



STAWELL
REGIONAL HEALTH

2011-2012

Quality of Care Report

Caring for our community



www.srh.org.au

Contents

Summary of Services	3	Continuity of Care	
Introduction	4	Admission	21
Our Processes and Systems		Clinical Handover	21
Clinical Risk Management	5	Discharge	21
Managing Falls	6	Hospital Admission Risk Program (HARP)	22
Safe Use of Blood and Blood Products	6	Transition Care Program (TCP)	22
Preventing & Managing Pressure Injuries	6	Post Acute Care (PAC)	23
Medication Safety	6-7	District Nursing	23
Preventing & Controlling Healthcare Associated Infections	8	Allied Health	23
Hand Hygiene	8	Rural Primary Health Services Program	23
Influenza Immunisation	9	Satewide Service Coordination Survey	23
Our Cleaning Standards	9	Operating Theatre	24
Waste Management	9	Equipment and Technology	24
Residential Care Indicators	10	Improving Care for the Older Person (ICOP)	25
Occupational Health & Safety		Macpherson Smith Nursing Home	26
Incidents Reduced	11	Residents & Relatives Committee	26
Emergency Management Change	11	Volunteers	26
Reviews and Accreditation		Leisure and Lifestyle (L&L) Program	26
Clinical Governance Policy	12	Pet Therapy	27
2011/2012 Achievements	12	Equipment	27
Ongoing Accreditation	12	Future Projects & Initiatives	27
SRH Team Update		John Bowen Oncology Unit	28
Recruitment with technology	14	Bennett Centre (Planned Activity Group)	28
HRIS saves time	15	Rehabilitation Programs	29
Staff communication clearer	15	Aquatic Therapy	29
Metro/Rural Graduate Nurse Experience	15	Cardiac/Pulmonary Rehabilitation	29
CasConnect - Rural Health Bank	15	Gait and Balance Program	30
How We Promote Health		Preventive/Promotional Programs	31
Looking after our staff	16	Diabetes Self Management Program	31
Sustainable Farm Families, Navarre	16	Gathering Your Feedback	
Kids 'Go for your life'	17	Victorian Patient Satisfaction Monitor (VPSM)	32
Reaching all corners of our community		Other Ways we Gather Feedback	32
'Doing it with us not for us'	18	Suggestions	32
Improving Care for Aboriginal & Torres Strait Islander Patients	19	Complaints	32
Cultural Response Indicators	20	Compliments	32
		Our Supporters	
		Stawell Regional Health Foundation	34
		Ladies Auxiliary	35
		Y-Zetts	35
		Murray to Moyne Relay	35
		Life Governors	36
		SRH Board Members	36
		Staff Awards	37
		Remembering Helen	37
		Glossary	38
		Feedback Form	39

Front cover: Helen Streets visits TCP patient and long-time friend Joan Pickering, RN Nicole Woodhams looks on.

Designed by: Designlink designlink.fairfax.com.au Printed by: Fairfax Media fairfax.com.au

Photography: Kerri Kingston

Summary of Services

Urgent Care Centre

Allied Health

- Audiology (visiting)
- Contingence Clinic
- Diabetes Education
- Nutrition & Dietetics
- Hospital Admission Risk Program (HARP)
- 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
- Aged Care Assessment Service

Maternity Care

- Early pregnancy assessment & care coordination
- Antenatal classes
- Shared care model
- Domiciliary visits
- After birth care

Medical

- Day oncology unit
- Acute Care

Medical Imaging

- X-ray
- CT
- Ultrasound

Residential Aged Care

- High care facility
- Transition Care Program

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

Surgical and Anesthetic Services

- Pre Admission Clinic
- Day Procedure Unit
- Operating Suite/CSSD

St John of God Pathology



Introduction



The 2011/2012 Quality of Care Report has been developed by Stawell Regional Health to inform the Stawell and district community about the processes and systems we have in place to provide the highest possible quality of care to patients and residents, as well as areas that we've identified for improvement and what some of those changes may be.

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 hospital reception or online at www.srh.org.au.

The previous year's report was also distributed through the local newspaper and an evaluation feedback form was included. From the responses received, they all 'strongly agreed' and 'agreed' the report was easy to access through the newspaper, 'strongly agreed' that the information was easy to read and understand, and 'strongly agreed' and 'agreed' that the report helped them understand SRH's approach to quality and safety issues.

Thank you to everyone who took the time to give us feedback on last year's report and we hope you enjoy reading about the organisation's accomplishments, challenges and service developments during 2011/2012.

Above: Nursing staff on Simpson Wing



Rohan Fitzgerald
Chief Executive Officer

Our Processes & Systems



RN Kristy Yole with RN Nicole Woodhams and students Grace Reid and Rebecca Peters

Clinical Risk Management

Falls, medication errors and pressure injuries are recognised both nationally and internationally as major safety issues in health care and residential aged care facilities. SRH has processes in place to reduce the risk of harm to patients and residents:

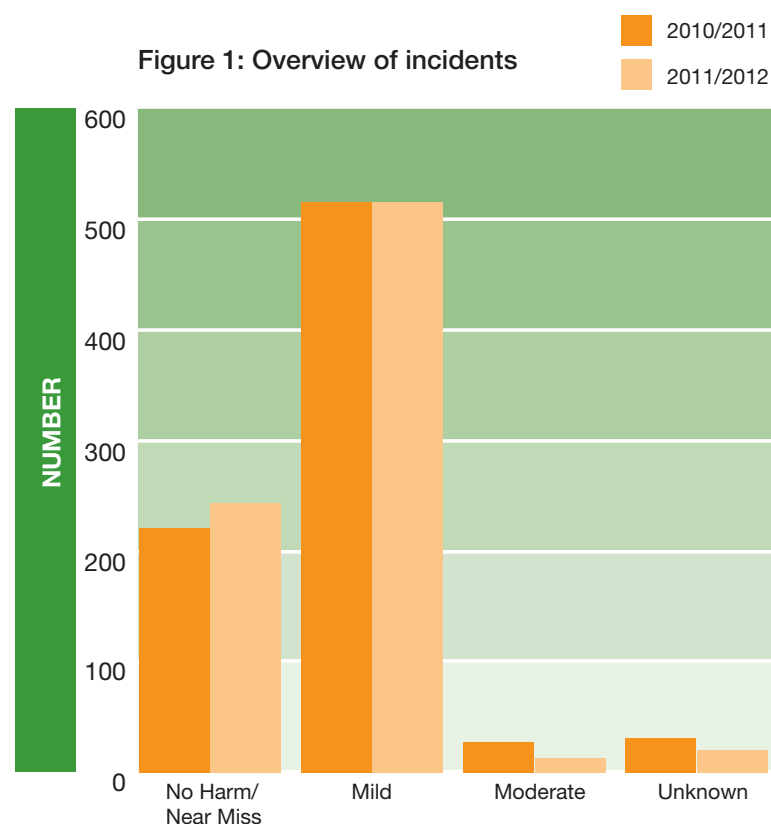
1. Identify any circumstances that put patients and residents at risk of harm
2. Record when things go wrong or have the potential to go wrong on the Victorian Health Incident Management System (VHIMS), an online program for all Victorian public hospitals enabling monthly reporting to the Department of Health
3. Act to prevent or control any risks identified

Figure 1 shows an Overview of Incidents.

Summary

This year we recorded 771 incidents, which were 46 less compared to last year. 727 of these incidents were either mild or no harm was sustained. 27 incidents related to non-clinical issues such as security or maintenance and 17 were moderate. No incidents were rated as severe.

Figure 1: Overview of incidents



Examples of Improvements & Strategies

- Reviewing specific policies and procedures
- Providing staff training and education
- Developing new documentation
- Introducing more robust checking systems
- Providing visual prompts for staff
- Developing clear information for consumers
- Transferring patients to more appropriate facilities for specialised care
- Removing faulty equipment from use
- Providing and using mechanical aids
- Regularly checking and auditing

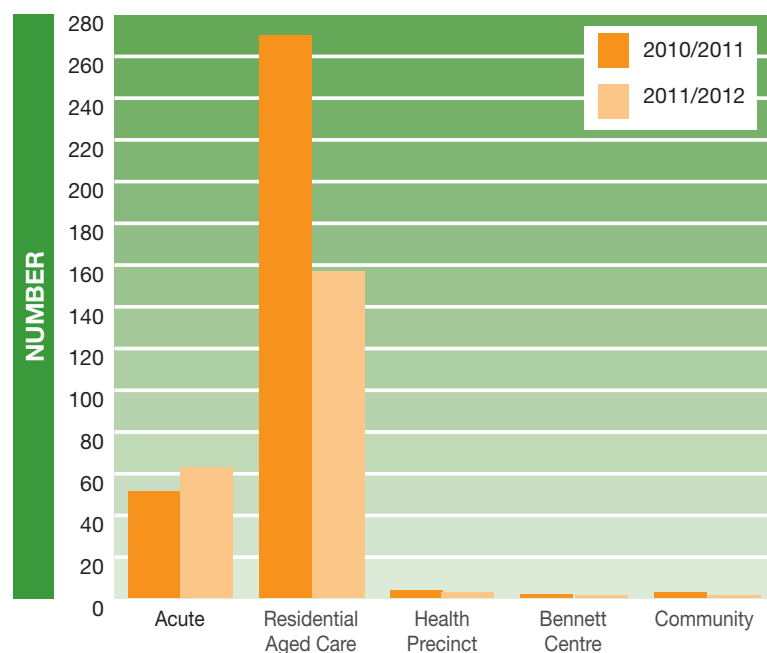
Our Processes & Systems (Cont'd)

Managing Falls

When patients are admitted to the hospital or residential aged care, their nurse completes a falls risk assessment. If patients are at a high risk, we may do any of the following:

- Put bed in low position and put bed rails down
- Refer patient to a Physiotherapist and/or Occupational Therapist
- Use hip protectors for patient
- Use a sensor mat alarm
- Provide non-slip socks
- Provide a falls information pack to patient

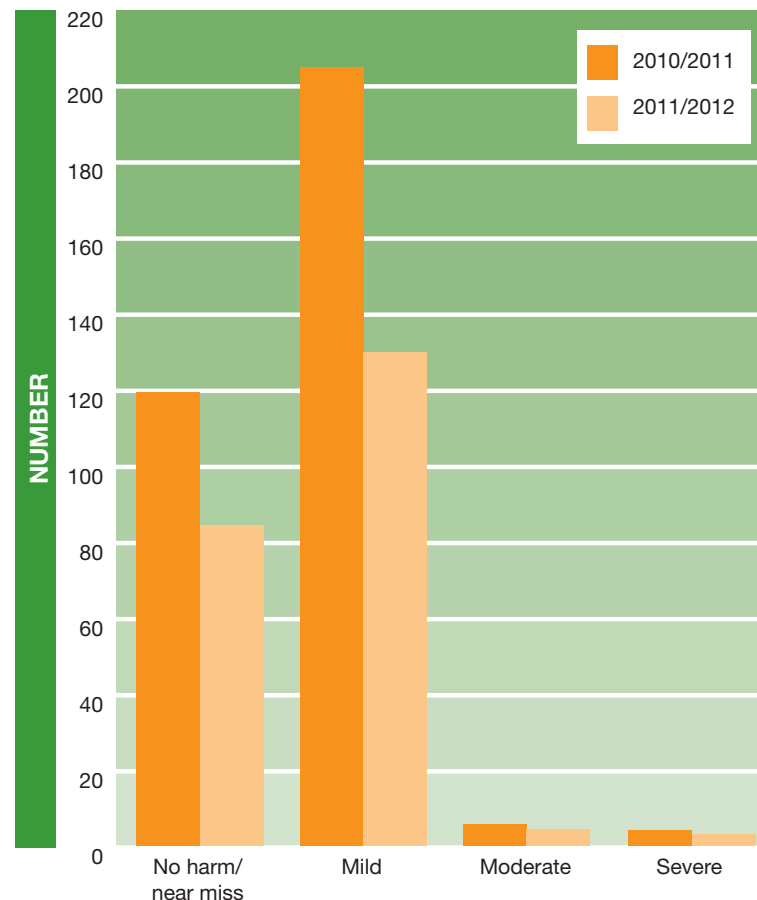
Figure 2: Number of falls



During the past 12 months we've been working hard to reduce the incidence of falls. Not only have the number of incidents dropped, but the type of injury sustained is less severe.

