



STAWELL
REGIONAL HEALTH



Caring for our Community

**Annual Quality of
Care Report 2005**

Our Mission

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

*The following list of **Values** and accompanying behaviours form the basic set of beliefs under which Stawell Regional Health operates:*

Effectiveness

- *Displays attention to detail when carrying out their role*
- *Plans work practice and is outcome focused*
- *Uses problem solving strategies to achieve maximum results*
- *Performs their role to ensure appropriate service delivery*

Openness

- *Shares information and ideas readily*
- *Values new ideas and innovation*
- *Applies new ideas and embraces change when appropriate*
- *Ensures patients, families and staff have access to appropriate services*

Integrity

- *Respects the unique nature of each person to assure dignity for all is maintained*
- *Displays attributes of truth and honesty*
- *Ensures confidentiality and privacy is assured at all times*
- *Exhibits reliability and punctuality at work*

Premium Healthcare

- *Provides services that are patient centred*
- *Displays commitment to continuous quality improvement*
- *Uses the theory of evidence based practice to ensure best possible outcomes*
- *Demonstrates Best Practice through clinical excellence and professional conduct*
- *Commits to continuity of care as a preferred strategy*

Accountability

- *Provides services that are patient centred*
- *Displays commitment to continuous quality improvement*
- *Uses the theory of evidence based practice to ensure best possible outcomes*
- *Demonstrates Best Practice through clinical excellence and professional conduct*
- *Commits to the integration of best technology, systems and processes to manage and record relevant methods of work*

Flexibility

- *Willing to participate in new initiatives*
- *Contributes ideas when setting new directions*
- *Strives for best outcomes for all stakeholders and the Stawell Community*
- *Displays a willingness to consider others goals and priorities when making decisions*

Highlights 2004/2005

Redeveloped Stawell Hospital, Stages 1 and 2, costing \$7.8m, officially opened by Minister for Health, The Honourable Bronwyn Pike on Friday May 27, 2005.

New Strategic Plan adopted November 2004

New female **GP Obstetrician** recruited to the Stawell community

Twenty-four staff successfully completed **vocational training**

Scope of Stawell **"Health and Community Precinct"** finalised by Stawell community and Department of Human Services

A range of **new medical equipment** purchased costing \$228,000

State Government announce \$400,000 grant towards **Stage 3 redevelopment** of Stawell Hospital

Full Accreditation maintained with the Australian Council on Healthcare Standards and the Aged Care Standards and Accreditation Agency



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Quality of Care

Board of Governance Report

On behalf of the Board, it is our pleasure to present the combined Quality of Care/Annual Report for the year ended June 30, 2005. This is the third time the combined reports have been presented in this format. This year we consulted widely with individuals and community groups to assist us in determining the format and content of the Quality of Care report. Persons consulted included members of service clubs, special interest/focus groups and individuals who responded to specific advertisements in the local paper.

Introduction

The year under review was a year in which the fourteen (14) year plan for redevelopment of the Stawell hospital was finalised in December 2004. Board minutes indicate that the project was first identified as a priority in 1991 relating to the need to modernise and expand the operating theatre suite which had been built in 1967.

The catalyst for ensuring this project occurred was the funding announcement in the May 2001 State budget. Total funding provided by the Bracks Government for this project was \$6.9m which required an additional \$900,000 contribution from the local community to finance the total project cost of \$7.8m.

The benefits of this redevelopment have been immediate and well documented, however we will highlight a number which have been commented on by patients, staff and clinicians:

- A first class operating theatre and support facilities. The operating theatre itself being 3 times bigger than the previous theatre.
- Replacement of 4 bed wards with single or 2 bedrooms, each with their own ensuite which allow more efficient delivery of service.
- A purpose built 6 bed Day Surgery unit, through which almost 90% of our surgical procedures are now admitted.

- New birthing suite, including deep immersion bath, family sitting room and nursery.
- An efficiently designed Accident and Emergency Department.
- For the first time our Radiology Department has been purpose built with separate rooms for each modality.
- In summary, we are indeed fortunate to have new facilities that allow our staff to provide safe health care, an expanded range of services and most importantly, in a comfortable/inviting environment for our patients.

We wish to once again acknowledge the community fundraising, an essential element of this project. In February 2002, a community appeal was launched with a target of \$1m. Under the leadership of Dr. Andrew Cunningham, Appeal Chairman, a total of \$1.4m was pledged by December 2002. This total included \$300,000 from Tattersall's and \$100,000 from the Macpherson Smith Trust and significantly, \$1m from the Stawell community.

The official opening of the hospital redevelopment was undertaken by the Minister for Health, The Honourable Bronwyn Pike on Friday May 27, 2005, and attended by 350 local residents.

The Board is delighted that the final component of the Stawell hospital redevelopment has commenced and is scheduled to be completed by December 2005. This project costing \$712,000, with \$400,000 provided by the State Government, will see the establishment of : a staff education centre, medical library, staff facilities, new mortuary, quiet room and interconnecting walkway between the main hospital building and the allied health building.

Strategic Plan

In early 2004, 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. The outcome of this process was the adoption of a strategic plan in November 2004, supported by the Department of Human Services, that identified seven (7) strategic objectives for the health service, namely:

1. Improve health status of community
2. Workforce
3. Partnerships
4. Financial Management
5. Information Technology
6. Risk Management
7. Capital Planning

The Board regularly reviews the details in the plan and the progress in advancing the objectives.

Financial Management

The Board is delighted to report a trading surplus of \$100,000 (subject to audit) compared to a trading surplus of \$30,000 the previous year. Total revenue for the entity increased from \$13.5m to \$14.2m. (This figure excludes capital grants and donations.) The Board expresses its gratitude to all staff for ensuring costs continue to be contained without compromising patient care.

A particularly pleasing aspect of our financial viability is the ongoing support of our local community. In the current year we received a total of \$510,000 comprising \$266,000 for capital building appeal, \$199,000 in donations and bequests to the Foundation and \$45,000 in general fundraising.

A truly remarkable achievement that the community can be justly proud of.

Workforce

The recruitment and retention of Doctors, Nurses and Allied Health Staff to our community is the single greatest challenge for the health service to manage. This challenge is consistent with the majority of rural communities.

During the year we welcomed three new Doctors to our community – Neelima Reddy, Divya Sood and Nazira Carrim-Ganey. We trust each of these three Doctors find their time in Stawell rewarding and stimulating. We also wish to congratulate Dr. Peter Carter on completing his anaesthetic training at Bendigo hospital in November 2004. This twelve month training was undertaken with a significant degree of personal and family disruption and is greatly appreciated and acknowledged by the health service.

A highlight of the year was the Graduation Ceremony conducted on June 20, 2005, involving 24 staff members. The ceremony involved 19 staff members who had successfully completed Certificate III in Health Support Services and 5 staff who had successfully completed Certificate IV in Assessment and Workplace Training. The ceremony was attended by the Mayor Cr. Bryan Small, Mr. Joe Helper, Board Members and Staff of Stawell Regional Health.

During the year we farewelled a number of valued long serving staff members including Merrilyne Middleton, Tracey Pianta, Lynette Clayton, Valerie Kennedy, Lynette Willcock and Darren Clark. At the same time we welcomed a number of new staff including Enid Smith to the position of Deputy Director of Clinical Services and Greg Reeve to the position of Aged Care Manager, Macpherson Smith Nursing Home.

A most important initiative, implemented during the year in response to medical workforce shortages, was to alternate weekend procedural on call arrangements with East Grampians Health Service (Ararat Hospital). This arrangement ensures emergency surgical and obstetric services remain available to the sub-region 7 days per week, 24 hours per day. This arrangement commenced January 8, 2005 and in a recent questionnaire to





participants in this alternating weekend arrangement, 86% of respondents supported its continuation. It is important to note that the hospital not on call for procedural emergencies continues to have a GP available for emergencies and an accident and emergency department staffed by Registered Nurses at all times.

Capital Planning/Partnerships

In late 2004, in partnership with the Northern Grampians Shire Council, a feasibility study was undertaken into the establishment of a "Health and Community Services Precinct" in Stawell.

In April 2005, both the Council and the Board adopted this report, which indicated "high levels of support for an integrated health care treatment service, located close to the hospital and other related facilities. Included in this precinct could be general and specialist medical services, allied health, nursing services and private health care providers".

In June 2005, the Department of Human Services facilitated a strategy by which the Grampians Community Health Centre proposed "Stawell Community Activity Centre" and the precinct proposal were consolidated into one project. We look forward to working with the Northern Grampians Shire Council, Department of Human Services and Grampians Community Health Centre on advancing this project which has exciting possibilities for the community of Stawell and district.

