2011
QUALITY OF CARE REPORT

Caring for our Community

Awards

Life Governorship

Each year the Board of Management presents either a Life Governorship or Certificate of Appreciation to community members for their valued support to the health service and to long serving staff members in excess of thirty years service. This year's recipients are:

Life Governorship

Kaye Harris

30 Years

Di Perry
Debbie Barry
Shirley Summerhayes
Barbara Savage
Mary Teasdale

Staff Long Service Awards

Each year, in recognition of long and valued service to the health service, the Board of Management presents long service awards to staff members. The following are recipients of this years awards:

25 Years:

Sarah Warren
Leonie McLoughlin
Robyn Kalms
Yvonne Harding
Sue Fontana
Carol Christian

20 Years:

Elizabeth Bacon
Jenny Farrer
Michelle Morris
Linda Farrer
Barbara Oates
Sandra Worsley

10 Years:

Carol Wilson
Pamela Franklin
Elizabeth McCourt
Claire Letts

Ross Hatton, President, presenting Quality Manager, Sarah Warren with her gold watch in recognition of 25 years of service

Rohan Fitzgerald, CEO presenting Kaye Harris with her Life Governorship Certificate with Ross Hatton, President

Vale

In memory of those staff and Board Members who passed away in the last twelve months

Mavis Henderson - July 2010. Mavis trained at Stawell which included doing one year in Ballarat. Mavis went on to do Midwifery and became the nurse in charge of theatre in the 1960's. She left Stawell about 1976 and returned about 10 years later as a midwife and became night Coordinator. Mavis was a valued employee at Stawell Hospital and Mayor of the Northern Grampians Shire.

Patricia (Pat) Gaffney - September 2010. Pat trained at the Repatriation General Hospital Heidelberg, then went on to do midwifery, training at the Mercy Maternity Hospital in Melbourne. Pat moved from Melbourne to Barkly in 1982 and worked for Stawell Regional Health mostly as night supervisor. Pat was a dedicated nurse whose service to our community and health service is remembered fondly.

Jean Dorothy Earle - December 2010 Jean is remembered as a local business woman with extraordinary energy. Jean was a former Board member, Life Governor, Shire Councillor and Mayor of the Northern Grampians Shire .

Front Cover: Jemima Bibby holds new baby Edward with sister Elise and brothers Thomas and George.

Designed by The Courier Design and Print

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Board of Management

Board Chair's Report

We are pleased to provide a report on another year of operations at Stawell Regional Health. Over the last year our region experienced natural disasters which have brought loss and hardship to many in our community including staff at our hospital. Through this we have continued to provide high quality care to our community. New board members have commenced and long serving members departed. We have recruited to a number of senior positions within the organisation and also welcome our new Chief Executive. The community once again have given generously to our organisation and a record breaking shearing effort has inspired our region.

Improving Access and Quality

This year the hospital treated 3132 inpatients and performed 1544 operations. The accident and emergency department continues to see more patients 3633 up 238 on last year. The results from satisfaction surveys show that patients were very satisfied with most aspects of their stay at our hospital, and that we were performing above the group C category average.

Financial Performance

The hospital endeavours where possible to take a partnership approach to financial management, currently sharing procurement and pay roll services across the region as a part of the Grampians Health Alliance. Over the last 12 months the hospital achieved a sound financial result posting an operating surplus of $69,000, which is an improvement on last financial year.

Capital Projects

The hospital secured $3.5M funding from the Department of Health and Ageing to build a Community Rehabilitation Centre in Stawell. The new CRC will enable patients in this region to undergo their treatment in Stawell reducing the need to travel to specialist services outside the area. Some of the services incorporated into the new facility will include a continence nurse, wound management, cardiac and pulmonary rehabilitation services.

Continuous Improvements

As an organisation we are continually striving for improvement to our practices and processes. In the last twelve months staff across our organisation attended workshops on Lean Thinking. These facilitated programmes aim to get better outcomes for our patients/residents/clients.

We have also implemented a new finance and materials management system with the assistance of the Grampians Rural Health Alliance. The Oracle system standardises business process and reporting and also provides greater accountability and controls in our procurement practices and improves our ability to report financial information.

Work commenced on the establishment of a new midwifery led model of care for obstetric services. A project coordinator was appointed and is leading a consultative process with staff and new or soon to be mothers.

The CasConnect project enters a new phase at the end of this financial year transitioning from a pilot program to a self-sustaining model. The aim of the program is to co-ordinate the placement of relief staff across rural and regional Victoria. We are grateful for the support offered by the Department of Health to bring this program to fruition and believe it has been successful in supporting casual nursing staff being placed across the region.

Community Participation

The efforts of all our volunteers, including the Foundation, Y-Zetts and Auxiliaries continue to inspire our community and organisation. The hard work of these groups enables our hospital to deliver more services to our community. We congratulate Mr Aaron Hemley who was honoured community citizen of the year on Australia Day for his amazing 48 hour shearing record, to raise over $120,000 for our Oncology Unit. Our sincere thanks go to all of the people, clubs and organisations that have served the hospital. Donations to the hospital last year totalled $249,844.

Attracting and Retaining Staff

Once again this year we welcomed a number of new faces to our organisation. Wendy James our new Deputy Director of Clinical Services joined us and Tony Roberts commenced as the Finance Manager. We also saw the departure of Peter Edwards and commencement of a new Chief Executive Rohan Fitzgerald.

We also farewell board member, Mrs Kaye Harris after 13 years of continuous service to the hospital.

Our History

Lastly, we launched the 'History of the Stawell Hospital 1858 to 2009' written by local resident Gary Withers. We commend Gary for his attention to detail and ability to bring to life the history of healthcare in Stawell. The journey to establish a hospital in Stawell commenced in 1858 and in the last 150 years there has been significant change including the relocation and transformation of the hospital into a state of the art modern healthcare facility.

Outgoing Board Chair

Special thanks to Karen Douglas who has just completed her three year term as Chair. Her diligence and guidance through this period has been of great benefit to all.

Ross Hatton Board Chair and Karen Douglas Deputy Board Chair

Evaluation and Distribution

Evaluation of the 2009/10 Quality of Care Report

Last year's Quality of Care Report was evaluated through two processes.

Firstly, through the feedback forms that were distributed with the report by Australia Post throughout Stawell and surrounding districts. This resulted in 24 responses.

Secondly, an independent panel, overseen by the DoH, reviewed our report against the guidelines and minimum reporting requirements.

Feedback from consumers:-

- 84% (16) 'strongly agreed' and 'agreed' that they received a Quality of Care Report through Australia Post
- 95% (21) 'strongly agreed' and 'agreed' that distribution of this year's report by post throughout Stawell and district had allowed greater community access to the report
- Between 93.5%-95.5% (19-21) 'strongly agreed' and 'agreed' that the report was well presented, easy to understand and interpret and that it helped them understand how SRH was responding to safety and quality issues
- 100% (22) 'strongly agreed' and 'agreed' that the report was easy to read.

Improvements consumers would like to see:-

- Separate information on service users
- Slightly larger print
- Include reference in the booklet for the 'maker of the booklet'.

Feedback from the panel:-

- Feedback was generally positive.

Improvements the panel would like to see:-

- Simplify language, explain technical terms
- Information layout clearer – pages busy with content, increase size of font
- More details about priority areas for action and achievements against targets.

Comments from Consumers

"The complete package of openness in regards to all of SRH's reports, services and programs"

"Excellent cover picture"

"Presentation design and layout of the booklet was extremely well done"

2010/11 Quality of Care Report

Clinicians, (nursing, allied health) staff and consumers were included in the consultation process when developing this year's report.

Suggestions from the community and the panel were incorporated into the style, content and information. This year distribution will be via an insert in the local paper. A similar evaluation strategy will be used to last year.

We look forward to your feedback.

Consumer, Carer Community Participation

Our aim is to involve our clients/patients in decisions about their care. This is achieved by discussing care and treatment options and providing education and information (verbal and written) at each admission point. At times a family conference involving a multi-disciplinary group of staff may assist in planning that care.

Satisfaction surveys

We monitor patient satisfaction through several internal surveys and are provided with regular reports through the Victorian Patient Satisfaction Monitor (VPSM). This survey is conducted over two six-month periods each year. We take part in this statewide survey which asks people who have been discharged from hospital questions about their hospital stay. We compare our results against hospitals of approximately the same size (Category C hospitals) and against all Victorian hospitals (statewide benchmarks).

The Consumer Participation Indicator is highlighted in Figure 1. This provides us with a measure of how clients/patients rated their involvement in their health care during their hospital stay and compares our average rating over two six-month periods with Category C and statewide hospital benchmarks.

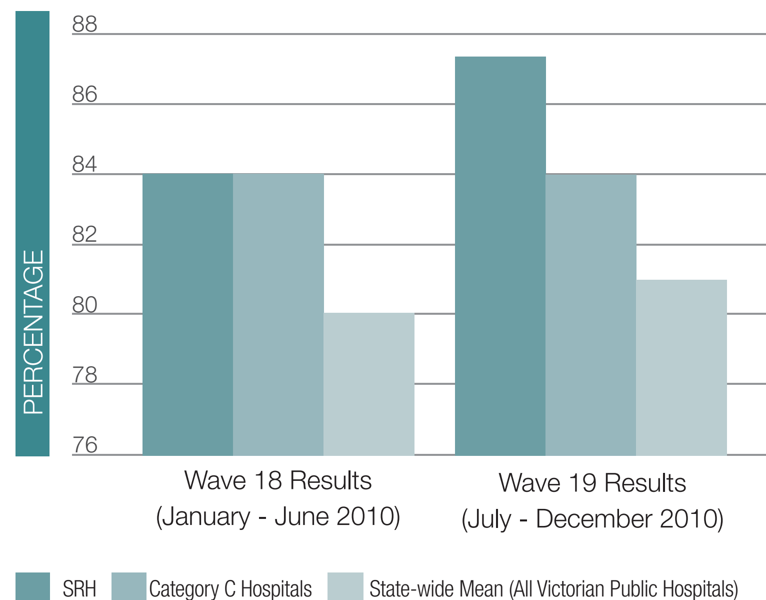


Figure 1 Consumer Participation Indicator
(Victorian Patient Satisfaction Monitor)

Indicator	Benchmark target	SRH status
SRH demonstrates a commitment to consumer, carer & community participation.	75% of the specified strategies	75% (meet six of the eight specified strategies)
Consumers/carers participate in their care.	Consumer Participation Indicator(CPI) score of 75% on the VPSM	CPI score of 87%
	Target for Residential Aged-Care Services is 75%	90% of residents 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	For all Victorian public health services the target is 85%	100% (1) brochure has been reviewed against the checklist
The number of consumers who rate written information on how to manage their condition/recovery at home as being 'good' to 'excellent'	Target is 75%	Score of 95.78% (VPSM-Wave 19 results)
Consumers, carers and community members are active participants in planning the improvement and evaluation of services and programs on an ongoing basis.	Target is 75%	Score of 83%
SRH actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	All Victorian Public health services are required to develop an annual Quality of Care Report	Achieved

Feedback from patient satisfaction surveys

"I was made to feel comfortable and treated with the utmost respect. It was a pleasant experience. I was contacted the next day to enquire about my health. This I found to be above and beyond normal practice. I thank the nurses for their concern."

"The friendliness of the team- the very short wait- I was very grateful!!! The thoroughness and knowledge they displayed - expert surgery and anaesthetics."

Consumer involvement in improving our health service

Client feedback

Bennett Centre for Community Activities holds a client/carer meeting every second month. Feedback from this meeting and the annual client satisfaction survey provide information about the direction activities should take.

Outreach customers

A variety of Allied Health services are offered in surrounding towns. Feedback from clients is provided to the visiting community health nurse and other members of the Outreach Team at individual appointments or 'health nights'. Team members liaise with the Primary Care Manager on a regular basis to address concerns and improve service provision.

Resident feedback

Macpherson Smith Nursing Home (MSNH) residents/relatives receive information and provide feedback at monthly meetings. The meetings are chaired by a resident's relative and the organisation's executive attends on a regular basis. Guest presenters provide information on services provided by the home and/or services or products that could be available to improve the amenities of the home.