Figure 2 demonstrates the Number of Falls and Figure 3 shows the Severity of Falls.

Figure 3: Severity of falls



Safe Use of Blood & Blood Products

In April 2012, we participated in a nationwide comparative audit of blood transfusion policies and practice with 85 other health services. This helped us assess if our blood administration policy was consistent with, and followed the national guidelines. These results showed that SRH meets best practice standards with an average of 80% in the areas of hospital transfusion policy, hospital transfusion practice audit and practice risk assessment.

Preventing & Managing Pressure Injuries

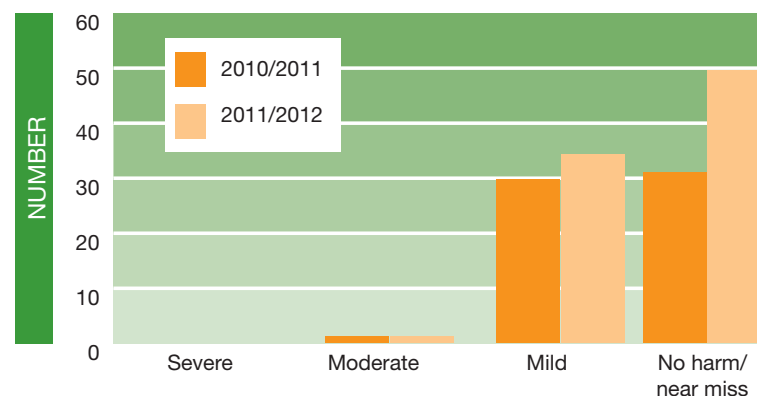
A pressure injury (lesion, ulcer) is damage to underlying tissues caused by lying or sitting in one position for too long. They can also be caused by age, poor nutrition, smoking or other illnesses. We assess patients for the likelihood of pressure injuries upon admission, after an operation, if there is a change in condition and at discharge.

Medication Safety

Medication Safety at SRH is governed by a multidisciplinary team and our staff members are encouraged to report any incident involving medication safety. Reducing errors and harm from medicines through safe and quality use of medicines is an important element of medication safety. Increased reports of 'mild' and 'no harm or near miss incidents' during the past two years show that our reporting system is working.

Figure 4 shows the Medication Incident Severity.

Figure 4: Medication incident severity



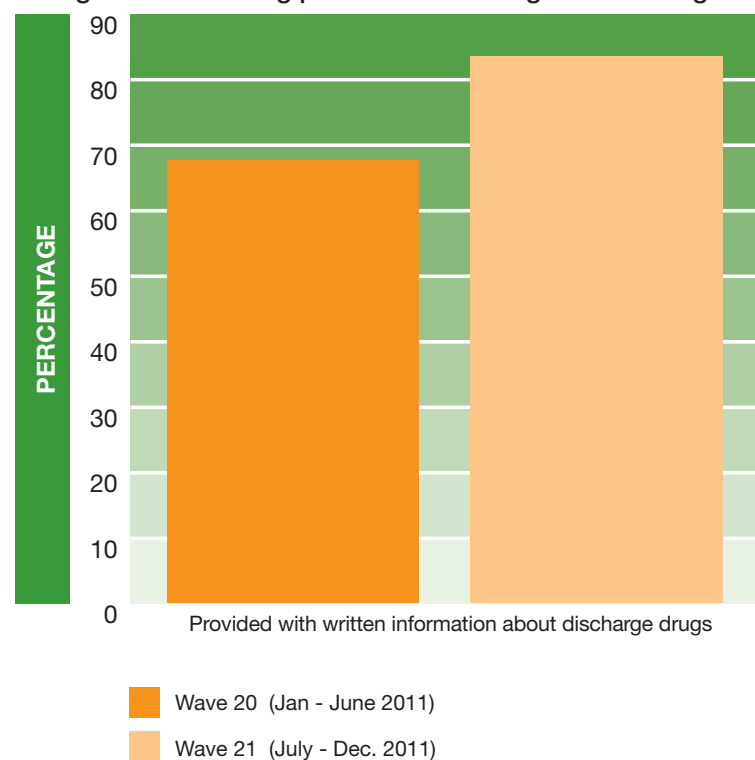
Improvements we've made

- Clarifying the use of certain medications such as antibiotics
- Running a Quality Use of Medicines program for nursing staff with the hospital pharmacist to reduce the risk of medication incidents
- Introducing reminder stickers on medication charts to improve safety of insulin administration
- Introducing user applied labeling of injectable medicines, fluids and lines
- Educating nursing staff on medications used for Parkinson's disease
- Introducing the National Inpatient Paediatric Medication Chart
- Auditing patient medication charts to identify areas for improvement
- Reintroducing medication history reconciliation and medication changes tool form

Figure 5 shows the percentage of patients that we educated about drugs on discharge.

Pharmacist Somnath Sekaran explains Jason Price's medication to him

Figure 5: Educating patients about drugs on discharge



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



Our Processes & Systems (cont'd)

Preventing & Controlling Healthcare Associated Infections

Our staff work hard to reduce the risk of patients, residents, staff and visitors acquiring an infection or communicable disease when at the hospital or residential care. It's important that everyone involved in patient care follow procedures to reduce microbes in our environment. Microbes can't be seen by the naked eye, therefore constant monitoring, surveillance and education programs are vital. Each year we review our operational and key performance indicators in this area.

Furthermore, the nursing home participates in the Grampians Region Healthcare Associated Infection and Antibiotic Use Surveillance Program, which develops and implements a sustainable methodology to estimate the prevalence of health care associated infections, antibiotic resistant micro-organisms and antibiotic use in long-term care facilities.

Hand Hygiene

Good hand hygiene can reduce the transfer of germs from one person to another. We continually review strategies to improve staff hand hygiene and have introduced prompts like placing information posters on the back of bathroom doors and on a stand which is moved around the facility, increasing the number of hand gel dispensers and requiring all staff to complete annual hand hygiene competency online.

Figure 6 shows hand hygiene compliance at SRH compared to the Department of Health benchmark.

Figure 7 demonstrates patient awareness of hand hygiene.



Figure 6: Hand hygiene comparison

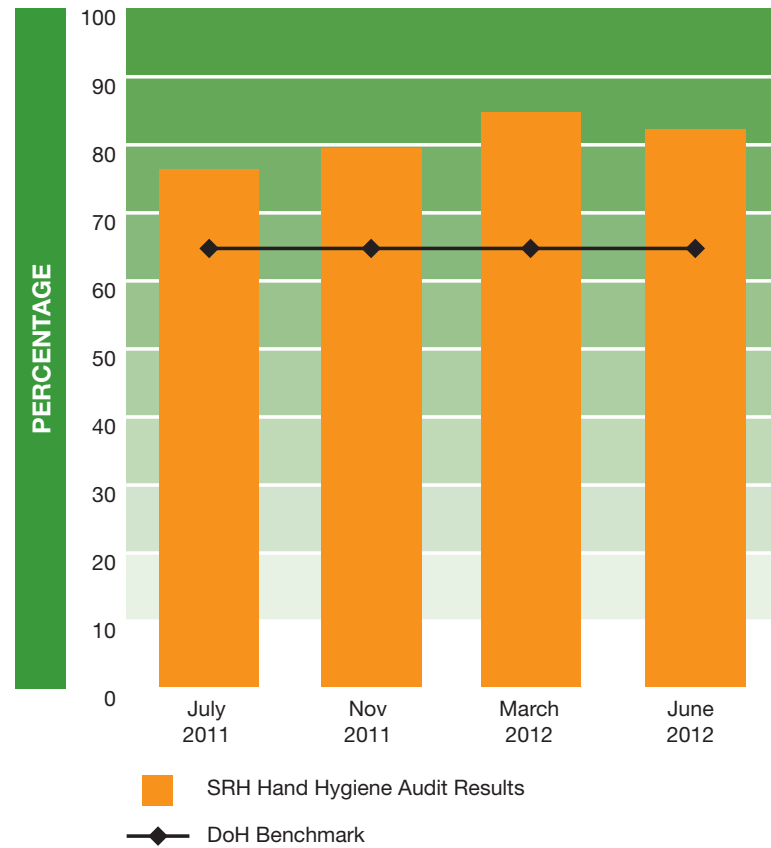
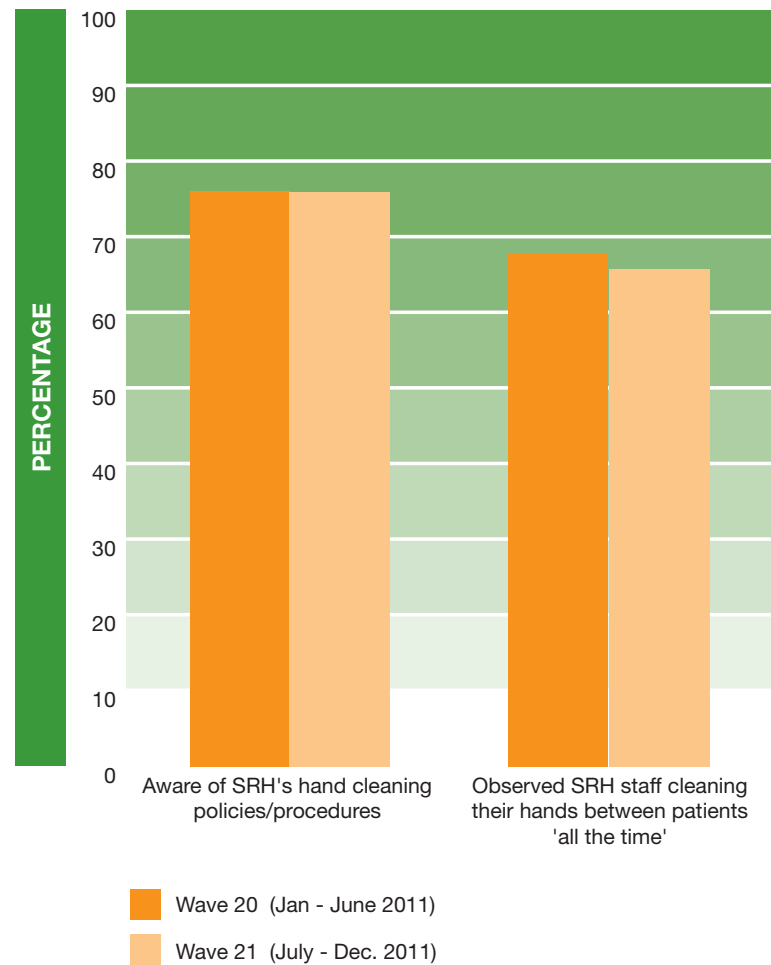


Figure 7: Patient awareness of hand hygiene practices



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

Influenza Immunisation

Annual immunisation is encouraged to reduce the risk of influenza. SRH offers an annual influenza immunisation program for residents at Macpherson Smith Nursing Home and for all staff to protect patients, residents, clients, family, friends and peers. This year our staff immunisation rate was slightly higher than the previous year (50% compared to 48% in 2011).

