



STAWELL
REGIONAL HEALTH



Annual Quality of Care Report 2004

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 personalized and caring environment

Our Goals ...

Sustainable Health Service

To provide leadership in the provision of a seamless continuum of health services

Customer Focus

To meet the health needs of the community it serves

Services

To advance the health and wellbeing of the community it serves by the identification and provision of appropriate health care

Staffing

To provide an environment supportive of attracting and retaining skilled committed staff to meet the challenging needs of the community

Information Technology

To continually investigate and invest in Information Technology to enhance care delivery and administrative practice



HIGHLIGHTS 2003/2004

Macpherson Smith Nursing Home following review by the Aged Care Standards and Accreditation Agency, achieved compliance rating in all 44 Standards and accredited for maximum period of 3 years

Stawell Regional Health

achieved full compliance following periodic survey by the Australian Council on Healthcare Standards

Victorian Patient Satisfaction Survey

resulted in an overall care index of 81 compared to State average of 72

A Record Number

of hospital inpatients, 3,093 were treated this is a 7% increase on the previous record total of 2,887 achieved in 2000/2001

Organisation's Revenue

exceeded \$17.5m and achieved a trading surplus of \$30,000

Corporate Uniforms

provided to all staff

New

Dr. R.N. Castle Operating Theatre Suite and Tattersalls Emergency Department commissioned

Eileen Bowen

awarded as part of Rural Health Week Volunteer of the Year for the Grampians Region

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Quality of Care Board of Governance Report

Board of Governance Report

On behalf of the Board of Governance, it is our pleasure to once again present the combined Quality of Care/Annual Report for the year ended June 30, 2004.

The focus of this new reporting format is not only on statistics and financial results, but also on issues that are important to consumers of our services.

Activity

The activity at the Stawell Hospital and Macpherson Smith Nursing Home significantly increased compared to the previous year. The primary reason for this was the commissioning of 35 hospital beds and addition of 5 nursing home beds which were finalised late in the previous financial year.

The result was:

- Stawell Hospital treated 3,093 patients, an increase of 22% or 570 patients compared to the previous year;
- Bed days at the Macpherson Smith Nursing Home totalled 12,729 an increase of 13% compared to the previous year; and
- Occasions of service for all non-admitted patients totalled over 23,600, an increase of 14% compared to the previous year.

The single biggest increase in hospital activity was associated with chemotherapy treatments provided in the John Bowen Oncology Unit. A total of 685 treatments were provided compared to 220 the previous year. The service is extremely grateful to Dr. George Kannourakis for providing this service and for the dedication of the specialist staff, based at this health service including - Nurses,

General Practitioners and Pharmacist. An important observation with this programme is that 30% of the treatments provided were for people that did not live in Stawell or district.

Financial Result

The Board committed a significant amount of their time to monitoring the financial projections. The financial year was particularly demanding given the operating deficit of the prior year, significant increases in costs and activity and the need to ensure capital expenditure associated with the building redevelopments remained within budget. The Board is delighted to report a trading surplus of \$30,000 for the year, compared to a trading deficit of \$273,000 in the previous year.

Hospital Redevelopment

The Board is delighted with the progress and results to date of the Stawell Hospital redevelopment which commenced in May 2002 and is scheduled for completion in November 2004. The Dr. R.N. Castle Operating Theatre was commissioned in May 2004 and all clinicians who operate in the new theatre have been consistent in their praise of the new facilities.

The Tattersalls Emergency Department was commissioned in February 2004 and the balance of the \$7.8m capital project will be completed in November 2004 with the commissioning of the Alex Pickering Imaging Department, Medical Records and Front Office Reception area. We are certain, all involved, look forward to the projects conclusion after 2.5 years of construction and disruption to normal workflows. However the final result will provide significant benefits to both patients and staff of this health service well into the future.

Strategic Planning

The Board undertook an extensive review of its strategic directions which included a planning workshop attended by thirty (30) persons including Clinicians, Staff and Board Members in March 2004. The outcome of this comprehensive process was a strategic plan that identified seven key strategic directions for the health service:

- Services
- Workforce
- Partnerships with other providers of health services
- Financial Management
- Risk Management
- Capital Planning
- Data and Information

The Board, in consultation with the Regional Office of the Department of Human Services, is expecting to finalise the three (3) year strategic plan shortly.

Alliances and Partnerships

The Board places a high priority on the organisation having effective partnerships with other health care providers in the district. With barriers minimized, consumers can more easily access treatment and ensure continuing care from multiple providers in the health care system. A sample of these important partnerships is the : Grampians Health Alliance (Alliance with East Grampians Health Service, Ararat); Stawell Health Forum; Central Grampians Primary Care Partnership; Post Acute Care and Grampians Health Information and Communications Technology Alliance (GICHTA).

Fundraising

During 2003/2004 Stawell Regional Health received in excess of \$395,000 in donations, bequests and from special fundraising projects; \$340,000 of this amount being from pledges to the capital building appeal which has a pledge total of \$1.3m.

We particularly wish to acknowledge the organizations auxiliaries - Stawell Hospital

Ladies Auxilliary and the Y-Zetts for their sustained efforts and support of the Health Service, and Mrs. Meg Blake for co-ordinating all fundraising activities.

To all the committed and generous individuals and groups, the Board and staff of Stawell Regional Health extend their sincere thanks for their support which allows this health service to provide the highest possible standards of health care.

Medical Staff

We acknowledge the dedicated medical staff who have continued to maintain high quality medical services to this community. During the year we welcomed the following Doctors - Dr. Oliver Haisken, Dr. Leonard Gankin and his wife Dr. Yulya Gorovy, Dr. Choon and Dr. Meg Shannon. We were most disappointed to farewell Dr. Henry Plange and Dr. Natasha Kustura both of whom had been highly regarded members of our community for a number of years.

We wish to particularly thank the eighteen (18) specialists who regularly visit our community to both consult and operate in our theatres. These visiting specialists provide an invaluable service and minimize the need for patients having to travel.

Board of Governance

In 2003 Dr. Andrew Cunningham was not re-appointed to the Board, having been first appointed on the Board in 1990. The Board expressed its disappointment to Minister Pike about the State government's decision not to appoint Doctors to their local hospital's Boards, however the State government has not altered its position. The Board thanks Dr. Cunningham for his services as a Board Member and we are delighted that he continues to participate in Board discussions as a co-opted member.

Membership of the Board of Governance is on an honorary basis and the current nine (9) members all make considerable time commitment to undertake their corporate responsibilities and in addition, represent

the health service within the community of Stawell and district.

On your behalf we extend our appreciation to all members of the Board for their professional and committed approach in undertaking their role in the pursuit of the vision for Stawell Regional Health.

Conclusion

We thank all our staff for their outstanding contribution to the quality of our health services. We wish to particularly acknowledge their commitment and support this year given the building disruptions that have occurred whilst a record number of patients have been treated. The organisation is grateful for the ongoing support provided by the Regional Office of the Department of Human Services, particularly Vic Gordon, Steven Jones, Alexandra Tascas and Mary Quinn. To our local members of parliament Joe Helper and Catherine King, we thank them for their interest and representation on our behalf.

In conclusion, we look forward to the coming year which will see the introduction of a new strategic plan and the conclusion and official opening of our current capital redevelopment.

Michael Delahunty
Chief Executive

Joan Brilliant
President



The new Dr. R.N. Castle Operating Suite which opened to patients on Monday May 17, 2004



Executive Team

From left : Carolyn Gellert (Health Information Manager), Liz McCourt (Allied Health Co-Ordinator), Mark Knights (Finance Manager), with Claire Letts (Director of Clinical Services) and Michael Delahunty (Chief Executive)

The Board of Governance

President

Joan Brilliant is General Manager, Kingstons Coach Tours, Stawell. Joan is a member of the Grampians Health Alliance and Chairman of the Quality Improvement and Fundraising Committees. She has been a member of the Board since 1986.



Vice President

Kaye Harris is the General Manager Business and Marketing for the Brambuk Aboriginal Cultural Centre, Halls Gap. She is a member of the Governance Grampians Health Alliance, Joint Consultative and Fundraising Committees. Kaye has been a member of the Board since 1999.



Vice President

Peter Martin is a retired school principal of Stawell Secondary College and is currently part-time executive officer of the "Australian Secondary Principals Association". Peter is a member of the Quality Improvement Committee, Joint Consultative Committee, Audit Committee and chairs the Governance Committee. He has been a member of the Board since



Dr. Norman Castle OAM has been a medical practitioner in the Stawell community for the past 49 years. He is a member of the Quality Improvement and Joint Consultative Committees and has been a Board Member since 1980.



Marilyn (Meg) Blake is the part-time fundraising/public relations officer for Stawell Regional Health. Meg is currently a member of the Quality Improvement and Fundraising Committee and has been a Board Member since 1977.



Neville Dunn is the Branch Real Estate Manager for Wesfarmers Landmark Stawell. He is Chairman of the Audit Committee and on the Fundraising Committee. He has been a Board Member since 1991.



Howard Cooper is a primary producer in the Glenorchy area and has been a Board Member since 1999. He is on the Governance and Project Control Committees. Howard is also President of the Stawell Secondary College.



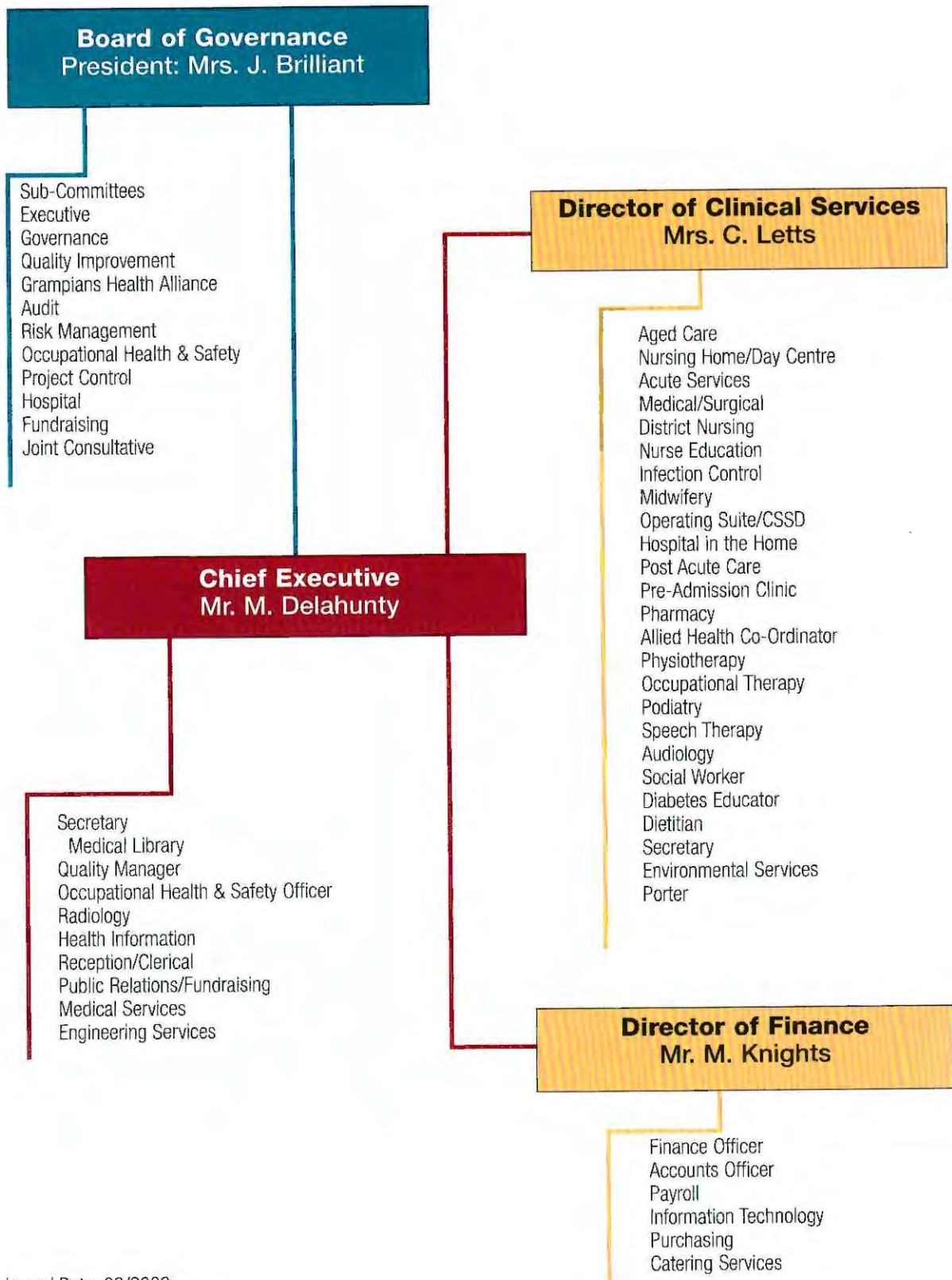
Graeme McDonough has retired from his business commitments but has continued to maintain a strong interest in the Stawell community. He is a member of the Quality Improvement, Governance and Occupational Health and Safety Committees. He has been a Board Member since 1999. Graeme is also a Board Member of Eventide Homes Stawell.



Gary Thomas is managing principal of the WHK Archer Group (formerly Curtis & Thomas). He is a member of the Grampians Health Alliance, the Audit and Hospital Redevelopment Committees. Gary has been a Board Member since 1993.