Suggestions, Complaints, Compliments (SCC)

These are collated from feedback forms that are accessible to all customers in reception areas in the hospital, nursing home, Allied Health (AH) Division at the Stawell Health and Community Centre (SHACC) and at the Bennett Centre. Forms are also included in the Hospital in the Home admission pack. SCC's can also be made in person, by phone, email or letter.

Changes to the SCC process

With the introduction of the Victorian Health Incident Management System (VHIMS) on April 1st 2010, Complaints and Compliments (feedback) have been logged on a different electronic system. Non-identifiable complaints data will continue to be submitted directly to the Health Services Commissioner and trended data on both complaints and compliments will be reviewed at appropriate meetings

Suggestions

Twelve formal suggestions were received over the last year.

In response to suggestions we:

- Have improved signage to the Allied Health's reception waiting area
- Routinely ring local patients if there is to be a delay in their surgery start time
- Provide an estimated time the procedure (surgery) will take for patients' relatives
- Have enlarged and increased the signage in the A&E area on "How to Contact a Nurse"
- Have re-established the water fountains and pond on the hospital site
- Have provided a table at the nursing home for bread delivery, and
- Have placed soap and utility holders in patient bathrooms in Simpson Wing.

Compliments

Over the last year we have received 124 compliments via the SCC form, letters or thank you cards. The Day Procedure Unit has been actively encouraging feedback from day-stay patients and has seen a sharp rise in the number of compliments received compared with previous years.

Complaints

We view complaints as ... "A window of opportunity for improvement..."

Complaints provide patients/clients/visitors with the opportunity to tell us when they are not happy with any aspect of the service provided by SRH. All complaints are initially referred to the Chief Executive Officer and investigation of the complaint is managed by a member of the Executive staff who is educated in complaints management.

In the last 12 months we received 34 complaints that identified 39 issues.

In response to complaints we have:

- Introduced new systems, processes and forms to improve documentation in resident records at the nursing home
- Reviewed parking signage at the Stawell Health and Community Centre
- Reviewed documentation of next-of-kin contact details, and
- Provided letters of explanation.

Access to services and inadequate parking were the most frequent complaints.

Two complaints were lodged via the Aged-Care Complaints Investigation Scheme.

Indigenous Health/ICAP

The Aboriginal Health Worker has now been in the position for four years. He provides a high level of support to the indigenous community and reports an increase in the number of contacts between individuals and GPs and other mainstream health agencies such as SRH. There has been an increase in his own client contact with referrals from agencies such as Wimmera Uniting Care and Grampians Community Health (GCH). Liaison with bodies such as the DHS, Victoria Police, Hearing Australia and GCH is an important component of the position.

The worker is currently studying Certificate IV in ATSI Health (Community Care).

Additional funding from the Commonwealth program Rural Primary Health Services and the State Department of Health has enabled this important position to become full-time.

Budja Budja Aboriginal Co-operative has employed a Division 1 Nurse as its Practice Nurse. This nurse has strong links with both the acute hospital and the allied health team at SRH, meeting fortnightly with allied health staff and the Primary Care Manager.

Visiting GPs hold clinics at Budja Budja Co-Operative. These regular clinics over two days of the week are open to all community members. A female GP is available one day a week. As a member of the partnership, SRH provides administrative support to source equipment and consumables for the GP Clinic on behalf of Budja Budja. The clinic is now fully accredited.

Improving Care for Aboriginal and Torres Strait Islander Patients:

Key result areas	Achievements
1: Establish and maintain relationships with Aboriginal communities and services.	Stawell Regional Health and Budja Budja Co-Operative have enjoyed a positive working relationship for many years, including the joint running of the Commonwealth program 'Strengthening Rural Communities'. Administrative support to Budja Budja Co-Operative in the establishment of a regular visiting GP service. The clinic has successfully obtained full accreditation and currently has two GPs in attendance on different days. 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.
2: Provide or coordinate cross-cultural training for hospital staff.	Involvement of indigenous people in planning and delivery of cross-cultural training of hospital staff. Development of a comprehensive cross-cultural training plan for all hospital staff.
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.	Budja Budja Health Plan developed following extensive consultation with the local indigenous community and service providers. Regular meetings with the Aboriginal Health Worker, Budja Budja Co-Operative Board member, Chief Executive, and key parties at SRH e.g. Chief Executive, Director of Clinical Services and Primary Care Manager. Fortnightly meetings between the SRH Primary Care Manager and the Budja Budja Medical Clinic 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.	Involvement of the Aboriginal Health Worker in development, review and refinement of referral and management of indigenous patients in the acute setting and in referrals to primary care.

Cultural Responsiveness Indicators

Indicator	SRH Status
The number of Culturally and Linguistically Diverse (CALD) consumers identified as requiring an interpreter who receive this service compared with the number presenting to the health service identified as requiring an interpreter	1.7% of consumers stated they wanted the hospital to provide an interpreter during their stay (VPSM Wave 19 results).
The number of community languages used in translated material compared with the number of community language groups accessing the service.	Pre-admission patient information has been translated into Arabic for out-of-town consumers accessing SRH's surgical service.
CALD membership is demonstrated in a Community Advisory Committee (CAC), Cultural Diversity Committee (CDC) or equivalent.	SRH is not required to establish a CAC and has been unsuccessful in setting up a dedicated CDC.

Our Staff

Education Manager Jenny Farrer and EN Dina Schreuder check Ron Kewish's intravenous therapy.

Human resource management plays a key role in achieving the strategic goals of our organisation.

Workforce recruitment within the nursing and allied health departments has been a high priority for SRH during the past 12 months. The difficulty of balancing the recruitment of experienced and skilled staff against providing employment opportunities for newer graduates is a challenge being faced across the health industry as older members of the workforce retire or reduce workload.

SRH meets this challenge through mentoring and support programs both within the service and through external partnerships and agreements. These programs, such as the continuing relationship of supervision and mentoring for newly recruited Allied Health Graduates with Ballarat Health Service, is a key factor in the recruitment of some of the best and brightest from local and interstate universities.

Our own nursing division education team, which provides both bedside and ward support, has allowed new staff to grow in a supported environment using experienced staff for guidance within a competency framework.

The executive team is working to retain experienced staff to ensure an ongoing sustainable workforce. Staff seminars focusing on the transition to retirement have prompted discussions with individual staff members to identify opportunities and avenues to keep them in the workplace.

To continue our success in recruitment and retention of staff we will be conducting a leadership and management development program over the next 12 months.

Figure 2 shows total FTE by staff division at year end June 2011

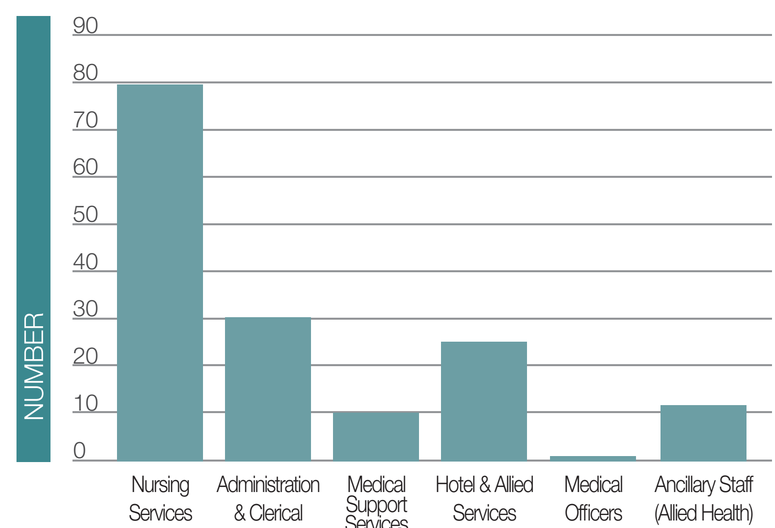


Figure 2: Total FTE

The Human Resource Information System (HRIS) centralises personnel and education data across a workforce of practitioners with differing professional needs and is a key management tool in identifying broader programs for study and training. Grampians Rural Health Alliance provided training to Executive Administration staff in the data entry and reporting of course sessions. The ability to report on a staff member, group of staff or particular course is a valuable tool for line managers in supporting the performance appraisal program in each department.

The HRIS also allows the centralised entry and review of credentialing requirements of staff. This data is reviewed through internet upload to the Australian Health Practitioner Regulation Agency (AHPRA), saving hours of work in reviewing individual registrations.

The System and Data storage is maintained within the requirements of the Public Record Office of Victoria.

Credentialing and Privileging

These processes are very important and help to ensure that all health care staff are registered and only do what they have been trained to do. Each year we check with AHPRA that our nurses, allied health staff and doctors are registered and whether they have any restrictions, notifications or amendments to their registration. The details on the AHPRA website are available to the public. In addition police checks are conducted on all staff.

We also have policies in place that must be followed in order for a practitioner to undertake new procedures or operations.

Website

We have revitalised our website to include more information for the community and prospective employees. On the website is our latest Annual Report, Quality of Care Report, news items, information regarding our services and current vacancies. Please take a moment to visit www.srh.org.au

Kelly Friend and Carol Christian serve morning tea.

CasConnect

CasConnect is a central organisation which coordinates the placement of relief staff in health services. After demonstrating significant success during its pilot phase, CasConnect has secured funding from the DoH to expand across Victoria.

CasConnect was developed by Stawell Regional Health, with the support of the DoH under the auspices of the Rural Health Bank Pilot Project. CasConnect went live in 2008 at Stawell Regional Health with 23 members. Today it has more than 500 members across 10 rural health services.

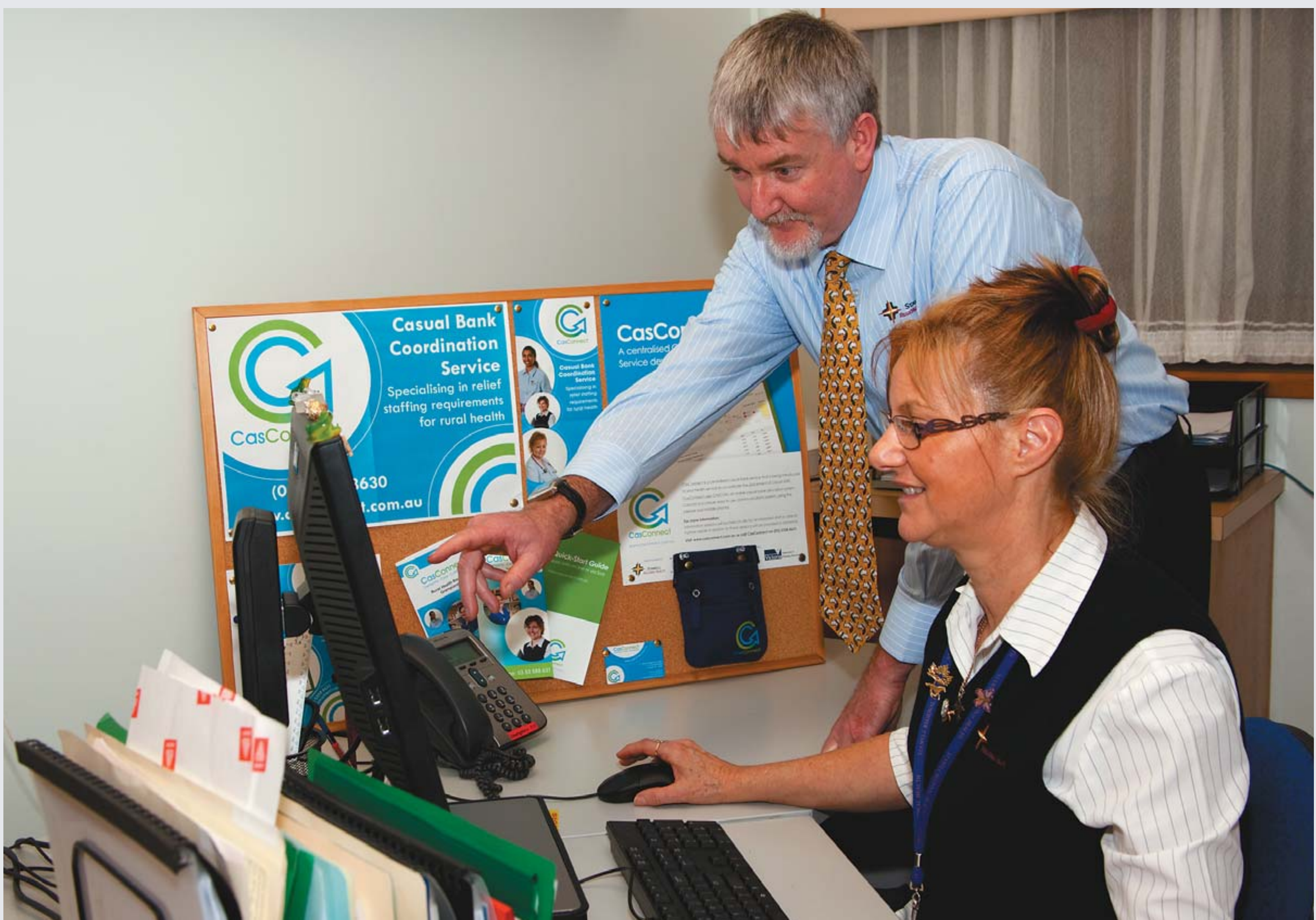
CasConnect is an innovative e-commerce system, delivering flexible and low-cost services to regional health organisations. It reduces the time, effort and duplication associated with multiple health services and site relief staff bank arrangements thereby generating significant productivity savings for these health services.

