
- A central desk area, which optimises the view of the ward;
- Outdoor area for patients; and
- Communal play areas.

The other good news is that this redevelopment will work around the other building and redevelopment projects currently happening at Ballarat Base Hospital, which will mean as little disruption as possible to the current Children's Ward. The redevelopment is a significant project and it will take a number of years to stage and minimize the impact on services.

Run by the Cotton On Foundation and Adroit Insurance, Run Ballarat includes a 12km and 6km run, a 6km walk and a 1km kids run.

Run Ballarat took place again on October 11 this year with a record number of participants. We thank the community for their ongoing support of this initiative.

**\$232,870 raised by Run
Ballarat for BHS Paediatric
Ward in 2014/15**



Raising awareness: BHS celebrated National Aborigines and Islanders Day Observance Committee (NAIDOC) Week in July. NAIDOC Week seeks to increase awareness in the wider community of the status and treatment of Indigenous Australians.

Improving care for Aboriginal patients

For many Aboriginal people, hospitals are symbols of the very institutions that had a role in their marginalisation in Australian society.

Reluctance to access health services early means that, for Aboriginal people, their chronic disease state and cancers are often well advanced before they are diagnosed. Inevitably, this leads to higher rates of hospitalisation, increased readmission rates, poorer health outcomes and a shorter life expectancy.

For more than a decade, BHS has been working in partnership with the Ballarat and District Aboriginal Co-operative (BADAC) to improve access, service delivery and health outcomes for the local Aboriginal community.

The partnership is recognised as one of the most effective in Victoria for influencing positive health outcomes for Aboriginal people, and is an important component of BHS' Strategic Plan.

Over the past 11 years, the partnership has resulted in a number of significant achievements, including:

- Enhanced access pathways and discharge planning processes.
- A significant increase in referrals and attendances at Specialist Outpatient Clinics.
- Improved support and advocacy for Aboriginal people attending BHS services through the Aboriginal Hospital Liaison Officer.
- Provision of high quality, consistent and culturally sensitive care for pregnant Aboriginal women with the appointment of a Midwife for Indigenous Maternity Services. This appointment has improved Aboriginal women's attendance at the Maternity Outpatient clinic and resulted in lower mortality rates, higher birth weights, educational opportunities and pre/postnatal support initiatives. In 2014/15 there were 79 Aboriginal babies born at BHS. Many of these families utilised the BHS Indigenous Midwife program that links closely with the BADAC Maternal and Child Health Nurse and Medical Clinic to provide continuity of care.



Caring: BHS Aboriginal Hospital Liaison Officer Andrew Green supports an Aboriginal patient at the Base Hospital Emergency Department.

“For more than a decade, BHS has been working in partnership with the Ballarat and District Aboriginal Co-operative (BADAC) to improve access, service delivery and health outcomes for the local Aboriginal community.”

- Support and advocacy for Aboriginal people experiencing mental health problems has been provided with the appointment of an Aboriginal Mental Health Liaison Officer, who works closely with the BHS Mental Health team and BADAC Medical Clinic.
- Timely access to dental care for local Aboriginal people. We eliminated a three-year waiting list for dental services provided in Melbourne, and introduced local dental care at BHS with no waiting list. With many Aboriginal people experiencing significant dental health issues, this initiative has improved health outcomes, enabled better-quality dietary intake, education and access to ongoing dental care.
- The appointment of an Aboriginal Care Coordinator at the Ballarat Regional Integrated Cancer Centre (BRICC) to ensure access, pathways and support are in place for Aboriginal people with a cancer diagnoses.
- Prior to 2010, only 23 per cent of Aboriginal and Torres Strait Islander women in the target age group of between 50 and 69 years were participating in breast screening. Through concerted efforts by both BHS and BADAC, screening rates have since doubled with a 47 per cent participation rate. Where required, women have been referred for follow up medical care. Prior to this initiative, these medical conditions would have gone undetected until well advanced.
- A more recent strategic approach by BHS ensures that staff have access to cultural awareness training and that local Aboriginal people have a connection to the health service through employment opportunities, artwork displays, consumer representation and celebration of key events for Aboriginal people.
- BHS has embarked on an Aboriginal Employment Strategy with the aim of increasing the number of employees who are Aboriginal people.

79 Aboriginal babies
born at BHS in 2014/15

Meet... Emma Leehane



New: Aboriginal Care Coordinator Emma Leehane.

Emma joined BHS this year in a new role crucial to improving the health of our local Aboriginal and Torres Strait Islander community.

Appointed as Aboriginal Care Coordinator, she is striving to ensure access, pathways and support are in place for Aboriginal people – particularly in relation to cancer care services.

Statistics show that Aboriginal people have poorer health outcomes from cancer diagnosis because it is often well advanced before it is detected and treated. Engaging Aboriginal people in screening programs and encouraging them to seek medical care sooner aids in earlier detection, earlier treatment and better health outcomes.

Emma, a Yorta Yorta woman, provides support to BHS and recommends ways in which we can continue to build positive connections with the local Aboriginal community. She also delivers cultural awareness training to our employees.

“I am honoured to be working for my community in this role and am committed to ensuring that the health systems strives to work in partnership with the Grampians Aboriginal and Torres Strait Islander people to improve access, clinical treatment and pathways for our community,” she said.

BHS finalist in Wurreker Awards

BHS was proud to be nominated by local Aboriginal training provider, Katrina Beer – Yanikan-Werritj, for a Wurreker Award in 2014.

The Wurreker Awards celebrate outstanding achievements in the training and employment of Aboriginal people.

BHS believes providing employment opportunities for Aboriginal people plays a vital role in reducing health inequalities in our community. As part of our Aboriginal Employment Strategy, we aim to have Aboriginal people representing at least three per cent of our total employees.

In 2014, BHS employed eight new Aboriginal staff in a range of occupations including project work, environmental services, administration and support services.

BHS: A great place to work

As well as listening to our patients and their families about what it is like to receive care and treatment at BHS, it is also important to listen to our staff about what it is like to work here.

We do this in a couple of ways, and participation in the state-wide People Matter survey – run in all public-sector organisations across Victoria – is a key part of making the experience better. BHS last participate in the survey in 2014 and, while it isn't compulsory for staff to take part, we were pleased that 29 per cent took the time to fill in the survey this time around.

The results of the survey, which included how we compared to similar services, were made available to all staff, tabled for discussion at relevant staff forums and meetings and discussed with each Executive Director and the Chief Executive Officer.

One set of questions focused on the systems and processes we have in place to promote patient safety, such as staff training and supervision, as well as reporting and learning from errors and identifying risks.

Asking staff if they would recommend the health service to a friend or a relative is always a good indicator of safety and quality, and 89 per cent of our staff said they would. On average, there was an 88 per cent agreement of staff for these patient safety questions, which is equal to or higher than the state average for these same questions.

The survey also asked staff about their job satisfaction, which we know is linked to how well an organisation performs, staff turnover and time taken off work. Overall, BHS staff satisfaction has stayed on par with the rest of

the state over the past three years (76 per cent satisfied or strongly satisfied) and a little above the state average for staff considering BHS an employer of choice.

Our staff scored the organisation very well for providing them with the opportunity to work to their full potential. We also know we can improve in some areas such as the way we consult, communicate about and manage change.

There have been a number of improvements in response to the survey. Some of these include:

- Looking at our process and communication channels around future organisational changes;
- Reviewing and committing to a contract for the provision of an improved Employee Assistance Program that will offer support to staff and their families when needed; and
- The establishment of a new group to lead workforce and cultural development across all staff groups and areas of BHS.

It is important that BHS attracts quality, skilled staff to help us maintain and grow the services we provide our community and the region. In order to offer staff the opportunity to provide more specific feedback regarding their experience, BHS has undertaken a more detailed staff survey through an independent survey group this year. This should give us some specific areas to further improve BHS and make it a workplace/employer of choice for staff, as well as to see if our strategies to-date have been successful. We were very pleased that, as of August, 52 per cent of staff had completed the survey. We are currently awaiting the results.





