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Staff Service Awards

5 years	10 years	15 years	25 years	30 years	35 years	40 years
Alexander Prockter	Judith McNeight	Bryan Fitzpatrick	Elizabeth Bacon	Sue Fontana	Debbie Barry	Pam Potter
Donna Sleep	Rhonda Rice		Michelle Morris	Yvonne Harding	Shirley Summerhayes	
Diana Gleeson			Linda Farrer	Carol Christian	Barbara Savage	
Amelia Wilde				Robyne Kalms		
David Francis				Sarah Warren		
Dean Knights				Fiona Wynd		
Ann Hardy				Leonie McLoughlin		
Sherridan Parry						
Kerry Davies						
Dianne Martin						

Front Cover: Stawell Regional Health clients, patients and staff.

Back Cover: Stawell Regional Health clients, patients, residents and staff.

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Photographs: Kerri Kingston

Welcome

It is my pleasure to report to the Stawell Community on the quality and safety systems in place at the hospital.

Public hospitals in Victoria are required to produce a Victorian Quality Account each year. This was previously called the Quality of Care Report.

Our aim is to produce an interesting, easy to read document at a reasonable cost.

The Quality Manager and Chief Executive spoke to seven service groups about our report between May and August in 2015.

Last year 18 people provided feedback about our report, which was two more than the previous year.

The feedback from those 18 people showed that:

- 94.4% (17) agreed or strongly agreed that receiving the report in the newspaper was a great way to give the report to our community
- 100% (17) agreed or strongly agreed the information in the report was easy to read and understand
- 100% (17) agreed or strongly agreed the report was well presented and
- 88% (15) agreed or strongly agreed that their knowledge on services at Stawell Regional Health has increased.

The feedback indicated that there were areas where we could improve in relation to the style, content and information included in the report.

In response to this information, we have made the following changes:

- Reduced the size and length of the report
- Included additional staff photos
- Included information about the Budja Budja Cooking Program and Budja Budja Exercise Group and
- Included details on how to contact us if you are interested in becoming a volunteer or consumer representative.

This year the reporting guidelines from the Department of Health and Human Services changed and the report will reflect the new requirements.

We have included a loose leaf feedback form in this report for you to provide us with any comments you may have on the report.

The form is self-addressed and reply paid, and can be sent back to the hospital at no cost to you. We look forward to your feedback.

To ensure this report reaches as many community members as possible, it is placed as an insert in the Stawell Times News.

Copies are also available from all hospital reception and waiting areas and online at www.srh.org.au.

Clinicians, staff, patients and community members all assisted in developing the 2016 Quality Account.

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

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

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

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

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

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

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



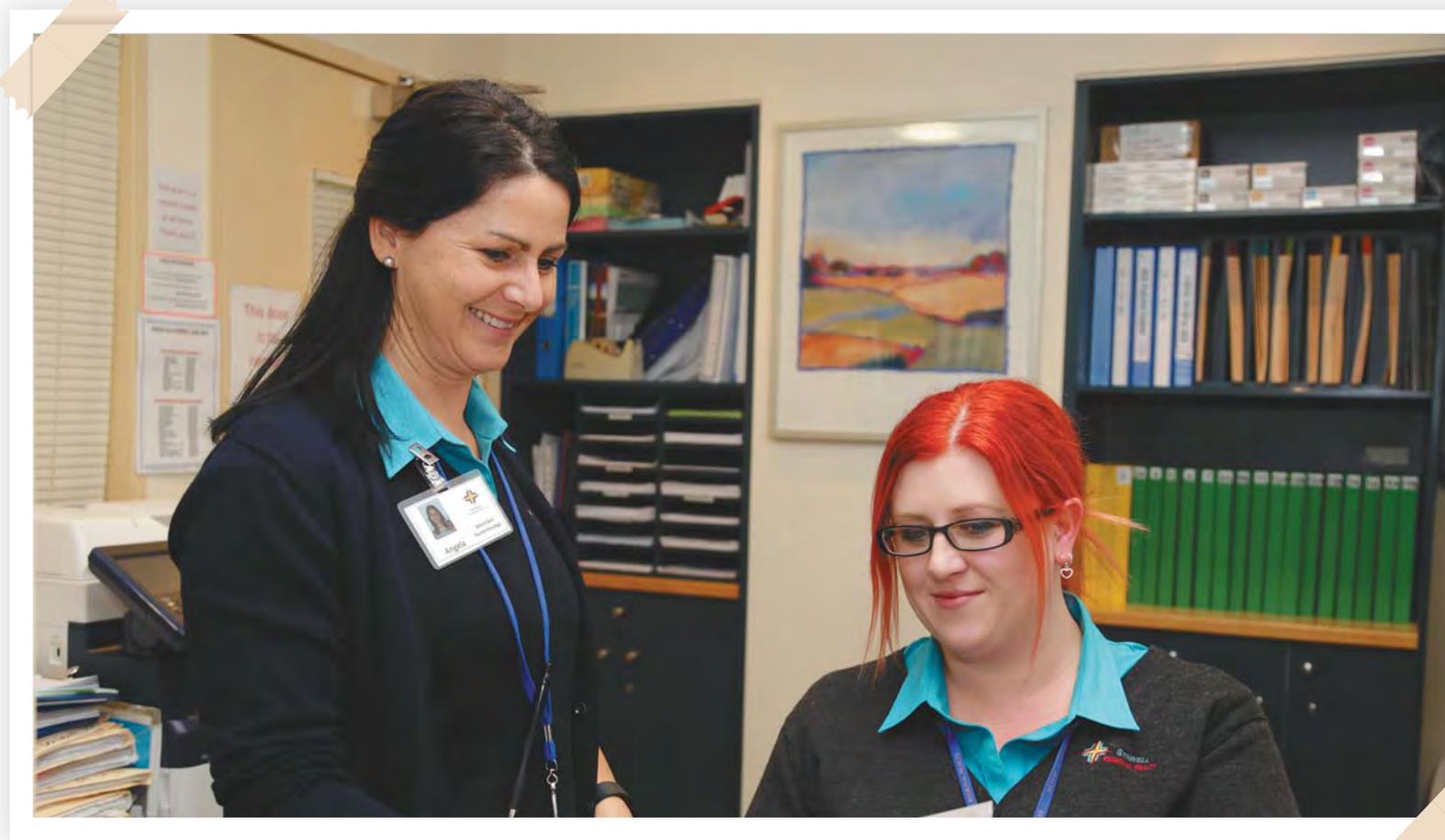
Liz McCourt
Chief Executive



Health information staff, Michelle Cahill, Aaron Riggall and Rhonda Rice.

State-wide Plans

Type of plan	Action taken by SRH	
Aboriginal health	In partnership with the Budja Budja Aboriginal Co-Operative provide a targeted community outreach program to community members of Budja Budja.	<p>Provision of outreach services to the community of Budja Budja Aboriginal Co-Operative: weekly exercise physiology and fortnightly dietetics sessions.</p> <p>Evaluation of the Budja Budja Cooking Program by Deakin University students in April 2016 identified high level of satisfaction with the program by both participants and Budja Budja Aboriginal Co-Operative staff.</p> <p>Memorandum of Understanding between Budja Budja Aboriginal Co-Operative and Stawell Regional Health renewed.</p> <p>A contract to support delivery of services from Budja Budja Aboriginal Co-Operative is also in place.</p>
	Provide further cultural awareness training to clinical staff to support the provision of culturally safe care.	A "Cultural Safety" Project was undertaken in partnership with Budja Budja Aboriginal Co-Operative and the Grampians Pyrenees Primary Care Partnership. The project delivered the training "Strengthening Cultural Security" to Stawell Regional Health staff in May and June 2016.
Aboriginal public sector employment	SRH is an Equal Opportunity employer.	
Disability responsiveness	<p>Six additional disabled parking spaces have been made available on the hospital site.</p> <p>Staff of SRH are encouraged not to park on the hospital site. This enables patients to park close to the hospital buildings.</p> <p>A "5 minute drop off zone" is available at the Community Rehabilitation Centre entrance.</p>	
Lesbian, gay, bisexual, transgender and intersex communities	Lesbian, Gay, Bisexual, Transgender, and Inter sex champion attended the Gay & Lesbian Health Victoria "Champions" Training Session in April 2016.	
Family Violence	<p>Meeting with local stakeholders such as Victoria Police Family Violence team, and Grampians Community Health Chief Executive Officer regarding joint collaboration and education initiatives, and strengthening of referral pathways.</p> <p>Information for staff and victims obtained and made available in public waiting areas.</p> <p>Family Violence Policy developed. Family Violence information packs and referral contacts available in the Urgent Care Centre.</p> <p>Joint staff education held in collaboration with Grampians Community Health Family Violence Team.</p>	



Wards Clerks Angela Solyom and Shonna Stewart.

Consumer, carer and community participation

“Doing it with us not for us”

“Doing it with us not for us” was the focus of the Department of Health’s 2010-2013 strategy to get all Victorian carers, consumers and the community to work with their local health services in receiving the best care.

SRH has worked hard to build the capacity of consumers, carers and community members to participate fully and effectively in their health care. Here is how we have performed ...

- We encouraged our patients and residents to be fully involved in their care and treatment by being a part of their care planning
- In May 2016, all residents/relatives rated the way staff involved them in decisions about their care and treatment as “good” to “very good”
- Brochures and leaflets are reviewed with consumers and align with our policies, and with the ‘Well Written Health Information Checklist’ and Health Literacy Principles
- We have consumer representation on the following committees/project group:
 - Quality Improvement and Risk Management since January 2015
 - Clinical Improvement Committee between January 2016 until May 2016
 - Nutrition and Hydration Committee since June 2016 and
 - The Macpherson Smith Residential Care redevelopment project group meeting has two resident representatives.
- Consumers are involved in the planning, improvement and evaluation of services and programs. For example, Health Promotion and Community Rehabilitation Programs are reviewed regularly with the assistance of consumers
- Consumers are actively involved in the management of concerns and complaints
- A relative of a patient in the Transition Care Program spoke at a Transition Care Program Forum

- The Victorian Quality Account (previously called the Quality of Care Report) is submitted to the Department of Health and Human Services each year. The report is made available to the community through a variety of avenues. Consumers are asked for their feedback about the report and a loose leaf reply paid form is available in each report.

If you are interested in becoming a Consumer Representative please contact the hospital on 53588500

Interpreter Services

In 2014, the Victorian Interpreting and Translating Service (VITS) replaced the previous Department of Health interpreting and translation service.

Information on the service is readily available to staff if we need to assist patients who speak a language other than English.

In the last financial year seven patients were admitted to our hospital who were registered as speaking a language other than English. None of these patients elected to use the interpreter service.

In the last financial year we accessed translated materials and resources in Arabic and Chinese. Four community language groups (Arabic, Chaldean Neo-Aramaic, Punjabi and Romanian) accessed our services last year.

Patient Experience

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

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

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



Macpherson Smith Residential Care Redevelopment Project Group members, Margaret McIntosh, Nurse Unit Manager Alison Fischer, Director of Clinical Services Mary Bruce and Phillip Biggs.

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

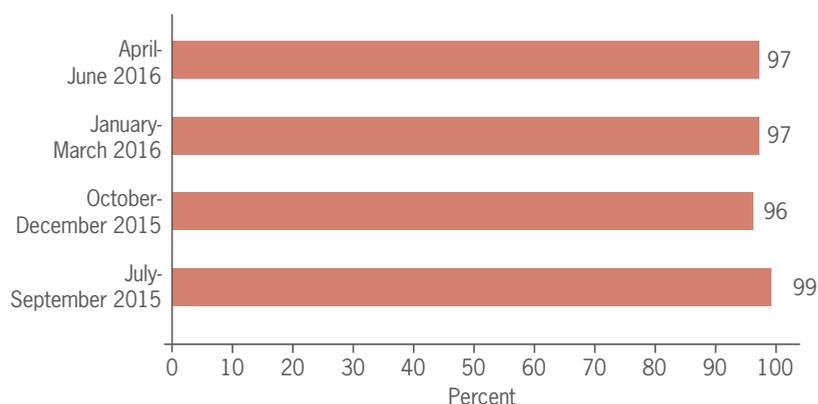
The VHES commenced in April 2014 and SRH receives regular quarterly reports.