Organisational Structure



Issued Date: 09/2003
Latest Revision: 28/06/2004

History of Your Health Service

The Stawell Hospital is in its 146th year of community service, having been first built in 1859 at Doctor's Creek. A new and improved hospital was opened at Pleasant Creek in 1861. In 1934 a new hospital was established on the site of the existing hospital. A number of major developments have occurred since then with the most significant being the opening of a new 30 bed nursing home in 1995. A further 5 beds were added to this nursing home in 2003.

A helipad was established in 1998 and the John and Margaret Bennett Day Centre opened in 2001. The corporate name of the organisation was changed from Stawell District Hospital to Stawell Regional Health in 2001.

In May 2002 a \$7.8m redevelopment of the Stawell hospital commenced and is scheduled to be completed in November 2004. This redevelopment includes:

- 29 bed ward and 6 day surgery beds
- pharmacy department
- operating suite
- accident and emergency department
- front reception
- imaging department

Over recent times the health service has improved access to a number of important clinical services including chemotherapy, post acute care, diabetes educator, speech therapy, dietetics, home based midwifery, and an increased range of visiting specialists.

Whilst the hospital's redevelopment has been progressing, disruptions have occurred, including increased noise levels.

The Board and Staff wish to thank all patients and visitors for their patience and understanding during our redevelopment.

Staff Long Service Awards

In recognition of long and valued service to the health service, the Board of Governance is pleased to present long service awards to the following staff members:

- 25 Years** Debbie Barry
20 Years Sandra Dalziel
Simon Healy
Beth King
Garrie Martin
Carolyn McDonald
10 Years Meg Blake
John Bowen
Sue Hey
Wendy Lee
Connie Maddocks
Gail Maywood
Graeme Nuske
Jenny Priest
Denise Squire
Janet West

Life Governor Awards

Eileen Bowen
Jocelyn Fuller
Wavel Pyke

Vale

The Board of Governance and staff were saddened with the passing of Mrs. Joyce Gyles on January 10, 2004. Mrs. Gyles was awarded a Life Governorship for her many years of support to this health service.

What do we do to ensure staff caring for you are suitably qualified and skilled?

All staff employed by Stawell Regional Health are assessed to ensure they are the most appropriate person for that job.

Clinical staff include nurses, doctors, physiotherapists, speech therapist, dietitian, occupational therapist and social worker. All these staff have completed specialised education and training in their field. They are registered with regulatory boards such as:

- Nurses Board of Victoria
- Medical Practitioners Board
- Physiotherapy Registration Board
- Speech Pathology Assoc. of Australia
- Dietetics Association of Australia

We know there is a clear link between appropriately skilled staff and quality patient outcomes. Staff undergo a credentialing process, which formally checks, evaluates and regularly assesses the competence of staff. New employees are carefully screened and are only given responsibilities which match their experience and qualifications.

Staff are provided with a comprehensive education and training programme with a Clinical Nurse Educator dedicated to nursing staff education and competencies. These competencies include:

- Advanced and Basic Life Support
- Epidural management
- Patient Controlled Analgesia
- Peripheral Central Lines
- Medication administration
- Hickmanns Catheters
- Administering Cytotoxics



Chris Van Swol receiving the Graduate Nurse Certificate from Education Manager, Jenny Farrer

Stawell Regional Health invests in its staff through providing funding and paid leave for staff to attend external courses, in addition to the inhouse programmes.

Allied Health staff participate in a mentoring programme with Ballarat Health Services to further develop their skill base

and provide essential professional development and networking.

Our Medical staff are reviewed by the credentialing committee regularly, and must demonstrate ongoing education and skill maintenance in their areas of clinical responsibilities.

Recruitment and Retention of Allied Health Staff in the rural setting

A Pilot Programme

This region has historically been under serviced in the area of allied health owing to difficulty in recruitment and retention of allied health practitioners.

This project sought to trial a model of mentoring and professional support with a larger health organisation with the goal of meeting individual therapists' needs. Those needs were professional support, skill acquisition and development of specialty areas of interest. This project was initially funded by the Department of Human Services.

It was necessary that the model developed could be widely utilised throughout the different specialties of allied health and that it was applicable in a rural setting.

The model utilises the development of a successful collaborative relationship with the Allied Health Departments of Ballarat Health Services, and incorporates:

- Development of formal mentoring relationships with the appropriate departments.
- Formal structure of allocated education days with clear terms of reference.

The model was first applied to the recruitment of a speech pathologist late in 2002. SRH had experienced two previously unsuccessful recruitment drives. This model was instrumental in the successful recruitment of an honours graduate from a field of impressive applicants.

In the 18 months of the project, there have been 5 participants in the program. Three therapists have been successfully recruited to SRH, and there have been significant impacts on retention and job satisfaction.

Strengths of the Programme

The inherent strengths of this program were as follows:

- The solid open working relationship developed with Ballarat Health Services
- The design of the project, including the clear terms of reference
- The emphasis placed on setting and obtaining objectives for the therapists
- The emphasis placed on actual skill acquisition as well as theoretical knowledge
- The flexibility provided by the Department of Human Services (DHS), who permitted us to alter the model during the project to meet the changing needs of our therapists
- The availability of accommodation and travel support - new graduates are often economically challenged.

Challenges and Opportunities of the Programme

There were several challenges encountered in conducting the program:

Workload

There was significant difficulty with work coverage on occasions, especially in the sole departments and in physiotherapy, which had been chronically short-staffed.

This had several impacts - it resulted in mentees reluctant to take mentoring leave as it could impact negatively on either their own workload or the workload of their colleagues.

Statistical Data

Allied Health/Primary Care at SRH is largely funded through the Primary Health sector of the DHS. The client care contact targets for Primary Care are difficult to meet when a large amount of time is spent out of the organisation. This then could negatively impact on organisational funding at the end of the financial year.

Administration Costs

This project has been extremely interesting and enjoyable to manage, but has also been extremely expensive in terms of time required to establish and monitor the project.

Design Flaws

Inexperience resulted in a couple of design flaws in the questionnaires, which resulted in some information not being recorded, and an inadequate measure of Job Satisfaction.

Job satisfaction itself was not measured, although we did measure "Impact on Job Satisfaction".

Impact on Job Satisfaction

An expanded version of this project has been funded by the DHS for the 2004-2005 financial year. We are investigating the use of proper measures of Job Satisfaction for the new project.

Impact on Retention

Whilst there is no doubt as to the high positive impact this project has had on therapist recruitment, there are some questions regarding the project's impact on the retention of therapists.

Impact on Other Staff

When the original submission was written, our older and more experienced staff displayed no interest in the mentoring process. The general feeling was that it was not required - the minimum period of time since graduation being at least 13 years.

The enthusiasm of the younger staff involved in the process has engaged their attention, and there has been a significant development of interest.

Expansion of the project in 2004-2005 includes these senior staff in a limited fashion - 2 days of 6 hours each.

Sustainability

As previously mentioned, a second project has been funded for 2004-2005 that will further increase our body of knowledge. SRH strongly supports this project, and is committed to its' ongoing sustainability.

Approaches will be made to philanthropic organisations to continue funding following closure of the project in 2005.

Recommendations from the Programme

SRH has found this project to be highly beneficial in assisting in the recruitment and retention of allied health practitioners, with positive impacts on job satisfaction and development of skills.

Whilst there is a highly successful "Mentorlink" Programme currently funded for allied health practitioners, we strongly believe the success of our programme is in a large part due to the hands-on nature of the programme with face-to-face contact and support, clear terms of reference, with an emphasis on skill development and acquisition of knowledge.

Overall, all therapists involved in the program found it to be significantly beneficial, with significant positive effects on their job satisfaction. All found most processes and arrangements at least highly satisfactory.



Health Minister Bronwyn Pike with Stawell Regional Health staff, Liz McCourt, Michael Delahunty, Amber Roberts and Board of Governance President Howard Cooper, following launch of pilot programme to recruit health professionals

Our Quality Commitment

"Quality is consistently meeting the negotiated expectations of our customers and optimising their health outcomes, in a cost effective manner."

- Stawell Regional Health (SRH) has an ongoing commitment to improving the quality of its services.
- We do this through our Quality Improvement Programme and maintaining Accreditation through The Australian Council on Health Care Standards (ACHS), the Commonwealth Aged Care Accreditation Standards and Home and Community Care (HACC) Accreditation.

Quality Improvement Programme

- The Board of Governance is responsible for the quality of care and services, however commitment to this programme infiltrates all levels of the organisation, from the Board and Chief Executive, to all staff members.
- Responsibility for the direction of the Quality Improvement Programme is vested in the Quality Improvement Committee (QIC).
- The Committee coordinates, reviews and gives direction to the organisation's Quality Improvement Programme. This committee is a multidisciplinary committee comprising Board Members, Allied Health, Nursing, Medical Practitioners and Chief Executive. The Infection Control Practitioner and Director of Pharmacy have also accepted committee membership in the last financial year.

- The QIC receives reports on audits, quality studies undertaken, complaints, incidents, clinical indicators, sentinel events, risk management, ethical issues, occupational health and safety, infection control and the effectiveness of the Quality Improvement Programme.
- Recommendations from Accreditation Surveys, consumer feedback, external reviews of the services, benchmarking/comparing results with other health facilities and information from the Department of Human Services also provides suggestions for improvement.
- Twenty six departments submitted Quality Activity Plans for 2004. This includes the Acute Hospital and Nursing Home, Infection Control and Occupational Health and Safety Management Plans.

Accreditation

- In March our facility was involved in our second review as part of our current four year accreditation cycle through the ACHS. The Periodic Review looked at nineteen mandatory criteria across five designated functions. The functions were Continuum of Care, Leadership and Management, Human Resources Management, Information Management and Safe Practice and Environment.
- Our acute facility needed to achieve a 'Some Achievement' (SA) rating for each of the nineteen mandatory criteria to maintain our current accreditation status. Ratings move upward from Little Achievement (LA), to Some Achievement (SA), Moderate Achievement (MR), Extensive Achievement (EA), and Outstanding Achievement (OA). The latter being the highest. Fifteen of the 19 criterion achieved an MA rating and two criterion achieved SA ratings.

To our delight two remaining criteria achieved EA ratings.

- The two criterion that achieved an EA rating were:- "The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance and care delivery" and "The Waste Management System supports safe practice and a safe environment."
- We received four recommendations as a result of the Periodic Review, none of which were classified as high priority. We are currently working on our Self Assessment submission which the Australian Council on HealthCare Standards is due to receive by late March 2005. Our Accreditation Status is maintained until our next Organisational Wide Survey (OWS) which is to be in March 2006. At that survey we are aiming for a number of EA ratings. This means we will need to benchmark results in certain criteria against other organisations. We are working towards this challenge!

HACC Accreditation

SRH underwent a HACC National Standards Instrument and Agency Assessment, during September last year. Award status achieved was rated as good with seven recommendations. These are currently being implemented.

Victorian Patient Satisfaction Monitor (VPSM)

Our continued involvement in the Victorian Patient Satisfaction Monitor over the past three years indicates we have maintained or improved results against the Overall Care Index and six other indicator scores. Ninety five public hospitals across Victoria are involved with data collection for the monitor.

The VPSM has been extended, at this stage until September this year. We encourage all patients to be part of this worthwhile survey.

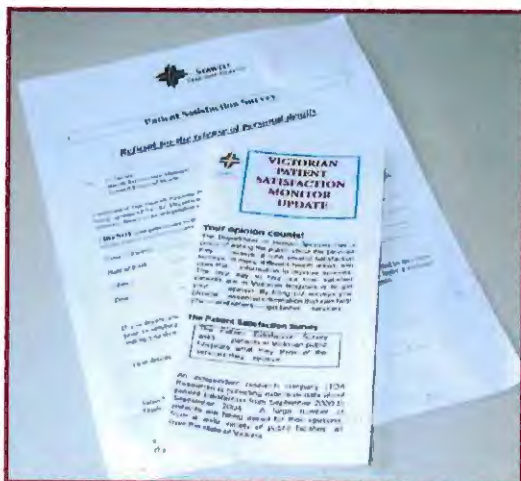
Measure (0-100 Scale)	Hospital Score Previous Wave (9/02-4/03)	Current Wave					
		Latest Score (4/03-9/03)	Hospital Category Average (4/03-9/03)	Score Range in Category	Significant Change since Last Survey	Previous High at this Hospital	Previous Low at this Hospital
Overall Care Index	79	81	80	76-86	No	82	79
Access and Admission Index	81	82	82	76-87	No	83	81
General Patient Information Index	81	84	83	77-89	No	83	81
Treatment and Related Information Index	80	80	79	75-84	No	83	80
Complaints Management Index	77	80	79	69-85	No	81	77
Physical Environment Index	74	82*	77	72-86	Yes▲	81	74
Discharge and Follow up Index	76	76	76	71-83	No	78	76

*Denotes significantly higher/lower than category average excluding this hospital at 95% confidence level.

▲ } Denotes direction of significant change since last period.