Our Cleaning Standards

A clean environment means there are 'less bugs' on the surface of furniture and equipment. We use Cas2 Cogent Auditing – cleaning standards for Victorian health facilities - as our audit tool. Three cleaning audits are conducted each year and results are submitted to the Department of Health. Internal and external audits held this year showed that we were above the Accepted Quality Level and above standard for a 'Category C' hospital and the 'Statewide mean'.

Figure 8 shows our internal and external cleaning audit results and figure 9 reveals results from the Victorian Patient Satisfaction Monitor in relation to our cleanliness in the physical environment.

Waste Management

This year Stawell Regional Health's new Environmental and Waste Management Committee expanded its scope to include looking at strategies to reduce energy consumption and carbon foot printing in conjunction with waste reduction and management.



Figure 8: SRH Internal & External Cleaning Audit Results

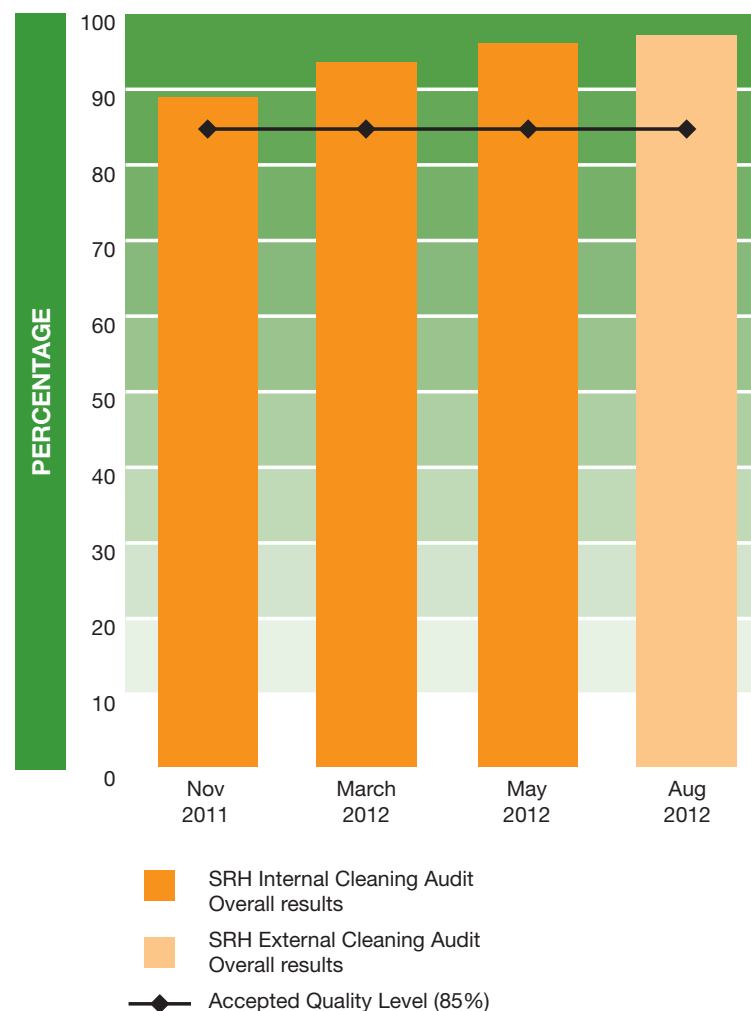
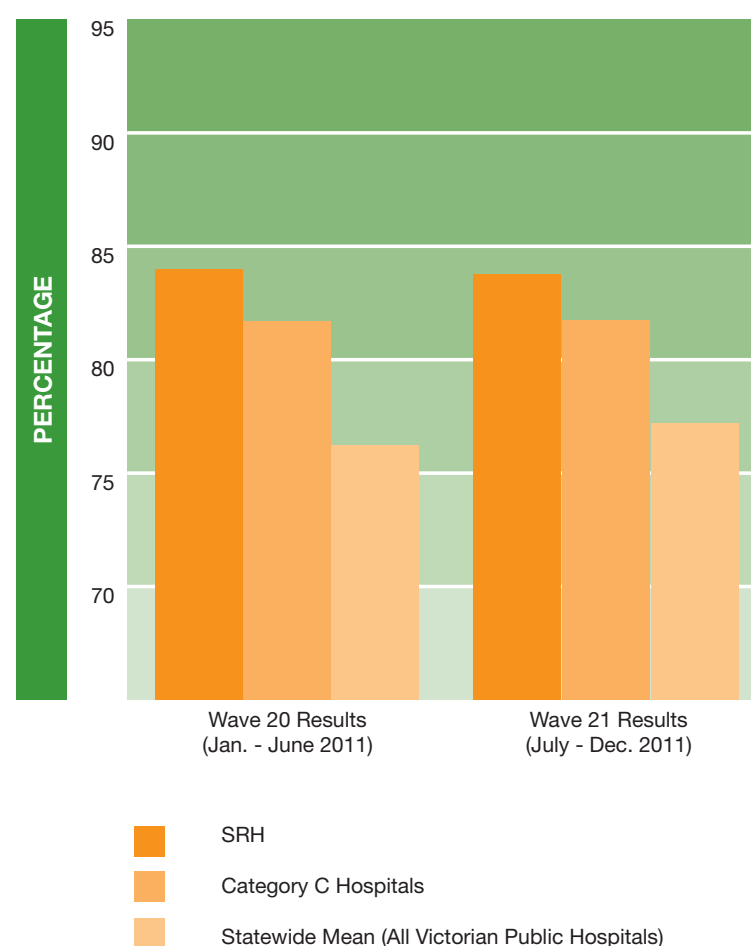


Figure 9: Cleanliness in the physical environment



Our Processes & Systems (cont'd)

Residential Care Indicators		
Indicator	How we compare to Statewide High Care Rates (SHCR) from July 2011 - June 2012	Improvements
Pressure Ulcers	<ul style="list-style-type: none"> · Stage 1 Higher numbers compared to SHCR · Stage 2- Stage 4 on average lower than SHCR 	<ul style="list-style-type: none"> · Compared the number of pressure injuries found at audit to the number reported as incidents · Increased level of reporting over the past 12 months · Purchased additional pressure relieving mattresses
Falls and fall-related fractures	<ul style="list-style-type: none"> · Two falls-related fractures · Our falls-related fractures on average are lower or slightly higher than the SHCR 	<ul style="list-style-type: none"> · Falls Committee reinstated & meets monthly · Introduced hourly rounds by nurses · Mapping of falls introduced · Analysis of falls by time of day, surname & outcome · Fortnightly falls statistics provided to Physiotherapist, Pharmacist and acute and residential Nurse Unit Managers · Currently reviewing Falls Risk Assessment Tool
Physical Restraint	<ul style="list-style-type: none"> · Our rates consistently lower than SHCR over the year 	<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"> · Our rates consistently lower than SHCR over the year 	<ul style="list-style-type: none"> · Regular review of resident medications
Unplanned weight loss	<ul style="list-style-type: none"> · Loss of 3 kgs or > Our rates are slightly higher than SHCR · Loss of weight each month over 3 months - vary between lower than and higher than the SHCR 	<ul style="list-style-type: none"> · Plate waste audits conducted · Re introduction of 'Fresh Cook' April 2012 · Nutritional supplement 'sign off' on medication chart · Trending of resident weights against their ideal weight range · Introduced shortened nutritional assessment · Additional staff education provided

Occupational Health & Safety

Incidents reduced

At SRH, Occupational Health & Safety (OH&S) incidents across all departments were reduced by 25% compared to last year. With early intervention we are able to reduce the risk of repetitive OH&S risks. Through the Victorian Health Incident Management System, we've also improved the management of staff injury due to real-time reporting and faster investigation responses. Figure 10 gives an overview of incidents by department.

There was a reduction in overall staff injuries this year, with five injuries resulting in time off work compared to 22 injuries last financial year (a 75% decrease). WorkCover has advised SRH is better than industry average by 26.45%. Figure 11 shows the risk management report/injuries for the past three financial years.

The severity of OH&S incidents decreased by 20.5% compared to last year. The four 'moderate' injuries resulted in minor WorkCover claims for sprains and strains, with successful return to work programs for affected staff. Figure 12 shows the severity of incidents overall.

Positive strategies to support staff, patients and residents during incidents of aggression, including behavior management interventions by staff, have been very successful, with incidents reduced by 25% compared to last year. Figure 13 shows the number of incidents of aggression at SRH.

