



Creating healthier communities

Our vision, mission and values

Our vision

Creating healthier communities

Our mission

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

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.

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Caption front cover: Staff members & their families celebrate cultural diversity at the Festi Kultura shared dinner event

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Welcome to the Quality Account

Welcome to the Western District Health Service (WDHS) Quality Account Report for 2016-17. The objective of this report is to increase awareness within the WDHS community of our commitment to providing safe, high quality care to our customers, patients, residents, their families and carers.

Articles in this report represent the wide range of services we provide across Acute Care, Residential Aged Care, Allied Health Services and the National Centre for Farmers Health. We have included stories highlighting our achievements in clinical effectiveness, risk management, safe and quality healthcare and consumer participation. Some of our consumers and patients have also been kind enough to share their stories about the care they received at WDHS.

The production of the report has been overseen by the WDHS Board of Directors with input from our Consumer Health Information Committee (CHIC) and Community Advisory Committee (CAC).

As well as informing our community on quality and safety, this report satisfies the 2017 Quality Account requirements of the Department of Health and Human Services (DHHS).

We would like to personally thank everyone who contributed to and assisted in putting this report together. Special thanks go to the clients who have agreed to tell their stories and share their experiences with the community. We hope you find it interesting and informative reading.

We welcome your feedback and if you wish to provide feedback or suggestions for improvement for next year's report, you can do so by filling out and submitting the form on page 24, and posting it to: Safety and Quality, Reply Paid 283, Western District Health Service, PO Box 283, Hamilton, Vic., 3300.



Mr Hugh Macdonald
President



Mr Rohan Fitzgerald
Chief Executive



Dr Sue Denney
Quality & Risk Manager

HIGHLIGHTS

- Achieved National Safety and Quality Healthcare Service Standards Accreditation. WDHS achieved reaccreditation for all NSQHS Standards criteria, during the ACHS accreditation site visit in October 2016.
- Full compliance of Aged Care Standards was achieved for all WDHS aged care facilities during unannounced assessment visits from the Australian Aged Care Quality Agency (AACQA).
- Baby Friendly Health Initiative (BFHI) accreditation achieved. WDHS was reaccredited as a 'Baby Friendly' facility, ensuring all mothers and babies receive appropriate support and contemporary care and information.
- Clinical and non-clinical Excellence and Innovation Awards went to the Leadership in Dementia Practice (Montessori Model) and The National Centre for Farmer Health, (enhancing the health and wellbeing of our community) respectively.
- WDHS is a leader with its staff vaccination program. A certificate of Excellence was presented to WDHS for exceeding the DHHS compliance target for it's healthcare worker influenza vaccination program.
- A Clinical Capability Framework was implemented to ensure services offered at each campus are appropriately resourced with trained, capable staff and compliant facilities.
- Implemented the Victorian Stroke Telemedicine (VST) program in collaboration with the Howard Florey Institute to improve stroke care.
- LGBTI forum conducted and support group established to ensure this community has a local voice within the WDHS catchment area.
- Customer Service Officer engaged as a consumer representative to enhance the delivery of care and services for patients.
- 20 Minute Rounding Falls Prevention Research conducted at 5 WDHS facilities to reduce the likelihood and impact of falls and related injuries.

OUR SERVICE PROFILE



→ Student Danielle Van Kalen learns about a possible career as a Theatre Nurse at Hamilton Base Hospital, with Theatre Technician, Mark Baker and Associate Nurse Unit Manager, Nyrie Adams

WDHS is a sub-regional service provider with a proud reputation as one of Victoria's leading and innovative rural and regional health services.

Having played a central 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.

Located in the Southern Grampians Shire in Victoria's Western District, 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.

The Health Service was established in 1998, with the amalgamation of Hamilton Base Hospital, Southern Grampians Community Health Services and Penshurst and District War Memorial Hospital; now Penshurst and District Health Service (PDHS). In 2005 Coleraine and District Health Service (CDHS) also amalgamated with WDHS.

WDHS has 89 acute and subacute beds, 175 residential aged care beds and 35 independent living units, providing our local community with 24/7 access to emergency, aged and palliative care services across the following campuses and facilities:

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



Victoria has a number of state-wide plans in place that have bearing on the work of public and community health services. To meet state-wide care and statutory requirements, WDHS has taken action to improve the safety and quality of care in the following three areas: Family Violence, Child Safe Standards & LGBTI Community.

Family Violence

Strengthening the response to family violence is a state wide government mandate supported by legislation. In response, WDHS is committed to provide a workplace in which family and domestic violence is not tolerated or excused. WDHS has increased workplace awareness of family and domestic violence through training in an effort to prevent occurrences and enable the Health Service to respond appropriately to the needs of affected employees. The Health Service provides support to assist affected employees to overcome work related impacts of family and domestic violence. WDHS is also an early contact point for many patients who have experienced family and domestic violence, presenting the opportunity for early identification, improved responses and referral.

WDHS has implemented two new family and domestic violence policies, one clinical and the other non-clinical, to enable managers and practitioners working in a wide range of fields to understand and identify risk factors associated with family and domestic violence and respond consistently and appropriately.

During 2016, a community forum in Coleraine was organised to highlight the issue and prevalence of family violence. In November, a luncheon was hosted by WDHS in conjunction with Southern Grampians Shire Council, with over 120 people attending to hear Michael Costigan from the Tara Costigan Foundation and Inspector Nick Finnegan speak about family violence.

 In support of
White Ribbon

**ENDING FAMILY VIOLENCE: VICTORIA'S
PLAN FOR CHANGE SETS OUT OUR
SHARED VISION OF A FUTURE WHERE
ALL VICTORIANS ARE SAFE, THRIVING
AND LIVE FREE FROM FAMILY VIOLENCE**

Ending Family Violence: Victoria's plan for change

→ Staff showing their support for White Ribbon



Child Safe Standards

On 1 January 2016, Victoria introduced compulsory minimum standards for all organisations that provide services for children to help protect them from abuse. These compulsory minimum standards, Child Safe Standards, form part of the Victorian Government's response to the Betrayal of Trust Inquiry. Since 1 January 2017, the Commission for Children is the oversight body for Child Safe Standards.

Child Safe Standards are compulsory for all organisations providing services to children including Health Services. Organisations must have strategies in place to embed an organisational culture of child safety and promote the cultural safety of Aboriginal Children; children with disability; and children from culturally and/or linguistically diverse backgrounds.

To comply with Child Safe Standards, WDHS has the following Child Safe Standards in place:

1. strategies to embed an organisational culture of child safety, including through effective leadership arrangements
2. a child safe policy
3. a code of conduct that establishes clear expectations for appropriate behaviour with children
4. screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel (WDHS uses the Working with Children Check as an effective screening tool when hiring new staff and volunteers, and as an effective monitoring tool on an ongoing basis for relevant personnel)

5. processes for responding to and reporting suspected child abuse
6. strategies to identify and reduce or remove risks of child abuse
7. strategies to promote the participation and empowerment of children

The Zero Tolerance Child Safe Policy of WDHS will assist to drive cultural change at all levels of the organisation, including executive, staff and volunteers to prevent child abuse; encourage reporting of any abuse that occurs; and improve responses to any allegations of child abuse. Protecting children from abuse must be embedded in the everyday thinking of every employee at WDHS.

LGBTI Communities

The Victorian Government values and celebrates diversity. It affirms the right to equality, fairness and decency for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Victorians and is committed to removing discrimination from Victorian laws, services and society. To support this work a whole of government LGBTI Taskforce has been established along with LGBTI Health and Human Services and Justice Working Groups, and Victoria's first Commissioner for Gender and Sexuality.

The LGBTI Equality Roadshow visited Hamilton on 31st May 2017. This event was developed to help connect community members across towns in Victoria, reduce discrimination and promote the inclusion of the LGBTI people in rural and regional life. Ro Allen (Gender and Equality Commissioner) led workshops and a community dinner in Hamilton with members of the local LGBTI community, key stakeholders and allies attending, including staff from WDHS.

WDHS and the LGBTI support group also attended the Hamilton Pride and Inclusion Day on 17th June, 2017. This event saw the Hamilton Kangaroos Football Netball Club team with two of the VFL Women's Clubs support inclusion and equality. The day was organized by former Monivae College student Charles Beaton (from Gay that's OK) and former Hamilton resident Annie Nolan (Uncanny Annie). A luncheon was held at Alexandra House with guest speakers and a panel discussion. Members of the local LGBTI support group were involved in the panel discussion and also manned a tent, providing information related to the LGBTI community to those attending the event. A raffle was also held on the day which saw \$5000 donated to the LGBTI support group.

Embracing Cultural Diversity

In May, WDHS held its first 'Festi Kultura' event to celebrate the cultural diversity of the WDHS community. Over 70 staff and family members prepared and shared an evening of traditional multicultural cuisine, music and dance, representing Irish, English, Scottish, Argentinian, Indian and South African cultures. Vicky Collins, who attended the event said:

"The evening was an experience that was embraced by such a variety of staff and their families. A colourful and entertaining evening spent eating from four corners of the globe. An opportunity for staff to share their stories and culturally unique talents amongst peers, giving those in attendance an insight of how fortunate we are to be a part of such a culturally diverse and inclusive community and organisation".



→ WDHS join with community members at the LGBTI Roadshow workshop & dinner

Consumer Participation

Effective partnership with our consumers has remained a significant priority for WDHS during 2016-2017. WDHS is committed to ensuring our community is involved in how our organisation designs and provides care. We greatly value all consumer feedback and seek input in a variety of ways to help ensure we are providing the best quality care to our communities. Along with continuing consumer representation on a range of committees across the organisation, initiatives in the last 12 months have included:

- Walk in my shoes project
- Theatre Concierge project
- Emergency Department discharge project
- A Consumer Health Information Committee (CHIC) was established to ensure that WDHS publications and patient information is appropriate and meets the needs of consumers.

Consumer Participation Plan

In June 2017, the Partnering with Consumers team held a series of events including a Consumer Advisory Committee workshop, staff meetings and consumer consultations to develop the second WDHS Consumer Participation Plan 2017 – 2020. This plan includes some exciting new initiatives for the organisation such as:

- Trial of a Patient Representative role within the organisation
- Staff customer service training
- Consumer recruitment drive
- Patient Journey Boards

Consumer and Friends Network

The WDHS Consumer and Friends Network continues to host community forums which offer a way for our community to provide valuable feedback and help shape the future of services at WDHS. Focus topics this year have included:

- A 'Creating Dementia Friendly Communities' Forum, held at the Hamilton Base Hospital in July 2016, was attended by over 60 people
- A 'LGBTI community forum' was held 21st Feb 2017, with the aim to improve the health and wellbeing of LGBTI people in our community through education, information sharing, engagement and agreed actions.
- A 'Preventing Violence against Women and Children forum' was held in Coleraine

Youth Engagement

WDHS Youth Service offers a variety of activities and services for young people aged 11-25 years who live, work or study in the Southern Grampians Region.