CasConnect has also helped to attract, recruit and retain vital health workers in regional Victoria, with participating health services increasing their casual relief pools by 20% during the pilot period. This is a significant achievement.

Careful consideration of all the recommendations made by health services and nurse members during the formal evaluation of the pilot project in late 2010 has assisted CasConnect in planning for a secure and viable future.

SRH has agreed to support CasConnect during its next phase. CasConnect expects modest growth in the short term; however it aims to achieve financial independence by the end of the 2013 financial year by targeting a combination of operational efficiencies and growth.

We would like to thank all our participating health services and relief staff members for their commitment and support during the pilot project and hope we can continue to provide this valued service to them.



CasConnect's David Francis and Lynette Baker

Quality and Safety

Clinical Governance

"the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimizing risk and fostering an environment of excellence in care for consumers/ patients/ residents" (1)

Clinical governance is the provision of good, safe care and continual improvement to patient safety.

At SRH our focus is on the consumers' experience throughout their hospital stay. All staff, both clinical and non-clinical, contribute to the organisation's strong culture of supporting consumer safety and quality improvement initiatives.

Our Board of Management ensures systems and processes are in place to support clinicians in providing safe, high quality care and in ensuring clinicians' participation in governance activities. This is demonstrated by Board of Management representation on the Audit, Quality Improvement and Risk Management committees which all report on clinical governance.

Good clinical governance means having a core set of measures to analyse quality and safety and to provide timely and accurate information regarding organisational performance.

This year SRH has extensively reviewed its core set of measures to reflect and represent all four dimensions of quality and safety (consumer participation, clinical effectiveness, effective workforce and risk management).

These quality and safety measures will be benchmarked against both internal and statewide targets and reported to the board on a regular basis.

Expected Outcome:

- There is evidence that clinical care is monitored and evaluated and that improvements are made
- There is evidence that all people in the organisation take responsibility for clinical governance, and
- The Board receives regular reports on organisational performance.

External Monitoring

Accreditation is a process that requires external monitoring of our performance. This is a requirement of the Victorian and Commonwealth Governments for all health and aged-care services. The accreditation process assists us to continuously improve our performance so we can deliver the highest quality service to the community.

We are 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
Australian Council on Healthcare Standards (ACHS) (Four-year cycle which includes two onsite surveys, one every second year)	Four-year accreditation achieved from the Organisational Wide Survey (OWS) in April 2010. Self-assessment review completed April 2011, which reviewed some general information about the health service and our progress against the eight recommendations we received at the previous OWS. Next survey April 2012.
Aged-Care Standards Accreditation Agency (ACAA) (Three-year cycle which includes one onsite survey and at least one unannounced visit every other year)	Three-year accreditation achieved in September 2009. Two unannounced reviews, one in April 2010 and the second in February 2011. We have maintained our accreditation status. Next survey September 2012.
Home and Community Care (HACC)	Successful review in April 2008. No planned review date.
Department of Veterans Affair (DVA) review	A Contractor Assessment Questionnaire was completed in 2007-08. There has been no review since.

Risk Management

Clinical Risk Management is the process of reducing the risk of harm to patients/residents/clients. Falls, medication errors and pressure ulcers are recognised both nationally and internationally as a major safety issue for those admitted to healthcare and residential aged-care facilities.

1. *Statewide Quality Branch, Rural and Regional Health and Aged-Care Services. Victorian Government Department of Human Services, 2009. Victorian clinical governance policy framework, www.health.vic.gov.au Melbourne*

To achieve effective Clinical Risk Management we must have a robust system to record when things either go wrong or have the potential to go wrong - we call this system Incident Reporting. All public hospitals in Victoria use the same electronic system to record incidents (VHIMS). This system rates the severity of incidents. We forward this information to the DoH every month. Our staff are comfortable and confident in recording incidents which provides us with the opportunity to assess and implement improvements across the organisation.

This year 817 incidents were recorded at SRH.

- 97.19% (786) of these incidents were either mild or no harm was sustained
- 2.81% (23) of incidents related to non-clinical issues such as security or maintenance issues, and
- 0.85% (7) were rated moderate and 0.12% (1) severe.

What happens when an incident is rated 'severe'?

When an incident is rated severe, an extensive in-depth review is undertaken. Following the review recommendations are made to ensure that improvements are implemented to either prevent or reduce the risk of a similar incident occurring.

Falls: Monitoring and Prevention

A fall is defined as any unexpected movement to the ground and includes slips, trips and falls. If a patient or resident is found on the floor, it is recognised that they have had a slip, trip or fall. SRH has been closely monitoring its rate of falls for several years.

Figure 3 illustrates the number of falls per 1000 days a bed is occupied. This graph shows data over two six-month periods.

How do we stop people from falling?

On admission to hospital or the residential aged-care facility, nurses complete a falls risk assessment. Anyone assessed as a high falls risk has strategies tailored to their individual needs.

These may include:

- Bed in low position
- Bed rails down
- Orientated to toilet location
- Call bell and walking aids within reach
- Referral to a physiotherapist and/or occupational therapist
- Hip protectors
- Sensor mat alarm
- Non-slip socks
- Patient Falls Pack given to the patient.

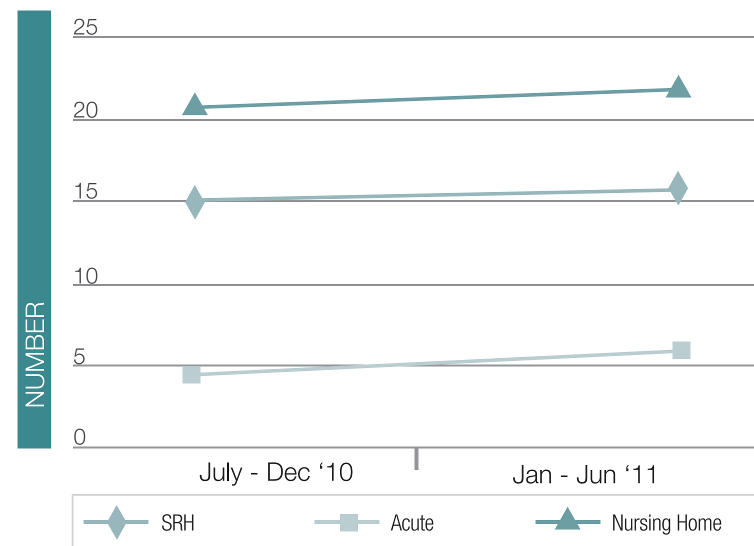


Figure 3: Falls/1000 bed days

We have recognised that falls in our residential aged-care facility require rigorous intervention. The reactivated Falls Working Group provides a multi-disciplinary review and assessment of our systems and processes. In September 2011 strength training exercises will begin twice weekly as a part of the residential Leisure and Lifestyle program. This is a new initiative in our Falls Prevention Program.

Other strategies implemented in residential aged care to reduce resident falls include:

- Purchase of three new low/low beds (floor level beds)
- Use of sensor beams and sensor mats for high risk residents
- Use of hip protectors
- Regular checking of mobility aids and resident's footwear (good fit, non-slip)
- Review of all new resident's medication
- Staff attendance at a falls seminar, and
- Installation of extra power points in resident's rooms (nine rooms to date) to reduce the need for extension cords and leads which create a potential tripping hazard.

SRH has a robust Gait and Balance Program which develops individual programs for clients to maintain or improve body condition and prevent further falls. A report on this program can be found in the Continuity of Care Section of this report.

Medication Safety

Medication safety is governed by a multi-disciplinary team comprising a doctor, pharmacist, risk manager and nursing staff. SRH staff are encouraged to report any incident involving patient safety, including incidents involving medication. Incident Reports are sent to the Risk Manager and the reports are reviewed by the pharmacist, risk manager and nurse unit manager. The pharmacist determines the cause of any medication incident and corrective measures are implemented to avoid any future incidents. There is a weekly meeting between the pharmacist and the Risk Manager to discuss medication safety and reported incidents.

Figure 4 outlines the number and severity of medication incidents over the last year.

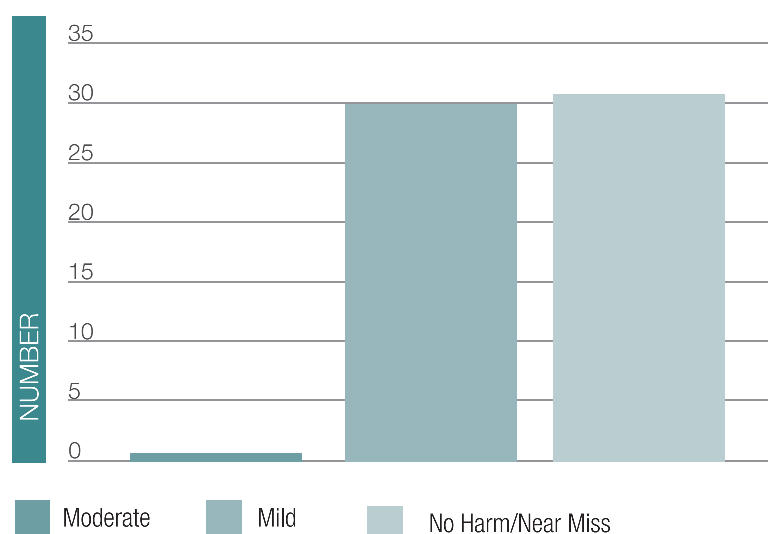


Figure 4: Medication Incidents at SRH

Improvements as a result of medication incidents:-

- Education provided to nursing staff at MSNH regarding regulations relating to the administration of medications in nursing homes
- Medipal (Medication Patient Advice Leaflet) provided to patients with multiple medications on discharge to streamline the discharge process and reconcile the medication list before and after hospital admission
- Chemotherapy medications are checked and countersigned by the pharmacist and nurse in charge on the day chemotherapy is to be administered
- The pharmacist communicates daily with the community pharmacist as part of the patient discharge process. The Medication Discharge Summary is sent to the community pharmacist if the patient has multiple discharge medications or requires a 'Webster Pack' to be dispensed.

Figure 5 shows data from the VPSM over two six-month periods on the percentage of patients who received written information on their discharge drugs.

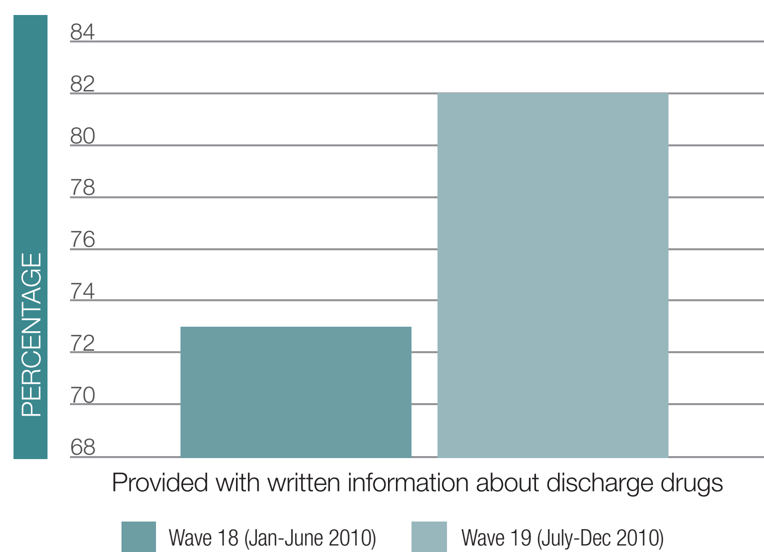


Figure 5: Medication Management

(Victorian Patient Satisfaction Monitor)

Pharmacist Somnath Sekaran checks a medication chart.