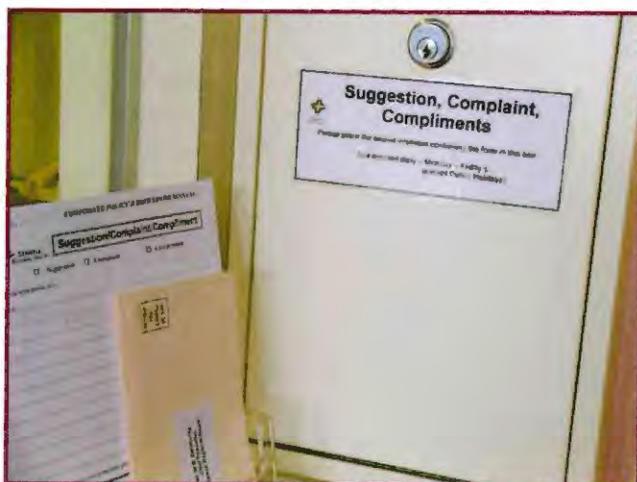
- This table gives our 'latest score' for each of the indicators, compared to our previous score (Hospital Score previous wave) and the Hospital Category Average (the average score of the fourteen hospital in Category C.)

- Other information you can get from the table - the score range for 'category C' hospitals, significant changes since the last survey and previous highs and low scores for our hospital.



Suggestions, Complaints, Compliments

- Over the last financial year, through the Quality Improvement Programme a number of innovations have occurred. These originated from results of satisfaction surveys which have indicated we could be more proactive in encouraging feedback from customers, could provide more education for customers as well as provide a more accessible Complaint's procedure.
- The Complaints procedure was reviewed and now encompasses compliments and suggestions. The first point of call after a form is received is the CEO.



Forms/Envelopes and Post Boxes are available through four locations on the hospital site and are also available in the Bennett Day Centre and the Macpherson Smith Nursing Home.

- This new system was implemented in March this year, and to date we have received:-
 - 7 Compliments
 - 4 Complaints; and
 - 5 Suggestions, on these forms
- We also continue to receive many thankyou cards independently of the new system.

Here is one example of this.

"I just felt that I had to email you to let you know what a wonderful caring nursing staff we have. My Dad recently passed away after a very long battle and for the last 6 weeks he was in here. I've worked here for nearly 17 years and for those last 6 weeks I saw it from the other side. The caring, love and support that all the staff showed not just to Dad, but to my Mum, my sister, brother in law, two nieces and myself was just so genuine, that felt I had to let you know how much it was appreciated, it certainly helped all of us to get through such a tough time. I swear all and I do mean all of those nurses have wings."

- Our current 'Complaints' Register is manual, but a computer based program will be used shortly.
- Formal complaints are reported to the Quality Improvement Committee who have also requested (3/04) to have Suggestions included with Complaints as an agenda item.

- If you are not satisfied with the way your complaint was handled, you may make a formal complaint to the Victorian Health Services Commissioner 10/55 Swanston Street, Melbourne, 3000. Tel. 1800 136 066

Safer Healthcare

- The Australian Council for Safety and Quality in Health Care produced a booklet called - '10 Tips for Safer Health Care'. (2003). We have made these booklets available in all reception and waiting areas for customers to read.
- We have also taken a 'leaf out of their book' and produced a small form 'Tips for Safer HealthCare' which educates patients on what

questions to ask staff who are looking after them. This is to encourage you the patient to become more informed and actively involved in your health care.


- Each of our hospital bedside tables has a self standing photo frame containing this information.

TIPS FOR SAFER HEALTHCARE.

Make sure,

- ❖ You understand your condition and treatment.
- ❖ The doctor/nurse giving you medications:
 - Confirms your identity
 - Tells you what each medication is and what it is for, and
 - Explains any changes in medications.
 - If you have any concerns, please ask.
- ❖ Before you leave hospital, ask the staff member looking after you to explain how to care for yourself, including which medications you are to take at home.
- ❖ If you are not happy with your Care/Treatment – please ask to speak to the Nurse in Charge.
- ❖ A Suggestion/Complaint/Compliment Form is available in all Reception areas.

We encourage your feedback.



Michael Delahunty
Chief Executive
24th February, 2004



Hospital patient, Mrs. Elaine Jones with 'Tips for Safer Health Care' displayed on bedside locker

Performance Indicators

Clinical Indicators

The Visiting Medical Officers (VMO) through the hospital Quality Improvement Programme, continue to assess and report on ACHS Clinical Indicator Data.

What is a Clinical Indicator?

An indicator is a measure of the management or outcome of care. It is an objective measure of either the process or outcome in quantitative terms.

Indicators are not exact standards, rather they are designed to be flags, which, through the collection and analysis of data, can alert to possible problems and/or opportunities for improvement. These areas can be further investigated within an organisations quality improvement programme. They are therefore, measurement tools to assist in assessing whether or not a standard in patient care is being met. The ACHS indicators provide evidence of various aspects of care.

Stawell Regional Health collects information for the following indicator areas:

Anaesthetics

- Events that happen in the recovery period after an operation or procedure that require intervention. ie. core body temperature of less than 35 degrees Celsius and severe pain

Hospital Wide Medical

- Readmissions of the same patient within a twenty-eight (28) day period.

Internal Medicine

- Acute Myocardial Infarction (heart attack) appropriate thrombolytic therapy (clot smasher) within one hour of presentation to the hospital
- Interventions for Acute Asthma (adult and paediatric)
- Diagnosis of a stroke, investigation with CAT scan

Day Procedures

- Failure of patient to arrive
- Cancellation of procedure after patients arrival
- Unplanned return of the patient to the operating room
- Unplanned overnight admission of the patient

Surgery

- Laparoscopy/Cholecystectomy - review of bile duct injury requiring intervention

Hospital in the Home (HITH)

- Review of unexpected HITH patient telephone calls to hospital in the home service
- Unscheduled staff callouts to HITH patients
- Unplanned readmission to the hospital by patients in the HITH programme

Doctors review a number of the Indicator areas. Recommendations are made to improve patient care and these are reported to the monthly VMO committee meetings.

These recommendations and ACHS Clinical Indicator comparative rates (comparing SRH with a nationwide threshold) are reported to the Quality Improvement Committee on a regular basis.

Maternity Services Performance Indicators

The Maternity Services Indicator Program aims to improve public hospitals ability to compare their performance over a range of maternal and perinatal outcomes.

Implementing the indicators is expected to:

- Enable comparison about performance,
- Promote discussion within and between hospitals about performance against the indicators,
- Promote discussion about what level of performance should be achieved in a given area and

- Promote discussion and shared learning about how to improve the quality of maternity care generally.

Stawell Regional Health has been involved in collecting these indicators for nearly two and a half years, as part of the Department of Human Services (DHS) Quality Framework for Victoria.

As part of the process and to look at SRH's Caesarean Birth rate in first time mothers, an independent review was undertaken by Dr Jeremy Oates, Director of Obstetric Services (Royal Women's Hospital) and Joan O'Neill from the DHS. The report from this review was received June 2004. Some recommendations regarding documentation and policy review were received. The report indicated ".....that obstetric care provision is consistent with the parameters of best practice."

The report and recommendations were discussed by Midwives at their July meeting this year.

Performance Indicators for Effective Discharge

- An Effective Discharge Committee was established at Stawell Regional Health (SRH) in 1999. Apart from many other functions, the committee regularly reviews monthly key performance indicators (KPI's) for Effective Discharge. The indicators originated and were implemented after two State Wide Audits and a further period of trialling of the KPI's. These initiatives were state funded through the Victorian Effective Discharge Strategy.
- SRH continues to audit Patient Medical Records on a monthly basis to collect, collate and examine documentation to measure these four Key PI's.

These indicators are:-

- KPI.1) Risk Screening Tool Comparisons,
- KPI.2) Commencement of a Discharge Plan,
- KPI.3) Timely Notification of Community Providers and
- KPI.4) Provision of Timely and Informative Discharge Summary.

- against each other, and we also benchmark our results with nine other health services across the region. Over the last year (July 2003-June 2004), our internal monthly comparisons show:-

KPI.1 - has scored between 80-100% compliance

KPI.2 - has scored between 60-90% compliance

KPI.3 - has scored between 50-100% compliance and,

KPI.4 - has scored between 90-100% compliance.

- Comparisons Regionally show:-
 - KPI.1 is consistently high,
 - KPI.2 is third lowest (fairly regularly)
 - KPI.3 ranks highly over past 10 months (100%)
 - KPI.4 ranks highly consistently between 90-100%
- Internal audits on all documentation required for a medical admission has occurred. All forms have been redesigned, trialled and formally printed in an effort to make the documentation more user friendly for nursing staff, and to allow us to capture the information to support the KPI's.
- Since the documentation has been formally printed, anecdotal evidence suggests there has been an improvement in recording information in most areas. An area where we still need to improve is to consistently document a date to indicate that commencement of a Discharge Plan has occurred. (PI 2).

Risk Management

Risk management is a systematic approach to eliminate or minimise risk, or to reduce the impact of an adverse event.

Stawell Regional Health (SRH) initiated a risk management program, commencing in 2002 with risk management experts Hawcroft Miller Swan Consultants Pty Ltd., to analyse risks across all areas.

During the development phase SRH also worked closely with the Victorian Managed Insurance Authority (VMIA), and in 2003 VMIA agreed to provide funding to SRH to assist in the implementation phase of the project.

In 2004 as part of the implementation phase a Risk Management Committee was formed to develop and monitor risk management strategies; a Risk Management Coordinator was appointed; and Dr Chris Jackson, Consulting Anaesthetist, was involved in the review of clinical risks.

The committee comprises a Board Member, Medical Practitioner, Nurse, the Director of Clinical Services, Pharmacist and Chief Executive, and is responsible to the Board of Governance for overseeing the organisations risk management programme.

Through the initial process over 250 risks were identified organisation wide, these risks were ranked as high, moderate or low. None of the organisations risks were found to be extreme. However, fifty of these risks were rated as high, and the Risk Management Committee has decided

to prioritise the clinical risks, of which there are nine, for immediate action.

The clinical high risks currently under review for minimisation or elimination are:

- Medical continuity of care
- Deep vein thrombosis(DVT) prevention
- Reporting of pathology results
- Obstetric patient selection
- Drug error
- Swallowing difficulties
- Vertebral artery assessment (neck manipulation)
- Equipment sterilization process
- Lack of warning of patient arrival in A&E resulting in delay of treatment



Sequential Compression Device for DVT prevention

Next year will see the remaining high risks acted on, with the moderate and low risks scheduled for review after this. The hospital's risk management strategy is a pro-active, ongoing process that will ensure both clinical and non-clinical areas are reviewed regularly with identified risks actioned.

Infection Control

The Infection Control Program at Stawell Regional Health is an integral part of providing best practice health care services to our community. The program is overseen by a multi-disciplinary Infection Control Committee, which includes Medical Officers, Nursing and Allied Health representatives. This committee reports to the Quality Improvement Committee. The Infection Control Practitioner is also a member of the hospital Quality Improvement Committee.

The aim of the Infection Control Program is to minimise the risk of acquiring or introducing an infection related to hospitalisation.

This is achieved by:

- Identification, monitoring and analysis of hospital acquired infections
- Incorporating evidenced based research and implementing government standards which form the basis of policies and procedures.
- Ongoing education sessions by internal and external specialists
- Annual compulsory Infection Control Challenge Exam for all Registered Nurses
- Communication of new policies, findings/recommendations and current issues via newsletters, adverse occurrence reports and reporting to other committees.
- Monitoring bacterial counts during building projects.

Stawell Regional Health has two qualified Infection Control Practitioners. Four Liaison Nurses are based in the wards and clinical departments. SRH also has an affiliation with an Infectious Diseases Physician.

Continuous surveillance is conducted on:

- Surgical site infections
- Urinary tract infections
- Respiratory tract infections

- Bacteraemia (an infection in the blood)
- Cleaning standards
- Environmental testing
- Food safety
- Antibiotic usage and resistance
- Waste management
- Legionella
- Staff health and immunisation
- Critical incidents and infectious diseases notification, and
- Compliance with Australian Standards and best practice

Stawell Regional Health benchmarks with the Grampians Region Infection Control Group, including a Risk Management Program which is used to assess compliance with relevant standards.

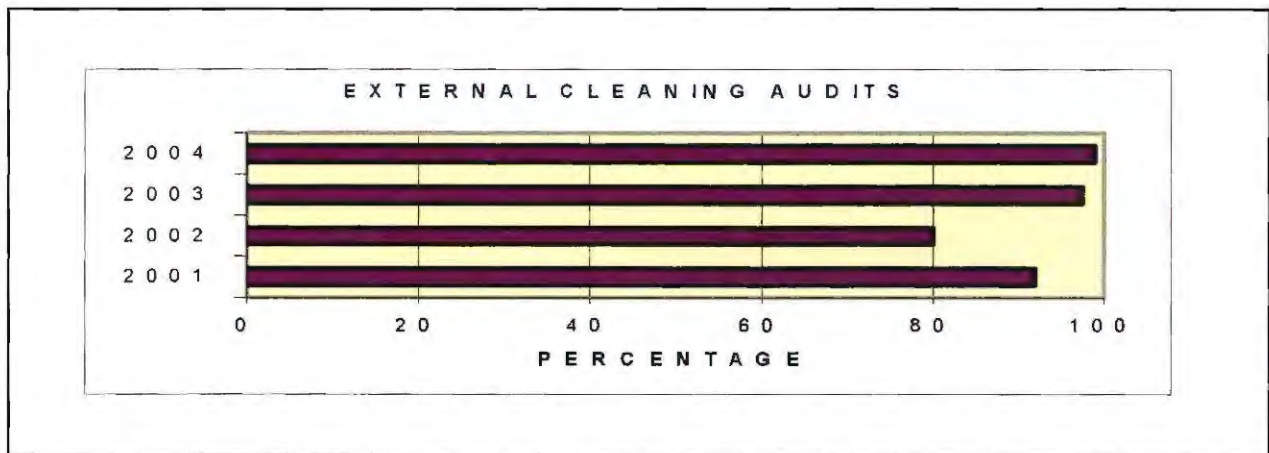
From June 1st 2004 SRH has participated in the Department of Human Services, Victorian Hospital Acquired Infection Surveillance System that will benchmark with other regional Victorian hospitals.