Dedicated: The BHS Cultural Diversity Committee works to raise awareness of the specific needs of people from culturally and linguistically diverse (CALD) backgrounds. Its members are: (front, L-R) Megan Ali, Trevor Olsson (Chair), Daniel Anderson, (back, L-R) Karina Rieniets, Tijamol Jacob, Carolyn Robertson, Andrew Green, Rajat Taneja, Katja Fiedler (Ballarat Regional Multicultural Council).

Catering for cultural diversity

Ballarat is a vibrant regional city, and home to many culturally and linguistically diverse backgrounds. In 2011, 8089 Ballarat residents were born overseas, which makes up about nine per cent of the total Ballarat population.

Nearly five per cent of our population – or more than 4200 residents – came from countries where English is not the first language.

The diversity of our population is reflected in the number of requests for interpreters we receive, which totalled 234 occasions between July 2014 and June 2015. That’s an increase of 18, or almost eight per cent, from the previous year.

We are working actively to cater for the increasing diversity of people who use our services in Ballarat and the region. We provide written information in a range of languages and access interpreter services.

This year we have catered for people with 36 different languages, including Auslan, compared to 35 the previous year.

Language	2012-13	2013-14	2014-15
Farsi	122	13	21
Hazaraghi	57	0	0
Dari	55	0	0
Mandarin	43	20	55
Greek	13	13	0
Italian	13	0	28
Arabic	0	34	10
Croatian	0	15	10
Russian	0	14	0
Serbian	0	14	0
Cantonese	0	0	12
Dinka	0	0	9
Ewe	0	0	9

234 interpreter requests in 2013/14



Cultural diversity on show

It doesn't matter where you're from – almost anyone can find a touch of home at BHS during Cultural Diversity Week.

More than 60 different nations were showcased when our staff swapped their uniforms for variety of colourful and vibrant national outfits between March 14 and 22.

Learning and Development Manager Megan Ali said BHS is proudly aware that many of our staff come from extremely diverse cultural backgrounds.

"We thought, what a fantastic opportunity to say a bit about who you are through wearing your national dress," she said.

"It was just fantastic to hear people talk about their culture and their national costume. One staff member said she even felt more confident."

Cultural Diversity Week is held annually to coincide with the United Nations International Day for the Elimination of Racial Discrimination on March 21.



Diverse: BHS staff celebrate their heritage during Cultural Diversity Week.

Vital input: Ballarat Health Services child and youth consultant Hannah Browne and Kieran, Darianne, Tom and Jenna discuss youth mental health services in Ballarat.



Ballarat Youth Group in new advisory role

A new advisory group, comprising mainly young people, has been formed with the aim of removing the stigma of mental health and improving services to young people in Ballarat and the region.

The group of young Ballarat people will also be advising on how the region's mental health services are planned and delivered, and how the community can access them.

Under the umbrella of Ballarat Health Services, the new mental health advisory group comprises 16 young people aged 14 to 25.

Members of the advisory group all have different skills and experiences. Some have been clients of the BHS mental health system and some have had family members access services. Other members of the advisory group are passionate about mental health as an important issue for our society, and some are studying psychology.

BHS youth mental healthcare clinical manager Julie Rowse said it had been difficult in the past for young people to be engaged in mental health services, but it was important to see them involved. Dr Rowse stressed that identifying mental health issues early in life was vital.

"Seventy-five per cent of people who have a significant mental disorder later in life have their first mental episode between the age of 15 and 25," Dr Rowse said.

"The earlier we can get young people accessing services and the appropriate treatments, the better their life outcomes will look."

She said the group would have long-term impacts for Ballarat and could improve the future of many people in the Grampians region.

"If we can help people cope with, or recover from, their condition at a young age, they can then go on to live a full and normal life. They can go and get an education, have a career, have a family, and not be disappointed," she said.

"This is an opportunity to redesign and rethink how services are delivered."

Dr Rowse said the group would have input into what the new mental health spaces would look like at BHS.

Group member Lauren said she was getting together with like-minded people to talk about mental health issues that today's generation struggled with.

"In doing so, we hope to remove the stigma regarding what is becoming a much more common issue and help those who are going through what we understand so well. It is our chance to give back for all the support we, and those we love, received."

Fellow member, Tyarna, said the group was an amazing opportunity to influence the youth of Ballarat.

"Also, it is awesome to be able to assist in promoting good mental health and having the access youth require in the region."

(Courtesy of The Courier)

A year in review: **BHS Mental Health Services**

**The Mental Health
directorates continues to
expand its clinical services
across the Grampians region.
Highlights from 2014/15
include:**

- Construction of the Mother and Family Unit has been completed and the facility is expected to open later this year.
- Significant redevelopment of the Psychiatric Intensive Care Unit of the Adult Acute Unit is scheduled to start at the end of the year.
- Implementation of requirements under the new Mental Health Act 2014.
- Increased service provision to the Indigenous community.
- Cultural Sensitivity Training led by our Aboriginal Mental Health Liaison Officer is being provided to all Mental Health Directorate clinicians.
- The relocation of all perinatal, infant, child and youth mental health services to the Midlands complex at 701 Norman St following a \$1.1 million redevelopment of the site.

The move brought together a number of services formerly located at separate sites in Ascot St and the Queen Victoria Building in Sturt St, and allows for improved collaboration between early intervention services.

- Ongoing recruitment of skilled staff for our Horsham services, which means we can provide services from local people, for local people, in our outlying areas. This is across infant, youth and mental health services.
- Against key performance indicators, BHS Mental Health Services recorded a seclusion rate per occupied bed days of 6.03 per 1000 patients. This is well below the target of 15 or below per 1000 patients.

BHS dementia program goes national

It's a fact that patients with dementia face greater challenges and risks in hospital. But did you know that they're actually two-and-a-half times more likely to have things go wrong or not as planned in their care than patients without dementia?

That's why it's vitally important that hospitals better understand the needs of patients with dementia and their families, and respond accordingly.

At BHS, we're playing our part by developing and implementing a ground-breaking program to improve the care of patients with dementia.

Attracting national recognition, the Federal Government has awarded BHS a \$2.3 million grant to roll-out and evaluate our Dementia Care in Hospitals program.

This is the largest development grant received by BHS, and will allow four hospitals across Australia to become leaders in the Dementia Care in Hospitals Program (DCHP).

BHS will partner Alzheimer's Australia and Deakin University in the implementation and evaluation of the program.



Ground-breaking: BHS Director of Nursing Sub-Acute Services Meredith Theobald, Cognition Clinical Nurse Consultant Michelle Morvell and Consultant Physician in Geriatric Medicine Associate Professor Mark Yates are behind a leading-edge program to improve the care of patients with dementia.

Shirley pioneers **new cancer treatment at Ballarat**

When Dimboola's Shirley O'Loughlin was told by her doctor she had breast cancer and would need to undergo chemotherapy and radiation therapy, she was unaware that she was about to undergo a revolutionary new treatment.

The 59-year-old became one of the first patients at Ballarat Health Services' Ballarat Regional Integrated Cancer Centre (BRICC) to be treated using the Deep Inspiration Breath Hold (DIBH) radiotherapy technique.

BRICC, in partnership with Austin Health, this year became the first regional Victorian cancer centre to offer DIBH radiotherapy for left-sided breast cancer patients.

During DIBH, patients inhale deeply and hold their breath for 15 to 20 seconds while radiotherapy is delivered. Taking a deep breath expands the lungs and moves the heart backwards and downwards away from the breast being treated.

The process is monitored with an infrared tracking camera and patients wear video goggles that display a breathing trace to assist in controlling their breathing. The radiation beam is automatically turned off if the patient lets go of their breath.

Mrs O'Loughlin, who underwent four weeks of DIBH, said the treatment was an incredibly easy process.

"The treatment has been terrific. Each round doesn't take very long and the staff were wonderful."

Mrs O'Loughlin stayed at BHS' Pleasant Street Cancer Accommodation units during her treatment.

"Having the accommodation nearby meant I didn't have to worry about anything. I could come down from Dimboola on a Monday morning and focus on my treatment. I was able to stay in Ballarat during the week and return home on Friday afternoon," she said.

Mrs O'Loughlin's husband, Peter, added that having access to accommodation was a blessing for both him and the couple's daughter, Bernadette.