The Pharmacy Department was recently audited by the Victorian Pharmacy Authority. The Authority was satisfied with the quality of care the pharmacy provided to the patients and recommended some improvements. All the recommendations were fulfilled to the Authority's satisfaction.

As part of our commitment to improve patient safety, we plan to introduce into the acute ward the:

- Paediatric Medication Chart and
- Medication History and Reconciliation Form and Medication Changes Tool

We also plan to implement National Labelling recommendations later this year. This will streamline the process and procedure involved in labelling injectable medications and will improve patient safety.

Pressure Ulcer Prevention and Monitoring

Pressure Areas

A pressure area 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 old age, poor nutrition, smoking and other illnesses contribute to the likelihood of developing an ulcer. Figure 6 highlights the number of pressure ulcers/ per 1000 bed days a bed is occupied in our aged-care facility, acute facility and organisational wide over the last year.

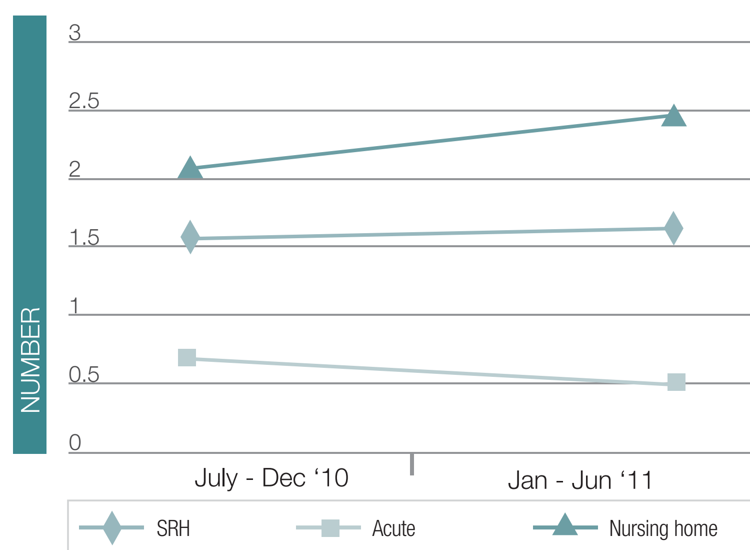


Figure 6: Pressure Areas/1000 bed days

How do we stop patients developing a Pressure Area?

Similar to falls, a risk assessment is completed on admission to the hospital or residential aged-care facility, which identifies a person's risk of developing a pressure ulcer. This assessment is completed pre and post-operatively, when there is a change in patient condition and also at discharge. We regularly audit our compliance when completing these assessments.

At last audit 83.5% of assessments in the acute ward were completed within 24 hours of admission

Wound Management

During the past 12 months SRH has focused on wound management. A multi-disciplinary team has reviewed and evaluated all aspects of wound management. The following improvements have been implemented:

- Wound care products endorsed by the Monash University and DoH Best Practice Guidelines are used
- Cameras are used to take photos of wounds to assist with assessment
- Visitrack wound measurement tool is available for use in district nursing and acute and residential aged-care areas. This tool enables staff to trace an outline of a wound providing accurate measurements to indicate if a wound is improving
- A comprehensive wound care chart has been developed in line with best practice standards
- District nurses and podiatrists have complete training in the use of the Arterio Brachial Index tool. This tool measures the blood flow and pressure in ankles and toes, and
- District nursing staff have completed education in compression bandaging for leg ulcers.

We are currently planning a Community Review Day for residents who have a leg ulcer. On this day community members will have an opportunity to have their ulcer reviewed by the multi-disciplinary team. The team, consisting of nurses, podiatrist, dietitian and other health care professionals, will assess and provide advice for ongoing treatment.

RN Amelia Wilde adjusts a pressure relieving mattress.

Infection Control

At SRH there are two staff members with Infection Control qualifications and two nurses who are accredited immunisers. The Infection Control Practitioner is an accredited Nurse Immuniser and a DHS certified Pre and Post HIV and Hepatitis C test counsellor.

Our Infection Control Program develops and implements policies and procedures which comply with federal and state standards and guidelines and best practices. These policies and procedures are reviewed by the Infection Control Committee annually and are essential for monitoring and providing a safe and pleasant environment for all patients, staff and visitors.

Every year a Strategic Plan is developed to assess, identify and implement procedures/policies to reduce the risk of acquiring an infection or communicable disease during hospitalisation. The Strategic Plan is reviewed and endorsed by the Board of Management.

Infection Control is complex and involves many areas of the hospital environment and includes:

- Food safety
- Cleaning standards
- Monitoring of the cleaning and sterilisation of surgical instruments
- Surgical site infections
- Staff immunisation
- Waste management
- Micro-organisms identified in specimens
- Antibiotic usage
- Hand hygiene
- Risk assessments
- Outbreak management
- Blood borne infections
- Urinary tract infections and
- Developing and reviewing policies and procedures to reflect current standards, regulations and legislation.

Three nurses have volunteered to be Infection Control Liaison Nurses throughout the organisation. The liaison nurses are a resource person for staff, give on-the-spot education and assist the Infection Control Practitioner to conduct audits in their work environments.

To ensure that all staff can access and obtain feedback on Infection Control standards and guidelines and internal and benchmarking audits, the results are accessible on the shared drive. An intranet web page for Infection Control is being developed.

MSNH is participating in the Grampians Region Healthcare Associated Infection and Antibiotic Use Point Prevalence Study, which is based on the Healthcare Associated Infections in European Long-Term Care Facilities (HALT) project. The aim of HALT is 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.

MSNH participated in a Pilot Infection Surveillance Program and benchmarked with other aged-care facilities in the Grampians region. The pilot was introduced because infections in acute settings are reported to DoH but those in aged-care facilities are not. The project aimed to determine whether it was feasible to implement such a program at state level. The outcomes are currently being reviewed.

Hand hygiene compliance.

Hand Hygiene

Hands and shared equipment remain the main mode of transferring 'bugs' from one person to another. Hand hygiene products are at the end of patient beds, in every resident's room and in all waiting areas and entrances to the organisation so staff and visitors can decontaminate their hands.

The 'Tips for Your Healthcare' leaflet that is found on all acute bed lockers has been updated to remind patients to ensure 'each staff member washes their hands before attending to your care'.

Figure 7 shows hand hygiene compliance rates for the last year. Placement of hand hygiene information posters on the back of staff bathroom doors was one strategy introduced to improve staff compliance.

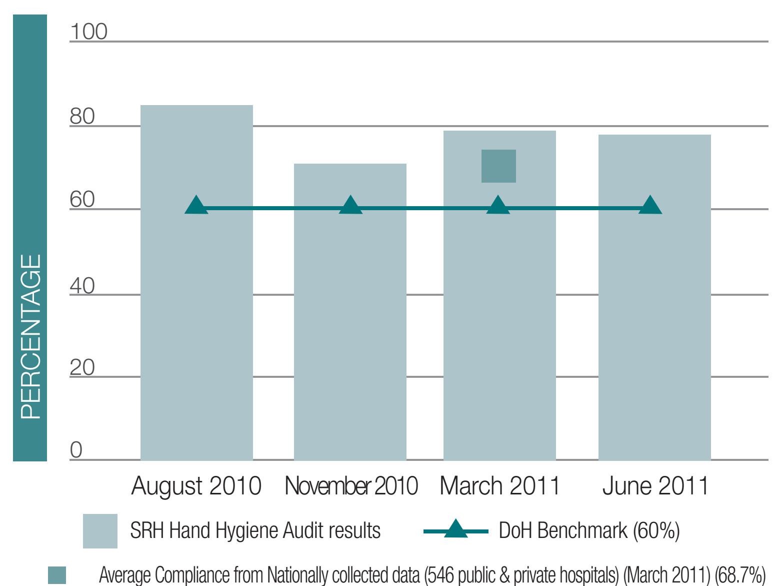


Figure 7: Hand Hygiene

Figure 8 shows data from the VPSM over two six-month periods and demonstrates the percentage of patients who are aware of the hospital hand hygiene policies and how many observed staff washing their hands.

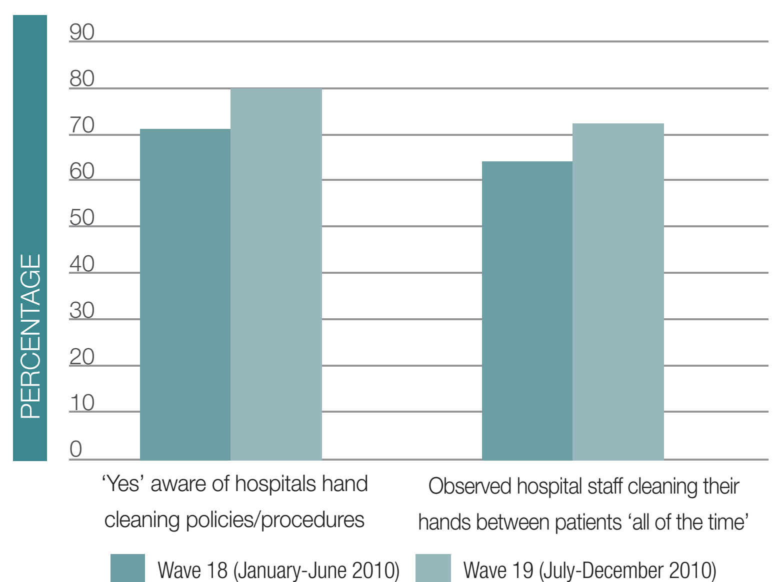


Figure 8: Hand Hygiene

(Victorian Patient Satisfaction Monitor)

Cleaning

A clean environment means there are fewer 'bugs' on the surface of furniture and equipment to pass from one person to another. The Environmental Services Staff maintain a very high standard of cleanliness throughout the organisation using low chemical cleaning.

Cas2 Cogent Auditing - Cleaning Standards for Victorian Health facilities, are used as our audit tool. The internal cleaning audit schedule is managed by the Support Services Supervisor who conducts two of the three audits that are submitted to the DoH each year. The third audit is conducted by an accredited external auditor.

Figure 9 illustrates the internal and external cleaning audit results over the last financial year and indicates where SRH is in line with the benchmark.

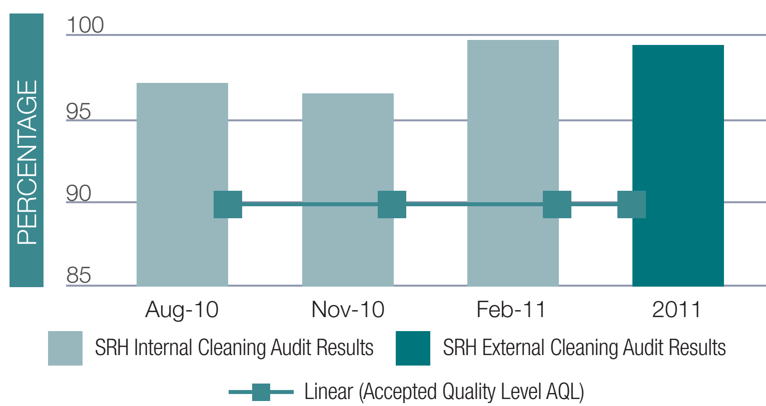


Figure 9: Stawell Regional Health (SRH) Internal & External Cleaning Audit Results

Figure 10 illustrates the Physical Environment Index and how we rate against hospitals of like size and all Victorian hospitals. This index reflects the answers to five questions on the VPSM relating to cleanliness of toilets, showers and the hospital room, quality of food, restfulness of the hospital and privacy of the hospital room. Recent results indicate SRH is above Category C and All Hospitals.