IMPROVEMENTS ACHIEVED

Department of Human Services external Cleaning Audits are conducted annually.

In 2001 Stawell Regional Health had an overall score of 94.2%, compared to 97.5% in 2003 and 99% in 2004

Overall score for the last four years



Internal Patient Satisfaction Survey Results

Results from internal satisfaction surveys also demonstrate that patients believe the hospital environment is clean, safe and comfortable.

100% of Parents said their Child's accommodation was clean, safe and comfortable
(September/November 2003)



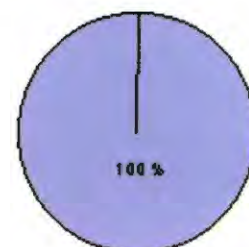
96.5% of Medical Patients thought the ward area was clean, safe and comfortable (November 2003)



100% of Midwifery Patients believed the ward area was clean, safe and comfortable
(September/November 2003)



100% of Surgical Patients thought the area around the ward was clean, safe and comfortable (September/November 2003)



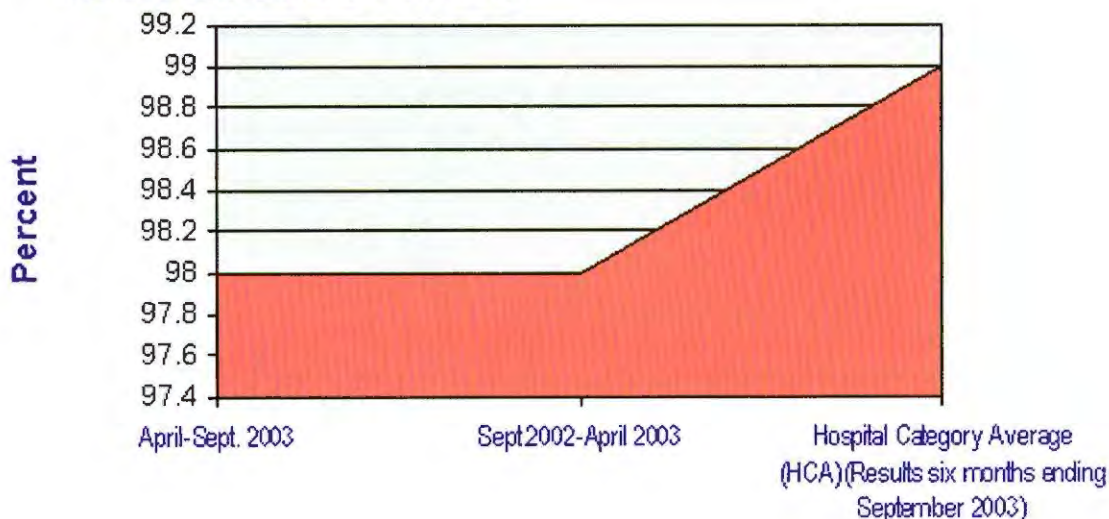
Victorian Patient Satisfaction Monitor

Results from the Victorian Patient Satisfaction Monitor (VPSM) that SRH has been involved with, since March 2000, also indicate patient's rate hospital cleanliness highly. This monitor is funded by the DHS. There are thirteen hospitals in the

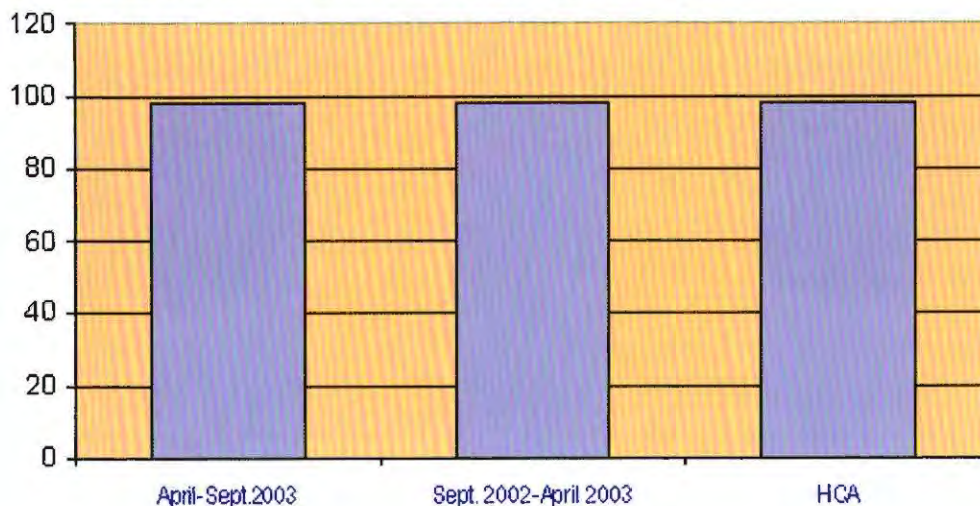
same category (hospital category average score) as Stawell, who we can compare our results with.

The following graphs highlight our results during the September 2002 to September 2003 timeframe, comparing them to the HCA. (September 2003)

CLEANLINESS OF ROOM



CLEANLINESS OF TOILETS AND SHOWER



Verbal comment from this VPSM 'The hospital itself was clean tidy and organised'

Audit of the Infection Control Theatre Committee

An external audit of the Infection Control Committee was conducted in April 2003. The recommendations were:

- Staff and consumer satisfaction with the Infection Control Program be periodically reviewed.
- A staff satisfaction survey was conducted in June 2003. 92% of staff were aware of changes to policies/procedures through newsletters or memo's.
- Of the staff members who stated that they had made suggestions about improving Infection Control processes, 100% of those staff members stated that their suggestions had been valued and investigated.
- An appropriate, formalised system of feedback to all levels of staff be established.
- A formal feedback system has been developed. The feedback system includes minutes from committee meetings being discussed at ward/department meetings, intra departmental memos, changes in policies and procedures and bi monthly newsletters.

- The Infection Control Theatre Committee (ICTC) Agenda be more tightly structured to facilitate the business of the committee.
- The Infection Control Committee agenda reflects the core responsibilities of the committee and is prepared by an Administration support person.

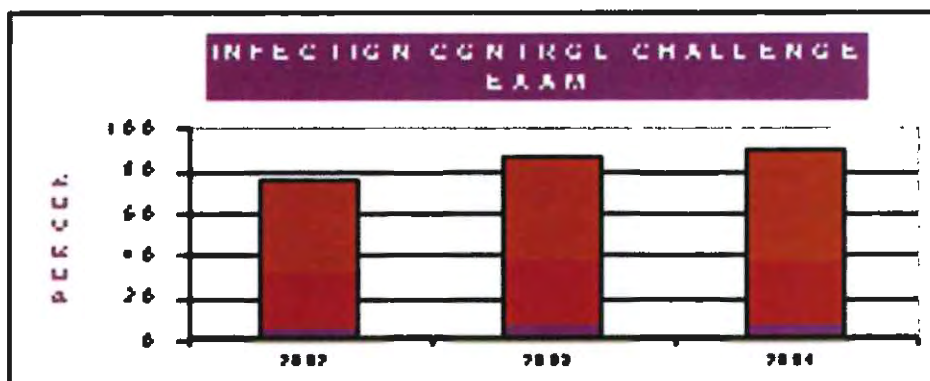
This audit is being repeated in June 2004.

Infection Control Challenge Exam

The Infection Control Challenge exam is based on the Infection Control Policy Manual and is conducted annually. The results form the basis for the development of the initial Infection Control Education Program. In 2004, the challenge exam became compulsory for all registered nurses. The mean score over the past three years has increased from 76% in 2002 to 90% in 2004, an improvement of 14% during the time period.

- o 2002 mean score 76%
- o 2003 mean score 87%
- o 2004 mean score 90%

The following graph indicates the mean score from 2002 until 2003.



The increased knowledge base on infection control issues, can be contributed to the:-

- introduction of bimonthly news letters, information pamphlets distributed to staff, patients and visitors

- memos notifying staff of changes to policies and procedures
- education sessions by internal and external consultants and
- the orientation program that all new staff members attend.

Pharmacy refrigerator monitoring

During June 2003, the Pharmacy Department refrigerators were monitored with a computer data logger for a period of six days, to ensure that the refrigerator maintained temperatures of between 2°C and 8°C as per the National Health and Medical Research Council. It was confirmed that the refrigerators maintained temperatures between 2°C and 8°C, however, it was identified that the alarm system was set too high, which was rectified. Testing is conducted on a monthly basis with an external thermocouple.

Low chemical cleaning system

Prior to the introduction of a low chemical cleaning system at Stawell Regional Health in 2002, surveillance testing was conducted to ensure that the system reduced the amount of dirt and micro-organisms on all surfaces. The testing was repeated in November 2003 and confirmed that the low chemical cleaning system removed the dirt and reduced the number of micro-organisms by more than 80%.

The low chemical cleaning system is currently being introduced into the operating suite.

Patient Comments from VPSM (6 months ending September 2003)

'Great to stay in such brand new and clean facilities'.

'Stawell Hospital was the cleanest hospital I have been in. I give Stawell Hospital 10 out of 10'.



Environmental Services employee, Stephanie Rathgeber, during cleaning time in the theatre suite

Waste Management

Where it all began?

- Since the inception of the 'Waste Minimisation Program' at SRH, in June 2000 - the program has progressed in leaps and bounds.
- The biggest barrier to implementing the program initially, was staff knowledge and attitude.
- A baseline audit of the hospital's waste for 48 hours was conducted in August 2000.

From that audit a number of initiatives were implemented:-

- Systems to collect paper/glass, plastics/aluminium cans.
- Bins placed where staff could find them,
- General/Infectious waste bins clearly • Education to staff by way of:
 - Information Bulletins
 - Displays
- Initially implemented a Low Chemical Cleaning System in the Acute Hospital and the Nursing Home. Expanded to include the Operating Room in 2004.
- Becoming a Waste Wise Organisation - 24/6/02.

Reduce Reuse Recycle



Porter - Troy Hilton collecting recyclable material

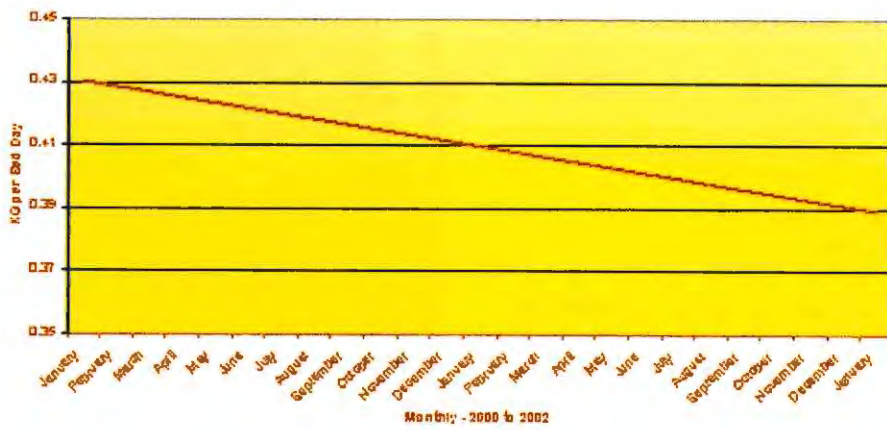


Executive Chef, Michael Kelly recycling containers following the health service becoming a Waste Wise Organisation

Biggest Achievement

The biggest achievement was in the second year of the programme when a positive change in staff behaviour/attitude to segregate waste, resulted in the following.

(1) Infectious waste per bed day decreasing over a two year period, despite the increased number and complexity of patients treated.



(2) The amount of waste diverted from landfill to being recycled increased



ACHS Accreditation - Organisational Wide Survey (OWS)

- From our OWS in May 2002 we received a recommendation that we 'undertake a review of current waste management strategies and practices, to evaluate the effectiveness and to also evaluate the appropriateness of the action taken since the first audit.'

Waste Audit (13/12/02)

A random representative sample of waste generated over 24 hours was audited from each hospital department.

Audit Outcomes showed that:-

- Contamination levels in waste by the kitchen had decreased,
- Optimal bin replacement in the medical ward reduced the dumping of general waste into the infectious waste,
- Representative from St. John of God Pathology has joined the Waste Management Committee,
- General waste generated in 24 hours reduced by 35%,
- 20% less recyclable waste in general theatre waste,
- 'weight loss' (TOWN) meeting when onsite at SRH commenced recycling waste, and
- recycling rate has increased from 400 m³ in 2002 to an estimated 1204 m³ in 2004.

These outcomes show that the actions taken since the first audit have not only been appropriate, but very effective.

Where to now?

We still believe we can improve in the areas of food wastage, using recycled paper for our photocopiers/printers and recycling used toner and ink cartridges.