Figure 1 shows “Overall Hospital Experience” as rated by these patients as either “Very Good” or “Good” for the last year. Compared to like-size (Peer Group) hospitals SRH rated between 96-99% compared to 97% which was the average rate for Peer Group hospitals.

The results are taken to the Leadership Team, to Staff Forums and key committees of Stawell Regional Health. Results are discussed, and improvements identified.

An action taken in response to an outcome from the Victorian Health Experience Survey and also in response to incidents is to present case studies relating to Discharge Planning to the clinical staff involved in the patient’s discharge to identify issues to improve care and service to patients.

Figure 1: Victorian Healthcare Experience Survey
Overall hospital experience



Improving Care for Aboriginal Patients (ICAP) Program

Key Result Areas

1. Establish and maintain relationships with Aboriginal communities and services.

Stawell Regional Health continues to enjoy a positive working relationship with Budja Budja Aboriginal Cooperative in Halls Gap. This relationship includes a formal contract to provide Allied Health services such as Dietetics and Exercise Physiology to the Aboriginal and Halls Gap community. These services are designed to assist the community to improve nutrition and increase physical activity levels to reduce the occurrence of chronic diseases such as diabetes.

Stawell Regional Health is an active partner in the Koolin Balit initiative, with other local agencies such as the Grampians Pyrenees Primary Care Partnership and Budja Budja Medical Clinic. Koolin Balit means “healthy people” in Boonwurrung language, and is a Victorian Government strategy that has committed the health system to improve the length and quality of life of Aboriginal people in Victoria by 2022.

2. Provide or coordinate cross-cultural training for hospital staff.

Stawell Regional Health is a member of the Grampians Pyrenees Primary Care Partnership (GPPCP), and is actively involved in the Strengthening Cultural Security Project. In the past 12 months Stawell Regional Health has been successful in developing a Cultural Security Action Plan, which has included cross cultural training for staff by a descendent of the Gunditjmarra and Wathaurong people of Western and Southern Victoria.

Information on cultural issues, including cultural awareness, cultural respect and cultural safety are accessible by all staff on the main page of the hospital intranet.

3. Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.

Stawell Regional Health participates in the Rural Workforce Agency Victoria (RWAV) – Chronic Disease Management strategy. Dietetics and Exercise Physiology services are provided by experienced staff at Budja Budja Aboriginal Co-Operative in Halls Gap.

Regular service planning and evaluation occurs between the Allied Health team and Budja Budja Aboriginal Cooperative to ensure our services meet the needs of the community.

A recent evaluation of the Budja Budja cooking program, a component of the Dietetics service, indicated that the program was well received and valued by the community, and highlighted areas for improvement of the program.

Stawell Regional Health is a member of the Grampians Pyrenees Aboriginal Health Sub-Committee. The sub-committee meets regularly with key partners such as Budja Budja Co-operative, Grampians Community Health, Northern Grampians Shire Council and East Grampians Health Service. Stawell Regional Health is represented by the Primary Care Manager.

4. Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.

The Stawell Regional Health Allied Health division operates a single point of entry for referrals. This includes referrals from other health services and from medical clinics, including Budja Budja Medical Clinic. This referral system was developed with advice from Budja Budja Medical Clinic. A key component of this process is that patients have the opportunity to identify as Aboriginal or Torres Strait Islander. When an appointment is made, consent is sought to contact Budja Budja Medical Clinic to advise them of the appointment. Staff at Budja Budja Medical Clinic can then support the client to attend the appointment.

Volunteer Program

On 12th May 2016, SRH joined the Northern Grampians Shire to celebrate our volunteers in what is hoped to be an annual event.

Volunteers across SRH provide great support to our patients and residents, a comfort to those experiencing anxiety or health concerns and a fresh face to those unable to move as freely in the community as they once did.

Our new volunteers attend our Orientation Program with our new staff to ensure they understand how the organisation operates and to assist them to gain key safety information and training.

We now have volunteers working across our Residential Care facility, Transition Care Program, Planned Activity Group, Oncology and specialist services and our Day Procedure Unit.

Volunteering at SRH is as simple as talking to our Coordinator to identify how your skills could contribute to our patients’ and residents’ care.

To speak with our Volunteer Coordinator, please call 5358 8500.



Volunteers Laurie Curruthers and Harry Nihill with Michael Burkitt – Jones.

Health Promotion

Food Connect Program and Community Lunch

Stawell Regional Health is part of a small working group with staff from Grampians Community Health and Stawell Neighbourhood House who have established what is called the “Stawell Food Connect Program”.

Here is how the Program works:

- We partnered with the Second Bite program which exists to provide access to fresh, nutritious food for people in need across Australia
- Volunteers collect food from Stawell Woolworths five days a week. The food collected is either not able to be sold in stores, discontinued lines or recalled items that are still safe to eat
- Food is taken to the Stawell Neighbourhood House for weighing and sorting
- A delivery from the Melbourne Food Bank is received at the Neighbourhood House once a week
- Groups and organisations that work with people at risk of being food insecure collect the food they need from the Neighbourhood House to either support existing food programs or develop new ones.

Examples of how the food is being used:

- School Breakfast programs have started in Stawell
- The Emergency Relief Centre is accessing some fresh produce for individual clients
- Disability and health services provide food packages to their clients who are without food
- Food is used in cooking programs
- Food is used for unfunded community programs
- The “Community Lunch”.

The Stawell Neighbourhood House is one of the groups that access the food, and as a result are now providing a “Community Lunch”. The three course hot lunch for a gold coin donation is open to anyone in Stawell who would like to attend. There is a focus on people who live alone or are at risk of being food insecure. The purpose of the lunch is to bring people together and to have access to a healthy meal. Volunteers and Year 12 Victorian Certificate of Applied Learning students are overseen by members of the working group to process the food from the connect program which is either frozen or stored ready for the next lunch.

The first Community Lunch was held on Wednesday 4th May at the Stawell Neighbourhood House with over 80 people attending, including 15 volunteers.

Feedback from people who attended the lunch included:

- how much fun they had
- that they loved the choice of foods, and
- loved the young volunteers, and that it was
- great to get out for the day.

One lady said to her daughter who brought her along that “I might bring some people I know who are lonely to the next one”.

The lunch built on partnerships and connections with other organisations, and provided a meal that enabled people from across the community to come together to share a meal.

Stawell Regional Health staff supported the lunch by:

- Working with volunteers in the processing of food in the weeks and months before the lunch
- Providing cooking and serving equipment, and
- Volunteering on the day to serve and assist.

What next?

Now that we have begun to improve access to food, we are considering ways to address the skills of preparing and budgeting for food. Katrina Toomey, Health Promotion Coordinator from Stawell Regional Health and two other members of the working group have been trained as facilitators for “Fresh Ned”. “Fresh Ned” is a nutrition training program developed for staff and volunteers by Community Food Programs. Fresh Ned is designed to improve the food security of people throughout Australia.

This training will be available to groups in the community, with the first training sessions delivered to volunteers of both Stawell and Ararat Neighbourhood Houses.

Health Literacy

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

Stawell Regional Health has been working towards becoming a Health Literate organisation.

Health Literacy is a focus area in our Health Promotion work as well as a part of our Strategic Plan, and is also an action to meet the National Accreditation Standards.

Improvements to Health Literacy at Stawell Regional Health over the past 12 months:

- New signage has been ordered and is being installed. This will help patients and visitors find their way around Stawell Regional Health safely and easily
- Staff are changing the way they give spoken and written directions so people can find their way more easily
- The hospital website has been reviewed for its format, content and ease of use by a broad range of people. This feedback has been included in the recommendations for our new website
- A communication strategy has been developed for the new website and other social media platforms
- Staff have been trained in verbal communication and how to ensure what they say has been understood
- A Health Literacy Policy and a Health Literacy tip sheet have been developed
- Changes have been made to Allied Health consent forms to make sure staff have checked the patient has understood the information.

“Drop the Jargon” week was held by staff in October. The Leadership Team signed a pledge to “Drop the Jargon” for a week. This meant that they and all other staff tried not to use abbreviations or complicated medical language. They also had permission to correct other staff if they heard them using “jargon”.

It is often difficult for staff to know when they are using complicated medical language so patients are encouraged to let staff know when they do.

We believe it is not the patient’s fault if they do not understand the information, it is usually the way staff have explained something.



Community members enjoying the first “Community Lunch”.

Quality and safety

Consumer Experience

Improvements

During the year SRH received 15 written suggestions from the public about how the health service could be improved.

In response to suggestions we have taken the following action:

- Provision of details to residents, relatives and friends to access rental TVs
- Renovation of the dining room area at Macpherson Smith Residential Care (MSRC) after the Easter break
- Relocation of the “pop up” shop at MSRC
- Installation of seating outside the main hospital and Community and Rehabilitation Centre entrances
- Northern Grampians Shire Council (NGSC) plan to provide additional directional signage to the hospital at the intersection of Landsborough and Navarre Roads
- The food options available for patients after a day procedure have been reviewed
- Installation of two safety rails in the visitors’ bathroom in Simpson Ward lounge
- Resident room number identification has been placed on resident TV remote controls.

Complaints

Complaints are an important part of reviewing and improving our services. We acknowledge, assess and respond to all complaints.

During the past 12 months we received 82 complaints regarding clinical care, staff behaviour, and food and service costs.

In response to complaints we have taken the following action:

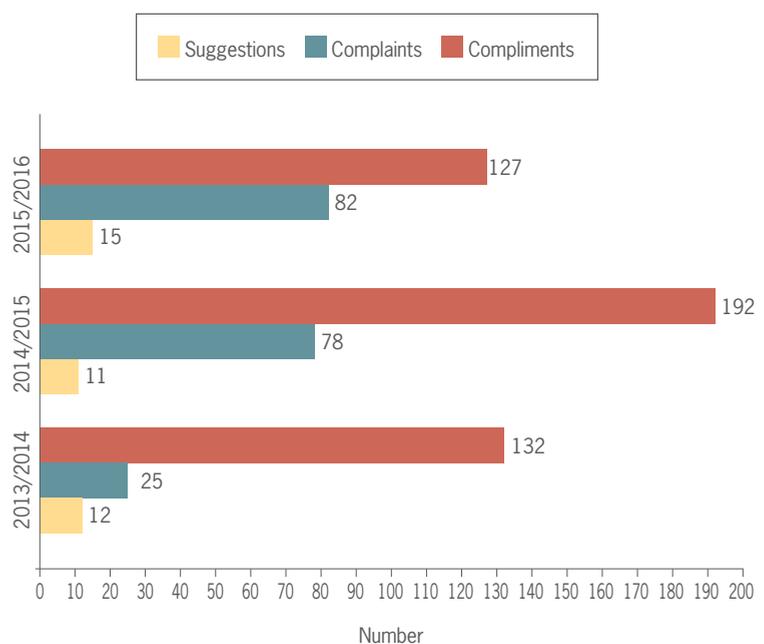
- The Medical Imaging appointment schedule has been changed, and Customer Service education has been provided
- Communication strategies have been reviewed with Allied Health reception staff at the Stawell Health and Community Centre
- The brand of potato product used in the kitchen has been changed
- We plan to review meals offered to Macpherson Smith Residents on meal theme days e.g. “Italian Day”
- Signage in the Urgent Care Centre has been reviewed
- An Urgent Care Centre brochure has been developed
- The Medication Management Policy has been reviewed to clarify self-administration of medicines
- Grass and shrubs outside Simpson Ward have been tidied up
- We plan to become a “Smoke Free” site and to install new signage across the hospital
- We introduced “high priority” postage for patient information mail outs
- A review of the outpatient follow up system has been conducted
- The Community Rehabilitation Centre phone contact number has been placed on the SRH website
- We have reviewed the process in the Urgent Care Centre for Obstetric patients requiring administration of Rh D Immunoglobulin (Anti D)
- Staff have been provided with additional education and guidelines for gluing paediatric patient wounds.

