



STAWELL
REGIONAL HEALTH

2012 - 2013

Quality of Care Report
Caring for our Community



www.srh.org.au

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Front Cover Photo (courtesy of The Wimmera Mail Times): Charles and Jacqui Calvert with their son William James and midwife Colleen Chu

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Summary of Services

Urgent Care Centre

Allied Health

- Audiology (visiting)
- Contingence Clinic
- Diabetes Education
- Exercise Physiology
- Nutrition & Dietetics
- Health Promotion
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology
- Stomal Therapy

Community Services

- Planned Activities Group (Bennett Centre for Community Activities)
- District Nursing Service
- Hospital in the Home
- Post Acute Care
- Hospital Admission Risk Program (HARP)

Maternity Care

- Grampians Maternity Group Practice
- Early Pregnancy Assessment & Care Coordination
- Antenatal Classes
- Caseload and Shared Care Models
- Post Natal Domiciliary Visits

Medical

- Day Oncology Unit
- Acute Care

Medical Imaging

- X-ray
- CT
- Ultrasound

Residential Aged Care

- High Care Facility
- Transition Care Program
- Aged Care Assessment Service

Rural Primary Care

- Allied Health/Community Services to outlying communities
- Support for the Budja Budja Aboriginal Health Service at Halls Gap

Surgical Specialities

- General
- Endoscopy
- Gynaecology
- Obstetric
- Ear, nose and throat
- Urology
- Orthopaedic
- Ophthalmology
- Oncology

St John of God Pathology

Surgical and Anaesthetic Services

- Pre Admission Clinic
- Day Procedure Unit
- Operating Suite/Sterilising Department



Introduction



Above: Simpson Wing staff.

Welcome

It is my pleasure to once again 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 Quality of Care Report each year. Our aim is to produce an interesting, easy to read document at a reasonable cost. The feedback from last year showed that most of our readers supported the distribution of the report through the local paper and found the content informative and well presented.

This year's report was compiled in consultation with clinicians, staff and consumers. To ensure it reaches as many local residents as possible, we are distributing it as an insert in the Stawell Times News. Copies are also available from the hospital reception or online at www.srh.org.au.

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

Stawell Regional Health constantly evaluates and assesses the care that is provided to our patients. This year we introduced a new quality plan which promotes "Stawell Regional Health Great Care", for every consumer, every time, across acute, community and residential care. We will continue to strive to improve our customers' experience at the hospital and across all of our programs.

The construction of our new Community Rehabilitation and Oncology Centre and Student Accommodation projects are well underway and we are looking forward to opening both later this year.

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

I would like to recognise the tireless endeavours of our hard working staff; it is through their work across the entire organisation that we are in a position to support the local community with "Great Care".



Rohan Fitzgerald
Chief Executive Officer

Our Processes & Systems



Above: ANUM Di Perry with Graduate Nurse Lauren Tickner and University of Ballarat student Madi Cross.

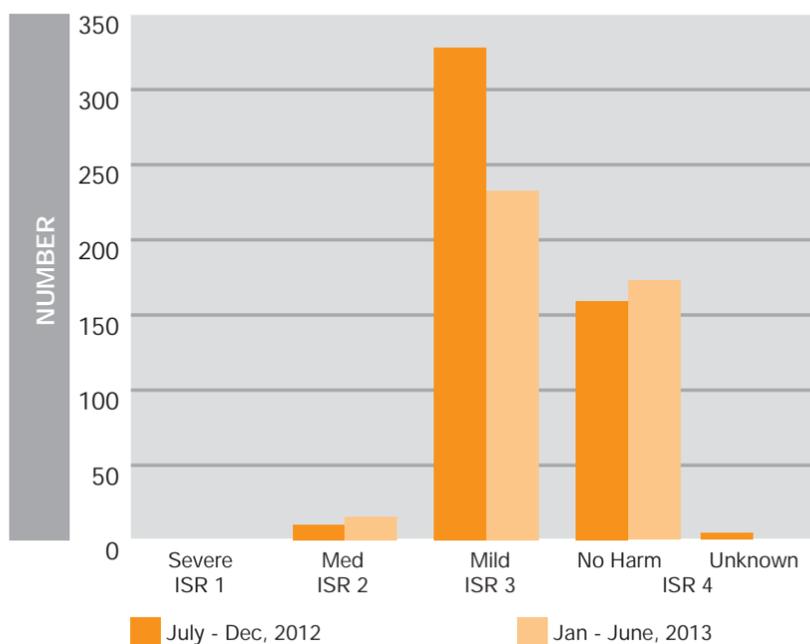
Clinical Risk Management

Clinical Risk Management is about reducing the risk of harm to patients, residents and clients. Falls, medication errors and pressure ulcers are recognised both nationally and internationally as a major safety issue for people admitted to healthcare and residential aged care facilities. The staff at Stawell Regional Health work hard to improve quality and safe delivery of health care to our community by placing particular emphasis on identifying any circumstance which may place patients at risk of harm.

This year 935 incidents were recorded at SRH, which is an increase of just over 15 per cent from the previous year. The majority of the increase was demonstrated in the 'Mild' and 'No Harm' categories. This demonstrates that staff members feel confident with the system and are willing to report incidents that have the potential to cause harm.

Figure 1 demonstrates that 888 (95%) of all incidents at SRH were either mild, or no harm was sustained. Twenty-two (2.3%) incidents related to non-clinical issues such as security or maintenance issues (not given a rating in the system). Twenty-five (2.7%) incidents were classified as moderate

Figure 1: Incident Severity



All incidents recorded were reviewed and analysed by a senior member of staff in collaboration with the staff member who reported the incident. The analysis allows the organisation to gain a more comprehensive understanding of the type, frequency and severity of incidents. We specifically look at contributing and preventative factors.

Examples of contributing factors include:

- Staff unfamiliar with procedure/protocol
- Equipment unavailability
- Unclear/Poor documentation
- Unclear/Poor communication
- Patient misunderstanding.

The main risks identified related to falls, medication safety and pressure injuries. Solutions implemented included:

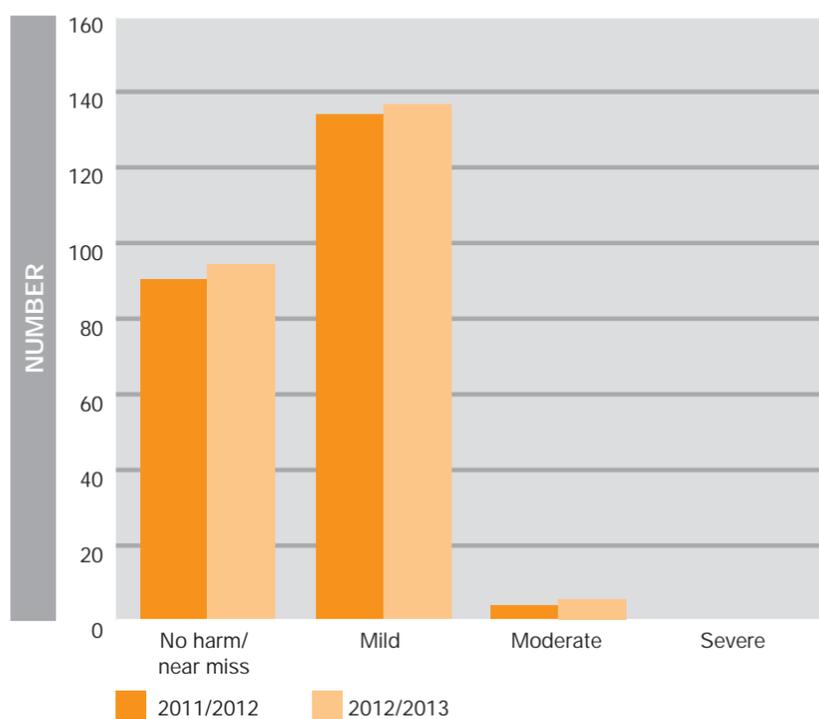
- Review of specific policies and procedures
- Provision of staff training and education
- Development of new documentation
- Introduction of more robust checking systems
- Provision of visual prompts to staff
- Development of clear information for consumers
- Transfer of patients to a more appropriate facility for specialised care
- Removal of faulty equipment from use
- Provision and use of mechanical aids
- Regular checks and audits.

Falls Monitoring and Prevention

A fall is defined as any unexpected movement to the ground, including slips, trips and falls. If a patient or resident is found on the floor, it is assumed that they have had a slip, trip or fall. On admission to the acute hospital and residential aged care, nurses complete a falls risk assessment. Anyone assessed as being at risk of having a fall has strategies tailored to their individual needs, and may include things such as:

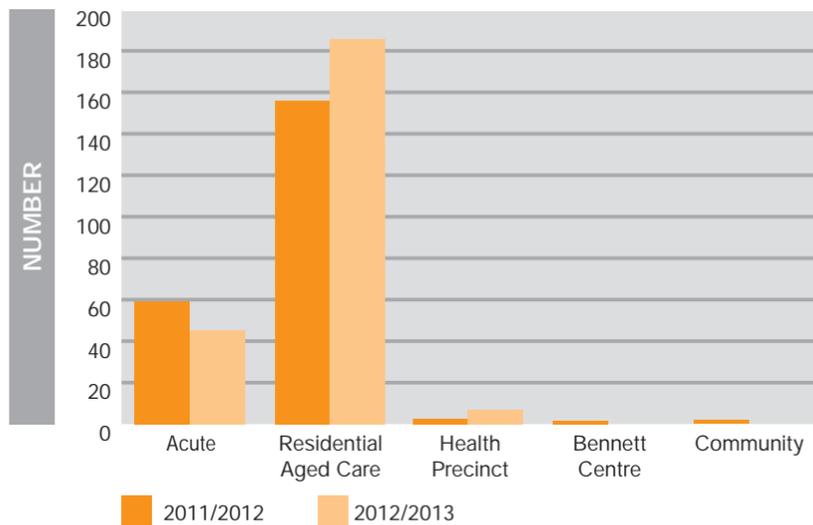
- Bed in a low position
- Bed rails down
- Call bell and walking aids within reach
- Referral to a Physiotherapist and/or Occupational Therapist
- Hip protectors
- Sensor mat alarm
- Orientated to toilet location
- Information on how to prevent a fall is given to the patient
- Visual identification symbol utilised to alert staff of the patient's risk of falling.

Figure 2: Severity of falls



Our Processes & Systems (Cont'd)

Figure 3: Number of falls

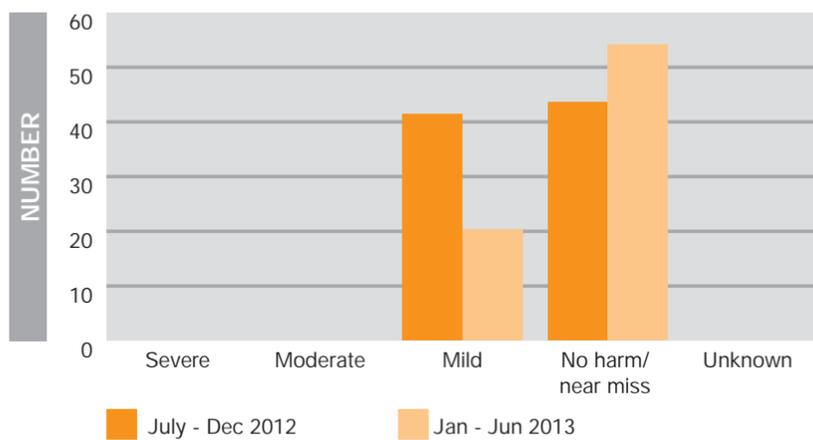


Medication Safety

SRH is committed to ensuring that all patients receive their medications correctly and safely. Staff follow the 'five rights': right drug; right dose; right patient; right time; and right route. SRH has an internal Pharmaceutical Advisory Committee, which reviews medication errors and makes changes to the system to prevent the same errors recurring.

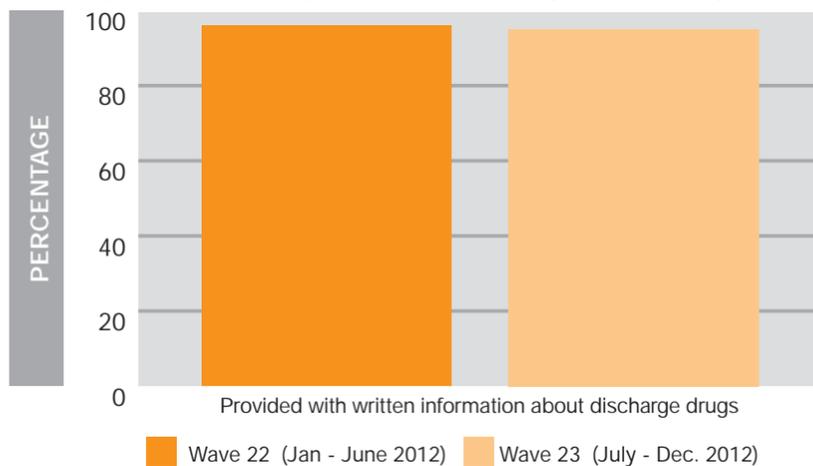
Figure 4 represents the total number of medication incidents and their severity classification over the last year. There were no severe or moderate incidents reported last year.

Figure 4: Medication incident severity



The organisation monitors its internal medication safety system by auditing the National Inpatient Medication Chart to ensure that medicines prescribed are reviewed and administered safely, and by educating patients about their discharge drugs. (see Figure 5)

Figure 5: Educating patients about drugs on discharge



Note: One 'wave' equals a period of six months.

Improvements made this year to the system include:

- Introducing antimicrobial prescribing guidelines to improve adherence to the principles of prudent antimicrobial use. This is essential to avoid the danger of emerging drug resistance and provide best practice and quality care for patients
- Providing a Quality Use of Medicines Program for nursing staff regarding medication incidents and error reporting
- Implementing the Victorian Therapeutic Group's safety notice for narcotics, insulin and potassium
- Reviewing the storage and usage of high risk medications (now stored separately)
- Introducing cautionary advisory labels onto medication charts to warn against undesirable effects of the medication i.e. take aspirin with food to prevent stomach irritation
- Implementation of the Guidelines for Safe Dispensing of Chemotherapy Drugs (Clinical Oncology Society of Australia).