We believe that we are a leader in this field, and are committed to reducing our environmental impact;

Latest Achievements:

- SRH is a Case Study on the EPA Website
- We are referred to in Waste Minimisation Section of Clinical Waste Management Guidelines (draft) EPA Victoria (7/03)
- We received an Extensive Achievement (EA) rating for Waste Management at our last Accreditation - Periodic Review Survey in March 2004.
- We are a role model to other neighbouring facilities to encourage them to become waste-wise, and
- We were presented with a 'Waste Wise Certificate' in June this year recognising our commitment and effort to reduce waste.



Representatives from Stawell Regional Health, receive the Waste Wise certificate from Dory Russell

Thanks go to the dedicated multidisciplinary Waste Management Committee and 'Champion's at SRH and all SRH staff. Stawell Recyclers have also been invaluable and thanks go to them for the information and support since the commencement of our programme.

Medication Safety

Stawell Regional Health (SRH) collects information from Doctors, Nurses and Pharmacists about drug incidents. These incidents not only include actual problems, but also anything which has the potential to create a problem.

These reports are reviewed by the Nurse Unit Manager of Simpson Wing and the Pharmacist as soon as possible after the incident has occurred. Last September the Drug Incident Working Party (DIWP) was formed to provide further review of these incidents, as well as to act on any medication related matters. This group is multidisciplinary, meets monthly and reports to the Pharmaceutical Advisory Committee.

In the past year the working party have recommended and implemented many changes which we feel have impacted positively on medication safety.

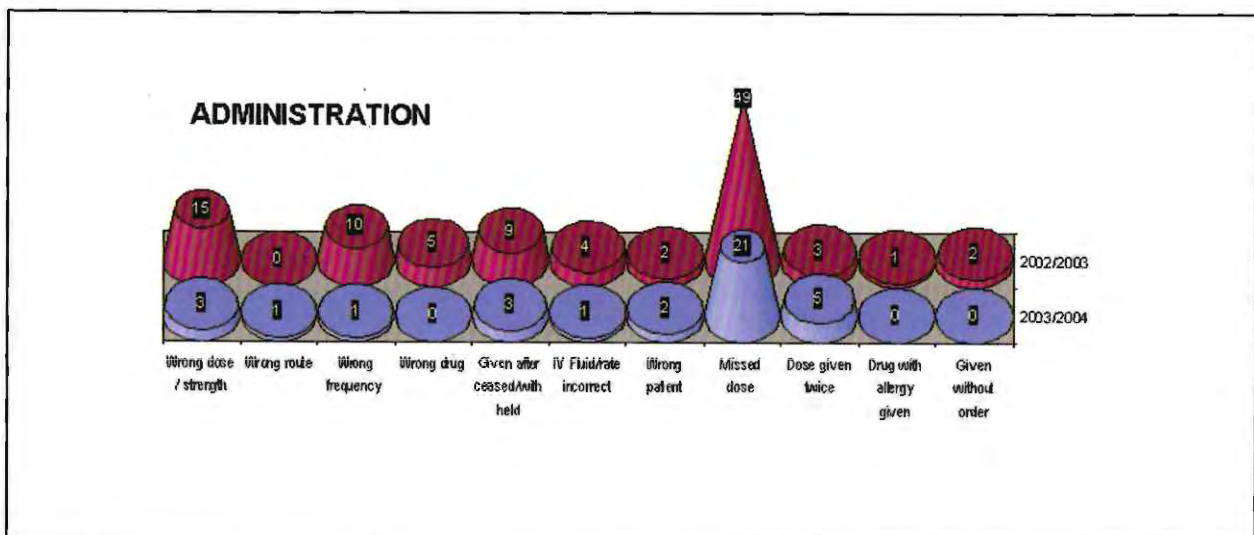
Some of these changes are:

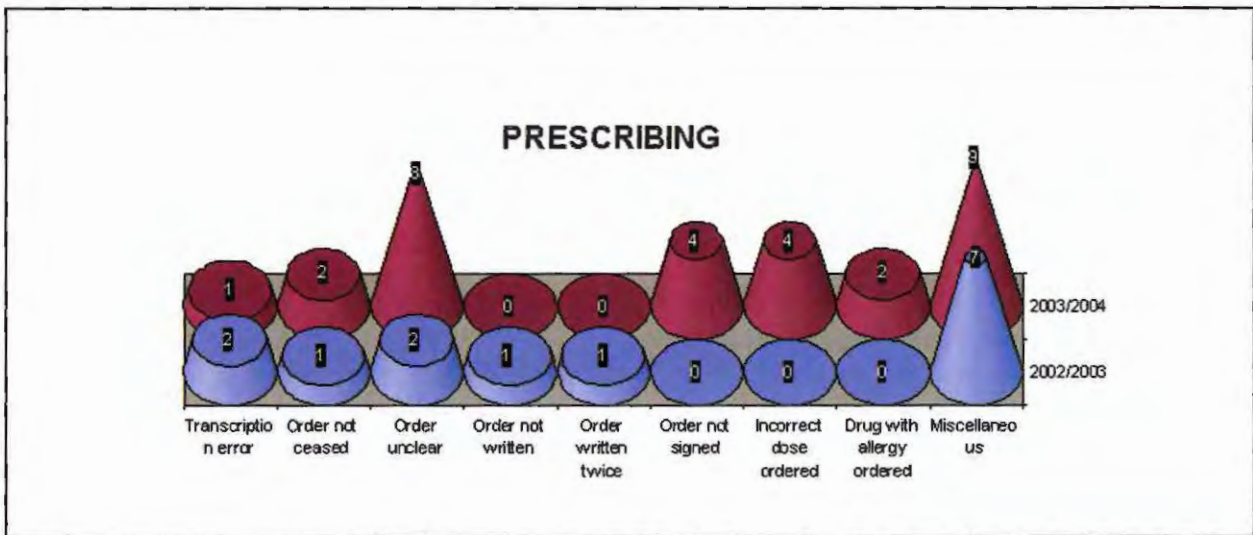
- An audit of drug charts regarding correct documentation was undertaken, highlighting six key areas where improvement was required. This resulted in education and feedback to nursing and medical staff which lead to a great improvement in these targeted areas.

As part of the audit, the hospitals medication policy was updated to reflect current practice.

- Involved in creating a section on medication safety on the "Tips for Safer Healthcare" card which is next to each patient's bed. This is to encourage patients to be actively involved and ask questions about the medication they are receiving.
- SRH for many years has ensured potassium ampoules are not readily available in ward areas. This is to help prevent the inadvertent administration of undiluted potassium intravenously which has resulted in several deaths Australia wide. Further to this, the DIWP sent a letter to all Doctors asking them to prescribe oral potassium, or prediluted potassium wherever possible. To aid the Doctors, the hospital has purchased three different types of prediluted potassium. Also a large, red notice is on the locked drug cupboard where the potassium ampoules are kept, reminding nurses that it must be diluted and mixed well before use.

Highlights of medication incidents by type and number, for the past two years.





In 2003/04 80 reports yielded 130 incidents, and of these incidents 2 (1.5%) caused harm to the patient (compared to 6 (12%) in 2002/03).

In all cases the harm was minor, with no cases leading to major harm or death.

We believe the increased number of reports is due to a greater awareness and compliance with reporting through the work of the Drug Incident Working Party, rather than an increase in actual incidents.

Like most hospitals missed doses continue to be our highest contributor. In many of these cases the drug was given once the missed dose had been noticed, but as per protocol a report was still filled in.

We believe the current non-punitive drug incident reporting system is the most positive and proactive approach in handling these problems.

Stawell Regional Health employs a full time Pharmacist who reviews each medication chart Monday-Friday and who discusses medications with patients. This helps to ensure safer medication management and prevention of errors.

Jan Sherwell, Division 1 Nurse preparing patient medication



Falls monitoring and prevention

Falls are a major cause of injury in our community. Fortunately, many falls are preventable. In the 2003/2004 financial year, Stawell Regional Health implemented a comprehensive Falls Prevention Program on the Acute Ward and in the Nursing Home. Whilst initial funding was provided for the establishment of the program, Stawell Regional Health has incorporated the falls prevention activities into our core business to enable us to provide Best Practice in this area.

The program includes the following:-

- Systematic monitoring of falls to determine how, when and where most falls in the Acute Ward and the Nursing Home occur.
- Education of all hospital staff that falls are not an inevitable part of ageing, but are preventable.
- Automatic screening of all new inpatients and residents for Falls Risk.
- Automatic referral to the Multi-disciplinary Allied Health Team for assessment - ie Physiotherapist, Podiatrist, Dietitian, Occupational Therapist and Pharmacist.
- Provision of a "Falls Kit" to patients at high risk of falls. This kit includes a pair of hip protectors and a pair of non-slip socks for use on the ward and at home following discharge, and educational material for both the patients and their carers.
- Referral on to the specialised Falls Prevention Clinic at Stawell Regional Health
- Development of individual falls management plans for patients and residents:-

This can include:

- Exercises for strength, balance and flexibility
- Changes to footwear
- Changes to diet
- Evaluation of the patient's home regarding environmental hazards (e.g. steps, outside toilet)
- A medication review
- Provision of specialized equipment such as hip protectors
- Environmental audits of the Acute Ward and the Nursing Home by the Occupational Therapist and Safety Officer to identify and improve any hazards, such as appropriate seating and enough colour contrast between floors and walls.

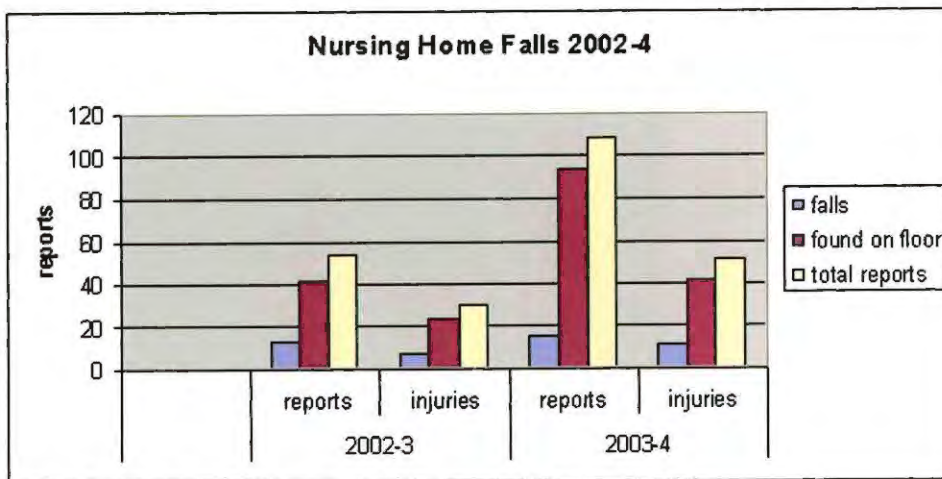
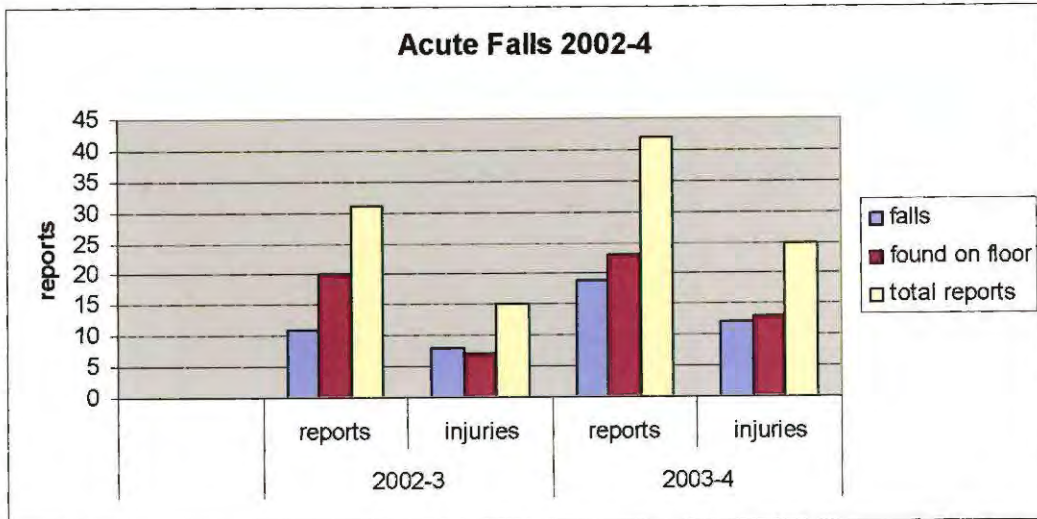
Since the commencement of the programme in January 2003, there has been a noticeable decline in the Nursing Home falls related injuries by 7.9%, even though the reporting number has increased by 2.2%.

Falls results are biased as a significant proportion of the occurrences are attributed to at least two residents; (who experience numerous falls/sit downs/found on floor as a consequence of their medical, physical and psychiatric condition).

The Acute area of the hospital has exhibited a 3.4% increase in reporting of falls in line with education in this area. There has been an 11% increase in falls related injuries.

A detailed analysis of the data related to these falls is currently underway. Preliminary evidence indicates an increase in falls related admissions.