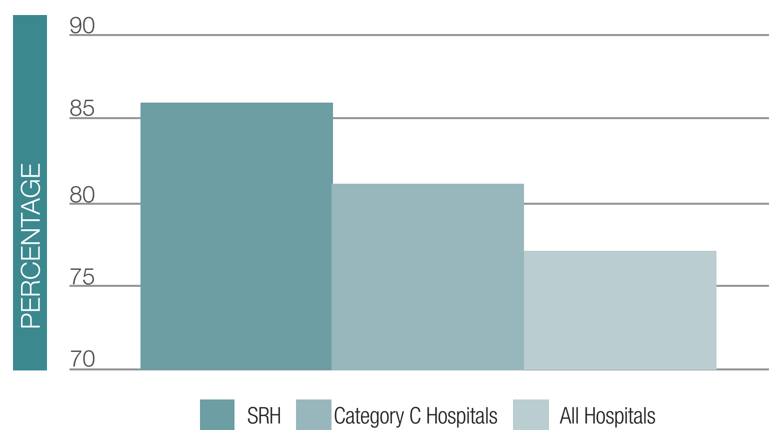


Figure 10: Physical Environment Index July-Dec 2010

(Victorian Patient Satisfaction Monitor)

Patient feedback:

"Pleasant relaxed surroundings. Help when required. Clean surroundings."

"Room was good. Food was good; everything was good, felt safe."

Continuity of Care

Surgeon Paul Plank and GP Assistant Christian Haidacher perform an arthroscopy with RN Vesna Stanfield.

How long will I have to wait?

SRH provides a broad range of surgical services supported by visiting and local surgeons. Waiting times for access to surgery are:

The allocation of patients from elective surgery waiting lists onto surgical lists is dictated by the urgency of the surgery, as defined by the surgeon, the frequency with which that surgeon operates at SRH and the date on which patients were booked onto the waiting list.

Speciality	Frequency	Waiting Times
General Surgery	Weekly	1-4 months
General Surgeon – Gastroscopy/ Colonoscopy	Weekly	Urgent less than 28 days
Gynaecology	Monthly	3 months
Gastroenterology – Gastroenterologist	Monthly	1 month
Ophthalmology	Monthly Bi-monthly	3-6 months
Urology	Monthly	1 month
Orthopaedic – surgeon 1 Orthopaedic – surgeon 2	Twice Monthly Two Monthly	Joint Replacements 6 months Minor procedures 6-9 months 2-3 years
Orthopaedic Private Patients	Fortnightly	Joint Replacements 2 months Minor Procedures 2 months
Ear, Nose and Throat	Fortnightly	6 months

Dietitian Kristy Coote with client Grace Flood

Equipment and Technology

Purchase of a portable Sonosite Ultrasound Unit in 2010-2011 has seen the operating theatre move to a new level of excellence. This purchase was fully funded by the SRH Hospital Foundation at a cost of $66,000.

This unit is used on an almost daily basis. It facilitates Regional Nerve Block procedures, particularly for orthopaedic patients, assists with difficult vein access for some patients and identifies foreign objects (e.g. glass in a foot) and is used on occasion in Radiology and Accident and Emergency for a variety of procedures. Having an ultrasound unit available in the operating theatre supports best practice principles for the anaesthetic service.

In October the anaesthetic service also benefited from the Ladies Auxiliary's purchase of a second infusion pump ($3600), to facilitate the delivery of intra-venous anaesthetic agents and drugs and to support more complex patient care.

Allied Health waiting times

Continence Clinic

The SRH Continence Clinic is a multi-disciplinary clinical service specialising in incontinence and other bladder and/or bowel function difficulties. It provides assessment, management, education and support to improve continence in clients. The clinic opened in February 2010.

Waiting time for an appointment is approximately two weeks.

Diabetes Education

Diabetes Education now has two diabetes educators with the second being appointed in September 2010. The service is available on Mondays, Tuesdays and Wednesdays.

Waiting time for an appointment is usually one to two weeks. Complex clients can have a joint appointment with the diabetes educator and dietitian on Tuesday mornings.

Clients with diabetes in the areas of Navarre, Landsborough, Halls Gap and Marnoo are visited every second Thursday.

Dietetics

Currently the dietitian has 13 to 15 hours per week allocated to community outpatients. Patients are assessed and prioritised using a community health priority tool.

During May 2011 the average waiting time for a high risk priority patient was 15.7 days, for a medium priority 26.8 days and low priority 40.5 days.

A build up of referrals earlier in the year impacted on waiting times. To reduce waiting times reception staff contact the dietitian directly when high priority referrals are received to ensure they are booked into the next available appointment.

Group programs that address key referral issues such as diabetes and weight management are also used for patients assessed as moderate or low priority.

Occupational Therapy

All new patient referrals are prioritised according to their clinical need. During April 2011, 19 outpatients were referred to the service.

The average waiting time during April was 4.47 days. The shortest waiting time was two days and the longest 12 days. All patients were seen within three weeks, which is within the best practice benchmark of four weeks.

Physiotherapy

Increased demand for physiotherapy services has contributed to a slight increase in waiting list times for 2011. An audit of the waiting list between April and June revealed that the average time from initial contact to receiving an appointment was nine days.

Requests for outpatient physiotherapy services continue to be managed using active prioritisation of patients.

Podiatry

Over the past 12 months the podiatry department has continued to offer a service that covers high priority patients as well as assessment and education of new patients. The Podiatry Department has two podiatrists.

The number of patients seen by the department has increased by

378 over the last 12 months with 1917 patients seen in 2009-2010 compared with 2295 patients in 2010-2011.

The department continues to use the Priority Appointment System implemented two years ago. At present there are 358 patients with Priority Cards. These patients are seen within two weeks of making an appointment.

All new patients awaiting assessment are seen within three to four weeks. Emergency appointments are available within two days.

Social Work

During February 2011 20 clients were referred to the Social Work Department. The average waiting time was 1.85 days, with all clients seen within less than a week.

The social worker plays an active role in supportive care for patients experiencing cancer, trauma, grief, psychosocial issues or other illnesses.

Speech Pathology

The average waiting time for a Speech Pathology outpatient appointment between January and March 2011 was 9.29 days, which is well within with the best practice benchmark of four weeks. It is also a reduction from 2010 when the average waiting time was 16.75 days. The shortest waiting time for a Speech Pathology appointment in this year's audit was four days and the longest was 15 days for less urgent referrals.

Speech Pathologist Charlotte Le Poidevin plays with children to encourage speech and language development.

Stomal Therapy

Stomal Therapy includes clinical care, education, health promotion and counselling.

The stomal therapy nurse helps people to better understand the day-to-day management of living with a stoma (an artificially created hole in the abdomen to allow faeces to leave the body), fistula (an abnormal passage between an organ, vessel or intestine) or feeding tube. This service covers the sub region for Ararat, Stawell and surrounds and extends to Donald.

The Stomal Therapy Service at SRH recommenced in February 2009. The clinic is conducted every second Monday from 8.30am to 5.00pm although these will change in the next financial year. Clinic appointments are within the month.

Rural Primary Health Services Program

SRH obtained funding to provide outreach services into the Northern Grampians Shire in partnership with Budja Budja Aboriginal Co-Operative, Grampians Community Health and Northern Grampians Shire for a further three years.

Regular services are delivered to Landsborough, Navarre, Marnoo and Halls Gap. An example of the services provided was the provision of a counsellor and Community Health Nurse following the floods.

One notable change in service delivery is the increase in hours of the Aboriginal Health Worker based at Budja Budja.

Andrew Pender fills the fountain in the Sensory Garden.

Budja Budja Aboriginal Co-Operative has recently employed an experienced practice nurse. This nurse is a member of the allied health team at SRH and there has been a high level of collaborative work. This has resulted in an increase in referrals of Budja Budja community members and we anticipate a significant improvement in access to mainstream services by the Budja Budja community over the next 12 months.

Macpherson Smith Nursing Home (MSNH)

MSNH acknowledges that residents face many challenges.

MSNH's mission is to provide quality care to residents by focusing on their individual needs and choices. The nursing home prides itself on providing support and quality care in a caring, friendly, home-like environment.

New projects and initiatives

Being able to walk into a garden, sit in the sunshine and listen to the sounds of birds is always good medicine. Thanks to Northgate Mine in Stawell and the support of the SRH Ladies Auxiliary, a second sensory garden is currently being completed at MSNH. Northgate assisted with the initial task of clearing the area. The new garden will be a lovely place in which residents can relax and will be visible from rooms on the east side of the home. A small fruit tree will be a feature prompting memories of the family garden and the changing seasons.

Person Centred Care Project 2010-2011

MSNH is examining its culture of care and the way it is delivered to residents. Person-centred practice is defined as treating the residents as they want to be treated - it is about what residents and their families believe is of value that meets care needs. Person-centred care not only benefits residents and families but also has a positive impact on staff wellbeing. The notion of 'being with' residents gives everyone a sense of belonging and being valued.

Staff have attended workshops around conflict resolution and 'lean thinking'. We are looking at what we are currently doing and why we are doing it and how we can reduce time wasting. Working Parties of nursing staff will be formed to address key issues once they have been identified.

A Multi-disciplinary Steering committee has been formed and will work with the Working Parties, giving support and direction. The committee meets fortnightly to keep the project on track and to ensure all are working toward identified outcomes.

The vast experience of the participants will ensure the project remains focussed and the outcomes are achieved. To keep everyone informed a notice board with updated information is available in the nursing home.

Lifestyle and Leisure Coordinator Sonja Whelan and volunteer Robyn Hewitt with residents Dorothy Brown and Nina Houston.

Residents and Relatives Committee

The residents, relatives and friends committee plays a major role in the functioning and direction of the nursing home. Residents and relatives are kept informed of quality indicators and any issues and improvements that are current or planned. Guest speakers address meetings to update members on the various services provided within the nursing home. A DVD outlining the experiences of people entering a nursing home and the experiences of families involved was viewed by the committee. Relatives play an important role in the organisation and we thank them for their feedback, assistance and dedication.

Volunteers

Volunteers continue to be highly valued members of the team and play a vital role in enhancing and maintaining quality of life for our residents. Volunteers assist with activities such as reading, friendly visits, assisting with outings, musical entertainment and wheelchair walks. One volunteer gives residents hand massages and displays her handmade jewellery while another takes residents walking, watering the garden and runs the bingo sessions. Our computer savvy volunteers continue to work with and support residents with new technology.

Church representatives come in for one-on-one chats, communion and hymn singing and for services to remember our former residents. A church service on DVD is provided by the Uniting Church.

Our community visitors also assist in providing appropriate care to residents with a disability. Younger volunteers from the secondary schools are greatly appreciated. They spend time reading to residents, listening to their stories and chatting over a cuppa. We are very grateful for the time and loving care volunteers give to all residents.

Leisure and Lifestyle Program

The Leisure and Lifestyle (L&L) program remains an integral part of daily life for all residents. The L&L program changes continually to meet the needs and interests of residents. Group activities such as bingo, newspaper reading, footy tipping, crosswords, quizzes and happy hour continue to take place on a regular basis. Baking is beginning to take off with residents enjoying giving advice and eating goodies baked by nursing staff, volunteers and L&L staff.

Residents have been taken to a variety of community activities including a model train display, orchid show, Stawell Arts Council production, alpaca farm, Railway Art Gallery, sheep dog trials and viewing the Christmas lights.

We have organised a variety of visitors and conducted several theme days including ladies spinning, Victorian Museum visit, and secondary college play, mini Commonwealth Games, beach party and the Royal Wedding. We also provide a monthly men's breakfast.

Residents are regularly taken up the street for afternoon tea, out to lunch at cafes, hotels, the Salvation Army or Chinese Restaurant and line dancing. We attend the friendly lunch at the Uniting Church monthly. Our residents are beginning to embrace technology with our new laptop computer, ipad and Wii which were donated by the SRH Ladies Auxiliary.

Pet Therapy

We have two resident pets, Daisy and Rocky. Visiting family pets also bring smiles and laughter and a feeling of home to many residents. All pets must have been vaccinated prior to coming into the nursing home to safeguard all who come into the facility.