Future plans for improvement include:

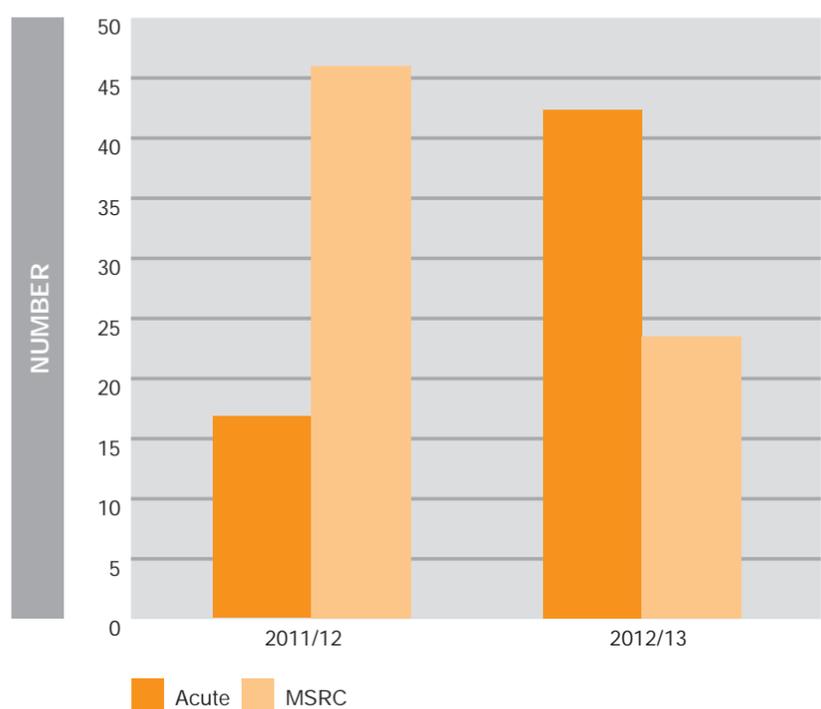
- Piloting a Medication Management Plan (MMP) in the acute ward as part of the Clinical Leadership in Quality and Safety Program. This program is an initiative of the Department of Health. We aim to have the MMP implemented by January 2014
- Venous Thromboembolism risk assessment and prevention through redesigning of the National Inpatient Medication Chart.

Preventing and Managing Pressure Injuries

A pressure injury is defined as 'A lesion caused by unrelieved pressure resulting in damage of underlying tissues' (Australian Wound Management Association 2001). They can be caused by lying or sitting in one position for too long, however other things like age, poor nutrition, smoking and other illnesses contribute to the likelihood of developing a pressure injury. Currently, around one in five patients in Australian acute care settings develop a pressure injury. By identifying an individual patient's pressure injury risk on admission we can implement interventions according to the risk level and conduct regular skin assessments.

Figure 6 compares the pressure injury rates at SRH's acute ward and Macpherson Smith Nursing Home over the last 2 years. The incidence of pressure injuries has significantly reduced at the nursing home mainly due to the diligence of staff and increased use of pressure relieving devices, whilst the increase of pressure injuries in the acute area is mainly due to increased awareness amongst staff leading to improved reporting.

Figure 6: Pressure Injury rates



Wound Management Improvement Program

In January 2013, a baseline wound prevention and care audit was completed by an independent assessor. This identified the current wound care practices and provided SRH with qualitative and quantitative data on the type and prevalence of chronic wounds. It also enabled the organisation to benchmark its wound care progress with other organisations in the region that have undergone the same process.

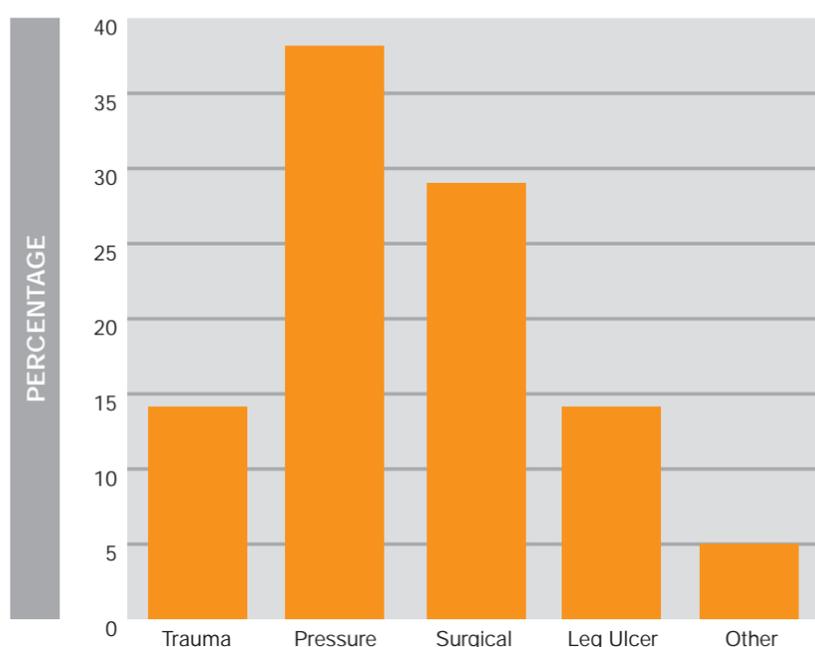
During the audit 70 patients were assessed across Macpherson Smith Nursing Home, acute care and in community care. Results showed that 21 of those patients (30%) had an existing pressure injury or wound. Figure 7 illustrates the types of wounds the 21 patients had.

In February 2013 following the release of the audit findings SRH introduced a new wound management improvement program across the organisation. This is designed to better educate staff on the identification and care of pressure injuries and surgical site infections.

The program promotes consistent, basic to advanced wound care ensuring wounds or pressure injuries are managed efficiently – using best practice guidelines – to avoid progression or complication. Wound care products and equipment have also been standardised and education delivered to staff. Clinical ‘champions’ in each department have been appointed to promote the program’s objectives.

A number of recommendations are still being implemented including developing a pressure injury framework and setting improvement targets, creating new documentation, holding education sessions, educating patients about equipment/technology and implementing best practice for all patients.

Figure 7: Wound Distribution



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 ‘microbes’ that can cause disease or infections. These microbes cannot be seen by the naked eye therefore our monitoring, surveillance and education programs, along with policies and procedures that comply with standards and best practice is vital in providing a safe environment for all.

Infection control is complex and applies to all areas of the hospital environment including: food safety, cleaning, surgical instrument sterilising, staff immunisation, hand hygiene and infection and outbreak management. SRH has a qualified Infection Control Practitioner who is an accredited Nurse Immuniser and has a Department of Health certified Pre and Post HIV and Hepatitis C test counsellor qualification.

Each year the program’s policies and procedures are reviewed by an internal committee to ensure they meet federal and state standards, guidelines and best practices. Likewise, a new Operational and Performance Indicator Plan is developed each year, which is reviewed and endorsed by the Board of Management. This year key infection control information was placed on the SRH intranet to improve information flow in the organisation.

Macpherson Smith Nursing Home adheres to the Grampians Region Healthcare Associated Infection and Antibiotic Use Surveillance Program. This aims to develop and implement a sustainable methodology to estimate the prevalence of health care associated infections, antibiotic resistant micro-organisms and antibiotic use in long-term care facilities.

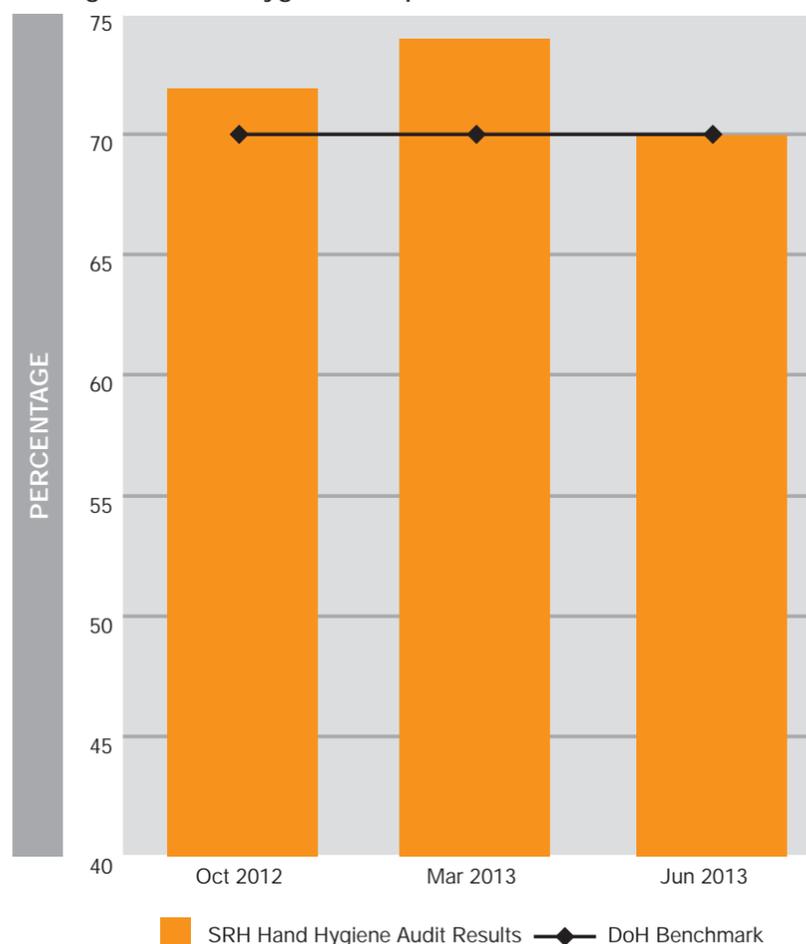
As part of the ICP, waste management practices are overseen by the Environmental and Waste Management Committee. The committee has expanded its scope to include strategies to reduce the facility’s energy consumption and carbon foot print in line with the DoH Sustainability in Healthcare Program.

Hand Hygiene

Hand hygiene is one of the most important and simple methods of reducing the transfer of ‘microbes’ from person to person, that is the transfer of disease and infections. All SRH staff complete a hand hygiene test online each year and key hand hygiene reminders are being developed into computer screen savers as part of ongoing staff education. SRH continually reviews strategies to educate staff about hand hygiene.

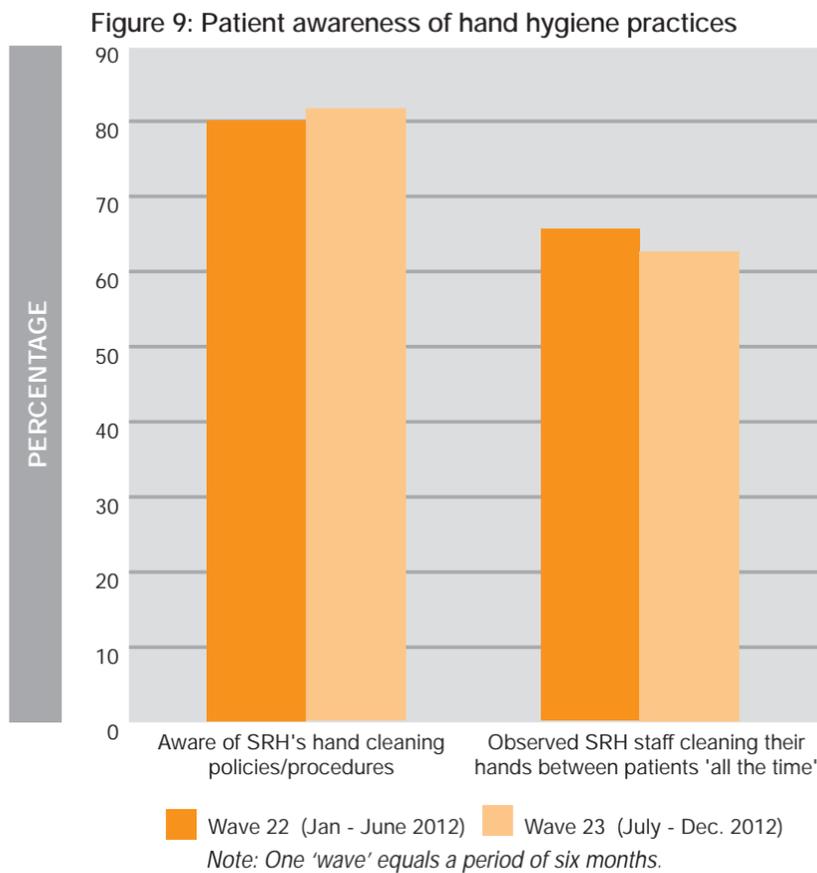
Figure 8 shows hand hygiene compliance at SRH compared to the Department of Health (DoH) benchmark.

Figure 8: Hand hygiene comparison



Our Processes & Systems (Cont'd)

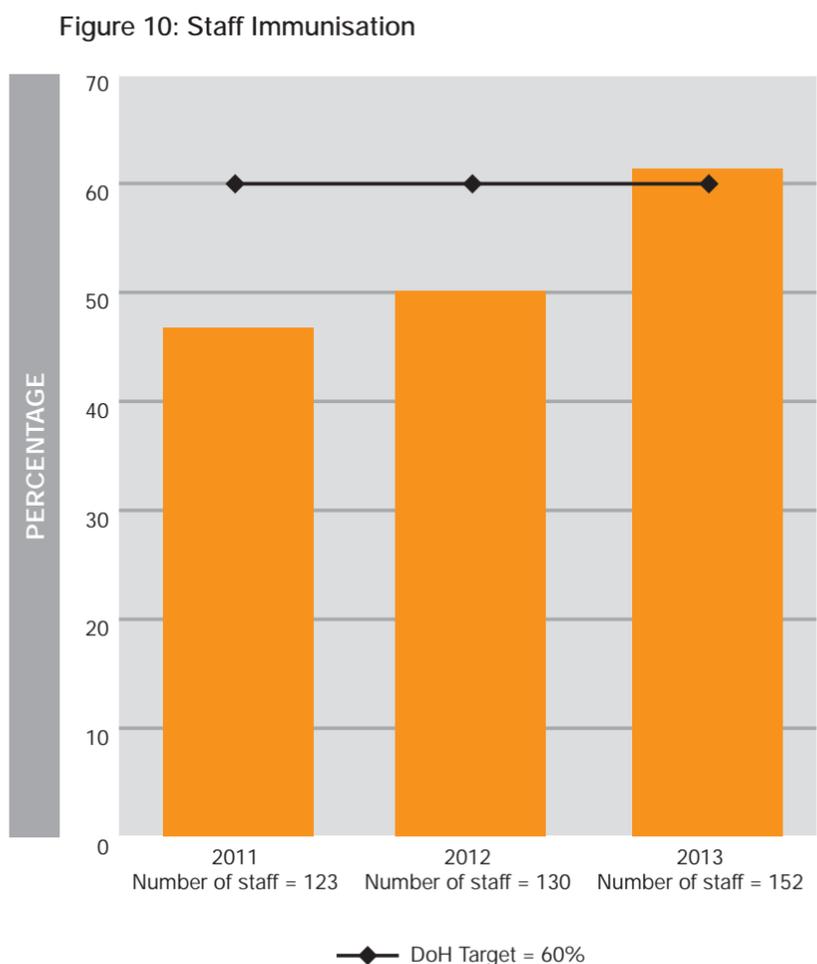
Figure 9 demonstrates patient awareness of staff hand hygiene practices of staff looking after them.



Immunisation

Influenza 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 the residents at Macpherson Smith Nursing Home and for all staff to protect them, fellow patients/residents and their family and friends.