Programs operate from public spaces, events and schools, with the aim of providing recreational and social opportunities for young people, combined with access to information and support.

WDHS Youth Service is the only generalist youth service in the Southern Grampians Shire and is reliant on external funding to continue to provide young people with opportunities for participation programs.

Activities supporting Youth Consumer Participation in 2016-17 have included:

- Community 4 Youth Board continues to engage with local Youth and Community Members to participate in and support Hamilton Youth events.
- The Spring Break Festival is a Freeza Youth Festival featuring a variety of local bands, entertainment, food, drinks and rides, held at the Hamilton PAC. WDHS provides a Health Pop Up called the Tunnel of Love which involves activities and information surrounding mental and sexual health for teenagers. WDHS nurses (both male and female) provide free health consultations and referrals

- A skate competition and graffiti workshop were rolled out through YMCA in partnership with Southern Grampians Shire in Coleraine and Hamilton.
- The School Holiday Program, funded by the Handbury Foundation, facilitates workshops and activities for children aged 12-18 years throughout the school holidays, with children participating in ice skating, paintball, go-karting and art classes in the latest winter program. The spring program is set to feature virtual reality gaming and laser tag at the Hamilton Performing Arts Centre, acting short courses and art classes
- A Girls Conference was held in July, through a grant from Jean Hails for Women's Health. High School girls aged 13-15 attended during school hours to listen and participate in a program led by Psychologists and guest speakers regarding self-esteem, bullying and body confidence issues
- The Push Freeza music competition was a great success with many local artists included in the line-up



→ Physiotherapist Julie Tran supports client Betty Annett after surgery in the Rehabilitation Gymnasium at Hamilton Base Hospital

→ Volunteers Coral Luke & Muriel Bailey presented with awards for recognition for their years of service



VOLUNTEER PROGRAM

WDHS has a comprehensive volunteer program supported by 273 registered volunteers.

Volunteers support WDHS in the following areas:

- 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

A full summary of our volunteer activities and hours is provided in the 2016-17 WDHS Annual Report.

Volunteer Programs

- In March 2017 we commenced a Theatre Concierge Support service to enhance the admission process and provide guidance and support to our customers attending for surgical procedures. Theatre Concierge volunteers meet surgery patients in admissions and escort them to pre admissions. They provide support and a friendly face and take the patients belongings around to the area they will end up in once surgery is completed
- The Hamilton Community Transport Service provided 2364 trips (571 more trips than last financial year), travelling 158,753 km and 3370 hours of volunteer time.
- The Hospital Opportunity Shop provided sponsorship to the Community Transport Service, and continues to be the major sponsor of the WDHS Golf tournament. They also financed the purchase of a new bladder scanner.
- The Ward Volunteers, identifiable in bright pink, continue to provide wonderful support to patients and staff in the acute area.
- 3 volunteers who have their dogs registered with the Delta Dog Society in Geelong bring their dogs into the hospital to visit residents and patients. As they are approved by the Delta society they are allowed in the acute areas

Join our volunteer team

Volunteering is rewarding and satisfying; and as little as one hour per week can make a real difference to a patient's experience. Prospective volunteers are required to complete an application form and a police check form followed by attendance at an interview with the Volunteer Coordinator.

All new volunteers at WDHS attend an Orientation Program and are given appropriate training if required. The Volunteer Coordinator provides personal and professional support to all volunteers and ensures that volunteer skills are matched to the services that they are asked to support.

If you are interested in becoming a volunteer at WDHS, please direct enquiries to the Volunteer Coordinator on (03) 5551 8284

Disability Action Plan

WDHS has been busy preparing to go-live with the National Disability Insurance Scheme (NDIS) on 1st October 2017. This service supports people with a permanent and significant disability that affects their ability to take part in everyday activities.

WDHS is both proud and excited to be a registered provider with NDIS. Our goal is to assist you to achieve your goals. Your goals may be varied such as independence, involvement in your community, education, employment and wellbeing. We can help you to ascertain the supports you may require to assist you to live your life.

If you require a clinical assessment that will support you with your plan, our Allied Health clinicians can provide this for you.

WDHS will be providing the following supports:

Therapeutic supports:

Allows participants to apply their functional skills to improve participation and independence in daily, practical activities in areas such as:

- language and communication
- personal care
- mobility and movement,
- interpersonal interactions and
- community living

Our Counsellors, Occupational Therapists, Podiatrists, Physiotherapists, Social Worker, Speech Pathologists and Dieticians can assist with all of the above.

We can also provide:

- Assistive Equipment - for recreation
- Exercise Physiology – for group training or Personal Training sessions
- Community Nursing Care – continence support
- Social Work – can assist participants to participate in group based community, social and recreational activities. They can also assist with positive behaviour supports as can Occupational Therapists



→ Dietitian Jessica Wark promoting the healthy food choices available in the Hamilton Hospital Cafeteria

Language and interpretation services

WDHS recognises Interpreting and Translating Services as an essential part of the delivery of services for people who read and understand languages other than English. Use of the Interpreting and Translating Service ensures accurate information is received from and provided to clients to help deliver quality care, reduce risk and to help improve overall clinical outcomes. Patients who require an interpreter may refer to the WDHS Interpreting and Translating Services Policy which provides details on how to access these services.

GenR8 Change

Making the healthy choice, the easy choice

WDHS continues to be a valued contributor of the GenR8 Change movement across the Southern Grampians Shire. Collaboration with community members, groups and organisations across a diverse range of sectors in our local community has resulted in a large number of changes being implemented to make the healthy choice the easy choice. WDHS has been directly involved in initiating and implementing a number of these changes, as well as supporting the broader community and other organisations with their own actions for sustainable change to address the issue of overweight and obesity including:

- WDHS removed sugary drinks from sale
- Hamilton North Primary School implemented a menu of 85% green items
- Hamilton Junior Football League actively promotes water as #1 drink choice
- Three new local water fountains have been installed in Hamilton
- Hamilton Basketball Association has become a 'Water Only Zone'
- All local cafés and a number of additional organisations/venues have gained ABA 'breastfeeding friendly' approval



→ Kitchen staff member Stacey Sutton preparing healthy food choices at the Hamilton Hospital



→ Staff from the Nutrition and Dietetics Department, Noël Kelly, Jodie Nelson, Danielle Lee, Tamara Barker and Emma Stubbs.

Nutrition and Dietetics

Supporting Healthy Food Choices at Hamilton Base Hospital

A survey conducted this year by the Nutrition and Dietetics Department evaluated acceptance of the healthy options available at the Hamilton Base Hospital cafeteria. It found around 50% of respondents reported the Health Service Policy to remove sugary drinks from sale had made them more aware of the amount of sugar in beverages. The survey also identified further desired changes to improve healthy options available within the cafeteria, and as a result, the number and variety of wraps, rolls, sandwiches and salads has since been increased. Respondents also showed support for utilisation of the Victorian Healthy Choices Traffic Light System to categorise menu items into “Green: best choices”, “Amber: choose carefully” and “Red: limit”. This is the next initiative the Nutrition and Dietetics Department will be promoting with the Cafeteria to help make the healthy choice the easy choice.

Improving Care for Aboriginal Clients

The Nutrition and Dietetics Department visits Winda-Mara, Hamilton, for four hours per month to provide outpatient and health promotion support services for clients. During these visits, the Dietitian may work with clients in an individual setting, provide staff training around nutrition awareness, or assist with groups such as the “Munch Out Program”, focusing on providing school aged children with practical cooking skills and a positive nutrition message.

To improve the care of Winda-Mara clients utilising the Dietetics service, cultural awareness safety training has been attended. Links have also been made with the Victorian Aboriginal Community Controlled Health Organisation in conjunction with the Diabetes Education service, to deploy an Aboriginal Nutrition Mentoring Program. The aim of this project is to support ongoing professional development for key staff working in Aboriginal health in the area of nutrition and health promotion.

This professional mentoring relationship has improved the effectiveness of the Dietetics service via: creating a mutually beneficial learning relationship between clinicians and Winda-Mara Aboriginal Health Workers and supporting the development of trust, knowledge, skills, attitudes and behaviours in order to provide a culturally safe and effective Nutrition and Dietetics service for Winda-Mara clients.



→ Donna Hines, Winda-Mara Receptionist and Danielle Lee WDHS Dietitian planting the Hamilton vegetable garden.

Consumer and staff experience

Feedback

Feedback from our clients allows the organisation to monitor the quality of the care provided and assists WDHS to prioritise and implement improvements to practices, facilities, systems and equipment. During the 2016/17 reporting period, 797 items of formal feedback were received.

Of these 675 were compliments, 104 were complaints and 18 were suggestions for improvement. Of the 104 complaints, 88 were closed within 30 days (85%) and 16 were closed within 30-60 days.

By providing feedback regarding the quality of care received as patient at WDHS, the community can participate in safety and quality improvements at their health service. Patient and family feedback is an important source of information for WDHS.

This year, patient and family feedback led to the engagement of a Customer Service Officer to act as a consumer representative to enhance the delivery of care and services for patients. Several of our policies and procedures were also reviewed and revised, including:

1. Pain management and escalation policy
2. Transition Care Program process
3. Staff Accountability for Falls Management
4. Medical staff orientation process

The Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) collects data directly from a range of public health services to gain a better understanding of what matters to our consumers. Patients who have had an acute inpatient admission or a presentation to the Emergency Department are randomly selected to participate in this survey. The survey is conducted on behalf of the DHHS.

The VHES allows our consumers to provide feedback on their experiences, and this information is used by WDHS to help us improve our services and the patient experience.