Equipment

MSNH has received funding from the Department of Health for three new floor-level beds for residents. Generous donations from the Ladies Auxiliary have this year enabled MSNH to purchase a Digital TV for the lounge room, a Wii, a laptop and an iPad for use by residents, along with two clinical stethoscopes and two wheelchairs. A laptop has also been provided for nursing staff to complete 'Resident of the Day' documentation in a timely manner.

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

Resident Cleona Murray enjoys her leisure time.

Maternity Services

Stawell Regional Health is currently developing a new model of care for maternity services to be known as the Grampians Maternity Group Practice (GMGP). In January SRH obtained funding to implement the new model which had been in the planning stage for 12 months. Since January SRH has been finetuning the details around a woman-centred model involving consumer consultation.

The service will focus on providing continuity of care pre, post and during delivery. It is based on other successful models being used in various Victorian rural hospitals. Under this model a single midwife provides the majority of antenatal care which enables a close relationship to develop between the woman and the midwife. The midwife cares for the woman during the birth and then provides postnatal care both in the hospital and in the woman's home. There is strong evidence to show this model has proven benefits such as lower caesarean section rates, fewer epidurals and higher rates of breastfeeding. Women who have continuity of care by a known midwife have increased satisfaction in the birthing process and a sense of safety and control with a familiar caregiver.

Figure 11 highlights satisfaction with Maternity Services over the last two years.

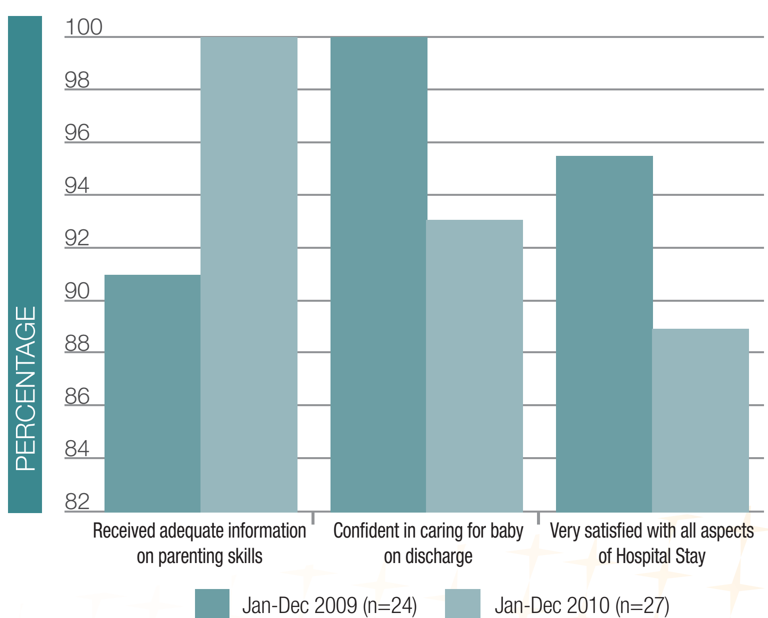


Figure 11: Satisfaction Survey Results

There is set criteria determining a woman's eligibility to give birth at Stawell. Those who are pregnant or planning to have a baby in the near future and who would like to deliver their baby at Stawell, should call 5358 8547 during business hours and ask to speak to a midwife.

Figure 12 shows birthing trends over the last three years.

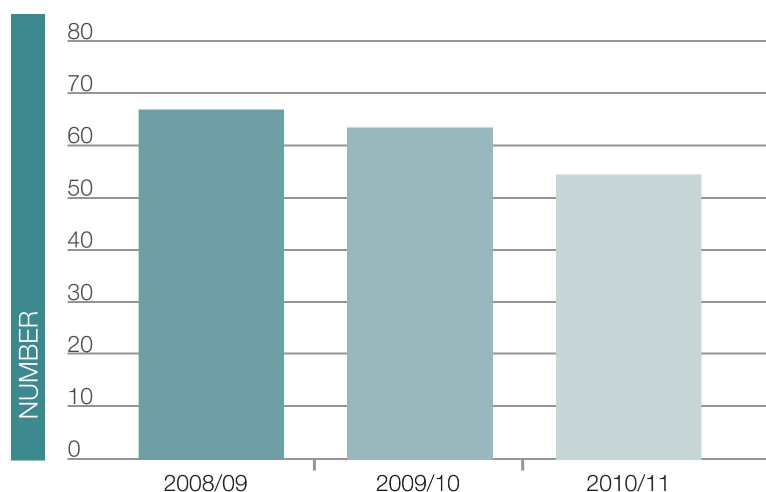


Figure 12: Birthing Trends

John Bowen Day Oncology Unit

In 2010 SRH was chosen to conduct a pilot trial for Supportive Care Screening as part of the implementation of the Grampians Integrated Cancer Services (GICS) 2010-2012 Supportive Care Strategic Plan.

This plan is linked to the Victorian Government's Cancer Action Plan that requires:

- Training of the cancer workforce in supportive care screening processes and survivorship awareness by 2012, and
- Documentation of supportive care screening for 50% of newly diagnosed patients by 2012.

Training for oncology nurses and associated health professionals took place during 2010 and the trial began in January 2011.

This involved:

a) Screening of every newly diagnosed patient at the beginning of their treatment, as well as patients who were currently having active treatment.

b) The screening tool was the Distress Thermometer which measures distress from any source including cancer. A problem list asked patients to tick yes or no to five practical problems they may have experienced within the previous week.

c) Problems ticked were discussed with the oncology nurse. The patient was given advice and referrals organised if required and agreed to by the patient.

d) The development of a tool to collect the data supplied by each patient screened.

In January 2011 a new oncologist, Dr John Sycamnios, joined Professor George Kannourakis at Ballarat Oncology and Haematology. This means Stawell now has an oncologist consulting twice a month which will gradually lessen the workload on Professor Kannourakis.

Our oncologists and nursing staff now have the support of an Oncology Nurse Practitioner, Carmel O'Kane. Carmel is at Stawell on consulting days to attend ward rounds and consultations. She is available for phone consults/information and patient support and will hold education sessions for SRH nursing staff.

Another addition to the personnel at the Oncology Unit is Elizabeth King, the McGrath Breast Care Nurse from Wimmera Health Care Group. Liz is available for advice and support for breast cancer patients at any stage from diagnosis, during and after treatment.

Oncology nurse numbers have increased with four nurses attending Peter McCallum's Module One education session which enables them to nurse patients having chemotherapy, either at the Day Procedure Unit or on Simpson Wing.

Figure 13 demonstrates the number of patient attendances over the last three years.

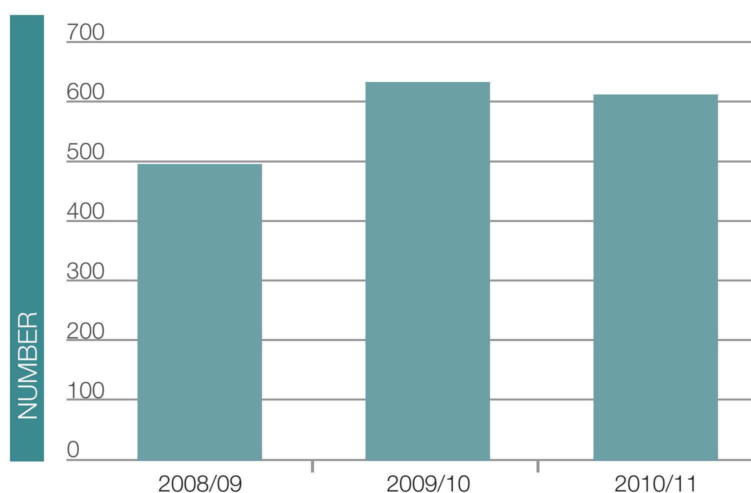


Figure 13: Patient attendance

HARP Co-ordinator Kerry Crozier explains the program to client Reg Cooper.

HARP - Health Independence Support : a Hospital Admission Risk Program

This home-based program provides clients/patients with support and self management strategies for living with chronic disease or ongoing complex health issues. The aim is for clients to maintain maximum independence and confidence while living in their home and community.

In the 12 months to the end of June 2011, 37 new clients participated in the program across Stawell and East Wimmera Health Service catchments. On average 34 clients received support during any one month. The increased activity from 2009/10 includes 27% more admissions and 58% more discharges.

This program was initially funded for older people but from 2010/11 was opened to clients of any age group who had chronic conditions and aligned with other health services who run HARP programs. Clients generally need to have had one recent hospital admission to be eligible for the program.

Results for the 41 clients discharged over the 12 months include:-

- Meeting personal goals such as improvement in exercise capacity to do things
- Improvement with symptom management including understanding use of medications and oxygen therapy
- Improvement in physiological approach to managing life with focus on what one can do and achieve
- Accepting new services or ongoing care such as case management or district nursing support, and
- Introduction to groups such as Gait and Balance, Cardiac Pulmonary Rehabilitation and Planned Activity Groups.

This program is available for a limited time with the aim of enabling clients to successfully manage at home, often with additional support services. Clients can readmit to the program if their health changes and when they would benefit from further support to prevent hospital admissions.

Transition Care Program

This new aged-care program is managed by Ballarat Health Services across the Grampians Region and began at SRH in October 2010. It provides care in a 'home like' environment to eligible clients who have undertaken an aged-care assessment.

Transition Care provides short-term (up to 12 weeks) support and active management for older people who require more time and support after a hospital stay.

The program is for clients/patients who need:-

- Further low intensity therapy and support (such as physiotherapy or occupational therapy) after an acute episode in hospital
- Further time to assess their circumstances, together with their carers and families, and identify and consider the care options available to them, and
- To explore their preferred aged-care option, including whether they can return to the community.

Four bed-based places are located at SRH and there are four community or home-based places available within Stawell town boundaries. The program has been successful in offering case management and lifestyle activities in addition to allied health and nursing support to 13 clients.

AH Assistant Nicole Nicholson with TCP patient Lorraine Pruess.

Results include:-

- Clients managing well at home, two had time in the bed-based and community programs and one had time in the bed-based program only
- Clients discharged to respite care then home
- Clients admitted to permanent residential care, and
- Clients required readmission to hospital.

Aged-Care Assessment Service

SRH undertakes aged-care assessments as part of the Grampians ACAS service from Ballarat Health Services. In the 12 months to June 2011, 142 assessments were completed giving eligible clients and their families the options of access to community services or residential respite/permanent care as supported by the Commonwealth Government under the Aged-Care Act. The service also offers medical assessments with a visiting geriatrician attending SRH or seeing clients in their homes once a month.

District Nursing

The District Nursing Service supports clients in their homes with a range of services including wound care, medication support, hygiene support, assessment and monitoring, palliative care and Hospital in the Home (HITH). HITH is mainly used for administering intravenous antibiotics, but may also be used for complex wound care and is of benefit to clients as they remain under the care of the hospital yet stay at home.

Staff have been receiving education and gaining experience in Doppler assessments for chronic leg ulcers which is now a normal part of assessment of chronic wounds. Both online and personal training has been accessed by staff which will be of great benefit to clients. We have access to a regional wound consultant for more complex wounds.

District Nursing is a Home and Community Care (HACC) funded service so staff have been attending change management education. Over the next few months they will receive training in the HACC Active Service Model which is a more person-centred approach to care rather than the task-oriented service provided in the past. Over time, as staff gain experience with this model, they will provide clients with a range of lifestyle options rather than just caring for the client for a specific reason. This will provide clients with much more person-centred care.

Bennett Centre

We continue to strive to meet the needs of clients, their carers and service providers within the HACC funded Planned Activity Group (PAG). Client/carer meetings are held every second month to help us plan activities for the following months with lots of input from our clients. Attendance each day averages 13 clients and the most popular activity is trips out of town. The main focus this year is the adoption of the HACC Active Service Model of Care. Staff have attended training to assist in the adoption of this more person-centred care for clients. This is more about working with our clients rather than just caring for them.

Regular exercise for strength and balance continues to be a focus on most days for this group. We obtained HACC funding for a "Well-for-Life" project this financial year. This enabled us to train staff so they are qualified and able to develop exercise programs to meet the needs of individual clients. Other projects supported by this funding cover healthy snacks and emotional well-being which will be provided in the next few months.