Compliments

During the past year we received 127 compliments. They were from patients, residents, clients and families. In addition to these, numerous compliments have been received from students on placement.

Figure 2 shows the number of Suggestions, Complaints and Compliments over the past three years.

Figure 2: Consumer Feedback



Staff Experience

Our Values

The SRH Leadership Team, made up of managers and executive staff, has continued to work on embedding the organisation’s values of Trust, Respect, Accountability, Communication and Safety across the organisation to promote a positive workplace culture. The Values are included in orientation programs, performance reviews and are used at staff meetings to support team discussions on improving workplace wellbeing.

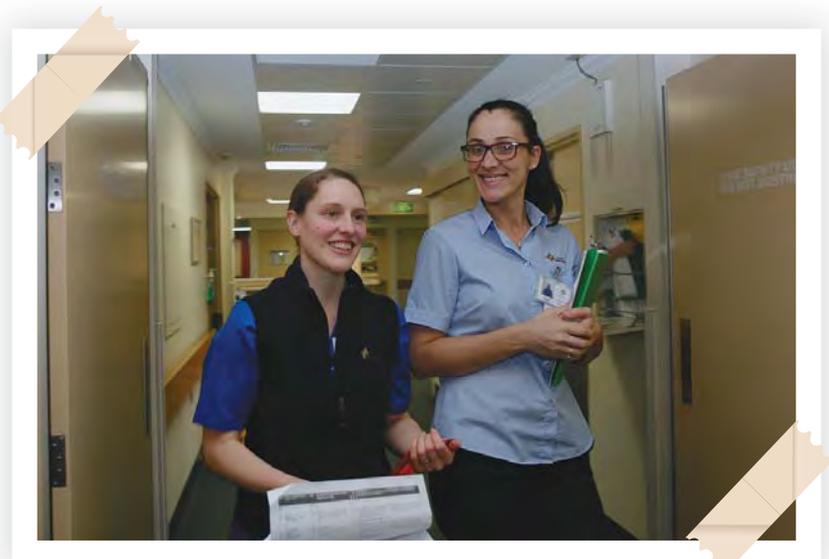
In addition, Executive staff attended all team meetings across the organisation to ask staff to identify three things that would make their workplace more positive. In some cases, this was simply purchasing a new radio or microwave to assist staff in their day. In other cases, it was supporting communication in the team including identifying more opportunities for all staff to contribute their ideas in their workplace.

People Matter Survey

The People Matter Survey is undertaken across the Victorian Public Sector each year and measures employee perception of the organisation’s performance against the principles of the Victorian Sector Administration Act 2004. Increasing numbers of staff have been completing the survey in recent years, enabling the organisation to gain statistical data that can be applied to particular improvements in the workplace.

This year the Leadership Team looked at bullying and harassment results in the survey and across the industry. Training Provider TwoPlusYou was engaged to educate all staff at SRH in how to identify and respond to incidents of poor communication and of bullying and harassment in the workplace. Whilst the program is not yet at completion, anecdotal reports have shown some improvements in team communication.

SRH achieved a score of 87% for the patient safety culture questions in this survey compared to the target of 80%.



Registered Nurse Sherridan Parry and Graduate Nurse Taki Campbell-Huruglica.

Accreditation

Accreditation is a formal process that Health Services use to measure their performance against set standards. The Federal and State Governments require all health and residential aged care services to achieve accreditation. Stawell Regional Health continues to maintain accreditation across Acute, Residential Aged Care, Community Services and at the Stawell Medical Centre.

We are independently reviewed by a number of accrediting bodies.

The following table outlines our accreditation processes and standing over the last year.

Types of Accreditation	Status
<p>EQuIPNational (incorporates the ten National Safety and Quality Health Service (NSQHS) Standards and five additional standards)</p> <p>(Accreditation provider:- Australian Council on Healthcare Standards (ACHS))</p> <p>(Four year cycle which includes one on site survey, once every two years)</p>	<p>Acute site</p> <ul style="list-style-type: none"> Ongoing Accreditation received at the Organisational Wide Survey (OWS) October 2014. In December 2015, we expanded our Accreditation program to include five additional standards set by our Accreditation provider. The program is called EQuIP National and builds on the original ten National Standards. During the next year we will be submitting a Self-Assessment that will also include progress against the recommendations we received at the October 2014 survey. Our next onsite survey is July 2017.
<p>Australian Aged Care Quality Agency (AACQA) (Three year cycle with one on site survey and at least one unannounced site visit every other year)</p>	<p>Macpherson Smith Residential Care</p> <ul style="list-style-type: none"> Successful unannounced* site visit in August 2015. Full three year accreditation achieved in September 2015. Successful unannounced* site visit in November 2015. Successful unannounced* site visit in July 2016.
<p>Home and Community Care (HACC) Community Care Common Standards</p>	<p>Community Services</p> <ul style="list-style-type: none"> Successful review in October 2014. One recommendation received with a number of suggestions for improvement. Improvement Plan reviewed and updated March 2016; and additional evidence submitted against the recommendation and suggestions for improvements.
<p>Australian General Practice Accreditation Limited (AGPAL)</p>	<p>Stawell Medical Centre</p> <ul style="list-style-type: none"> Full three year accreditation achieved in September 2015. One recommendation received.

*An “unannounced” visit is an assessment contact or review audit that is carried out by the Australian Aged Care Quality Agency without prior notification to Macpherson Smith Residential Care.



Jesse Poulton and Nurse Unit Manager Jarrod Hunter.

Safety

Adverse Events

An adverse event is an incident in which harm resulted to a person receiving health care.

SRH has a number of measures and strategies in place to reduce the incidence of adverse events.

As part of the Clinical Governance process, adverse events identified through incident reporting, review of patient records, review of emergency codes and reported through the patient feedback system are investigated with appropriate clinical staff.

A snapshot of actions taken in response to adverse events over the last year to improve quality and monitoring systems are outlined below:

- All medication incidents are reviewed by the Clinical Pharmacist as the first point of call
- Education and written information provided to clinical staff in the Urgent Care Centre and Stawell Medical Centre specifically relating to gluing paediatric patient facial wounds
- Development of the Medical Handover and On-call Policy
- Presentation of case studies to clinical staff (doctors, nurses and Allied Health staff) to improve communication around discharge planning of patients requiring ongoing wound management and
- Review of the Wound Protocol: to include the wound care chart in the care of patients with clean surgical wounds.

Preventing and Controlling Healthcare Associated Infections

The Infection Control Program (ICP) at SRH aims to provide a safe environment for all patients, residents, staff, visitors and the community.

Unlike other quality and safety programs, the focus is on “bugs” or microorganisms that can cause disease or infections.

These “bugs” cannot be seen by the naked eye, so our monitoring, surveillance and ongoing education program is vital in providing a safe environment for our patients. All these activities are supported with sound policies and protocols that are best practice and meet all the infection control standards.

We continue to review our program in line with the National Safety and Quality Health Service Standards. In 2017 we will be reviewed against the 41 actions in the ‘Preventing and Controlling Healthcare Associated Infections’ Standard at our Accreditation survey.

SRH’s Infection Control and Blood Transfusion Committee is a multidisciplinary group that is responsible for overseeing compliance with this standard.

A Patient Experience Tracker has been used to find out what patients understand about infection control. This information will provide evidence for one of the recommendations we received at the October 2014 Accreditation survey.

Review of our processes against this standard has led to several improvements over the past year, some of which are outlined below:

- Review of all the Infection Control policies and protocols
- Development of new policies, protocols and practices to ensure we meet the required standards
- Continued review to make sure we are doing things the right way
- Continued participation in the Anti-Microbial Stewardship Program, which is about ensuring the correct use of antibiotics
- Ensuring that staff change patients’ wound dressings in the best way to prevent infections. This is called Aseptic Non Touch Technique
- Review of infection control risks
- Expansion of the Infection Control Liaison Nurses Program
- Introduction of new hand hygiene notice and product boards across the organisation
- Department of Health and Human Services (DHHS) alerts about Ebola and other serious infectious diseases are reviewed and shared with staff
- DHHS alerts about the emergence of antibiotic resistant microbes; including Vancomycin Resistant Enterbacteria (VRE) and Methicillin Resistant Staph Aureus (MRSA) are reviewed and shared with staff.

Staphylococcus aureus bacteraemia

Staphylococcus aureus is a bacteria commonly found on the skin. It can live on a healthy person’s body without causing any harm, but can cause infection if it enters the bloodstream. Patients who develop bloodstream infections are more likely to suffer

complications that result in a longer hospital stay and an increased cost of hospitalisation. Serious infections may also result in death.

The spread of the bacteria in hospitals is most commonly by the hands of healthcare workers.

Why is reduction of *Staphylococcus aureus* bacteraemia infections important?

Staphylococcus aureus bacteraemia associated with hospital care is an important measure of the safety of a hospital.

The aim is to have as few cases of *Staphylococcus aureus* bacteraemia as possible. One of the most effective ways to minimise *Staphylococcus aureus* bacteraemia and associated infections is good hand hygiene. Good hand hygiene is the correct cleaning of our hands.

A national benchmark of no more than two cases of *Staphylococcus aureus* bacteraemia for every 10,000 patient days has been set for public hospitals.

Our performance

The table below shows our excellent performance over the last 12 months against State wide results and the State wide target. No cases of *Staphylococcus aureus* bacteraemia have been found in the last year and there have been no cases detected since 2012. SRH has consistently scored below both the state wide results and state wide target over the last year, which means we have had less *Staphylococcus aureus* infections than other hospitals.

	July-September 2015	October-December 2015	January-March 2016	April-June 2016
SRH results <i>Staphylococcus aureus</i> bacteraemia infections per 10,000 bed days	0	0	0	0
State wide results per 10,000 bed days	0.8	0.6	1.0	1.0
State wide target per 10,000 bed days	2.0	2.0	2.0	2.0

Action SRH has taken:

- We have increased the number of places that we keep alcohol hand rub for both staff and visitors to help them to keep their hands clean.

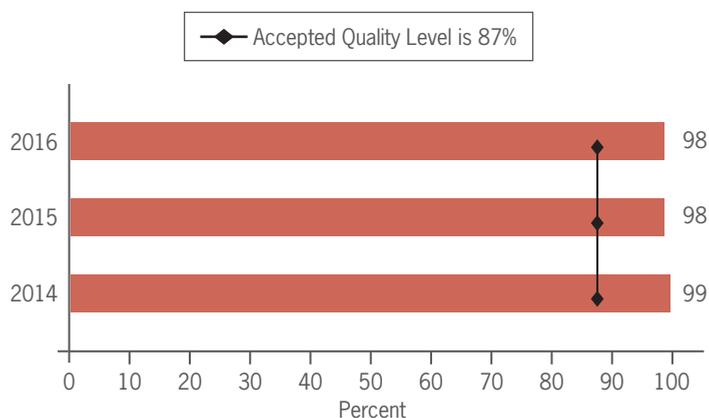
Our Cleaning Standards

In health care, a clean environment means there are less “bugs” on the surface of furniture and equipment. Internal audits conducted by our accredited external cleaning standards auditor showed that we were above the Average Accepted Quality Level of 87% that has been set by the Department of Health and Human Services.

The External Audit in July 2015 mirrored the year’s average, providing confidence in the rigor of our internal auditing schedule.

Figure 3 shows our external auditing results over the last three years.