Figure 11: Risk Management Reports/Injuries

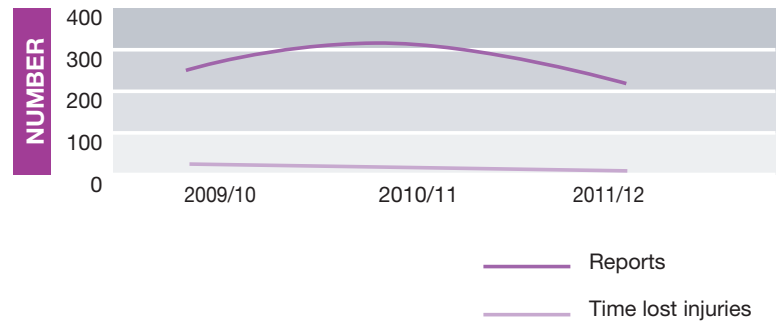


Figure 12: Incidents by overall severity

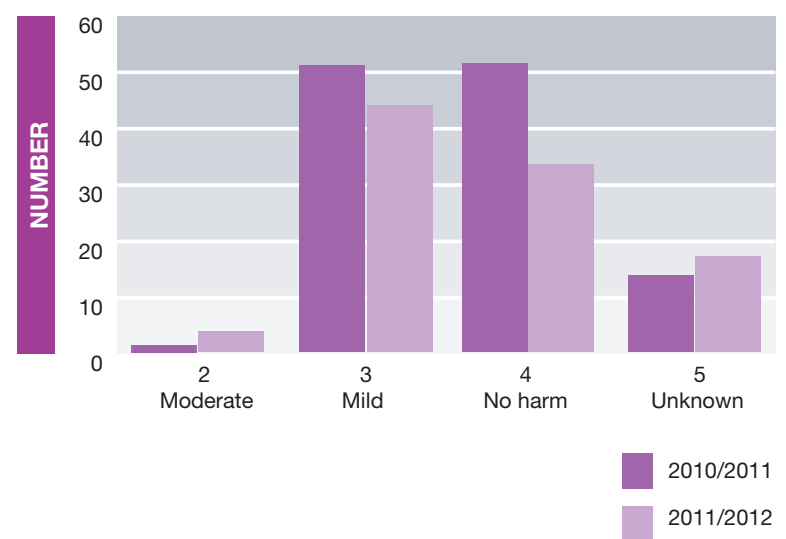


Figure 10: Incidents by Department

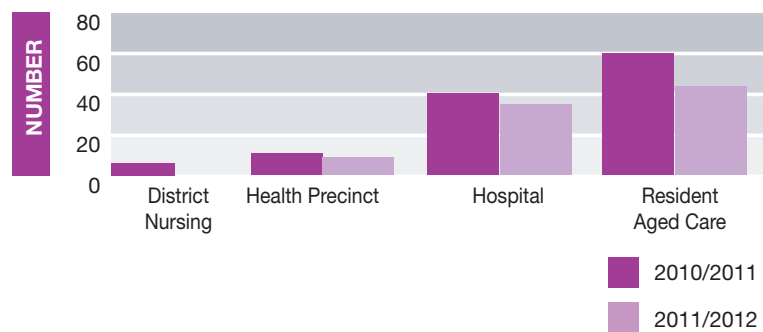
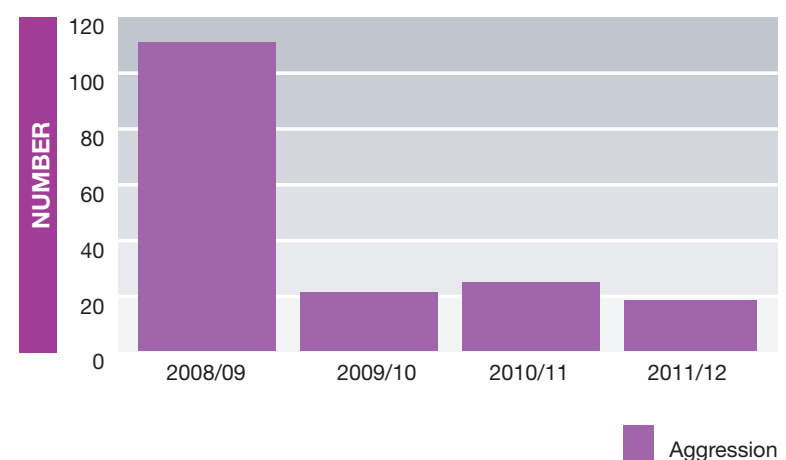


Figure 13: Incidents of aggression



Emergency management change

In 2011 an internal audit was undertaken of SRH's emergency management system, which identified areas for improvement. The OH&S team have taken responsibility for the SRH emergency management function. We have increased fire emergency training and drills for staff and revised emergency policies in line with current standards and legislation. We've also launched new initiatives like safe summer travel for staff and allocating chief and fire warden certification for executive, managers and in-charge staff. Further improvements will include more practical training in emergency codes and staff education in responding to all types of emergencies.

Reviews and Accreditation

Clinical Governance Policy

The Clinical Governance Policy is about everyone in the organisation being accountable for providing good, safe care and is fundamental in continuing to improve patient safety.

The SRH Board of Management oversees systems and processes to achieve these goals and Audit, Quality and Risk Management committees have a core set of quality and safety measures that provide timely and accurate information back to the Board.

2011/2012 Achievements

- Successfully accredited after a review by Australian Council on Healthcare Standards in April 2012
- Reviewed seven of the 12 policies linked to the Clinical Governance Policy
- Reviewed our Risk Register and provided education to staff
- Leadership Team reviewed strategic risks on a monthly basis; specifically the number and type of controls in place to reduce or minimise risks from occurring
- Developed a new Strategic Plan, to be released late 2012, with the involvement of the general public, key stakeholders, staff and the Board
- Developed a new committee structure
- Provided Cultural Diversity training to staff
- Provided a six-month summary of incidents to the Board of Management

For a copy of the Victorian Clinical Governance Policy framework go to www.health.vic.gov.au

Ongoing Accreditation

The Federal and State governments require all health and residential aged care services to go through accreditation. This external monitoring helps us improve our performance so we can deliver the highest quality services to the community. We are independently reviewed by a number of accrediting bodies.

Right: RN Helen Kennedy Pre Admission Clinic Co-ordinator

Below: Staff attending the Cultural Awareness training session



Type of Accreditation	Status
<p>Australian Council on Healthcare Standards (ACHS)</p> <p>(Four year cycle with two on-site surveys; one every second year)</p>	<p>Ongoing accreditation received at the Periodic Review Survey in April 2012</p> <p>The eight recommendations from the previous Organisational Wide Survey in April 2010 were recorded as completed</p> <p>Two low priority recommendations were made this year in the Clinical Function.</p>
<p>Aged Care Standards Accreditation Agency (ACSAA)</p> <p>(Three year cycle with one on site survey and at least one unannounced visit every other year)</p>	<p>Three-year accreditation was achieved in September 2009</p> <p>Two unannounced reviews in the past 12 months have maintained our accreditation status</p> <p>Next survey September 2012</p>
<p>Home and Community Care (HACC)</p>	<p>Successful review in April 2008</p> <p>Planned review date in 2014</p>
<p>Department of Veterans Affairs (DVA) review</p>	<p>Two of the four stages of the Quality Management Framework completed</p>





Recruitment with technology

During the past 12 months Human Resources trialed different advertising mediums to best promote careers in specialist roles at SRH.

We found that metropolitan newspapers were not as effective due to changes in format and reduced distribution to rural areas, so we increased exposure in professional journals and health association websites.

Job seeker traffic to the SRH website increased, enabling the applicant to simply and easily access a position description and upload their documentation. The increase of online applications has dramatically reduced paper use and postage.

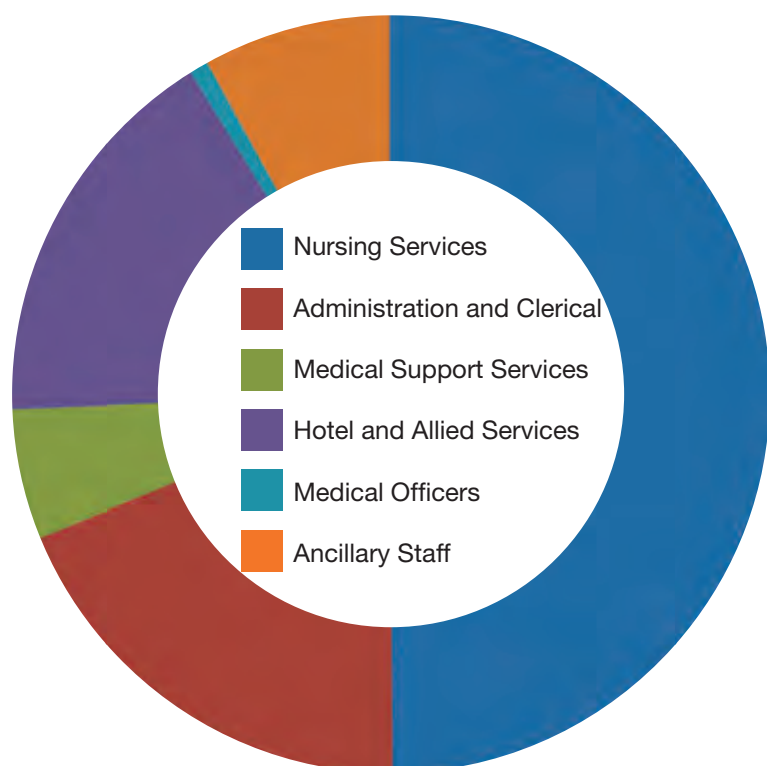
This year Stawell Regional Health has recruited two professionals from the Philippines to registered nursing roles, which has strengthened our workforce. The hospital and general community continues its commitment to help our newcomers settling into their regional lifestyle.

We will be implementing a new internal online recruitment system in the New Year, provided through the State Government's State Services Authority. This will further improve the recruitment process, enabling all communication between managers and HR to be undertaken online, reducing the need for multiple forms and processes currently used for recruitment.

Below: RN Rachel Moore



Figure 14: Distribution of EFT



HRIS saves time

This year we capitalised on our extensive internal Human Resource Information System (HRIS) for more efficient and timely reporting of Effective Full Time (EFT) staff productivity and other relevant employee data. As a result, we have a better understanding of seasonal absenteeism, which is helping us to manage the workforce during these periods and meet the demands of increasing patient activity. We also connected line managers directly with the HRIS to easily access employee data like training, leave entitlements and other information that would otherwise need to be accessed via payroll.

The HRIS has also been an effective time-saver in terms of quickly extracting, formatting and downloading information required to carry out registration checks on the Australia Health Practitioner Regulation Agency (AHPRA) website.

Staff communication clearer

The 'People Matter Survey' in 2011, directed by the State Government's State Services Authority, indicated that we needed to improve communication between managers and staff. As a result, the organisation focused on three leadership themes: trust, respect and communication. Figure 14 shows the distribution of employees across various roles within the organisation.

Labour Category	JUNE CURRENT MONTH EFT		JUNE YTD EFT	
	2011	2012	2011	2012
Nursing	78.96	79.64	78.12	79.88
Administration & Clerical	29.95	30.24	28.51	30.06
Medical Support	8.07	8.92	8.64	10.25
Hotel and Allied Services	25.10	26.87	27.17	25.47
Medical Officers	1.05	1.29	1.21	1.29
Ancillary Staff (Allied Health)	12.79	12.72	1.21	11.27

Metro/Rural Graduate Nurse Experience (MeRGE)

Each year, Stawell Regional Health runs a 12-month nursing graduate program. As part of this year's program, SRH has partnered with Western Health (Sunshine and Footscray hospitals) to create the MeRGE program, allowing nursing graduates to 'swap hospitals' half way through their year. This gives graduate nurses a chance to gain, and develop an understanding of a wide range of health care practices, from Western Health's specialty areas to rural nursing in Stawell. Upon their return from the program, the nurses bring back with them experiences, knowledge and a range of clinical skills.

CasConnect – Rural Health Bank

CasConnect is a low-cost casual relief staff management system piloted by Stawell Regional Health three years ago with support from the Department of Health. The huge success of the program now positions the initiative as a sustainable business unit within SRH, servicing 12 health services across the Grampians, Loddon Mallee and Barwon South West. In 2011/2012 CasConnect had a total of 650 members in its staff relief pool. Next year we hope to establish an even stronger foundation for long-term financial sustainability and to continue to provide valued services to health services across Victoria.

How we Promote Health

Looking after our Staff

This year the SRH Health Promotion Committee created a sub-committee to encourage our staff to adopt a better lifestyle and reduce the risk of chronic disease. The sub-committee is made up of six staff from across departments and sites and call themselves the 'Staff Health and Wellbeing Committee'. One of their tasks was to review findings from the 2011 health work checks, which revealed that 51% of staff undertook a less-than-adequate amount of physical activity. As a result, the organization supported 70 staff in the 10,000 Steps Challenge in February. They had to wear a pedometer every day and record the number of steps they took, going towards their team's total. The teams also challenged each other in a virtual walk from 'Byron Bay to Carnarvon'.