Again the staff organised a successful fundraiser for cancer research with the Australia's Biggest Morning Tea in May. This year they raised $920. A big thank you to the community for supporting this event and to the staff for such a great result.

The Y-Zetts kindly donated a large flat screen TV to the Bennett Centre. This has been of great benefit to our clients as the screen is much easier to see.

In April we received funding from the Victorian and Australian Governments for HACC agency minor capital works. This has enabled us to purchase some chairs (a recliner and a fixed armchair) some footrests and some exercise equipment for our PAG clients.

EN Moira Hateley with Bennett Centre clients.

Cardiac/Pulmonary Rehabilitation

SRH's Allied Health Division offers Cardiac and Pulmonary Rehabilitation to clients in Stawell and surrounding areas. This program targets people who have had a heart attack, heart surgery or an ongoing heart condition and those who have chronic lung diseases such as Chronic Obstructive Pulmonary Disease.

The aim is to optimise physical and social performance and independence. This is achieved through exercise and the provision of education in positive health behaviours and information on how to access appropriate health and community services.

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.

Since June 2010, of the 34 people who were referred to cardiac/pulmonary rehabilitation, 22 attended the classes for a period of time. Of these 22, 12 completed the program. There are five participants currently attending the program. Several did not complete the program due to illness or personal reasons.

Participants are encouraged to complete a home exercise program to supplement the supervised exercise classes and the cardiac coordinator (registered nurse) discusses progress, concerns and achievements regularly with each individual. Evaluation via a feedback form has identified that classes have been beneficial to participants. They are now confident in managing their conditions and in continuing to exercise at home.

Diabetes Self Management Program

The Diabetes Self Management (DSM) program is offered to people who have been diagnosed with Type 2 diabetes in the previous 12 months. There are two Diabetes Self Management programs conducted each year.

The program is multi-disciplinary with education from Diabetes Education, Dietetics, Physiotherapy, Social Work, Podiatry, Pharmacy and Health Promotion. During the six-week program, participants set personal goals to improve their health.

The October 2010 program had 10 attendees and some of these clients became involved in the Diabetes Community Kitchen.

The May 2011 program had six attendees. The program has become an intrinsic part of our early intervention for people with Type 2 Diabetes. The self-management approach, which incorporates elements of health coaching, underpins SRH's Chronic Disease Management strategy.

RN Crystal Wemyss conducts an assessment on client Bryan Ledder.

AH Assistant Sue Terbos with Gait and Balance participants.

Gait and Balance Program

The Gait and Balance Program forms part of the multi-disciplinary approach to falls prevention. The Gait and Balance Clinic provides assessments once a month, while the Gait and Balance Class runs weekly. A review class is conducted once a month for past participants to refine their home exercises and engage socially.

During 2010-11 a total of 64 people were referred to the program by GPs, clinicians, families or through self-referral. Of these, 50 agreed to assessment in one of 10 clinics held over 2010-11. A Gait and Balance Clinic appointment consists of assessment with the occupational therapist, pharmacist, physiotherapist and podiatrist. Twenty-two attendees were referred to Gait and Balance Classes, 20 were referred to specific allied health disciplines and nine were referred to other groups such as the Council of the Ageing (COTA) endorsed Strength Training Group and Cardiac/ Pulmonary Rehabilitation.

Results show that 13 participants graduated their 15-week Gait and Balance Class course for this year. Many of the graduates have been referred onto the Strength Training Class and several participants are now undertaking ongoing twice-weekly strength training. Current research in the area of falls prevention indicates that to effectively reduce falls a program must include 50 hours of exercise and challenges to balance.

A home exercise program is an important part of rehabilitation. Where appropriate participants are given additional individual challenges during class.

Evaluation of the program demonstrates that participants:-

- Continue to enjoy the class social environment
- Demonstrate improved confidence in balance and gait
- Improve their ability to stand from a chair
- Show improvement in physical outcome measures including the Timed Up and Go (TUG), Step Test and 6 Meter Walk Test, and
- Have a reduced number of falls during the class period compared with the previous three months.

Health Promotion

Community Kitchen (CK) Program

What is a community kitchen? The Story So Far........

In late 2009 24 people attended a SRH facilitated information session on the Community Kitchen program. A Steering Committee was formed and the following philosophy drawn up:

> "The Community Kitchens program is based around participation and providing opportunities for people to cook fresh and nutritious meals together, while building a sense of community around food from the garden to the plate. Members are supported in making new friends and learning new skills whilst saving time and money".

A follow-up session, which attracted 28 people, combined a 'Food Safety' presentation from the Northern Grampians Shire Environmental Health Officer with a hands-on activity-based planning session.

In July 2010 SRH received a Community Grant from the Northern Grampians Shire to purchase cooking equipment, utensils and pantry items to assist new groups and in September of that year Grampians Community Health and the Stawell Neighbourhood House began a group for young people.

In December 2010 Grampians Community Health established 'Link-up Welcome' Community Kitchen group which is for new arrivals to Australia living in the Stawell district.

In February 2011 SRH supported participants from a previous staff-led Community Kitchen for people with diabetes to run their own group.

A number of other groups have also indirectly benefited from the program.

It is not the intention of SRH to run and facilitate Community Kitchen groups but rather support organisations and groups to start their own Community Kitchen groups.

The Community Kitchen is a strategy to address two of our Health Promotion priorities:-

- Encourage healthy eating, and
- Promote mental health and wellbeing.

This strategy has not been formally evaluated; however anecdotal evidence is in line with evaluations from the Frankston Community Kitchen Pilot program which show:

- The thing participants like most about CK is the companionship/ friendships
- Participants perceive they have improved their cooking skills
- Participants are more motivated to cook at home, and
- Participants are using CK recipes at home occasionally or regularly.

Lifestyle Program – 'Taking Charge'

Our 'Taking Charge' Lifestyle Program is in its second year and we have delivered four programs to the community. The 'Taking Charge' Program uses the skills of our Allied Health team in goal setting and motivation to make lifestyle changes. Each session involves setting short term and longer term goals, group discussions and support around improving health.

The aim of the program is to assist community members to implement lifestyle changes that reduce the risk of developing a chronic disease.

Last year we delivered the program to residents of Marnoo, a rural community where we provide a regular Allied Health outreach

'On track' Community Kitchen Group selects Diabetes appropriate recipes.

"The Community Kitchens program is based around participation and providing opportunities for people to cook fresh and nutritious meals together, while building a sense of community around food from the garden to the plate. Members are supported in making new friends and learning new skills whilst saving time and money".

service. Six areas of health were used to measure the impacts of the program using the 'Health Promoting Lifestyle Profile 2'.

The areas were:-

- Health Responsibility
- Physical Activity
- Nutrition
- Spiritual Growth
- Interpersonal Relations, and
- Stress Management.

Results:

- All participants improved in at least two areas of health, and
- All participants reported they had made a positive lifestyle change as a result of attending the program.

One participant's aim was to lose weight - it was their overall goal. This participant reported three months after the completion of the program that:

"I now have lost a total of 7.6kg. I am pretty proud of myself for that effort. But it is all thanks to the Marnoo program that made me believe I can do this and stick to my goal set."

Kids 'Go for Your Life' (KGFYL) model

GFYL Education van visits Stawell Primary School.

The Kids 'Go for Your Life' (KGFYL) model for primary schools has been adopted as the Allied Health team's agreed platform for work with schools. 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.

Since adopting the KGFYL model as a strategy in our Integrated Health Promotion Plan 12 months ago, the Health Promotion Sub-committee has:

- Provided information sessions on the KGFYL model to four primary schools
- Encouraged seven out of 10 primary schools to become KGFYL members
- Assisted two schools (Skene Street and Stawell Primary) in developing policies that support physical activity and healthy eating and plan new strategies to implement and embed the KGFYL model into the curriculum
- Arranged for the 'Go for Your Life' education van to visit three local schools. Staff from the van led groups of students in interactive activities that supported the KGFYL messages which gave teachers time to work with us on developing policies and strategies for the future, and
- Developed a SRH KGFYL term newsletter for schools to distribute to families.

SRH has written support for the KGFYL model into its three-year Integrated Health Promotion Plan to allow a further two years of support to schools.

World Record Shearing Attempt

Sheer guts and determination was what got Callawadda shearer and local hero, Aaron Hemley, through his epic effort to shear 904 sheep in 48 hours.

At 6.00pm on Thursday, August 19th, 2010, Aaron was ready.

Jan Sherwell (RN), Aaron Hemley and Professor George Kannourakis

An encouraging audience of family and supporters cheered Aaron on as the countdown commenced. Aaron flew through the first four runs completing 261 sheep in the first eight hours, which was a personal best for one day of shearing.

A constant stream of supporters visited Aaron on the well-appointed shearing platform loaned by the Stawell Agricultural Society. There was room on the platform for Aaron, his seven member support crew, including the two adjudicators, and family and friends and the woollies to shelter from the freezing showery conditions.

Continual vigilance by Dr Norman Castle and veterinarian Richard Hackwill ensured both Aaron and the sheep remained in the best possible condition.

More than 200 volunteers supported Aaron through this event.

At a World Shearing Endurance Committee debrief, a fresh, fit looking, slightly lighter, Aaron Hemley swaggered in and, in his typical dry laconic manner, he said he was “good”.

As a result of the 48-hour shearing endurance event donations in excess of $120,000 were received to help fund the John Bowen Oncology Unit.

Ladies Auxiliary

This year we celebrated 83 years of fundraising and welcomed one new member.

Fundraising efforts for the year have consisted of movie afternoons, selling biscuits and our annual wine and savoury evening plus our Trackside Christmas dinner - both enjoyable and very profitable fundraisers.

We also received donations of $5,000 from the Bookworm Gallery and $80 from Stawell Golf Bowls. Thank you.

We were also pleased to assist the Y-Zetts with some cooking for their Rotary Function.

We have paid $4,180 for overlay tables for the Day Procedure Unit and allocated $6,500 to the MSNH for various items of equipment requested for residents’ welfare and comfort.

On behalf of Auxiliary members we say a very special thank you to Mr Max Howden for his assistance over many years. Thank you for being the auctioneer at our wine and savoury evenings and for being our Santa. We wish you good luck. Thank you Max!

To Terry Monaghan and Gary Middleton - thank you for your assistance over the past year and also to all the husbands and partners who assisted us in various ways.

Thank you to the SRH office staff, Julie Turner and Jane Kibble, for posters and tickets etc and to catering staff for afternoon tea provisions.

At our February meeting I had the honour of announcing life memberships for Mrs Jean Coote, Mrs Betty Gross, Mrs Sadie Krelle and Mrs Betty Howden. These four ladies have all made significant contributions to the auxiliary over many years and it was a privilege to recognise their efforts.

To the Committee and members of the Auxiliary – thank you for your constant support and commitment throughout the past year.

Ladies Auxiliary

Dinner, Dames & Divas Forum for Rural Women 2010.

Y-Zetts

Y-Zetts commenced their year by conducting a “Forum for Rural Woman, Dinner Dames and Divas”. Funding from Regional Development Victoria greatly assisted in presenting this event. Guest presenters included Dr Kate Auty, Commissioner for Sustainability with the Victorian Government, Genevieve Barlow (Miranda from The Weekly Times), Melissa Grossi from Grossi Florentinos Restaurant and Deb Bain, founder of “Farm Day”. The forum concluded with a sumptuous dinner, followed by entertainer Kelly Auty and her “Wild Woman Show”.

The Y-Zetts annual Local Shopping Spree was another success giving shoppers an ideal opportunity to support local traders and SRH in the lead up to Christmas.

Y-Zetts catered for 380 Rotarians at the Annual Rotary Assembly in May. Y-Zetts greatly appreciated the assistance of the Hospital Auxiliary, Catering Division and friends of Y-Zetts who helped make this an enjoyable day while fundraising.

Paul Tangey adjusting the new digital televisions.

Members were pleased to donate $10,000 in May as a part payment of $21,000 to fund the purchase of new digital televisions throughout the hospital. A large screen television and stand were also provided for clients at the Bennett Centre.

Appreciation is extended to office bearers, fellow Y-Zetts and all who assisted in any way.