Figure 3: Annual External Audit Scores



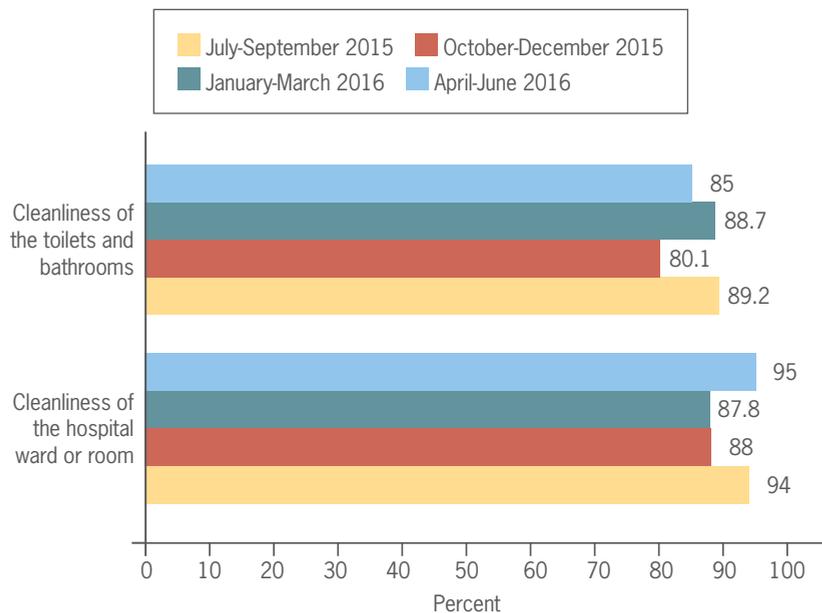


Support Services staff Christine Jenkins and Carol Christian.

Cleaning Audits were conducted at Macpherson Smith Residential Care and the Stawell Medical Centre. Macpherson Smith Residential Care reported an average score of 95% from the two audits conducted in December 2015 and June 2016. The Stawell Medical Centre reported an average score of 90%. Both areas required a minimum score of 85%, which was achieved.

Patients are asked to rate the cleanliness of the physical environment through the quarterly Victorian Healthcare Experience Survey. (See Figure 4)

Figure 4: Victorian Healthcare Experience Survey
The physical environment of the hospital and ward



SRH results relating to “cleanliness of the hospital room or ward” compared well to the Peer Group (like size hospitals) average of 92% for the July 2015 – June 2016 report results.

SRH results relating to “cleanliness of the toilets and bathrooms” also compared well to the Peer Group (like size hospitals) average of 89% for the July 2015 – June 2016 report results.

Medication Safety

Medication Safety is one of the ten National standards developed that provide a clear statement about the level of care patients can expect from health services in Australia.

Our Pharmaceutical Advisory Committee, a group of health professionals, is responsible for ensuring we meet this standard and includes the safe and effective use of medicines across the organisation.

Continual review of the standard against our processes has led to several improvements over the past year, including:

- The increased presence of a Clinical Pharmacist in the acute ward has helped in preventing medication related incidents, not only while patients are admitted, but also when they are discharged from hospital. Medications contributing to a patient’s falls risk are reviewed and flagged on admission for patients presenting with a high risk of falls. This forms one part of a multidisciplinary approach to our falls prevention
- Participation in the National Antimicrobial Prescribing Audit at the beginning of 2016. The audit results provided great feedback to doctors around appropriate prescribing of antibiotics in a hospital setting, especially with the ever growing issue of antimicrobial resistance (Antimicrobial resistance is resistance of a microorganism to a drug that was originally effective for treatment of infections caused by that particular “bug”)
- The use of a purple pen for writing patients notes was introduced by the Clinical Pharmacist. This is to flag important information nursing staff and doctors need to be aware of before giving medicines. This aims to prevent medication errors from occurring. It also alerts the nursing staff that the patient’s medication has been checked by the pharmacist
- Introduction of green medication bags to easily identify any medications a patient brings in from their home.

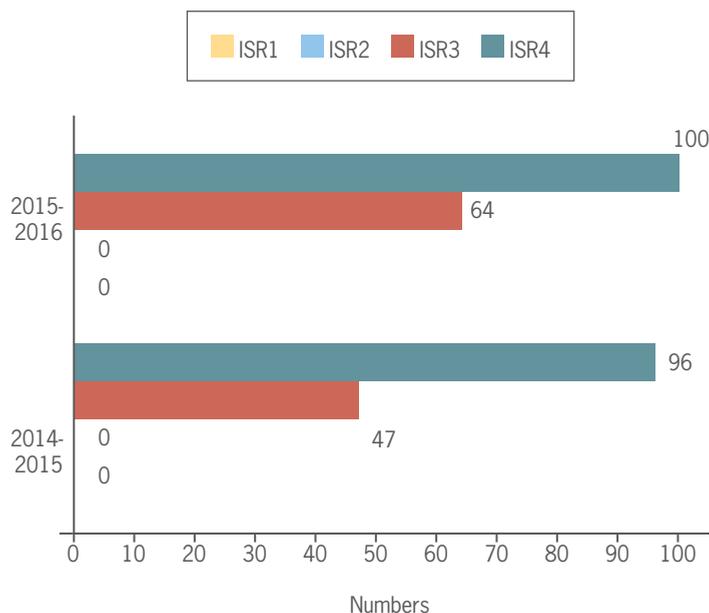
In addition to the improvements above, the Pharmaceutical Advisory Committee continues to meet quarterly to review medication incidents, with a particular focus on high-severity incidents and incidents that may have caused patient harm. The medication incidents are reviewed at the Quality Improvement and Risk Management Committee, which has Board member and consumer representation.

Figure 5 demonstrates the number of medication incidents by severity over the last two years. An incident Severity Rating (ISR) is a score given to each incident. This measures the severity of the impact caused to either a person or the hospital. Ratings range from ISR1-Severe, ISR2-Moderate, ISR3-Mild to ISR4-No harm/near miss. The rise in the number of no harm / near miss incidents demonstrates that our staff are willing to report medication incidents.

In the next 12-18 months we plan to:

- Introduce a Patient Experience Tracker to collect patient feedback on their medication management whilst in hospital and
- Review our Medication Fridge monitoring systems. This will allow clinical staff to see temperature fluctuations in more detail and in real time.

Figure 5: Medication Incidents by Severity





Pharmacist in Charge Zoe Role and Registered Nurse Hayley Watts.

Preventing falls and harm from falls

People over the age of 65 are more at risk of having a fall. Preventing falls and harm from falls is one of the National Safety and Quality Health Service Standards we are required to meet. Our team of staff work together to improve safety through our Falls Prevention Program.

The team includes nurses, allied health staff, the pharmacist and doctors.

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

Tips to prevent falls whilst in hospital are:

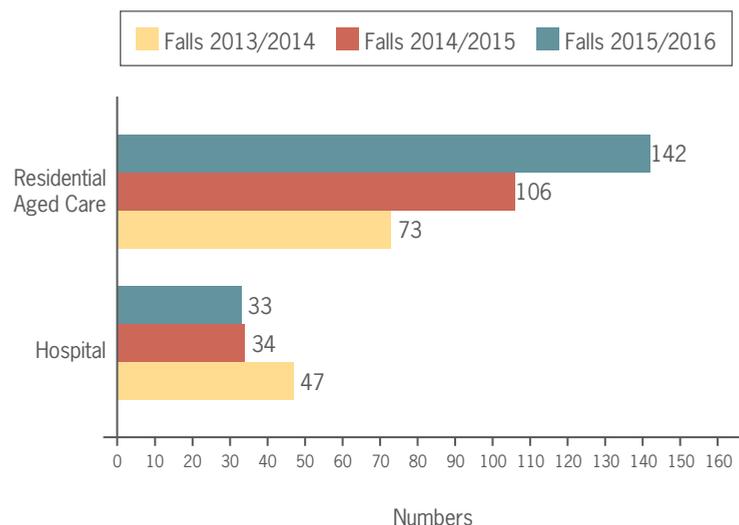
- “Call, don’t fall” – If you need assistance use your call bell prior to moving
- Acquaint yourself with your room and the bathroom
- Use your walking stick or walking frame
- Wear your glasses and
- Wear safe footwear.

We purchased more sensor mats this year, including some designed for chairs. The “chair” sensor mats alert staff when a patient moves forward to stand up.

Figure 6 provides the number of falls across the organization over the last three years. Compared to last year there have been less falls at the hospital and an increase at Macpherson Smith Residential Care.

The increase in falls at Macpherson Smith directly relates to the number of residents that are at high risk of falling who continue to walk independently to maintain some form of independence. Carers and families are aware of their risk of falling.

Figure 6: Falls incidents



Improvements made over the last twelve months:

- The Patient Status at a Glance Board that highlights a patients falls “risk” to staff has been installed
- The information about falls in the Patient Information Booklet has been reviewed and updated

- We have audited the number of completed Falls Risk Assessment Tools and Prevention Plans
- Additional education on Falls Prevention has been provided by Physiotherapists to staff
- The Post Fall Assessment and Management Flowchart has been reviewed
- There are plans underway to provide Volunteers with education on what to do if they find a patient or resident has fallen.

Preventing and managing pressure injuries

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

When you arrive in hospital, to Residential Aged Care, or are admitted as a patient at District Nursing, your nurse will assess you to see if you are at risk of developing a pressure injury. If you are, we will work with you, your family or carer to develop a plan to meet your needs to reduce this risk.

To help in preventing pressure injuries you can:

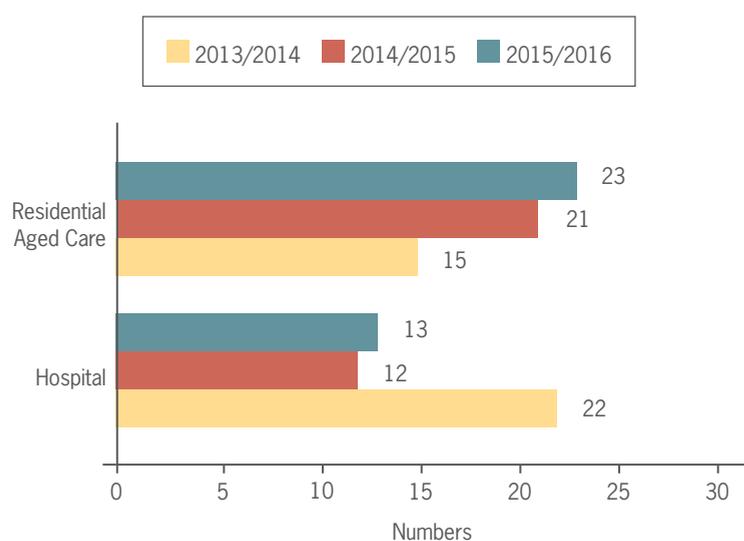
- Take care of your skin (do not use oils, powders or talc powder that will dry out your skin)
- Protect your skin (use mild soaps and water based creams)
- Eat well and increase your activity.

The Braden Scale is used by all nursing staff to predict pressure injury risk in patients, residents and clients.

Figure 7 shows that over the last two years the number of pressure injuries acquired during a hospital stay or a stay at Macpherson Smith Residential Care have remained similar.

The slight increase in rate of pressure injuries at Macpherson Smith is being addressed by staff education and purchase of additional pressure relieving devices such as air mattresses and cushions for residents.

Figure 7: Acquired Pressure Injuries



Improvements made over the last 12 months:

- Implementation of the Patient Status at a Glance Board that highlights a patient's pressure injury "risk"
- The information about pressure injuries in the Patient Information Booklet has been reviewed
- The number of completed Pressure Injury Risk Assessment and Prevention Plans has been audited
- We have introduced Paediatric Braden Q forms to monitor pressure injury risk in our young patients
- We have a weekly focus in the acute ward on regular weighing of patients. The Malnutrition Screen is completed for all patients at admission and then weekly during their stay with us
- We have included the Braden Scale into the new electronic assessments developed at Macpherson Smith for our residents in aged care.