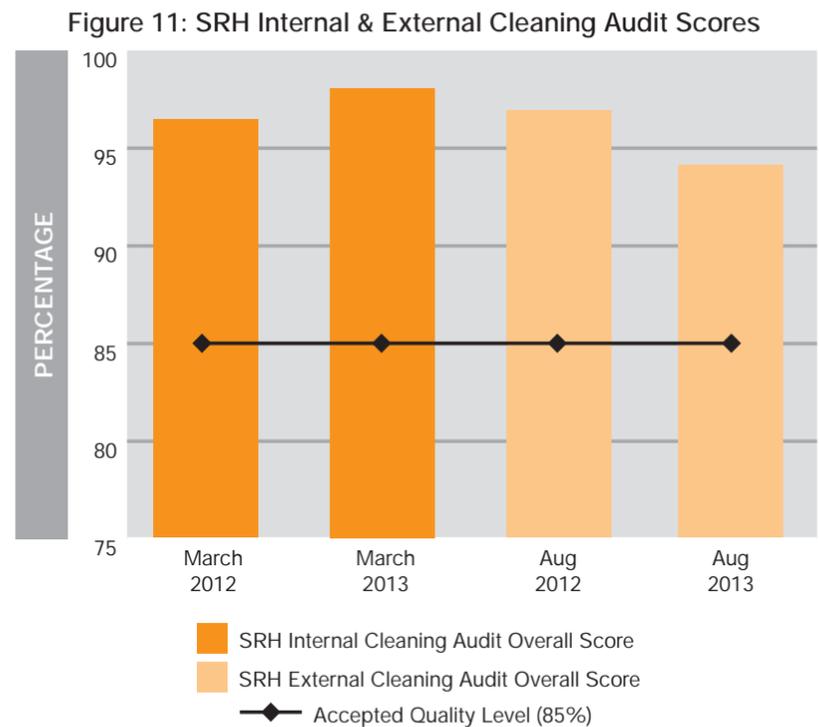
Figure 10 shows staff immunisation rates over the past three years against the DoH benchmark and demonstrates a slight upward trend.



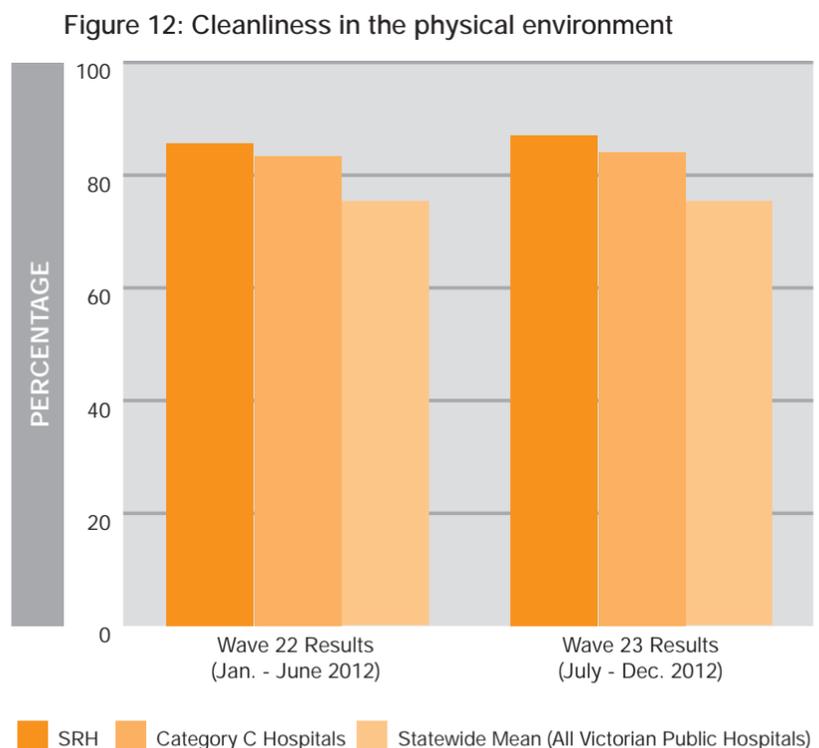
Our Cleaning Standards

In health care, a clean environment means there are less 'bugs' on the surface of furniture and equipment.

Internal audits conducted this year by Support Services Manager David Francis (who gained accreditation as a Cleaning Standards Auditor in May) showed that we were above the Accepted Quality Level (Figure 11) as per Department of Health standards.



When patients rated the cleanliness of the physical environment this year (Figure 12) the results were above the 'Category C' hospital and 'Statewide mean' results. Patients also verbally complimented SRH on a clean health facility.



Safe use of Blood and Blood Products

Annual audits have formed part of the Department of Health Blood Matters Program for a number of years. Over the next year we will participate in another nationwide audit which surveys clinical staff awareness of acute transfusion reactions. To meet one of the new National Standards, 'Blood and Blood Products' we have increased the number of key performance indicators we report to the Board of Management and have included blood and blood product incident data.

Our Processes & Systems (Cont'd)

Residential Care Indicators		
Indicator	SRH status (Our rates compared to State-wide High Care Rates (SHCR), over four quarters, July '12-June '13)	Improvements
Pressure Injuries (Stage 1 least severe to Stage 4 most severe)	<ul style="list-style-type: none"> Stage 1-Higher numbers compared to SHCR over two of the four quarters Stage 2- Stage 4 – Lower than SHCR over four quarters <i>Significant improvement overall in the numbers found at audit:- 7 in 2012/'13 compared to 24 in 2011/'12</i> 	<ul style="list-style-type: none"> We compare the number found at audit to the number reported as incidents Increased reporting over the last twelve months Work log prompt for staff to provide regular pressure care Purchased additional pressure relieving mattresses and equipment
Falls and Falls-related Fractures	<ul style="list-style-type: none"> Falls rate was higher than SHCR over three of the four quarters, but has reduced substantially over the last two quarters One falls related fracture over the 12 month period 	<ul style="list-style-type: none"> We encourage our residents to maintain their mobility Maintained hourly rounds by nurses Falls Committee meets monthly:- <ul style="list-style-type: none"> - Analysis of falls by time of day, surname & outcome - Fortnightly falls statistics are provided to the Physiotherapist, acute and residential Nurse Unit Managers & the Falls Committee Purchased additional invisibeams Health metrics Falls Risk Assessment Tool introduced Facility repainted, recarpeted and internal lighting reviewed which has increased visibility Exercise Physiologist commenced and visits twice weekly Introduced annual resident eyesight testing Plan to audit residents' foot wear to establish if it is appropriate
Physical Restraint	<ul style="list-style-type: none"> Consistently lower than SHCR over the four quarters 	<ul style="list-style-type: none"> Small number of residents/representatives request bedrails in place for safety reasons Restraint Policy updated regularly (Consent, Care plan, restraint procedure flowchart)
Residents prescribed nine or more medications	<ul style="list-style-type: none"> Lower than SHCR over two of the four quarters 	<ul style="list-style-type: none"> Regular review of resident medications in addition to an annual formal review
Unplanned weight loss	<p><u>Loss of 3 kgs or ></u></p> <ul style="list-style-type: none"> Slightly higher than SHCR over two of the four quarters. <i>Significant improvement in the number of residents who lost 3kgs or >; 7 in 2012/'13 compared to 18 in 2011/'12</i> <p><u>Loss of weight each month over 3 months</u></p> <ul style="list-style-type: none"> Lower than or equal to the SHCR for two of the four quarters <i>Significant improvement in the number of residents who lost weight each month over 3 months; 11 in 2012/'13 compared to 16 in 2011/'12</i> 	<ul style="list-style-type: none"> Trending of resident weights against their ideal weight range Health metrics Nutrition Assessment Tool introduced Thickened fluids and supplements reviewed Crockery reviewed and smaller bowls introduced instead of flat plates Menu review Menu boards installed in dining areas Introduction of a Volunteer Meals Assistance Program

Occupational Health and Safety

Emergency Management

An internal audit of the emergency management systems and policies identified gaps requiring interim and long-term system changes to better respond to emergency situations.

Training/Education

Staff training in managing emergency situations was identified as a key requirement in the system.

Training for the management of emergency situations was resourced and delivered by the National Safety Council of Australia for the identified key employees.

Training modules delivered included Fire Warden Training and Chief Fire Warden Training. This was conducted in May 2012, with 38 employees attending the Fire Warden Training and 20 employees attending the Chief Warden Training.

Emergency coordinator training has since been developed internally and focuses on SRH Emergency Systems and will be delivered to employees that will be required to take on the role of Emergency Coordinator. This training will be provided later in the 2013 calendar year.

Summer Safe Travel

In October the CFA educated employees about safe travel in the event of a bushfire, which was particularly useful for staff members who commute to Stawell from out of town. This training will be held in October each year.

Grampians Regional Health Emergency Manager Network

SRH is an active member of the Grampians Regional Health Emergency Manager Network. This group is attended by Managers and Executives involved in OH&S across all 12 hospitals in the region.

Initiatives from the group include the introduction of the BullsEye Fire Extinguisher training simulator and a Portable Satellite Radio.

The BullsEye Fire Extinguisher training simulator and all its equipment is a shared resource funded by the Department of Health to be used by all Grampians Region public health organisations. SRH is allocated this simulator for one calendar month a year. Six training sessions were conducted in June 2013, with 89 employees completing the training.

The Network is also reviewing the regional management of 'Code Brown' events (State Health Emergency Response Plan).

Annual Fire Training

Annual Fire training is now being delivered through the SRH intranet system. This allows employees to complete an education session during work hours followed by a questionnaire. For new employees this session is delivered at orientation.

Emergency drills conducted

Code Brown 3 sessions
Code Red /Orange 5 sessions
Code Purple 3 sessions

Employees completing the Chief Fire Warden Training also attended orientation to the fire panel. As a result of feedback from the training sessions a reference folder identifying the zones and location of the smoke/fire detectors was developed to assist employees in the event of a fire alarm activation.

Communication Equipment

Grampians Regional Health Emergency Manager Network and the Department of Health identified the need for a communication system in the event of an emergency. A Portable Satellite Radio was subsequently purchased by Stawell Regional Health.

Emergency management systems

Policies reviewed:

Code Brown	Code Red
Code Orange	Code Yellow
Emergency Management Policy	Executive on call policy

OH&S Compliance

Work Safe conducted six site visits at Stawell Regional Health between July 24 and November 20, 2012.

Areas reviewed included the injury register, emergency evacuations/drills, bariatric management, representative arrangements, manual handling, no lift training and equipment, occupational violence and security and chemical management including MSDS, storage, PPE and spill kits and traffic control.

Departments reviewed included the Urgent Care Centre, Simpson Wing, operating theatre, stores and nursing home.

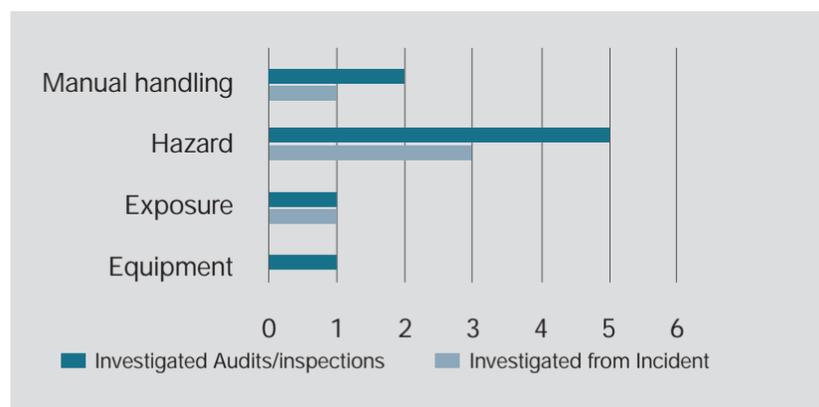
Work Safe advised that SRH was compliant with all of the reviewed areas. It has recommended a future review of stores manual handling, traffic management (after the Community Rehabilitation and Oncology Centre opens) and occupational violence.

A full audit is also to be conducted by an external provider of all security systems currently in place at SRH in 2013.

OH&S Investigation from Audits/reports 2012/2013

Areas requiring investigation have been identified through the incident reporting system and audits. The graph below identifies the type of incident and number of incidents that required a report. This does not include general six month workplace inspections.

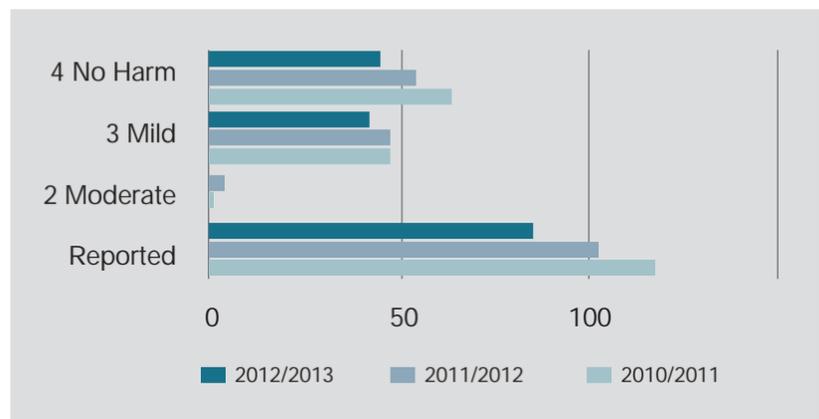
OH&S Investigations



Incidents and degree of harm

This financial year there were 158 incidents recorded through the incident reporting system. There has been an overall drop in the number of incidents compared to previous years.

Number of Incidents



Reviews and Accreditation

Clinical Governance

Clinical governance is about being accountable for providing quality care to patients and minimising risk. It's also about fostering an environment of excellence in care and continual improvement to patient safety.

Both clinical and non-clinical staff at Stawell Regional Health share the responsibility of clinical governance. There is a core set of measures of quality and safety that are analysed to provide timely and accurate information regarding organisational performance.

The Board of Management (BOM) ensures the clinical governance systems and processes are in place and SRH's Audit, Quality Improvement and Risk Management committees all report on clinical governance.

Achievements in this area during the year included:

- The BOM reviewing the Victorian Clinical Governance Framework
- Completion of the organisational readiness checklist by the Quality Improvement/Risk Management Committee
- Updating 10 of 12 policies relating to the Clinical Governance Policy (remaining two currently under review)
- Reassessing the tool used for the Risk Register so the BOM can access more detailed information and drive accountability for some risks back to the operational managers
- Reviewing Organisational Values
- Developing a new strategic plan with input from the BOM, staff, consumers and key stakeholders, which identified four priorities
- Developing an Organisational Quality Plan that promotes 'SRH – Great Care' for every consumer, every time, across acute, community and residential care.' (see diagram below)
- The BOM reviewing Board Governance policies
- Providing a six-month summary of incidents to the BOM
- Starting to collect consumer experience data through hand-held devices
- Reviewing the organisational committee structure
- Meeting mandatory requirements
- Providing OH&S reports to the BOM.