The health service purchased important new medical equipment during the year including Endoscopy equipment \$130,000; Image Intensifier \$55,000 and Anaesthetic monitoring equipment \$43,500. This equipment was funded by a combination of State Government grants and fundraising.

Peter Martin : President



Michael Delahunty : Chief Executive

Board of Governance

The Board was delighted to welcome Cr. Karen Douglas to the Board in November 2004. Cr. Douglas is highly regarded in our community and has quickly made a valuable contribution to Board deliberations. In November 2004, I was elected Chairman of the Board and I look forward to undertaking that role to the benefit of the health service.

Acknowledgements

All involved with Stawell Regional Health acknowledge the ongoing support and encouragement we receive from many individuals, businesses, service clubs, auxiliaries, parliamentarians, trusts and volunteers. This support is highly valued and appreciated as it ensures we continue to provide a broad range of high quality health services with modern equipment and facilities.

In particular we wish to thank Mary Quinn and Vic Gordon from the Department of Human Services Ballarat Office, for their ongoing involvement with and support for this health service.

Future Outlook

With the finalisation of redevelopment of the Stawell Hospital and Macpherson Smith Nursing Home over the past few years providing modern, up to date facilities, we look forward to the future with optimism. The ongoing challenge will be the available workforce for the foreseeable future.

However, with the continued support of our local community, key stakeholders, staff and medical staff, we look forward to the continued development and growth of our health service.





Peter Martin
Retired School Principal



Kaye Harris
General Manager
Business &
Management



Neville Dunn
Branch Real Estate
Manager



Joan Brilliant
General Manager
Coach Tour Company



Dr. Norman Castle OAM
Medical Practitioner

Board Representation on Sub-Committees

	<i>Howard Cooper</i>	<i>Meg Blake</i>	<i>Joan Brilliant</i>	<i>Dr. Norman Castle</i>	<i>Cr. Karen Douglas</i>	<i>Neville Dunn</i>	<i>Kaye Harris</i>	<i>Peter Martin</i>	<i>Graeme McDonough</i>	<i>Gary Thomas</i>
Executive			*				*	*		
Quality Improvement				*	*			*	*	
Grampians Alliance			*				*	*		
Audit						*		*		*
Governance					*		*	*	*	
Project Control Group	*									*
Occ Health & Safety									*	
Risk Management								*		
Fundraising		*	*			*	*			
Foundation			*	*						



Howard Cooper
Primary Producer



Cr. Karen Douglas
Primary Producer



Gary Thomas
Managing Principal
Accounting Firm



Meg Blake
Fundraising/Public
Relations

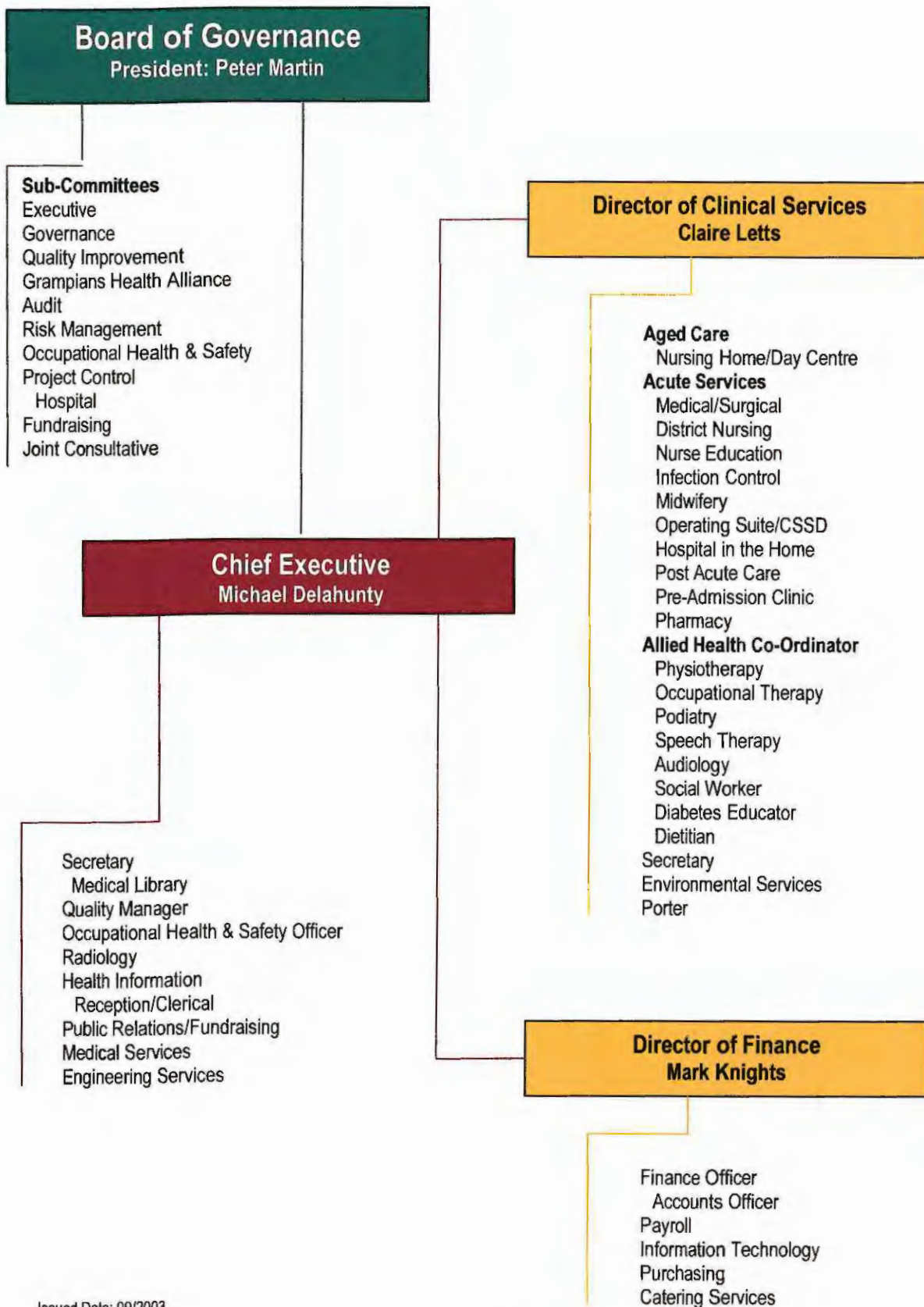


Graeme McDonough
Retired





Organisational Structure



Issued Date: 09/2003
Latest Revision: 10/08/2005





Clinical Governance

The Board of Governance is responsible for ensuring the health service is effectively and efficiently managed.

The system for doing this is by having both an effective financial and clinical governance framework.

Clinical Governance is a framework through which we seek to continuously improve the quality of our health care provided by creating an environment in which best practice in clinical care is achieved.

The Board's framework in Clinical Governance is multi-faceted with the pivotal committee overseeing the quality system being the "Quality Improvement Committee". This multi-disciplinary committee is chaired by the Board Chairman and comprises clinicians, nurses, allied health staff and executive staff. This committee monitors the quality of our services, reviews complaints, adverse events and is responsible for overseeing the organisation wide risk minimisation programme. This committee meets bi-monthly and reports to the full Board. The report includes recommendations identifying how clinical care can be further improved and risks minimised.

In addition the following processes are examples by which the Board ensures

good clinical governance practices are occurring at Stawell Regional Health:

- All new medical staff skills and qualifications are assessed by the Credentials Committee (comprising medical practitioners only and chaired by external Medical Director), prior to being considered for appointment by the Board.
- All nursing staff and allied health staff professional registrations are checked annually.
- All patient related incidents and medication errors are documented and acted upon by the appropriate committee.
- Patient and visitor feedback is encouraged with 'Suggestion, Complaint, Compliment' form freely available at reception centres throughout the health service.
- A broad range of audits are conducted regularly by external agencies including Australian Council on Health Care Standards and the Aged Care Standards and Accreditation Agency.

In conclusion, the Board of Stawell Regional Health strives to establish a culture that supports continuous quality improvement in the care provided by the health service. Its Clinical Governance framework provides leadership to that objective.



Staff Executive: Michael Delahunty, Chief Executive Officer; Liz McCourt, Allied Health Manager; Carolyn Gellert, Health Information Manager; Claire Letts, Director Clinical Services; Enid Smith, Deputy Director Clinical Services; Mark Knights, Director of Finance



Staff Long Service Awards

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

20 Years

Heather Buckingham
Sharon Douglas
Sandra Dunn
Jill Fiscalini
Kath Gibson
Elizabeth Meumann
Nicole Nicholson
Di Perry
Jan Sherwell

10 Years

Ann Bibby
Lynette Keller
Jane Kibble
Cheryl Moller
Leeanne Nuske
Lorraine Tiley

Life Governor Awards

Each year the Board of Governance presents Life Governorships to community members for their valued support to the health service and long serving staff members in excess of thirty years. This year the recipients represent the Ladies Auxiliary and Murray to Moyne Sprockets, two auxiliaries of the health service. Other recipients were significantly involved in the Capital Appeal Project.