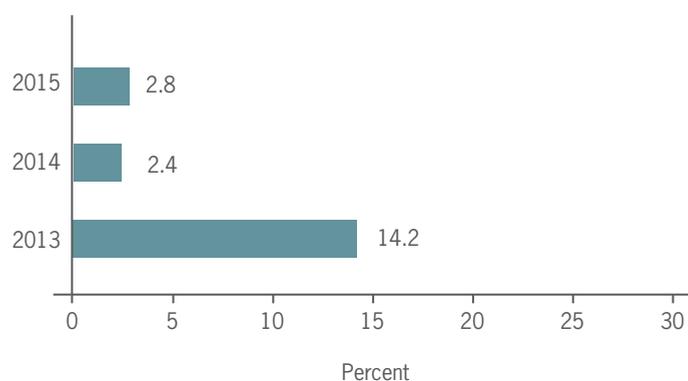
Wound Management Improvement Program

In January 2013, a baseline wound prevention and care audit was completed by an independent assessor. This identified our current wound care practices and provided SRH with important data on the type and number of chronic wounds and pressure injuries. Follow up audits were conducted in April 2014 September 2015. The final report was received in October 2015.

The results of the 2015 audit indicated that we had kept our low level of pressure injuries seen in 2014.

Figure 8 shows our pressure injury rate across Stawell Regional Health in 2014 at 2.4%. The 2015 rate is 2.8%. This is down from 14.2% in 2013, and is much lower than the state-wide rate of 18% - 22%, in the Pressure Ulcer Point Prevalence Survey (PUPPS) Victoria state-wide report (2006).

Figure 8: Prevalence (rate) of Pressure Injuries



Benchmark - Pressure Ulcer Point Prevalence Surveys (PUPPS) 18-22%

Excerpt from the report:-

"The prevalence of wounds, along with all of the associated costs, has been cut dramatically with proven, straightforward measures applied over a consistent continual timeframe since 2013.

Stawell Regional Health has demonstrated this through their commitment to the program, partnerships and overall patient care – and have the results to prove it. With 0% daily dressing changes, an increase in the use of advanced dressings and a decrease in the prevalence of skin tears, Stawell Regional Health deserves high commendation and recognition for not only having one of the lowest international pressure injury prevalence rates but for also creating an environment of leadership and patient safety. In addition, all staff that have been involved in this program deserve the highest acclaim for achieving such excellence in patient care and creating an environment not only for learning and safety but true leadership.

It has been a privilege, honour and wonderful opportunity to have worked with such a proactive organisation as Stawell Regional Health. Stawell Regional Health should be commended for their hard work."

Safe and appropriate use of blood and blood products

The Infection Control Blood Transfusion Committee, a multidisciplinary group, is responsible for overseeing compliance with the safe and appropriate use of Blood and Blood Products.

We continue to improve our work including:

- Reviewing and formalising our reporting of quality improvements, incidents and blood usage into the Infection Control Blood Transfusion Committee agenda from March 2015
- Regular auditing through the Blood Matters Program
- Regular reports of key performance indicators are provided to the Quality Improvement and Risk Management Committee and to the Board of Management on blood and blood product incident data.

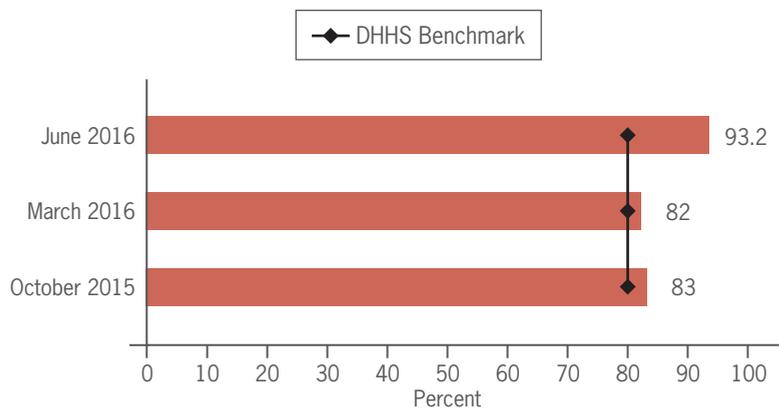
Hand Hygiene

Hand Hygiene is one of the most important and simple methods of reducing the transfer of "bugs" from person to person.

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

Figure 9 shows hand hygiene compliance at SRH and the Department of Health and Human Services benchmark. This year's rates were consistently above the Department of Health and Human Services benchmark.

Figure 9: Hand Hygiene



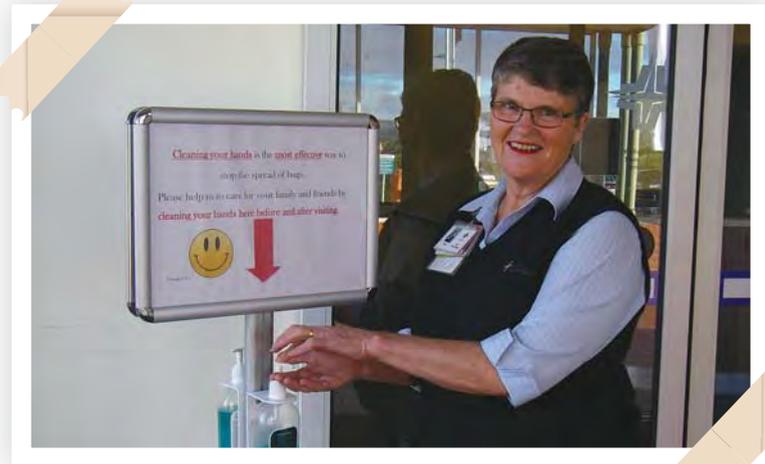
The Department of Health and Human Services (DHHS) Benchmark is 80%

What's new!

Purchase and positioning of two new portable Hand Hygiene Stations.

The stations are placed at the main hospital entrance and the Community Rehabilitation Centre entrance. The Hand Hygiene stations are designed for hospitals to provide a sign which may detail the use of alcohol based hand rubs and other educational material and reminders.

The signs on the stations will be rotated.



Nurse Unit Manger Betty Meumann.

National Hand Hygiene Initiative Program

In January 2016, Hand Hygiene Australia introduced a National Hand Hygiene Initiative Program to review the Hand Hygiene auditor's compliance with the standards.

The report noted that successful components of our Hand Hygiene Program were:

1. Alcohol based hand-rub positioned at the point of care in all clinical areas and multiple other locations throughout our service
2. The importance of hand hygiene is promoted extensively with the use of posters and other visual aids
3. Annual completion of the Hand Hygiene on-line learning package is mandatory for all staff



Registered Nurse Mishmy Joseph.

4. Immediate feedback is provided to staff during each audit session (both positive and negative)
5. All audits were conducted using a special electronic device / app where possible
6. There was close agreement of results between our local auditor and the Hand Hygiene Audit Representative during a side by side auditing session.

Recommendations to improve hand hygiene performance at Stawell Regional Health:

1. Consider other modes of hand hygiene education for clinical staff in addition to annual on line study, for example: interactive workshops or incorporation of clinical scenarios
2. Investigate ways of ensuring visiting staff complete hand hygiene education, and investigate processes to monitor this
3. Ensure all acute clinical areas are included in the national audit cycle
4. Encourage "local" ownership of the hand hygiene program by engaging local hand hygiene champions or role models and consider training ward based auditors to perform audits and educate staff on hand hygiene.

In response to the report we have:

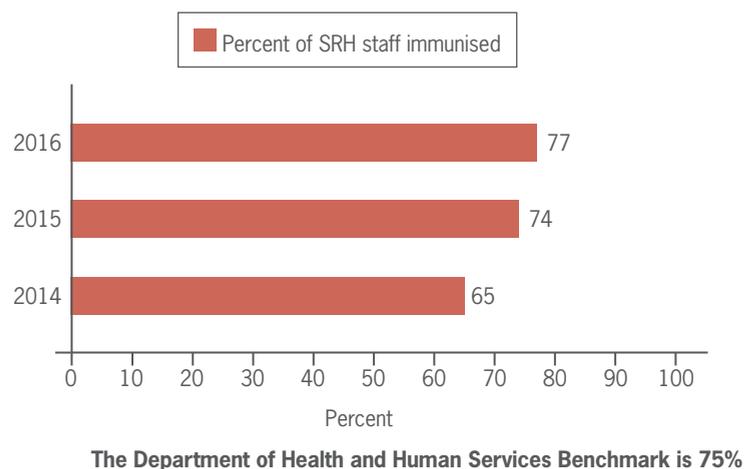
- Included the Oncology Unit in the National Hand Hygiene Audit cycle from June this year.

Immunisation

Influenza (Flu) can be a severe medical condition that requires hospitalisation; however it can be prevented through immunisation. Every year SRH offers an influenza immunisation program for both the residents at Macpherson Smith Residential Care and for all staff to protect them, patients and residents, and their family and friends.

Figure 10 shows staff immunisation rates over the last three years and demonstrates an upward trend.

Figure 10: Staff Influenza Immunisations



Surgery

- Victorian Audit of Surgical Mortality reports are reviewed regularly and there has been no mortality (death) as a result of surgery at SRH.

Residential Care Indicators

Data is submitted to the Department of Health and Human Services each quarter. The following graphs and information outline our performance against either the overall High Care Rates or the average of the overall High Care Rates of other Residential Aged Care Facilities in Victoria.

We use this information to review and improve our care to residents.

We enlarge our quarterly reports and display them on the North Wing notice board at Macpherson Smith Residential Care.

Pressure injuries

Macpherson Smith has not recorded any acquired* Stage 3 or Stage 4 (most severe) pressure injuries during the last three years.

Figure 11 shows Stage 1 Pressure Injuries rated above the average of the overall High Care Rates during the first quarter, and below it for the next three quarters. On the other

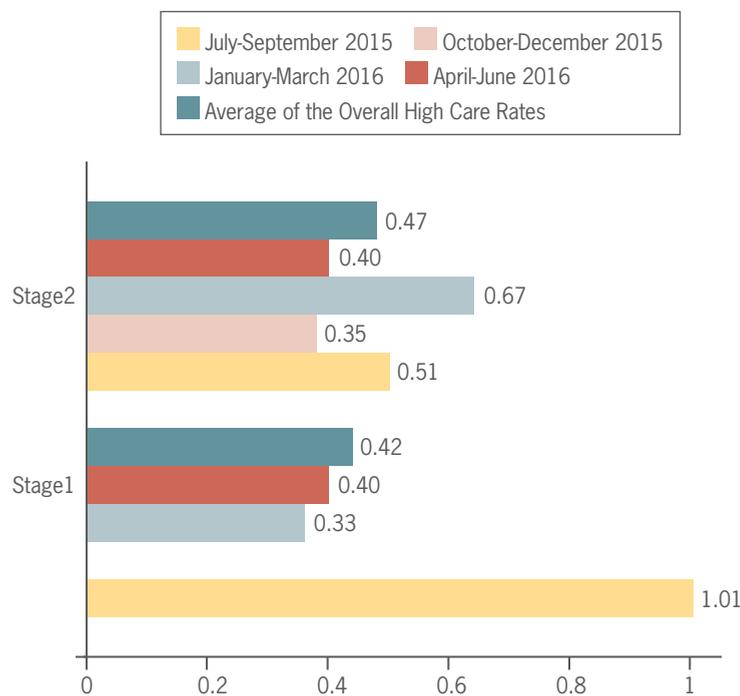
hand, Stage 2 Pressure Injuries rated above the average of the overall High Care Rates for the first and third quarter, but below it for the other two quarters.

The Braden Scale remains the tool of choice for measuring the risk of developing a pressure injury.

Increased surveillance = Decreased injury.