Actions that have been taken as a result of consumer feedback:

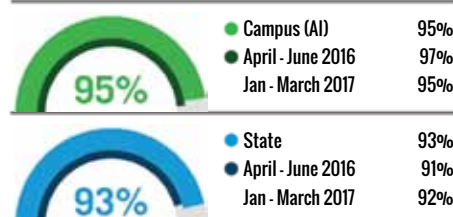
- Improvements to the discharge process; ensuring that patients and their families feel involved in their care
- All patient information and handouts are reviewed by consumers to ensure that it is written in language that is easily understood
- Emergency Department patients are given written instructions on discharge

- Staff have received additional training to improve communication with patients and to keep patients informed of wait times, tests and procedures
- Proposed changes to the layout of the Emergency Department to improve workflow and patient observation

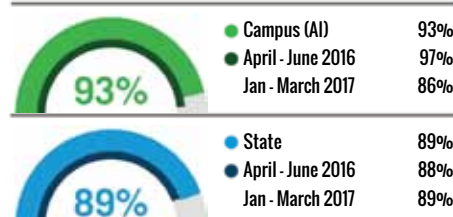
The results for the question "Overall, how would you rate the care you received in hospital" are given in the following table:

	2016 Jul-Sept	2016 Oct-Dec	2017 Jan-Mar	2017 Apr-Jun
WDHS	96.3%	98.7%	95.1%	95.3%
All Victorian HS	91.1%	92.9%	91.7%	92.7%
Peer Group HS	96.1%	94.6%	94.6%	92.8%

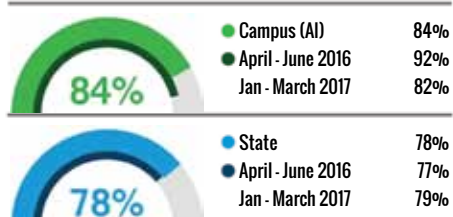
Overall, the care received was very good or good



Always treated with respect and dignity



Always felt listened to and understood



People Matter Survey

All Healthcare services, Victorian Public Service Departments, Victoria Police and the Victorian Public Sector Commission are mandated to participate in the People Matter Survey (PMS) annually. The core survey monitors the application of the public sector values and employment principles within public sector organisations. The 2017 survey also included modules in diversity and inclusion, employee wellbeing, change management, career intentions, learning and development and sexual harassment. 50% of WDHS employees participated in the 2017 PMS.

Patient Safety

WDHS scored positive results measuring the patient safety culture of the Health Service, the average agreement with questions that measure patient's safety was 90%. 96% of WDHS respondents agreed that patient care errors are handled appropriately; 81% reported WDHS does a good job of training new and existing staff; 96% stated they report patient safety concerns; 92% stated suggestions on patient safety will be acted on by managers; 92% stated WDHS is a safety centred organisation; and 89% stated they learn from the errors of others.

Workplace Culture

WDHS believes our staff are our most valuable resource and is committed to the prevention of workplace bullying and harassment. The Health Service has a Zero Tolerance Policy to manage workplace bullying and harassment of employees and volunteers.

WDHS addresses negative workplace culture by enforcing WDHS Values, conducting bullying and harassment training and providing management training to managers. Internal and external investigations are conducted when required to investigate workplace bullying.

Accreditation

Accreditation is a recognised process that health services use to ensure they deliver safe, high quality care. Systems and processes at WDHS are periodically assessed against national standards. Accreditation is a mandatory process for all public acute health services and providers of residential aged care across the state. WDHS participates in several comprehensive national accreditation programs, including those conducted by the Australian Council on Health Care Standards (ACHS) and the Australian Aged Care Quality Agency (AACQA).

National Standards

The National Safety and Quality Health Service (NSQHS) Standards drive the implementation of safety and quality systems to improve healthcare across Australia. A full assessment of the NSQHS Standards was conducted at WDHS in October 2016. WDHS achieved reaccreditation in all ten Standards, with the organisation receiving just four minor recommendations for improvement out of 209 assessed criteria.



- Standard 1:** Governance for Quality and Safety in Healthcare Organisations
- Standard 2:** Partnering with Consumers
- Standard 3:** Preventing and Controlling Healthcare Associated Infections
- Standard 4:** Medication Safety
- Standard 5:** Patient Identification and Procedure Matching
- Standard 6:** Clinical Handover
- Standard 7:** Blood and Blood Products
- Standard 8:** Preventing and Managing Pressure Injuries
- Standard 9:** Recognising and Responding to Clinical Deterioration in Acute Health Care
- Standard 10:** Preventing Falls and Harm from Falls

Residential Aged Care Standards

Aged Care Accreditation is assessed by the AACQA as per the Quality of Care Principles 2014. There are four standards with 44 criteria which must be met by all facilities covering:

- Standard 1:** Management systems, staffing and organisation
- Standard 2:** Health and personal care
- Standard 3:** Care recipient lifestyle
- Standard 4:** Physical environment and safe systems

During 2016-17 full compliance was achieved by all WDHS Aged Care facilities for all assessments which were conducted during unannounced visits by the AACQA.

Baby Friendly

Following an assessment in March, WDHS achieved Baby Friendly Health Initiative (BFHI) accreditation for a further three years. This was achieved through the ongoing education and support of all staff at WDHS, especially those who provide care to mothers and babies. The assessment process ensures that WDHS is complying with the BFHI standards, based on the '10 Steps to Successful Breastfeeding' to protect, promote and support breastfeeding. For WDHS this means that it is supporting mothers and babies in an environment that encourages high-quality care, education and support that is evidence-based and best-practice.

Commonwealth Home Support

In January 2016, the WDHS Commonwealth Home Support Program (previously Home and Community Care) met all criteria measures across the following three standards:

- Standard 1:** Effective management
- Standard 2:** Appropriate access and service delivery
- Standard 3:** Service user rights and responsibilities

The Australian Aged Care Quality Agency assessors were complimentary of the integrity of management systems, noted the excellent care delivered to clients by Primary and Preventative Health (PPH) teams and found that WDHS met each of the outcome measures assessed.

Risk Management

The identification, assessment and management of risk is critical to the safety of patients, visitors and staff. Risks are monitored by the Quality Department and are regularly reviewed by the Executive Team. The WDHS risk management framework has been developed and implemented in accordance with the Risk Management Standard AS/NZS ISO31000:2009.

Adverse Events

An incident is defined as an event or circumstance that could have, or did, lead to unintended and/or unnecessary harm.

Clinical incidents that meet either a national or state sentinel event definition must be reported to the Sentinel Event Program of the Department of Health and Human Services. Sentinel events include:

- 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)

During the 2016/17 reporting period, WDHS recorded zero sentinel or reportable ISR1 incidents.

An adverse event, or an incident with an ISR2 rating, is an incident that results in minor or temporary harm to the patient. During 2016/17, 117 clinical incidents with an ISR2 rating were recorded across WDHS:

Of the 97 incidents that occurred in Acute Care facilities at the Hamilton Base Hospital, 51 occurred in the Emergency Department.

To ensure that all ISR1 & 2 incidents are reviewed appropriately, a weekly ISR1 & 2 Review meeting has been implemented at HBH. This is a weekly meeting involving the DMS, DONS, NUMS and the Quality and Risk Manager, who discuss each incident and make decisions about the type of review required (RCA, In Depth Case Review, Line Manager or Aggregate Review), the escalation route, external reporting requirements and to make recommendations to prevent the recurrence of a similar event.



Preventing and controlling healthcare associated infections

The WDHS Infection Control program strives to meet the needs of the staff and customers of the Service and the Southern Grampians/Glenelg Regions by providing high quality education, support and expertise in all matters relating to infection control and staff health.

Strategies to raise staff and consumer awareness of the role of Infection Control and the organisational infection control policies are essential to maintain an environment of support and commitment to safe work practices within WDHS.

During the 2016/17 reporting period there were no central line-associated blood stream infections detected in the intensive care unit (ICU).

Staphylococcus aureus bacteraemia (SAB) readings were also very low and were below the benchmark of data reported by VICNISS. Results for acute patients are shown below:

	No. of SAB	Rate per 10,000 OBDs
WDHS	1	0.8
VICNISS (n=68)		0.9

- OBD = Occupied bed days
- VICNISS 5 year Aggregate = from all contributing hospitals
- n = number of hospitals contributing data

Communication and Education

We are always looking for ways to improve the reach of our messages. This year we reviewed the membership on our multidisciplinary Infection Control Working Party (ICWP) to include more clinical representation from both acute and aged care campuses.

In the past twelve months, 40 hours of formal Infection Control education has been delivered to 450 staff at in-services and study days.

We also commenced bi-monthly meetings with the Environmental Services staff and the Infection Control Liaison staff. These meetings provide valuable opportunities to ensure that infection control education, principles and changes are communicated to the populace.

Orientation for Staff and Volunteers

Each month new staff members commencing at WDHS undertake a general orientation program. Infection Control is included in this orientation but given that the staff members are from varied departments and perform in varied roles, we recognised that a comprehensive infection control orientation was difficult to deliver in this forum.

To address this, we developed individualised orientation booklets. In addition to the general Infection Control orientation, the staff members now receive a booklet that is specific to their roles.

Surgical Site Infections

All general surgical procedures are monitored for post-operative infections. We have an internal benchmark set at 3% and our rates are consistently below this benchmark.

Date	Rate
2017 year to date	1.3%
2016	0.8%
2015	1.8%

Environmental Cleaning

In 2017, the Department of Health and Human Services discontinued the requirement to measure performance against the Victorian Cleaning Standards in Victorian Health facilities. WDHS has however chosen to continue to conduct visual audits as per the previous schedule, and will report outcomes through the National Safety and Quality Health Service Standards (NSQHSS) accreditation process.

To support the visual inspections we have introduced point prevalence audits of the high risk areas (eg. patient rooms, ensuite bathrooms). It is recognised that these areas are most likely to become contaminated with multi-resistant micro-organisms. Using fluorescent markers and lights, we are able to identify areas that may have been missed in the cleaning process.

Fluorescent marker audit results

High touch room surfaces	Pre clean marker gel application	Post clean test result	Pass Rate
Bed rails	5	4 pass 1 fail	80%
Tray table	4	4 pass	100%
Call bell	10	10 pass	100%
Bedside table	5	5 pass	100%
Chair	9	9 pass	100%
Room door knob	5	5 pass	100%

Hand Hygiene compliance

Hand hygiene is a priority at WDHS as a mechanism to minimise the spread of infection. It is recognised as the most important strategy to reduce the risk of health care acquired infections and in particular the spread of multi-resistant micro-organisms. WDHS participates in mandatory Hand Hygiene audits. These audit results are reported to Hand Hygiene Australia and to the Australian Commission on Quality and Safety in Health Care. In all audits, which are conducted by accredited auditors, WDHS results have exceeded the national average and established benchmark.

