

2018 QUALITY ACCOUNT

Creating healthier communities



Our vision

Creating healthier communities

Our mission

To support our community's physical, mental and social wellbeing by:

- Providing safe, high quality innovative services
- Building enduring partnerships
- Delivering customer service excellence

Our values

Integrity

We will be open and honest and will do the right thing for the right reason

Innovation

We will be an industry leader by breaking new ground and improving the way things are done

Collaboration

We will actively work together in teams and partnerships

Accountability

We will take personal responsibility for our decisions and actions

Respect

We will value all people's opinions and contributions

Empathy

We will endeavour to understand other peoples' feelings and perspectives.

Contents

Welcome to the 2017-2018 Quality Account	1
About Western District Health Service	2
Highlights	3

State-wide statutory policy

Aboriginal public sector employment	4
Child Safety in the health service	4
Family Violence	5

Community participation

Partnering with consumers	6
Languages other than English	8
Feedback driving service improvements	8
Improving Health Literacy	9
Delivering our Disability Action Plan	9
Making a difference to farmers lives	10

Quality & safety

Responding to customer feedback	11
Our staff matter	12
Accreditation	13
Preventing harm	14
Infection control	15
Maternity services	17
Medication Safety	19
Residential Aged Care	20
Escalation of Care	22
Improving access & quality of services	22

Comprehensive Care

Continuity of Care	25
Advance Care Directives	27
End of Life Care	28

Caption front cover: Rural women participating in the 'From Inside the Farm Gate' Digital Storytelling Workshop

Back Cover: Hamilton Base Hospital Ladies Auxiliary President Mrs Roma Tully and Treasurer Mrs Cindy Benson at their very successful High Tea fundraiser held in the Handbury Courtyard

Acknowledgements:

Layout & Design: J. Tully / Dr. S. Denney

Printers: SpecPrint Hamilton

Welcome to the 2017-2018 Quality Account

We would like to welcome you to Western District Health Service's (WDHS) 2017-18 Quality Account.

Our mission is to support our community's physical, mental and social wellbeing by; providing safe, high quality and innovative services, building enduring partnerships; and delivering customer service excellence

The quality account provides us with an opportunity to demonstrate our commitment to our mission and more particularly the provision of safe, high quality care to all our customers. Communities are increasingly seeking greater levels of accountability and transparency from healthcare services and this report is one way we show how we are tracking against, state-wide plans, statutory frameworks and quality and safety standards.

In this Quality Account you will learn more about our falls and medication management safety systems to name a few, our organisational culture and the work that we are undertaking with farming families. We also talk about our active community participation strategies which include the young and young at heart. There is also information about the wide range of services we provide across our Acute & Emergency Care, Residential Aged Care, Allied Health Services and the National Centre for Farmers Health divisions.

We also give readers an insight into some of our major highlights for the year which include partnering with the Victorian Eye & Ear Hospital to deliver the eyeConnect program, becoming one of the largest NDIS providers across the region and collaboration with other health services in the Barwon South West region to work toward establishing stronger regional clinical governance systems.

The production of the report is overseen by the WDHS Board of Directors with input from our Community Advisory Committee (CAC) and satisfies the 2018 Quality Account requirements of the Department of Health and Human Services (DHHS).

We would like to thank everyone who contributed to and assisted with putting this report together. We are grateful to our customers that have been kind enough to share their stories about the care they received whilst at WDHS.

We hope you find this report interesting and informative reading. We welcome your feedback and if you wish to provide comment or suggestions for improvement for next year's report, you can do so by filling out and submitting the form provided, and posting it to: Quality Manager, Reply Paid 283, Western District Health Service, PO Box 283, Hamilton, Vic., 3300



Mr Ian Whiting
President



Mr Rohan Fitzgerald
Chief Executive

Western District Health Service respectfully acknowledge the traditional owners of the land upon which we work, the Gunditjmara people.

We pay our respects to the Aboriginal Elders past and present who have been integral part of the region's history, and we celebrate the continuing culture of the Aboriginal, Torres Strait Islander and Gunditjmara people.



ABOUT WESTERN DISTRICT HEALTH SERVICE

Western District Health Service (WDHS) is one of Victoria's leading and innovative rural and regional health services. Having played a pivotal role in the region for more than 150 years, WDHS continues to deliver high quality care and services to support the health and wellbeing needs of its community.

WDHS supports the healthcare needs of the Shire's resident population of 16,200 people, with approximately 9,800 living in Hamilton, the geographic and business hub of the region.

Overall, the service has 89 acute and subacute beds, 175 residential aged care beds and 35 independent living units. We provide our local community with access to a wide range of services across the following campuses and facilities:

- Hamilton Base Hospital (HBH)
- The Birches Residential Care Service
- The Grange Residential Care Service
- Frances Hewett Community Centre (FHCC)
- Coleraine District Health Service (CDHS)
- Penshurst and District Health Service (PDHS)
- Merino Community Health Centre
- National Centre for Farmer Health (NCFH)

Services we provide at WDHS

- Emergency Services
- Acute Care
- Residential Aged Care
- Community Services
- Allied Health Care
- Independent Living
- Maternal & Child Health Care
- Palliative Care
- Special Needs Care
- Farmer Health
- Research
- Education



2017 - 2018 at a glance:

7,159

inpatients treated

173

births

185

aged residents accommodated

19,554

meals-on-wheels

2,911

operations performed

49,202

outpatient services provided

7,497

people attended the
Emergency Department

Accreditation

fully accredited

Summary of achievements against the 2016-20 Strategic Plan



Transforming rural health

- » The eyeConnect program, which utilises telemedicine technology to transmit information about a patient's eyes for assessment was introduced in conjunction with the Victorian Eye & Ear Hospital
- » The Falls Reduction 20-Minute-Rounding Project results were published and presented at an international conference; guidelines for its integration across the Health Service have been developed
- » The WDHS Annual Clinical Excellence Award was presented to the Victorian Stroke Telemedicine (VST) Project Team for improving the escalation and response time for stroke patients
- » A "Certificate of Excellence" was received from VICNISS in recognition for achieving a Healthcare Worker Influenza vaccination rate of 89% in 2017 and 98% in 2018
- » The WDHS Annual Non-clinical Excellence Award was presented to The National Centre for Farmer Health Ripple Effect Project to help address the stigma associated with an experience of rural suicide



Enhancing people's lives

- » WDHS registered as an accredited National Disability Insurance Scheme (NDIS) provider, becoming one of the largest providers of disability services in the region
- » We joined Ka-ree-ta-Ngoot-yoong-Watnan-da, a multi-agency Indigenous Advisory Committee involving both Winda- Mara and Dhauwurd-Wurrung Elderly & Community Health Service
- » We renewed our consumer participation plan which integrates the community's views into the design of WDHS's facilities, operations and policy development
- » A Community Excellence Award was presented to the Coleraine Community for Family Violence Prevention Initiatives



Investing in our future

- » Construction of the new Cancer and Dialysis Centre redevelopment commenced in January this year. This \$1.9M project has been generously funded by the community and will be officially opened in October
- » A \$1.2M tender was awarded to Craig Collins Building for significant refurbishments to the main entrance and extension of the dining area at the Birches
- » DHHS conducted a feasibility study into the redevelopment of our Emergency, Intensive Care and Radiology departments



Enriching our team

- » WDHS joined with Health Services from the Barwon South West Region to form a collaborative clinical governance regional partnership to improve quality and safety in public hospitals across the region
- » Our newly appointed Customer Service Officer trained over 400 staff in the delivery of 'customer service excellence' and commenced a research project into the effectiveness of the role
- » Regional hospitals collaborated to roll out the Strengthening Hospital Responses to Family Violence program
- » WDHS continued to support the White Ribbon campaign to end male violence against women

1.1 Aboriginal public sector employment

Western District Health Service (WDHS) is a culturally appropriate and inclusive workplace where the Aboriginal and Torres Strait Islander (ATSI) community feel welcome, respected and are provided with opportunities for skills and career development in a supportive environment. WDHS plays a key role in improving the employment outcomes for the ATSI community residing in the Southern Grampians Shire. WDHS is committed to continue employing people from the ATSI community, ensuring that people from culturally and linguistically diverse backgrounds have equal opportunities to gain employment within our organisation.

WDHS continue to:

- Increase awareness of health careers and employment opportunities for the Aboriginal community
- Strengthen partnerships with Winda-Mara and other Aboriginal stakeholders
- Increase cultural competence of WDHS staff and promote WDHS as a culturally welcoming organisation
- Support and mentor Aboriginal staff at WDHS

Symbolism is extremely important for the Aboriginal community, particularly when utilising mainstream health services. WDHS has added more welcoming signs and 44 pieces of aboriginal art throughout the organisation to increase cultural competence and promote WDHS to the Aboriginal community as a culturally welcoming organisation.