Comparing 2002/2003 and 2003/2004 financial years



Gait and Balance Programme

The Stawell Regional Health Gait and Balance Program commenced in April, 2003. The initial funding for this project was provided by the *Foothold on Safety* initiative through West Vic Division of General Practitioners (GPs). The sustainability of the program has been ensured by incorporating Falls Prevention into our Community Health Promotion Plan.

In the Pilot Phase of the clinic, the patients were referred internally from the existing patient base in the Allied Health Division. These people had been identified by members of the allied health team as having a high risk of falls. The program was then expanded to include patients who were referred from the acute ward and the community.

Since the program started, 43 patients have been registered, and 41 have been assessed by the Gait and Balance multi-disciplinary team. Fourteen males and 29 females, have been referred from a variety of sources such as internal referral, GP's, Aged Care Assessment Service (ACAS), self-referral, and friends/family.

Patients can be referred by anyone or can self-refer. The majority of referrals have come from internal referral, GP's and ACAS.

The clinic is conducted once per month. The waiting period for assessment varies between one and two months.

Of the 43 patients registered, there have been 41 new assessments, 8 reassessments, 6 did not attend (DNA's), and 4 cancellations on the day.

On the day of the program, the patient is assessed by a Dietitian, Occupational Therapist, Pharmacist, Physiotherapist, and a Podiatrist. The whole process takes approximately 2½ hours. The patient is offered refreshments during the process.



Penny Limmer, Physiotherapist, with client Mrs. Caroline Millikin, during the Gait and Balance Programme

Most of the health professionals involved in the Gait and Balance Program (G&BP) have altered their assessment criteria since the first clinic in April 2003. This has been directed by new research being done in the area of falls prevention, and clinical experience gained by participating in the clinic.

A variety of interventions have been recommended following the assessments:

- Exercises (home-based exercises, Weights On Wheels, or G&BP exercise class)
- Vestibular rehabilitation
- Physiotherapy treatment
- Home Assessments with modifications
- Changes in foot wear
- Orthotics
- Podiatry treatment
- Changes in medication
- Changes in dietary habits
- Dietetics treatment
- Referral on to Physician, Dr Michael Giles

The main problems identified so far have been related to patient compliance with the recommendations made.

Telephone interviews are conducted approximately one month after the client's initial assessment at the G&BP to determine the effectiveness of the interventions, patient compliance, whether the patient has had any falls (and resultant injuries) since the assessment, and to check on any adverse effects from the initial session. This follow up interview provides the basis for determining whether that person requires a review appointment, and how soon that appointment should be scheduled.

Results from the telephone interview conducted at least one month post initial clinic indicate:

71% (22) of patients state they had no falls; 19% (6) state they had one fall and 10% (3) state they had more than one fall, since attending the Gait and Balance Programme.

An exercise class was commenced March 2004 to address decreased strength, flexibility, and balance in patients considered at high risk of falls. The class is run as a 10 week course for people who have been assessed at the G&BP, with reassessment of objective measures taken at the Program (eg. timed up and go test, step test, 10m walk, and balance tests). The numbers in the class are limited according to the level of assistance or supervision required by the participants. The first group was limited to three participants. Of these three, two people recorded improved objective measurements after the course of exercises, and one had deteriorated in that time.

Planned improvements for the Gait and Balance Program include the purchase of a video camera to allow more detailed gait analysis, and an opportunity for direct comparison of gait patterns at review appointments. This may improve patient compliance as the patient can be provided direct visual feedback of any areas of concern - gait deficits or abnormalities - and have explanations and education provided.

Feedback from a recent survey is positive, and results indicate that most of the survey respondents have changed some aspect of their environment or lifestyle since attending the Gait and Balance Programme.

85% of the respondents feel they are in more control of their ability to reduce their risk of having a fall.

65% of respondents felt that falls are preventable.

received significant levels of feedback regarding how people had been benefiting from the increase in their activity levels.

All competitors that had both pre and post challenge health checks had their hip and waist measurements recorded.



Fishers IGA preparing for the Walking Challenge

The Community Walking Challenge teams walked for a total of 3765 hours and 6 minutes - 156 days, 21 hours and 6 minutes. The SRH Team Challenge participants competed in differently weighted activities for a total of 2241 hours and 34 minutes - 93 days, 9 hours and 34 minutes of activity.

The Community Walking Challenge participants lost a combined total of 438.4 cm off their hips and waists. The SRH Team Challenge lost a total of 150.4 cm off their hips and waists. In total, the competitors lost nearly 6 metres off their combined waist and hips - a terrific effort!

Hospital staff members working up to the challenge



The SRH Allied Health team worked hard to develop and coordinate the challenge with highly successful results. The Challenges will become an annual event in our Health Promotion calendar.

The Winners



Bushwalking Club Team



Stawell Quilters Team



Peter Steggall, Chief Physiotherapist and Dietitian, Amy Ellemor checking the total amount lost with a tape measure

Strengthening Rural Communities

A Commonwealth Regional Health Services Programme

In 2002, following community consultations and development of a programme proposal, Stawell Regional Health, Northern Grampians Shire Council, Grampians Community Health Centre and Budja Budja Co-Operative, were successful in receiving funding from the Commonwealth Government for three years to develop health services for smaller rural communities. The "Strengthening Rural Communities" Programme specifically identified Marnoo, Landsborough, Navarre, Great Western, Halls Gap and Glenorchy as key target communities.

The key objectives of the programme are:

- To improve the health and wellbeing of rural people
- Improve access to quality primary health care
- Assist in the recruitment and retention of health professionals in rural areas
- Enable flexible service delivery
- Assist service viability

During the past two years, the programme has progressively developed and now provides a broad range of services to the outlying communities. The services include:

- Family & Relationship Counselling
- Community Health Nursing
- Physiotherapy
- Podiatry
- Speech Pathology
- Diabetes Education
- Dietetics
- Occupational Therapy

Services are delivered from a variety of sites, depending on the community. Budja Budja Co-Operative in Halls Gap have provided their venue for the benefit of all members of the community.

Local halls, recreation reserves, post offices and homes are utilised in the communities of Glenorchy, Marnoo, Landsborough and Navarre.

Regular Health Promotion events incorporating guest speakers and free health checks are conducted by the outreach team. These events are often held in the local hotel to capture the wider audience that may not attend specific services.

There is strong evidence gathered through surveys that the people in these communities are accessing Primary Health Care services which they would have foregone prior to a local service being available. In many cases, contact with health care professionals at the outreach sites has been the first time many have accessed services - even commonly accepted services such as physiotherapy.

The team have identified people with significant, and in some cases, urgent health conditions that required prompt medical attention. In many cases, these people had not interacted with any health professionals for some time, and their conditions may have gone undetected with disastrous results.

'I consider we are fortunate to have the services in our area and hope it can be ongoing as I do not drive and depend on other good people to attend services at Stawell. Thank you for your support'
[Podiatry Service - Landsborough]

'Personally for me, the service is ideal. I only see the physio once a month and I have no problems getting an appointment as they are made a month ahead.'
[Physiotherapy Service - Marnoo]

Meeting the needs of our Indigenous community

There are a total of 932 residents who identify themselves as being of aboriginal or Torres Strait Islander origin in Stawell and its surrounding areas. There are approximately 70 indigenous people living in the Halls Gap/Pomonal area who are members of the Budja Budja Cooperative.

Many of the people in Halls Gap have difficulty accessing quality care owing to physical isolation and lack of transportation. Stawell Regional Health has been delivering the following services from the Budja Budja Cooperative in Halls Gap since January 2003 under the Commonwealth Regional Health Services program:

- Physiotherapy
- Speech Pathology
- Dietetics
- Family Counsellor (provided by Grampians Community Health Centre (GCHC))
- Community Health Nurse (provided by GCHC)
- Podiatry
- Occupational Therapy

A Diabetes Educator from Stawell Regional Health now attends at Budja Budja on a regular basis under the same program.

To enable equitable access, these services are provided at no charge to the community.

Stawell Regional Health conducted a 12 month trial of provision of a fortnightly General Practitioner service from Budja Budja in response to a need expressed by the community of Halls Gap. Unfortunately, the service was not supported by the community and was deemed not viable at the end of the trial period.

Members of the Budja Budja Co-Operative identified a need for a Koori Hospital Liaison Worker and requested our assistance in establishing a position. Unfortunately, despite several discussions with the relevant department of the Department of Human Services, we were advised that there was no funding available for such a position.

In September 2002, staff prepared the first Cultural Action Plan. This plan provides a framework for our organisation to meet the needs of the Indigenous community to enable easier access to services of Stawell Regional Health.

Part of this approach has been to educate staff via formal Cultural Awareness Training. A significant number of Primary Care staff and managers have completed the training, and more staff will undergo the Cultural Awareness Training in the 2004/2005 financial year.



Podiatrist Kathleen McClintock attending to client Mrs. Val Seear

Day Procedure Unit

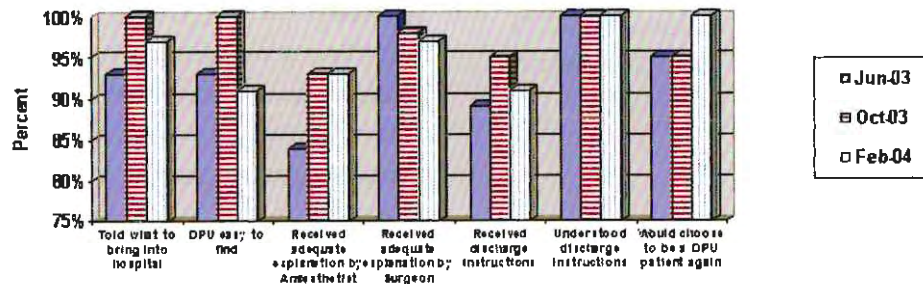
The Day Procedure Unit (DPU) continues to function at a high level of activity with an increase of approximately 500 day only admissions compared to the previous financial year.

Patients continue to exhibit a high level of satisfaction with the unit as demonstrated in customer satisfaction results.

Customer Satisfaction Surveys were first sent out to discharged DPU patients in June 2003, one month after the unit opened.

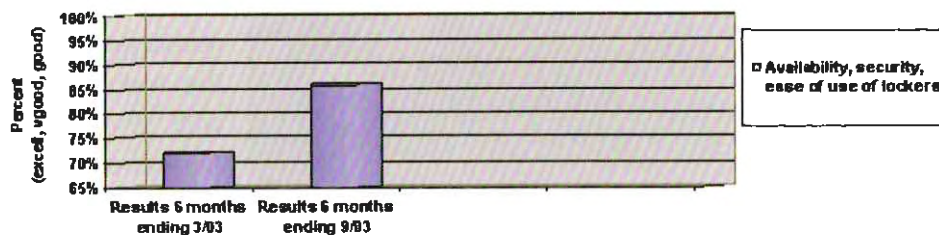
They are now sent out at regular six (6) monthly intervals.

The survey is multi-disciplinary and encompasses questions relating to the admission processes, information received both from the surgeon and the nursing staff, anaesthetic & pain management; and the discharge and follow up processes. Participation is voluntary. The following graph indicates satisfaction in a number of areas. Results are over the last year, June 2003 - February 2004.



Before the DPU opened, results from the Victorian Patient Satisfaction Monitor indicated that day patients were not happy with the availability of locker facilities in which they were to store their personal belongings.

Since the opening of the DPU, a 14% improvement has been noted by patients with the availability, security and ease of use of lockers. The following graph shows this.



24 Hour Phone Call Follow Up

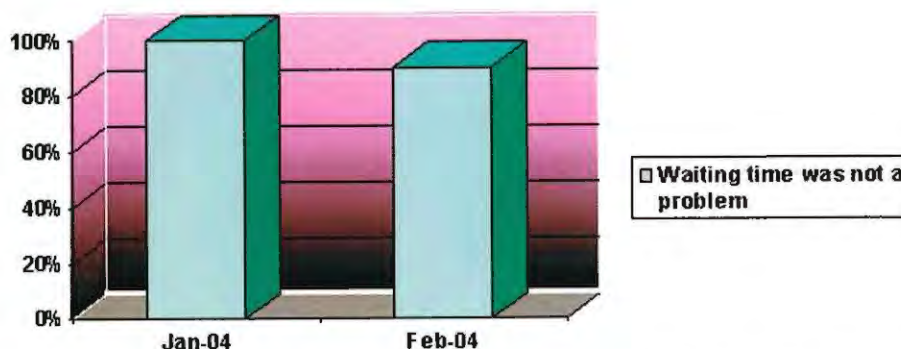
DPU patients are contacted by phone within 24 hours of discharge. The telephone follow up information is entered into the patient's history and commencing this year will be collated into a data base to facilitate benchmarking with like size hospitals. Patients continue to appreciate the phone call follow up, as indicated by this comment from the February 2004 Customer Satisfaction Survey.

"I have nothing but praise for Doctors and Staff and couldn't believe someone would ring the next day to see how I was. Well done Stawell Regional Health".

Current Area of Concern

A current area of concern from both DPU patients and staff alike is the waiting period between arrival to time of operation/procedure.

The aim is to further reduce this waiting period. Specific questions have been added to the Customer Satisfaction Survey from January this year, to collect this information. To date, more people 29.5% (February 2004 survey respondents) compared to 7% (January 2004 survey respondents) say they are waiting between 90-120 minutes to go to theatre from time of arrival into the DPU. However, only 7% (February 2004) believed this was a problem (3% stated not applicable).