Lorraine Rowe

John Bennett
Trevor Bonney
Frank Stokes

Jim Barham
Wally Bowers
Alex Carter
Bruce Howden
David Jones
Terry Monaghan



VALE

Marjorie Elva **Robson**
October 19, 2004 – aged 95 years
Life Governor

June Isobel **Price**
March 12, 2005
Life Governor

Murray **Spencer**
June 1, 2005
Former Board Member

Betty Isobel **Smith**
July 26, 2005
Former employee & Life Governor





Staff Skills and

Qualifications

Quality patient outcomes are clearly linked to the skills and competency of the staff caring for you.

As a patient, it is your right to have your care provided by health practitioners who have been appropriately trained, educated and assessed as being able to competently perform their role.

The medical, nursing and allied health staff are thoroughly assessed before commencing employment and must provide details of registration with their professional body. For example nurses must be registered with the Nurses Board of Victoria, Physiotherapists with the Physiotherapy Board of Victoria and Medical staff with the Medical Board of Victoria.

In addition medical staff undergo a process known as credentialing. This process involves reviewing their level of experience, training and recent exposure to the areas in which they wish to practice.

All new employees undergo our orientation program to familiarise them with important policies and procedures at Stawell Regional Health.

Our nursing staff complete a number of competencies which form an important component of safe practice. Some of these include

- Basic and Advanced Life Support
- Epidural Management
- Administering Cytotoxic medications
- IV Cannulation
- Management of Peripheral Intravenous Central Catheters (PICC) for District Nursing
- Drug calculation competency for new Graduate Nurses

Heather Thomas receiving her Graduation Certificate from Board of Governance President Peter Martin

Allied Health have also undertaken competencies in Blood Pressure monitoring which has enabled them to conduct some of the primary care programs.

We invest in our staff through the provision of paid study leave, support with tertiary courses and have a comprehensive in-house education program. This has been an important component of maintaining skills. This program has provided education on the following areas

- Palliative Care
- Stomal Therapy
- Wound Care Lactation
- Medication management
- Triage of patient presenting to the Emergency Department
- Management of Trauma
- Neonatal Emergency Transport (NETS)
- Indicators for referral of patients to Allied Health Services





Quality, Safety, Risk Management

"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 ongoing commitment to improving the quality of its services.

We do this through our Quality Improvement Program and maintaining Accreditation.

Twenty three departments submitted Quality Activity Plans for 2005. This includes plans from the Acute Hospital and Nursing Home, Infection Control and Occupational Health and Safety Management Plans. Examples of results from internal monitoring can be found throughout this report.

Accreditation

External monitoring of performance.

We are independently reviewed by a number of accrediting bodies. This is a requirement by the Victorian Government for all health services.



Director of Clinical Services, Claire Letts and Quality Manager, Sarah Warren accept the 'Highly Commendable Award' at the annual State Wide Quality of Care Report Presentations, on behalf of Stawell Regional Health from Health Minister Bronwyn Pike

The accreditation process enables us to compare ourselves against set standards, to identify areas for improvement. We are continually looking at how we do things to improve our standard of care.

We have achieved and maintained accreditation through:-

- Australian Council on Healthcare Standards (ACHS),
- Aged Care Standards and Accreditation Agency (ACSAA),
- Home and Community Care (HACC)
- Department of Veterans Affairs Review (DVA)

Our next Organisational Wide Survey under the ACHS, Evaluation Quality Improvement Program (EQuIP) is March 2006.

Every twelve months, through this program a review, assessment, survey or action plan is complete. We have reviewed suggestions from the Self Assessment Support Services Report received from the ACHS in May this year.

To achieve four year accreditation a Moderate Achievement (MA) rating is needed for nineteen mandatory criteria across five set functions.

Our next Aged Care Standards Accreditation Agency Survey is in October 2006. A report from the contact support visit on 9th March this year stated that, "The Agency was satisfied that the service complies with the Accreditation Standards".

Stawell Regional Health receives a Highly Commendable Award

Stawell Regional Health was presented with a Highly Commendable Award at the Annual State Wide Quality of Care Report Presentations to Victorian Health Services held in Melbourne on November 23, 2004 by Health Minister Bronwyn Pike.

The award was presented in "Recognition of health promotion initiatives that focus on community building and meeting community needs"

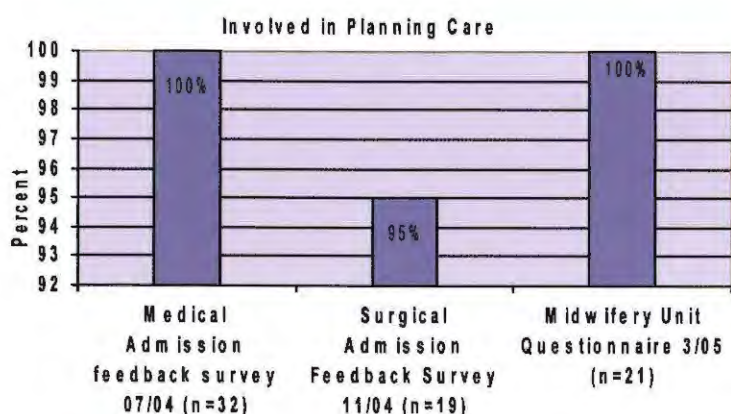
Some of these initiatives include the Community Walking Challenge, Strengthening Rural Communities, the Gait and Balance Program and Health Expos. Information on some of the initiatives can be found throughout the report.

Internal Monitoring of Performance

Feedback is achieved through a number of internal avenues, such as satisfaction surveys and the Suggestion, Complaint, Compliment process. Our performance is also measured through our Risk Management Program, clinical pathway variance analysis and hospital department audits.

We encourage patients to be proactive in their care and Figure 1 demonstrates that patients believe they are involved in planning their care during their hospital stay.

Figure 1



Victorian Patient Satisfaction Monitor (VPSM)

Our continued involvement in the Victorian Patient Satisfaction Monitor over the past three and a half years indicates we have maintained or improved our results against the Overall Care Index and six other Index Scores.

Table 1 highlights the scores from the last two waves (previous wave - six months ended March 2004, and latest score - six months ended September 2004) of results, the Hospital Category Average, the score range for (Category C) hospitals, significant changes since the last survey and previous high and low scores for our hospitals.

A new monitor involving all Victorian Public Hospitals commenced in April 2005, after a review of the process. Results will continue to be available on a six monthly basis. We again encourage all patients to be part of this worthwhile survey. A Refusal to Participate form along with a Participant Information Sheet and brochure is given to each patient at each hospital admission point of contact. Patients who stay overnight in a Victorian public hospital are eligible to participate. A number of exemptions apply.

Table 1
Summary of Key Indicators

Measure (0-100 Scale)	Hospital Score Previous Wave	Current Wave					
		Latest Score	Hospital Category Average	Score Range in Category	Significant Change since Last Survey	Previous High at this Hospital	Previous Low at this Hospital
Overall Care Index	82	82	80	74-84	No	82	79
Access and Admission Index	83	83	81	76-85	No	83	81
General Patient Information Index	83	85	83	77-86	No	84	81
Treatment and Related Information Index	81	81	79	73-84	No	83	80
Complaints Management Index	78	81	79	75-83	No	81	77
Physical Environment Index	82	81	78	69-83	No	82	74
Discharge and Follow up Index	80	80	78	74-81	No	80	76

(Data Source : TQA Research, VPSM Six months ended September 2004)



Suggestion, Complaint, Compliment Forms

Suggestion, Complaint, Compliment (SCC) Forms/envelopes and post boxes are available throughout the facility at five reception locations on the hospital site.

They are also available in the Bennett Centre for Community Activities, the Macpherson Smith Nursing Home and more recently the Day Procedure Unit waiting room.

Formal complaints and suggestions are reported to the bi monthly Quality Improvement Committee.

In 2004/05 a total of twenty two (22) formal complaints were received identifying:-

- Lack of parking
- Difficulty in obtaining Allied Health appointments
- Care and treatment provided by staff
- Lack of staff knowledge of equipment
- Staff rudeness
- Noise made by staff
- Lack of privacy, and
- Accessibility to services.

All formal complaints are responded to and issues addressed ideally in 30 days from the date of receiving the complaint.