1.2 Child Safety in the health service

In 2017, the Victorian Government launched Healthcare That Counts, a framework for improving care for vulnerable children in Victorian health services. Healthcare That Counts now applies to all health services across Victoria. As part of the new framework, WDHS has undertaken a review of our systems and processes relating to vulnerable children who receive services from our health service. A number of suggestions for improvement were identified utilising the Framework and a plan for implementing these suggestions has been produced.



→ Jack Robbins (6yrs old) gets some hands on experience with Occupational Therapist Lee Priestly



→ Indigenous artwork by artist Nola Jimaein displayed at WDHS

1.3 Raising awareness of Family Violence

As part of the Victorian Government's commitment to the prevention and response to family violence, WDHS and hospitals from across the region partnered to implement the Strengthening Hospital Responses to Family Violence initiative. The main drivers of family violence are gender inequality, discrimination and marginalisation. Strengthening the capacity of healthcare professionals and managers to identify and support WDHS customers and staff with family violence matters are crucial to the prevention of and response to family violence.

WDHS has taken a firm stand against family violence and implemented a staff Family & Domestic Violence Policy and Procedure to ensure the workplace is doing everything possible to support staff experiencing family violence. These supports include access to special family violence leave as well as changes to the current work situation (e.g. hours or location of work).

WDHS also assist staff to develop a tailored workplace safety plan to ensure that all staff remain safe. Strengthening the capacity of healthcare professionals and managers to identify and support customers and staff across their lifespan is crucial to the prevention of and response to family violence. WDHS Family Violence Contact Officers, Executive and Department Heads have completed the Family Violence: Understanding, Attitudes and Practices Survey.



Improving staff awareness about Family Violence

WDHS are serious about improving staff awareness of family violence matters:

- Lifeline domestic violence alert training sessions provided for staff.
- Staff also completed the compulsory WDHS FAMILY VIOLENCE RISK ASSESMENT online competency.
- The Human Resources Department at WDHS have assisted several employees who reported family violence matters.

2.1 Partnering with consumers

We continue to strive to improve consumer participation within our health service. To assist us to improve outcomes for our community, we embrace community feedback from a variety of angles and we encourage members of our community to become involved in one of our work groups and committees that have consumer representation.

Our Partnering With Consumers Working Group has been instrumental in obtaining feedback regarding our services from many avenues, such as formal survey's as well as 'Vox Pops' (Voice of the People), which are face to face immediate short surveys.

Over the past year we have delivered a number of community forums to provide information to the community, such as the Stroke and Thunderstorm Asthma Forums. These forums were identified by community members of our Community Advisory Committee, as being important information events for our community.

Engaging with local youth at the Community for Youth Board

Established in late 2016, our Community for Youth Board (C4YB) continues to go from strength to strength providing both a platform and voice for the youth in our community. Initially, at the commencement of the C4YB, we routinely had three young people attend the meetings, however in late 2017, we took the decision to meet at the schools to try and reach out to a wider audience. This decision has been very successful and we now have fifteen youth members attending our C4YB regularly. The C4YB has been successful in establishing a 'Shindig', which is a meeting place for local youth to 'hang out' in a warm and safe environment where they can socialise, play games and listen to music. The C4YB has submitted an application through the 'Pick My Project' Initiative to apply for funding to establish a Youth Hub in Hamilton. The C4YB has also taken the important decision of merging the FreeZa Committee with the C4YB to have one all-encompassing voice for youth.



→ WDHS School Holiday Program attendees with Bruach Colliton from The Roxburgh Cafe enjoying the first 'Barista / Job Ready' course.

WDHS partnering with consumers

- Community Advisory Committee
- Consumer Health Information Committee
- Partnering with Consumers Work Group
- Diversity & Equality Committee
- Community for Youth Board (C4YB)
- Patient Handover & Communication workgroup

If you would like to get involved please contact the Community Liaison Manager on (03) 5551858 or Quality Manager on (03) 55518207



→ Volunteers and staff at The Grange celebrate National Volunteer Week 21-27 May 2018

Volunteers support WDHS in the following areas...

- Contribution to Governance Committees
- Hamilton Community Transport Service
- Coleraine/Merino Community Transport Service
- Opportunity Shop
- Comforts Trolley – providing patients with access to magazines, toiletries and snacks
- Fundraising
- Aged Care facilities at Hamilton, Penshurst and Coleraine
- Palliative Care
- Acute Ward Volunteers
- Theatre Concierge
- Delta Dogs
- Social Support groups at Hamilton, Penshurst and Coleraine
- Data entry and clerical assistance
- Hospital Harmonies Choir
- Conducting surveys
- Assisting with file compilation
- Preparation of document packs for consumers.

Recognising the efforts of our volunteers

WDHS has 246 registered unpaid volunteers. We also have volunteers on 6 different auxiliaries equating to an additional 50 unregistered volunteers.

Volunteers are an incredible work force assisting the health service in a variety of areas. This year, volunteers have been helping even further in areas for conducting surveys, assisting with file compilation and preparation of document packs for consumers. With the support of our volunteers, the Hamilton Community Transport Service travelled 209,059 km this year, an increase of 50,306 km on the previous year.

WDHS would like to thank all of our volunteers for their dedication and tireless contribution to improving the lives of our customers.

Charlie Watt Volunteer of the Month Recipients for 2017-18:

July	Dot Donaldson - Op Shop
August	Vivian Rowe - Social Support Group
September	Robert Cook - Community Transport
October	Martin Wilk - Community Transport Coleraine
November	Don Adamson - Penshurst
December	Joan Ladd - Nth Hamilton Auxiliary & Comforts Trolley
January	Graeme Wombwell - Coleraine
February	Jan Nicholson - Hamilton / Penshurst
March	Valma Lambert - Merino Community Centre
April	Noelene Clarke - Coleraine Community Transport Service
May	Coral Luke - Hospital Opportunity Shop
June	Gwen Rentsch - PDHS Door Knock Appeal

Are you interested in becoming a volunteer?

Volunteers are recruited through an interview process managed by the Volunteer Coordinator. Skills are matched to the appropriate activity.

If you wish to become a volunteer at WDHS, please contact the Volunteer Coordinator on (03) 5551 8457

2.2 What if you speak a language other than English?

WDHS recognises Interpreting and Translating Services as an essential part of the delivery of services for people who read and speak languages other than English. If you require an interpreter you may refer to the WDHS Interpreting and Translating Services Policy which provides details on how to access these services, or ask one of our staff to access this service for you.

2.3 Community feedback driving service improvements

How do our customers rate the care they received from our Allied Health Services?

Patients who have accessed community services provided by the WDHS Allied Health Department are randomly selected to participate in the Victorian Healthcare Experience Survey (VHES). The survey is conducted on behalf of the DHHS and allows our consumers to provide feedback on their experiences. This information is used by WDHS to help us improve our services and the patient experience.

When asked “overall how would you rate the care you received at the community health service?” the percentage of respondents who replied as good or very good was 95%

Our Primary & Preventative Health Department are continuing to improve their services and access to services. Some initiatives that have been implemented so far include:

- Accreditation to become an NDIS provider
- Expansion of the Social Support Group to assist with providing better care to community members with a disability
- Implementation of a Nutrition and Malnutrition workgroup to increase awareness of healthy eating within the acute and aged care facilities
- Improving access for Orthopaedic clients
- Improving awareness of Advance Care Planning and End of Life Care Planning

How do our customers rate our Discharge Planning from our acute services?

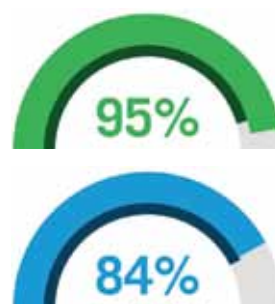
Patients who have had an acute inpatient admission or a presentation to the Emergency Department are randomly selected to participate in the Victorian Healthcare Experience Survey (VHES). The survey is conducted on behalf of the DHHS and allows our consumers to provide feedback on their experiences which is used by WDHS to help us improve our services and the patient experience.

When asked “overall how would you rate the discharge process” the percentage of respondents who replied as good or very good was 95% compared to 91% for the same time last year

Some actions we have taken to improve our discharge planning processes

- Ensuring that patients and their families feel involved in their care
- Patient discharge information and handouts are reviewed by consumers to ensure that it is written in language that is easily understood
- Home Referral Service was been renamed to Discharge Support Service to clearly identify the purpose of the service to patients and their families
- A trial of whiteboards was commenced in the Surgical Unit to provide a communication tool between patients / families and staff
- Patients discharged from the Emergency Department are given written instructions on discharge

DISCHARGE PROCESS WAS VERY GOOD OR GOOD Result for April - June 2018



● Campus	95%
● April - June 2017	91%
● Jan - March 2018	87%
● State	84%
● April - June 2017	85%
● Jan - March 2018	85%

2.4 Improving Health Literacy - Understanding Thunderstorm Asthma

In June 2018, a Community Forum on Thunderstorm Asthma was held at WDHS. This topic was raised by community members of the Community Advisory Committee as a topic of interest for further education following the Thunderstorm Asthma event in Melbourne in November 2016, which led to the deaths of 10 people.