Hand Hygiene Audit results – 2017

Service	WDHS Audit 1 Jan - Mar	WDHS Audit 2 May - July
Hamilton	87.5%	89%
Penshurst	86%	86%
Coleraine	90%	90%
WDHS Total	87.7%	88.8%
National Average	84.6%	84.3%
Bench mark Target	80%	80%

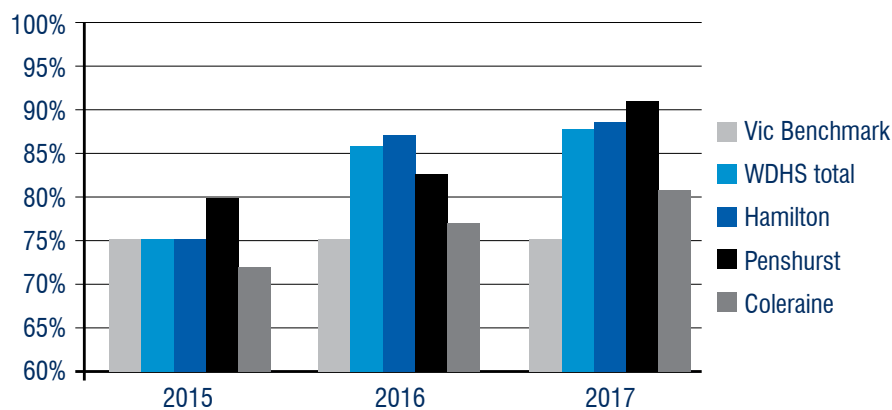
In 2016 we embarked on collaboration with our consumers conducting the “I deserve your clean hands” program. This program engaged patients in the monitoring of hand hygiene compliance among health care workers. This exciting collaboration was designed to provide a positive culture that enabled patients to confidently remind staff to clean their hands prior to the provision of care. It is a program that we now look forward to repeating in September and October 2017.

It is envisaged that the program will be ongoing and become embedded into our facility. We look forward to positive outcomes that will ultimately lead to ongoing improvement in hand hygiene compliance at WDHS.



→ Infection Control Consultant Kaye Roberts promoting individualised information brochures

Staff Influenza Vaccination Rate by Year



Healthcare worker immunisation - Influenza

Each year WDHS actively promotes the uptake of Influenza vaccination for all staff. We are very committed to the safety of our staff, patients and community and so we strive to improve our vaccination rate each year. Once again, this year we improved on the previous year's vaccination uptake. In 2016, WDHS received a Certificate of Excellence for exceeding the Victorian DHHS compliance target for the Healthcare Worker Influenza Vaccination Program.

Improving the vaccination uptake doesn't happen by accident. We put many strategies in place to improve our uptake. In 2017 we suspect that the hospital choir "Hospital Harmonies" promotional video was integral in promoting and achieving the high rates of vaccination again this year. This video went viral after being posted on the WDHS face book site where it was viewed by 16,000 people.

Medication Safety

At WDHS, all medication-related incidents are reported in our Riskman risk management system and are investigated by the relevant manager.

Medication incidents reported at WDHS are typically rated as Incident Severity Rating (ISR) 3 or 4 which are less severe incidents classified as mild, no harm or a near misses. Many of the reports relate to staff signature omissions, rather than errors in prescribing or administering.

An aggregate review of medication related incidents is conducted at the monthly Medication Advisory Committee which is chaired by the Director of Medical Services. Data is used to identify trends in errors, the causes of errors and opportunities for future quality improvements.

Incidents documented in 2016/17 reporting period and the campus at which they occurred are illustrated right.

Antimicrobial Stewardship Program

Antimicrobial resistance is the ability of a microorganism (bacteria, viruses and parasites) to stop an antimicrobial medication (such as antibiotics, antivirals and anti-malarials) from working against it. As a result, standard medical treatments become ineffective and infections persist and may spread to others. Health care professionals are left with limited or in some instances, no available treatment options.

Antimicrobial stewardship (AMS) programs have been shown to decrease inappropriate antimicrobial usage, improve patient outcomes and reduce adverse consequences of antimicrobial use (including antimicrobial resistance, toxicity and unnecessary costs).

At WDHS, we are committed to the best practice antibiotic prescribing through the use of prescribing restrictions, authority approvals and review of antimicrobial appropriateness used on our campuses. A traffic light system of green, orange and red categorisation is used in the hospital to ensure that antibiotics prescribed for patients are appropriate.

With the AMS Program in place, our hospital average for compliance in 2016 (7 months data audited) was 62.3%. This is above the state average of 61%, but below the national proposed average of 80%.

Of the 5 months data audited in 2017, WDHS is showing a positive trend with a YTD average of 68.4%. To further improve our benchmark, WDHS will be implementing Guidance MS, a stricter antimicrobial e-prescribing system that will tighten the approval processes.

→ The "Hospital Harmonies" promoting the Influenza vaccination program



→ Pharmacist Angela Wolmsley fills a prescription in the Pharmacy Department



Preventing falls and harm from falls

The Falls Working Party (FWP) evaluates all falls that occur at WDHS and provides feedback to the executive team and the staff on the wards.

The FWP is multi-disciplinary with representatives from all WDHS sites and at least one consumer representative. The team works toward reducing the number of falls and the injuries that occur from falls, to improve the safety of all patients and residents.

As a team, the FWP has addressed several falls related incidents over the 2016/17 period. By reviewing Incident reports (history, circumstances and interventions), In-depth case reviews and Preventability Tools, falls are assessed and recommendations for improvements are actioned.

New strategies that have been implemented this year include:

PREVENTABILITY TOOL: This tool was implemented to accurately determine whether a fall that occurred could have been reasonably prevented or not. It assists us in ensuring we have adequately done all we can to prevent falls within WDHS.

FRAT to TRAK: We have been working to develop an electronic version of the Falls Risk Assessment Tool (FRAT) in addition to the forms currently available in our TrakCare Patient Management System.

	Acute	Aged Care
Total no. of falls (inclusive of single falls)	120	515
Number of injurious falls (ISR 1 & 2)	6	8
Number of people who had multiple falls	19	99
Number of Falls by people who are 'multiple fallers'	54	273

MOBILITY TRAINED NURSE: Physiotherapy Department have been training nursing team members to identify and prescribe gait aids and transfer methods for patients within our facilities. This ground-breaking initiative seeks to improve our patients' experience by ensuring appropriate gait aid provision and managing patients' mobility/ transfers at times when Physiotherapists are unavailable.

FALLS TRENDS ANALYSIS: The FWP have implemented a process of analysing trends related to falls incidents throughout WDHS over a 6 month period in order to do a comparative study of our falls incidence and the circumstances surrounding falls. These are area specific in order to provide relevant information for that area of service provision. The report analyses the following:

- Total number of falls
- Days of the week when falls occurred
- Time of the day that falls occurred
- Activity engaged in at the time of the fall
- History of falls
- Currency of FRAT
- Length of time they have been in the area
- Injury resulting from the fall
- Overall severity of incidence

July Falls Awareness Month

This year WDHS hosted a Falls Prevention and Detection Devices Expo. We had representatives from various suppliers come and demonstrate their falls prevention and detection devices. All the staff that attended gained great benefit from the expo and as a result, WDHS have decided to host an annual event for our organisation, as well as for other regional facilities, possibly expanding it to cover domiciliary devices so as to cater for our community clients.

The FWP also developed and distributed a Falls Management related crossword to all staff within WDHS. Beverley Robinson was the winner of this competition.

Preventing and managing pressure injuries

WDHS focuses on pressure injury management and monitors incident rates from all clinical settings. The Pressure injury statistics in the acute setting are benchmarked against like sized facilities. All "hospital acquired" pressure injuries are reported via the Riskman incident reporting system and validated for accuracy with the Health Information Coders report. Our incident rate remains very low and those that do occur are captured early, at Stages 1 and 2. Each month rates are analysed and reported to relevant personnel and committees. The pressure injury analysis is used as a guide to address equipment needs and staff education requirements.

ACHS (Acute) Organisation benchmark – hospital acquired pressure injuries > stage 1

	Numerator	Denominator	Rate	Benchmark 1
Jul - Dec 2016	5	8066	0.06%	0.09%
Jan - Jun 2017	6	6263	0.10%	0.07%

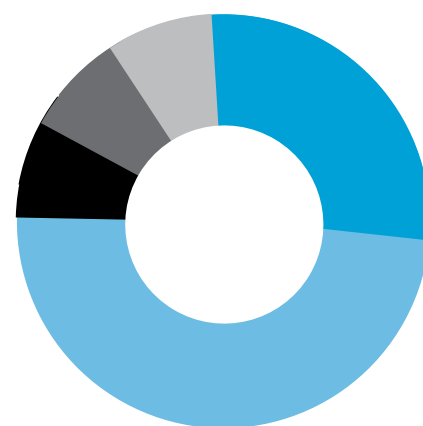
• Aggregate rate for other like sized hospitals

Safe and appropriate use of blood and blood products

Blood is the fluid that transports oxygen and nutrients around the body. An average adult has about 5L of blood circulating around their body. Treatment with blood and blood products can be lifesaving, however, as biological materials, they are not without risk. WDHS is committed to ensuring that patients who receive blood and blood products do so appropriately and safely.

Blood and Blood Product Transfusions 2016-17

■ Intravenous Immunoglobulin ■ Platelets ■ Anti D
■ Red Blood Cells ■ Fresh Frozen Plasma or Albumin



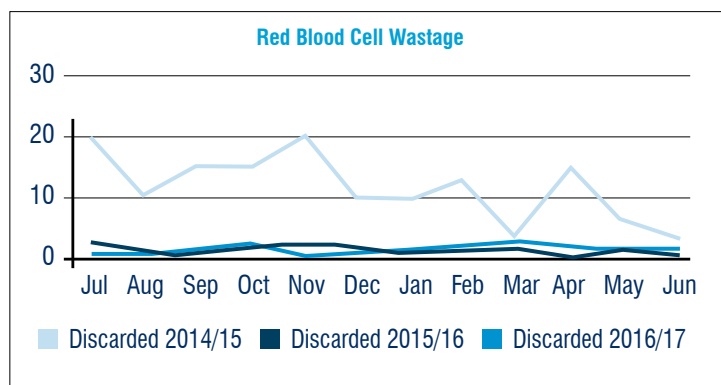
Transfusion Committee

WDHS has a Blood Transfusion Committee which meets regularly to assess and manage risks, education and safety and quality improvement programs for the management and use of blood and blood products within the organization.

Minimising Wastage of Blood Products

Blood is a highly valued, freely donated gift from very generous members of the public. The National Blood Authority developed The National Blood and Blood Product Wastage Reduction Strategy 2013-17 to reduce the unnecessary wastage of blood and blood products. In order to meet the target for red blood cells (RBC), Dorevitch Pathology Hamilton commenced an inventory management project where RBC approaching two weeks of remaining expiry date are transferred to and used by a larger Dorevitch laboratory.