Figure 2

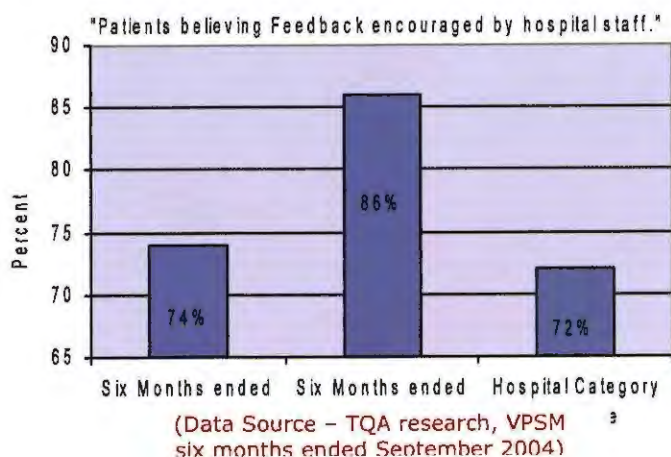


Figure 2 shows the percent of patients believing feedback is encouraged by hospital staff. Results are from the VPSM and compare results six months ended March 2004 and six months ended September 2004.

Figure 2 also indicates an increase of 12% over a one (1) year time frame, which coincides with the introduction of the SCC form in March 2004.

Compliments

Twenty five written compliments were received thanking staff for the care and treatment and service during their hospital stay. In addition to this many thankyou cards were received from patients, relatives, visitors and students on placement.

Suggestions

During 2004/05 six (6) suggestion forms were received.

The suggestions on these forms related to:-

- Outside lighting at the nursing home,
- Post operative care policy,
- Heat of afternoon sun through ward windows,
- Visibility of handover board,
- Lack of bathroom exhaust fans,
- Internal ward lighting and blinds,
- Outside patient smoking area facility, and
- Availability of the Eventide Homes (ETH) FM Station through the facility wide sound system.





A number of these issues have been addressed, most recently the installation of the ETH FM Station on 1st June. Two compliments have been recently received on this initiative.

We are currently loading data on the Health Complaints Information Program, which will allow us to produce trended data. We intend to review our current Suggestion, Complaint, Compliment process against the National Best Practice project "Turning Wrongs into Rights" Better Practice Guidelines and Indicators.

In Summary : since the introduction of the Suggestion, Complaint, Compliment form we have had a 200% increase in responses (compared to 2003-2004) which indicates the process is visible, accessible and staff are encouraging patient feedback.

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.

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.





Ensuring Correct Patient, Correct Site, Correct Procedure

All Victorian Health Services were required to implement this protocol as a Department of Human Services and Victorian Quality Council initiative by June 2005.

This procedure ensures that a five (5) step process is carried out to ensure that an intended surgical procedure is performed on the correct patient at the correct site and if applicable with the correct implant.

Since the introduction of this protocol at Stawell Regional Health the following have been achieved:

Communication

- Item on Risk Management Meeting agenda (October 2004)
- Item on Theatre/Infection Control Meeting agenda

Policy/Procedure

- Adoption of Correct patient, Correct site, Correct procedure

- Amendment to theatre forms to record actual "Time Out"

Education

- Protocol circulated to surgeons
- Laminated posters situated throughout operating theatre (Theatre, set up room, back of doors)

Implementation

- Introduction of "Time Out" procedure in February 2005.

Evaluation

- Registered as a Quality Improvement Project on organisation QI register (February 2005)
- Audit tool developed.
- Compliance audit due for completion by end of July 2005.

Outcome

Nil incidents with incorrect patient, site or procedure





Falls Monitoring and Prevention

Falls are a major cause of injury in our community, particularly among older people. However falls do not need to be accepted as a usual part of ageing, as fortunately they are preventable.

Falls are defined as 'a sudden unintentional change in position causing an individual to land at a lower level, on an object, the floor, the ground or other surfaces (Minimising the Risk of Falls and Falls - Related Injuries. Guidelines for Acute, Subacute and Residential Care Services (VQC SQHC).

Stawell Regional Health has in place a comprehensive Falls Prevention Program aimed at monitoring, assessing and preventing falls, both for inpatients, nursing home residents, and members of the community. Continuing review of the program has included review and use of the Victorian Quality Council's "Minimising the Risk of Falls and Fall-related Injuries" Guidelines, which provide best practice guidelines supported by research.

The program at Stawell Regional Health includes the following features:

- Systematic monitoring of falls.
- Revision of the Incident Report Form which will provide more detailed data surrounding falls in acute and residential care. This will enable improved tracking of trends in relation to falls and thus allow specifically targeted intervention strategies to be developed.
- Automatic implementation of falls prevention strategies for high risk inpatients, including referral to Allied Health, provision of hip protectors and non-slip socks for wearing in hospital and at home, and provision of an information pack for patients and their carers.
- Automatic assessment by physiotherapy and occupational

therapy for all inpatients admitted following a fall or screened as high falls risk, and involvement from dietetics, pharmacy and podiatry as required.

- Individual falls management plans for inpatients and residents. These plans may include:
 - Exercises for strength and balance
 - Changes to seating
 - Changes to diet
 - Use of pressure alarm mats beside beds to alert staff to the person getting up
 - Medication review
 - Changes to mobility aid
- The Gait & Balance Program is available to all members of the community, and provides screening to identify risk factors, and recommendations for intervention.

Overall in the Nursing Home there has been significant improvement in the number of 'falls' reported and a reduction of resultant injuries during 2004-05. The 2004-05 'falls' injury rate is 0.77 per 1000 bed days compared to 4.08 (2003-04) and 2.66 (2002-03).

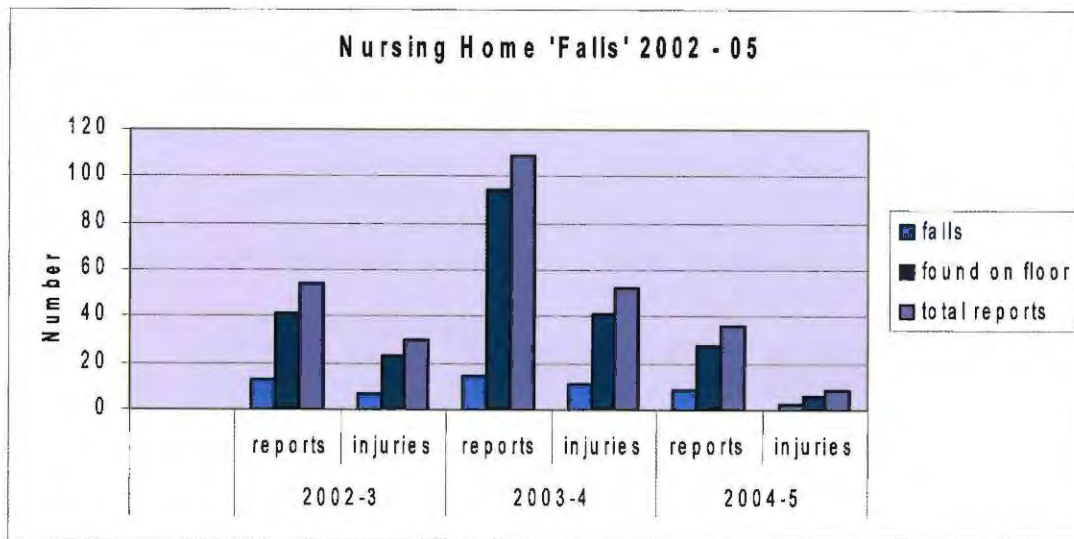
The majority of 'falls' at the nursing home are attributed to residents being found on the floor - a result of rolling out of bed or sliding down out of chairs, or as in the case of one resident who on three occasions was "just lying down having a rest".

In the majority of rolled-out-of-bed incidents, the beds were positioned on low setting, with floor sensor mats provided. Bed (mattress) sensor mats are in the process of being investigated for both the nursing home and acute ward.

Five fall incidents were attributed to residents collapsing/ falling while being assisted by staff, eg. toileting or getting dressed.