From our staff that participated:

- 88% said they would participate again
- 56% of participants increased their level of physical activity at work
- 36% are now more active outside of work
- 72% are now likely to continue being active without the challenge



Hospital staff participating in the launch of the '10,000 Steps Program'

"I would like to thank you for organising this challenge as it has had a double effect on me. I am fitter and lighter, I have lost 8.5 kg!"

staff member

Sustainable Farm Families, Navarre

This year SRH partnered with the Navarre Football Club to recruit farmers in an 18-month Sustainable Farming Families (SFF) program. The program aimed to address health, well-being and safety issues facing the farming community through a sustainable and evidence-based program with solid research and cross-sector collaboration.

Sixteen farmers attended the first two days of the program which was held in Navarre in February this year. All participants undertook health assessments and had the opportunity to speak with health professionals. Education was provided to the group on a number of health topics including:

- Rural men and women's health status
- Cardiovascular disease
- Cancer
- Farm safety
- Nutrition and diet
- Stress
- Depression and anxiety
- Bending expected gender roles

At the end of the two days, participants developed individual action plans that set goals to improve their lifestyle or business. These action plans and any changes in health parameters will be discussed in August. Participants will receive another full health assessment at the second workshop and again at the final workshop in March 2013.

There has been a high level of enjoyment and satisfaction with the program.

"After being a reluctant starter along with a lot of others I found the whole thing empowering. We all had a fair idea we needed to do something for ourselves with regards to health but doing the blood tests and having someone explain everything so openly and tactfully certainly makes you a whole lot more mindful of where we were heading if we continued to put it off."

Navarre farmer

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

Kids 'Go for your Life'

The Kids 'Go for your Life' (KGFYL) model for primary schools was adopted in 2010 as SRH's agreed platform for working with schools over three years.

KGFYL is a healthy eating and physical activity program for Victorian children aged 0-12 years who attend early childhood services and primary schools. The program is based on six key messages that make healthy eating and physical activity a fun and engaging learning experience for children.

The strategy not only supports staff in integrating the healthy lifestyle messages in their planning and curriculum, it's also a more efficient and effective use of health professionals' time.

Since adopting the KGFYL model as a strategy in our Integrated Health Promotion Plan two years ago, we have:

- Provided information sessions on the KGFYL model to four primary schools
- Encouraged seven primary schools to become KGFYL members
- Assisted two schools in developing policies that support physical activity and healthy eating and plan new strategies to implement and embed them into the curriculum

- Arranged for the 'Go for your Life' Education van to visit three local schools
- Developed a SRH KGFYL newsletter each term for schools
- Teamed with the Canteens Advisory Service to assess lunch order / canteen menus at three schools
- Partnered with Northern Grampians Shire Council to organise an all-school walk around Cato Lake to celebrate 'Walktober'
- Supported Skene Street and Stawell 502 primary schools in becoming KGFYL awarded schools at the end of 2011. Both schools received formal recognition and acknowledgement for their achievements in meeting the KGFYL criteria.

The KGFYL program was transitioned into a new initiative called the Victorian Prevention and Health Promotion Achievement Program at the end of 2011. This initiative by the Department of Health and Department of Education and Early Childhood Development encourages schools, early learning centres and workplaces to meet the criteria of eight priorities that support healthy lifestyles. Stawell Regional Health has partnered with Grampians Community Health in adopting the new Achievement Program as the framework for support to settings with a focus on primary schools in our catchment over the next 12 months.



Reaching all Corners of our Community

There are many ways in which we care for patients, residents, clients, carers and families from right across the board including people with a disability, from diverse cultural and religious backgrounds, socioeconomic status and social circumstances, sexual orientations and health and illness conditions.

‘Doing it with us not for us’

This is the focus of the Department of Health’s 2010-2013 strategy to get all Victorian carers, consumers and the community to work with their local health services. Stawell Regional Health has been extremely proactive in nurturing external and internal relationships for better patient outcomes and here is how we performed against the department’s set of standards.

Standard	SRH Status
SRH demonstrates a commitment to consumer, carer and community participation	<ul style="list-style-type: none"> · Has reviewed policies to include consumer, carer and community participation · Actively participates in the Regional Primary Care Partnership · Provides current updates from across the organisation in a monthly advertorial in the Stawell Times News, as well as through media releases and attendance 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 · Invited and consulted consumers, carers and community members to provide feedback on the Strategic Plan · SRH meets the target of 75%
Consumers/carers participate in their care	<ul style="list-style-type: none"> · Consumer Participation Indicator (CPI) score of 88 (Wave 21) well above the benchmark of 75 · 100% 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 brochures and Consumer Information Policy · All SRH brochures and leaflets will be reviewed in line with the policy and with the ‘Well Written Health Information Checklist’ · All our brochures in our Urgent Care Centre have been replaced with DoH Emergency Department fact sheets · Staff have attended a Health Literacy Training Workshop · 98% (Wave 21) 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 · Production of consumer information such as the Bennett Centre brochure · Review of services and programs ie Health Promotion and Community Rehabilitation Programs · Actively involved in management of concerns and complaints · SRH exceeds the target of 75%
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

Improving Care for Aboriginal & Torres Strait Islander Patients

SRH's full-time Aboriginal Health Worker provides support to both the local community members and to people visiting from other areas when admitted to our hospital. The worker visits people in hospital to provide support, ensure their cultural needs are being met and assist with discharge planning and follow-up.

There is also 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, arranges visiting medical specialists and provides transport to appointments.

Key result areas	Achievements
1. Establish and maintain relationships with Aboriginal communities and services	<ul style="list-style-type: none"> · SRH and Budja Budja Co-Operative have enjoyed a positive working relationship for many years, including the joint auspice of the Commonwealth program 'Strengthening Rural Communities' · A combination of funding has enabled the Aboriginal Health Worker position to become full time and has improved access to mainstream health services for local indigenous people · Administrative support to Budja Budja Co-Operative in the establishment of a regular visiting GP service. The clinic has successfully obtained full accreditation and has GPs in attendance.
2. Provide or coordinate cross-cultural training for hospital staff	<ul style="list-style-type: none"> · Ballarat and District Aboriginal Cooperative delivered a comprehensive program to raise awareness of cultural issues. Fifty-nine of our staff attended two sessions.
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 involved in development of Budja Budja Health Plan · Regular meetings with the Aboriginal Health Worker, Co-Operative Board member, Chief Executive and key parties at SRH · Fortnightly meetings between the SRH Primary Care Manager and the Budja Budja Medical Clinic's Practice Nurse
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"> · Involvement of Aboriginal Health Worker from SRH and female Aboriginal Health Worker from GCH in development, review and refinement of referral and management of indigenous patients in the acute setting, and in referrals to primary care · Prompts on admission paperwork for staff in the acute hospital to offer referral to aboriginal health workers · Budja Budja Co-Operative information brochure now available at the acute site · Electronic links to Cultural and Aboriginal Health resources available for staff to access

Reaching all Corners of our Community (cont'd)

Cultural Responsiveness Indicators

Indicator	Status
<p>2.1</p> <p><u>Numerator:</u> The number of senior managers who have undertaken leadership training for cultural responsiveness</p> <p><u>Denominator:</u> The total number of senior managers</p>	<p>65% (11/17) of senior managers undertook Cultural Awareness Training in May 2012 provided by Ballarat & District Aboriginal Co-Operative. (As per ICAP Key result area 2)</p>
<p>3.1</p> <p><u>Numerator:</u> Number of CALD consumers/ patients identified as requiring an interpreter and who received accredited interpreter services</p> <p><u>Denominator:</u> Number of CALD consumers/ patients presenting at the health service identified as requiring interpreter services.</p>	<p>1.8% of patients (<10 patients) stated they wanted the hospital to provide an interpreter (July-Dec 2011, VPSM) (Nil VPSM surveys were completed in a non-English language)</p> <p>The 'ON-CALL ' service was accessed on a few occasions by the Pre admission Clinic in the past 12 months.</p> <p>Information on how to access 'ON CALL' is found in the Cultural Awareness Policy and internal telephone directory</p>
<p>3.2</p> <p><u>Numerator:</u> Number of community languages used in translated materials and resources</p> <p><u>Denominator:</u> Total number of community language groups accessing the service.</p>	<p>Arabic is currently the only community language used in translated materials & resources</p> <p>Materials are provided through the Pre Admission Clinic for prospective surgical patients</p>
<p>4.1</p> <p><u>Numerator:</u> Number of CALD consumers/ patients who indicate that their cultural or religious needs were respected by the health service (as good and above)</p> <p><u>Denominator:</u> Total number of CALD consumers/ patients surveyed on the VPSM or other patient satisfaction surveys</p>	<p>'How well cultural/religious needs were met': 100% (n=60) stated their needs were met (July-Dec 2011 VPSM)</p>
<p>4.2</p> <p>Policies and procedures for the provision of appropriate meals (vegetarian, Halal, Kosher etc) are implemented and reviewed on an ongoing basis</p>	<p>Nutrition Policy developed in July 2011: 'Consumers/patients/residents with ethic, cultural or religious dietary requirements shall be catered for upon request'</p>
<p>6.1</p> <p><u>Numerator:</u> Number of staff who have participated in cultural awareness professional development (PD)</p> <p><u>Denominator:</u> Total number of employed staff within the current two-year period</p>	<p>61/256 = 24% (Links to Indicator 2.1 includes small number of staff awarded Australian citizenship)</p> <p>The cultural awareness training presentation is accessible to all staff on the intranet site</p>

Continuity of Care

Admission

We aim to involve you in all decisions about your care by discussing care and treatment and providing education and information at each point of admission either 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 your care.

Improvements to communication between all disciplines and regional health services about patient care during the last year included:

- Improvements to clinical handover in our acute ward
- Weekly TCP case conference for hospital bed based patients in our acute ward
- Development of the Regional Patient Flow and Access Nursing Collaboration (RPFANC) between Stawell Regional Health, Ballarat Health Services and Maryborough District Health Service. This responds to the Rural and Regional Health Plan and will provide the participating health services with direct links to appropriate personnel to provide timely transfer of patients, monitor bed numbers and patient flow between the three hospitals. A Capacity and Capability Framework has been developed for each hospital which lists the participating hospitals services.

Further plans for improvement include:

1. Introduction of bedside handover and discharge planning
2. In relation to RPFANC:
 - Weekly videoconferencing between sites to monitor bed numbers and identify Stawell patients for transfer back to SRH
 - Direct access by SRH nursing staff to the BHS ICU Liaison Nurse for expert clinical advice
 - Additional education and professional development opportunities for SRH nursing and medical staff
 - Use telehealth to involve patients in their discharge planning

“ I particularly liked the flow of communication from staff handovers so I did not need to repeat myself ”

- Patient

Right: RN's Mia Brooks and Mavis Graham celebrating the Clinical Handover Project

Clinical Handover

In January 2012, SRH celebrated the successful implementation of a new clinical handover process in the Simpson Wing in line with the 10 National Safety and Quality Health Service Standards (which provide a nationally consistent statement of the level of care). Recognised around the world as an essential part of improving patient safety, this standardised approach and tools maximises accurate sharing of patient information at shift handover. The nursing staff has adopted the Situation, Background, Assessment, Recommendation (SBAR) tool, which has increased staff confidence in handing over information in a clear, concise and appropriate way in an often fast-paced and stressful environment. Our aim is to introduce 'Bedside Handover' over the next 12 months.