Great Care at SRH is:

1. Responsive to the consumer and focused on their needs.
2. Safe and free from preventable harm.
3. Accessible, integrated, coordinated and streamlined.
4. Right for each person and achieves what it is designed to do.

For everyday use they can be expressed as:-



Accreditation

The Federal and State Governments require all health and residential aged care services to go through accreditation. This external monitoring helps Stawell Regional Health to improve its performance so it can deliver the highest quality services to the community. SRH is independently reviewed by a number of accrediting bodies.

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

Type of Accreditation	Status
National Safety and Quality Health Service (NSQHS) Standards (Accredited provider:- Australian Council on Healthcare Standards (ACHS)) (Three year cycle which includes one on site survey, once every three years)	Ongoing Accreditation received at the Periodic Review Survey in April 2012. Two low-priority recommendations were made in the Clinical Function. Submitted a Self-Assessment against the first three NSQHS Standards in May. Review against the 10 NSQHS Standards in April 2014.
Aged Care Standards Accreditation Agency (ACAA) (Three year cycle with one on site survey and at least one unannounced visit every other year)	Full three year accreditation achieved in September 2012.
Home and Community Care (HACC)	Successful review in April 2008. Planned review date April 2014.
Department of Veterans Affairs (DVA) review	Two of the four stages of the Quality Management Framework have been completed.

New Initiatives

Student Accommodation

This year Stawell Regional Health started construction on brand new student accommodation in Sloane Street, near the entrance to the hospital.

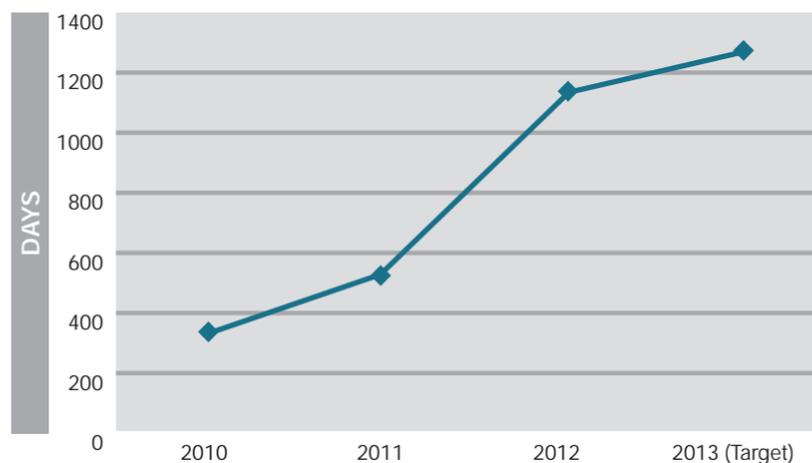
Due for completion at the end of 2013, the modern building was constructed to improve the capacity for, and quality of, student placement and was made possible by funding from Health Workforce Australia (HWA), the Department of Health Victoria and Stawell Regional Health.

With 12 bedrooms, four bathrooms, a communal lounge, dining room and kitchen, plus two study areas (with computer and internet access) and separate laundry, the building will cater for the increasing number of students undergoing clinical placement at SRH.

There has been a significant increase in clinical placement days across the Grampians region, and SRH has experienced a massive 270% increase from 2010 to 2013 (Figure 13).

The organisation prides itself on providing a high-quality training experience for nursing, allied health and medical students and the new student accommodation will further increase our capacity to provide clinical placements.

Figure 13: Number of days students are present at SRH



Grampians Maternity Group Practice

Stawell Regional Health joined forces with Western Health this year to offer a new model of midwifery care to local mums.

Three years in the making, the Grampians Maternity Group Practice was launched at the start of 2013 when two experienced midwives from New Zealand were appointed.



Above: Midwives Tom Bown and Colleen Chu.

The new program, based on similar successful models in rural and remote areas of Australia, provides first-class, hands-on midwifery support. The midwives provide free 24-hour ante-natal support and information for all expecting mothers, supports low-risk births* at Stawell Regional Health and after-care for mum and baby.

Specialist obstetric care is provided via telemedicine link up with the team of Obstetricians from Western Health. The midwives offer shared-care arrangements with local and regional GPs for those women who are required to birth at alternative locations under medical supervision.

One baby has already been born at Stawell Regional Health under the new model of care with his parents excited by the opportunity to have the assistance of midwives as the main care providers. More women have booked in and are looking forward to birthing in their own community, reducing the need to travel and associated costs.

The midwives also provide a verbal handover to local Maternal Child Health Nurses to ensure a smooth transition and ongoing provision of care.

SRH and the Department of Health have worked closely together to bring midwifery-led care to our local community. Consumer input was sought during the planning stage and also with the development of the model logo and brochures.

**Women who have no underlying conditions that would require a more medical approach.*

Stawell Medical Centre

Stawell Regional Health purchased the Stawell Medical Centre in November 2012.

The hospital already had a 50-year relationship with the medical centre and the purchase of Stawell Medical Centre is a positive progression towards ensuring the delivery of sustainable health and medical services for our community.

The Stawell Medical Centre's branding and location have remained the same and we were fortunate to retain the services of Dr Andrew Cunningham.

We have introduced a number of new initiatives including bulk billing for patients under the age of 16 and over the age of 75 years and we continue to identify new services for our community.

Community Rehabilitation and Oncology Centre

This year work began on the new Community Rehabilitation and Oncology Centre, located at the former Allied Health wing at Stawell Regional Health. With consulting rooms and multidisciplinary gym, the modern facility - to be completed by the end of 2013 - will be the base for services like Physiotherapy, Occupational Therapy and Speech Pathology, as well as Gait and Balance Clinics and Cardiac Rehabilitation. The space will also include a modern oncology unit with sweeping views of the Grampians. Nicholson Construction from Ballarat won the construction tender. The centre was funded by a \$3.5 million Federal Government grant and a \$180,000 State Government contribution. Local shearer Aaron Hemley raised \$120,000 towards the oncology unit during a mammoth shearing marathon.



Above: Building works commence on the new Community Rehabilitation and Oncology Centre.

SRH Team Update

Human Resources

The introduction of an electronic system into human resource practices has enhanced services at Stawell Regional Health and improved recruitment, selection and employment processes. The online recruitment system, Springboard, contracted through the Victorian State Services Authority, has been fully implemented in the past 12 months. The process of employment - from requisition and approval, to selection and interview result - can now be conducted entirely online.

The e-recruitment system also provides a deeper level of statistical data than previously available. This includes the number of times potential applicants view a particular job and how many times it has been emailed to an individual. The system also collates data regarding applicants and roles including how long a role has taken to fill, what stages the role has progressed through, where applicants have seen the advertisement and compares manager's recruitment activity over time. The system data has consistently reflected employment market data, showing the varying levels of activity in accordance with roles that reflect market over-supply and shortages.

Labour Category	June Current Month FTE		June YTD FTE	
	2012	2013	2012	2013
Nursing Services	79.64	86.37	79.88	84.67
Administration and Clerical	30.24	37.30	30.06	34.67
Medical Support Services	8.92	9.41	10.25	8.95
Hotel & Allied Services	26.87	24.93	25.47	24.05
Medical Officers	1.29	1.29	1.29	1.29
Ancillary Staff (Allied Health)	12.72	12.36	11.27	11.24
Total	159.68	171.66	158.22	164.87

Organisational Values

The Leadership Team, supported by the Executive, has worked to increase feedback to staff. Managers and supervisors have worked hard to maintain timely and relevant communication incorporating the organisation's revised values. The values have been developed over the past 12 months following the Board of Management's Strategic Planning process. They reflect five simple principles for the workplace that guide professional and personal interactions: trust, respect, communication, accountability and safety. These values are being embedded into Human Resource processes and documentation and will be used throughout the employment relationship to guide workplace behaviour in line with individual department objectives.



- Nursing Services
- Administration and Clerical
- Medical Support Services
- Hotel and Allied Services
- Medical Officers
- Ancillary Staff (Allied Health)

Metropolitan Rural Graduate Experience (MeRGE)

Stawell Regional Health and Western Health (Sunshine and Footscray hospitals) announced a partnership program in 2012 to provide a unique experience for newly graduated nurses. Two nurses from each health service 'swap hospitals' during their graduate year for four months. Not only does the Department of Health funded program provide a rural experience for metropolitan nurses and vice versa, it builds a relationship between both health services and a better understanding of the challenges that each organisation faces.

"This experience has made me a more confident nurse" - SRH Graduate Nurse

"I found it to be an amazing and worthwhile experience" - Western Graduate Nurse

"Increase in confidence in my practice, an appreciation for rural nursing" - Western Graduate Nurse.

SimVan

The SimVan is a cutting-edge mobile training facility, which is operated by Ballarat Health Service and travels throughout the region. It comes to Stawell once a month, enabling Stawell Regional Health nursing and medical staff to develop emergency response and clinical skills. The 'Sim family' of mannequins have helped staff to hone their skills in airway management, shortness of breath, chest pain, cardiac arrest,

heart attack, thrombolysis and anaphylaxis. Seventy-nine per cent of SRH staff members who have participated so far say their learnings will benefit their individual workplace performance.

Student Feedback Form

Stawell Regional Health's education team, in consultation with stakeholders, have devised a student feedback form to improve communication between nursing staff supervisors (preceptors) and the Student Support Nurse. Feedback ensures that the nursing students are getting the support and clinical supervision they need to get the most out of their placement. Nursing student placements across the Grampians Region has increased by approximately 50 per cent over the last two years. With the increase in student numbers at SRH, it was identified that a more formalised feedback system for communication between placement areas and the student support nurse needed to be developed. It is the students' responsibility to ensure that these forms are completed by their supervising nurse.

CasConnect

Stawell Regional Health's CasConnect business model celebrated five years of providing relief nursing staff to 10 partner health services across the Grampians, Hume, Loddon Mallee and Barwon South West regions.

The Department of Health withdrew funding support this year and CasConnect began investigating ways to develop a sustainable business model.

Pleasingly we obtained agreement with our partner health services to continue this valued service in the new financial year based on a revised structure.

How We Promote Health

Radiology

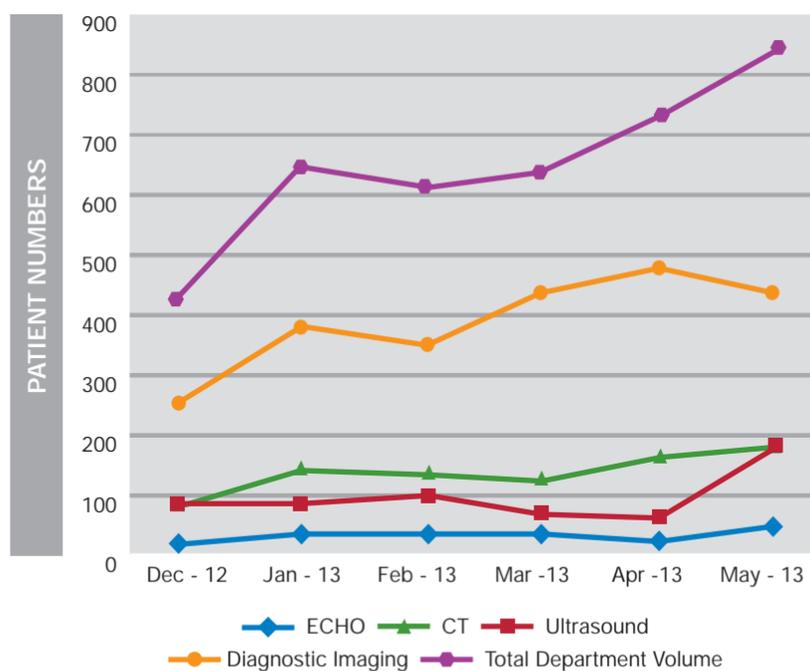
The purchase of a new \$100,000 x-ray machine and the appointment of more medical imaging staff improved radiology services at Stawell Regional Health this year.

Patients from across the Stawell district now have better access to medical imaging, reducing the need for travel. New equipment means faster performance; decreasing patient examination times. The purchase and installation of the Shimadzu Radspeed Mseries by the Stawell Hospital Foundation replaces the 18-year-old x-ray machine, bringing SRH in line with Ballarat and East Grampians Health Services' imaging equipment.

Imaging staff made a number of quality improvement measures in CT, Ultrasound, and Diagnostic Imaging and were able to successfully remove unnecessary processing steps, improve patient flow, roster staff according to demand, create standard work processes and generally better organise the workplace. The team introduced procedure kits for examinations and reviewed and improved patient communications and liaison procedures.

This disciplined and standardised approach not only improved procedure cycle time (from request to actual exam) there was an increase in patient capacity and therefore revenue for the organisation (Figure 14)

Figure 14: Radiology numbers increase



Above: Chief Radiographer Marsole Greyvensteyn prepares a patient for his x-ray.

Looking After Our Staff

The internal staff health and wellbeing committee, which is represented by six departments, continued to identify health and wellbeing issues and develop strategies for good health of staff within the organisation.

Several activities held throughout the year included: 'swap it' suggestions for lunch in the cafeteria; 'swap it' recipes for the newsletter; 'nude' food days to encourage rubbish-free fresh food lunches; a 10,000 step challenge for staff to complete at least 30 minutes of moderate physical activity most days of the week; and a free work health check (attended by 30 staff members).

The committee planned its activities based on the findings of the 2011 work health checks at Stawell Regional Health, which revealed that most staff undertake a less-than-adequate amount of physical activity and don't eat the recommended fruit and vegetable intake. The committee has developed a facilitated feedback session format to be used at team meetings so staff can express how they would like the organisation to support them in achieving better health.

Get in Shape Lifestyle Challenge

This year Stawell Regional Health conducted two Lifestyle Challenges in partnership with Grampians Community Health.

The challenges were targeted at community members who were at risk, or diagnosed with a chronic disease, particularly Type 2 Diabetes and cardiovascular disease - plus those who were inactive or wanted to increase their activity levels and improve their overall health.

The first challenge recruited 12 participants and the second challenge called the Get in Shape Lifestyle Challenge, 20 participants. The second had a bigger focus on physical activity and weekly exercise groups were held at Stawell Leisure Complex, linking in with GCH's existing 'Active for Life' exercise group. Each fortnight, after the exercise session, the group was addressed by a health professional about different health topics. There was also the opportunity for participants to discuss and review their short and long-term goals.

As an example of the program's success, after the most recent challenge, 100 per cent of participants attended their personal one-on-one assessment/registration and 90 percent attended the first group session. Three participants withdrew after the first session, but 70 per cent of participants attended 70 per cent of the remaining sessions.

Organisers had hoped that 80% of people who attended the programs would be from the target group described above. That is, community members who were at risk, or diagnosed with a chronic disease, such as Type 2 Diabetes and cardiovascular disease. One hundred per cent of people were from the target group. It was also hoped that all the doctors' clinics in Stawell would refer in to the program, and 12 referrals were received from the local doctors. Of these referrals, one person actually attended, but it was pleasing to know the program was held in high-esteem by local GPs.