The forum was a free event and attendees included interested members of the public, teachers, child care workers, health care workers and parents.

Respiratory and Sleep Physician Specialist, Dr Andrew Bradbeer, spoke about asthma in general, types of asthma, current treatments and future treatments options.

Asthma Australia representative, Jayde Cesarec, spoke specifically on Thunderstorm Asthma - what it is, why it caused so many deaths, what we can do if there is a repeat event, and emergency asthma management processes.

A workshop was then held to discuss and demonstrate the importance of correct inhaler techniques, Apps available to help warn of a potential Thunderstorm Asthma event coming our way and a personal journey of someone who has lived with asthma all their lives and the impact it has had on their family and work life.



→ Thunderstorm Asthma Forum facilitators and presenters L-R: Complex Care Co-ordinator Robyn Beaton, Respiratory Educator Meg Watson, Respiratory Physician, Dr Andrew Bradbeer and Asthma Australia representative Jayde Cesarec.

2.5 Delivering our Disability Action Plan

In October 2017, we launched the National Disability Insurance Scheme (NDIS) at WDHS and registered as an accredited NDIS provider, becoming one of the largest providers of disability services in the region. We currently have 90 participants on our NDIS client list and look forward to implementing new programs, such as a Social Support Group for people under 60 years old.

Our objective is to assist you to achieve your goals which may include independence, involvement in your community, education, employment and wellbeing.

We can help you to ascertain the support you may require to assist you to live your life.

If you require a clinical assessment that will support you with your goals, our Allied Health clinicians are happy to assist you.

Our staff at WDHS can assist you with....

- Language and communication
- Personal care
- Mobility and movement
- Interpersonal interactions
- Community living
- Assistive Recreational Equipment
- Exercise Physiology
- Personal Training sessions
- Community Nursing Care
- Continence support
- Social Support Group
- Occupational Therapists
- Counselling
- Occupational Therapy
- Podiatry
- Physiotherapy
- Speech Pathology
- Dietetics

Supporting our clients with a disability to live well & feel valued

The “wellness approach” of the Social Support Group (SSG) seeks to promote each member’s opportunity to build their capacity and quality of life by being involved in person centred and tailored activities within their community. The program is flexible and responsive and aims to build upon the strengths of individuals.

Clients have the opportunity to participate in variety of activities. This gives flexibility and a focus upon personal growth and feeling valued as we build partnerships to fulfil individual’s goals. We have many examples of how SSG assists its members to achieve their goals:

Our Social Support Group offers

- MasterChef – Paddock to Plate
- Craftanoons
- Library / Reading Group
- Photography Group
- Music Workshop
- Garden Lovers Group
- Walking Groups
- Scrapbooking
- Movie Group
- Currant Affairs Discussions
- Sightseers
- Board Games
- Intergenerational Groups

- *David liked to play chess and was keen to find a buddy with whom he could have a regular game. The SSG school buddy program introduced chess as an activity and found a gentlemen from the community who was happy to play chess with David on a regular basis. David’s confidence grew enabling him to become a volunteer in an Aged Care Facility to play chess with a resident on a weekly basis. David’s confidence, sense of purpose, happiness and goals were achieved.*
- *Peter wished to have a regular game of pool and darts. The donation of a dart board was offered by another client during a Consumer meeting. The dart board was installed under the Pergola for Peter who plays with other members and volunteers. A partnership was also formed with Baimbridge College’s Standing Tall program, where a student and his buddy spend time at SSG in Pool competitions with Peter. Peter’s goals have been realised and he is now bringing in new interests and connections for others.*
- *The Garden Lovers Group is a group of enthusiastic ladies who meet monthly to visit special gardens within the local community for garden therapy and lunch. The group is steadily growing in numbers and participants arrive home happy and chatty, energised from sharing their interest in gardens.*

2.6 Making a difference to farmers lives

The National Centre of Farmer Health (NCFH) is involved in a broad range of rural health research. These projects respond directly to the needs of farming communities and are developed in collaboration with farmers, the agricultural industry and relevant partner organisations.



The Ripple Effect

The Ripple Effect is an Australia-wide rural suicide prevention research project designed to address the stigma associated with an experience of rural suicide. The research has a focus on rural males, aged 30-64 years. However, given the broad impact of suicide, all rural adults are invited to provide their insights and information about how they have been affected by suicide via www.therippleeffect.com.au website. By contributing to the website, participants support their own and other’s wellbeing, help planners, researchers and government better understand rural suicide, and work towards preventing suicide and improve support for all those affected.

“It’s made me stronger and more tolerant and accepting of all mental health issues. I find it has helped me understand other people’s struggles and relate to their battles which has helped me help them.” (TRE participant)

From Inside the Farm Gate

From Inside the Farm Gate uses digital storytelling to highlight the experiences and give voice to rural women who have managed tough times. This project benefits the storytellers—through personal reflection, building self-confidence and social connection—and those viewing the stories, through increased empathy, knowledge and understanding.

“This has been an amazing process of sharing stories but also of sharing friendship and conquests over adversity. The support from staff and participants in the project has been exemplary and a joy to be part of. I think there is much to be gained by sharing this as an experience but I see great value to anyone who will view the works outside of the participants group.” (FITFG participant)

Stories can be best viewed at www.farmerhealth.org.au/inside-the-farm-gate

3.1 Listening & responding to customer feedback

Feedback from our customers about WDHS services assists us to improve the quality and safety of our programs and to identify improvements to practice, facilities, systems and equipment.

How you can provide feedback

- Talk with a staff member or the Customer Service Officer at your health service
- Call the Quality & Risk Manager on 03 5551 8207
- Email or online submission through www.wdhs.net
- Write to the Chief Executive
- Complete a Consumer Feedback form (available at reception of all campuses)

In 2017-18, 728 items of feedback were received. 560 were compliments and 168 were complaints or suggestions for improvement. Of the complaints 80% were addressed within 30 days with the remainder being addressed within 30-60 days.

Formal feedback is logged and managed via our Riskman Feedback Management System. All complaints received are reviewed by the Quality Department and then acknowledged either by a letter or by a follow-up phone call with the complainant. A process is then followed to understand the expectation of the complainant, to gather further information from the staff and customers involved and to identify possible improvements. Complainants are notified of the outcome of the investigation if they have expressed the desire to be included.

Improving our customer service

Last year, communication was identified as an area for improvement. We have since appointed a Customer Service Officer to support improved communication for patients, families, carers and staff at WDHS. The Customer Service Officer works collaboratively with patients and carers, Health Service managers, clinicians, and allied health professionals to identify and deliver opportunities for innovation in delivery of healthcare to improve the patient experience.

WDHS customer service and positive communication awareness sessions have been delivered to over 400 employees across the organisation, to enhance communication skills and provide insights for staff.



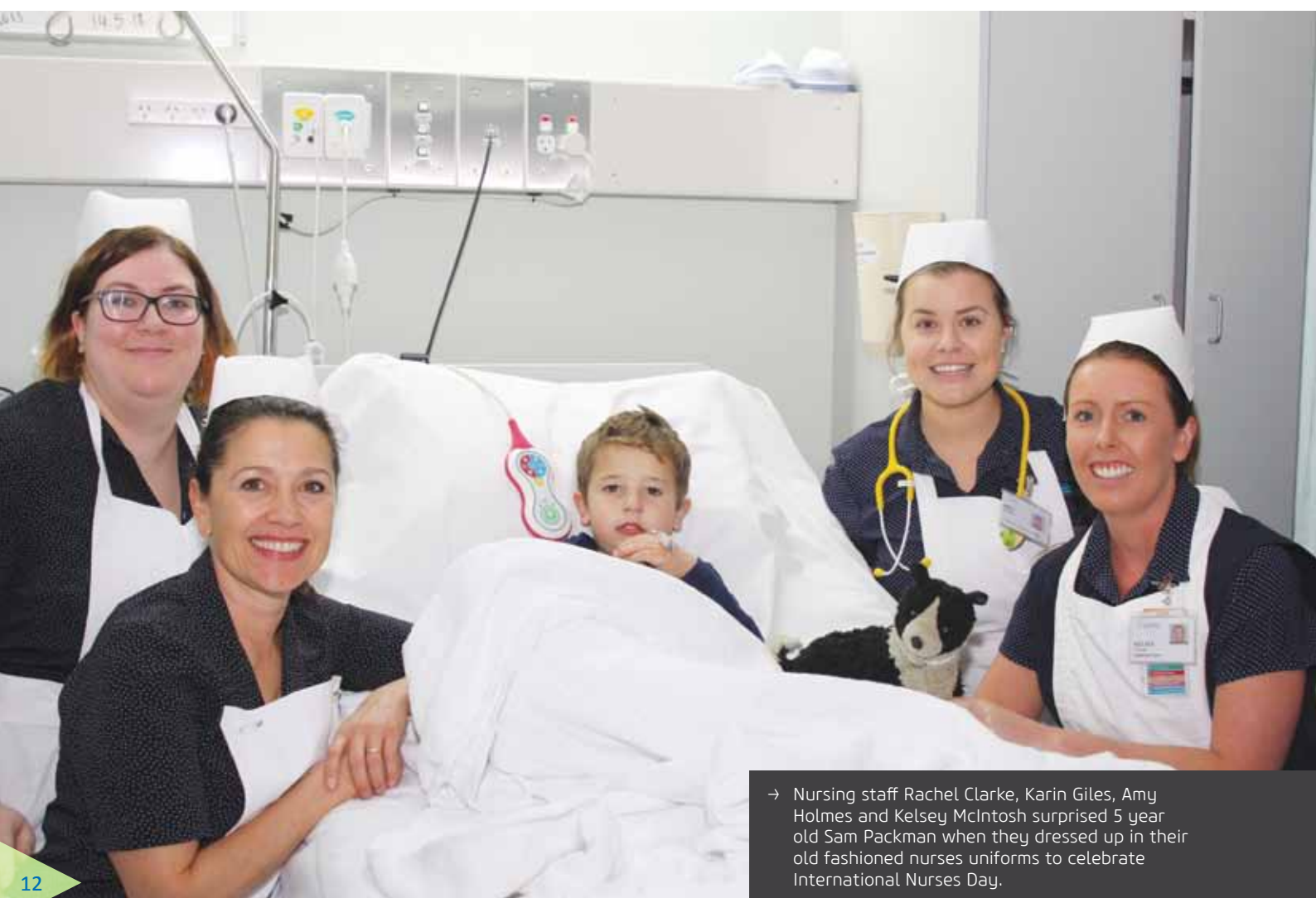
→ Customer Service Project Officer, Paige Cross with client Mrs Charlotte Gorrie.