Figure 3

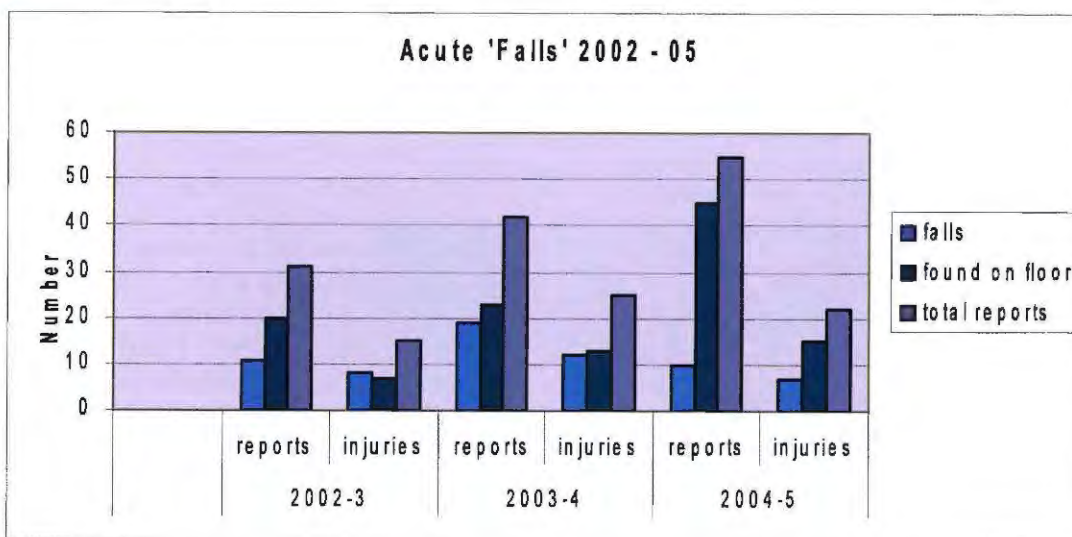


In the Acute setting there has been a reduction in the number of 'falls' reported but conversely an increase in the number of injuries sustained during 2004-05. The 2004-05 'falls' injury rate is 3.08 per 1000 bed days compared to 2.95 (2003-04) and 2.07 (2002-03).

All injuries from falls experienced during 2004-05 (both Nursing Home and Acute) were minor in severity ie. skin tears, lacerations, grazes, bruises.

The majority of falls in Acute (hospital) were attributed to patients attempting to go to/from the toilet(s) unassisted.

Figure 4



This shows that while a program aimed at monitoring and preventing falls can be effective, it also requires continual

evaluation of the data and trends to enable further review and improvement of the program.



hospital acquired infections

2004 Stawell Regional Health joined the Victorian Nosocomial Infection Surveillance system (VICNISS), which benchmarks health services infection rates on a state level. Different mandatory and non mandatory indicators are measured monthly. The reports we receive show the results for each quarter.

Table 2 shows results from the third quarter in 2004. (October-December 2004).

The aim is for Stawell Regional Health to achieve a lower score, or to have a higher compliance percent for a particular indicator, compared to the VICNISS combined average.

Table 2

Infection Control Indicators	Stawell Regional Health	VICNISS Combined Average of all participating hospitals.
Food stream infections Methicillin Resistant Staphylococcus Aureus (MRSA) Vancomycin Resistant Enterococcus(VRE)	0	12
Multi resistant organisms (Bug resistant to all or most types of antibiotics) Identified in infections	0	11
Deep incisional infections – Antibiotics given to prevent infections in the abdominal cavity.	0	18
Surgical Antibiotic Prophylaxis choice of antibiotics as per antibiotic guidelines according to the surgical procedure performed. correct time for administering an antibiotic before surgery, as per the guidelines.	73% compliance 71% compliance	50% compliance 37% compliance



Staff immunisation program

In November 2004, the Infection Control department took over the staff immunisation program from the Occupational Health and Medical Screening Service.

A review of the program identified that additional Immunisers would be required.

The Infection Control Practitioner and another registered nurse commenced the immunisation course in May this year.

The course is to be completed by the end of 2005.

In November 2004 45% of current employees had immunisation records. Currently 72% of employees have immunisation records, an improvement of 27%.





Medication Safety

Stawell Regional Health (SRH) collects information from Doctors, Nurses and Pharmacists about medication incidents in the hospital and the Nursing Home.

These reports are reviewed by the Nurse Unit Manager and the Director of Pharmacy as soon as possible after the incident has occurred. The Drug Incident Working Party (DIWP) provides further review of these incidents, as well acting on any further medication related matters. This group is multidisciplinary, meets three monthly and reports to the Pharmaceutical Advisory Committee.

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

Some of these changes are:

- A number of incidents highlighted the difficulty in reading hand written medication orders. As a result of this, computer generated

medication charts have been introduced into the Macpherson Smith Nursing Home and the Doctors now print all medication orders in capitals on Medication Charts in the hospital (Simpson Wing).

- The need for better medication references for nursing staff was identified, and as a result enough Australian Medicines Handbooks were purchased for nursing staff to have one each when they are on duty.
- Medication forums have been introduced for Simpson Ward, District Nurses and the Macpherson Smith Nursing Home where an open forum is held and nursing staff can ask any medication related questions of the Pharmacist.

Figures 7 and 8 highlight medication incidents by type and number, for the past three years.

Figure 7

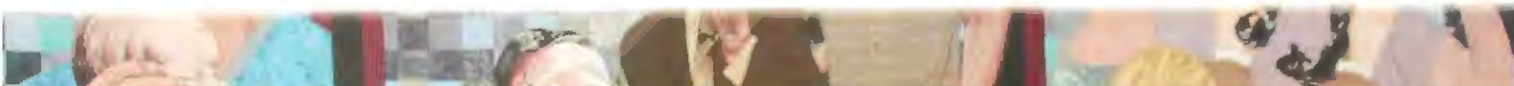
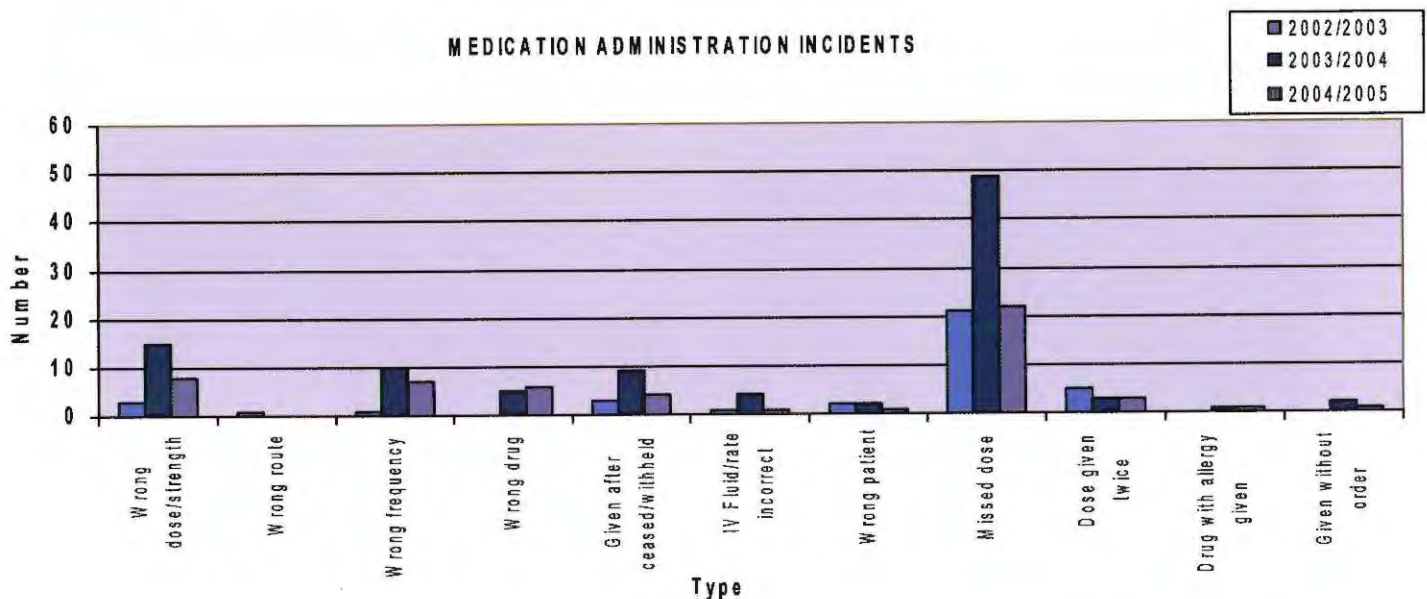
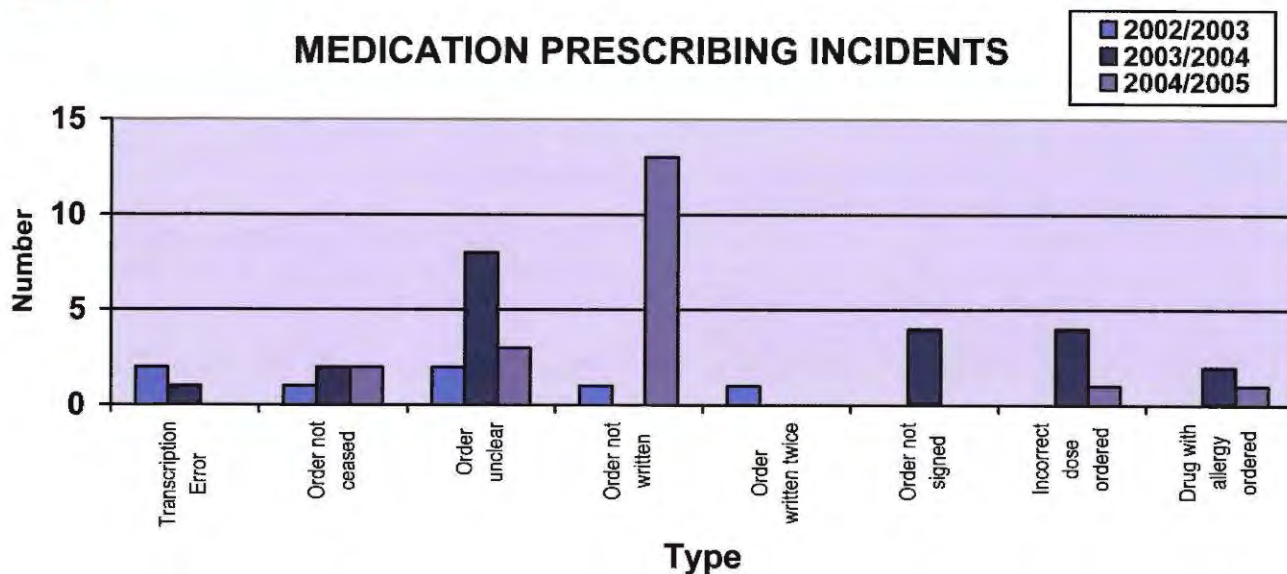
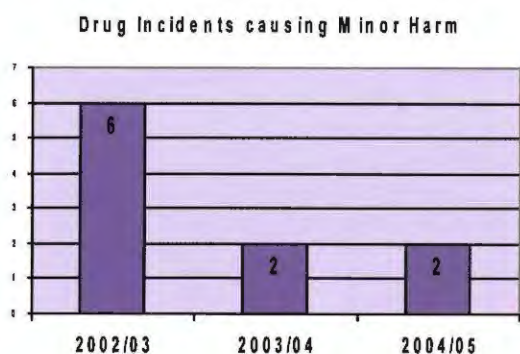