"The travel and the time away from home is the hardest thing about cancer treatment and not having to go to Melbourne meant that I was able to be closer to family," Mrs O'Loughlin said.

"The whole experience was fantastic. I couldn't fault my treatment one little bit. The doctors were really good and everyone just made me feel at ease."

Mrs O'Loughlin, who also underwent a course of chemotherapy in Horsham, has now completed her treatment. However, she says it was the staff at BRICC that helped make her treatment easy.

"Words cannot say how I feel about everyone at BRICC. When you're unwell, you just want the treatment to be easy, and at the BRICC I just felt so supported and looked after. I can't thank everyone enough".

More on Deep Inspiration Breath Hold (DIBH) radiology...

This technique used at the Ballarat Regional Integrated Cancer Centre is likely to become a worldwide standard of care for left-sided breast radiotherapy in the future.

Austin Health Radiation Oncologist, Dr Jonathan Tomaszewski, says an increasing percentage of women diagnosed with breast cancer are long-term survivors due to earlier detection and improvements in therapy.

"Radiotherapy for left-sided breast cancer is associated with a small risk of heart disease in the years following treatment, which is dependent upon the dose delivered to the heart," Dr Tomaszewski says.

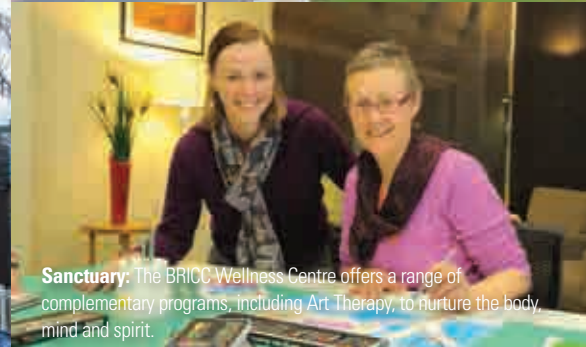
"Modern radiotherapy (without DIBH) for breast cancer has reduced the risks substantially, however the risk has not been eliminated altogether.

"Numerous studies have shown that DIBH radiotherapy for left-sided breast cancer results in a reduction in dose to the heart and coronary arteries."

Transforming care: The Ballarat Regional Integrated Cancer Centre (BRICC).



Convenient: Six new cancer accommodation units, Pleasant Apartments, opened in February this year.



Sanctuary: The BRICC Wellness Centre offers a range of complementary programs, including Art Therapy, to nurture the body, mind and spirit.

The Ballarat Regional Integrated Cancer Centre: A year in review

Two years on from its opening, the Ballarat Regional Integrated Cancer Centre (BRICC) continues to transform the way we look after our patients.

In 2014/15, the number of patients treated increased by about 30 per cent, new treatment options became available, clinical trials increased and extra supportive care services were offered.

The BRICC's Wellness Centre – a supportive sanctuary designed to nurture not just the body, but mind and spirit as well – added six new complementary therapy programs, including pilates, financial management strategies and the *Why Weight?* Program.

We have also extended services to other towns in the Grampians region, providing chemotherapy and radiation oncology outreach at Stawell Regional Health, as well as chemotherapy outreach at Wimmera Healthcare Group. This represents a major change for residents in these regions, who are now able to remain close to home, family and friends while receiving care.

Meanwhile, six new cancer accommodation units, Pleasant Apartments, were opened in February this year. The units, located in Pleasant Street, Ballarat, are fully self-contained, with kitchen, laundry and bathroom facilities. They are available for patients and carers from regional areas to use while undergoing treatment at the BRICC.

Supporting role: Community patronage of the BRICC Café provides invaluable funds for the Wellness Centre.



Community Support and Grants

The entire team at BRICC would like to say a special 'thank you' to our generous community for its ongoing support of the facility. The financial assistance of community groups, local businesses, individuals and community initiatives such as Dry July, Masters Football Clubs (Ballarat and Melton) and the Ballarat Girls Night Out provided significant benefit to the BRICC in 2014/15.

Through patronage of the BRICC Café, community members have also provided funds to the Wellness Centre for program development and delivery.

Finally, we are extremely grateful for another local gift provided to establish a Stereotactic Radiation treatment program at BRICC in 2015/16.

It just goes to show that many hands make light work and, together, we really can make such a difference!

Supporting working mums vital to boosting breastfeeding rates

At BHS, we are strong advocates of breastfeeding as the normal way to provide infants with the nutrients they need for healthy growth and development. Indeed, we'd love to see babies exclusively breastfed to around six months of age, in line with World Health Organisation (WHO) recommendations.

Currently, around 34 per cent of Ballarat babies are still breastfed by this age, which is similar to state-wide averages. However, BHS is working hard to help raise that figure and meet WHO recommendations.

Supporting mothers in the workplace is vital to achieving that goal and, in 2014/15, BHS focussed our efforts on the theme, *Breastfeeding and work: Let's make it work.*

The three main elements of providing a breastfeeding friendly workplace are:

- **Time** – maternity leave, flexible and part-time work, paid lactation breaks.
- **Space** – a dedicated, private staff breastfeeding room; access to childcare near the workplace.
- **Support** – information, policies, employer and co-worker support, job security.

BHS has found that, by introducing breastfeeding-friendly workplace policies and initiatives, other employees benefit as well. We've noticed greater employee loyalty and satisfaction, reduced absenteeism because breastfeeding employees' babies get sick less often and less severely, retention of employees which reduces the need for training and the loss of qualified personnel, and improved productivity.

34% of Ballarat babies are exclusively breastfed at six months of age. This is similar to state-wide Victorian averages. However, much work is still required to meet World Health Organisation recommendations.



BHS is baby friendly

BHS' commitment to supporting breastfeeding mothers was acknowledged late last year with a further three years' accreditation as a Baby Friendly Health Service.

The initiative aims to give all babies the best start in life by providing health care environments where breastfeeding is the norm, and where health care practices that support, protect and promote breastfeeding are followed.

Hey, mums and dads! Did you know...

BHS has a new parents room, located on the ground floor of the Base Hospital Medical Services building, opposite Dialysis.

It's available to everyone and provides a private space for parents to feed and change their baby, or express milk. The room includes comfortable feeding chairs, a baby change table and sink/hand washing facilities.

Healthcare worker immunisation: protecting you from the flu

It was a tough flu season for residents of Ballarat and the Grampians region in 2015. And, as always, BHS was busy doing everything we could to keep our patients safe from the virus.

With an estimated 3000 deaths annually, seasonal influenza is the leading cause of vaccine-preventable disease in Australia. There were 85 reported cases of influenza in Ballarat between January and early September this year, and 165 across the Grampians region. These are the highest numbers reported in recent years, and up by 23 and 49 cases respectively from 2014.

Influenza, or the flu, is very common and very contagious. In a healthy person, it can make them sick for a week or more. For those who already have a serious medical condition, or a weak immune system, complications from the flu can be serious, and even deadly.

At BHS, we view staff immunisation as one of the most important things we can do to protect our patients from influenza. Our staff are asked to be vaccinated every year because people can be infected with the flu but not get sick, and spread the virus without realising it.

A total of 75 per cent of our staff had received the flu shot by the end of June this year. A special shout-out goes to the staff in the BHS Cardiac Catheter Laboratory, the Paediatrics Unit, the Emergency Department Short Stay Unit and a large number of medical interns and registrars for their high participation rates!

Flu facts:

- **Flu is highly contagious** – it is spread by respiratory droplets as well as by touching objects contaminated with flu virus and then touching the eyes, nose or mouth.
- **Immunisation is the best protection** – it takes about two weeks for immunity to develop and you need to have a shot every year.

- **Other conditions can cause flu-like symptoms, such as the common cold, other viruses, bacterial infections etc.** – the vaccine will not prevent these, so it is important to use other preventative measures such as good hand hygiene which includes washing your hands with soap and water or using alcohol rubs and covering your mouth when coughing or sneezing.