3.2 Our staff matter

The People Matter Survey is a public sector employee opinion survey run by the Victorian Public Sector Commission. The survey gives our staff the opportunity to share their views on public sector values, employment principles and how key supporting measures are demonstrated by their colleagues and managers. The survey can be used as a measure of staff engagement and job satisfaction. Results highlight areas for improvement and can provide realistic targets for future performance. Staff responses to 'patient safety' questions are shown below.

Patient Safety – People Matter Survey 2018	Target	% Agree
Percentage of staff with a positive response to safety culture questions	80%	90%
Patient care errors are handled appropriately in my work area	80%	96%
This health service does a good job of training new and existing staff	80%	81%
I am encouraged by my colleagues to report any patient safety concerns I may have	80%	96%
The culture in my work area makes it easy to learn from the errors of others	80%	89%
Trainees in my discipline are adequately supervised	80%	84%
My suggestions about patient safety would be acted upon if I expressed them to my manager	80%	92%
Management is driving us to be a safety-centred organisation	80%	92%
I would recommend a friend or relative to be treated as a patient here	80%	88%

The 2017 survey indicated that bullying was an area for improvement for WDHS staff with 23% of survey respondents indicating that they had personally experienced bullying at work in the last 12 months. Since then, WDHS has put in place mandatory face to face bullying and harassment training for all staff. So far, 80% of staff have completed this training. We are also training Contact Officers to assist with supporting and assisting staff. An Employee Assistance Program (EAP) is also available to all staff to assist with mental health issues.



→ Nursing staff Rachel Clarke, Karin Giles, Amy Holmes and Kelsey McIntosh surprised 5 year old Sam Packman when they dressed up in their old fashioned nurses uniforms to celebrate International Nurses Day.

3.3 Accreditation

Accreditation is a mandatory process for all public acute health services and providers of residential aged care. WDHS participates in several comprehensive national accreditation programs, including those conducted by independent assessors including the Australian Council on Health Care Standards (ACHS) and the Australian Aged Care Quality Agency (AACQA).

Australian Aged Care Quality Agency Standards

A full assessment of compliance with the Australian Aged Care Quality Agency (AACQA) Standards was conducted at the Coleraine campus in December 2017. Coleraine achieved reaccreditation in all four AACQA standards, which drive the implementation of safety and quality systems to improve aged care. Accreditation for this facility is valid for 3 years.

PDHS, the Grange and the Birches Aged Care Facilities are due to be re-assessed in August 2019. This assessment will be against the 2nd edition Aged Care Standards which have recently been released by the AACQA.

National Disability Insurance Scheme

In October 2017, we launched the National Disability Insurance Scheme (NDIS) at WDHS and registered as an accredited NDIS provider, becoming one of the largest providers of disability services in the region.



Baby Friendly Health Initiative

An audit was held in the WDHS Midwifery Department in March 2016. Full accreditation was granted for a 3 year period with all expected criteria being met. WDHS supports mothers and babies in an environment that encourages safe and high-quality care, education and support that is evidence-based and best-practice.

National Safety & Quality Health Service Standards

The National Safety & Quality Health Service (NSQHS) Standards drive the implementation of safety & quality systems to improve healthcare across Australian acute services. The second edition of the NSQHS Standards was released by the Australian Commission on Safety and Quality in Health Care in November 2017. Our governance committee structure has been revised to facilitate the new standards, with additional focus being given to Palliative and End-of-life Care, Mental Health, Nutrition & Malnutrition and Comprehensive Care.



WDHS acute facilities at Hamilton, Coleraine and Penshurst are currently fully compliant against the first edition of the national standards. They will undergo a full accreditation audit against the second edition standards in October 2019.

NSQHS Standards (second edition)

Standard 1: Clinical Governance

Standard 2: Partnering with Consumers

Standard 3: Preventing and Controlling Healthcare Associated Infections

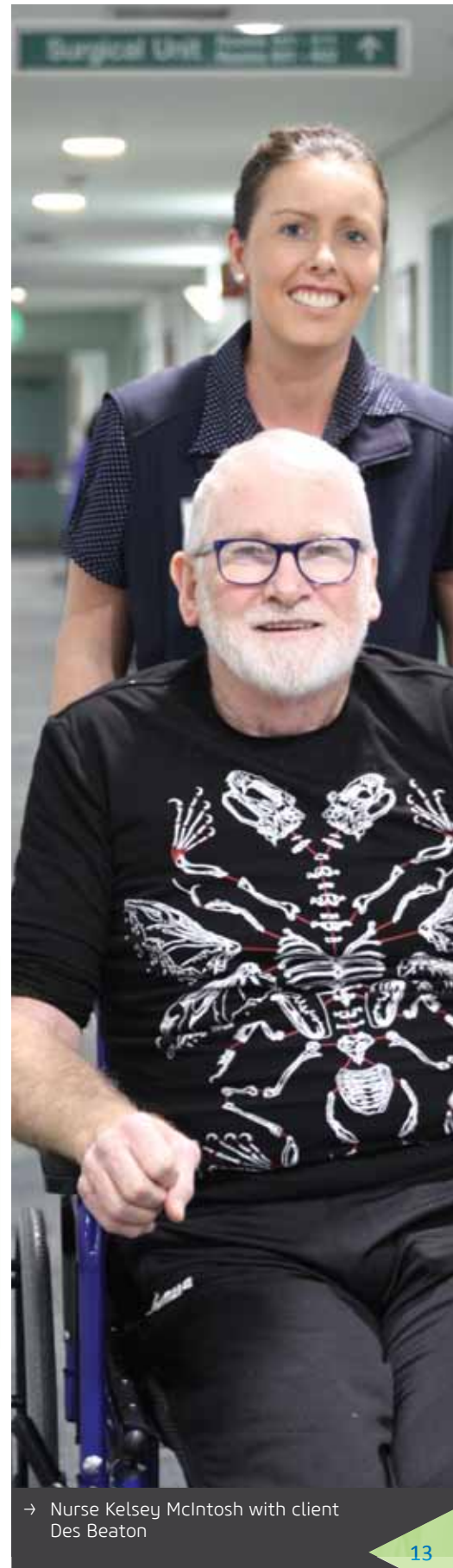
Standard 4: Medication Safety

Standard 5: Comprehensive Care

Standard 6: Communicating for Safety

Standard 7: Blood Management

Standard 8: Recognising & responding to Clinical Deterioration



→ Nurse Kelsey McIntosh with client Des Beaton

3.4 Preventing harm to patients & residents

All staff at WDHS have access to our Incident Reporting and Management system called Riskman. New starters at WDHS are given basic Riskman training on the system during their orientation program. This allows anyone to document incidents and ensure that adverse events are investigated appropriately.

Incidents reported in the Riskman system are assigned an Incident Severity Rating (ISR) based on the degree of impact, the level of care and the treatment required. Ratings assigned are:

- ISR 1 – Severe
- ISR 2 – Moderate
- ISR 3 – Mild
- ISR 4 – No harm (near miss)

At WDHS, adverse events with an ISR1 rating are reported to SaferCare Victoria (SCV) and trigger a Root Cause Analysis (RCA). Adverse events with an ISR2 rating trigger an In-Depth-Case-Review (IDCR). These cases are reviewed at our weekly multidisciplinary ISR1&2 Case Review Meeting and our Clinical Care Review Meeting to determine what actions will be implemented to close out deficiencies in our processes and to prevent the event from re-occurring

All incidents, including those with a rating of ISR3 or ISR4, are reviewed at our national standard workgroups (For example: Medication Advisory Committee or Falls Work Group) to identify and act on trends and emerging risks.