Discharge

We plan for patient discharge before or upon admission to ensure all of their current and potential needs are met. At the Pre-Admission Clinic we identify referral services that you may need when you return home and may make referrals to services like HARP, Post Acute Care and District Nursing. Upon admission we check those arrangements again.

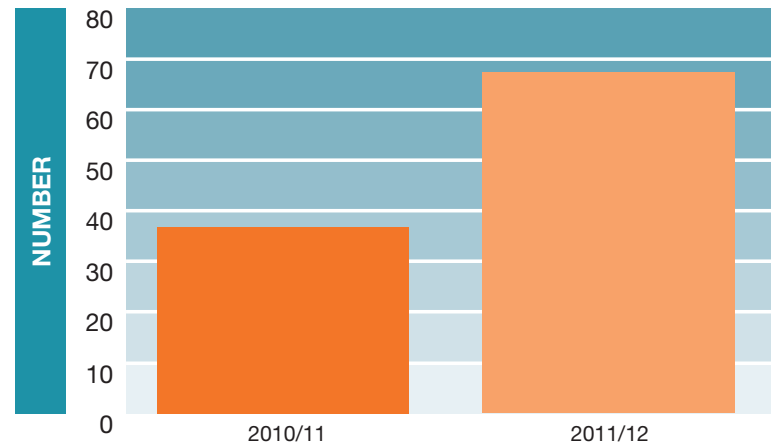


Continuity of Care (cont'd)

Hospital Admission Risk Program (HARP)

This short-term home-based program provides community members with respiratory, cardiac or other complex health issues and social needs with support and self-management strategies so they can live independently after hospitalisation. Program coordinators visit clients in their homes and may refer them to allied health professionals like Physiotherapists and Dieticians. Coordinators can also refer clients to the Cardio Pulmonary Rehabilitation Program and offer strategies for giving up smoking. HARP support is provided over a number of months then ongoing care through support services is organised on discharge from the program. In 2011/2012 68 clients took part in the program across the Stawell and East Wimmera Health Service catchments – an increase of 31 clients in the past two years. Figure 15 refers to the number of patients who used the HARP program during the past two financial years.

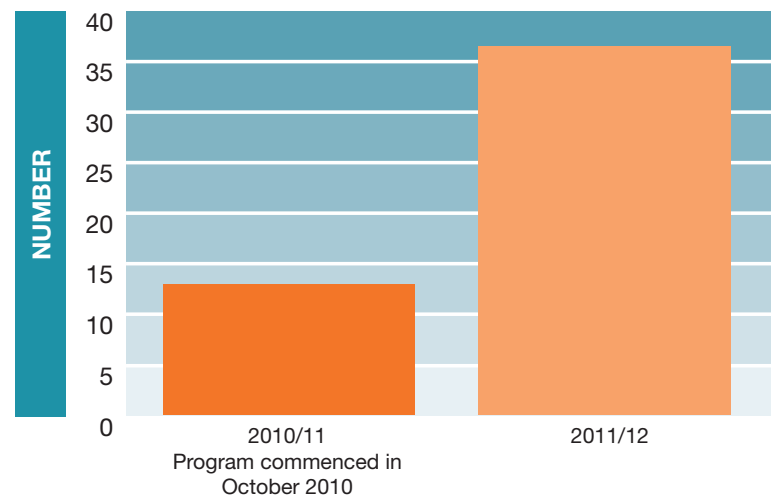
Figure 15: HARP Program



Transition Care Program (TCP)

Offering allied health and nursing support, case management and lifestyle activities to 36 clients in the past year, this aged care program is managed by Ballarat Health Services across the Grampians region. It provides care in a 'home like' environment to eligible clients after an aged care assessment. TCP provides short-term (up to 12 weeks) support and active management for older people who require more time and support after a hospital stay. They may need: further low intensity therapy and support (such as physiotherapy, occupational therapy) after a stay in hospital; more time to assess their circumstances, together with their carers and families, and identify and consider the care options available to them; explore their preferred aged care option, including whether they can return to the community. Four beds are located at SRH and there are four community/home-based places available in Stawell. Figure 16 shows the increase in participants since the program's inception.

Figure 16: Transition Care Program Clients



“My stay here was wonderful.... they were nice and pleasant while I was in TCP recovering”
- Patient

“Very good service – excellent assistance which I needed due to mobility and balance problems” – Patient

EN Shae Folkes taking a blood pressure



Helen Streets visits TCP patient and long-time friend Joan Pickering



Post Acute Care (PAC)

Since 1996, SRH has managed the state-funded PAC program for the Grampians region. The program provides services to people in our community after discharge from a public hospital.

District Nursing

In the past 12 months district nurses have had an increased focus on wound care, especially chronic wounds. They are fortunate to have access to a Regional Wound Consultant who is available for direct specialist consultation with clients as requested. The organisation has an active 'wound care committee' with representation from all clinical areas. In May 2012 the committee conducted a positively received expo, which targeted staff involved in wound care and included two education sessions on current best practice, plus demonstrations. Staff members were surveyed before and after the expo and demonstrated an increase in knowledge. Nurses attended various regional wound care workshops during the year to ensure they maintain a high level of knowledge, confidence and support in the care of clients. They've also been involved in a Wound Management Clinic established in January 2012 by SRH's Podiatry Department. Nurses also have a good referral link from the acute ward to our service and back to ensure continuity of care to benefit the client.

Allied Health

Our Allied Health Department 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 departments use a prioritisation tool which means the person with the highest need is seen within the appropriate time frame.

Rural Primary Health Services Program

This program provides outreach allied health services to Landsborough, Navarre, Halls Gap and Marnoo. It aims to reduce the social inequalities in the health of people living in rural areas and to reduce the need for secondary and tertiary medical interventions. These services are delivered out of Budja Budja Aboriginal Co-Operative in Halls Gap, the Marnoo Hall, the Landsborough and District Community Recreation Centre and the Navarre Football/Netball Clubrooms.

Services delivered include:

- Family & relationship counselling
- Community Health Nursing
- Podiatry
- Speech Pathology
- Diabetes Education
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Indigenous Health and Community Development.

Statewide Service Coordination Survey

This annual survey helps us gather information about aspects of our services. We are benchmarked against Statewide, Grampians and Grampians Pyrenees Primary Care Partnership Programs (GPPCPP), which helps us identify areas for improvement. Above all, we want to make sure the public has access to the services that it needs.

There are 12 questions in the survey relating to service coordination and practice standards, consumer feedback systems, consumer information, initial needs identification, Service Coordination Tool Templates (ScTT), and case/care plans and referral systems. In 2011/2012, SRH rated equal to, or above nine of the 12 questions.

Improvements included:

- Introducing Prioritisation Tools across all Allied Health disciplines
- Reviewing aspects of our Referral Information Management System to enable multiple referrals at one time for patients
- Implementing a referral tool and patient management process from GPs to the Stawell Health and Community Centre
- Finalising a HARP summary progress report, which will ensure client information is available to acute staff upon admission

We are currently:

- Developing a shared care / case plan with the patient and other health providers for patients with chronic and complex conditions. This is already in place for patients with Diabetes and for patients under specific programs.

RN Linda Farrer demonstrating 'visitrak' a wound management tool



Continuity of Care (cont'd)



Operating Theatre

In 2012 we appointed a third orthopedic surgeon and a second gynaecologist to meet increased demand for both these specialties.

Equipment and Technology

- Anaesthetic machine and monitoring system were replaced with state-of-the-art technology (same as used at Ballarat Health Services) to support the surgical service well into the next decade
- Two, 13-year-old endoscope processors – purchased with a \$243k Department of Health grant – have been replaced, saving processing times, chemical costs and water usage
- Anterior Cruciate Ligament Repair instruments, valued at \$13,439, were purchased thanks to funds raised by the Stawell Medical Centre Sprockets team in the 2012 Murray to Moyne ride
- A surgical camera system, surgical stool and anesthesia cart were purchased at a value of \$104,000 with funds from the Stawell Hospital Foundation
- A Glidescope, to assist with airway management, was purchased at \$10,000 thanks to funds raised by the 2011 Fishers IGA Charity Golf Day
- A syringe driver was purchased at a cost of \$3,000

The support provided by the community, foundation and the department to purchase state-of-the art patient equipment will assist in the continued delivery of optimal patient care, ensuring Stawell Regional Health remains a leader in rural healthcare services.

**Left: Theatre staff using the surgical camera system
Below: Graduate and MeRGE program students Jenny McPhee and Jess Cranane with RN Sue Campigli**



Improving Care for the Older Person (ICOP)

This Federally funded program helps health services like SRH to change the way they deliver services to meet the needs of an ageing population. The ICOP program uses a 'person-centred' approach, which means taking care of older people according to their own individual situation. It also empowers them and their carer to be involved with the decision-making for their care.

Our key areas are:

Cognitive Impairment

Carers are given a questionnaire to complete about the patient on admission, which provides staff with information to ensure they are providing optimal care. Bedside signage has been introduced to alert all staff to patients with cognitive impairment. This provides simple communication techniques to help assist in the care being provided. Carers are also provided with information to assist them in accessing appropriate community services

Falls Prevention

Current screening tools for falls-risk patients being admitted to hospital have been modified and a falls alert symbol is being introduced to alert staff to patients who may be at a higher risk of falls. Policies have been reviewed to ensure they are in line with current practice.

Environmental Audit

We've completed an environmental audit to assess how the environment in the acute ward could be improved. This has allowed the purchase and installation of new equipment like hand rails, updating bathrooms and communal areas and improving bathroom signage.

Patient Betty Chamings getting her blood pressure taken



Continuity of Care (cont'd)

Macpherson Smith Nursing Home

Nationally, residential aged care is experiencing many changes and adjustments to service delivery to ensure a positive future for our ageing population. Our nursing home staff is planning ahead so we continue to provide a relevant, quality service to residents, focusing on individual choices and needs in a caring, friendly, home-like environment.

Projects & Initiatives completed in the past year:

- Person Centred Care (PCC) Project: A major outcome of the PCC Project was the decision to place medications in residents' drawers for easier access and administration by staff at the bedside
- Staff involvement in multidisciplinary Falls and Wound Management Committees
- Healthmetrics (Integrated Aged Care Software System) introduced
- Completion of a second sensory garden
- 'Cook Fresh' meals re-established
- Installation of new carpet and lighting
- Review of resident risk assessment forms

Residents & Relatives Committee

This committee plays a major role in the functions and future direction of the nursing home and is kept informed of quality indicators, issues and improvements. The committee welcomes regular guest speakers such as SRH's Dietitian, Maintenance and OH&S staff, as well as a representative from the Dementia Behaviour Management Assistance Service. Relatives play an active role in the organisation and we thank them for their feedback, assistance and dedication.