Flu fiction:

- **Flu is not serious! It can be...** influenza is a highly contagious and, for some, potentially life-threatening disease. Even healthy, young people may take two weeks or more to recover. Not recovering properly could lead to serious consequences.
- **Vaccination can cause the flu** – Not possible! Influenza vaccines used in Australia do not contain any live virus, so you cannot get the flu from a flu shot.
- **I'm young and healthy and will not get the flu** – This is wrong! Anyone can contract the flu. Being fit and healthy doesn't protect against infection.
- **I had the vaccine last year but still got the flu** – Did you really have the flu, or was it a cold? It's estimated that 10 to 15 per cent of the population has flu annually. Most adults have two to four colds a year, and those with young children have more. The vaccine doesn't protect against colds.

Did you know that all BHS health workers must give evidence of their immune status to vaccine preventable diseases before coming into contact with patients?

**165 cases of flu in the
Grampians region**

- January to September, 2015



Champs channel passion for best patient care

We've got some really keen beans among our BHS staff who are just passionate about preventing the spread of infection to our patients.

Known as 'local champions,' 113 staff across each of our clinical units have put up their hands for extra training in hand hygiene, aseptic technique and local infection prevention and control audits.

One of these champs, Nurse Rebecca Radcliffe, works on the Base Hospital's Ward 2 North Orthopaedic Unit. Focussed on protecting vulnerable patients from infection, Rebecca and her colleagues see themselves as floor monitors – the eyes and ears, and 'go-to' people for questions relating to infection prevention.

Rebecca says special 'blitz' months held during the year not only act as a constant reminder for infection prevention, but allow staff to brush up on the latest education for the good of patients. Keep up the great work, champions!

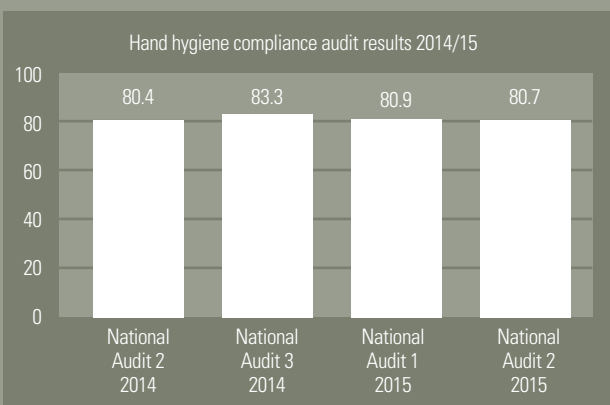
Clean hands stop germs in their tracks

Good hand hygiene is the most effective way of reducing the spread of infection in the hospital.

That's why BHS conducts regular audits at all our sites, making sure staff wash their hands with soap and water, or rub their hands with alcohol-based solution:

- Before and after contact with patients; and
- Before and after performing a procedure with patients.

BHS' hand hygiene compliance rate for 2014/15 was 81 per cent – above the national benchmark of 80 per cent. We are determined to improve further, and have trained 75 hygiene auditors across all BHS campuses. They provide feedback to colleagues and peers so there is a continued focus on continued improvement in our organisation.



Hand hygiene tips

Hand hygiene is a general term referring to the use of soap and water or a waterless hand rub to cleanse your hands. It is important to perform hand hygiene as you enter and leave a healthcare facility, and also:

- After going to the toilet.
- After blowing your nose.
- After smoking.
- After handling/patting animals.
- Before, during and after preparing food.
- When your hands are visibly dirty.

Source: Hand Hygiene Australia.



Capital works update

Helipad

In a life-threatening emergency, every second counts. So, when BHS' new rooftop helipad was opened in June, it heralded a new era in patient care.

Built on top of our new, three-storey car park, the helipad provides patients facing critical medical emergencies with a fast and direct route to the Emergency Department.

It also enables seriously ill patients in the region to be transported to the Base Hospital, or to major trauma hospitals in Melbourne, much faster.

It's estimated the helipad saves approximately one hour in travel time, compared to transporting a patient by road ambulance.

At the opening, Acting BHS Emergency Department Director Dr Pauline Chapman said the helipad's benefit to patients were two-fold.

"It has potential to get people to Melbourne a lot quicker but not only that, it reduces the handling of patients," she said.

"With every transfer you increase the risk of things happening, that is always the riskiest point."

The helipad was built to international standards by local Ballarat construction company, H.Troon, and features a 27 metre diameter concrete landing surface, as well as a further 1.4 metre safety net.

The opening was the culmination of many years of community support for the project.

New Drummond Street building

We really can't talk about the redevelopment BHS' Drummond St building without saying this straight up: to all our patients and visitors, THANK YOU!

Thank you, that is, for your outstanding patience and tolerance during what we know has been a disruptive time. We know for sure, however, that the inconvenience will be well and truly worth it.

Demolition works began on the Yuille House building in Drummond Street midway through 2014, and construction of a new, three-storey building is now well underway.

The new building will include a general medical/surgical ward, additional space for future expansion of operating theatres and a new main entrance including front of house reception area.

To facilitate the redevelopment, a number of changes to internal passages and walkways took place, including the relocation of the main entrance to Sturt Street, the closure of the ground floor link way and the realignment of the first floor link.

Keeping the needs of our community foremost in our mind, we installed additional signage and maps, and had a dedicated team of volunteers assisting patients and visitors by welcoming them at the Sturt Street entrance and guiding them to their destination.

Works on the new Drummond St building are progressing well and are expected to be complete by mid 2016.

Program gets Wal and Marg back on track

Wal Gercovich suffered a major stroke in 2010. Paralysed down one side, he was left unable to walk or stand, and can only tolerate short periods in his wheel chair.

Since then, the 78-year-old has endured a number of other health conditions, including two heart attacks and a number of infections.

It was after a serious infection in February, 2015, that Wal was admitted to Ballarat Health Services and placed on a ward.

"The nursing staff there were wonderful," said Margaret, Wal's wife of 48 years.

It was during his admission that Wal and Marg met Stroke Physiotherapist Brendan Cutts.

"Brendan came down on the Friday after Wal was admitted because the staff were a little apprehensive about how they could move him," Margaret said.

"We showed Brendan how we worked together to get Wal out of bed into the chair. He was very encouraging about what we were doing."

However, a few days into his 10-day stay, Wal and Marg experienced difficulties executing their routine. Wal lost confidence in getting out of bed, and became tense when he tried to move.

Marg was concerned by this development and felt it was no longer safe for her to try to move Wal on her own. She explained the situation to Brendan, who offered a new, easier way of moving Wal from bed to his chair.

"I was using a slide sheet and just wasn't able to get him out bed the way we had always done it," Marg said.

Brendan explained there was an easier method, and showed the procedure to Marg and Wal.

"I now put Wal in a recovery position and the slide sheet is no longer needed. We use the mechanics of the bed to raise Wal up, and he is sitting up before you can say 'boo' to a goose," Marg said.

However, it wasn't always smooth sailing. Marg said, at first, she wasn't confident to try the new method on her own.

So the couple's son, Mark, visited from Warrnambool to help implement the new procedure. A District Nursing staff member also came for the lunchtime transfer for the following three days and observed as Marg gained enough confidence to get Wal out of bed on her own.

"This new method of transfer has made the biggest difference," Marg said.

"It has been an absolute Godsend to us. With this type of help we've managed to stay at home all these years, when we were told originally that Wal would never be able to come home."

Part of the couple's follow-up once they returned home was a visit from a member of the BHS physiotherapy team to make sure everything was going smoothly.

"A member of Brendan's team came out to our home to check how we were feeling about using the new transfer procedure. She gave us a very helpful hint in the placement of Wal's wheelchair during the transfer. This has worked out really well. Again, it was a small suggestion that has made a big difference," Marg said.

Marg says that it was the little things, just like the wheelchair tip, that had a big impact on Wal's care. She says the interest shown by Brendan Cutts and the BHS team has also helped Wal stay in the couple's Wendouree home.

"The support from Brendan while Wal was in the hospital was tremendous. We had experienced some difficulties, and Brendan was very supportive and encouraging."

In addition to a range of community health services, Marg also accesses respite services provided through the BHS Linkages program, which allows her to do essentials like shopping, pay bills and attend appointments.



Empowered: Wal and Marg are confident in their own home thanks to help from BHS staff.



How do you know if someone is having a stroke? **Think... F.A.S.T.**

The F.A.S.T. test is an easy way to remember the most common signs of stroke.