What is a sentinel event?

- Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.
- Suicide in an inpatient unit
- Retained instruments or other material after surgery requiring re-operation or further surgical procedure
- Intravascular gas embolism resulting in death or neurological damage
- Haemolytic blood transfusion reaction resulting from ABO incompatibility
- Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
- Maternal death or serious morbidity associated with labour or delivery
- Infant discharged to the wrong family
- Other catastrophic: Incident severity rating one (ISR1)

Adverse events reported:

Adverse events	2017-18 Actual
Number of sentinel events reported	1
Number of ISR2 incidents with an IDCR	36

Strengthening our clinical review processes

In addition to our Riskman incident reviews, we also conduct a monthly Mortality & Morbidity Review process where we review selected patient records in order to detect trends and risks that have not been reported as a specific incident. This process incorporates the principles of Limited Adverse Occurrence Screening (LAOS) which is based on the assumption that by reviewing 10% of records, we will detect 50% of errors

Files are selected for review based on the following categories:

- All deaths
- Patients whose length of stay in hospital exceeded 21 days
- Patients who had an unplanned readmission to hospital
- Patients who had an unplanned readmission to theatre within the same admission
- Patients who had unplanned transfer from the ward to ICU
- Patients who were transferred to a higher level of care at another health service
- Patients who contracted hospital acquired complications

Adverse events detected from any of our review processes are escalated to our monthly Medical Surveillance Committee and Clinical Care Review Committee for review to identify and implement improvement activities.

3.5 Infection control

Hand hygiene

Hand hygiene is the single most important factor in reducing hospital associated infections. Compliance to hand hygiene at WDHS is routinely monitored and results are submitted each quarter to the Victorian Department of Health & Human Services (DHHS).

Maximising hand hygiene at WDHS

- Hand hygiene antiseptic hand rub is located at all patient points of care
- The 5 moments of hand hygiene are visible in the wards
- The “I deserve your clean hands” program is promoted periodically
- Education is included in new staff orientation programs
- Compliance to hand hygiene practices are a Key Performance Indicator and are monitored closely

Microbiological surveillance at WDHS

During the 2017-18 reporting period:

- There were no central-line associated blood stream infections (CLABSI) detected in the Intensive Care Unit (ICU).
- There were no hospital-acquired *Staphylococcus aureus* bacteraemia (SAB) infections detected across all facilities at WDHS.
- All surgical procedures are monitored for post-operative surgical site infections (SSI). We have set our own internal benchmark at <3% which we are consistently meeting.

Year	Rate of SSI
2018 year to date	0.3%
2017	0.8%
2016	0.8%
2015	1.8%



→ CQUniversity Bachelor of Nursing students Lachlan Fitzgerald and Jeanne Pollock

Healthcare worker influenza vaccination

Annual Influenza vaccination is a critical strategy in preventing Influenza and its health complications. While in some cases the vaccination may not prevent a person developing the disease, it can help to reduce the severity or duration of the disease and potentially prevent further serious complications.

In 2017, a small change in the influenza virus (antigenic drift) saw numerous cases of Influenza occurring in the community, the hospital, aged care facilities, and amongst staff. This was a timely reminder of how virulent the Influenza virus can be. The Department of Health data recorded there had been 1249 cases of laboratory confirmed cases of influenza in the Barwon South West region (excluding Geelong region). This was an increase from 392 in the previous year.

In 2018 the Chief Executive Officers (CEO) in the Barwon South West Health accord, met and decided to implement a collaborative program that promoted the premise that...

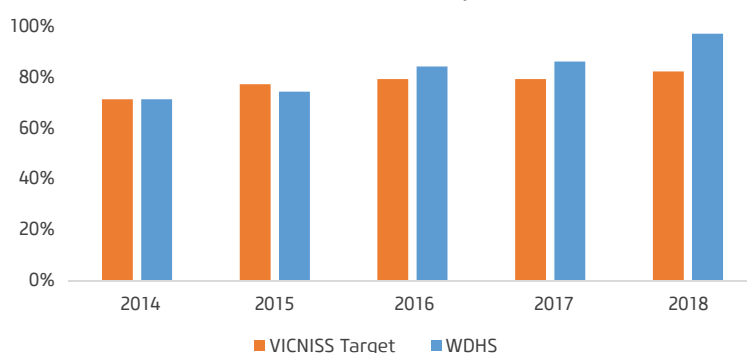
“all health care workers have an individual responsibility to protect the vulnerable patients in their care and executives have a responsibility to expect and support staff to achieve this end”.

The usual promotional strategies at each facility were re-enforced with the requirement that during the influenza season, unvaccinated staff were required to wear a mask when in close contact with patients. To better understand why some staff still chose to decline the vaccination, an appointment with the CEO or nominated executive was also arranged. Staff members with a medical reason to decline the vaccine were also requested to provide a medical certificate.

The Regional CEO's established a benchmark of 95% vaccine uptake. The VICNISS state benchmark is 80%. The vaccination uptake for all WDHS staff for the 2018 season was 98%, an increase of 11% compared with last season and 18% above the VICNISS benchmark.

‘All Health Care Workers have an individual responsibility to protect the vulnerable patients in their care and executives have a responsibility to support staff to achieve this end’

Vaccination uptake



→ Members of the WDHS Pharmacy Department promoting the WDHS Healthcare Worker Flu Vaccination Program



→ Sisters Nastassja Lewis and Sasskia Bastock with their babies delivered on the same day at the WDHS maternity ward

3.6 Maternity services

WDHS supports mothers and babies in an environment that encourages safe and high-quality care, education that is evidence-based and best-practice.

Maternity ward at a glance

- 173 babies were born
- We had two babies born to two sisters on the same day
- Staff attended training in foetal surveillance & advanced neonatal resuscitation
- Another of our WDHS staff has completed their Graduate Diploma in Midwifery and is now registered as a midwife
- Practical Obstetric Multi-Professional Training (PROMPT) is becoming embedded in WDHS and forms a foundation for training in maternity emergencies.
- On Boxing Day, we birthed a 26 week gestation baby; a difficult situation on any day. On the evening of the Boxing Day public holiday we were able to assemble a team of skilled clinicians to safely birth the baby at WDHS. Mum & baby were then transferred for higher care to Monash Medical Centre.

Victorian Perinatal Services Performance Indicators

We are required to measure and report a number of key indicators relating to the care of mothers and their babies. The latest results are reported in the 2016 – 2017 Victorian Perinatal services performance indicator Report.

We compare our performance with other Victorian public health services and use the results to prioritise areas for improvement of our service.

Planning for a vaginal birth following a primary caesarean section

One indicator where we have not seen an improvement is the number of women having a vaginal birth following a primary caesarean section (VBAC).

As a Level 3 Maternity Service and Level 2 Newborn Service, it is our objective to offer all women the opportunity for a vaginal birth when it is appropriate and safe for mother and baby.

Women are assessed for their suitability for planning a vaginal birth, with the involvement of obstetric specialists from South West Healthcare. Each woman who has had a previous caesarean section is assessed by their maternity care provider to determine if there are any contraindications to her planning a vaginal birth for subsequent births. If appropriate clinical support can be provided by the hospital, women are encouraged to consider or plan a vaginal birth and are offered factual information about the risks and benefits.

All cases of VBAC or planned VBAC are reviewed at our monthly Maternity Surveillance Committee to ensure that clinicians are encouraging women who have had a prior caesarean section to safely attempt a subsequent vaginal birth and support them to achieve this.



→ Midwife Jessica Hogan with Shannon and Damien Kearney, baby Agnes & Midwife Sara Moyle with the two new infant incubators purchased with a \$52,000 grant from the Collier Charitable Fund.

Baby Friendly

- WDHS are accredited for the Baby Friendly Health Initiative (BFHI) until 2020. BFHI aims to protect, promote and support breastfeeding, along with ensuring that all mothers and babies receive the appropriate education and support, regardless of the way that they feed their baby.

Victorian Perinatal Services Performance Indicators

Targeting smoking cessation during pregnancy

One area we would like to improve is the number of women who reduce or cease smoking during their pregnancy. It is well known that smoking during pregnancy is strongly associated with poor health outcomes for women and their babies. Women who smoke while pregnant have an increased risk of ectopic pregnancy, miscarriage, placenta praevia and pre-term labour, and are more likely to give birth to a low-birth weight baby compared with non-smokers.

Midwifery staff have received further education and engagement with the smoking cessation facilitator and we are seeking assistance from the Victorian Perinatal Data Collection Unit and the Birthing Outcome System administrator in order to improve our success rate in smoking cessation.

Although our results indicate that we have had no women cease smoking during their pregnancy, we have measured a significant number of women who have reduced smoking in the second half of the pregnancy or have ceased smoking prior to their pregnancy.