Since the introduction of this project there has been a dramatic decrease in the unnecessary wastage of RBC. During the 2014/15 financial year, 131 units of RBC were discarded compared to just 8 units during 2015/16 and 8 units during 2016/17.



→ New mum Amy Holmes with baby Willa McIntosh and Midwives Jenny Sutherland and Debbie Fitzgerald on Red Nose Day

Consumer Participation in Blood Safety

In consultation with consumers, the Transfusion Committee developed a Discharge Advice Card. This card is given to all patients who receive a RBC transfusion. It ensures patients have information on what to do should they experience an adverse reaction to a blood transfusion and includes the date they received the transfusion.

Reactions to blood products are rare and most occur within the 24 hours after transfusion. A delayed reaction is also rare but may occur up to two weeks following a transfusion.

Hamilton Maternity Services

The Hamilton Maternity Service has had some wonderful achievements in the past 12 months. We have been busy in our day-to-day work, supporting mothers, babies and families with pregnancy, birthing and postnatal care, both in the hospital and at home.

Late in 2016, WDHS introduced the PROMPT (Practical Obstetric Multi Professional Training) program, have trained 5 staff to be facilitators of the program and have run the program 3 times since inception. The following staff have been trained in topics such as postpartum haemorrhage, pre-eclampsia/eclampsia, anaesthetic toxicity and maternal collapse:

- 1 anaesthetist
- 1 anaesthetic registrar
- 2 GP/Obstetricians
- 9 midwives
- 1 student midwife
- 1 medical student
- 1 ED resident
- 14 registered nurses
- 1 enrolled nurse
- 5 afterhours coordinators

On 5th May each year we recognise the valuable work of WDHS midwives on International Day of the Midwife. In 2017 this was celebrated by a "Walk with Midwives", attended by midwives, nurses, some of the Executive team at WDHS, clients and 'friends' of our service. We walked from the hospital to the Hamilton Performing Arts Centre, and then returned to a shared lunch in the Handbury Courtyard.



→ Staff & members of the community joined in a walk with midwives to celebrate International Day of the Midwife

Victorian Perinatal Services Performance Indicators

- Antenatal care

The Clinical practice guidelines: antenatal care – module II (Australian Health Minister's Advisory Council 2014) recommend that women attend their first antenatal visit within the first 10 weeks of pregnancy. This provides an opportunity to identify clinical and other risks to women and their babies as well as to develop a care plan that meets the individual health and social needs of the woman throughout her pregnancy and the postnatal period. Late access to antenatal care may be associated with poorer health and wellbeing outcomes for women and their babies.

Approximately 85% of women booking to have their babies at WDHS are receiving antenatal care at less than 12 weeks gestation.

- Smoking during pregnancy

Smoking during pregnancy is strongly associated with poor health outcomes for women and their babies. Interventions such as education and support programs offered by hospitals can help pregnant women to stop smoking.

WDHS are actively improving their measurement systems to accurately report the rate of women who smoked in early pregnancy (before 20 weeks) compared with later pregnancy (after 20 weeks) to identify the effectiveness of smoking cessation.

Surgical Safety

The Victoria Audit of Surgical Mortality (VASM) monitors trends in mortalities and clinical management outcomes. The VASM identifies clinical management issues via independent peer review assessments to actively manage and improve patient safety.

WDHS received the annual individualised VASM report for the period that presents the findings of surgical deaths that were fully audited against 13 clinical indicators between 2012 and 2017.

These annual Clinical Governance Reports reflecting the previous five years of reporting are presented and discussed at the Medical Surveillance Committee, Clinical Care Review Committee (CCRC) and Quality Improvement Coordinating Committee (QICC) meetings. Based on clinical trends identified in VASM datasets, three important areas of clinical priority have been monitored:

- Deep vein thrombosis (DVT) prophylaxis to reduce the likelihood of pulmonary embolus
- Fluid balance management
- Delay in recognising the symptoms of the deteriorating patient

From the 14 audited deaths at WDHS which occurred between 1 July 2012 to 30 June 2017, VASM assessors identified 3 issues in 2 of 14 cases (14.3%) with potential deficiencies of care that were possibly preventable. During the current reporting period, there were no issues found, which are depicted in the following graph.

Residential Aged Care Services

WDHS provides residential aged care to 175 residents in our six residential aged care services; with the residents in our campuses being older and frailer they are more predisposed to identified indicators of risk.

These include:

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

In Victoria, all public sector residential aged care services (PSRACS) report their performance against indicators of care which assist us to determine how well we are managing the risk of harm to our residents.

All indicators have state-wide targets and upper limits. All facilities aim to sit below the upper limit and aim to achieve the target. Rates are based on the number per 1000 bed days and are monitored by the Aged Care Governance and Quality Improvement Coordinating Committee's.

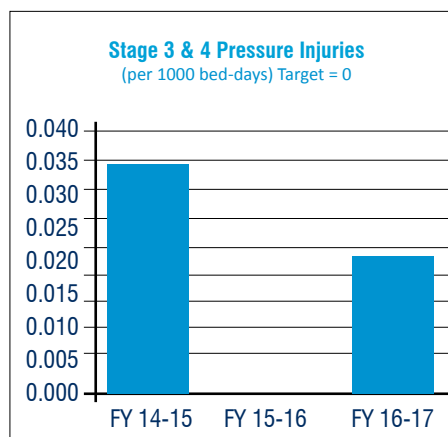
WDHS has implemented processes that assist care staff to maintain a safe environment which supports quality of life and minimises the potential harm for residents.

Pressure injuries

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

At WDHS, we use an approved range of physical supports that assist staff to effectively manage pressure injury risks. Physical supports include pressure relieving mattresses, heel lift boots and gel cushions.

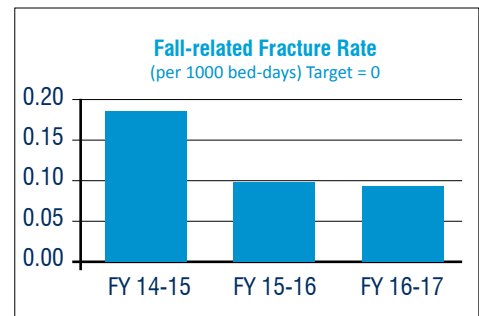
Rates of pressure related injuries at WDHS remain low and are shown in the following graph:



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.

Over the past year WDHS has led a research project that has examined whether increased staff rounding (20 minute rounding project) can reduce falls and minimise fall related injuries.

Interim data analysis shows an initial reduction in the number of fall related fracture injuries.



Falls and falls related fractures

Prevention of falls is an ongoing challenge as the number of residents admitted to our facilities who have a cognitive impairment increases. Whilst the number of falls across WDHS is above the target it remains below the upper limit.

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.

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 with next of kin occurs and is documented.



→ Lorne Brown enjoying outdoor activities with the aid of his walking frame.

Leadership in Falls Management – 20 Minute Rounding

The risk of serious injury following falls in Residential Aged Care continues to be a challenge and a serious risk. There are many residents who have multiple falls despite implementing all relevant prevention strategies. Often their falls are due to cognitive decline and not remembering to call for assistance. The aim of this research project was to determine if 20 minute rounding reduces the risk of falls and therefore serious injury in Aged Care.

The 20 minute rounding research project was implemented across the five WDHS aged care facilities following ethics approval in November 2016. A research assistant was appointed and applicable residents were randomised into the participant and control group. Resident, relative and staff education was an integral part of the marketing strategy.

Following resident and relative consent the project commenced on 20th December 2016 concluding on 30th June 2017. We implemented a 20 minute rounding chart whereby staff document that they have observed the resident and met their needs every 20 minutes. Preliminary results indicate a reduction in fall related fractures in the research group. Data collation is in progress, with the final report due to be completed in September 2017.



→ "That's just what I needed", Resident Syd Howell tells staff member PCW Amanda Torney as she offers him a thirst quencher



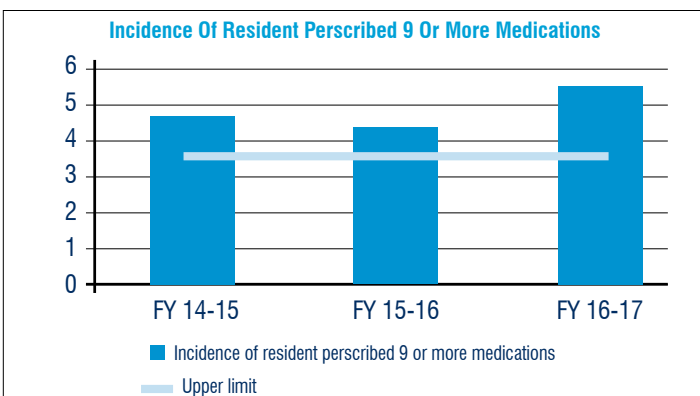
→ Heather Mirtschin making pikelets for high tea.

Use of physical restraints

Restraint of residents to manage behaviours of concern remains consistently low at all facilities of WDHS. Alternatives to restraint deployed at WDHS include leisure and lifestyle programs, falls management equipment and consultation with family, medical and care staff which enables residents to maintain their independence. Policies and procedures are in place in the event a restraint may be required.

Nine or more medications

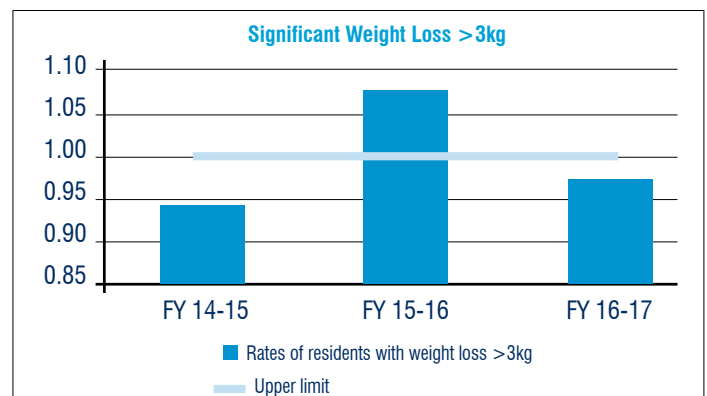
Many residents in our facilities have diverse medical issues that require complex medication management and as a result some of our residents are prescribed nine or more medications. To monitor their effectiveness, residents' medications are reviewed regularly by their doctor in consultation with the resident/family and care staff. Management of this indicator has been centred on ensuring timely medication review, which involves input from the resident's doctor, an external pharmacist review, nursing staff and resident and relative input.