Using the F.A.S.T. test involves asking these simple questions:

FACE

Check their face.
Has their mouth drooped?

ARM

Can they lift both arms?

SPEECH

Is their speech slurred?
Do they understand you?

TIME

Is critical. If you see any of these signs call 000 straight away.

A stroke is always a medical emergency. Recognise the signs of stroke call 000.

Source: The Stroke Foundation

Caring continues after discharge

Patients who leave hospital aren't always 100 per cent recovered from the illness or injury that put them there. For some, discharge is one of many steps on the road to better health.

That's why BHS' Post Acute Care Service and Physiotherapy Department have teamed up to provide physiotherapy for people who require it following hospital discharge. As part of this short-term service, a physiotherapist visits people at home to assist with their recuperation, or helps provide a smooth transition into another community-based service.

More than 100 referrals have been made to the service since it began in January this year.



Improving care for cardiac patients

At BHS, we believe all cardiac patients should have access to a comprehensive cardiac rehabilitation program, starting from the hospital stay through to recovery on return to home.

So we've introduced a new program to improve the results of care and treatment for patients, beginning as soon as possible after admission to hospital. The Cardiac Rehabilitation Program supports patients and their family, friends and carer/s in living with coronary heart disease.

It covers the various physical, emotional, psychological, sexual and work-related changes a patient may go through.

It does this by helping people understand what coronary heart disease is, when to see their GP, how the disease is treated, what the risk factors are and the best ways to manage these risks.

It also addresses why people may feel fear, stress, depression and anxiety, the importance of taking medications, and what medical tests and procedures they may need.

Most importantly it explains what to do in an emergency, including understanding the warning signs of a heart attack.

Will you recognise your heart attack?

A heart attack can happen unexpectedly and, the longer you ignore it, the worse the damage. Following an action plan gives you the best chance of survival and recovery.

Source: The Heart Foundation

Will you recognise your heart attack?



Do you feel any

pain pressure heaviness tightness

In one or more of your

chest neck jaw arm/s back shoulder/s

You may also feel

nauseous a cold sweat dizzy short of breath

Yes

1 STOP and rest now

2 TALK Tell someone how you feel

If you take angina medicine

- Take a dose of your medicine.
- Wait 5 minutes. Still have symptoms? Take another dose of your medicine.
- Wait 5 minutes. Symptoms won't go away?

Are your symptoms severe or getting worse?

or

Have your symptoms lasted 10 minutes?

Yes

3 CALL 000* Triple Zero

- Ask for an ambulance.
- Don't hang up.
- Wait for the operator's instructions.

*If calling Triple Zero (000) does not work on your mobile phone, try 112.

© 2010 National Heart Foundation of Australia ABN 98 008 419 761.

Accreditation

It may sound obvious, but our number one goal when looking after patients is making sure they get the best care. And, by 'best care,' we mean care that is high quality, evidence-based and safe.

Accreditation is an important process BHS uses to ensure we deliver on that promise and, in 2014/15, we underwent accreditation for our health service, mental health and aged care divisions.

Hospital and Mental Health Accreditation

BHS was awarded full accreditation status by Australia's leading health care accreditation body, the Australian Council on Healthcare Standards, in February 2015.

We were surveyed against the National Safety and Quality Health Service Standards, as well as the National Mental Health Standards.

Pleasingly, BHS met all 256 core requirements of the 10 National standards for accreditation, with 16 of the requirements being awarded 'Met with Merit' status.

'Met with Merit' status indicates that the surveyors saw examples of exceptional quality and a higher level of achievement than was required to meet the requirements.

All areas of the acute, sub-acute and mental health in-patient units were surveyed against the National Standards. The Mental Health Service was also surveyed against the National Mental Health Standards, all of which were also satisfactorily met.

A significant amount of work was required over a two-year period to prepare for the accreditation against the newly implemented National Standards. Our success was achieved due to the commitment and significant effort of all staff and particularly the outstanding efforts of the Governance and Risk Management Unit. BHS is now fully accredited against these key standards until April, 2018.

Residential Accreditation

BHS has undergone accreditation by the Aged Care Quality Agency this year at eight of our 10 facilities. The process was thorough and exacting, assessing against 44 standards covering all aspects of care provided to residents.

All eight facilities achieved full compliance, which was an outstanding effort. Feedback from surveyors was incredibly positive, highlighting the care and empathy shown to residents. Surveyors also noted the strong evidence of ongoing improvements and a very positive culture amongst the care teams.

The result of the accreditation provides the community with assurance that the quality of care provided to residents of BHS facilities remains extremely high.

Our two remaining two facilities are due to be reviewed in two years.

Community Accreditation

BHS' programs providing disability services have been surveyed and successfully accredited under the Disability Services Standards. The remainder of our community programs also underwent accreditation against the Community Care Standards. The surveyors were very impressed with the standard of care provided by our community teams, and this was supported by our clients who were very involved with the survey and interviewed about their experience of care and service.



Cutting edge: BHS' new Dental Clinic at Phoenix College, Sebastopol, opened in April.

State-of-the-art dental facility now open

It was a very exciting year for the BHS Dental Clinic, with its relocation to new premises at Phoenix College, Sebastopol, in April, 2015. BHS enjoys an extremely strong relationship with Phoenix College and Principal Scott Dellar, who has been very supportive of the dental clinic project.

The new state-of-the-art facility offers additional dental suites, as well as laboratory facilities, a fully equipped Central Sterile Services Department and a shell space for future expansion of BHS radiology services.

The clinic also incorporates 10 training chairs for dental students and additional space for consultations with patients about their treatment options. We are very excited about this new teaching component of the dental clinic, which started in June this year.

We now have additional staff – including 10 teachers, five assistants, one coordinator and a receptionist – and this has enabled 14 dental students from Latrobe University to train and gain experience at the clinic. The student dentists are seeing patients under the guidance of experienced dentistry teachers.

In other news, BHS Dental has visited 21 local kindergartens and schools, providing full examinations and oral health care plans to about 350 children. We have also treated 15 young women and babies as part of the Pregnant Teens in Education program.

Snapshot: BHS Dental access

Category	Wait list
General Adult	16 months
Children (low risk)	Up to date
Children (medium risk)	Up to date
Children (high risk)	Up to date
Indigenous recall	Up to date
Indigenous waiting time (new presentation)	No wait list
Denture priority (missing front teeth, no denture)	Up to date
Denture	176 patients waiting
Pregnant mums	No waitlist
Homeless	No waitlist
Asylum seekers/refugees	No waitlist



Dental care focuses on the elderly

Oral health plays an important role in the health and well-being of older people and, therefore, their quality of life.

Not only can pain and difficulty with eating lead to poor levels of nutrition, but oral disease is now implicated in a range of illnesses and conditions such as peptic ulcers, respiratory and cardiovascular illness.

At BHS, we've identified that it's difficult for residents in aged care facilities to easily receive oral health care because they are often too frail to visit a dental clinic.

That's why we've established an innovative new program to take dental care to our residents using a portable dental chair and equipment. Our

dental team visited four residential aged care sites in 29 days, providing 973 general dental and denture treatments to 163 residents.

Receiving plenty of positive attention, the program was adopted by Dental Health Services Victoria and introduced at in 23 other regional public dental clinics, as well as via their Indigenous program.

The program was recognized with an award at the Australian Society for Special Care in Dentistry Conference this year, and BHS Dental has been listed as one of the top-three public dental clinics in Victoria.

Food and drink for healthy teeth

For healthy teeth, food and drinks should be free of added sugar whenever possible.

That's because tooth decay is a diet-related disease. Sugars in the food and drinks you consume mix with the bacteria in the plaque on your teeth and produce acids. These acids attack the outer layers of the tooth.

Consuming sweet food and drink between meals is a major cause of tooth decay; this is because there is no between-meal period for teeth to undergo recovery. The more often sweet foods and drinks are consumed, the higher the risk of tooth decay.

What you can do to help maintain healthy teeth:

- Limit how often you have sweet foods and consume them during meal times rather than between meals.
- Limit sweet drinks, including fruit juices (even if diluted, fruit juice contains natural sugars which can lead to tooth decay).
- Choose healthy snacks such as fresh fruit, vegetable sticks, natural yoghurt, plain popcorn, soups or cheese.