3.7 Medication Safety

Western District health Service has in place robust medication safety systems and initiatives to ensure that all medicines prescribed, dispensed and administered to patients are safe and of high quality. WDHS clinicians ensure that all consumers who use medicines for their treatments are well and truly informed about the medicines they use in order for them to understand their own medication needs and risks associated with use.

Incident Severity	WDHS Acute	WDHS RACS
ISR1	0	0
ISR2	0	0
ISR3	45	45
ISR4	106	245

As medicines are the most commonly used treatments in healthcare, they are associated with a higher incidence of errors and adverse events than other healthcare interventions. At WDHS, all medication-related incidents are reported in the Victorian Incident Management System called RiskMan and are investigated by the relevant manager.

The Medicines Advisory Committee meets monthly to identify and address any emerging medication safety risks. Medication-related incidents reported at WDHS for the 2017/18 period are typically rated as Incident Severity Rating (ISR) 3 or 4 which are less severe incidents that are classified as mild, no harm or near misses. Data collected from aggregate reviews of medication-related incidents are used to improve the quality of medicines' use at WDHS and thus reduce potential for medication-related errors. Incidents reported in 2017/18 are as shown in the table above.

Antimicrobial Stewardship Program

Inappropriate use of antimicrobials (for example: antibacterial, antiviral, antifungal, antiprotozoal medications) could lead to emergence of resistant organisms that pose greater patient harm from previously treatable infections. It is therefore critical that antimicrobial medications are used wisely and judiciously.

In all WDHS campuses, we are committed to best practice antibiotic prescribing practices through the use of prescribing restrictions, authority approvals and proactive prospective review with direct intervention and feedback to our clinicians. We have adopted a traffic light system of green, orange and red categorisation to ensure that antibiotics prescribed for patients are justified and appropriate.

WDHS has a dedicated Antimicrobial Stewardship (AMS) Program which has shown to be effective in decreasing inappropriate antibacterial use, improving patient care, and decreasing the emergence of resistant bacteria. In 2018 (Jan-Jun), our AMS cumulative average compliance was 89.7% compared to 70.7% in the same period in 2017. This is a positive increase in compliance rate and overall reduction in antimicrobial use of 19% compared to the same period last year, exceeding the rate for the Barwon South West region (66%).

WDHS will continue to strengthen the AMS program to optimise treatment of bacterial infections and reduce our organisation's bacterial resistance rates and healthcare costs. As a way of benchmarking, WDHS participates in Australian antimicrobial audits by submitting our compliance reports to the National Antimicrobial Prescribing Survey and National Antimicrobial Utilisation Surveillance Program.



→ Members of the Pharmacy Team and CE Rohan Fitzgerald promote Antibiotic Awareness Week



→ Ada Robinson enjoying a Garden Group outing

3.8 Residential Aged Care

WDHS provides a comprehensive residential aged care service to the Western Victorian community, providing 175 aged care beds across six campuses. WDHS Residential Aged Care facilities participate in the Public Sector Residential Aged Care Services Quality Indicator program. We monitor these indicators of care to assist us to determine how well we are managing the risk of harm to our residents. Results and improvements are monitored by the WDHS Aged Care Governance and Quality and Safety Committees.

Five key areas that are measured are:

- Pressure injuries
- Use of physical restraints
- Use of nine or more medications
- Falls and fall-related fractures
- Unplanned weight loss

Pressure injuries

All residents are assessed for their risk at developing a pressure injury and care plans are developed to ensure this risk is minimised. The overall rates of pressure injuries at WDHS are within the state targets. Staff at our facilities are skilled in pressure injury management and complete annual education.

Staff at each facility use a range of supports that assist them to effectively manage pressure injury risk; these include pressure relieving mattresses, heel lift boots and gel cushions.

Pressure injuries Stage 3*	2015-16	2016-17	2017-18
VIC PSRACS	0.07	0.05	0.05
WDHS PSRACS	0.07	0.04	0.05
WDHS Target	0	0	0

**per 1000 bed days*

Pressure injuries Stage 4 *	2015-16	2016-17	2017-18
VIC PSRACS	0.02	0.01	0.01
WDHS PSRACS	0.02	0.01	0.01
WDHS Target	0	0	0

**per 1000 bed days*

Use of physical restraints

WDHS continues to promote a restraint free environment in all its facilities. Alternatives to restraint which enable residents to maintain their independence, include: leisure and lifestyle programs, falls management equipment and consultation with family carers and medical staff.

Use of nine or more medications

WDHS has implemented processes to improve medication management across all facilities. A local external pharmacist has commenced and is undertaking Resident Medication Management Reviews (RMMR) and Quality Use of Medicines (QUM) services. This has resulted in a collaborative approach between the multidisciplinary team (medical staff, pharmacist and nursing staff) and aims to achieve a positive outcome for residents. Results demonstrate an improvement in 2017/18 with medication management strategies reducing the number of medications prescribed.

9 or more medications*	2015-16	2016-17	2017-18
VIC PSRACS	4.48	4.49	4.40
WDHS PSRACS	4.17	4.33	4.20
WDHS Target	2.09	2.09	2.16

**per 1000 bed days*

Falls and falls related fractures

All residents are screened for their risks of falling, both on admission and ongoing. Prevention of falls is an ongoing challenge as the number of residents admitted to our facilities who have a cognitive impairment increases. Results in 2017/18 continue to be below the state average for fall-related fractures.

Analysis of trends related to falls incidents occurs at a facility level, in addition to an organisational based review at the Falls Working Party. It has been identified that residents with a cognitive impairment are at high risk of sustaining falls and that allowing for “dignity of risk” is an important consideration for these residents.

Falls related fractures*	2015-16	2016-17	2017-18
VIC PSRACS	0.15	0.16	0.15
WDHS PSRACS	0.14	0.15	0.14
WDHS Target	0	0	0

**per 1000 bed days*

WDHS has developed a Dignity of Risk policy which provides a framework to guide our residential aged care staff to assess and manage risk taking activities that enhance the residents' quality of life; this can include managing the risk of walking when falling could be a possibility. It is important that a “Dignity of Risk” discussion occurs with next of kin and is documented.

What we are doing to reduce the number and impact of falls?

As an organisation we have implemented many strategies to assist with residents who are at risk of a fall. This includes assessment, fall identifiers, bed alarms and sensor mats, in addition to environmental audits and strength and exercise programs.

The 20 Minute Rounding research project was initially conducted at five Aged Care facilities across WDHS to investigate if ‘20 minute staff rounding’ or observation could reduce the number of falls and fall related injuries among high risk aged care residents. Results have shown that increased observation of the intervention group, resulted in a reduction of falls and zero fall related fractures during the study period.

Roll-out of 20 minute rounding continues at WDHS, with guidelines developed. This important research has recently been presented at the International Forum on Quality and Safety in Healthcare in Melbourne and Western Alliance Symposium in Hamilton.

Unplanned weight loss

A Nutritional Assessment is completed for all residents and includes documentation of risks, monthly weight of residents, use of modified food and supplements and medical, speech and dental assessments.

Weight loss > 3k*	2015-16	2016-17	2017-18
VIC PSRACS	0.86	0.83	0.78
WDHS PSRACS	0.80	0.80	0.75
WDHS Target	0.2	0.2	0.2

**per 1000 bed days*

Ongoing monitoring is carried out by care staff, with the residents, doctor and allied health consultants involved.

WDHS rates continue to sit below the state average. Residents in our aged care facilities are regularly monitored for weight loss.

Managing weight loss with the Red Flag Program

A Red Flag Program (RFP) was implemented at the Grange aged care facility to improve the nutrition experience for residents who are at risk of weight loss. The RFP involves placing a red flag on meal trays to highlight high risk residents who require extra time for eating, correct positioning, assistance with their meal, prompting or supervision during meal times. Nutritious mid-meal options are also provided to ensure residents receive adequate nutrition. This program has been very successful at the Grange and will be rolled out to other WDHS campuses in the near future.



→ “True Blue Aussies”
Residents enjoy themselves at the community Australia Day celebrations



→ Physiotherapist Anahita Garda and Allied Health Assistant Robyn Wilken assisting in the Rehab Wing.

3.9 Escalation of Care – Stroke Call

WDHS has a variety of patient escalation of care processes. In 2016 and 2017 WDHS participated in the Victorian Stroke Telemedicine Project, in conjunction with the Howard Florey Institute, Parkville. The project outcomes included the development and introduction of a Stroke Call Policy to provide an immediate stroke team response for rapid access to medical imaging services, ICU and a telemedicine neurologist consult. The Stroke Call process reduces the time it takes for treatment decisions to be made and ensures the continuity of care from ambulance notification to treatment and further management for patients presenting with stroke symptoms.

3.10 Improving access & quality of services and facilities

Expanding our model of care for our Emergency Department

Over the 2017-18 period WDHS experienced an increase in Emergency Department (ED) presentations. ED presentations over this period have increased to 7,497 compared to 6960 in 2016-17.