Unplanned weight loss

All of our facilities strive to manage unintentional weight loss in all residents because of its potential to increase the risk of other indicators such as pressure injury and loss of strength. Strategies used by staff to monitor weight loss include a Nutritional Assessment, which includes documentation of risks, monthly weighing of residents, use of modified food and supplements, and medical, speech and dental assessments. Ongoing monitoring of the residents is carried out by involvement of care staff, medical staff and allied health consultants.

Some residents are identified to be at risk of weight loss by the Dietitian and nursing staff monitoring. To improve their nutritional intake, a program which involves placing a Red Flag on the meal trays of to identify that they may need assistance and encouragement to complete their meal prior to taking the tray away. There has been a significant improvement in this facility's results and the program will be being implemented across all facilities.



Dementia Management

A Cognitive Impairment Workgroup with multidisciplinary and consumer representation, has been established for WDHS RACS. A gap analysis against National Dementia Best Practice Standards was completed resulting in five recommendations for action including:

- Improving access to a geriatrician/psychogeriatric services
- Further embedding the Montessori Model of Care
- Providing workplace support for staff diagnosed with dementia
- A forum on Dementia was held with a guest speaker
- Recommendation for a risk screening tool for cognitive impairment and delirium screening

Escalation of Care

WDHS has various escalation processes in place which are triggered in response to medical emergencies. In 2016, a new Stroke Call Escalation Process was implemented at Hamilton Base Hospital to ensure stroke patients receive the best care possible in a timely manner

Stroke Call – a response to a medical emergency and immediate escalation of care

HBH has around 60 stroke presentations every year. The main treatment option available to eligible stroke patients is thrombolysis with tissue plasminogen activator (tPA). The benefits of intravenous tissue plasminogen activator (tPA) in patients with acute ischemic stroke are time dependent and guidelines recommend a door-to-needle (DTN) time of 60 minutes or less.

Traditionally, fewer than one third of acute ischemic stroke patients who receive tPA are treated within guideline recommended door-to-needle times.

In August 2016, Hamilton Base Hospital commenced a partnership with Victorian Stroke Telemedicine (VST) Program. This model of care provides immediate access to a stroke neurologist, any time of the day, 7 days a week, 365 days per year, and provides specialist support for patients with stroke and staff that support clinical decisions of care, especially targeting decisions for administering tPA and influencing target DTN times and better patient outcomes for stroke survivors.

The VST program partnership provided a timely opportunity for the hospital to review and revamp our stroke care pathway with the implementation of an emergency stroke alert system – a Stroke Call – with a specific stroke team response. This has seen positive outcomes for many patients and markedly improved DTN thrombolysis times.

The Stroke Call is underpinned by a team response at the moment of receiving a pre-hospital call from Ambulance to the Emergency Department (ED) staff, or as a patient arrives at ED with suspected stroke symptoms. The team consists of ambulance officers, and ED Doctor and Nurse,

Medication Management

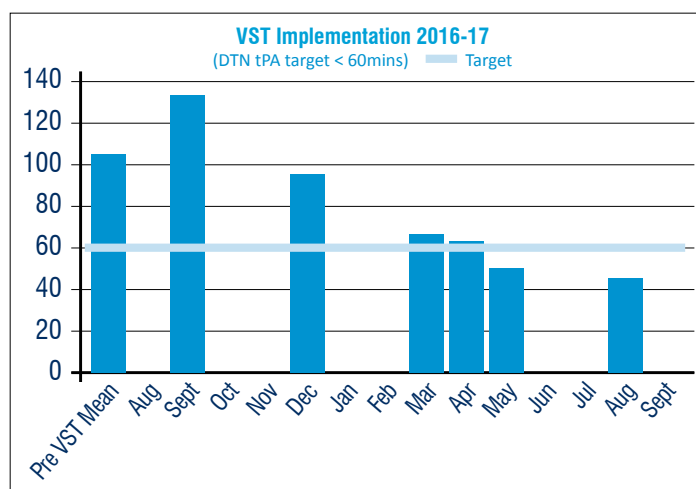
WDHS has taken several different approaches to improving medication management in its aged care facilities. It has introduced an electronic portal (Meds Comm) to provide for the timely and effective dispensing of medications through the local pharmacy. An external consultant pharmacist has been contracted to conduct medication reviews and provide recommendations for inclusion in the shared clinical record. The Health Service has also implemented the National Residential Medication Chart, designed to improve medication safety.

the medical registrar and ICU nurse. The Stroke Call also alerts for the coordination of personnel to enable the immediate transfer of the patient to the CT scanner and direct admission to the

hospital ward, usually ICU. The stroke call enables us to 'fast track' the stroke patient through the assessments, CT investigations, and access the neurologist via telemedicine in a very short timeframe.

The year prior to implementing the Stroke Call and stroke team emergency response, the median DTN time was 106 minutes. By August 2016/17 the current median DTN is the 63 minutes, with a continuing improvement in DTN times. A recent case received thrombolysis in 44 minutes.

(See case study and table 1 pg18.)



Kates story:

"In October 2016 at the age of 34 years, I was a fit and healthy Mum of 2 working as a radiographer in the radiology department of the Hamilton Hospital. The care I received at WDHS helped save my life and prevent me from being permanently disabled after I suffered a devastating stroke. My stroke was a very rare basilar artery clot from a spontaneous dissection in my vertebral artery that without prompt treatment would have been catastrophic. Just 6 weeks prior, the hospital had implemented a stroke protocol known as Florey that provides prompt care and access to Royal Melbourne Hospital specialists any time of the day and for any patient that the ambulance officers or emergency staff suspect may be suffering a stroke.

My symptoms were dramatic as after I collapsed I was unable to move my right side and could not talk but I was completely conscious through the whole ordeal. To have a neuro-interventionist from the Royal Melbourne Hospital on a video link in the ICU room where I lay locked into my body only 1 hour after I collapsed, was nothing short of amazing. The specialists had all the information they needed to assess that I was a perfect candidate for endovascular clot retrieval at RMH. My subsequent transfer by helicopter to the RMH saw me undergo successful clot retrieval and only 3 days later I was allowed home to my kids with no need for rehabilitation. The care I received in the ICU and Radiology departments will never be forgotten. The professionalism shown by all the staff helped me get the exact treatment that I needed, for that I will be forever grateful".

More on Kates stroke journey can be found on her blog at www.rollingalongwithkids.com

ACTION	Target Time	Actual Time	Real time	Target time met	Comment
Suspected stroke arrival STROKE CALL made	0 mins		1515	✓	Ambulance pre hospital notification
Door to Rapid triage	≤ 5 mins	0	1546	✓	Stroke team assembled in ED
Door to Physician/Med Registrar	≤ 10 mins	0	1546	✓	CT staff alerted and ready Support allied health and nursing coordinating for immediate admission to ICU
Door to Stroke Team	≤ 15 mins	0	1546	✓	
Door to CT scan	≤ 25 mins	1	1546	✓	Direct transfer to CT
Door to CT interpretation	≤ 45 mins	18	1604	✓	
Door to Needle	≤ 60 mins	44	1630	✓	

Stroke case study: a 77 year old female patient was admitted to the Emergency Department in August 2017 with Stroke onset symptoms. A Stroke Call was initiated and as a result the patient received the lifesaving tPA medication within 44 minutes.

Improving Stroke Care with Stroke Telemedicine

The Victorian Stroke Telemedicine (VST) Program is a virtual system which links rural and regional Victorian hospitals to a network of Melbourne-based neurologists who can provide treatment advice on patients who present to the emergency department within 4.5 hours of their stroke symptoms. Real time audio-visual communication and viewing of brain imaging is used to rapidly assess patients with acute stroke.

The VST program is led by The Florey Institute of Neuroscience and Mental Health (the Florey) with partners involving Victorian Department of Health, Australian Government, Monash University, Ambulance Victoria and National Stroke Foundation.

Since the program began there have been 79 suspected stroke cases at WDHS, with 38 % presenting to the emergency department under the 4.5 hour target time. 39 VST telemedicine neurologist consultations have been held. With the added availability of specialist neurologist's clinical recommendations, combined with the implementation of the new Stroke Call process at WDHS, 6 patients (37% with stroke) received the clot busting drug (thrombolysis) and 3 patients were transferred to the Royal Melbourne Hospital for recommended removal of the blood clot causing the stroke.

Prior to VST, this emergency procedure was not available to rural stroke patients as access to the procedure is ideally 6 hours from stroke onset and is only available at select metro hospitals.

The improvement in Stroke care at Hamilton is a direct response to refining practice guidelines locally that has improved patient access, rapid assessment and communications. Stroke care at Hamilton Hospital, despite being a rural health service, is able to provide equitable accessible healthcare based on the best available evidence and available resources.

Urological Telehealth – A dollars, sense and distance evaluation

Telehealth is a term used for a consultation performed by video link between a specialist and patient. It is used when distance makes regular face to face consultations difficult and costly and has been increasing in the scope of practice over the last few years.

WDHS and its urological division have embarked on telehealth consultations for the past 4 years. Results from a 2 year study performed at WDHS into the patient benefits of telehealth have recently been released. A total of 212 patients were engaged in the research and 153 (73%) were involved in the final survey. The main areas of interest within the study focused upon usability, patient benefit, cost, ease of use, and general impressions of the service.

Of particular interest to clients within the study was:

- distance at which they would choose telehealth over a face-to-face urologist consultation
- cost savings the patients achieved by undertaking telehealth over face to face consultations

Results from the research were both enlightening and informative to the health service. \$142 was the mean saving to patients undertaking telehealth over a face to face consultation taking into consideration accommodation and travel costs for each patient. 75 kilometres was the point of distance when most patients felt that they would consider having a face to face consultation over the telehealth consult if the consultation was bulk billed.

Other interesting client observations were:

“ the time of telehealth consultations was just right”

“ the use of telehealth improved the general mood of the surgeon”

“ the technology seems like it will be effective for all patients”

“ the Doctor had more time for the me in the telehealth consult compared with a face to face appointment due to less interruptions and need to be in surgery or on call”

In conclusion, the telehealth research undertaken showed great insight into the patient perspective of this important mode of consultation for rural and remote patients.

National Centre for Farmer Health

The National Centre for Farmer Health (NCFH) is committed to making a difference to farmers' lives.

Fundamental to improving the health, wellbeing and safety of rural, remote and agricultural communities is ongoing staff engagement with farming men, women and families Australia-wide. Partnering with WDHS and Deakin University, we are committed to excellent service delivery and progressive research. Our nurses, facilitators and researchers work together to provide appropriate care and information for our farmers.