Figure 8



In 2004/05, 54 reports yielded 84 incidents. Of these incidents 2 (2.4%) caused harm to the patient (compared to 6 (12%) in 2002/03 and 2 (1.5%) in 2003/04). This is depicted in Figure 9.

Figure 9



Sue Boag, RN discussing patient medication with Pharmacist Belinda Lock

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

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.

The Australian Council for Safety and Quality in Health Care are overseeing a National Strategy for Medication Safety as Medication errors are recognised as a major cause of harm. They plan to introduce a standardised medication chart in 2006.



Pressure Ulcer Prevention

When patients are admitted to hospital they are at risk of developing pressure areas. This can sometimes lead to an increased length of stay or the need for additional care which not only impacts on the patient, but also on costs. Pressure areas are defined as damage to the skin usually as the result of constant pressure or friction.

Staff are educated on accurate assessment of pressure areas and all patients are monitored and assessed for risk during their care.

In 2003 the Department of Human Services as part of a wider national pressure ulcer prevention program commenced a statewide project, 'Pressure Ulcer Point Prevalence Survey' (PUPPS). All hospitals were required to conduct a snapshot of how many pressure areas that patients had on a specific day. This information was then used to determine how many pressure areas were present in our hospital and the information was then used to compare hospitals and see what the average occurrence was across all hospitals in the state.

Following the 2003 survey results, specific funding was allocated to health services in 2004 specifically for purchasing improved quality of mattresses for acute care beds. Our hospital has purchased mattresses and wedges which assist in positioning patients correctly.

Three (3) in-service education sessions on pressure risk screening have also been conducted for staff in 2005.

Patient information sheets have also been provided which inform patients or carers on how to prevent pressure areas. This included messages to Move, Move, Move, care of the skin and information on good nutrition.

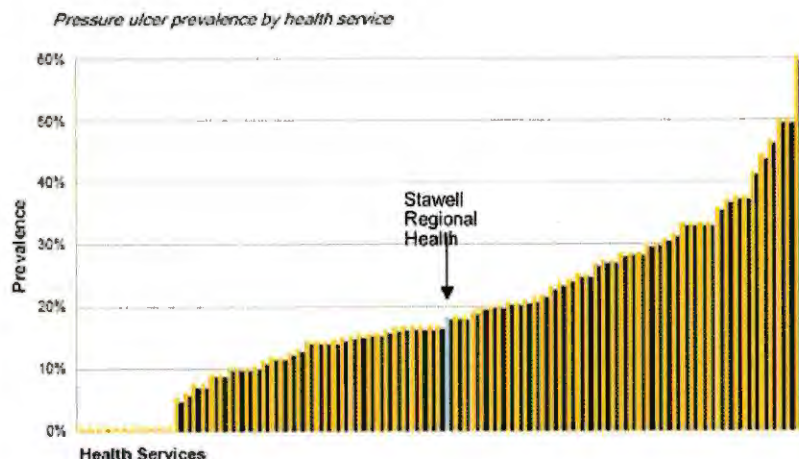
Table 3 depicts pressure ulcer prevalence over two years, compared to the State Average.

Table 3

Year	Stawell Regional Health	State Average
2003	10%	26.5%
2004	18.2%	20.8%

Figure 10

Comparative Results for 2004
(Data Source : VQC PUPPS 2 Report)



Our future direction will be to review our system of reporting the incidence of pressure areas to enable and ensure early intervention in both the acute and aged care areas.





Risk Management

We consider that patient, staff and organization safety and reputation is a priority. Our commitment to this is reinforced by our approach to risk management.

Risk management is a systematic approach to identify and put strategies in place to eliminate or minimise risk. Our policies, staffing and resources are used to reduce any risk that may result in an adverse event, harm or interruption to our service.

Risk can be defined as anything that causes harm, or has the potential to cause harm. Harm may be personal injury, financial, business interruption or reputation. Risks are assessed according to the probable consequence and likelihood to allow a rating of low, medium, high or extreme. This rating allows prioritisation of higher ranked risks to be reviewed by the organisation.

In 2004 a proactive review led the organisation to identify an extreme risk which required immediate attention. This risk is related to ensuring adequate and appropriate nursing staff skill mix to minimise any risk of patient care being compromised. This issue is not unique to Stawell and refers to the ongoing (and Australia wide) problem of ensuring adequate nursing staff are available each shift and match their skills, patient condition and needs.

A flowchart has been developed for senior nursing staff to assist them with making decisions on the right skill mix for each shift and in emergencies, contacting more staff to work or considering the need to transfer a patient to another hospital to ensure all patients receive optimum care should the need arise.

Nine high clinical risks were identified the previous year. All have been reviewed with the development of new guidelines and strategies to minimise the risk they present.

These clinical high risks are:

- Surgical/Medical/Chemotherapy continuity of care
- Deep vein thrombosis prophylaxis
- Pathology results pathway
- 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.

There are eight non-clinical high risks which are due for review this year.

Our commitment to organization safety and staff involvement has been exemplified by the Risk Management committee being expanded this year. It now comprises a Board Member, Medical Practitioner, Chief Executive, Director of Clinical Services, Deputy Director of Clinical Services/Risk Manager, Quality Manager and Director of Pharmacy. This committee is responsible to the Board of Management for overseeing the organisations risk management program.

A Deputy Director of Clinical Services, who will also undertake the role of Risk Manager for the organisation was appointed in June 2005. This is expected to facilitate the implementation and co-ordination of the risk management program, as well as providing education to all staff on the risk management program.

Next year will see the remaining high risks reviewed, with the moderate and low risks scheduled to be addressed after this. The hospital's risk management strategy is an active, ongoing process that involves staff at all levels, and incorporates both clinical and non-clinical areas. Early identification of risks by staff on a day to day basis ensure that all risks are acted on or minimised whilst other aspects of safety are reviewed regularly.



Planning for Your Discharge

Discharge planning will commence at the first contact to help you and/or your carer, together with medical and other staff involvement, to have an integrated approach to planning and the delivery of services (when required) to ensure continuity across organisational boundaries.

On, or prior to admission, you will be given an estimate of how long you will be in hospital by your doctor and/or the nursing staff. This allows you and your family/friends a chance to commence planning your discharge, and destination if it will be different to your normal home address.

The discharge date will be confirmed by your doctor closer, and at least 24 hours prior to discharge, in most cases.