*Acquired means the pressure injury developed whilst in the care of Macpherson Smith Residential Care.

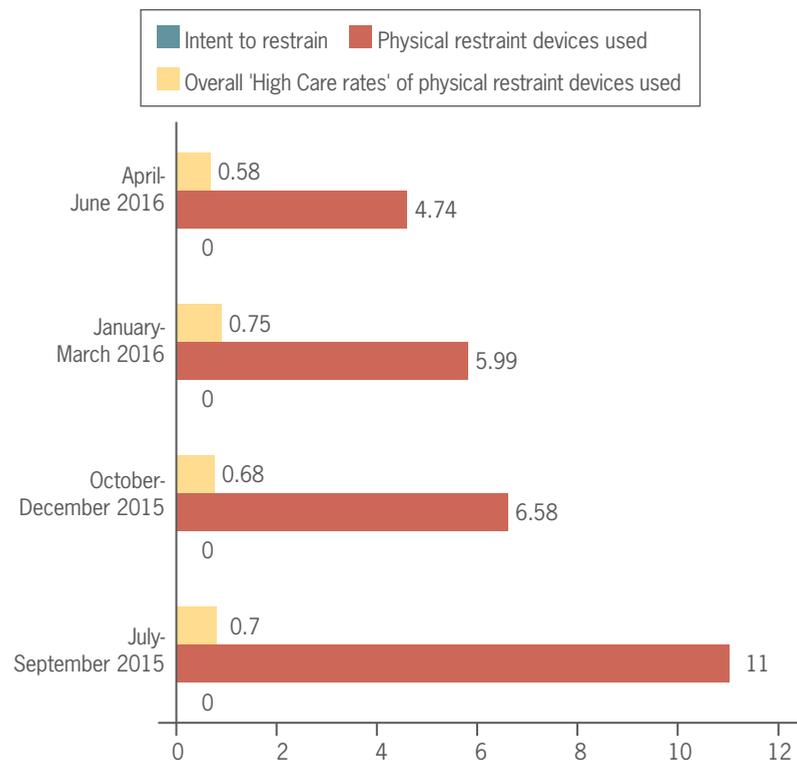
Figure 11: Pressure injuries per 1,000 bed days



Use of physical restraint

Macpherson Smith's "intent to restrain" rate is below the average of the overall High Care Rates. A small number of residents request bedrails in place for the feeling of safety and security, which is reflected in the high count of physical restraint devices used compared to the overall High Care Rate as shown in Figure 12. The restraints are only used with written consent.

Figure 12: Restraint per 1,000 bed days

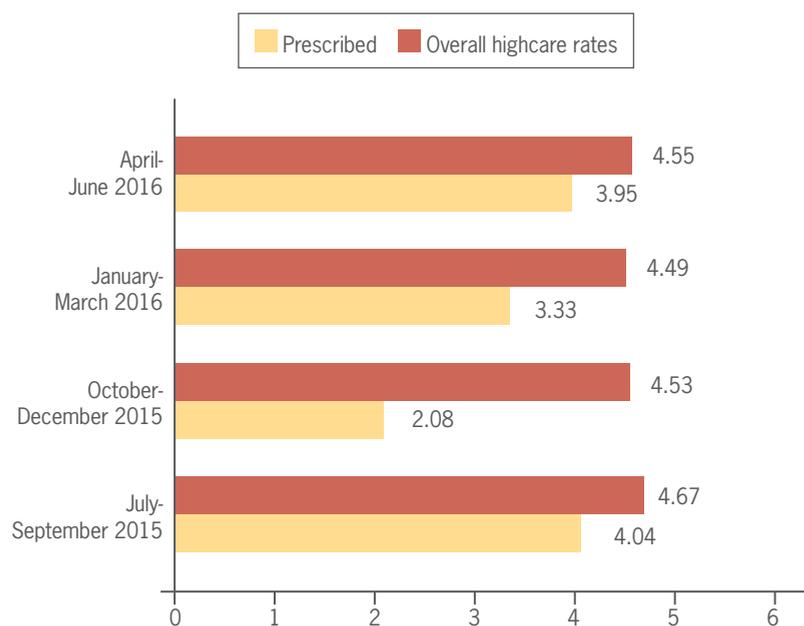


Residents prescribed nine or more medications

It is important in Residential Care that attention is given to the number of medications prescribed to each person. Multiple medications can lead to complications. For example an increase in the risk of falls, loss of weight. We are required to monitor the number of people who are prescribed nine or more medications.

Macpherson Smith can report a reduced number of residents prescribed nine or more medications compared to the overall High Care Rates. See Figure 13. This number of medications can change depending on the medical conditions the residents currently have.

Figure 13 Residents prescribed nine or more medications per 1,000 bed days



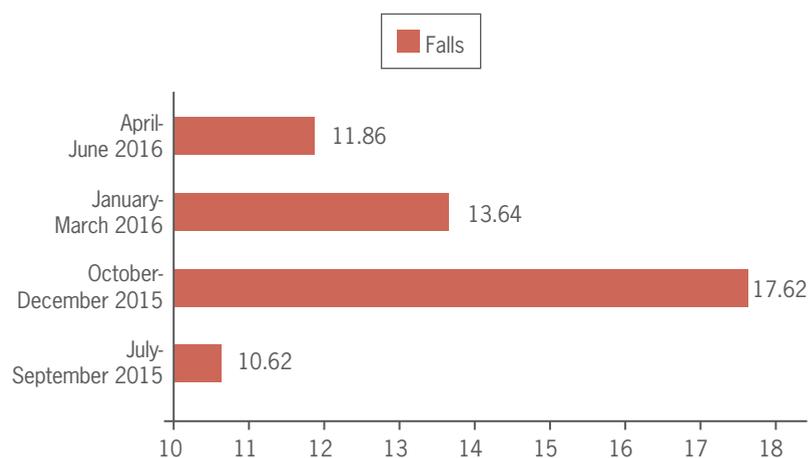
Falls and falls related fractures

Unfortunately Macpherson Smith has recorded above the average of the overall High Care Rates for falls, as shown in Figure 14 and has recorded one falls related fracture during this time period. In comparison the average of the overall High Care Rates for falls was 7.8 for the 2015/2016 year.

Staff diligently report all falls. Falls prevention and management is discussed at clinical care meetings.

In response to the increased number of falls in the second quarter, we changed the time staff took their breaks. This enabled staff to monitor residents who wander more closely.

Figure 14: Falls per 1,000 bed days



Residents with unplanned weight loss

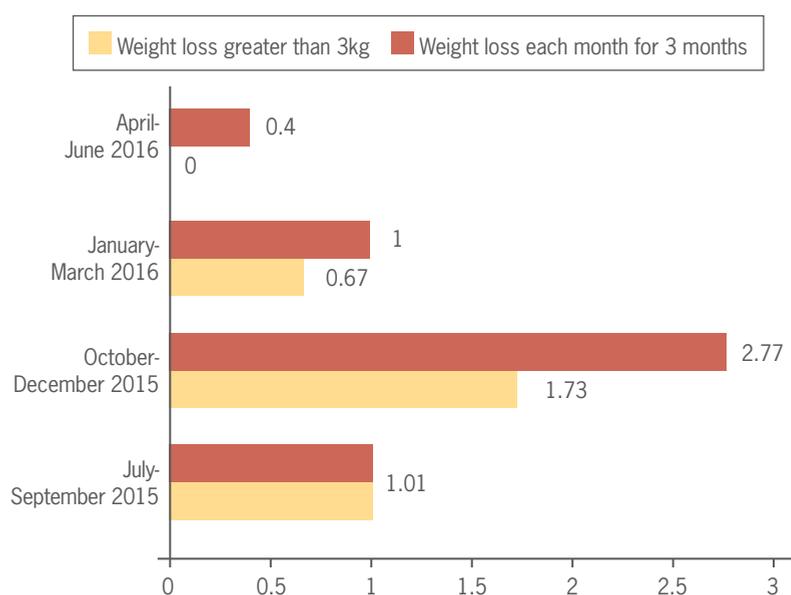
Figure 15 shows unplanned weight loss (3 kilograms or greater and weight loss each month for three months) has decreased during the last year and is now on par or below the average of the overall High Care Rates.

This is due to reviewing practice and introducing improvements. These included an increase in staff education, closer supervision of resident's meal and supplement intake, and introduction of food fortification (enrichment).

In comparison, the average of the overall High Care Rates for weight loss greater than 3kgs was 0.96 for the 2015/2016 year.

The average of the overall High Care Rates for weight loss each month for three months was 0.83 for the 2015/2016 year.

Figure 15: Residents with unplanned weight loss per 1,000 bed days



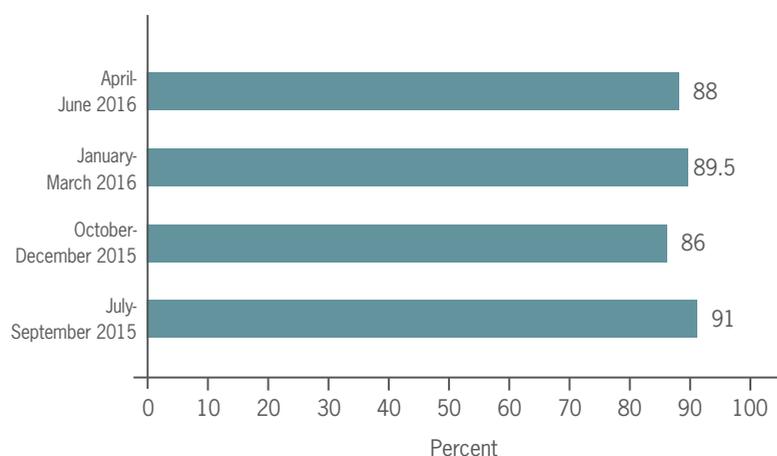
Maxwell and Maree King with great granddaughter Ebony.

Continuity of care

Transitions Index

A new indicator was released in the July-September 2015 Victorian Healthcare Experience Survey report: The Transitions Index. This index includes the average of the positive scores for four of the adult inpatient questions relating to discharge. This provides an overview of how we are performing in the discharge process. All public hospitals are required to meet a target of 75%. Figure 16 shows that our quarterly index is between 86-91%, which is well above the expected benchmark.

Figure 16: Transitions Index



Whilst our Transitions Index was well above the required rate, response by patients to one of the four questions did not perform as well as anticipated.

The question related to patients receiving sufficient information about managing their health and care at home. In line with patient comments through the feedback process, case studies were presented to acute care staff emphasising where improvements could be made. Responses to this question have improved significantly from the Oct-Dec 2015 report (78.5%) compared to the April to June 2016 report (84%).

Advance Care Planning and End of Life Care

A six month project to support residential care staff to implement a Palliative Approach for residents at Macpherson Smith Residential Care was completed during 2014/2015. This year, the approach has been introduced into our acute ward - Simpson Ward.

The process involves the implementation of two key processes:-

- Advance Care Planning, and
- End of Life Care Pathway

Completing an Advance Care Plan involves patients and their families talking about a plan for their future health care. It means that a patient will continue to have the care they want, if they are unable to speak for themselves.

Care decisions have historically been made after a patient's health has declined and during this stressful period families are asked to make a difficult decision about the patients future care. The Advance Care Plan process relieves the burden on family and friends having to make decisions about a patient's end of life care at such a time.

The Advance Care Plan discussions are organised with a trained staff member at a time convenient for family and carers to hear and support the patient's decision making process. Our Social Worker has been involved in the majority of Advance Care Plans and works closely with patients and their families through this process.

A record is kept of the decisions made and the treating doctors are informed. The Advance Care Plan can be changed or upgraded at any time.

Improvements made to the process during the past 12 months:

- An End of Life Care Policy has been developed
- The End of Life Care Pathway has been reviewed to reflect a patient admitted to the acute ward
- Admission paperwork has been reviewed in line with the introduction of the Advance Care Plan
- The number of completed Advance Care Plans are reported to the Department of Health and Human Services as a key performance indicator.