In response to the Safe Patient Care Act 2015, a nursing restructure was implemented.

A new Nurse Unit Manager was appointed to manage the Emergency Department and Intensive Care Unit who commenced in June 2018.

The implementation of the new staffing profile will be phased in over the next six months and will provide an opportunity to develop and enhance the skills of the staff working in the Emergency Department.

These changes will further strengthen and improve the service provided to our community and patients.

Optimising how we will operate our new Cancer and Dialysis facilities

In preparation for the opening of the much anticipated WDHS Cancer and Dialysis Centre, a review of patients and workflow has been undertaken. A Clinical Nurse Consultant for Cancer Services has been appointed and will be a key contact for patients and staff, further enhancing care coordination for cancer patients.

Further training and skill development has commenced for nursing staff with the aim of staff working in this area being trained in the areas of oncology and dialysis. This will ensure an appropriately skilled and flexible workforce as we transition into the new area.

As part of the new cancer services, the WDHS Exercise Physiologist has commenced one-on-one exercise programs for patients receiving chemotherapy.

In collaboration with specialist oncologists from Ballarat Regional Integrated Cancer Centre (BRICC) and radiologists from South West Cancer Centre, WDHS aims to provide a comprehensive range of services to ensure that patients can remain in their local community to receive cancer services and treatment.

Reducing the wait period for allied health services

In November 2017 a number of customers of the Primary & Preventative Health Division participated in the Community Health Annual Survey arranged by VHES (Victorian Healthcare Experience Survey). The survey highlighted that we continue to provide excellent care to our community and of the 71 questions asked in the survey, our services were rated mostly in the low to high 90's. The survey highlighted that on most indicators we were either equivalent to or rated higher than comparable health services of our size.

We have undertaken significant work to improve our intake system to reduce the length of time that customers have to wait for their initial community appointment.

Improving access to orthopaedic services

We have developed a multi-disciplinary Orthopaedic Clinic to streamline Orthopaedic services at WDHS. This will avoid the need for clients to travel outside the region for Orthopaedic services.

Due to an increase in the number of Orthopaedic services at WDHS, a more coordinated approach to individual care and outcomes was needed.

There is evidence to suggest that orthopaedic pre-habilitation provides improved outcomes for individuals post-surgery. WDHS Physiotherapy Department, in partnership with the surgeons, undertook an exercise to identify the needs of individuals and revise our processes to utilise best practice models of care from across the region.

We identified a number of clinicians that were able to undertake training opportunities to extend their clinical scope of practice in the area of specialised Orthopaedic assessment.

The implementation of this orthopaedic clinic has been undertaken in a staged approach. The initial stage included the commencement of a multi-disciplinary orthopaedic pre-habilitation program. The second stage will involve a post arthroplasty review clinic.

Introducing EyeConnect

In October 2017 WDHS commenced participation in the eyeConnect program in conjunction with the Royal Victorian Eye and Ear Hospital (RVEEH). eyeConnect is a telemedicine and photographic device which captures patient information, visual acuity data, and eye images. This information is securely transmitted to the RVEEH for assessment by a specialist eye doctor. The aim of eyeConnect is to provide telemedicine ophthalmic services to prevent patients needing to travel to RVEEH for simple conditions.

- Since commencing the program, WDHS have accessed the program on 4 occasions
- None of the patients assessed by RVEEH required transfer to Melbourne for further assessment or management
- Estimated savings from this program equate to 2376 km and 28 hours of travel time



→ The new Cancer and Dialysis Centre Team members L-R Nurse Leonie Eales, Cancer Care Co-ordinator Carmen Jacobs, Receptionist Ingrid Farrow and Medical Unit Manager, Aisling Cunningham

Master planning for our new Emergency Department, Intensive Care Unit and Radiology facilities

WDHS partnered with the DHHS to further progress our Master Plan work which provided evidence that the current Emergency Department, Intensive Care and Radiology do not meet the current requirements and standards.

Health Science Planning Consultants were engaged to conduct a feasibility study for the development of our Emergency, Intensive Care and Radiology departments.

A number of planning options were considered for the Hamilton Base Hospital site, based on current demand pressures and limitations of the existing infrastructure. The design selected reflects contemporary models of care and would include reorientation of the hospital from a two storey to a single level facility. The next stage of this important strategic work is to develop a business case for submission to government for funding support.

AgriSafe Australia™

Agriculture is consistently ranked as one of the top three most hazardous industries in Australia. Agriculture, forestry and fishing had a rate of 16.5 fatalities per 100,000 workers in 2017. This rate has not changed significantly over the last decade and was the highest industry fatality rate in 2017.

The staff at the National Centre for Farmers Health have developed the AgriSafe Australia™ program which focuses on occupational health, wellbeing and safety specifically designed for farm men, women and agricultural workers.

This program allows for the opportunity to meet with trained agricultural health clinicians for a comprehensive assessment. The focus is to identify risk factors for poor health and prevent serious agricultural related injuries by enhancing farmers' knowledge and skills.

The program includes assessment of physical health, wellbeing and farm safety. Recommendations are given on personal protection equipment and farm hazard minimisation. If further review is necessary, written referrals are provided.

An AgriSafe™ program includes the following assessments

- Blood glucose testing
- Lipid studies
- Blood pressure
- Body mass index
- PiKo - 6 respiratory testing
- Skin examination
- Vision testing
- Urinalysis
- Cholinesterase testing and pesticide exposure assessment (optional)
- Hearing screening (optional)
- Occupational safety and risk assessment
- Testing for correct fit of a mask or respirator



→ AgriSafe™ Clinician Tam Phillips conducting an AgriSafe™ appointment with a local farmer.

4.1 Continuity of Care

Transitioning from hospital to home

Our Transition Care Program (TCP) provides short-term care and services for people over the age of sixty-five after they leave hospital. By offering maintenance (low level) therapy and support, the TCP allows older people to continue their recovery out of hospital while appropriate long-term care is arranged. TCP is either provided in a bed-based care setting (such as at The Grange, Penshurst or Coleraine Hospitals in the Acute Units) or in a person's own home. People are usually on the program for twelve weeks, however, in exceptional circumstances, an approval can be obtained for a further six weeks of care.

Good health is often taken for granted. Only when 'something happens' do we come to realise the importance of having good health and the care provision available within our local community.

Dusty understands the variety of care and services available at WDHS because, over the course of his journey, he has used a selection of services provided by his local hospital. This is his story.

Dusty's story

In 2012, Dusty became unwell, initially experiencing numbness and tingling in his lower left leg. Dusty presented to the Emergency Department at WDHS and was admitted to the Medical Ward. After treatment, as his health started to improve, he became a rehabilitation client and was able to receive daily physiotherapy and occupational therapy input, complimented by medical and nursing support in the Medical Unit. With concentrated care and support he was able to return home with a diagnosis of a rare, chronic neurological disorder. Dusty eventually went into remission and was able to return to work.

In 2017 Dusty began to relapse with the return of numbness and tingling in his lower limbs. He had several admissions back onto the Medical Ward however his health continued to decline. In the past, Dusty had responded well to intensive treatment, however his care needs at this time were such that he could not live at home due to the severity of his condition. He was unable to walk unaided and required full assistance with all personal care tasks and feeding and eventually he was admitted to The Birches Aged Care Facility.

Dusty stated that "he was happy" at The Birches though he never gave up "hope of returning home". Dusty continued to visit with his neurologist who offered him a trial medication which had previously been used in Great Britain on a client with similar symptoms as Dusty.

After receiving the trial medication, Dusty slowly started to notice small changes in his movement. He was able to move his shoulder slightly. This encouraged Dusty, the staff at The Birches and his family to continue to work together to increase his capacity.

As Dusty continued to improve, WDHS received a referral for our Transitional Care Program (TCP). TCP provided the appropriate platform for Dusty to transition home from hospital. He received services from Registered Nurses, Physiotherapist, Allied Health Assistants, Occupational Therapist, Dietitian and an Assessment Officer. A team approach involving hospital and shire staff were identified as integral to our client improving his function and quality of life

Dusty believed he had been given a second chance at life and whilst he made the most of living in a nursing home, he was very happy to return home and participate in a more fulfilling life with his wife.



Supporting People with Dementia

More than 413,000 people are currently living with dementia in Australia, with the incidence expected to rise to 536,000 people by 2025.

A Cognitive Impairment Workgroup at WDHS, with multidisciplinary and consumer representation completed a gap analysis against National Dementia Best Practice Standards, resulted in several outcomes including:

- Improved access to a geriatrician / psycho geriatric services
- Further embedding of the Montessori Model of Care
- Workplace support for staff diagnosed with dementia

A best practice risk screening tool for cognitive impairment and delirium has also been implemented. A highly successful Dementia Forum was also held for carers, their families and the wider community, with over 70 people in attendance.

Enabling Edie: a virtual reality of living with dementia

Throughout the year WDHS held two 'Enabling Edie' workshops, which placed participants in the virtual shoes of Edie, a person living with dementia.