Planning your discharge is done in collaboration with nursing and Allied Health Staff at the 'Weekday Discharge Planning and Care Coordination meeting' (Monday-Fridays excluding public holidays) in Simpson wing. At this meeting your 'Patient Assessment/Discharge Plan' is referred to for initial referrals to Allied Health/other services and additional referrals as necessary during your hospital stay.

You may be referred to one or more of the many hospital and community support services available to assist you in the period after discharge.

The hospital will help you to identify any needs and will then refer you to any relevant service.

Some of the services include:

- District Nursing
- Physiotherapy
- Speech Pathology
- Meals on Wheels
- Personal Care
- Social Worker
- Linkages
- Asthma Support and Education

- Cardiac Rehabilitation Program
- Post Acute Care
- Occupational Therapy
- Dietetics
- Home Help
- Carer's Respite
- Palliative Care
- Diabetes Education
- Drug and Alcohol Services
- Podiatry.

As part of the discharge process Quality Improvement Activities (Key Performance Indicators) are monitored by the Effective Discharge Committee and regionally through benchmarking at regular meetings of Discharge Champions (designated staff from each hospital in the region responsible for the quality activities.).

Performance Indicators for Effective Discharge

- Four Key Performance Indicators (KPI's) are measured.
- SRH continues to audit patient medical records on a monthly basis to collect, collate and examine documentation to measure these four KPI's.

These indicators are:-

KPI.1) Risk Screening Tool Comparisons, (the provision of timely and informative risk screening within one day of admission)

KPI.2) Commencement of a Discharge Plan, (the commencement of preparation of a Discharge Plan by day 2 of admission.)

KPI.3) Timely Notification of Community Providers (the timely notification of community providers within 48 hours prior to discharge.) and

KPI.4) Provision of Timely and Informative Discharge Summary (the provision of a timely and informative Discharge Summary to GP's within one day of discharge.)



- Results of compliance by auditing one hundred and seventeen (117) patient medical records over a nine month period (July 2004-May2005 excluding January/February) rate the average monthly compliance for each KPI as:
KPI.1 – 98%
KPI.2 – 89%
KPI.3 – 100%
KPI.4 – 99%

The Effective Discharge Committee supports monthly audits and believes that benchmarking with other hospitals is an essential part of measuring our success in effective discharge planning. The results are graphed and presented both on individual hospital site outcomes and through the regional benchmarking process. Comparisons regionally indicate we rate well against the other health services across the region.

Claire Maher, Cardiac Rehabilitation Nurse, discussing Cardiac Rehabilitation Programme with Pat Gaffney





District Nursing

The District Nursing Service (DNS) provides community based care to residents of Stawell and District.

Staffed by Registered Nurses, a broad range of care is provided in the comfort and privacy of a person's home.

Hospital in the Home (HITH) is also provided by District Nurses. This service allows patients with more acute needs to be treated at home with a nurse visiting and liaison with the patient's general practitioner.

The District Nursing Service plays a vital role in effective post discharge care. The nursing staff have a multi-faceted skill base which includes the following:

- Intravenous Antibiotics
- Administration of injections and other medications
- Wound Management
- Contenance Care
- Stomal Therapy
- Palliative Care
- Health Assessment and Monitoring

In conjunction, District Nurses form part of a multi-disciplinary care team with allied health staff, medical practitioners and carers/families.

The District Nurses made 14,039 visits in 2004/2005.



Consumer Feedback

"Thank you to all the District Nursing Staff for their excellent service."

"Keep up the good work – fantastic service"

District Nurse Rhonda Folkes during a home visit with Ivy Robertson





Bennett Centre for Community Activities

Bennett Centre is a planned activities centre which provides social and recreational activities for frail older people, people with disabilities, and respite for their carers. Participants are mostly long-term. Others are able to utilise the centre while they are recovering from an acute illness and either they or their family are needing extra support at that time. It is always a pleasure to observe them regaining their independence sufficiently after an illness to enable them to resume normal activities.

Bennett Centre activities include craft, group meals, entertainment, music, trips, gentle exercise, speakers and other activities as arranged. The centre operates Monday - Friday. Transport to and from the centre can be arranged.

Numbers at the centre have been gradually declining for various reasons, including natural attrition. In the past year a survey of current participants was conducted with a 90% (n = 18) return rate.

The following points outline the major responses:

- The activities most favoured were games, exercises, craft and trips with an increase in the "meals out" days.
- 61% (n=11) wanted all current activities continued. (The remaining 39% (n=7) did not answer the question).
- 22% (n=4) requested more activities, speakers and variety in handcraft, with 78% (n=14) not able to offer any further suggestions.
- 89% (n=16) responded that the centre had made their life better. (11% (n=2) did not answer the question)
- 61% (n=11) responded that they are aware of the process if they have a question or concern/complaint, with 22% (n=4) saying they did not know. (17% (n=3) did not answer the question). Participants have since

been provided with written information on this process.

We met with Community Providers, to listen to their feedback on reasons why some people don't attend the centre. This feedback was invaluable in planning future direction.

As a result of the survey and feedback the following has occurred:

- participants/carers meetings were introduced in May with a good attendance. The meetings are to be held every second month.
- outside activities have increased and include walks, hotel lunches, rides with a miniature pony and cart and a trip to the Grampians
- participation in "The Biggest Morning Tea" at which \$440 was successfully raised by selling craftwork made at the centre, conducting a raffle and, of course, the morning tea.
- a staff member attended a 2-day seminar conducted by Arthritis Victoria on chair-based exercises. The aim is to improve participants levels of activity, strength and flexibility in daily living through regular exercise.
- we have increased the number of outside speakers. We have included visits from the CFA and Police on safety in the home and an Aromatherapist who gave interested participants a foot soak and massage.

In the near future we are planning:

- a men's fishing trip, which has generated much discussion amongst the men on how, when and where.
- to commence a monthly evening session in July. The first evening will be musical entertainment provided by a local singing group. Other entertainment evenings will be provided if the interest is there.



It is anticipated that other day activities will be introduced as requested by the participants. The aim is to make the centre a place where people are able to do activities they want, when they want, in a safe environment. The outcome is to attract those who are elderly and isolated by either circumstance or distance, and who would benefit greatly from both the social interaction, activities and the increased exercise routines.

A survey will be conducted in March 2006 to measure the success of the year's activities. The two monthly meetings will provide regular feedback on the direction being taken.



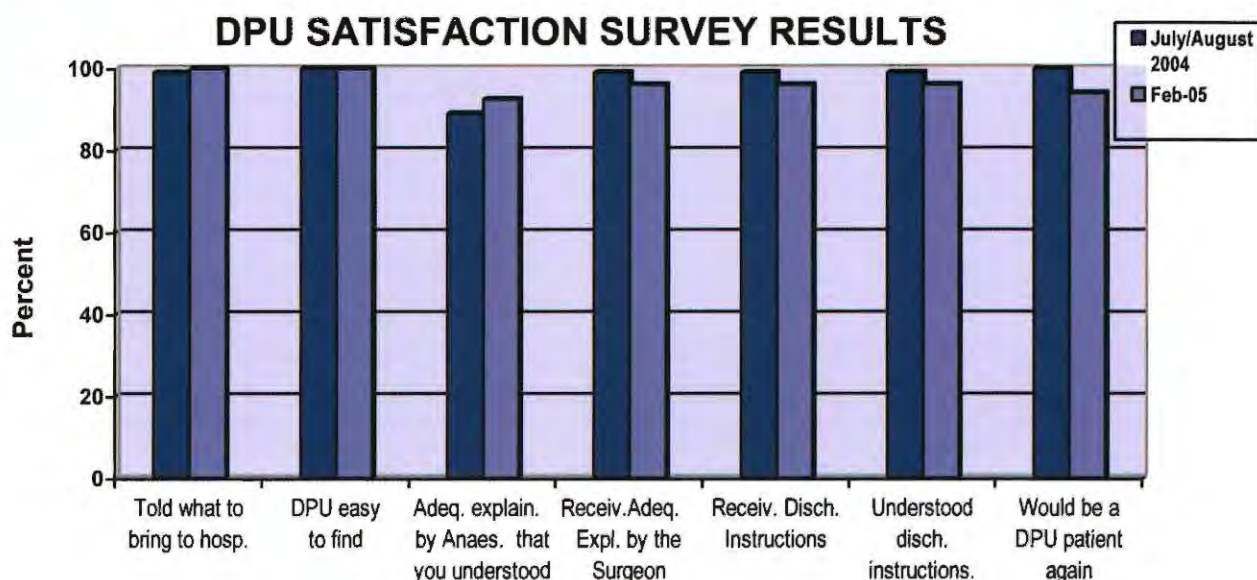
Day Procedure Unit

The ACE Radio Broadcasters Day Procedure Unit has been in operation for two years and continues to achieve high levels of customer satisfaction. For the last 12 months it has been co-located with the Dr R. Norman Castle Operating Suite.