- Choose fresh fruit over dried fruit, as dried fruit will leave a sticky residue on your teeth and can contribute to tooth decay.
- Cut down the sugar added to cups of tea and coffee.
- Drink fluoridated tap water and plain milk instead of soft drinks, juice or cordial.
- Have a piece of cheese after consuming sweet or acidic food as dairy products assist in reversing the decay process.

Brushing your teeth and cleaning between your teeth is important because it removes plaque. If the plaque isn't removed, it builds up and can cause tooth decay and gum disease. You should brush your teeth at least twice a day.

Source: Dental Health Services Victoria

Emergency Department

Extra staff and new initiatives help patients waiting for treatment

Increasing numbers of seriously ill patients continue to impact upon Emergency Department waiting times.

But BHS has been working hard to alleviate the strain, implementing a number of new initiatives in 2014/15 following an external review.

As higher numbers of patients have presented to the ED with more complex conditions, it has meant waiting times for less urgent patients have increased.

Recommendations from the review included the appointment of additional consultant staff, as well as several nursing staffing initiatives which have helped with the day-to-day running of the department.

In addition, BHS appointed a Clinical Initiative Nurse to assist patients waiting for treatment. The nurse oversees the Emergency Department waiting room; improving safety and communication, initiating care and providing information about alternative care options for patients.

Another initiative to assist patients waiting for treatment at ED is the new 'Find a GP' Helpdesk. The Helpdesk was developed in partnership with Grampians Medicare Local and offers patients a touch screen computer that provides information on medical practices offering 'walk-in' appointments, those taking new patients and those open on weekends and public holidays. It also provides information on the After Hours GP helpline.

We are beginning to see improvements, with a small increase in the percentage of category 1-5 patients seen within clinically recommended time-frames.

Ambulance transfers within 40 minutes:
Target: 90% Actual: 91.1%

up 1.1%
from
2013/14

Patients to physically leave the emergency department for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours:

Target: 81% Actual: 67.1%

Triage category 1 patients seen immediately:

Target: 100% Actual: 100% Same as 2013/14

down
817 from
2013/14

Emergency attendances in
2013/14: 51,433

Triage category 1 to 5 patients seen within clinically recommended times:

Target: 80% Actual: 65.6%

up 1.4%
from
2013/14



New MRI scans 3200 patients in first 12 months

In its first full year of operation, the new Base Hospital Magnetic Resonance Imaging (MRI) machine has scanned more than 3,250 patients.

The service has provided significant benefits to BHS patients. The MRI was opened in June, 2014, and is located within the Radiology Department, adjacent to the Emergency Department. The new MRI maintains the commitment of BHS to low-radiation dose technologies and complements other recent 'class-leading' technology in Ultrasound, CT, Nuclear medicine, mammography and digital x-ray.

The new facility has been specifically designed for patient comfort. The state-of-the-art MRI system enables high quality images and faster exam times, meaning patients spend a minimum amount of time undergoing their scan.

Setting the standard in wound care

Patients at BHS are among the least likely to develop pressure-related injuries.

An annual audit in June found that pressure injury prevalence across the organisation was just eight per cent.

These outstanding results are due to the work of BHS' team of Wound Care specialists, who give advice to medical and nursing staff on wound management, and the prevention of pressure-related injuries.

The team assists when a patient has a wound that is taking longer than usual to heal or when a patient may be at risk of pressure injuries, such as being confined to bed for long periods of time.

Wound care management requires specialist training in hard-to-heal wounds.

The Wound Care team was formed in 2009 when BHS had an overall pressure injury prevalence of 11 per cent. The subsequent improvement in highlights the importance of having the team in place, and we will continue to look for ways to reduce pressure injury prevalence even further.

Pressure injury facts

Are you at risk of a pressure injury? Risk factors include:

- Poor physical condition.
- Thinking difficulties/poor mental state/confusion.
- Not being able to move or feel properly.
- Being restricted to sitting or lying down.
- Urinary and faecal incontinence.
- Malnutrition.
- Obesity.
- Advanced age.
- Smoking.

Where do pressure injuries occur?

- Buttocks.
- Upper/lower back or tailbone.
- Heels, ankles and toes.
- Hip bones.
- Back or side of head.
- Rims of ears.
- Shoulder or shoulder blades.
- Back or sides of arms.
- Back, side or top of knees.
- Around medical devices or tubing.

What can you do to prevent a pressure injury?

Eat well

- Eat a balanced diet. Protein and calories are very important.
- Try to drink eight glasses of fluids a day (unless you have been advised otherwise by your doctor).
- Increase your activity.

Protect your skin

- Inspect your skin at least once a day (or have someone inspect difficult-to-see areas for you).
- Pay special attention to reddened areas, especially if they remain after you have changed positions.
- Inform a health care professional if you have any skin pain or burning feeling.
- Change position regularly.
- Avoid firm massage, especially over bony areas.
- Avoid smoking – this reduces blood flow to the skin.
- Avoid wrinkled, damp clothing and bedding. Lie in a well-made bed.
- Pillows or wedges can be used to keep knees or ankles from touching each other, creating pressure.
- Avoid lying on your hip bone when lying on your side.

Care for your skin

- Use a soap-free cleanser and pat skin dry gently.
- Use moisturisers to prevent your skin becoming dry, flaky and at greater risk.
- Use warm but not hot water in baths or showers.
- Minimise skin exposure to urine, stool, perspiration or wound drainage.

Being there to support abuse victims

Victims of institutionalized abuse have found enduring support through the Ballarat Centre Against Sexual Assault (CASA).

CASA, a service of BHS, supported many clients who gave evidence or attended the Royal Commission into Institutional Responses to Child Sexual Abuse hearings in Ballarat in May this year.

Community response has been extremely strong throughout, and CASA has provided a central point for many of the heartfelt offers of support for victims and survivors. CASA provides counselling not only to victims and survivors of sexual assault, but to family members and others who are impacted by the abuse.

CASA continues to run a fortnightly men's support group, which strives to break down isolation and provide a strong, united voice against the abuse they suffered. It also provides an opportunity for clients to express their views to government on an appropriate redress scheme.

**To contact CASA,
call 03 5320 3933 or,
for 24-hour crisis care,
free call 1800 806 292.**

A model of **timeliness**

Almost 60,000 patients attended BHS' Outpatient Specialist Clinics in 2014/15. That's a 2.7 per cent increase from 2012/13 and, as that number gradually increases, we are looking at ways to ensure the best possible, patient-focused care.

To help achieve that goal, BHS implemented a new primary care model in the department in July. The model is particularly focused on ensuring urgent patients are seen in a timely manner, and has already produced promising results, particularly in the surgical and vascular clinics.

The model is also expected to create improvements in clinical management and efficiency, ensuring correct patients are booked into correct clinics in the correct time-frame; and reduce overall waitlist times.

We have started the work of looking at each clinic individually and whether patients' appointment times match with the actual times they are seen. We can then re-organise the way we make appointments to reduce not only the times patients are on the waiting list from referral to appointment, but the time patients wait in the clinic on the day of their visit.

We will be listening carefully to patients to see if this work really does make their experience better and will be using this feedback to keep the improvement going.



New program to support Type 1 diabetics

Patients with Type 1 Diabetes now have access to a program involving an insulin pump regime, minimising the need for them to travel long distances to receive expert care.

The BHS initiative is multidisciplinary and involves the patient, their family and clinical staff in education regarding the use and monitoring of the insulin pump.

So far, all patients and families feel that the insulin pump has improved the way they managed their diabetes. They've also reported that they felt fully supported during the commencement and ongoing management of the pump.

Ward focuses on helping patients QUIT

Helping patients to quit was the name of the game on the Base Hospital's 4 North Ward this year.

The ward was one of seven pilot sites to implement the initiative from the Department of Health and Human Services to support patients to be smoke free. The project reinforced the importance of identifying a patient's smoking status on admission, and implementing strategies to help the patient butt out for good.

Increased availability of resources, staff education and improved identification of patients smoking status on admission resulted in patients being empowered to ask for assistance on becoming smoke free, and increased communication to GPs for follow up in the community.