As part of their continued education, staff experienced dementia for themselves using virtual reality glasses provided through Dementia Australia's 'Enabling Edie' training program.

With the use of Dementia Australia's unique Educational Dementia Immersive Experience (EDIE), the workshops aimed to increase understanding of dementia, one of the fastest growing conditions in Australia.

This experience allowed staff to develop a greater understanding of:

- A consumer's perspective of dementia
- Needs for partnerships with the client and their carers
- Considerations for dementia support, including individual and diverse needs
- Support planning that focuses on enabling a person to live with dementia

The virtual reality glasses created a 'simulated world', demonstrating the difficulties experienced by Edie as he carried out simple daily activities. Participants explored what it might feel like to experience dementia, and learnt about simple strategies that may assist Edie and his wife to live more confidently with dementia.



→ Hazel Saligari trying the virtual reality glasses at the 'Enabling Edie' workshop facilitated by Liz Keating from Dementia Australia



→ "What a way to spend the day"
Residents, staff and volunteers from Coleraine enjoy a leisurely cruise along the Glenelg River

4.2 Planning for your future with an Advance Care Directive

Everyone has the right to make their own medical treatment decisions, however, anyone can experience an injury or illness that means they are unable to make decisions, either temporarily or permanently.

In Victoria, one way you can plan ahead is by making an Advance Care Directive (ACD) about your medical treatment. It can be part of a process known as 'Advance Care Planning'. An ACD is a legal document made under the Medical Treatment Planning and Decisions Act 2016.

Mrs M's Plan

Mrs M was an ex nurse, full of life and battled with advanced cancer for a long time. Then the inevitable happened. Treatment was no longer effective and comfort care was the next stage. Being the caring, loving mother she was, it was important to involve her two adult children in her decision making. She completed her Advance Care Directive, with instructions for her funeral arrangements and an appointed a medical decision maker. She opted for comfort care with no active management that would be futile to her life and dignity.

Admitted to hospital for ward based treatment only, she was offered a consultation at a hospital far from home. After having the conversation in line with her Advance Care Directive and wishes, the team, her children and Mrs M decided that it would be more appropriate to remain closer to home and receive end of life care in the palliative care bed instead of the Intensive Care Unit. Mrs M died a few days later, surrounded by her family, and in the place of her choice.

Her daughter commented afterwards: *"The planning allowed mum to make decisions, based on what was important to her, and give her authority in the decision making process. For us, knowing mum had made her choices, meant we could focus on spending quality time with her in her last few weeks. We did not have to worry about making decisions, everything was in place and we could just be 'in the moment'".*

Increasing awareness of and uptake of Advance Care Planning

The Medical Treatment Decision Making Act of 2016 was officially launched in March 2018. To increase the percentage of patients with an ACD, WDHS is raising awareness by:

- Updated training offered to all Advance Care Planning consultants
- Information sessions provided for GPs
- Informal information sessions held throughout the hospital
- Mandatory online competency training provided to all nursing and medical staff
- Relevant forms updated to align with new Victorian Government forms
- A community engagement and information forum was held in September 2018
- Information has been updated on the WDHS website

Patients over 75 years of age with an advance care plan or substitute decision maker (%)

Year	Jul-Sep 2017 Q1	Oct-Dec 2017 Q2	Jan-Mar 2018 Q3	Apr-Jun 2018 Q4
State wide target	50%	50%	50%	50%
2016-17	19%	15%	16%	12%
2017-18	28%	25%	23%	13%



4.3 Responding to your End of Life care needs

The Palliative Care Department at WDHS has been busy taking action to incorporate the Australian Commission of Safety & Quality in Healthcare (ACSQH) National consensus statement: Essential elements for high quality end of life care

Safe and high quality EOL care is patient and family centred. Where possible, it should be aligned with the values, needs and wishes of the individual and their family and carers. Such care should consider the patient's expressed wishes regarding the circumstances, environment and place in which they wish to die.

Dying with dignity

The Victorian end of life and palliative care framework enables diverse communities and groups to have improved information and access to engage more fully with end of life services.

Mrs L's Plan

Mrs L was a delightful lady of Aboriginal descent facing a terminal cancer diagnosis. It was progressive and caused her to go from being an active, hardworking lady to very ill and dependent on medical support in a very short time.

Mrs L completed an Advance Care Directive which stated that she did not want CPR. As her condition deteriorated, she was given the option to be transferred to a palliative care bed in the Birches Aged Care Facility, but declined, stating she wished to remain in the hospital.

Mrs L was made comfortable in the palliative care room overlooking the garden which enabled her extended family to make use of the veranda and adjacent family rooms. In the terminal phase, her family was approached to ensure that their cultural needs were met. They requested a smoking ceremony, which was granted immediately and that the Aboriginal flag be lowered to half-mast at time of death. Arrangements were made through the unit manager and the Customer Service officer to ensure that these wishes were carried out.

Mrs L died peacefully, surrounded by her family. The flag was then lowered to half-mast. Her family communicated their gratitude to the hospital for respecting their wishes, and the comfort they felt from that.

Hospice in the home

WDHS offers a 'Hospice in the Home' service for patient and carer support, putting the focus on the last days of life.

Hospice in the Home is a collaborative service to fill a gap in home respite services without additional cost to the consumer.

This service involves partnering with external service providers such as Southern Grampians Shire for respite care and Winda-Mara Aboriginal Corporation for palliative care training for community health workers.

GLOSSARY OF TERMS

ACHS	Australian Council on Healthcare Standards
ACP	Advance Care Planning
ACD	Advance Care Directive
AACQA	Australian Aged Care Quality Agency
ACSQHC	Australian Commission of Safety & Quality in Health Care
AMS	Antimicrobial Stewardship
ATSI	Aboriginal and Torres Strait Islander
BFHI	Baby Friendly Health Initiative
BOD	Board of Directors
BRICC	Ballarat Regional Integrated Cancer Centre
C4YB	Community for Youth Board
CAC	Community Advisory Committee
CCRC	Clinical Care Review Committee
CDHS	Coleraine District Health Service
CE	Chief Executive
CHIC	Consumer Health Information Committee
CLABSI	Central Line-Associated Blood Stream Infection
CPR	Cardiopulmonary resuscitation
DHHS	Department of Health & Human Services
ED	Emergency Department
EDIE	Educational Dementia Immersive Experience
FHCC	Frances Hewett Community Centre
FRAT	Fall Risk Assessment Tool
FWG	Falls Working Group
GP	General Practitioner
HBH	Hamilton Base Hospital
HCP	Home Care Packages
HITH	Hospital in the Home
HMMC	Hamilton Midwifery Model of Care
ICU	Intensive Care Unit
IDCR	In Depth Case Review
ISR	Incident Severity Rating
KPI	Key Performance Indicator
LGBTI	Lesbian, Gay, Bisexual, Trans & Intersex
MET	Medical Emergency Team
NCFH	National Centre for Farmer Health
NSQHS	National Safety and Quality Health Service
PIPER	Paediatric Infant Perinatal Emergency retrieval
PROMPT	Practical Obstetric Multi-Professional Training
PSRACS	Public Service Residential Aged Care Services
PDHS	Penshurst and District Health Service
PEPA	Program Experience with Palliative Approach
PMS	People Matter Survey
PPH	Primary & Preventative Health
QSC	Quality & Safety Committee
RACS	Residential Aged Care Services
RCA	Root Cause Analysis
RVEEH	Royal Victorian Eye & Ear Hospital
SAB	Staphylococcus aureus bacteraemia
SSI	Surgical Site Infection
SSG	Social Support Group
SWH	South West Healthcare
SWARH	South West Alliance of Rural Hospitals
TCP	Transition Care Program
VBAC	Vaginal Birth after Caesarean
VHES	Victorian Health Experience Survey
VST	Victorian Stroke Telemedicine
VTE	Venous Thromboembolism
VMIA	Victorian Managed Insurance Authority
WDHS	Western District Health Service



Hamilton Base
Hospital
20 Foster Street
Hamilton 3300
T + 61 3 5551 8222

Coleraine District
Health Service
71 McLeod Street
Coleraine 3315
T + 61 3 5553 2000

Penshurst & District
Health Service
Cobb Street
Penshurst 3289
T + 61 3 5552 3000

Merino Community
Health Centre
19 – 21 High Street
Merino 3310
T + 61 3 5579 1303

Frances Hewett
Community Centre
2 Roberts Street
Hamilton 3300
T + 61 3 5551 8450

The Birches
Residential Care
Tyers Street
Hamilton 3300
T + 61 3 5551 8329

Grange Residential
Care Service
17 – 19 Gray Street
Hamilton 3300
T + 61 3 5551 8257

National Centre
for Farmer Health
20 Foster Street
Hamilton 3300
T + 61 3 5551 8533

All correspondence
to:
Chief Executive
Western District
Health Service
PO Box 283
Hamilton Vic 3300

T + 61 3 5551 8222
F + 61 3 5571 9584
E ceo@wdhs.net