All participants reported healthy lifestyle changes, including losing weight, reducing fat and carbohydrate intake, increasing physical activity, joining a dancing group and drinking more water.

The programs were evaluated via participant survey, DASS21 (measures levels of anxiety and depression), fat and fibre barometer, Physical Activity barometer and the AusDeRisk assessment (measures risk for Type 2 Diabetes). These outcomes are measured at the start and finish of each program.

Organisers felt that future improvements to the program could include: further educating GPs about program referrals by adapting service descriptions in SH&CC referral documentation and working with Medicare Local staff to adjust the GP template for referrals to SH&CC services to ensure all referrals have the appropriate patient consent. Other considerations would be to run the program weekly rather than fortnightly to maintain momentum, and not to conduct the final session in the school holidays to ensure maximum participation.

How We Promote Health (Cont'd)

Victorian Prevention and Health Promotion Achievement Program

Replacing the 'Kids Go for Your Life' program the new Victorian Prevention and Health Promotion Achievement Program encourages schools to meet the criteria of eight areas that support healthy lifestyles.

This year Stawell Regional Health's health promotion team liaised with local schools on the new framework and helped them, where needed, to register for the program. The team also provided advice and information to schools on how to engage families, staff, students and children in health and wellbeing.

A SRH staff member, along with a Grampians Community Health representative, worked with Stawell Primary School to establish a Health and Wellbeing working group also consisting of staff, parents and school council representatives. Internally at SRH, 19 staff members were educated on the program framework.

GCH has also adopted the framework for its work with schools, as has the Northern Grampians Shire Council as part of its Early Years Plan.

SRH looks forward to working with local schools to roll-out their initiatives and successfully achieve the state benchmarks set by the Department of Health and the Department of Education and Early Childhood Development.

Sustainable Farm Families in Navarre

Stawell Regional Health partnered with the Navarre Football Club who recruited farmers to the 18-month Sustainable Farming Families (SFF) program. The SFF program aims to address the health, well-being and safety issues facing the farming industry through a sustainable and evidence-based program with solid research and cross-sector collaboration.



Above: David Monaghan and Darren Slorach get 'hands on' with an endoscope.



Above: Barry Wiseman gets 'hands on' with an endoscope.

Twelve farmers attended the final workshop of the program which was held in Navarre in February this year. All participants undertook final health assessments and had the opportunity to speak with health professionals. Education was provided to the group on a number of health topics that included: health and farming business; cancer; physical activity; and respiratory health.

Participants reported back on their action plans developed at the workshop six months ago. The action plans varied with goals to improve their lifestyle or business. Changes in health parameters were discussed and all participants had made at least one change in their lifestyle or farming practice from their action plan. There was a high level of enjoyment and satisfaction with the program.

Sustainable Farm Families was an initiative of Western District Health Service, delivered in partnership with the Victorian Department of Primary Industries.

"He was very impressed with learning about how important diet and fitness are to the running of not only the farm but HIS life! He hopes that this is good timing! He is now aware of label reading (which he has already put into practice) and he is working on reducing his physical and mental tension. CONGRATULATIONS on running a potential life changing program" – Participant's Wife.

Health Literacy

Improving verbal and written communication at Stawell Regional Health is paramount so individuals and families can make more appropriate health care decisions and better follow instructions for treatment. During the past 12 months SRH has provided internal education sessions to the Allied Health team on verbal and non-verbal health literacy, as well as an overview to the rest of the organisation at a staff forum. SRH reviewed and updated the Allied Health service brochures and will seek feedback from community members before finalisation. Allied Health staff also trialled a 'teach back method', which is a self-audit tool to ensure that information conveyed to a patient is clearly understood before the appointment ends.

A full day health literacy workshop is planned for September 2013 for all staff.

Reaching all corners of our community

'Doing it with us not for us'

The Department of Health (DoH) has established a set of standards which Stawell Regional Health is required to report against and the following table outlines how SRH has performed over the past 12 months:

Standard	SRH Status
SRH demonstrates a commitment to consumer, carer and community participation.	<ul style="list-style-type: none"> · Currently reviewing policies relating to consumer, carer and community participation · Actively participates in the Grampians Pyrenees Primary Care Partnership · Provides updates from across the organisation in the Stawell Times News monthly advertorial, as well as through additional media releases and attendance of hospital staff at auxiliary, carer, representative and community service meetings · Endorsed Cultural Responsiveness Plan · Meets the four key areas of the ICAP Program · Has a documented and endorsed Disability Action Plan · SRH invited and consulted consumers, carers and community members on review of its Strategic Plan · SRH meets the target of 75% for this standard
Consumers/carers participate in their care.	<ul style="list-style-type: none"> · Consumer Participation Indicator (CPI) score of 87 (Wave 23) well above the benchmark of 75 · 91.5% of residents/representatives were 'satisfied' to 'very satisfied' with the way they were involved in decision making about care and treatment
Consumers/carers are provided with evidence-based accessible information.	<ul style="list-style-type: none"> · Development of an internal and external brochure register · Review of Brochures and Consumer Information Policy · Review of brochures and leaflets in line with the policy and with the 'Well Written Health Information Checklist' · Health literacy workshop for staff in September · Utilising Day Procedure Patients feedback in review of Pre-Operative brochures · Introduced 'While you wait' review of brochures at Allied Health reception · Introduction of 'Talking with your doctor' brochure · 97% (Mean of 4.3) (Wave 23) of consumers rated written information on how to manage their condition/recovery at home as being 'good' to 'excellent'
Consumers, carers and community members are active participants in planning the improvement and evaluation of services and programs on an ongoing basis.	<ul style="list-style-type: none"> · Consumers are involved in the planning, improvement and evaluation of services and programs e.g. Grampians Maternity Group Practice Model, Chemotherapy furnishings · Review of services and programs e.g. Health Promotion and Community Rehabilitation Programs · Actively involved in management of concerns and complaints · SRH exceeds the target of 75% for this standard
SRH actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	<ul style="list-style-type: none"> · A Quality of Care Report is submitted annually to the DoH and is made available to the community through a variety of avenues

Reaching all corners of our community (Cont'd)

Indigenous Health

The full-time Aboriginal Health Worker provides support to both the local community members, and to people visiting from other areas when admitted to Stawell Regional Health. The worker visits people in hospital, providing support, ensuring that their cultural needs are being met and assists with discharge planning and follow-up after discharge from hospital.

There is a high demand for support to attend a variety of medical appointments, such as dental appointments and appointments for general practitioners and medical specialists. The worker arranges referrals if needed, provides support to people who are uncomfortable or anxious about visiting medical specialists and arranges and provides transport to appointments. The worker has certificates in Aboriginal Health and provides health information and education within his scope of practice.

Improving Care for Aboriginal Patients:

Key result areas	Achievements
1. Establish and maintain relationships with Aboriginal communities and services	<ul style="list-style-type: none"> Stawell Regional Health and Budja Budja Aboriginal Co-Operative continue to enjoy a positive working relationship. This includes the joint auspice of the Commonwealth program "Strengthening Rural Communities"
2. Provide or coordinate cross-cultural training for hospital staff	<ul style="list-style-type: none"> Information on cultural issues, including cultural awareness, cultural respect and cultural safety is included in the SRH orientation program and is easily 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	<ul style="list-style-type: none"> SRH has participated in the Rural Workforce Agency Victoria Chronic Disease Management strategy for the past two years. This involves provision of diabetes education, dietetics and podiatry services by staff experienced in chronic disease management. This is a special clinic that occurs when a GP attends Budja Budja to enable a case management approach. Uptake of this service was lower than expected in the first 18 months; however there has recently been an increase in number of clients attending Regular meetings continue with key parties such as the Indigenous Health & Community Development Worker, Budja Budja Co-Operative Board member, acting Chief Executive, and key parties at SRH e.g. Chief Executive, Director of Clinical Services and 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	<ul style="list-style-type: none"> Prompts for admitting staff in the acute hospital to offer referral to Aboriginal health workers on admission paperwork There is now a single point of referral to the Stawell Health & Community Centre from all medical clinics in the Stawell and Halls Gap area, including the Budja Budja Medical Clinic. Patients can be identified as ATSI on the referral. Reception staff contact the client to arrange an appointment, send written information on the appointment to the client, and offer support from Budja Budja. If the client consents, Budja Budja staff are advised of the referral and provide assistance such as support or transport if required

Cultural Responsiveness Framework 2012-2013

The organisation met the Department of Health's requirements of six standards. This year, strategic work on Stawell Regional Health's Cultural Responsiveness Plan included:

- Consolidating and continuing to identify key result areas and strategies for action to improve responsiveness to our patients who have different cultural requirements
- Embedding responsiveness to diverse cultures into SRH's strategic planning process through better links with quality processes, clinical governance, accreditation and service delivery plans
- Creating a more culturally responsive health workforce
- Delivering better health outcomes for people from culturally and linguistically diverse communities
- Building a more rigorous evidence base for responsive and effective interventions and the development of best practice benchmarks for the future.

One of the key initiatives during this year's process was improving access to culturally specific medical information for both staff and patients to staff via the intranet. In addition staff can easily access interpreting and translation service information via the staff telephone directory and intranet.

Continuity of Care

Patient Admission

When patients are admitted to Stawell Regional Health, they are involved with all decisions about their care.

Admission staff talk to patients about their care plan and provide further information, both verbal and written. This may be at the Pre-Admission Clinic, Day Procedure Unit, John Bowen Day Oncology Unit or Macpherson Smith Nursing Home. At times a family conference involving a multidisciplinary group of staff may also assist in planning care.

Improvements to communication during patient admission included the introduction of bedside handover in the acute ward, formal handover between the Peri Operative Unit and acute ward and the launch of a Regional Patient Flow and Access Nursing Collaboration in partnership with Ballarat Health Services and several rural health services.

Future plans include the introduction of the National Health Service (NHS UK) Institute for Innovation and Improvement's 'Productive Ward'. This project will focus on improving ward processes and environments to help nurses and therapists spend more time on patient care, improving patient safety and efficiency. Staff are trained to observe and analyse their own work processes to determine improvement priorities. Introduction of this program has been supported by the Department of Health and has been successfully implemented in health services Australia wide.

Bedside Clinical Handover

A new 'bedside clinical handover' process was introduced at Stawell Regional Health to maximise continuity of care. By performing clinical hand-over by the patient's bedside, nursing staff can better 'visualise' and understand the patient's latest status and treatment. The patient also has the opportunity to ask questions and be involved in discussions about their care.

Handover occurs at the change of shift (1pm to 1.30pm). Patients' visitors are asked to leave the room unless the patient chooses for them to stay i.e. family members or carers who would like to ask questions of nursing staff.

To date the new process is working well and greatly improving the information flow between nursing staff, patients and their families.



Above: Simpson Wing staff conducting Bedside Clinical Handover.

Regional Patient Flow and Access Nursing Collaborative

In early 2012 key nursing staff from Ballarat Health Service (BHS), Maryborough District Health Service and Stawell Regional Health established a nursing collaborative initiative with the key purpose of improving patient flow and responsiveness between the rural and regional health system. The work of the group is underpinned by the Victorian Health Priorities Framework 2012-2022 Rural and Regional Health Plan.

The purpose was to transfer patients back to their local health service as soon as it is medically appropriate to do so.

During the past year the group membership has been expanded to include other rural health care facilities.

The group meets on a monthly basis, is governed by Terms of Reference and has focused on a number of key clinical priority areas. The main priority is to assist the health services' ability to plan for patient transfers back to their local health service as soon as it is medically appropriate to do so.

SRH nursing staff participate in a weekly video link with the BHS patient flow manager to discuss any inpatients who come from the SRH catchment area and whose condition might allow them to be transferred to SRH for ongoing care in a timely manner.

Benefits

- Planning for transfer begins early so that SRH is able to accommodate patient's individual care needs prior to returning home
- Patients can receive ongoing care in their local hospital closer to family and friends which aids in their recovery
- Beds in BHS are made available for more acutely ill patients
- Collaboration and partnerships between different levels of healthcare services are strengthened so rural people are better supported as they move between health providers
- Opportunities are made available to support teaching, training and professional development for health professionals in rural and regional settings
- The utilisation of telehealth and other communications technologies is used to strengthen clinical leadership and access to care for patients.



Above: ANUM Jan Sherwell and NUM Betty Meumann.

Continuity of Care (Cont'd)

Discharge Planning

Discharge planning actually starts before or at admission. At the Pre-Admission Clinic, staff identify any issues that may need to be considered to help patients return home. Referrals may be made to Hospital Admission Risk Program, Post Acute Care or District Nursing. Upon admission, discharge arrangements are reviewed with the patient and referrals made for any support services.

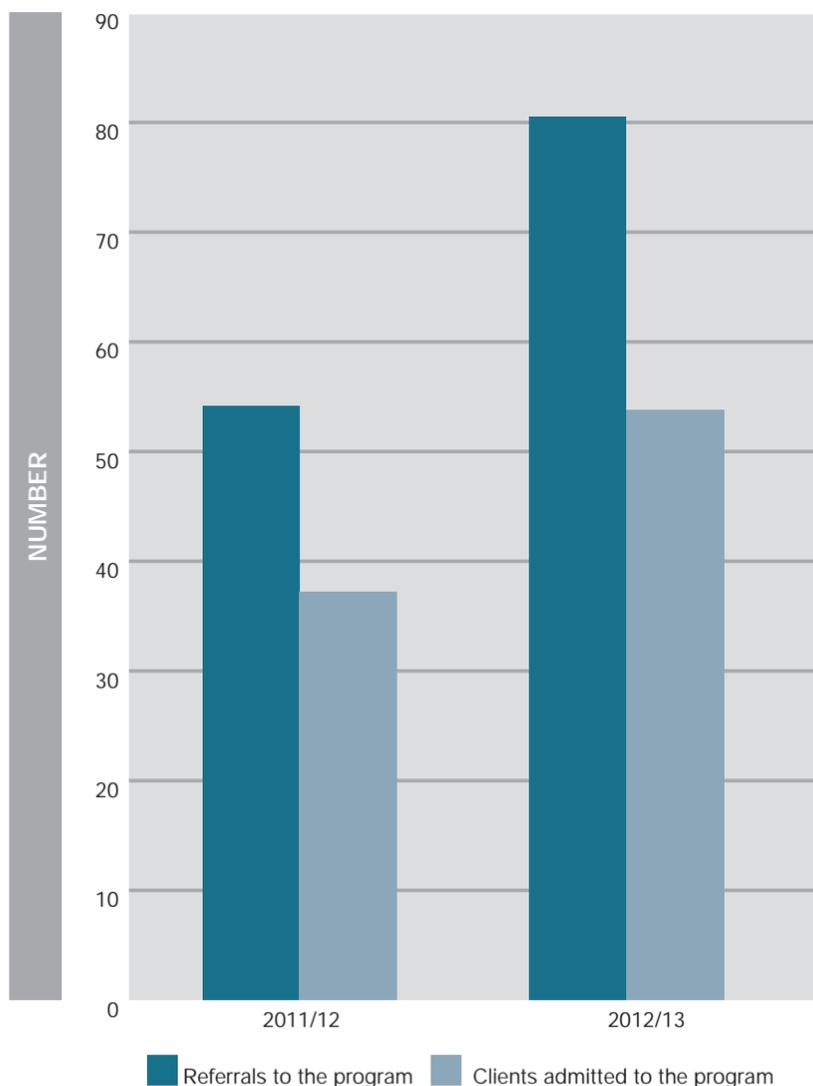
Hospital Admission Risk Program (HARP)

This year there was a 68 per cent increase in referrals to the HARP program, jointly run by Stawell Regional Health and East Wimmera Health Services. Of these, 52 referrals were admitted to the program, compared to 38 last year (Figure 15).