Strategies to reduce waiting times include regular multidisciplinary communication involving the operating theatre, pre-admission clinic and day procedure unit to ensure all staff involved in the admission process have the same information. With the relocation to the new operating theatre we believe waiting times will be better managed.

Throughout the time period the data has been collected, the hospital has been undergoing a major redevelopment with associated noise and disruption to traffic flows. Every effort has been made to minimize the impact on patients and visitors. The Day Procedure Unit now opens directly into the newly opened operating theatre (as the following photos show), with significant improvements in access and privacy for our patients.



←
Entry from Operating Suite to new Day Procedure Unit

→
Entry from Day Procedure Unit to Operating Suite



John Bowen Oncology Unit

During the financial period 2003-2004 the John Bowen Oncology Unit has seen a significant increase in patients referred to the unit for chemotherapy. This increase is partly due to the continuation of weekly sessions and also due to the ability of the staff to manage more complex regimes for patients requiring aggressive treatment for advanced cancer. The visiting Oncologist Dr. George Kannourakis is in attendance every second week and can support the nursing staff when the complex regimes are administered.

To be aware of patient concerns our patients are surveyed through the Quality Improvement Program. The response to this year's questionnaire indicated our clients were concerned about:

- The size of the unit
- Waiting times
- The need for privacy areas if not feeling well



The growth in patient numbers has put a strain on the facility and staff to maintain our high standard of care:- including

- The need to find more space to cope with the increased number of patients.
 - Maintaining a safe nurse : patient ratio.
 - Ensuring the extra nursing staff required are trained to competently and safely administer cytotoxic therapy, and
 - Ensuring patient comfort and privacy is not compromised.
- Client satisfaction with the service is demonstrated by the following results:
 - 87% of those that responded to the survey rated the standard of nursing care received in the oncology room as excellent.
 - 100% felt their needs were met by staff working in the area.
 - 100% felt that following treatment when going home, they were given enough advice/medications to help them cope.

**Comment from Victorian Patient Satisfaction Monitor
- Results 6 months ending September 2003)**

Stable tables would be an asset in the chemo clinic - for serving food on'



Stable Tables have been ordered to alleviate this problem

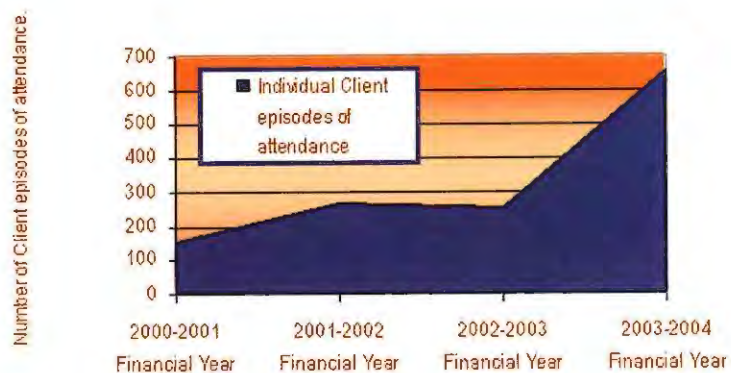
Stawell Regional Health recognises the importance of this service to the population of Stawell and district. In order to address these issues the hospital has:

- Developed a chemotherapy education program for Division One nurses currently employed at SRH. 9 Nurses attended chemotherapy module 1 run by Peter MacCallum Cancer Institute at Horsham in April this year. When these nurses have completed the required competencies to deliver cytotoxic therapy they will work alongside the specialist nurses within the unit.

For those Division 1 nurses that were unable to attend the Study Day in Horsham, in house education on chemotherapy will commence July 2004.

- Devised plans to upgrade the facilities at the beginning of the new financial year. As well as more space the plans include the privacy areas requested by our patients.
- In order to address waiting times the specialist staff from the unit view the patient list before treatment day and draw up a timeline to avoid a backlog of patients waiting for their treatment. Appointment times may have to be changed in order to achieve this.

Annual patient episodes of attendance over the last four years.



Macpherson Smith Nursing Home

The Macpherson Smith Nursing Home, an important service of Stawell Regional Health, is a 35 bed high care facility. The beds comprise 20 Frail Aged, 9 Dementia Specific and 6 Psycho geriatric. There are 8 shared twin rooms and 19 single rooms at the facility.



Jane Graversgaard, RN1 Nurse with Nursing Home resident Kitty Crump

On the 29th November 2003, the Macpherson Smith Nursing Home was granted 3 years Accreditation by the Aged Care Standards and Accreditation Agency. The nursing home has maintained its accreditation status since the introduction of the Commonwealth of Australia Aged Care Act in 1997. This was the second occasion the nursing home was found to be compliant with all the 44 required standards, it was also the second time no recommendations were received as a result of this survey. The organisations willingness to undertake and implement a wide variety of activities to improve the overall performance has enabled it to achieve this outcome.

Once again, the areas of Health and Personal Care and Resident's Lifestyle have been a key focus of the annual quality improvement plan. The following list of equipment that has been purchased or activities that have been undertaken/implemented improved the overall performance in these two areas.

- The purchase and implementation of an aged care specific computer program, which incorporates all resident data including care planning and assessment forms
- The purchase of 3 new electric beds has resulted in high/low electric beds for all residents throughout the facility.
- The purchase and implementation of a two way radio communication system. This system allows quicker response times between staff to assist with resident's transfers, personal care or emergency issues.
- The implementation of an Allied Health (AH) Admission Referral Form. This ensures appropriate and timely reviews by other services including Occupational Therapy, Podiatry, Physiotherapy, Dietitian and Speech Pathology.
- Increased liaison from Ballarat Health Psychiatric Services from an 'as required' service, to regular fortnightly visits. This improves individual assessment, treatment and review of any resident's psychiatric and dementia related behavioral issues.

- The construction of a hairdressing room. This has allowed an off site hairdresser to offer a weekly hairdressing service to all residents, in a purpose built facility.
- The construction and implementation of a new Activities Action Plan. This has resulted in improved choice and additional activities for residents at the facility. Additional activities include:
 - Monthly Library visits
 - Fortnightly Men's Group, and
 - Fortnightly Bingo Sessions.
- The development of a steering committee to undertake a complete review of all staff roster practices and care provision needs of the nursing home, residents. As a result of this review a number of recommendations have been actioned.

These are:

- The recent employment of Laundry/Hygiene Assistant, who will be available 7 days per week. This has allowed nursing staff to undertake nursing duties only, enabling additional time for nursing staff to devote to individual personal care needs of residents.

- Roster changes have reduced the amount of double staff time between the morning and afternoon shifts allowing the facility to employ additional nursing hours between 4:30pm and 8:30 pm. every afternoon.
- Provide basic computer training for all nursing home staff, commenced June 2004.
- Conduct education for all nursing staff in the area of resident documentation will commence later this year.

Results from the annual Resident/Relative Satisfaction Survey (November 2003) demonstrated increased satisfaction in a number of areas.

These were:

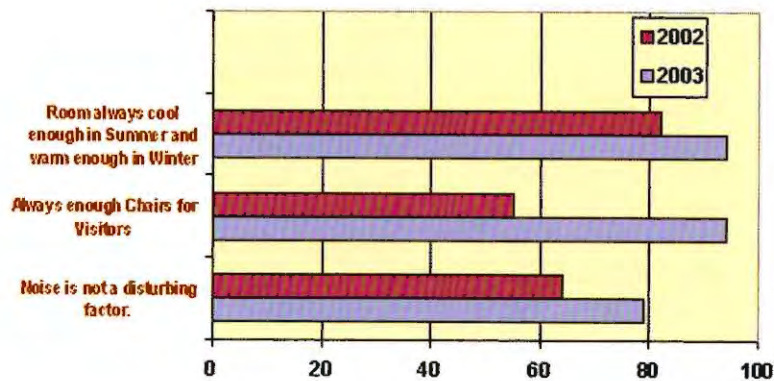
- Noise produced by TV's/Radios.
- Seating for Visitors
- Cooling/Heating in the nursing home building.

The increased areas of satisfaction are directly due to improvements made as part of the nursing home redevelopment.



New residents lounge at Macpherson Smith Nursing Home

This graph shows the improvement in satisfaction from 2002 results compared to 2003.



Areas from the Satisfaction Survey that were identified as needing improvement were:

- Residents choice of meals
- Availability of Resident Recreational Activities.
- Development/updating Resident's Care Plan and

- Awareness of the Suggestion, Complaints, Compliments Process.

These issues were highlighted at the February 2004 Resident/Relatives meeting.



Suzy McQueen, Ward Clerk speaking with Jean Nicol, a resident of the Macpherson Smith Nursing Home

Veteran's Affairs

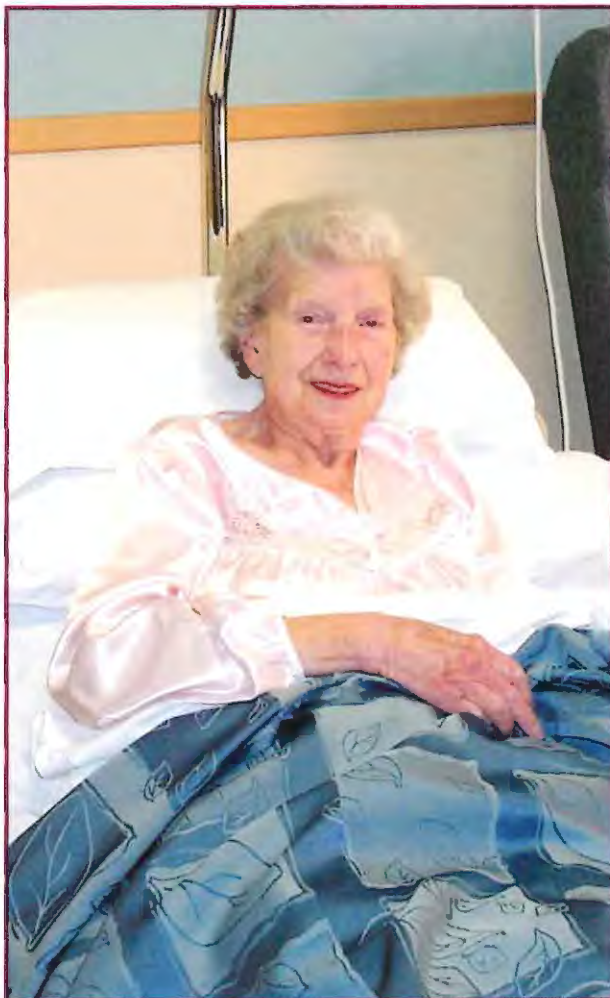
One hundred and twenty-nine (129) Department of Veteran Affairs (DVA) patients were admitted to Stawell Regional Health during the past financial year.

All of these patients were entitled to a visit from the Stawell Retired Servicemen's League (RSL) branch representative. Please inform hospital staff at the time of your admission, if you are entitled to and would like, a visit during your hospital stay from a Stawell Sub Branch representative.

The Stawell RSL provides its members with a number of welfare services during their hospital stay.

- The services are -

- **External bill paying**
- **Domestic Requirements**
- **Assistance to Spouses**
- **Updating of any pensions /entitlements**
- **Friendly familiar face for a hospital visit**



If you are admitted to SRH as a Veteran's Affairs patient, you are entitled to a number of complementary services. These are listed in the Veteran's Affairs, Patient Information Brochure. Patients are complimentary of these services, as this comment from a satisfaction survey indicated:

"Special diet for Veteran's was very surprising and appreciated."

DVA patient, Mrs.
Jean Dall

Spiritual Care

On admission to hospital, patients can nominate their religion and elect to be visited by a church representative of their choice, during their hospital stay.

Spiritual needs are catered for by ministers of many denominations who visit on a regular basis.

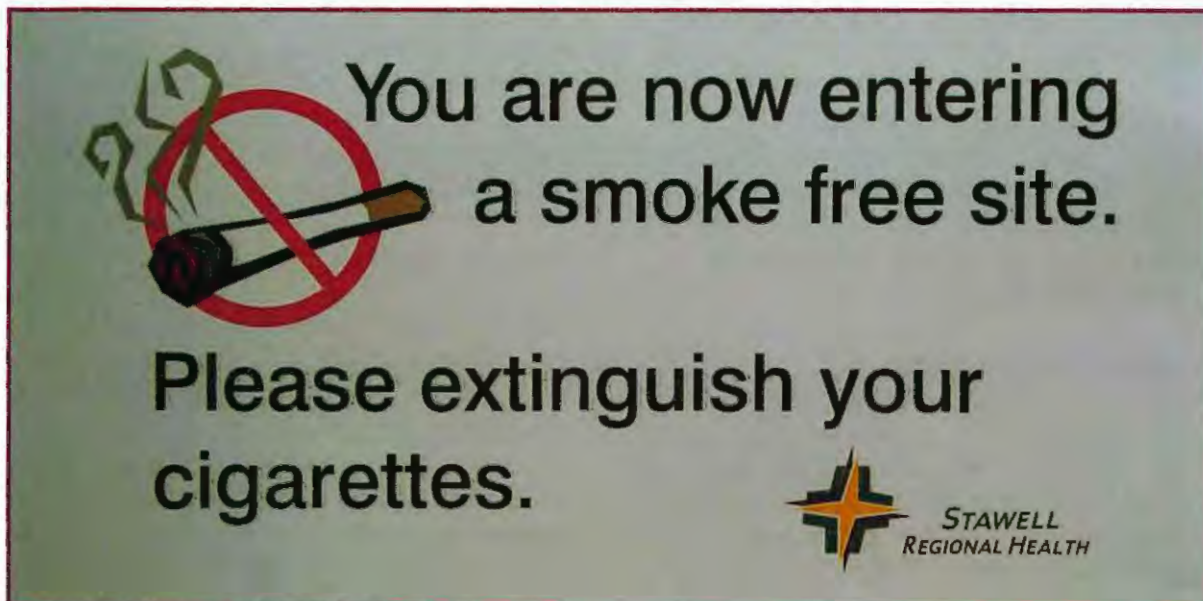
Patients and relatives of patients are encouraged to make the patient's spiritual

needs known to nursing staff. Nursing staff can respond by helping to organize a visit by a church member at an appropriate time, and if necessary outside the church members regular visiting times.