In late 2013, National Health Performance Authority figures revealed the Grampians region had an adult daily smoking rate of 28 per cent – far above the national average of 16 per cent.

Health risks of smoking:

Long-term smokers are at a higher risk of developing a range of potentially deadly diseases including:

- Cancer of the lungs, mouth, nose, throat, oesophagus, pancreas, kidney, liver, bladder, bowel, ovary, cervix, bone marrow, and stomach.
- Lung diseases such as Chronic Obstructive Pulmonary Disease (COPD), which includes chronic bronchitis and emphysema.
- Heart disease, heart attack and stroke.
- Poor blood circulation in feet and hands, which can lead to pain and, in severe cases, gangrene and amputation.

Health benefits of quitting:

As soon as you stop smoking your body begins to repair itself...

Within 6 hours

- Your heart rate slows and your blood pressure decreases.

Within a day

- Almost all of the nicotine is out of your bloodstream.
- The level of carbon monoxide in your blood has dropped and oxygen can more easily reach your heart and muscles.
- Your fingertips become warmer and your hands steadier.

Within a week

- Your sense of taste and smell may improve.
- Your lungs' natural cleaning system is starting to recover, becoming better at removing mucus, tar and dust from your lungs (exercise helps to clear out your lungs).
- You have higher blood levels of protective antioxidants such as vitamin C.

Within 2 months

- You're coughing and wheezing less.
- Your immune system is beginning its recovery so your body is better at fighting off infection.
- Your blood is less thick and sticky and blood flow to your hands and feet has improved.

Within 6 months

- Your lungs are working much better, producing less phlegm.
- You're likely to feel less stressed than when you were smoking.

After 1 year

- Your lungs are now healthier and you'll be breathing easier than if you'd kept smoking.

Within 2 to 5 years

- There is a large drop in your risk of heart attack and stroke and this risk will continue to gradually decrease over time.
- For women, within five years, the risk of cervical cancer is the same as someone who has never smoked.

After 10 years

- Your risk of lung cancer is lower than that of a continuing smoker (provided the disease was not already present when you quit).

After 15 years

- Your risk of heart attack and stroke is close to that of a person who has never smoked.

Source: Quit

Patient Blood Management

The use of blood and blood products

Treatment with blood and blood products can be lifesaving. However, as biological materials, they are not without risk.

That's why BHS ensures that patients who receive blood and blood products do so appropriately and safely.

What is Patient Blood Management?

Patient Blood Management is a new standard of care that focuses on measures to reduce or avoid the need for a blood transfusion, if possible.

However, if a blood transfusion is needed it makes sure that patients are given only what they really need and that the transfusion is given safely.

Why is Patient Blood Management good for patients?

Recent studies suggest that if Patient Blood Management strategies are used and transfusion is reduced or avoided, patients have fewer complications and recover faster leading to shorter stays in hospital.

The best and safest blood for patients is their own circulating blood. Patient Blood Management ensures that donor blood is reserved for use only with patient consent and where there is evidence that its use will be beneficial. Transfusion will also be considered where there are no other options and all the risks have been balanced against the benefits.

What is Ballarat Health Services doing to implement this new standard of care?

When a patient is placed on the waiting list for surgery they are asked to have blood tests done to identify whether they have anaemia (low haemoglobin) or are low in iron. These tests are reviewed and the patient may commence oral iron tablets or be referred for an iron infusion. Further medical investigations may also be required.

During surgery, great care is taken to reduce blood loss by using modern surgical tools and medicines.

The body has the natural ability to adapt to lower haemoglobin levels without resorting to a blood transfusion. To aid recovery after surgery, blood-building medications and nutritional support can help the body make its new blood more rapidly.

With a coordinated team approach the majority of elective surgical procedures can be performed without blood transfusion, which results in better patient outcomes.



Safe hands: BHS introduces Medication Safety Pharmacist

Patient safety has been enhanced at BHS following the introduction of a specialist Medication Safety Pharmacist.

Our Medication Safety Pharmacist (MSP) ensures we are meeting the national standards in medication safety, which includes ensuring we have all the appropriate policies and guidelines in place.

Critically, it is the role of the MSP to conduct comprehensive assessments of BHS' medication use systems to identify risks to patient safety, and implement system changes to address those risks.

The MSP also reviews all medication incidents, including near-misses and adverse events, and updates our systems and processes to ensure they do not happen again.

Team profile: BHS Pharmacy

BHS' clinical pharmacy team is dedicated to one key task: to ensure the safe use of medications for every individual in our care.

In the last year we have restructured our team of pharmacists to maximise the time they spend on the wards working directly with the medical and nursing staff and with the patients themselves. This clinical pharmacy role enables them to be more proactively involved in patient care and enables them to be advocating for best and safe use of medicines.

To achieve this aim, the service undertakes:

- Medication reconciliation at all points of transition between a patient's episodes of care. Medication reconciliation is a four-step process which involves obtaining and documenting a best possible medication history, confirming the accuracy of the medication history, comparing the medication history with the prescribed medicines and following-up discrepancies and supplying verified information for ongoing care.

- A comprehensive assessment of current medication management. The assessment aims to optimise the quality use of medicines and to minimise medicines-related problems, both of which improve patient outcomes.

When performing this assessment, clinical pharmacists consider several factors including the clarity, validity, appropriateness and safety of individual medication orders. They also look at the combination of medicines prescribed in the context of the patient's medication history, as well as the patient's individual needs and preferences.

- Provision of medicines information. Clinical pharmacists provide medicines information to health professionals to assist with safe prescribing, administration, monitoring and use of medicines for individual patients.

Pharmacists are also responsible for providing comprehensive information and advice to assist patients or their carers to achieve safe and effective use of their medicines following discharge from the hospital.

Medication safety in brief

Medication histories

All patients admitted to BHS must have an accurate medication history taken.

One of our pharmacists then confirms the history matches the patient's inpatient medications, and that the medications are suitable for the patient while in hospital.

Part of taking a medication history includes documenting a patient's adverse drug reactions. This must be completed and documented before any medications can be prescribed, dispensed or administered.

Medication storage

It is important that medications are stored appropriately. Over the last 12 months we have introduced increased measures for destruction of drugs of addiction and continual fridge monitoring. This ensures that the patient is receiving medications that have been stored safely.

Going home from hospital

Patients discharged from hospital are offered a comprehensive medication list by our pharmacy. This can be beneficial for patients taking a large amount of medications. It includes information such as the various available brands, the purpose of the medication and how best to take the medication.

BHS is committed to medication safety, and the welfare of our patients. In line with National Safety and Quality Health Service (NSQHS) standards, we have systems in place to ensure our staff safely prescribe, dispense and administer appropriate medicines to informed patients or carers.



Quartet gives sound care

Some patients find it soothing and beautiful. Others describe it as uplifting and fabulous. But no matter the emotional response, they all agree on one thing – a visit from the Ballarat Symphony Orchestra string quartet is wonderful!

The quartet has visited our Inpatient Rehabilitation Unit at the Queen Elizabeth Centre on three occasions, entertaining patients and family and providing them with the opportunity to enjoy, listen and interact.

A huge thank you to Helen, Milie, John and Akeyo for time – in the words of one of our patients, your music “makes the world a livelier place.”



Compliments and complaints – tell us how we’re doing.

BHS is committed to providing residents in our region with the best possible, person-centred health service. That’s why we value written and verbal feedback from patients, clients and the community about their experiences and perceptions of our service.

It is through compliments and complaints that we come to understand what we are doing well and not doing so well, so we can take actions to continually improve our performance.

In 2014/15, we received 396 formal complaints and 220 formal compliments. We also received many unofficial cards and verbal pats-on-the-back as a way of saying thanks, which our hard-working staff greatly appreciated.

We are extremely happy to receive positive feedback regarding the services and care we provide. This valuable feedback will be forwarded to the relevant staff and their managers.

At BHS, we also understand there are times when patients and families are less than happy with the service or care provided. It is important that we are informed of such events, as the information you provide helps us to improve.

People who want to make a complaint will be taken seriously and will continue to receive the best possible care.