HARP helps clients with chronic disease to improve their quality of life and to prevent reoccurring hospital admissions. Assistance includes symptoms management and care coordination for heart disease, lung disease or complex conditions, and development of individual health plans for clients to manage their own health. The time frame of the program is governed by the client's individual needs. A client may be in the program for up to a year.

Case Study #1 –
A local resident presented to Stawell Hospital's Urgent Care Centre six times over four months. Once he was in the care of HARP, he did not present to the hospital and was able to manage his symptoms related to his Chronic Obstructive Airways Disease at home.

Figure 15: HARP Program (SRH & EWHS)



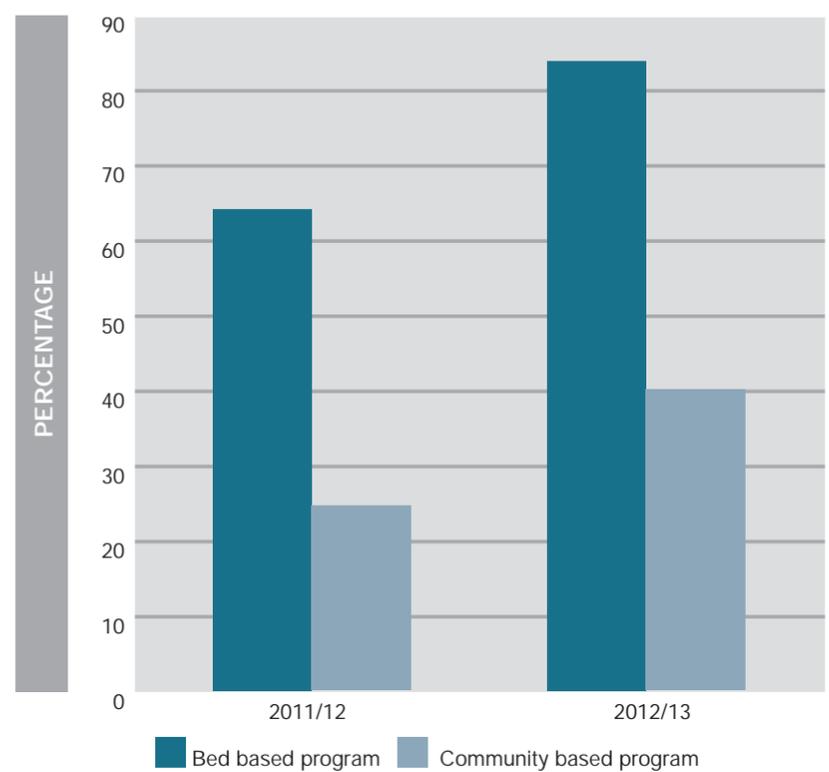
Case Study #2 –
An 82-year-old lady was assessed for HARP after symptoms from her chronic heart condition resulted in admission to hospital. She wasn't confident that she had the ability to walk in the street to do her shopping and socialise. The HARP nurse developed a care plan in liaison with her, her doctor and medical specialist that included a medication review and a gentle exercise regime to build her strength. It also included a self-management strategy for symptoms. After just six months, she achieved her goal without exacerbating her symptoms and reduced her presentations to hospital.

Transition Care Program (TCP)

Stawell Regional Health's TCP program supported 42 clients from across the region this year; a 20 per cent increase from last year.

The four-bed program (at Stawell Hospital) was at 84 per cent capacity compared to 64 per cent in the previous year. The community program (four places each year) had 40 per cent participation compared to 24 per cent the previous year (Figure 16)

Figure 16: Transition Care Program - Occupancy Rates



Above: Allied Health Assistant Sue Terbos with Transition Care Program (TCP) Manager Mary Bruce and TCP clients.

Continuity of Care (Cont'd)

Other highlights included the launch of the Breakfast Program. Fourth year Occupational Therapy student Samantha Hall, with the support of student supervisor Occupational Therapist Leanne Jackson, planned and launched this occupation based group for the bed-based TCP clients. Twice a week the clients prepare their own breakfast and dine with fellow clients and staff. Not only does this activity provide great social benefits, it enables clients to actively participate in their rehabilitation, using daily activities.

The TCP program is an option for senior patients who need more time to recuperate before returning home or to residential care. It helps them to regain confidence with mobility, manage meals and medication, accept services to support living safely in the community, and encourage activities like shopping and social outings.

Transition care is provided for up to 12 weeks and includes low intensity therapy and support from Physiotherapists, Occupational Therapists and Dietitians. Clients and their family or carers work with a care coordinator to assess and arrange discharge home or new care options such as residential care. To be eligible, patients must be in a hospital and undertake an aged care assessment.

The TCP program is run in conjunction with Ballarat Health Services, and SRH liaises with other health services in offering this program to clients from across the region.

Did you know?

Student Occupational Therapist Samantha Hall is a former Stawell girl who moved to Bendigo to study at La Trobe Rural Health School. This university aims to place students in their home towns and other rural/regional areas to encourage health professionals to consider working in these communities.



Above: Transition Care Program client participating in the 'Breakfast Program'.

This year the District Nurses completed extensive training in wound management and liaised closely with a regional wound-care consultant to increase healing rates for leg ulcers.

District Nurses work according to the Home and Community Care Active Service Model, which focuses on the individual needs of each client through a tailored care plan.

Allied Health

Our Allied Health Division provides an extensive range of outpatient services that are based at the Stawell Health and Community Centre and off site through the Rural Primary Health Services Program. All services use a prioritisation tool which ensures the person with the highest need is seen within the appropriate time frame.



Above: Allied Health Assistant Sue Terbos, RN Nicole Woodhams assist Transition Care Program client Lorna Longstaff.

Post Acute Care

This financial year 141 clients received Post Acute Care through Stawell Regional Health, and the service appointed a new coordinator, Liz Bacon.

Through the Post Acute Care service, patients with more complex needs discharged from hospital can receive short-term support like home care, personal care and District Nursing.

Averaging 14 clients per month, the service received the majority of referrals from Stawell Regional Health clinical staff. The coordinator designs a care plan specific to the client's needs in liaison with the client, their family and healthcare workers. They then coordinate service delivery for up to four weeks following discharge from hospital.

District Nursing

This year, Stawell Regional Health's team of four full time and four part-time District Nurses made 11,340 home visits across the region.

They provided a wide range of support to clients at homes so they could remain as independent as possible, including wound care, medication support, hygiene support and assessment, monitoring, and palliative care. They also provided Hospital in the Home to eligible clients; administering intravenous antibiotics and carrying out complex wound care.

Continuity of Care (Cont'd)



Above: Complex Care Co-ordinator Liz Bacon and client John Madden.

Rural Primary Health Services Program

This program takes allied health and community nursing services out in the community.

This year our Allied Health team expanded, with the appointment of a second Diabetes Educator, an Exercise Physiologist (supporting chronic disease) and additional Occupational Therapy services. Services to the community supported by Budja Budja Aboriginal Cooperative are provided by a full time Aboriginal Health Worker, in addition to the rest of the Allied Health team.

Achievements this year included the conclusion of the highly acclaimed and very successful Sustainable Farm Families in February. Our new Exercise Physiologist is consulting with small communities such as Landsborough regarding exercise groups to be held in the outreach locations. This will increase access to exercise groups for people with low mobility and limited transport options.

The program also continued to send Allied Health professionals to Landsborough, Navarre, Halls Gap and Marnoo each month to deliver:

- Family & Relationship Counselling
- Community Health Nursing
- Podiatry
- Speech Pathology
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Exercise Physiology.

This regular service provision to our district's more remote communities aims to assist people to manage their health effectively and reduce their need to travel. This is particularly important when older people in remote communities have limited access to transport.



Above: 94 year old war veteran Irene Young has her blood pressure checked by EN Shae Folkes.



Above: MSNH staff with Karen Conte Director of Clinical Services and Robyn Leslie NUM.

Continuity of Care (Cont'd)

Macpherson Smith Nursing Home

Across Australia, aged care continues to experience significant changes in funding and in the way services are delivered to the community and in residential care. With community support and input, the Macpherson Smith Nursing Home (MSNH) continues to positively move with these changes and ensure the provision of care is at its best.

MSNH was successfully accredited in September 2012, meeting all four standards and 44 outcomes.

Other highlights included the purchase of assessment and diagnostic equipment with Department of Health grants. Chair scales, additional bed air mattresses and equipment for the Leisure and Lifestyle Program were made possible through donations by the Ladies Auxiliary.

Storage was also upgraded for the kitchen and linen areas and for cleaning equipment.

A new electronic documentation system called 'Health metrics' which charts resident progress notes, assessments and care plans has been introduced. A project worker assisted with the implementation along with a working party comprising the NUM, ANUM and a RN, Endorsed and Enrolled Nurses. An internal referral system which enables staff to electronically refer residents to Allied Health disciplines has also been introduced.

Staff have also participated in the organisation-wide Wound Improvement Project. Troy Hilton completed his traineeship and a number of RN's and EN's completed tertiary studies. The facility welcomed VCAL student Lorena McIntosh who worked with the Leisure and Lifestyle Coordinator.

OH&S was supported by SRH's OH&S Officer and the MSNH Health and Safety representative. Staff reported and discussed any hazards in the nursing home, which were dealt with quickly for resident and staff safety. Risk assessments were also conducted. In May the OH&S Officer conducted a bed audit to ensure all beds are safe.

Person Centred Care

Person Centred Care means residents are cared for in the way they want to be cared for. This approach not only benefits residents and their families, it gives staff a sense of wellbeing that they are treating patients as per their wishes.

MSNH continues to ensure the environment and the care given is resident centred. The painting of the nursing home passageway and lounge areas and recarpeting of passageways was completed. Larger room numbers were placed at eye level for residents and signage continues to be updated in consultation with the Dementia Behaviour Management Service, to ensure the environment is calm and welcoming.

Annual optometrist reviews for residents have also commenced.

This year has seen an increase in direct care to residents by staff who spend more time meeting higher order needs of residents. Robyn Leslie (NUM) was invited to speak at a Carers Retreat in Halls Gap and was able to answer various questions about residential high level care.

Residents & Relatives Committee

The committee continued to play a major role in the functioning and future directions of the nursing home and comment on issues or improvements underway or being planned. As part of their valuable role, relatives and friends helped to update the Resident Information Manual so it was more user-friendly and relevant. This year a number of guest speakers attended the meetings and provided information about programs and services.



Above: EN Taki Haamid with resident Phillip Biggs.

Volunteers

Volunteers continued to be highly valued members of the nursing home team and play a vital role in enhancing and maintaining the quality of life for our residents. Volunteers assist with activities such as reading, friendly visiting, assisting with outings, musical entertainment and wheelchair walks, hand massages and manicures, bingo sessions, gardening and demonstrating new technology such as Skype to residents. Church representatives come in for one-on-one chats, communion and hymn singing and for services to remember past residents. The dedicated and caring volunteers also helped provide care to residents with disabilities. In January 2013 several volunteers were trained by the SRH's Dietitian and Speech Therapist to assist residents with their meals. This was a very successful initiative and is currently being further developed.



Above: Resident Joyce Aitken enjoys 'high tea'.

Continuity of Care (Cont'd)

Leisure and Lifestyle Program

The program continued to adapt to the changing needs and interests of our residents, and activities this year included crosswords, quizzes, footy tipping, barbecues, time in the garden and exercises with Allied Health professionals. Regular outings have included dining out, line dancing, scenic drives and attending the sheep dog trials and model railroad exhibition.

Many program activities are discussed at the Residents and Relatives meeting and new activities (at resident request) include folding washing, writing up the daily lunch menu on the menu boards in the dining rooms and decorating the meals table have been introduced. Volunteers and staff are spending more one-on-one time with residents reading papers, using the iPad and computer, playing games or in conversation. We also welcomed the assistance of several work experience students.

The program also arranged regular live entertainment from a pianist and local bands. The Uniting Church continues to run fortnightly church services for residents. Special days were also celebrated such as Australia Day, Chinese New Year and Oakes Day. Special visitors included a representative from Brambuk to celebrate NAIDOC week, ballroom dancers, 'Chooka' Parker, and students from local schools and kindergartens.

Pet Therapy

Residents are entertained and comforted by four pets that frequently visit and spend time with resident's families and staff. It is always a pleasure to see Daisy, Minnie and Fred who come in with their owners. One of our regular 'therapists', Rocky, retired in January and we held a retirement farewell for him to thank him for his hard work and dedication.

Thank you to all the hard working relatives and friends, staff within MSNH and all the visiting service providers and General Practitioners for the dedication and excellent care provided to all residents.



Above: Resident Joyce Graham with 'Daisy'.

Planned Activity Group at the Bennett Centre

The Planned Activity Group is for local seniors who are looking for a stimulating social outlet. This year the group continued to focus on 'Person Centred Care', which means activities are developed around clients' requests. Some of the popular activities held this year included trips out of town, dining out and special in-house events for Melbourne Cup Day and "Christmas in July". The group also held bingo, craft and tailored exercises for individuals. Staff continued their professional development in 'Living Longer, Living Stronger' – a strength and training exercise program for the over 50s, with two staff completing their certificate in Exercise and Fitness.



Above: Clients Alma Smith (left) and Kath Jose (right) participate in a strength training exercise class conducted by EN Moira Hateley.

Testimonial –

"I am an 84-year-old widow living alone. Before my fall and fractured shoulder I was able to go to the street do my shopping, visit neighbours and friends, meet with a ladies group for lunch at a pub regularly and many other normal social daily living activities. Now I'm not independent I rely on my daughter who is very good to me comes around most days, does my shopping and makes sure everything is okay at home. The Planned Activity Group gives me the social outlet that I find so important. Along with meeting new friends I enjoy the activities and outings. I surprise myself sometimes with what I know with the quizzes and crosswords. I find the exercises keep my old joints moving. I find I love some simple things in life like going for drives and walking around the lake".