Meaningful Collaboration

Continued collaboration with industry stakeholders and consumers means that our research, services and recommendations are informed, relevant and appropriate. As we strive to create and support sustainable developments in agricultural health and medicine, communication with farming men and women is vital. The experience and perspective of our consumers help us design, monitor and evaluate our programs to meet their needs, expectations and context. Not only does this mean we can deliver quality care and recommendations, but that we can also help government and public health professionals understand and support the complex issues faced by farming communities.

NCFH Advisory Group

The NCFH Advisory Group was established in October 2015 to advise the Director, provide leadership, foster collaborative efforts between sectors and organisations, design plans, and evaluate project outcomes. The Group consists of industry and government representatives and farming men and women, 70% of who had been previously involved in NCFH activities. An evaluation was completed by 100% of members' in May 2017 on the perspectives on the structure and effectiveness of the NCFH Advisory Group. Results from the evaluation have since been used to clarify and redesign expectations and engagement. It was highlighted that while the majority of members felt that their role as Advisors was clear (70%), members commented that there should be 'less formal agenda items' and 'more time to be allocated to discussing key strategic issues' and 'more time on feedback from advisory group members and the issues that provoke their thought'. NCFH staff attendance at the meetings was unanimously appreciated, with members expressing the value of hearing project ideas and being able to assist in terms of feedback, guidance, and sharing contacts for collaboration or support.

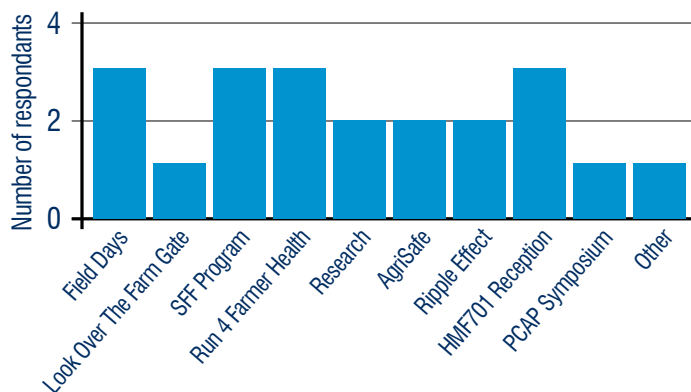
In 2016 and 2017, consumer groups have been involved in the Steering Group and Symposium of two research projects:

- The Ripple Effect
- Personalised Cholinesterase Assessment Project (PCAP)

Have you been involved in NCFH activities outside of this Advisory Group?

Summary:

- 70% of members have participated in other activities
- 30% have not



→ The Ripple Effect Steering Group inaugural meeting at the Victorian Farmers Federation, Melbourne supported by beyondblue with donations from the Movember Foundation.

The Ripple Effect

Spanning July 2015 to June 2017, the Ripple Effect research team enlisted fifteen members of the Australian rural community with an experience of suicide to help steer, monitor and evaluate the research project.

Along with the research team (Dr Susan Brumby, Dr Alison Kennedy and Ms Molly McNamara), the Steering Group ensured the appropriateness, accessibility, relevance, respect and usefulness of the online intervention in the context of life and work in the farming community for males aged 30 to 64 years. Steering Group members were selected from Expressions of Interests and consisted of agricultural industry representatives, rural and mental health professionals, researchers and digital design specialists. In the 23-month period, there were nine Steering Group Meetings, two of which were face-to-face.

Steering Group members all participated in the research, providing initial feedback and contributing to ongoing project evaluation and monitoring. The research team designed the Ripple Effect to be a tailored and reflexive pathway, and the process of Steering Group participation reflected this.

For more information on the Ripple Effect, please visit <http://www.farmerhealth.org.au/page/research-centre/ripple-effect> or access the intervention at <https://therippleeffect.com.au/>

In-field Personalised Cholinesterase Assessment Project

Organophosphates have been associated with chronic neurological diseases such as Parkinson's in sheep farmers in particular. The critical window for exposure to toxicants may occur years before the onset of neurological symptoms. A 12 month study, funded by the Shepherd Foundation grant to conduct much needed research has formed the basis of a database of cholinesterase activity (an enzyme inhibited by organophosphate pesticides) from farmers exposed to agricultural pesticides in their workplace. This research also aimed to assess and improve the integration of cholinesterase monitoring into routine agricultural health clinics and in the field, whilst providing farming people with a link between their individual cholinesterase activity and their household and agricultural use.

At the conclusion of PCAP, participants were invited to receive and discuss preliminary findings regarding their own cholinesterase measurements, health and wellbeing, and the completed chemical usage survey at a symposium titled Understanding Chemical Exposure – your results and beyond at WDHS. Participants had the opportunity to ask questions to the NCFH researchers as well as toxicologist Associate Professor John Edwards. Thirty-seven participants of the 64 Western District farmers involved in the 12-month study attended the forum. The feedback was overwhelmingly positive, with attendees expressing that the material was easy to understand, valuable in informing their ongoing use of agrichemicals, and that knowledge regarding their health and exposure was enhanced by having attended. The evaluations will be used in designing future NCFH research symposiums.

For more information on PCAP, please visit <http://www.farmerhealth.org.au/page/research-centre>

Continuity Of Care

Victorian Health Experience Survey – Leaving Hospital

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey of people's healthcare experiences. Patients were asked about how they felt about the length of their hospital stay, whether they were given enough notice about when they were going to be discharged and about any delays they faced. In addition, questions also covered whether the patient was given enough information about managing their health and care at home and whether their family/home situation was taken into account when planning their discharge. Patients were also asked "Overall, how would you rate the discharge process?"

WDHS performs very well in this indicator, achieving scores above the state average and consistent with other like Health Services. Our achievements in this area are illustrated below.

	Jul-Sept 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
WDHS	89.1%	92.2%	94.5%	91.9%
All Victorian HS	84.4%	86.0%	84.0%	84.6%
Peer Group HS	89.6%	88.2%	89.4%	88.1%

Complex Care

The Complex Care Service provides support and education to people who have had a recent hospital admission or are at risk of requiring an admission to hospital or the Emergency Department due to the chronic and complex nature of their health condition. The aim of the service is to assist people to remain healthy and safe and able to live in their own home for as long as possible.

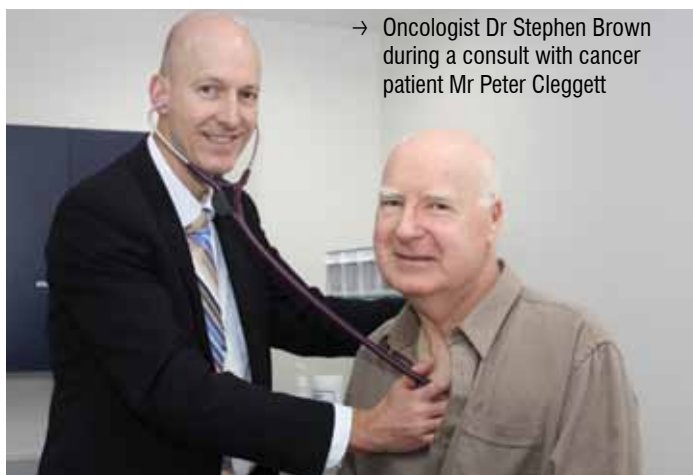
The Complex Care team assists people who have:

- chronic and complex heart and respiratory conditions,
- diabetes that is hard to control,
- chronic pain issues
- been diagnosed with other chronic illnesses who require support and assistance to help them navigate the health service
- complex psychosocial needs

Currently, a Complex Care team member is undertaking further tertiary studies in order to complement and enhance the team's pain service and to further forge closer links with the Palliative Care service

This year has seen the Complex Care team assist several particularly challenging clients to achieve improved outcomes and enabled them to return home following prolonged hospital stays due to the chronic and complex nature of their condition.

We have had two of our Complex Care Coordinators working closely with the Ballarat Regional Integrated Cancer Centre (BRICC) and the Andrew Love Cancer Centre Geelong, to provide support, information, coordination of care and links to services for people diagnosed with cancer.



→ Oncologist Dr Stephen Brown during a consult with cancer patient Mr Peter Cleggett

Social Support Group

Annual Road-Trip

Members of Social Support Group commence planning for their annual holiday 12 months in advance. Once a location has been chosen, the planning process begins. The dedicated staff and volunteers from WDHS work together to provide a safe and memorable holiday in a supported environment.

Collaboration between WDHS and other services such as Package Managers, Barwon Carer Respite Services and families, Volunteers, Occupational therapy, Coach Company, local shire, accommodation and day trip venues ensures a well-planned holiday.

Individual interests, strengths, goals and past life experiences enable the development of a person centred itinerary and interesting for all. Participants are given choices in activities throughout the trip and all members have flexibility to rest when they need it. The two evenings on the road are full of entertainment, bringing each day to a close with happy hearts.

Quotes from clients of a recent holiday show the benefit of these events:

"I've never experienced anything like this before; it's such a change from being on your own at home. I never knew elderly could have so much fun"

"Places we visited were great but could have had more time at some"

"I came as carer for my mother but the carers also cared for me. Amazing group of people"

"Would not see any better at the Tivoli"



→ Ruth Linke appreciating the many bird figurines on the Social Support Group annual holiday in Naracoorte

Serving in the community with the Tarrington Lutheran School

The Tarrington School Project aims to build relationships between the elderly and the wider community, and gain an understanding of civic and active citizenship through fortnightly visits to Social Support Group

Working closely together with the Tarrington School Grade 4 teacher and WDHS Social Support Group team leaders, students have had the opportunity to help design the program and to foster relationships and develop an understanding of every day challenges facing the ageing community and those who care for them

Students have worked closely with members allowing open conversations about local history and ancestry and have participated in a variety of activities including writing of life stories, sharing recipes and cooking, gardening puzzles and games Thursday Social Support Group and the students eagerly look forward to visits. The friendships that have developed between students and the members are evident by the smiles, chatter, storytelling, listening, sharing and collaboration



→ Eileen Scarborough and Xingyi Chen (Tarrington Lutheran Primary School) enjoying the thrill of a word search

Scrapbooking Program

For many years, the Social Support Team has been running a scrapbooking program for clients to capture their life memories. The program started as a little idea from Kate Coote, and has now grown, with many Social Support Group members involved in creating their own scrapbooks, which encapsulate all their special memories and life events. Brenda Uebergang stated that the "The scrap books are treasured by families and give them so much joy. This is the ultimate gift we can give our members and families – lovely memories to keep their loved ones close to them."