Sprockets Team with the new ECG Machine.

Murray to Moyne

The Stawell Medical Centre Murray to Moyne 2011 “Sprockets” have completed yet another successful relay to benefit SRH.

This year proceeds exceeded $17,000 which went to the new ECG Machine for the Accident and Emergency Department. The remaining $2,000 was used to purchase additional equipment.

A plaque is mounted on the new equipment with wording “Generously Donated by Stawell Medical Centre Murray to Moyne ‘Sprockets’ in memory of Nicole Holloway. April 2011.” Team members decided upon this gesture as a means of remembering Nicole, a previous team member of the “Sprockets” who lost her life in a motor accident in June 2010.

“Sprocket” team members wish to thank their sponsors, supporters and all volunteers who assisted in any way this year. The winner of the Lady Bay Resort Holiday was Sarah Metcalfe.

Stawell Regional Health Foundation

From Left Foundation Trustee Joan Brilliant, Chief Executive Stawell Regional Health, Rohan Fitzgerald,, Trustee Ken Dadswell, Foundation Trustee Chairman Dr .R. Norman Castle OAM. Unit Manager, Operating Suite Chris Gillmartin, and Trustees Graeme Ellen, John Blay and Jim Barham.

The group are inspecting the "Portable Ultra Sound" in the operating suite, a vital piece of equipment funded by the Stawell Regional Health 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 $20,543 for a Vital Signs Monitor and $59, 635 for an Ultrasound System. The Foundation had a closing balance of $1.34M at the end of the 2010/11 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.

Occupational Health and Safety

Radiology staff undertaking No Lift training.

Incident and Injury Management

The introduction of the Victorian Health Incident Management System in March 2010 increased incident reporting across SRH. There has also been a reduction in reported injuries. WorkCover claims are steady with two minor and one major claim this year (see Figure 14). A successful return to work program and timely claims management has seen a reduction in the WorkSafe Premium from $183,325 in 2009/10 to an estimated $104, 202 for next financial year (see Figure 15).

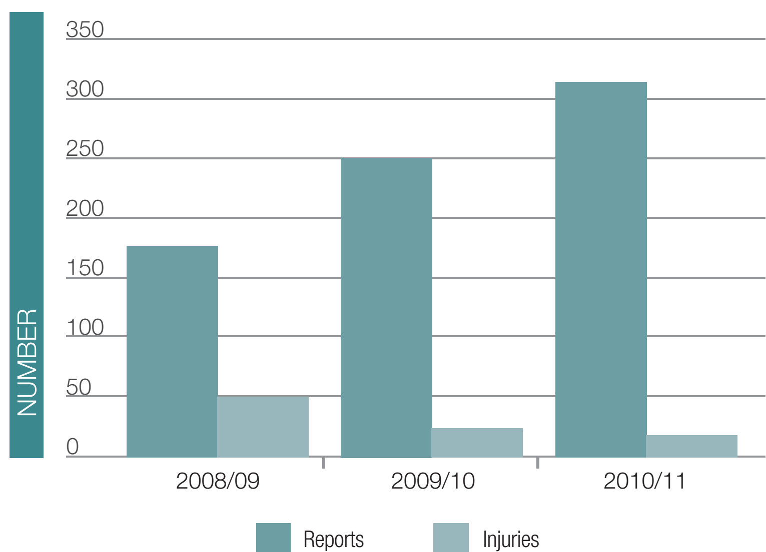


Figure 14: Comparison Reports/Injuries

No Lift Program

OHS Officer, Wayne Bannister, was formally appointed No Lift Coordinator in December 2010. Four No Lift Trainers undertook refresher training and one additional staff member became a No Lift Trainer for the Service. The emphasis on this area by the OHS Department has allowed a stronger focus on training and assessment, centralised record keeping and supported policy improvements. An organisation wide training assessment period is now carried out in August to encompass as many staff as possible utilising all trainers and the education department. This program has supported mandatory education outcomes with 97% of staff having undergone assessment in the past 12 months and all new staff have been trained and individually assessed within their orientation period.

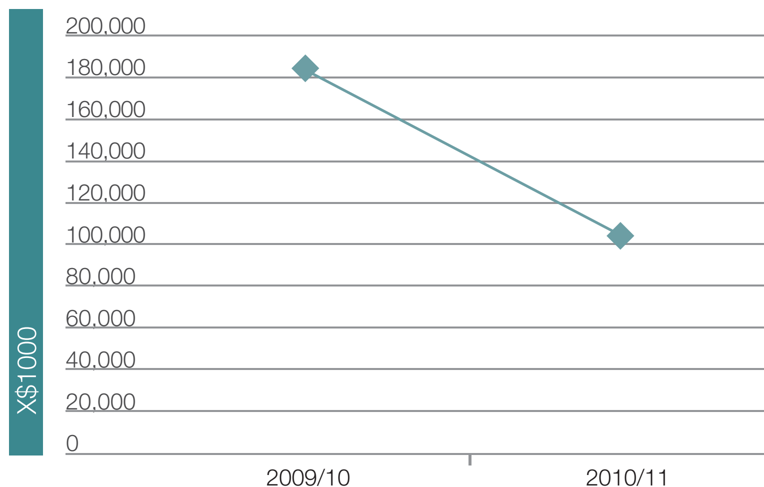


Figure 15: WorkCover Premium per Year

Inspection and Audit

Six monthly audits (see Figure 16) are carried out systematically in all workplaces in consultation with Health and Safety Representatives and Unit Managers. Inspections are also carried out when significant changes in work areas are introduced or where incident or injury has occurred. A number of these inspections were carried out in the past 12 months to support staff safety. Some of these inspections included:

- Management of Oxygen Concentrators in the Nursing Home which led to an increased number of power points being installed.
- Review of high cleaning tasks which saw a change to work practices and the purchase of new equipment to reduce the risk of injury of falls.
- A survey of Resident Transfers within the Nursing Home which resulted in the development of a management plan for these practices.

Figure 16: Reports Audits 2011

Compliance

Two WorkSafe Audits were undertaken this year: Manual Handling of Patients and Residents and Bariatric Management. SRH was found to be compliant in all areas. The audit reviewed staff in their working environment and audited equipment maintenance and injury management records, as well as reviewing policies and procedures and No Lift training programs.

QUALITY OF CARE REPORT 2010-2011

Feedback Form

1. The report was easy to access through the newspaper.

❑ Strongly Disagree ❑ Disagree ❑ Agree ❑ Strongly Agree

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

❑ Strongly Disagree ❑ Disagree ❑ Agree ❑ Strongly Agree

3. The report helped me understand Stawell Regional Health's approach to Quality and Safety issues.

❑ Strongly Disagree ❑ Disagree ❑ Agree ❑ Strongly Agree

4. In next year's report I would like to see: ______________________________

____

____

Please complete this form and return it to Stawell Regional Health, 27-29 Sloane Street, Stawell, Victoria 3380.

Services We Provide

Urgent Care Service

- Medical Services provided by a private practitioner seven days a week

Medical

- Day Oncology Unit
- Acute Care

Surgical and Anaesthetic Services

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

Specialities

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

Medical Imaging (x-ray, CT and ultrasound)

St John of God Pathology

Maternity Care

- Early Pregnancy Assessment and Care Coordination Services
- Antenatal Booking In
- Shared Care Model
- Post natal - Domiciliary visits

Primary Care

- Aged-Care Assessments
- Audiology (visiting audiologist)
- Continence Clinic
- Diabetes Education
- HARP (Health Independence Program)
- Health Promotion
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology
- Stomal Therapy
- Transition Care Program

Commonwealth Regional Health Services Program

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

Residential Aged Care

- High Care facility

Community Services

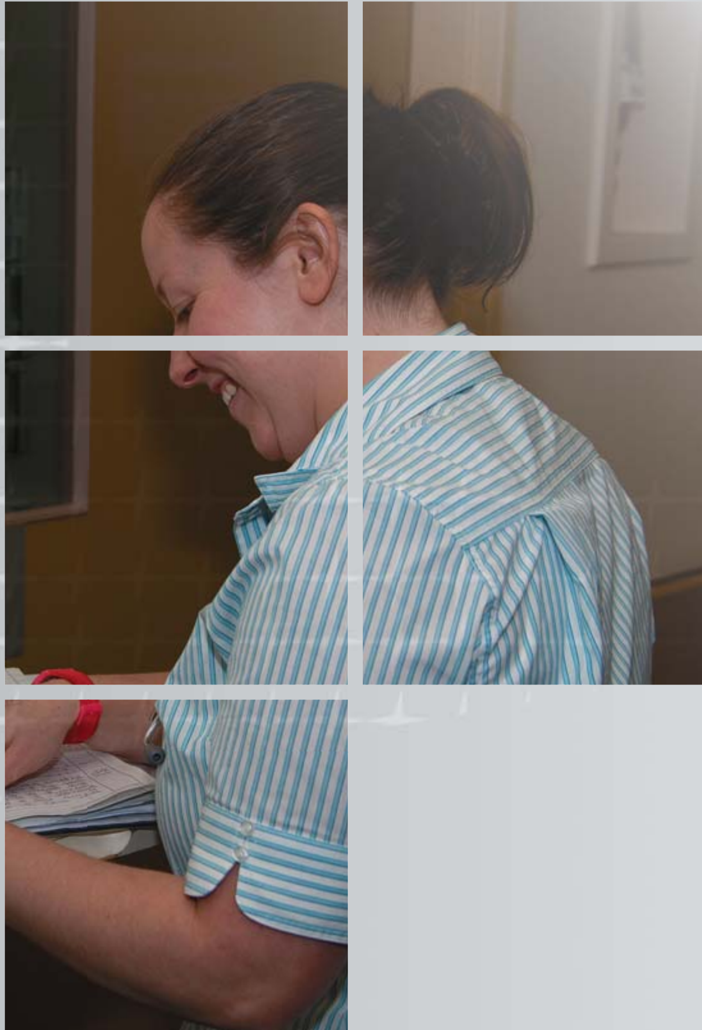
- Planned Activities Group (Bennett Centre for Community Activities)
- District Nursing Service
- Hospital in the Home
- Post Acute Care

Life Governors of Stawell Regional Health

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

Glossary

A&E	Accident and Emergency
ACAA	Aged Care Standards Accreditation Agency
ACAS	Aged Care Assessment Service
ACHS	Australian Council on Healthcare Standards
AH	Allied Health
AHPRA	Australian Health Practitioners Registration Authority
AQL	Accepted Quality Level
ATSI	Aboriginal Torres Strait Islander
CAC	Consumer Advisory Committee
CALD	Cultural and Linguistically Diverse
CDC	Cultural Diversity Committee
CK	Community Kitchen
COTA	Council of the Ageing
CPI	Consumer Participation Indicator
CRC	Community Rehabilitation Centre
CSSD	Central Sterilising Supply Department
CT	Computed Tomography
DHS	Department of Human Services
DoH	Department of Health
DoHA	Department of Health and Aging
DSM	Diabetes Self-Management Program
DVA	Department of Veterans Affairs
DVD	Digital Video Disc
ECG	Electrocardiogram
FTE	Full Time Equivalent
GCH	Grampians Community Health
GICS	Grampians Integrated Cancer Services
GMGP	Grampians Maternity Group Practice
GP	General Practitioner
HACC	Home and Community Care
HALT	Healthcare Associated infections in European Long Term Care Facilities
HARP	Hospital Admission Risk Program
HITH	Hospital in the Home
HIV	Human Immunisation Virus
HRIS	Health Resource Information System
ICAP	Improving Care for Aboriginal and Torres Strait Islander Patients
KGFYL	Kids Go For Your Life
L&L	Leisure and Lifestyle
MSNH	Macpherson Smith Nursing Home
OH&S	Occupational Health and Safety
OWS	Organisational Wide Survey
PAG	Planned Activity Group
SCC	Suggestion Complaint Compliment
SHACC	Stawell Health and Community Centre
SRH	Stawell Regional Health
TUG	Timed up and go
VHIMS	Victorian Health Incident Management System
VPSM	Victorian Patient Satisfaction Monitor



2011
QUALITY OF CARE REPORT

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

STAWELL
REGIONAL HEALTH

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.

Caring for our Community