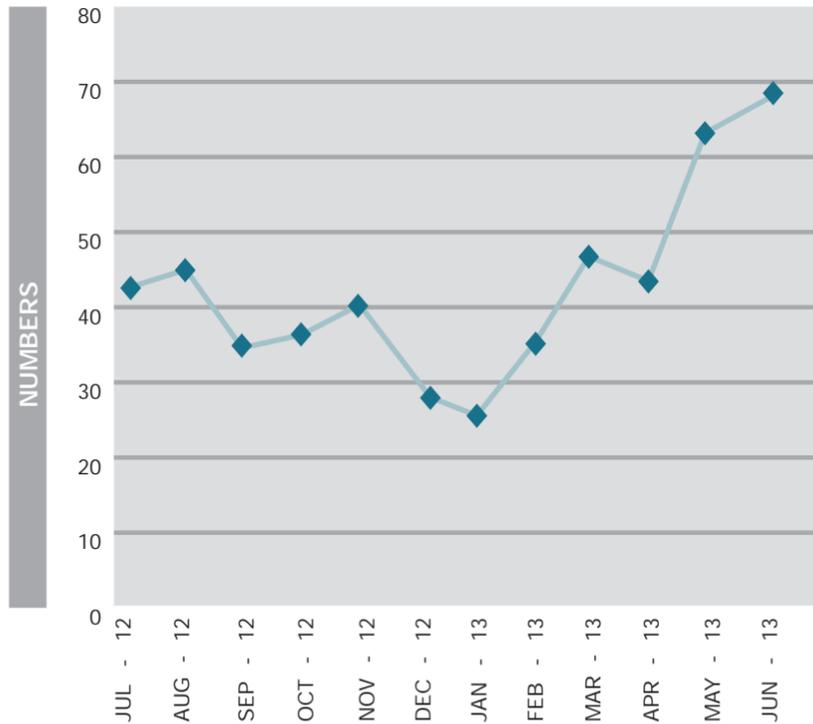
Above: Volunteer Olive Karam assisting Planned Activity Group client Mavis Radley with footy tipping.

Continuity of Care (Cont'd)

John Bowen Oncology Unit

There has been a steady increase in patient numbers (Figure 17) at Stawell Regional Health's day oncology unit, including patients from Horsham, Warracknabeal, St Arnaud, Donald and even as far as Nhill. This is due to the current high demand on oncology services at Wimmera Health Care Group.

Figure 17:
Attendances at the John Bowen Oncology Unit 2012-2013



To accommodate these new patients, six nurses at SRH were up-skilled so they can work in the unit as required on rotation. They attended a chemotherapy workshop run by Peter McCallum Cancer Centre in Horsham and took part in on-site education sessions.

In February the unit welcomed back Professor George Kannourakis. There is now an Oncologist consulting once a week with Dr John Sycamias attending every second and fourth Thursday and Professor Kannourakis every first and third Wednesday.

As part of the service expansion, an Oncologist from Ballarat Health will also start consulting in Stawell once-a-week from September 2013 as part of Ballarat Health's commitment to provide better cancer services to regional areas. This means that patients from the region, who would normally have to travel to the Ballarat Regional Integrated Cancer Centre, can conveniently have their treatment in Stawell.

Staff and patients of the day oncology unit at Stawell Regional Health experienced great change this year due to the building of the new Community Rehabilitation and Oncology Centre on site.

There were many months of planning prior to temporarily relocating the day oncology unit to the Bennett Centre in February 2013. This included reviewing and modifying policies and procedures and safety systems to ensure continued quality of care. At the temporary site, patients receive chemotherapy and there is a consulting room for patients to see their Oncologist, plus a reception and waiting area.

This year the unit was greatly supported by the hospital's fundraisers and the broader community, with donations enabling the purchase of new equipment for the new oncology centre. Local volunteers, including two newcomers, keep our patients company and serve refreshments. They are a very valuable part of the team.

Plans for the future include regular meetings with members of the Allied Health team and Grampians Integrated Cancer Services, and some patients participating in an Oncology Rehabilitation Program aimed at improving physical function and endurance when having treatment for cancer. The program will also provide psychological, social and emotional support for carers/family.



Above: ANUM Jan Sherwell primes an intravenous line for an oncology patient.

Rehabilitation Programs

Hydrotherapy

Forty-five individual Hydrotherapy sessions were held at the Stawell Leisure Complex this year by Stawell Regional Health's Allied Health services. Until May 2013, the sessions were run by an hydrotherapy trained Physiotherapist. From June 2013, the sessions have been conducted by an Exercise Physiologist.

Hydrotherapy patients are referred to the program by other health professionals to help strengthen their cardio-respiratory system, improve muscular strength and endurance; enhance flexibility and joint range of motion. The water enables patients to exercise in a reduced weight bearing environment. Patients are encouraged to continue exercising at the pool after their prescribed therapy sessions for maximum health and wellbeing benefits.



Above: Exercise Physiologist Nicole Dixon with client Irene McDonald at the Hydrotherapy class.

Cardiac and Pulmonary Rehabilitation

Stawell Regional Health's Cardiac and Pulmonary Rehabilitation Program offers twice weekly education and exercise classes over an eight-week period.

After each eight week program, participants are invited to return for long-term follow-up checks as part of their continuing management. Whilst people with cardiac issues usually don't require further involvement once they're finished the program, chronic pulmonary clients are advised to attend the rehabilitation program once every 12 months to maintain their health.

Because of the very different needs of these two patient groups, this year the Program manager undertook a review of the service and benchmarked against two other regional health services and the available evidence supporting best practice.

The review showed that the SRH program meets the best practice guidelines for Cardiac Rehabilitation and the Pulmonary Rehabilitation Guidelines of Australia, however, the key recommendations made by the program manager and Allied Health team were as follows:

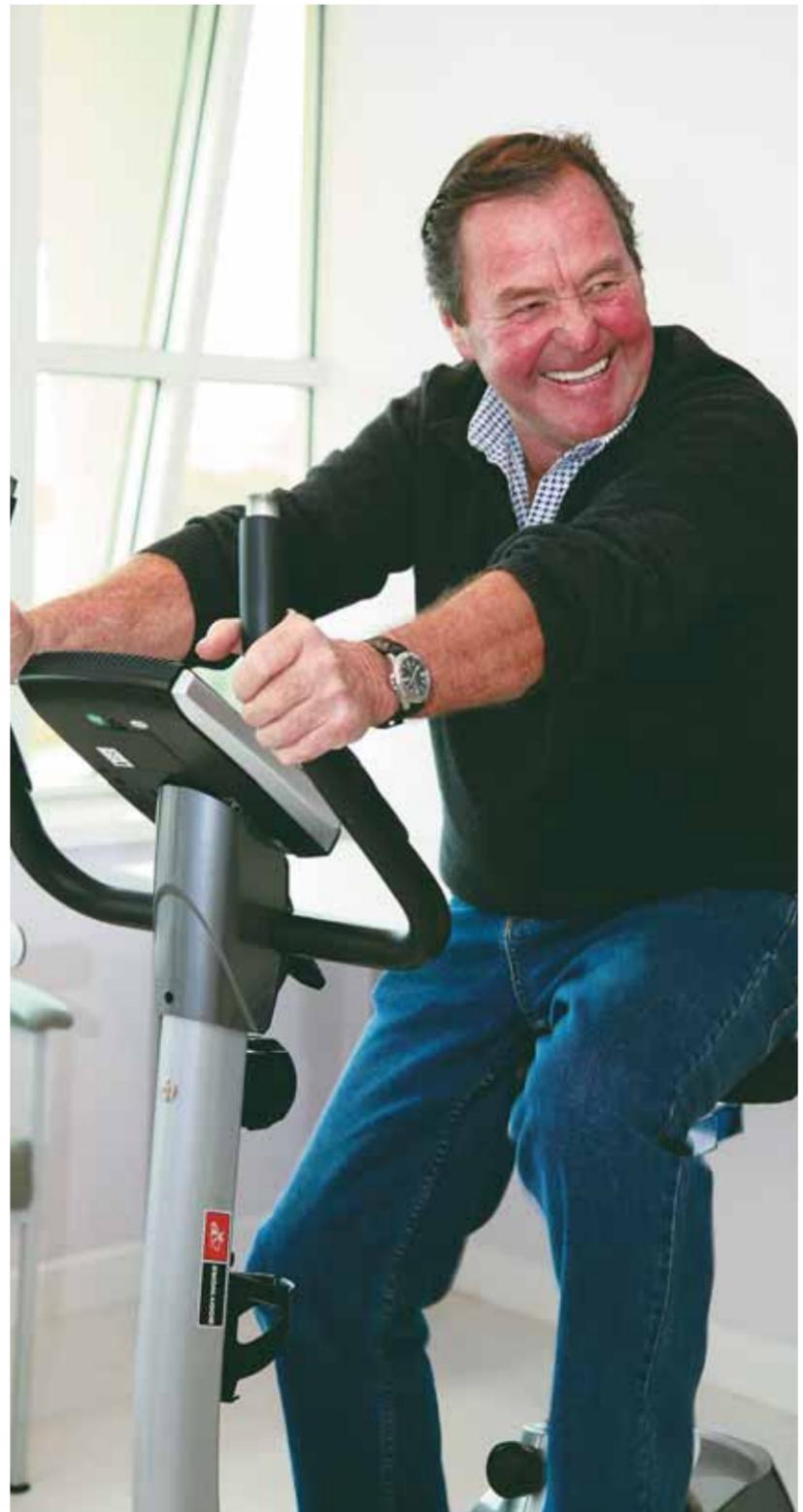
- Separate the Cardiac and Pulmonary Rehabilitation classes
- Conduct the Pulmonary Rehabilitation Program as an eight-week program four times per year
- Consider development of a pulmonary exercise maintenance group to support Pulmonary Rehabilitation 'graduates'
- Develop a respiratory support group initially supported by SRH staff that will become self-sustaining
- Develop a Cardiac Rehabilitation maintenance group to provide ongoing support to help facilitate behaviour change and to provide positive feedback

- Adopt Quality of Life assessments such as the Bott and Hyland Breathing Problems Questionnaire and the Dartmouth Coop Functional Assessment charts
- Cardiac and pulmonary clients would benefit from being screened for depression and anxiety, and the inclusion of the K10 depression screening tool or the Hospital Anxiety and Depression scale could be utilised for this purpose.

These recommendations have been accepted, and will be incorporated later in 2013.

Since June 2012, 73 referrals have been received for Cardiac/Pulmonary Rehabilitation. Of these referrals, 58 people have attended the program with eight people completing the full eight week program. There has been greater acceptance of places in the program in the last quarter of the year.

We look forward to offering the new Pulmonary Rehabilitation and Cardiac Rehabilitation Programs from our new Community Rehabilitation Centre in 2014.



Above: Cardio/Pulmonary Program participant Brian Rasche.

Rehabilitation Programs (Cont'd) Preventative/Promotional Programs



Above: Allied Health Assistant Nicole Nicholson and student Alex Prockter with Gait and Balance class participants.

Gait and Balance Clinic

The Gait and Balance Clinic helps identify falls risk factors for individuals and then assists in reducing as many of these as possible. Patients are assessed by the Occupational Therapist, Podiatrist and Physiotherapist. The team then meets and collates a list of risk factors for that patient and potential strategies for helping to overcome these. This information is then given to the patient and their doctor. Examples of strategies include specific exercises, footwear changes, modifications to the home, changes in gait aid, vision testing and Gait and Balance classes.

In the 2012/13 financial year 84 people were referred to Stawell Regional Health's Gait and Balance Clinic by their family, themselves, their GP or other health providers. Out of these referrals, 33 were assessed at the clinic. Nineteen were referred on to Allied Health clinicians and 38 were referred to a Gait and Balance class (one class per week for 15 weeks*). Sixteen graduated (same as 2011/2012) and nine people continued on. Eleven patients couldn't complete the course due to illness or surgery and two chose not to attend the classes. Those who complete the course are invited to review classes throughout the year which are run each month and not only refresh their exercise techniques, but provide great social stimulation.

During the year staff followed up participants who didn't attend more than two classes to ensure they were receiving the support they may need. They also like to ensure that participants complete their home exercise program, as two-hours-per-week on an ongoing basis is the recommended exercise for falls prevention (Sherrington C, Tiedemann A, Fairhall N, Close J, Lord S 2011).

**The aim is to reach 50 hours of exercise training - the recommended amount needed to reduce falls (Sherrington C, Whitney JC, Lord SR, Herbert RD, Cumming RG, Close JC 2008).*

Diabetes Education

New initiatives were introduced to Stawell Regional Health's diabetes education service this year to improve prevention and management of Diabetes in our local community.

An additional Diabetes Educator was employed, providing an extra two days of service. This has reduced waiting times for patients wanting to access the service.

A Diabetes Educator attends the Stawell Medical Centre, giving patients better access to information about planning or improving their Diabetes management. Ensuring early appropriate management and yearly reviews will help them obtain better health outcomes.

Local diabetes education has also been enhanced through a new initiative at Stawell Medical Centre, whereby patients can connect with an endocrinology consultant in Melbourne via telemedicine. This initiative greatly reduces the need for local patients to travel to larger centres for this high level of expertise, and positions Stawell as a diabetes education centre comparable to other larger centres.

As part of the Get in Shape Lifestyle Challenge in April (joint initiative of SRH and Grampians Community Health), there was strong focus on Diabetes. Educators helped participants gain the necessary knowledge to prevent or better manage their Diabetes.



Above: Cardio/Pulmonary Program Co-ordinator Viv Cole puts Annette Lewis and John Tiddy through their paces.

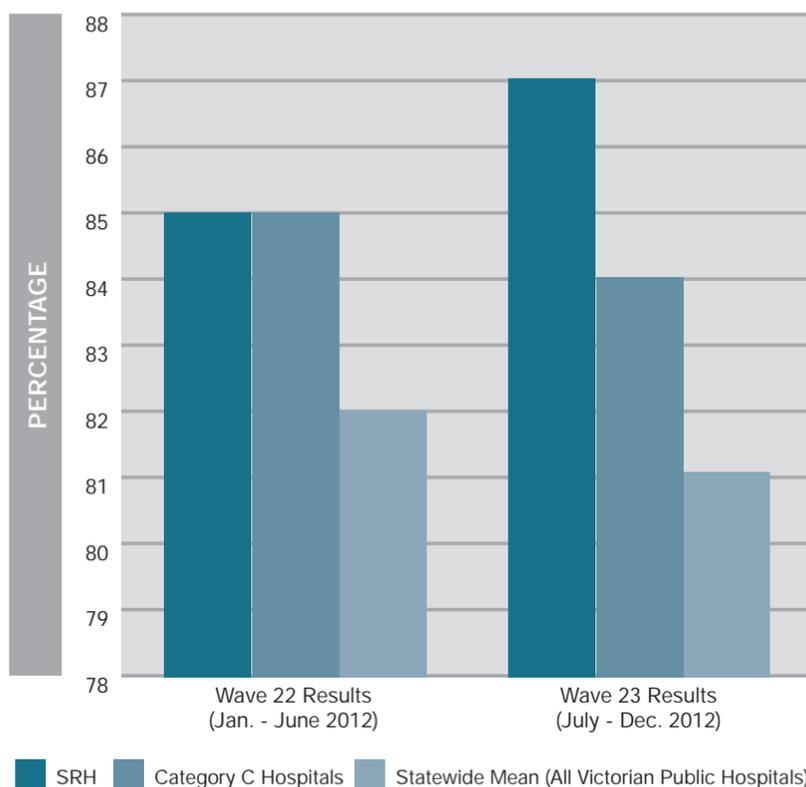
Gathering Your Feedback

Gathering Your Feedback

Stawell Regional Health monitors consumer satisfaction through a number of internal surveys and the Victorian Patient Satisfaction Monitor (VPSM).