Once the third stage of the hospital redevelopment is completed a multi denominational chapel will be on site for all patients, visitors and staff to use.



Smoke Free Workplace Policy



Stawell Regional Health is working towards having a healthy smoke free environment for all staff, patients and visitors by introducing a Smoke Free Policy.

Smoking is recognized as one of the main avoidable health hazards in modern society. As a health service we have an obligation to provide a safe environment for all staff, patients and visitors. To protect all hospital users from the dangers of environmental tobacco smoke the hospital will become a Smoke Free site from 1st August 2004.

The gradual move toward a Smoke Free Workplace policy has been taking place over a number of years, the introduction of this policy is another step along the way.

Smoking from August 1st 2004 will not be permitted in any Stawell Regional Health buildings and grounds. Staff or visitors wishing to smoke will have to leave the grounds of any Stawell Regional Health site to do so. Patients and residents with written approval from their treating doctor may continue to smoke in the designated smoking

areas provided. Patients who require supervision while smoking will need to be accompanied by a relative or friend.

Designated smoking areas for patients are:

Simpson Wing
Outside Lounge Room No: 2
Nursing Home
Verandah area at end of East Wing
Day Centre
Entrance on Nursing Home side

Hospital management are helping staff who want to give up smoking by providing them with nicotine patches and Quit counselling.

The general public will be informed about the Smoke Free Policy through articles in the local paper and information brochures distributed to local doctors. Signs reminding smokers that Stawell Regional Health is a Smoke Free site will be placed at the front entrances to the grounds and in the car parks.

Performance Indicators

Stawell Regional Health aims to increase service provision in a financially sustainable manner and utilizes several key result areas to monitor performance. These key result areas include:

Operating performance - achieving activity targets and a surplus from operations

Liquidity - maintaining sufficient current assets to meet commitments as they fall due.

Asset Management - ensuring that sufficient levels of investment are undertaken to maintain the asset base

Operating Performance

Stawell Regional Health (excluding the Stawell District Hospital Foundation) achieved a \$30k surplus prior to depreciation and capital income for the current financial year compared to a \$273k deficit in the prior year.

Services within the Acute Division exceeded funded targets and were in line with targets in Primary and Aged Care Divisions.

Revenues supported by the Health Services agreement increased by \$1.403m including increased government funding of \$1.04m and \$393k increase in Patient Fees resulting from increased availability of beds in both the Acute and Aged Care Divisions.

The increase in grants revenue funded increased costs in the following areas:

- Award increases of 3% across all staffing classifications
- Increased staffing levels in Aged Care associated with the additional 5 beds opened in the Macpherson Smith Nursing Home
- Increased staffing levels in the Acute Division due to the reopening of the new Acute Award which had been operating at 75% of capacity during the redevelopment
- Increased Staffing in Primary Health with the recruitment of a full time Dietician

- Increased Pharmacy supplies used to expand the Oncology service with treatment number rising by 485 admissions or 220%.
- The overall operating surplus of \$3.143M is attributable to the Capital Grants received for the Acute redevelopment and the generous support of the community with donations of \$353k being received.

Financial Position

The Health Services (excluding the Foundation) financial position stabilized over the past 12 months with the current asset ratio increasing from 1.23 to 1.41 over the financial year (ie the Health Service has \$1.41 of current assets for every dollar of current liabilities)

The Health Service has capital commitments of \$1.040M to fund in first half of the 2004/2005 financial year which will decrease the current asset ratio to a forecasted level of 1.00.

The Health Service had their Land & Buildings revalued as at June 30th 2004 (the last full revaluation was June 30th 1999). This resulted in a \$1.361M increase in the value of fixed asset base.

Investments in fixed assets over the past 12 months was \$3.6M which included \$3.25M associated with the Acute redevelopment.

Overall the Health Service continues to remain in a financially viable position which combined with the efficiencies and additional revenues now being gained from the nearly completed acute redevelopment and completed aged care projects will ensure that the financial health of the organization will continue to be strong into the foreseeable future.

Performance Indicators

CASEMIX DATA

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total Weighted Inlier Equivalent Separations	2,176	2,274	2,063	1,817	2,171
Average Inlier Equivalent DRG Weight	0.8012	0.7908	0.735	0.725	0.702
Cost per DRG Weighted Admitted Patient	\$ 2,624	\$ 2,969	2,999	3,296	3,465

REVENUE INDICATORS

Average Collection Days

	2000/2001	2001/2002	2002/2003	2003/2004
Private	47	28	78	54
TAC	49	125	--	--
VWA	148	--	59	147
Other Compensable	--	--	--	--
Nursing Home	37	32	40	0

DEBTORS OUTSTANDING AS AT JUNE 30, 2004

	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 30/6/2004	Total 30/6/2003
Private	21,581	11,739	12,672	1,148	47,140	38,410
TAC	--	--	--	--	--	3,713
VWA	7,252	1,128	567	3,541	12,488	6,965
NHT	1,153	--	--	--	1,153	7,648
Nursing Home	0	0	0	0	0	39,017

COMPARATIVE FINANCIAL RESULTS FOR THE PAST FIVE FINANCIAL YEARS

	1999/2000 \$000	2000/2001 \$000	2001/2002 \$000	2003/2004 \$000
Total Expenses	10,221	12,051	12,926	14,333
Total Revenue	10,459	12,168	14,405	17,550
Operating Surplus	238	117	1,479	3,217
Retained Surplus	9,760	9,877	2,093	6,326
Total Assets	12,951	13,805	14,884	18,982
Total Liabilities	2,259	2,996	3,001	3,178
Net Assets	10,692	10,809	11,883	15,804
Total Equity	10,692	10,809	11,883	15,804

ACTIVITY

Admitted Patient	Acute	Mental Health	Aged	Other	Total 2003/2004
Separations					
Same Day	1,689	--	--	--	1,689
Multi Day	1,404	--	21	--	1,425
Total Separations	3,093	--	21	--	3,114
Public Separations	2,681	--	21	--	2,702
Total WIES	2,171	--	--	--	
Separations per Available Bed	.24	--	.002	--	
Total Bed Days	8,477	--	12,729	--	

Non Admitted Patient	Acute	Mental Health	Aged	Other	Total 2003/2004
Emergency Medicine-Attendances	4,539	--	--	--	4,539
Outpatient Services – occasions of services	--	--	--	15,600	15,600
Other Services – occasions of services	--	--	18,156	--	18,156
Total occasions of service	4,539	--	18,156	15,600	38,295

Stawell Regional Health Financial Analysis of Operating Revenues and Expenses for the Year Ended 30 June 2004

	Total	Total	Consolidated	Consolidated
	2003/04	2002/03	2003/04	2002/03
	\$'000	\$'000	\$'000	\$'000
REVENUES				
Services supported by Health Service Agreement				
Government Grants	10,098	9,058	10,098	9,058
Indirect Contributions by Human Services	214	125	214	125
Non-Cash Revenue from Services Provided	(23)	128	(23)	128
Patient Fees	2,120	1,727	2,120	1,727
Other Revenue	173	141	173	141
	12,582	11,179	12,582	11,179
Services Supported by Hospital & Community Initiatives				
Business Units	658	657	658	657
Interest	117	127	173	177
Property Income	74	71	74	71
Other Revenue	95	129	105	129
	944	984	1,010	1,034
TOTAL REVENUE	13,526	12,163	13,592	12,213
EXPENSES				
Services supported by Health Service Agreement				
Employee Entitlements	8,025	7,469	8,025	7,469
Fee for Service Medical Officers	913	914	913	914
Supplies and Consumables	1,724	1,243	1,724	1,243
Borrowing Costs	--	--	--	--
Other Expenses	1,859	1,771	1,861	1,771
	12,521	11,397	12,523	11,397
Services Supported by Hospital & Community Initiatives				
Employee Entitlements	501	687	501	687
Supplies and Consumables	248	242	248	242
Other Expenses	226	110	226	110
	975	1,039	975	1,039
TOTAL EXPENDITURE	13,496	12,436	13,498	12,436
Surplus/(Deficit) for the Year before Capital Purpose Income, Depreciation, Amortisation, and Specific Revenues and Expenses	30	(273)	94	(223)
Capital Purpose Income	3,388	2,986	3,388	2,986
Capital Donations/Bequests	353	336	363	337
Proceeds From Sale of Non Current Assets	206	236	206	236
Written Down Value of Assets Disposed	(171)	(1,321)	(171)	(1,321)
Depreciation & Amortisation	(663)	(664)	(663)	(664)
Specific Revenues & Expenses (1)	--	(322)	--	(322)
Surplus/(Deficit) for the Year Before	3,143	978	3,217	1,029
Extraordinary Items				
Extraordinary Items				
Net Surplus (Deficit)	3,143	978	3,217	1,029

Pecuniary Interests

Members of the Board of Governance are required under the Hospital By-Laws to declare their pecuniary interest in any matter that may be discussed by the Board or Board Sub-Committees.

Freedom of Information

There were ten (10) requests under the Freedom of Information Act 1982 regulations and access to information was granted in all instances.

Freedom of Information requests should be in writing and addressed to the Chief Executive, Stawell Regional Health, Sloane Street, Stawell Victoria 3380.

Publications

A review is regularly undertaken to update information in publications such as, the Patient Information Brochure. The Annual/Quality Care Report is presented each year at Stawell Regional Health's annual meeting.

Whistleblowers Protection Act

The Whistleblowers Protection Act 2001 came into effect on January 1, 2002. The Act is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector and to provide a framework for the investigation of these matters.

The Protected Disclosure Co-Ordinator for Stawell Regional Health is Liz McCourt. She has the central clearinghouse role for managing disclosures: Tel: 5358 8506
email: lmccourt@srh.org.au

Disclosures of improper conduct by Stawell Regional Health or its employees may be made to:

- The Protected Disclosure Officer, Meg Blake, Tel: 5358 8513
email: mblake@srh.org.au
Stawell Regional Health, Sloane Street, Stawell 3380
or
- The Ombudsman Victoria
Level 22,
459 Collins Street, Melbourne 2000
Tel: 9613 6222 Toll free: 1800 806 314

No disclosures under the Act were received during 2003/2004.

Hospital Fees

The Hospital charges fees in accordance with the Department of Human Services Victoria directives.

Consultants Engaged and Their Cost

Five (5) separate Consultants : total cost \$117,795

Public Authorities Equal Employment Opportunity Act 1990

Stawell Regional Health has an ongoing commitment to eliminate discrimination and inefficient work practices, and to promote Equal Employment Opportunities in its workplace, in accordance with the Public Authorities (Equal Employment Opportunity) Act of 1990. Responsibility for the Equal Employment Opportunity programmes has been conferred upon the Pay Officer.

Staffing Profile

A total of 226 persons were employed by Stawell Regional Health : full time 60; part time 112; casual 54

Ward Clerks, June Fewster and Kristine Austin



The production of a Quality of Care Report is now an annual reporting requirement, initiated by the Department of Human Services. The management and staff of Stawell Regional Health want to make this report interesting and useful for our valued community.

Suggestions of what to include in the next report can be forwarded to:

Quality Manager
Stawell Regional Health
Sloane Street
Stawell Vic 3380

The Quality Improvement Department can also be contacted on 5358 8576 or via email at info@srh.org.au

We value your comments.

Acknowledgements

Compiled by Lynette Healy with assistance from Jane Kibble and numerous staff members
Designers Lynette Healy & Doug Harvey
Photography Chris Shorten and various sources
Financial Tables Mark Knights, Finance Manager

Thank You

to everyone for their assistance and involvement in the production of this report

Front Cover

Niall McConchie, ENT Specialist

Chairman of Trustees of the Macpherson Smith Trust, Darvell Hutchinson with Board of Governance

President, Joan Brilliant and Darren Clark, Nursing Home Nursing Unit Manager, at the renaming of the Helen Schutt Nursing Home to the Macpherson Smith Nursing Home

Eileen Bowen receiving her Volunteers Award from Health Minister, Bronwyn Pike

The Five top Chef's who put on a fundraising gourmet dinner for the Stawell Hospital - Guy Grossi, Teage Ezard, Luke Mangan, John Lepp and Michael Kelly

Operating Suite procedure

Opposite Page

Entrance to Stawell Regional Health Hospital Campus

Location



Stawell Regional Health

Incorporating Stawell Hospital,
Macpherson Smith Nursing Home
& the J&M Bennett Day Centre

Sloane Street,
Stawell, Victoria 3380

Phone - (03) 5358 2255

Fax - (03) 5358 3553

Email - info@srh.org.au

Web - www.srh.org.au