A recent compliment received by Erika Fisher, our Palliative Care Nurse Consultant, really drives home that Kate and the Social Support Team have achieved what they set out to with the Scrap Booking Program.



→ Jean Fyfe and Mary Kearney making scrap book memories at Social Support Group

Erika recently did a bereavement support phone call to the wife of a late SSG member who said:

"My client is extremely touched by your gesture in honouring the memory of her late husband through the gift of his memory work. Often we do great work but the enormous and beautiful impact it makes on a person's life is not always recognised"

Home Care Packages

The purpose of Home Care Packages (HCP) is to assist patients to remain living at home as independently as practicable; and enable them to have choice and flexibility in the way that their care and support is provided at home. This model of care is called Consumer Directed Care (CDC) and is underpinned by 6 guiding principles:

- Consumer choice and control
- Patient rights
- Respectful balanced partnerships
- Consumer participation
- Wellness and re-enablement
- Transparency

Services that can be included in a package are:

- Personal services
- Nutrition, hydration, meal preparation and/or delivery
- Nursing, allied health and other clinical services
- Tele-health and digital technology
- Hire of aids and equipment

Consumer Directed Care enables our clients to have greater control and choice by allowing them to choose the types of care and who provides the care and when.

Our clients work with their Case Manager to identify achievable goals that will enable them to maintain their level of independence and to return to their level of wellness following a period of illness. Currently, WDHS has 36 Consumer Directed HCP in operation.

Advance Care Planning

Advance Care Planning (ACP) is the process of planning for future health and personal care, taking into account a person's values, beliefs, goals, current state of health, and their future treatment options.

The ACP discussion is important but can be very difficult and emotional for families. Best results have been known to be achieved when the patient themselves is included in the discussions and participates to the best of their ability.

At WDHS, these conversations are introduced to patients over the age of 18 years, admitted for palliative care, residential aged care, complex care, chronic care and cancer services. An ACP is discussed as part of the admissions process. Nursing staff highlight the importance of documenting and formalising plans for future treatment and care in the event they are incapable of making decisions or communicating their wishes at a future time.

The percentage of WDHS patients over the age of 75 years that have an ACP in place or have identified a substitute decision maker:

Quarter	% with ACP
Jul- Sept 2016	20%
Oct-Dec 2016	19%
Jan-Mar 2017	20%
Apr-Jun 2017	20%

In line with the Advance Care Planning: have the conversation – A strategy for Victorian Health Services 2014-2018, WDHS has implemented several strategies to strengthen the ACP process, improve capability of the workforce and improve the uptake of the ACP process by:

- Developing capability of staff in palliative care, aged care, complex care and cancer services through training in ACP concepts
- Delivering mandatory ACP concepts training for all nurses across WDHS
- Developing a brochure on ACP for use in Initial Needs Identification via the Allied Health Triage System
- As part of improving patient centered care and outcomes, nursing staff at WDHS encourage all inpatients to document their wishes to direct care and treatment via a formalised advanced care plan or to identify a substitute decision-maker.

Nursing Unit Manager, Aisling Cunningham says:

"On presentation to our Emergency Department and as part of our admission process to any of our acute wards, all patients are asked if they have an Advance Care Plan and if the patient and/or family/carers are happy to continue with the plan as documented.

Having an Advance Care Plan makes the treatment decision for families much easier as they know they are following the wishes and direction of their loved ones. In times of sudden deterioration in a person's health these life decisions are often very difficult for families. ACPs take the responsibility of making end of life goals and decisions away from the family and gives it back to the patient"

The Montessori Model

Leadership in Dementia Practice at Coleraine WDHS was proud to lead and implement the Leadership in Dementia Practice (Montessori Model) in partnership with Alzheimer's Australia Vic (AAV). The program involved the education and training of staff from thirteen residential aged care facilities, including WDHS, across South Western Victoria. The Montessori model of care provides residents with choice, respecting their rights and preferences by getting to know each resident and their individual needs to provide them with meaningful activities that provide a sense of value and purpose. AAV will use the WDHS presentation of achievements to promote their service.

Residents at all facilities participate in meaningful activities that give them a sense of purpose and achievement whilst promoting a homelike environment and social inclusion. Activities include growing vegetables and colourful flowers, watering the garden, artwork, sewing, interacting with children, cooking vegetables and fruit they have grown, making chutney, looking after chooks, collecting eggs and making delicious cakes and pavlovas.



→ "How are you feeling today Neil?", Staff Member Kelly Harrison checks in on and catches up with resident Neil Chenoweth during her rounds



→ Robert Betts preparing home grown potatoes



→ "Green thumbs at work", Staff member Lyn Monaghan and resident Hilda Bayne get ready for spring planting

End-of-life care

In alignment with Victoria's end of life and palliative care framework, 'end of life care' describes the care needed for people who are likely to die in the next 12 months due to progressive, advanced or incurable illness, frailty or old age.

This period of care is important to recognise because people may experience rapid changes and fluctuations in their condition and often have multiple contacts with a range of health services. Understanding that a person is entering the last months or year of life can be difficult to determine. Nevertheless, being able to recognise that a person may be dying is an essential requirement for clinicians. A focus on the 12 months before death allows for optimal planning of care. It allows time to engage in purposeful conversations with people and their families to discuss their preferences and what matters to them and focuses on approaches to meet people's needs in the last year, months, weeks and days of life

WDHS have been working on implementing the essential elements for safe and high-quality end of life care in accordance with the Australian Commission for Safety and Quality in Healthcare National consensus statement. Priorities for 2016 included:

- Introducing ACP concepts to all patients admitted to palliative care, aged care, complex care, chronic care and cancer services
- Engaging communities and embracing diversity to deliver successful end of life planning and palliative care to enable:
- All communities and groups have access to end of life care and planning
- Improved engagement with community leaders to enable them to connect their communities to end of life care
- Communities understand the services available for end of life care and bereavement support

We continue to enhance our services through:

- Increased use of trained volunteers to engage with bereaved families by sending cards and having regular telephone contact to support and report back to staff
- Involvement through community initiatives such as "cuppa with Winda-mara" to facilitate discussions and provide information
- All staff attended workshops on cultural sensitivity and awareness. Two staff attended the Program of Experience in the Palliative Approach (PEPA) in Aboriginal Health, 1 staff member has extensive experience in Aboriginal Health and working in remote areas and 1 staff member attended the Lateral Violence workshop
- Improving links via the Aboriginal Liaison Officer at WDHS

GLOSSARY OF TERMS

AAV	Alzheimer's Australia Victoria	HITH	Hospital in the Home
ABA	Australian Breastfeeding Association	ICU	Intensive Care Unit
ACHS	Australian Council on Healthcare Standards	LGBTI	Lesbian, Gay, Bisexual, Trans & Intersex
ACP	Advance Care Planning	MET	Medical Emergency Team
AACQA	Australian Aged Care Quality Agency	NCFH	National Centre for Farmer Health
ACSQH	Australian Commission on Safety and Quality in Healthcare	NSQHS	National Safety and Quality Health Service Standards
AMS	Antimicrobial Stewardship	PCAP	Personalised Cholinesterase Assessment Project
ATSI	Aboriginal and Torres Strait Islander	PDHS	Penshurst and District Health Service
BFHI	Baby Friendly Health Initiative	PEPA	Programme Experience with Palliative Approach
BOD	Board of Directors	PMS	People Matter Survey
BRICC	Ballarat Regional Integrated Cancer Centre	PPH	Primary & Preventative Health
CAC	Community Advisory Committee	QICC	Quality Improvement Coordinating Committee
CDC	Consumer Directed Care	RACS	Residential Aged Care Services
CCRC	Clinical Care Review Committee	RBC	Red Blood Cells
CDHS	Coleraine District Health Service	TCP	Transition Care Program
CE	Chief Executive	SFF	Sustainable Farm Families
CHIC	Consumer Health Information Committee	SWH	South West Healthcare
DHHS	Department of Health & Human Services	SWARH	South West Alliance of Rural Hospitals
ED	Emergency Department	VASM	Victorian Audit of Surgical Mortality
FHCC	Frances Hewett Community Centre	VHES	Victorian Health Experience Survey
FRAT	Fall Risk Assessment Tool	VST	Victorian Stroke Telemedicine
FWG	Falls Working Group	VTE	Venous Thromboembolism
GP	General Practitioner	VMIA	Victorian Managed Insurance Authority
HBH	Hamilton Base Hospital	WDHS	Western District Health Service
HCP	Home Care Packages		

FEEDBACK QUESTIONS FOR THE ANNUAL QUALITY ACCOUNT 2017

Please help us to improve by providing feedback on the information that you are interested in reading in our Quality Account. The feedback you provide will be used to produce our next report

ABOUT YOU

Which category best describes your current relationship with WDHS? (please tick)

☐ Past/current user of service ☐ Community member ☐ Staff/volunteer ☐ Other

CONTENT

☐ Easy to read ☐ Interesting ☐ Difficult to read ☐ Not of interest

What features did you like the most?

.....

.....

.....

REPORT LAYOUT

☐ Easy to follow ☐ Too busy ☐ Just right ☐ Too long ☐ Too short

THIS REPORT HAS MADE ME MORE AWARE OF WDHS'S

☐ Values ☐ Community ☐ Performance ☐ Improvements ☐ Range of services

I WOULD LIKE TO SEE MORE OF:

.....

.....

I WOULD LIKE TO SEE LESS OF:

.....

.....

PLEASE COMPLETE THIS PAGE AND SEND TO:

Quality Manager
Reply Paid 283
Western District Health Services
PO Box 283
Hamilton, VIC 3300

THANK YOU



→ Workshop at Hamilton Education Centre to share the preliminary research results of organophosphate exposures in farmers supported by the Shepherd Foundation.



A better way to care

For advice and support regarding the implementation of the National Safety and Quality Health Service Standards contact the Advice Centre.

Call the Advice Centre on 1800 304 056

Email: accreditation@safetyandquality.gov.au

Web: safetyandquality.gov.au/our-work/accreditation



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



STANDARD 1
Governance for Safety and Quality in Health Service Organisations



STANDARD 2
Partnering with Consumers



STANDARD 3
Preventing and Controlling Healthcare Associated Infections



STANDARD 4
Medication Safety



STANDARD 5
Patient Identification and Procedure Matching



STANDARD 6
Clinical Handover



STANDARD 7
Blood and Blood Products



STANDARD 8
Preventing and Managing Pressure Injuries



STANDARD 9
Recognising and Responding to Clinical Deterioration in Acute Health Care



STANDARD 10
Preventing Falls and Harm from Falls



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