The VPSM is conducted over two, six-month periods each year and asks people who have been discharged from hospital a number of questions about their stay. SRH can then compare its results against hospitals of similar size (Category C hospitals) and also against all Victorian hospitals (state-wide benchmarks) (Figure 18). This year hand held electronic devices called 'Patient Experience Trackers' were introduced to Simpson Wing to measure patients' hospital experience by asking them five questions about aspects of their care. It is expected that these devices will also be introduced to the Day Procedure Unit, District Nursing and Day Oncology Services. Patients entering the Day Procedure Unit are currently asked for feedback in relation to the information provided to them in our brochures.

Figure 18 : Consumer Participation Indicator (VPSM)



Other Ways We Gather Feedback

SRH also gathers valuable feedback via Allied Health appointments (either in Stawell or as part of the outreach program) and at Macpherson Smith monthly resident and relative meetings. Over the next few months a survey will be sent to clients who attend Allied Health outreach services. There is also a Suggestion, Complaints, Compliments (SCC) form available at all hospital, residential and allied health reception points across the organisation. Feedback is reviewed at the bi-monthly Quality Improvement and Risk Management Committee meeting.

Improvements

During the year SRH received 13 formal suggestions from the public about how the health service could be improved. As a direct result we have asked all staff to wear ID badges at collar level to be more visible. We have also started varying the vegetarian meal options for patients and reviewed the temperature of soup at meal times. In the cafeteria SRH has reviewed the availability of food for visitors out of business hours and the variety of yoghurt available. SRH has also reviewed the height and size of garden hedging at the front of the hospital, investigated the feasibility of providing a visitors' toilet at Macpherson Smith Nursing Home and ensured residents who would like to listen to the recorded church service tape are able to access this. Introduction of a fitness maintenance program is in the planning phase by the Cardiac Rehabilitation Co-ordinator and the Exercise Physiologist.

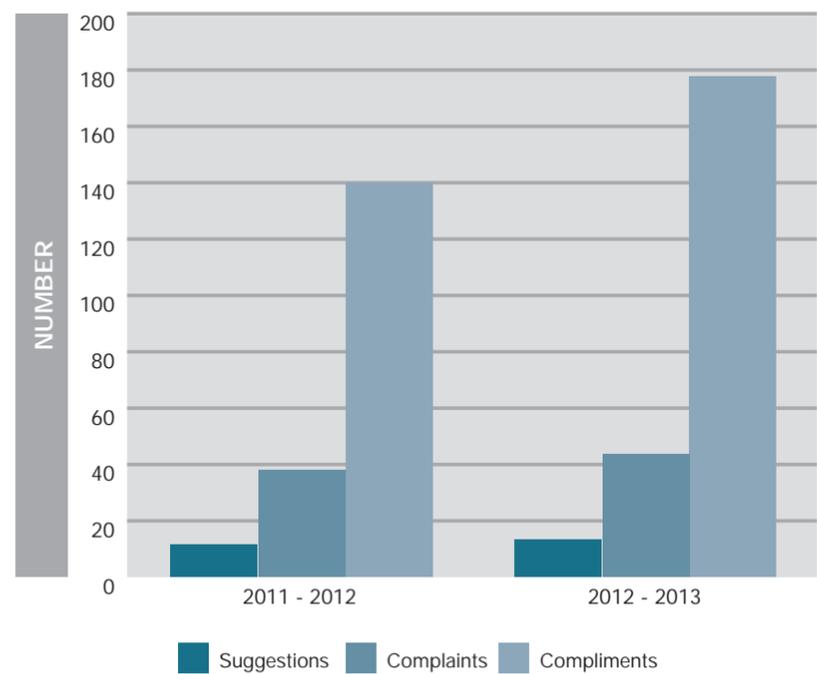
Compliments

During the past year we received 177 compliments on the SCC forms, letters and cards of thanks. Figure 19 tracks feedback received during the past two financial years.

Complaints

Complaints are an important part of continuous improvement. We acknowledge, assess and respond to all complaints. During the past 12 months we received 44 complaints regarding clinical care, staff behaviour, food and service costs. As a result we have made a number of service improvements across the organisation.

Figure 19 : Consumer Feedback



Above: Private Patient Billing Co-ordinator Sandra Dunn.

Our Supporters



Above: Members of the Ladies Auxiliary.

Ladies Auxiliary

During the past year the Ladies Auxiliary tagged \$10,000 for the new oncology unit at Stawell Regional Health and purchased an air bed, chair scale and rehabilitation and activities equipment to the tune of \$3441 for the Macpherson Smith Nursing Home.

This year's fundraising activities included a casserole luncheon for 100 people with the assistance of the Y-Zetts, as well as a games afternoon. The annual Christmas dinner fundraiser was held at Trackside Bar and Bistro, with Gary Middleton volunteering as Santa. The group also helped the Y-Zetts with cooking for a Rotary function.

The Auxiliary catered for a mega Wine and Savoury fundraiser, which featured the very popular wine auction led by volunteer auctioneer Terry Monaghan. Wines were generously donated by Best's, Kimbarra and Seppelt wineries and beer for the event was provided by David Stanes of the Town Hall Hotel. Volunteer bar attendants included Eleanor and Ken Reid.

Community donations received this year by the Auxiliary included \$199.50 from the Stawell Bowls Club and \$46.50 from Landmark Harcourts Stawell through Don Murphy.

The Auxiliary farewelled Shirley Carter who moved to Ballarat and welcomed Pam Byron and Bernice Brown, bringing the membership to 23 volunteer fundraisers. Doreen Bibby and Joy Seary were awarded their 10 year recognition award from the Board of Management.

Special presentations at the Auxiliary's monthly meetings included subjects such as emergency evacuation procedures and Stawell Regional Health's Transition Care Program for patients. Another key moment for the Auxiliary was farewelling SRH Promotions and Fundraising Officer Meg Blake. To mark appreciation for her support of the Auxiliary, she was presented with a grafted apple tree.

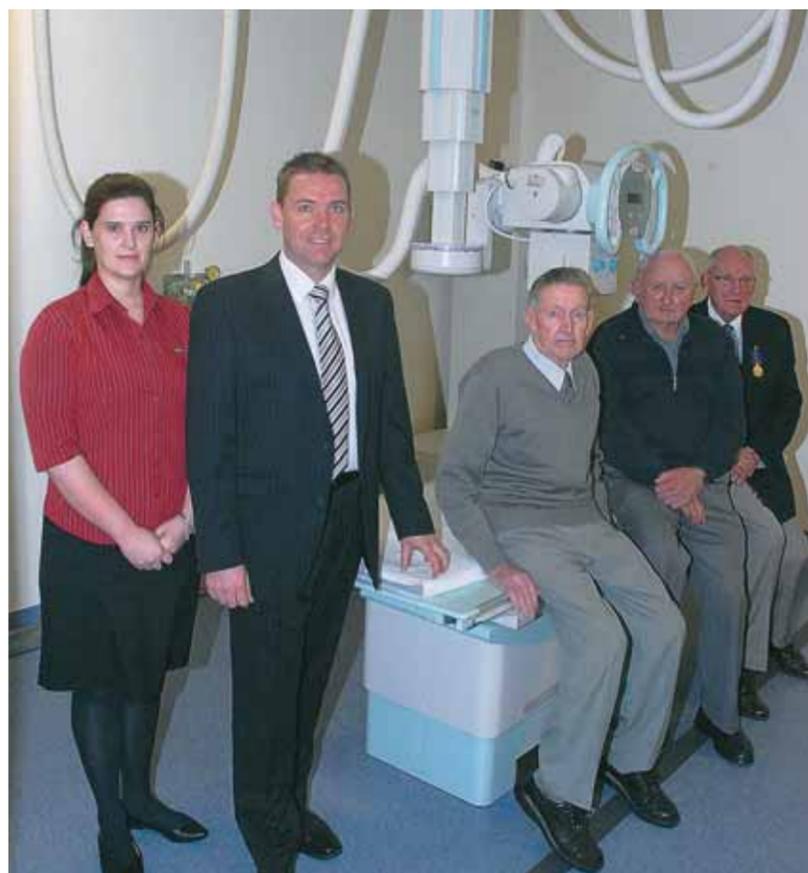
SRH Foundation

The Stawell Regional Health Foundation was established in 1989 and operates under a Trust Deed which was established at that time. The Foundation meets quarterly to discuss its activities and to determine the way in which it can assist Stawell Regional Health through the provision of funds for replacement or new equipment. The Foundation members have continued to observe the objectives of the Foundation which provides a source of funds for health services equipment where it may not have necessarily been able to source these funds from either

its own resources or from other arms of government. The Foundation has determined that it will maintain as a minimum, a corpus or protected amount of \$1m within the Foundation as a secure means of retaining the viability of the Foundation.

During the past year the Foundation has considered requests from the hospital and has approved funding of \$100k for an X Ray Machine. The Foundation had a closing balance of \$1.345M at the end of the 2012/13 financial year.

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 with the Chief Executive of Stawell Regional Health. A donation form can also be accessed directly from Stawell Regional Health's website.



Above: Chief Executive Rohan Fitzgerald, Chief Radiographer Marsole Greyvensteyn with SRH Foundation members John Blay, Ken Dadswell and Dr Norman Castle OAM.

Our Supporters (Cont'd)

Y-Zetts

Kicking off the year was the highly anticipated annual Y-Zetts Shopping Spree which raised \$5,000 for Stawell Regional Health. Over 200 eager shoppers visited a large number of participating retailers over three hours, grabbing bargains and boosting Christmas sales for local businesses.

Although not a big money raiser, the monthly Car Boot sale was gaining momentum when it was decided to make the move and join with the local Farmers Market. Unfortunately due to change of location it was decided not to continue.

In May this year, the Y-Zetts catered for the Annual Rotary Assembly for the 13th year in a row with the valued support of the Ladies Auxiliary, hospital catering staff and friends of the Y-Zetts. This activity also raised over \$5,000.

During the year, the Y-Zetts purchased an AccuVein for the hospital at a cost of \$7,800. This piece of equipment provides vein illumination and is particularly useful and appreciated by staff in the oncology unit.

Together with the Ladies Auxiliary, the Y-Zetts' fundraising efforts enable the funding of equipment which continue to position Stawell Regional Health as one of the best equipped hospitals in rural Victoria.

Murray to Moyne Relay

The 2013 Stawell Medical Centre 'Sprockets' cycling team once again completed the gruelling 520 kilometre relay ride from Echuca to Port Fairy to raise funds for our local health service.

Celebrating its 27th year in the Murray to Moyne, the 11-member Sprockets team raised an impressive \$12,870 – well exceeding its \$10,000 target - for the Macpherson Smith Nursing Home.

This year's riders were Naomi Altmann, Terri Clark, Cliff Dudley, Darren Linke, Geoff McDermott, Anthony Morey, Tony Rathgeber, Geoff Richards, David Tapscott, Peter Wemyss and ride coordinator David Francis.

The support crew included Stawell Regional Health Pharmacist Somnath Sekaran, Geoff and Josie Illig and Stumpy Healey.

Many staff members from Stawell Regional Health kicked in to help the Sprockets prepare for the ride including Allied Health, Food Services, Macpherson Smith Nursing Home and the Bennett Centre.

This year funds have been allocated to the Macpherson Smith Nursing Home and the Bennett Centre to purchase equipment to enhance residents and clients comfort and safety.



Above: The Sprockets, Murray to Moyne Team at Port Fairy.



Above: Y-Zetts members; Lyn Bibby, Meg Blake, Helena Nicholson and Joan Brilliant.

Staff Awards/Life Governors

Staff Awards

10 Year Service

Shae Folkes
Rachel Nicholls
Anna Sullivan

20 Year Service

Chris Gillmartin
Terry Ann Howard

25 Year Service

Pam Dunn

30 Year Service

Garrie Martin
Heather Thomas

40 Year Service

Mavis Graham

Life Governors of Stawell Regional Health

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

Glossary / Feedback Form

Glossary

ACAA	Aged Care Standards Accreditation Agency	MSDS	Material Safety Data Sheets
ACHS	Australian Council on Healthcare Standards	MSNH	Macpherson Smith Nursing Home
ANUM	Associate Nurse Unit Manager	NAIDOC	National Aboriginal and Islander Day Observance Committee
AQL	Accepted Quality Level	NSQHSS	National Safety and Quality Health Service Standards
ATSI	Aboriginal Torres Strait Islander	NUM	Nurse Unit Manager
BHS	Ballarat Health Services	OH&S	Occupational Health and Safety
BOM	Board of Management	PPE	Personal Protective Equipment
CFA	Country Fire Authority	RN	Registered Nurse
CPI	Consumer Participation Indicator	SCC	Suggestion Complaint Compliment
CRC	Community Rehabilitation Centre	SFF	Sustainable Farm Families
CT	Computed Tomography	SH&CC	Stawell Health and Community Centre
DoH	Department of Health	SHCR	State wide High Care Rates
DVA	Department of Veterans Affairs	SRH	Stawell Regional Health
EN	Enrolled Nurse	VCAL	Victorian Certificate of Applied Learning
EWHS	East Wimmera Health Services	VPSM	Victorian Patient Satisfaction Monitor
FTE	Full Time Equivalent	YTD	Year to date
GCH	Grampians Community Health		
GP	General Practitioner		
HACC	Home and Community Care		
HARP	Hospital Admission Risk Program		
HIV	Human immunodeficiency virus		
HWA	Health Workforce Australia		
ICAP	Improving Care for Aboriginal and Torres Strait Islander Patients		
ICP	Infection Control Program		
ISR	Incident Severity Rating		
L&L	Leisure and Lifestyle		
MMP	Medication Management Plan		

We'd love to know! There are two ways to give us your feedback.

1. Online Survey

Please go to our website www.srh.org.au and follow the links to our quick survey.

2. Mail

Please fill out the following form and return it to : The Quality Manager, Stawell Regional Health, 27-29 Sloane Street, Stawell, Victoria 3380.

1. Receiving the report in the newspaper was a great way to reach me

Strongly Agree Agree Disagree Strongly Disagree

2. The information in the report was easy to read and understand

Strongly Agree Agree Disagree Strongly Disagree

3. The report helped me understand Stawell Regional Health's approach to quality and safety

Strongly Agree Agree Disagree Strongly Disagree

4. What I'd like to see in next year's report

.....

.....

.....



STAWELL
REGIONAL HEALTH

2012 - 2013

Quality of Care Report
Caring for our Community

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