The following table outlines the percent of patients over the age of 75 during the last year who had an Advance Care Plan or a substitute decision maker in place.

Time frame	Percent of patients > 75 years who had an Advance Care Plan in place	Percent of patients > 75 years who had a substitute decision maker (Enduring Power of Attorney) recorded
July-September 2015	11.5%	0.9%
October – December 2015	13%	4.0%
January – March 2016	12%	3%
April – June 2016	15%	2.5%

To increase the number of people with Advance Care Plans:

- Education on how to assist making an Advance Care Plan was provided to clinical staff on the acute ward
- Our Social Worker takes every opportunity to provide information to patients, residents and clients who attend outpatient programs about this process of planning future healthcare needs
- The Patient Information Booklet has been updated to include information about Advance Care Planning and Advocacy.

Advance Care Plan - Case Study (Patients name and details withheld)

A patient with cancer was admitted and was approached by the Social Worker and asked if they would like to complete an Advance Care Plan.

As part of the process, information and education about the Advance Care Planning process was provided to the patient and the patient's son by the Social Worker.

An Advance Care Plan was completed with the patient, patient's son, patient's doctor and the Social Worker.

The patient expressly wished that:

- the pain was managed
- comfort measures only were to be taken
- family to be present and
- they 'would like to go peacefully'.

The patient's health declined and the patient was commenced on an End of Life Care Pathway.

The Palliative Care Team were also involved in providing care to this patient.

The patient died peacefully with their expressed wishes on the Advance Care Plan upheld.

In the future we plan to measure patient satisfaction with the Advance Care Planning process and whether End of Life Care Pathways were reflective of patients' wishes.



Ian Simpson with Dietitian Steffi Bokang.

Budja Budja Cooking Program

The Budja Budja Aboriginal Co-operative was established in 1999 and delivers a range of cultural and health and well-being services to both the local Indigenous, as well as the non-Indigenous community. The Co-operative is located in the heart of the Gariwerd/Grampians National Park, Halls Gap, in Country shared by Djab Wurrung and Jardwadjali Traditional Owner Groups. It services the region encompassing Ararat, Stawell, Halls Gap, Dunkeld, Avoca and all areas in-between.

In 2014 the Budja Budja Cooking Program was initiated by a dietitian from Stawell Regional Health. The cooking program runs every first and third Tuesday of the month for the local Aboriginal community. It was initially based on the Good Quick Tukka cooking education program as an alternative to individual consultations. It is now promoted together with individual consultations to increase cooking confidence and healthy food knowledge.

We have four to five 'regulars' with new participants coming to the program on a more casual basis. The group is advertised through a quarterly newsletter and General Practitioner referrals. The participants may suggest recipes and take home the food they have cooked.

Some of the recipes we have made are kangaroo bolognese, fried rice and kangaroo burritos, which participants have enjoyed.

In March-April 2016, dietetics students from Deakin University completed an evaluation of the Budja Budja Cooking Program.

The results of the evaluation shows that:

- the program is greatly enjoyed by all participants
- has improved healthy eating knowledge and
- has promoted social connectivity for participants.

Next year we plan to involve participants more in program planning. We have another group of students coming in July and they will assist with the development of a communication and marketing plan, a GP referral pathway, and assist with program delivery, lesson plans and resources.

With the improved marketing and communication plan we will be able to promote this program to other organisations.

Stawell Regional Health will continue to work with Budja Budja Aboriginal Cooperative in closing the gap in chronic disease within the local Aboriginal community.



Mervyn Sherring and Lee-anne Lovett with Exercise Physiologist Jade Cleary.

Budja Budja Exercise Group

- An exercise physiologist has been attending Budja Budja Aboriginal Cooperative every Tuesday since 2014 with the aim of increasing exercise to help manage chronic disease.
- Numbers have increased over the past two years with the strategies implemented to address barriers to attendance. Budja Budja have employed a transport worker to drive participants to and from the Co-Operative, doctor's appointments are scheduled for the same day, and the cooking group is run every second week to encourage a wider range of participants.
- People who attend for exercise are provided with opportunities to complete indoor group based exercise sessions, walks in Halls Gap and the Grampians, individualised exercise programs and lifestyle education.
- Participants get to know each other and enjoy both the social and exercise components of the program. The exercise physiologist will continue to work with Budja Budja to support participation and provide opportunities for the local community to be active.



Clinical Nurse Consultant Jan Sherwell, Registered Nurse Linda Farrer, Acting Primary Care Manager Rhys Duncan and Health Promotion Co-ordinator Katrina Toomey.

Stawell Oncology Transport Connections

Funding to support access to cancer services.

Stawell Regional Health has been successful in their application for a Stawell Oncology Transport Connections Program. The grant will enable Stawell Regional Health to work with staff, patients and families and other organisations to increase transport options available to patients in the Stawell area who attend our oncology services.

The \$7,350 has been awarded by Grampians Integrated Cancer Service (GICS) as part of the Cancer Conversations Service Improvement grant round.

The grants were available to fund ideas which improve cancer services for people living in rural areas in one or more of the three areas identified during Cancer Conversations in 2015:

- Support and assistance for patients
- Communication and information sharing
- Transport, parking and accommodation.

This funding will allow Stawell Regional Health to work together with our patients to have a positive impact on our cancer patients. The project will address the key barrier of low transport availability to access health services in rural Victoria.

For some time now we have known that transport has been an issue for our patients. Lack of transport options can add an additional burden to patients and their family and friends during an already stressful time. This funding will allow Stawell Regional Health to dedicate some time to work through some ideas to improve options for transport to our services allowing patients and families to focus on health and quality of life.

Rehabilitation Programs

SRH's Allied Health service offers a number of rehabilitation programs to clients in the Stawell and surrounding areas at the Community Rehabilitation Centre gymnasium. This year we are highlighting the Pulmonary Rehabilitation Maintenance Exercise Group, Oncology Rehabilitation Program and the Exercise Physiology Gym Groups.

Pulmonary Rehabilitation Maintenance Exercise Group

It was observed that patients returning to the Pulmonary Rehabilitation Program after a three month break were very de-conditioned.

To assist these patients to maintain a level of fitness between programs a maintenance group was established. This group is offered once weekly.

This group has been well received and was attended by seven participants in late 2015, and seven participants again in early 2016. This program helps participants to remain physically active and maintains the social support from friends made in the group.



Harvey Rees.



Graeme Cox.

Oncology Rehabilitation Program

The Oncology Rehabilitation Program that was developed in 2014 is now an ongoing program offered at SRH.

The benefits of exercise for the management of cancer has been widely researched and is encouraged by cancer specialists.

Since July 2015, 22 patients have been involved, which is an increase of ten compared to the previous year.

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

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

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



Kristy Lewis and a Pulmonary Rehabilitation class participant.

Exercise Physiology gym groups

All patients referred to Exercise Physiology first attend an assessment where a suitable exercise options are discussed.

Two gym groups are available for patients to attend.

The first group is the Healthy Living Exercise Group which is targeted at those with chronic disease such as diabetes, high blood pressure, high cholesterol or with lifestyle and weight management goals.

Patients are encouraged and guided to self-manage their health condition through exercise.

The Healthy Living Exercise Group involves twice weekly sessions for eight weeks with patients completing an individualised exercise program supervised by the Exercise Physiologist.

Since July 1 2015, 29 patients have completed the program.

The second group is the Independent Exercise Group.

A gap in exercise options for patients was identified and this group has been piloted for the past 12 months to address this area.

Each patient attends the gym once a week for eight weeks to complete individualised exercise and are also provided with a home exercise program.

Since beginning mid-June 2015, 21 patients have completed the program. There are plans to review the data collected over the past 12 months to further develop this service.

Patients attend a review upon completion of one of the two programs. The Exercise Physiologist provides patients with details of community based programs to move in to.

Compliment from a consumer:

"Amy (physiotherapist) approached my difficulties in a caring and so knowledgeable methodical way. My course with Jade (exercise physiologist) was personally tailored and very caring."



Exercise Physiologist Jade Cleary with Barbara Manning.

Staff Education

During the past twelve months, the Education Team has continued to play an important role in supporting all staff in providing quality, evidence-based care that aligns with the National Standards in all departments across the organisation.

This has been achieved by conducting regular education sessions about relevant topics and organising and promoting external education sessions held within the Grampians region.

Some examples of the education delivered both at SRH and with our local partners include:

- The roll-out of the new paediatric observation charts and escalation of care protocols: the Victorian Children's Tool for Observation and Response project
- Emergency and trauma management updates
- Clinical supervision and support and
- Clinical assessment skills.

Members of the education team work with the managers and staff in Acute, Residential, Community and Allied Health Services and review and generate new ideas about enhancing the quality of patient safety and care.

Mandatory Education

The Education Team is very enthusiastic and committed to working with all departments in maintaining safe and positive environments for residents, patients, clients and students and this has been reflected in the highest compliance rate for completion of mandatory education at SRH this year.

Staff are required to complete mandatory education on topics such as infection prevention, medication safety, hand hygiene and open disclosure. The plan for the 2016/2017 year is to offer all staff Basic Life Support training. To assist with this one day a month has been set aside for staff to complete their Mandatory Education Practical Assessments.



Education Manager Michelle Coutts, Chief Radiographer Marsole Greyvensteyn, Sonographer Mandy Carr and Radiographer Pree Baniya.

Graduate Nurses

In 2016, SRH offered four graduate Nurse positions. This program provides an opportunity for graduates to commence their nursing career in a supported environment, to consolidate their learning and lay the foundation for their future career.

The graduate nurses rotate between Simpson Ward, the Operating Theatre and Macpherson Smith Residential Care.

One graduate is completing rotation on a speciality ward at Western Health in association with our mutual partnership through our MeRGE program (Metro-Rural Graduate Nurse Experience). This rotation is an exchange program between SRH and Western Health. Whilst our graduate is at Western Health, a graduate from Western Health works in Stawell on Simpson Ward.

Our Graduate Nurse Program focuses on promoting best clinical practice, advocacy, leadership in health care and continuing professional development.

Planning is underway to increase the capacity of our Graduate Nurse Program for Registered and Enrolled Nurses in 2017.



Graduate Nurse Ryan Farrer.

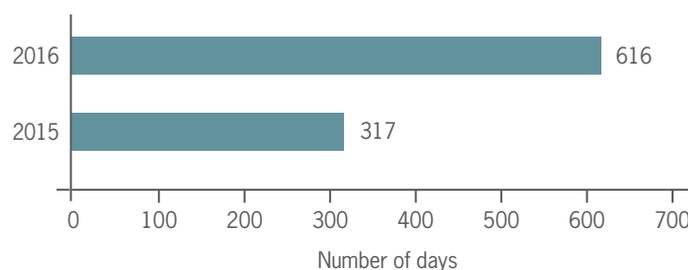
Students

Local high school students continue to participate in our work experience program where they gain exposure to various aspects and roles within health care.

Our teams also support clinical placement opportunities for nursing and allied health students. SRH has student placement partnerships with many education providers across Victoria; including Monash, Deakin and LaTrobe Universities in addition to multiple registered training organisations.

During the last year there has been a 49% increase in placement days for Allied Health students. This is shown in Figure 17. In 2015 there were 317 placement days and in 2016, 616 placement days.

Figure 17: Allied Health Student Placement Days



We have been fortunate to have Physiotherapy, Occupational Therapy, Dietitian, Exercise Physiologist, Podiatry and Allied Health Assistant students choosing Stawell Regional Health for their placement.

In 2017, increased capacity for both nursing and allied health student numbers will be offered and we plan to host two other Allied Health disciplines; Social Work and Speech Pathology.

SRH is passionate about offering quality and comprehensive learning experiences in a rural environment and strives to foster and support new practitioners who are interested in pursuing a career pathway in a rural area.