Volunteers

Volunteers continue to be highly valued members of the nursing home team and play a vital role in enhancing and maintaining quality of life for our residents, including those with a disability. Volunteers assist with a number of activities such as reading, friendly visits, outings, musical entertainment, wheelchair walks, hand massages, watering the garden, bingo sessions and new technology. Church representatives come in to chat, hold communion and hymn singing and conduct services to remember our past residents. Younger volunteers from the secondary schools have been greatly appreciated, with one being a recipient of the United Nations International Year of Volunteers National Volunteer Award! They have spent time reading to residents, listening to their stories and chatting over a cuppa. We are very grateful for the time and loving care the volunteers give to all residents.

Leisure and Lifestyle (L & L) Program

This program is an integral part of daily life for all the residents and changes to suit their needs and interests. A variety of group activities are offered, including a café in south lounge. Residents get out and about to a wide range of places including farms, fetes, yabbing, races, shows and lunch.

This year they enjoy special themed days like 'country show day', 'Queens Birthday Jubilee' and a visit by Collingwood cheer squad leader 'Joffa'. Residents are also treated to a monthly men's breakfast and a weekly church service on DVD is provided by the Uniting Church. The residents embrace technology with the laptop computer to write stories, play games, surf the web, email friends and family or use Skype.

The garden is also a lovely way for residents and their family and friends to sit and talk or take a walk. Three of the four mosaics for the garden archway have been completed by residents and family members. Extra funding has been accessed for a worker to accompany a resident on outings. These outings are in addition to those provided in the L & L Program.

Resident Bill Harvey



Pet Therapy

Locally owned pet dogs frequently visit residents and staff and it's always a pleasure to see Daisy, Mim and Fred who come in with their owners as well as our regular 'therapist' Rocky. Another regular, Millie, has an extra special bond with one particular resident, bringing them much happiness.

Equipment

This year, with generous donations from the Ladies Auxillary, the nursing home purchased additional pressure relieving mattresses, with further plans to purchase chair scales. We have also purchased small holders for residents' side tables for personal items.

Future projects & Initiatives

- Explore the possibility of implementing some of the concepts of the Montessori based approach (helps people with dementia to maintain independence and engage with the world around them)
- Include Menu Boards in the east and north dining rooms
- Complete light fixture installation
- Complete carpet installation
- Improve front garden (Sloane Street)
- Staff complete tertiary studies
- Move to fully electronic records

Top right: Resident Fred Lever enjoys time with 'Fred' the pet therapy dog

Bottom right: L&L Co-ordinator Sonja Whelan with resident Kevin Keeping



Continuity of Care (cont'd)



John Bowen Oncology Unit

The unit continues to provide treatment and support for Stawell and district residents with a cancer diagnosis requiring chemotherapy and haematological disorders such as haemochromatosis and polycythaemia requiring venesections.

Dr John Sycamias consults every first and third Thursday of the month and it is hoped that he will soon be able to conduct consultations via a Telemedicine link with patients having treatment in our unit on the Thursday he does not attend.

Carmel O’Kane from Wimmera Health has completed her Masters of Nursing and compiled the portfolio required for endorsement as a Nurse Practitioner in Oncology. Carmel works closely with the Oncologists who see patients in Horsham, Stawell and Ararat and supports patients attending these clinics she offers advice on treatment options, medications and side effects, understanding test results and helping them deal with the trauma of a cancer diagnosis and the decision whether to have treatment. Stawell Oncology nurses appreciate Carmel’s expertise and support.

In July 2011 the Stawell Lion’s Club donated a bed and trolley to the oncology unit. This modern equipment has greatly added to the comfort of our patients. Nurses and patients are looking forward to using this equipment in the new, ultra modern oncology unit to be built in conjunction with the rehabilitation centre, expected to commence early 2013.

Bennett Centre (Planned Activity Group)

Staff members have continued to focus on ‘person centred care’ by running activities the clients request including exercise sessions. Two staff members have almost completed their qualifications in fitness and exercise for the ‘older person’. Other popular activities include trips out of town, meals out and special days such as the Melbourne Cup.

A client survey conducted in July 2011 achieved a high response rate (70%). We asked for ‘three things that were most important about attending the Bennett Centre’. The comments received all related to the social environment and carer relief. We also asked for ‘three things that worry you most about attending the Bennett Centre’. One comment received highlighted that noise was an issue when some activities were conducted. We have responded by placing clients who have problems hearing closer to staff conducting the activities ie crosswords, bingo.

The centre received a significant grant from the Victorian Government in March 2012 under the Well for Life program, which enabled us to purchase equipment to benefit those in aged care, the planned activity group and the strength training classes. In May 2012 the centre raised a record \$1,120 from The Biggest Morning Tea. This would not have been possible without great community and staff support.

Bennett Centre clients Phyllis Delley & Lorna Keller enjoy the Wii



Rehabilitation Programs

Aquatic Therapy

The weekly aquatic therapy program is held at Stawell Leisure Complex by aquatic therapy trained physiotherapists. Inclusion into the program is by referral from another health professional and the program is tailored for patients depending on their needs. Aquatic therapy allows patients, including those with multiple health challenges, to exercise in a gravity free environment and to exercise at a more strenuous level. It helps with joint mobility and allows free movement. Many patients continue to use the pool for exercise after their program. We aim to increase community access to the program.

Cardiac/Pulmonary Rehabilitation

The Allied Health team offers Cardiac and Pulmonary Rehabilitation to clients in the Stawell and surrounding areas. The service is delivered in a supervised group environment and aims at improving the health, wellbeing and quality of life of people who have heart and lung problems by encouraging the adoption of a healthy lifestyle.

The program consists of exercise training to increase exercise tolerance levels and includes education in positive health behaviours, diet, stress management, relaxation techniques, energy conservation management and information on how to access appropriate health and community services. The group atmosphere adds a social and supportive environment in which individuals can openly discuss issues amongst themselves.

The program offers twice weekly classes for eight weeks. Upon completion of the program, individuals are presented with a certificate and are invited to return to the program for long term follow-up checks as part of their continuing management. Pulmonary clients are advised to attend a pulmonary rehabilitation program once every 12 months to maintain health benefits gained during the program.

Since June 2011, of the 40 people who were referred to cardiac/pulmonary rehabilitation, 34 attended the class for a period of time. Of these 34 individuals, 17 went on to complete the program.

Participants are also encouraged to complete a home exercise program to supplement the supervised exercise classes. The community health nurse discusses progress, concerns and achievements with each individual at each session.

RN Crystal Wemyss with Cardio Pulmonary group participant Joyce Mackay



Continuity of Care (cont'd)

Gait and Balance Program

A fear of falling can cause you to avoid social and physical activities which, in turn, can reduce your quality of life. As part of SRH's Falls Prevention Policy, we have a Gait and Balance Program to help people with a fear of falling to identify risk factors and develop suitable strategies. You do not need a GP referral to take part in this program.

During 2011/2012, the program received 57 referrals and 39 of these agreed to an assessment in our clinic, which is run once a month by an assessing Occupational Therapist, Pharmacist, Physiotherapist and Podiatrist. Following assessment, patients and their doctor receive a letter outlining any identified falls risk factors, recommendations and support available.

We often recommend that patients take part in our Gait and Balance class, which is offered in 15 week blocks and activities include

strength, balance and confidence techniques. Research* suggests that 50 hours of exercise is required to improve balance, so a home exercise program is also provided to supplement the classes. During the past year 26 people were referred to this class. Sixteen graduated; two more than the previous year.

When considering individual goals set at the start of the class, all graduates positively reported a reduction in falls and improved balance. Graduates are invited to attend a review class each month to refresh their skills and ask questions. It's also a chance for regular social interaction. This year, in response to an identified need, the review class day was changed to enable some participants to attend from another support group. Graduates are also encouraged to attend the Strength Training Class at the Bennett Centre.

*Sherrington et al 2008

Physiotherapist Peta Johnston leading the Gait and Balance exercise class





Allied Health Assistant Nicole Nicholson with Gait and Balance Program participants

Preventative/Promotional Programs

Diabetes Self Management Program

Five people participated in our Diabetes Self Management Program, held over six weeks in February and March 2012. Aimed at helping people who have been diagnosed with Type 2 Diabetes in the past year with knowledge and skills, the program was conducted – at a patient’s suggestion – after hours to maximise attendance. A support person also attended. The program structure was driven by participant needs and the first week involved a goal setting session with members of the Allied Health Team. This also included a presentation by Lifestyle Options Coordinator from Grampians Community Health and provided information on what community activities people can become involved in.

Participants completed a satisfaction survey at the completion of the program. Comments reported were:

- “Lacked motivation, now going to yoga”
- “Walking more, and blood pressure has improved, feeling better”
- “Walking regularly now and motivated, have lost 7 kgs in weight”
- “Doing well and have learnt things that have helped”

All participants reported they had an awareness of what services were now available to help them manage their diabetes.

An important part of SRH’s early intervention for people with Type 2 Diabetes, the self-management approach incorporates elements of health coaching, which is part of our Chronic Disease Management Strategy.

Gathering Your Feedback

Victorian Patient Satisfaction Monitor (VPSM)

SRH monitors patient satisfaction through a number of internal surveys and are provided with regular reports through the VPSM. This survey is conducted over two, six-month periods each year and asks people who have been discharged from hospital a number of questions about their hospital stay. We can then compare our results (see figure 17) against hospitals approximately the same size as us (Category C hospitals) and also against all Victorian hospitals (statewide benchmarks).

Other Ways we Gather Feedback

Other ways in which SRH gathers feedback from the community include the Bennett Centre's bi-monthly meetings, through Allied Health appointments (either in Stawell or as part of outreach visits to neighbouring towns) and at Macpherson Smith Nursing monthly meetings.

We also have a Suggestions, Complaints, Compliments (SCC) form available from hospital reception, Macpherson Smith Nursing Home, Bennett Centre, Allied Health Department at the Stawell Health and Community Centre and in Hospital in the Home admission packs. All SCC's received are reviewed bi-monthly by SRH's Quality Improvement Committee. We also receive SCC feedback via telephone.

Suggestions

Eleven formal suggestions were received during the past year. In response, we:

- Have conducted a six-week evening Diabetes Self-Management Program open to all people with diabetes
- Reminded staff there is a quiet room/chapel for patient use
- Reviewed the music selection available to patients on the hand held TV/radio receiver
- Reviewed the availability of a weekend on call physiotherapist
- Reviewed cleaning work practices
- Reminded staff to place patient phones in easy access
- Linked a client into the Lifestyle Challenge Program supermarket tour

Complaints

All complaints are referred to the Chief Executive Officer for investigation in liaison with the Executive team. Complaints are also reported to the Health Services Commissioner on a regular basis.

During the past 12 months we received 37 complaints identifying 40 issues covering food, access to information, environment, clinical care and communication.

In response we have:

- Worked with the Stawell Health and Community Centre (SH&CC) to address parking issues and erect new limited mobility parking signage
- Increased the gap between speed humps at the SH&CC and removed part of the speed hump closest to the footpath to allow gopher access
- Changed processes to provide SRH with improved ease of access to radiology information out of hours

Two complaints were investigated by an external organisation.

Compliments

Over the past year we have received 140 compliments on the SCC form, letters or thank you cards. Figure 18 tracks the feedback we have received during the past two financial years.