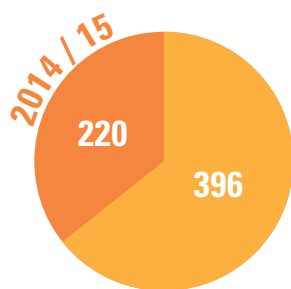
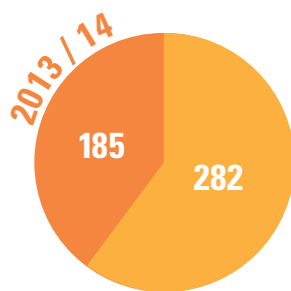
Some of the improvements we have put in place this year after patient feedback arose from concerns regarding ease of navigation around the health service, as well as signage.

Consumers told us where they’ve had car parking problems, where they have been required to walk long distances due to the building re-development and how helpful or unhelpful our signage has been.

It has been useful for us to know and understand the impact of these issues upon patients and visitors, and we have responded to these specific concerns in a number of ways.

You will notice we now have volunteers in blue uniforms located in key entrances and areas to help and direct people to where they need to go.

We have also colour coded our lifts – blue for the Ballarat Regional Integrated Cancer Centre and purple lifts in the Henry Bolte Building – to help visitors find their way around the Base Hospital. Our signage across all departments is now easier to read, making it simpler for patients to make their way to their destination for care and treatment.



● Complaints ● Compliments

How to give feedback...

- Wherever possible, discuss your ideas or feedback (both concerns and compliments) directly with staff of the area you are in. This could be with staff involved in your care or service provision, with the person in charge of the area, or a more senior person.
- You can also provide feedback in writing. Feedback forms are available in key locations around the hospital, and feedback boxes are placed at the entrances to our facilities. Alternatively, you can write a letter, send an email using the details below, or leave feedback via the 'Contact Us' page on the BHS website, www.bhs.org.au.
- Contact the Consumer Liaison Officer for advice or assistance with feedback.

Mail: Ballarat Base Hospital, PO Box 577, Ballarat, VIC 3350

Phone: 03 5320 4014

Email: feedback@bhs.org.au



Lessons learned from patient experiences

Patients admitted to BHS' Base Hospital or Queen Elizabeth Centre since April, 2014, may have received a survey in the mail, asking a series of questions about their healthcare experience.

The survey, known as the Victorian Healthcare Experience Survey (VHES), is distributed to a random selection of patients during the month following their hospital admission or Emergency Department attendance.

These surveys are part of a state-wide Department of Health and Human

Services initiative to assess patient experience and help hospitals improve the care and services provided.

This survey is undertaken in 116 public hospitals across Victoria three times per year, and covers a range of questions on topics such as the information provided by the doctors and nurses, and the cleanliness of the ward area.

Analysis shows that, if we improve the care and treatment provided by nurses, enhance teamwork between doctors and nurses and augment the discharge process, patients' overall experience of their healthcare is likely to improve.

Base Campus

Overall Experience (rating care as good or very good)						
Survey Date	Overall Base Hospital	Adult Inpatient	Adult Emergency	Paediatric Inpatient	Paediatric Emergency	Overall Queen Elizabeth Centre (6 monthly results)
April – June 2014	87%	96%	86%	94%	71%	
July – September 2014	80%	95%	71%	95%	71%	87%
Oct – Dec 2014	84%	89%	83%	90%	78%	
Jan-March 2014	87%	96%	80%	91%	90%	95%
April – June 2015	89%	96%	88%	92%	78%	

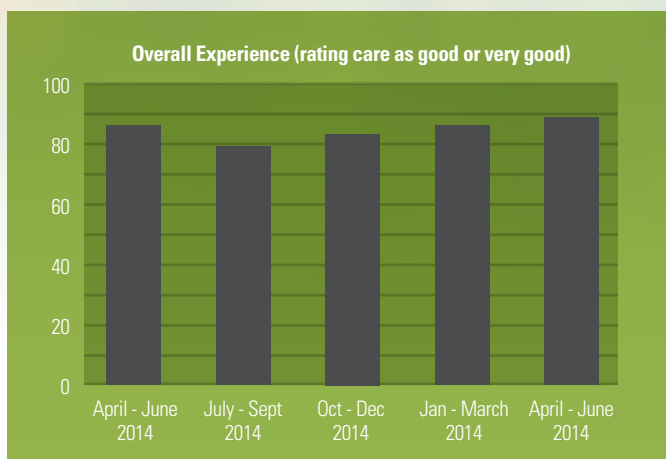
PETs track patient experience

Another way we measure patient experience at BHS is through the use of our Patient Experience Trackers, or PETs. These devices that measure customer service use five questions that individual units and clinical teams believe are important indicators of how well they are providing a service to their patients. The questions include general concepts such as:

- Being treated with dignity and respect;
- Providing quality patient information;
- Involving patients and families in planning care;
- Providing the opportunity for patients and families to ask questions;
- Overall satisfaction with experience;
- Having confidence and trust in the staff;
- Effective pain management;
- The approachability and friendliness of staff;
- Responsiveness;
- Communication;
- Introduction of staff;
- Privacy and confidentiality;
- Providing comfortable and appropriate waiting areas; and
- Explanation about delays in treatment and service.

We surveyed more than 3800 patients in the 12 months between July 2014 and June 2015. The average overall experience score was 87.89 per cent, telling us that, overall, our patients are having positive experiences while receiving care and treatment at BHS. The PETs provide an important barometer of our performance which we keep a constant eye on.

87.89% of patients report positive care and treatment experience at BHS



The results of these surveys are fed back to the teams of the various units, reviewed and discussed. Improvements are focussed on the areas that are identified as important, or not currently satisfactory, by our patients.

For example, in the units of the Queen Elizabeth centre, patients indicated there could be more information about their hospital stay provided.

Staff have since worked to improve this, with one initiative involving a review of the handbooks patients receive on admission to the units on the sub-acute site.

The handbook for each department has been re-written to ensure sufficient, appropriate and relevant information is provided.

The books have also been written in easy-to-understand English and reviewed by consumers to ensure all people using these services can readily understand this important information.

Consumers have also reviewed the information packs provided to patients and families to ensure the best information is provided in the most accessible way.



Reader feedback

Thanks to everyone who contributed feedback on last year's Quality of Care Report. When you speak, we certainly do listen! Based on reader input, we have made the following changes to this year's edition:

- A greater focus on patient stories.
- Bigger emphasis on volunteers.
- More budget-conscious format.

Let us know what you think of this year's report – drop us a line at feedback@bhs.org.au, or give us a call on 03 5320 4014.



Directory

Base Hospital	5320 4000
Outpatient Clinics	5320 4221
Pathology	5320 4451
Private Patient Billing	5320 4216
Radiology	5320 4270
Ballarat Psychiatric Services	5320 4100
Steele Haughton Unit	5320 3597
Community Psychiatry Horsham	5382 6744
Ararat Psychiatric Services	5352 9710
Ballarat Regional Integrated Cancer Centre	
Radiation Oncology	5320 8600
Oncology Consulting Clinics	5320 8500
BreastScreen	5320 3527
Consumer Liaison Officer	5320 4014
Day Centres	
Elizabeth Brown	5331 4037
Midlands	5331 5978
Eyres House	5332 4720
Dental Services	
Base Hospital Dental Clinic	5320 4225
Yuille Park	5339 8203
Direct2Care	1300 121 121
Community Programs	5320 6690
Foundation and Fundraising	5320 4093
Nurse-on-Call	1300 60 60 24
Queen Elizabeth Centre	5320 3700
Rehabilitation, Complex Care and Assessment, Palliative Care and Community Services.	
Residential Care Facilities	
PS Hobson	5338 1644
WB Messer Hostel	5339 6979
Geoffrey Cutter Centre	5337 1564
Eureka Village Hostel	5337 1550
Hailey House Hostel	5338 7916
Bill Crawford Lodge	5320 3970
Talbot Place Nursing Home	5320 3755
Jack Lonsdale Lodge	5335 0522
James Thomas Court Hostel	5335 0504
Residential Services Admissions	5320 3620
Safety Link	1800 813 617
State-wide Equipment Program	1300 747 937



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Fax: (03) 5320 4828

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www.bhs.org.au