From a student who had placement in our theatre:

"I very much appreciated what you have taught me about theatre and nursing. You all took extra time to show me how tasks and jobs are done. I've loved being here."

From second year Australian Catholic University students who had placement in Simpson Ward:

"Thank you for being such kind and patient people during our placement over the last three weeks. We have all enjoyed our time and learnt so much from every single person."

From students who had placement at Macpherson Smith:

"Staff were supportive and took time to teach us correct techniques and they were all very encouraging to all tasks that we attempted. We have all thoroughly enjoyed our placement at Stawell Regional Health aged care.

Lovely to work with and get along with."

New Theatre Equipment

This year we have been very fortunate to add to our wonderful array of state of the art equipment. The equipment has been purchased through funding made available by the Department of Health and Human Services, donations and the fundraising of our support groups.

New orthopaedic equipment includes:

- Three sets of arthroscopy instruments which are used by the surgeons to conduct knee surgery. The new arthroscopy sets replace older equipment
- We also purchased a new cordless powerpro drill which improves ease of use for our surgical team and reduces the risk of infection for our patients.

The anaesthetic department has two new pieces of equipment.

- The Alaris Anaesthetic syringe pump is used by anaesthetists to deliver drugs to our patients.
- We also purchased paediatric specific software which can be used with the syringe pump, to deliver drugs to children.

New urology equipment includes the purchase of two cystoscopes (a cystoscope is a special tube with a small camera on the end used to look at the bladder) and light source connector.

A donation from the Ladies Auxiliary enabled the purchase of a mini lithotomy HoverMatt. This is used for safely positioning patients for surgery and aligns with our no lift policy and guidelines for staff.

Our sterilising department have a wonderful new Heat Sealer which is used in processing our reusable equipment for theatre. This piece of machinery features great IT software which assists with data reporting and servicing.

A donation from a loyal supporter of the hospital has enabled the purchase of four ophthalmology trolleys used for eye surgery. These trolleys can be used for patients undergoing any surgical procedure however have special equipment available for eye surgery. The trolleys also have hand held remote controls for ease of patient use. These trolleys will now replace our old trolleys.

The purchase of an iPad has allowed us to take photos of equipment that:

- needs to be sent for repair,
- new equipment for our records and
- loan equipment that we receive for joint surgery.

However the most popular use of the iPad has been by the children coming for surgery, who use it to play games and watch their favourite cartoon characters prior to or after surgery. Parents love it too!



Theatre Staff “show off” their new equipment.

Top (Left to Right) Dr A Rasheed and Graduate Nurse Kristie Beaton.

Instrument Technician Pam Dunn.

Bottom (Left to Right) Nurse Unit Manager Sue Campigli and Instrument Technicians Stephanie Rathgeber and Anne Mansbridge.

Registered Nurses Michelle Dunn, Amanda Baker and Tim Baker.

Our Supporters

Y-Zetts

The small but dedicated members of the Stawell Regional Health Y-Zetts have once again worked together to raise funds for our hospital and residential care facility.

This year we conducted three special fundraising events; a bus trip to Bendigo to the Marilyn Munro exhibition, catering for the Annual Rotary Assembly and the very popular local Shopping Spree.

The additional fundraiser was the bus trip to Bendigo to visit the Marilyn Munro exhibition was held in April. The day was relaxing, informative and enjoyed by all who came along.

The Y-Zetts catered for the Annual Rotary Assembly at the local Secondary College in May. This has always been a successful and well planned day, with fresh homemade morning tea and lunches provided. The catering was greatly appreciated by all Rotarians who attended.

In November, we conducted the very popular annual Shopping Spree which, with the support from our local community and participation by local traders, ensured the success of another wonderful night.

Y-Zetts rely on manpower from the Auxiliary, Red Garters, friends and the hospital catering division for their fundraisers, and without which their greatly appreciated input and support would not be achievable.

Considerable thought and deliberation goes into selecting the equipment purchased to deliver better health care for patients. This year funds purchased a Hover Mattress \$3460, ultrasound couch for radiology \$5200, emergency trolley \$2314 and patient monitoring machine \$6600 totalling \$17,574.00. An amazing effort from such a small group of ladies!

We would like to thank hospital CEO Liz McCourt and recently retired Director of Clinical Services Mary Bruce for supporting us in a professional and friendly manner throughout the year. Y-Zetts also gratefully acknowledge all who have assisted in any way with our fundraising.

Finally a big thank you to Helena Nicholson who led our group as President and Lyn Bibby as Secretary/Treasurer along with our loyal group of members.



Members of the YZetts with CEO Liz McCourt and guests Merrilyn Middleton and Medical Student Joshua Anderson with Deakin University Rural Community Clinical School.

Ladies Auxiliary

The Stawell Hospital Ladies Auxiliary recently held their 88th Annual Meeting.

The monthly meetings continue to be well attended as the Auxiliary work towards providing the hospital with necessary equipment.

In the past year, the ladies have purchased equipment to the value of \$8,272, consisting of a paediatric emergency trolley, two infection control isolation carts and two calibrated thermometers.

The fundraising functions in the past year have been successful with a very popular casserole luncheon in June, a Fashion Parade in September, Christmas Dinner in November and a Wine and Savoury event in March. The Auxiliary also supported the Y-Zetts with catering for the Y-Zetts Rotary Day.

These functions were well attended and enjoyable and resulted in raising \$11,984 for the Hospital.

On behalf of the Auxiliary, the President thanked all who assisted with both their time and help organising the events, and the support provided by the community through their donations.

Special thanks were given to the fashion houses and businesses in Stawell, the Stawell Golf and Bowls Clubs, the Y-Zetts, local wineries, the staff at Trackside, the Northern Grampians Shire, the Neighbourhood House, and to some special individuals.

The Auxiliary farewelled Jocelyn Fuller, a long-time member, past president and a dedicated worker.



Members of the Ladies Auxiliary.

Murray to Moyne

30 years of pedal power for the Stawell Sprockets in 2016

The "Stawell Medical Centre Sprockets" cycling team has once again completed the gruelling 520 kilometre relay ride from Echuca to Port Fairy to raise money for Stawell Regional Health.

The "Stawell Sprockets" have been riding in the Murray to Moyne event since it began in 1986. Over the 30 years the teams have raised around \$250,000. This money has been used to purchase much needed medical and support equipment for our hospital and residential care facility.

This year's riders were Leanne Barnes, Aaron Riding, Sharon Linke, Geoff McDermott, Geoff Hateley, Malcolm Hayes, Terri Clarke, Lindsay Knight, Peter Wemyss, David Tapscott, Ottis Francis and ride coordinator David Francis.

The riders were supported by drivers and crew Cliff Dudley and Mal Elliott. The 12 team members raised nearly \$15,000 to go towards new equipment for the hospital which includes an operating wireless ECG monitor and an infusion pump in Oncology.

David Francis said, "This year's ride was the most eventful in my 18 years of riding in the event. There were strong head winds and team members were injured in an accident. Several of our team required medical attention from a fall on the Saturday night just out of Moyston. The team members who were injured wanted our team to finish, which we did. All injured riders have recovered now with most having started to ride regularly again."

Staff members from Stawell Regional Health also support the team each year. This year staff donated \$1500. Karen Giddings provided some relief to sore muscles with her soothing hands during a planned rest stop and the staff in the kitchen looked after the healthy appetites of the riders and support crew.

Major Raffle

A major raffle with the first prize of a three night holiday at the Lady Bay Resort in Warrnambool raised around \$1100. Leanne Barnes from Ballarat, who was also one of our injured riders, was the lucky winner of the holiday. The second prize, a \$200 Bunning's Voucher was won by Dave Marsden of Stawell. Dave very kindly donated the gift back to the group to use to raise more money in the future.

The running of the three Park Raffles in Halls Gap on Labour Day and over the Easter period also raised a large amount of money. These raffles raised a total of \$2,330.

The Sprockets would like to thank the many local businesses who very kindly donated goods and services. Special thanks to the Halls Gap Lakeside Caravan Park, Halls Gap Caravan Park, Grampians Adventure Golf, Fishers IGA Stawell and Newtons Butchers.

David Francis said, "Support from our local community is always strong and we would like to thank everyone who bought raffle tickets or made donations to our fundraising effort.

The money raised will benefit our community through the hospital".



The "Stawell Sprockets".

Stawell Regional Health Foundation

The Stawell Regional Health Foundation was established in 1989 and operates under a Trust Deed established at that time. The Foundation meets quarterly to discuss its' activities and to determine ways in which it can assist Stawell Regional Health.

The Foundation members have continued to observe the objectives of the Foundation, which provides a source of funds for health services equipment, particularly when there has been difficulty obtaining funding from other sources.

Mr Bill O'Driscoll has continued in the role of Chairman. Sadly, Mr John Blay retired this year. Mr Blay provided significant financial advice in support of the Foundation.

Whilst we farewelled Mr Blay, we were fortunate to welcome Mr Brian Hancock and Mr Greg Earle as new Trustees.

The Foundation appreciates the generous donations it receives either directly or through bequests.

Any enquiries regarding donations to the Foundation can be made either to a Foundation member or the Chief Executive of Stawell Regional Health. A donation form can be accessed directly from Stawell Regional Health's website.



Mr. Greg Earle and Mr. Brian Hancock.

Life Governors

Barham, Jim	Earle, Greg	Kennedy, Val	Reid, Patricia
Barry, Debbie	Elliot, Malcom	King, Beth	Redman Pat
Bennett, John	Eime, Anna	Krelle, Sadie	Richards, Yvonne
Bibby, Doreen	Fowkes, Bruce PSM	McCracken, J.D. (David)	Rowe, Lorraine
Bibby, Lyn	Fletcher, Stella	McDonald, Carolyn	Savage, Barb
Blackman, Dawn	Francis, David	McDonough, Graeme	Scott, Myriam
Blake, Meg	Fraser, W.G. (Scottie)	McGaffin, Marg	Seeary, Joy
Blake, Rodney	Fry, Darrelyn	Martin, Garrie	Sherwell, Jan
Blay, Glenda	Fuller, Graham	Meumann, Elizabeth	Sibson, Janine
Blay, John	Fuller, Jocelyn	Miller, Kaye	Smith, Betty
Boatman, Carol	Gavin, Jenny	Monaghan, Terry	Stokes, Frank
Bonney, Trevor	Gaylard, Rob	Murphy, Carmel	Stone, R.C. (Bob)
Bowen, Eileen	Gibson, Kath	Neilsen, Beryl	Summerhayes, Shirley
Bowers, Wally	Graham, Mavis	Neilsen, Vern	Teasdale, Mary
Brilliant, Joan	Gross, Betty	Nicholson, Helena	Thomas, Gary
Cadzow, Faye	Gust, Betty	Nicholson, Nicole	Thomas, Heather
Castle, Noelene	Harris, Kaye	Norton, Rosemary (Sam)	Ward, Fred
Castle, Dr. R.Norman OAM	Heslop, Lorraine	Perry, Di	Warne, Mr. R.B. (Roger)
Coote, Jean	Howden, Betty	Perry, Rosemary	West, Janet
Crouch, Judy	Howden, Bruce	Peters, Esta	West, Pam
Cunningham Dr. Andrew	Humphrey, Phyllis	Potter, Pam	Witham, Janet
Dadswell, Ken	Jackson, Betty	Potter, Val	Young, Kathleen
Dunn, Neville	Jerram, Hazel	Pyke, Wavel	Young, Kaye
Dunn, Sandra	Jones, David	Rasche, Alison	

The list above reflects current Life Governors. We understand our records may not be accurate. If you have any concerns please contact us.



Physiotherapist Amy Nealon with a Gait and Balance class participant.



Registered Nurse Viv Cole and Stanley Balle.



Stawell VIC 3380 | (03) 5358 8500 | www.srh.org.au