Figure 17: Consumer Participation Indicator (VPSM)

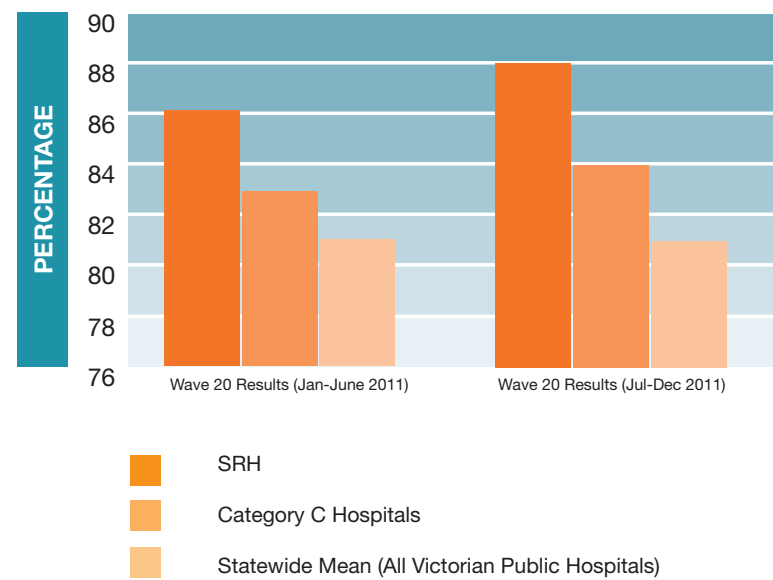
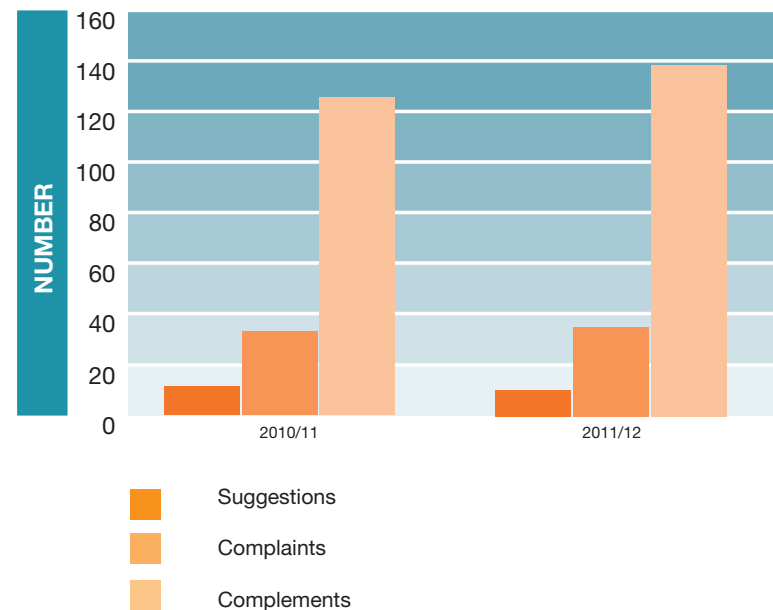


Figure 18: Patient Feedback



“Our child’s care at this hospital was outstanding. We were well informed and cared for at all times”

– Parent

Right: EN Christiaan Zijlstra



Our Supporters

Stawell Regional Health Foundation

The Stawell Regional Health Foundation was established in 1989 and operates under a Trust Deed.

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 the replacement of new equipment.

The Foundation members have continued to observe the objectives of the Foundation which is to provide funds for the health services equipment where it may not have necessarily been able to secure those funds from either its own resources or from 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 \$96,012 for a surgical camera system, \$5,378 for an anaesthetic cart and \$3,000 for a surgeons stool. The Foundation had a closing balance of \$1.34M at the end of the 2011/12 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 at Stawell Regional Health.

Theatre staff using the surgical camera system



Ladies Auxiliary

This year's successful fundraising activities included a Fashion Parade at the Stawell Entertainment Centre (with the help of Y-Zetts), catering at the TRI State Bands competition, biscuit sales throughout the year, annual Wine and Savory Evening, Trackside Christmas function and helping the Y-Zetts cook for Rotary function. All up, the Ladies Auxiliary received \$7,000 in donations from the Book Worm Gallery, \$215 from Stawell Golf Bowls, plus general donations of \$470.

Equipment purchased during the past year:

- Macpherson Smith – four airbed mattresses at \$6,000 each (funds allocated for an additional mattress and digital weigh scales)
- Day Procedure Unit – framed photographs (\$1,000)
- Nurse's Library – new books (\$1,000)
- Oncology – heat packs
- Inpatients – emergency toiletry packs

Thank you to everyone who has assisted with fundraising events (including Stawell Entertainment Centre staff) and to the SRH CEO and staff for being so accessible and supportive.



Ladies Auxiliary

Y-Zetts

The Y-Zetts kick-started the year with the annual local shopping spree that just keeps growing from strength-to-strength. This year there were more shoppers hunting for bargains and some traders reported it was their best year ever. The change in format of organising a coffee break for the shoppers and the drawing of a raffle in the last shop of the night also proved successful. In March, Y-Zetts started a monthly car boot sale in the Scallan Street public car park. The concept was suggested by a member, who had been involved with establishing similar events in other towns. The event is ideal for people who want to de-clutter their home without holding an independent garage sale. Although not a big fundraiser, the Y-Zetts anticipate growth, with the car boot sale attracting more vendors and more people to come along to find little treasures. In May the group catered for 385 people at the Annual Rotary Assembly for the 12th year in a row with the generous help of the hospital's catering division, Auxiliary ladies and friends of Y-Zetts. This activity raised over \$4,000. In 2011/2012 the Y-Zetts donated \$11,000 towards TVs in the hospital.



Y-Zetts

Murray to Moyne Relay

The Stawell Medical Centre 'Sprockets' successfully completed their 20th Murray to Moyne cycling relay to raise vital funds for medical equipment for our hospital. A team of 14 riders competed in the challenging 520km relay from Echuca to Port Fairy, raising \$17,500 for orthopedic knee surgery equipment.

Riders were John Osborne-Rigby, David Francis, Frank Stokes, David Tapsott, Cliff Dudley, Naomi Altman, Mal Elliot, Geoff Richards, Peter Wemyss, Tony Rathgeber, Laura White, Dean Knights, Anthony Morey and Terri Clark.

Individual members reported that they'd remarkably improved their personal fitness level, which could be attributed to their regime designed by training manager, David Francis. Once again, the riders received tremendous support from the community and the corporate sector. Team manager was Dean Knights and support drivers included Geoff Illig, Ian Bigmore, Reg McMillan and Gary Healy. A relay safety plan was developed by Laura White.



The Sprockets'

Life Governors

Life Governors of Stawell Regional Health as at June 30, 2012

Barham,	Jim	Fraser,	WG (Scottie)	Perry,	Rosemary
Barry,	Debbie	Fry,	Darrelyn	Peters,	Esta
Bennett,	John	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	Sibson,	Janine
Brilliant,	Joan	Jackson,	Betty	Smith,	Betty
Cadzow	Fay	Jerram,	Hazel	Stokes,	Frank
Carter,	Alex (dec)	Jones,	David	Stone,	RC (Bob)
Castle,	Noelene	Kennedy,	Val	Summerhayes,	Shirley
Castle,	Dr R Norman OAM	Krelle,	Sadie	Teasdale,	Kay (dec)
Coote,	Jean	Kuehne,	Edna	Teasdale,	Mary
Crouch,	Judy	McCracken,	JD (David)	Thomas,	Gary
Cunningham	Dr Andrew	McDonough,	Graeme	Ward,	Fred
Dadswell,	Ken	McGaffin,	Marg	Warne,	Mr RB (Roger)
Davidson,	Helen (dec)	Miller,	Kaye	West,	Janet
Earle,	Greg	Monaghan,	Terry	West,	Pam
Earle,	Jean (dec)	Murphy,	Carmel	Witham,	Janet
Elliot,	Malcom	Neilsen,	Beryl	Young,	Kathleen
Eime,	Anna	Neilsen,	Vern	Young,	Kaye
Fowkes,	Bruce	Nicholson,	Helena		
Fletcher,	Stella	Norton,	Rosemary (Sam)		
Francis,	David	Perry,	Di		

SRH Board Members

Ross Hatton
Lynn Jenz
Joan Brilliant

Neville Dunn
Peter Martin
Karen Douglas

Howard Cooper
Jennifer Molan
David Stanes

Staff Awards

10 Year Service

Helen Kennedy
Christine Jones
Carolynne Johnston
Kathleen McClintock

20 Year Service

Shirley Mewett



Residential Aged Care staff celebrating 'Rock and Roll Day'



NUM Residential Aged Care RN Robyn Leslie



Remembering Helen

Former staff member and volunteer with Stawell Regional Health, Helen Davidson of Stawell passed away in July, 2012. A podiatrist at the hospital from 1972 to 2007, Helen was always very proud of her profession and relished in introducing the latest techniques and knowledge brought back from training and conferences.

Helen was very committed to rural health and would do everything possible to help new therapists to Stawell feel welcome. Many of her lifestyle friendships were forged during her time working and volunteering with SRH.

Helen was one of the original members of the 'Younger Set' (now the Stawell Y-Zetts) and was a key driver in the Charity Golf Day from its beginning. Her many other volunteer roles included being a 'lolly trolley lady'. Helen was made a Life Governor at Stawell Regional Health in 1988.

Glossary

ACHS	Australian Council on Healthcare Standards
ACSAA	Aged Care Standards Accreditation Agency
AHPRA	Australian Health Practitioner Regulation Agency
AQL	Accepted Quality Level
BHS	Ballarat Health Services
CALD	Cultural and Linguistically Diverse
CEO	Chief Executive Officer
CT	Computed Tomography
DoH	Department of Health
DVA	Department of Veterans Affairs
DVD	Digital Video Disc
EFT	Effective Full Time
GCH	Grampians Community Health
GP	General Practitioner
GPPCPP	Grampians Pyrenees Primary Care Partnership Programs
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HR	Human Resources
HRIS	Health Resource Information System
ICAP	Improving Care for Aboriginal and Torres Strait Islander Patients
ICOP	Improving Care for the Older Person
ICU	Intensive Care Unit
KGFYL	Kids Go for your Life
L&L	Leisure and Lifestyle
MeRGE	Metro/Rural Graduate Nurses Experience
OH&S	Occupational Health and Safety
PCC	Person Centred Care
PD	Professional Development
RPFANC	Regional Patient Flow and Access Nursing Collaboration
SBAR	Situation, Background, Assessment, Recommendation
SCC	Suggestion Complaint Compliment
ScTT	Service Co-ordination Tool Templates
SFF	Sustainable Farming Families
SH&CC	Stawell Health and Community Centre
SHCR	State-wide High Care Rates
SRH	Stawell Regional Health
TCP	Transition Care Program
VHIMS	Victorian Health Incident Management System
VPSM	Victorian Patient Satisfaction Monitor

Feedback form

What do you think of this year's Quality of Care Report?



Terri-Anna McKinnon and Fiona Wynd serve fresh cook meals at the Residential Aged Care facility

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

.....

.....

.....

.....

2011-2012

Quality of Care Report

Caring for our community

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



Our Mission

Stawell Regional Health provides a complete continuum of integrated health and related services, by providing the highest quality facilities and skills delivered in a personalised and caring environment.