During the last financial year, eighty six percent (86% = 1100 cases) of all surgery admissions were managed through the Day Procedure Unit (DPU), compared to 71% (1159 cases) in 2003-2004.

The internal hospital DPU Customer Satisfaction Survey continues to be sent out at six monthly intervals. In this financial year they were sent in July/August 2004 and February 2005. The results of these surveys are collated, compared with previous results, and recommendations made and acted upon to improve patient outcomes. Some of the results of the last two satisfaction surveys are shown in Figure 11.

Figure 11



Two recommendations to come from the Customer Satisfaction survey were:

- expansion of the range of procedure specific information sheets provided to patients as part of their discharge information, and
- the need to undertake a detailed analysis of the issues relating to the time patients wait from time of arrival to time of surgery. This detailed analysis was undertaken in the form of a Theatre Systems Review.

"I felt the service from hospital and medical staff was wonderful they made me feel so relaxed and at ease and the cuppa and sandwich after the procedure was like nothing on this earth (wonderful). Thankyou" (Satisfied DPU Patient)



24 Hour Phone Call Follow Up:

Telephone follow up on the day after surgery, for day patients continues to be greatly appreciated by the patients and their families. The database to collect and report on this follow up, will be implemented this year and will enable information to be analysed in more detail.

The following are some comments made by satisfied customers regarding the 24 hour phone call follow up:

*"Nurse rang day after I got home to find out how I was - very impressed."
"After I returned home, the hospital rang to check on me and I found that very caring and unusual."*



Theatre System Review

This review was undertaken in February 2005 and looked at the procedures associated with the provision of surgery. The review looked at the delay and whether the incident was document, human or equipment related. The review recorded actual time lost on each occasion. The audit determined 81% of patients waited more than thirty minutes from the time they were admitted to the DPU until they entered the operating suite. As a result of the review a number of recommendations were made.

These were :

- One person to control admission times,
- Closer liaison with the medical staff in advising them of the impact of delays and late starts,
- Triaging of telephone calls to ensure minimum disruption and delays,
- All available results are in the patients history prior to admission,
- A refresher in-service for ward staff on the preparation of surgical patients (completed May 2005) and
- Closer communication between Preadmission Clinic staff and the anaesthetic service to ensure all available information is provided to the Perioperative Unit Manager who is allocating admission times.

We intend to reaudit in September 2005, however more specific time intervals will be targeted and waiting time will be measured from:

- i. the time patients are prepared for surgery until they enter the operating theatre, as well as
- ii. the arrival time into the organisation until their preparation for surgery is completed.

This will give us a clearer less skewed result, than the results from the previous Perioperative Review in February 2005.





Meeting the Needs of our Indigenous Community

There are a total of 1697 indigenous persons (8.1 per 1,000 population) in the Northern Grampians Shire. (Source – Grampians Regional Aboriginal Services Plan 2004-2007). There are approximately 80 indigenous people living in the Halls Gap/Pomonal area.

Many of the people have difficulty accessing health care owing to physical isolation and lack of transportation. Under a Commonwealth funded program, Stawell Regional Health has been delivering the following services from the Budja Budja Cooperative in Halls Gap since January 2003.

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


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

The recent evaluation of the Commonwealth program “Strengthening Rural Communities” supported the concerns of the auspicing agencies that the program was not having the desired impact on indigenous health issues in our local region.

This was further supported by the knowledge obtained by four of the outreach team members who attended the National Rural Health Alliance Conference in Alice Springs in March 2005. Conference sessions and networking, increased the level of knowledge of the team regarding indigenous health issues, and barriers to accessing mainstream health services.

There have been recent meetings with representatives of Budja Budja Co-Operative, Stawell Regional Health, Grampians Community Health Centre and government agencies such as the Department of Health and Ageing, Officer of Aboriginal and Torres Strait Islander Health and regional and metropolitan offices of Department of Human Services to commence addressing the need for better health outcomes for our indigenous population.

It is anticipated that an enhanced model of health service delivery will be available in this district by the end of 2005.



Michael Delahunty,
Stawell Regional Health
Chief Executive with
Budja Budja community
member, Tim Chatfield





John Bowen Oncology

During the financial year 2004-2005 the John Bowen Oncology Unit has seen significant changes both to the physical environment and to patient numbers.

As reported in the 2003-2004 Quality of Care Report the huge growth in patient numbers had put a great strain on the facility. Stawell Regional Health (SRH) responded to this concern by refurbishing the conference room adjacent to the Oncology Unit and making it suitable for patients to receive treatment in a spacious room with large windows overlooking a pleasant courtyard. To the existing room two extra screened areas were added that could be used for patients requiring greater privacy.

Patient satisfaction with these changes are being monitored through the Quality Improvement Program. The response to these changes have been mostly positive.

Comments received included:

- More room for staff and patients.
- Windows, space, room to move.
- Direct access to the kitchen for volunteer helpers.

Less positive comments included:

- Loss of intimacy, curtains provide only visual privacy.

In response to the above a small room adjacent to the unit has been designated for counselling, education and other purposes that require one-on-one privacy.

The other significant change has been a decrease in patient numbers from last financial year. Two factors have contributed to this.

1. The commencement of East Grampians Health Service (EGHS) Oncology service. Ararat and district patients can now attend a service closer to their home base.
2. Less treatments being delivered on a weekly basis. Dr. Kannourakis, the visiting Oncologist, is prescribing more treatments that require fortnightly, three weekly or monthly attendances rather than weekly. This also means there is a range of patient numbers from week to week, from five to six, to fifteen or more.

The reduction in patient numbers has eased the pressure on patient waiting times which was a concern from the previous year's questionnaire. The patient list is still previewed before treatment day and a schedule is planned to ensure no patient has to wait longer than 20 minutes for treatment after their consultation with the Oncologist.

To ensure the unit is staffed with specialist oncology nurses and Division 1 nurses with chemotherapy competencies, SRH Education Dept. developed an in-house education package that was attended by twelve Division 1 nurses. Further education was undertaken by two nurses that included the Graduate Certificate of Oncology/Palliative Care at Ballarat University and Chemotherapy Module 2 at Peter McCallum Hospital.

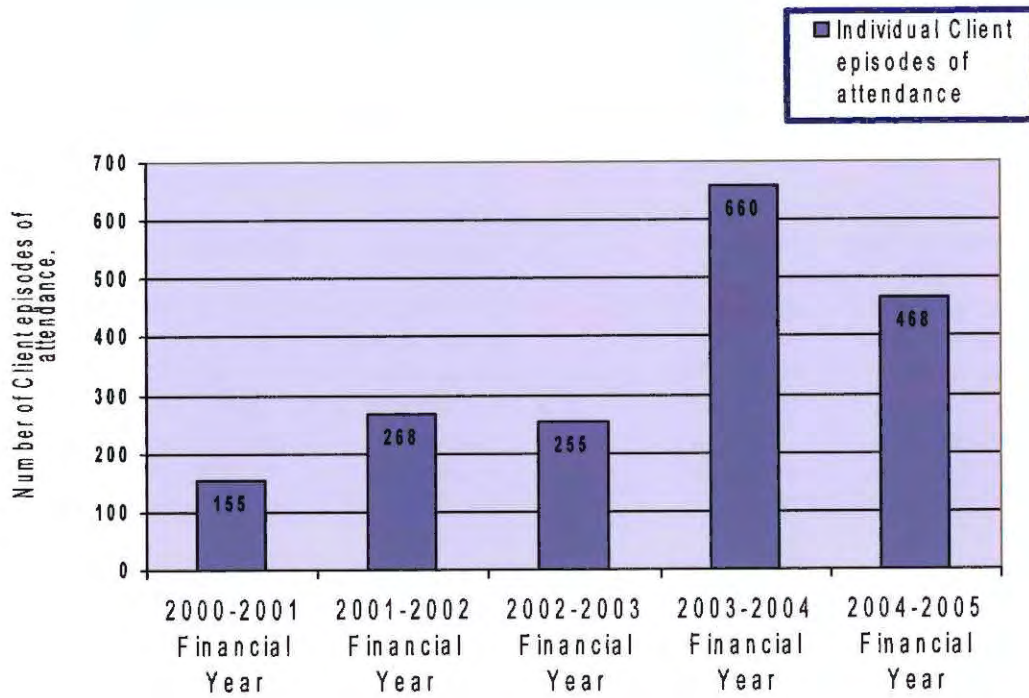
The unit now enjoys the services of two volunteer helpers who give valuable assistance to the nursing staff in looking after the comfort of our patients.



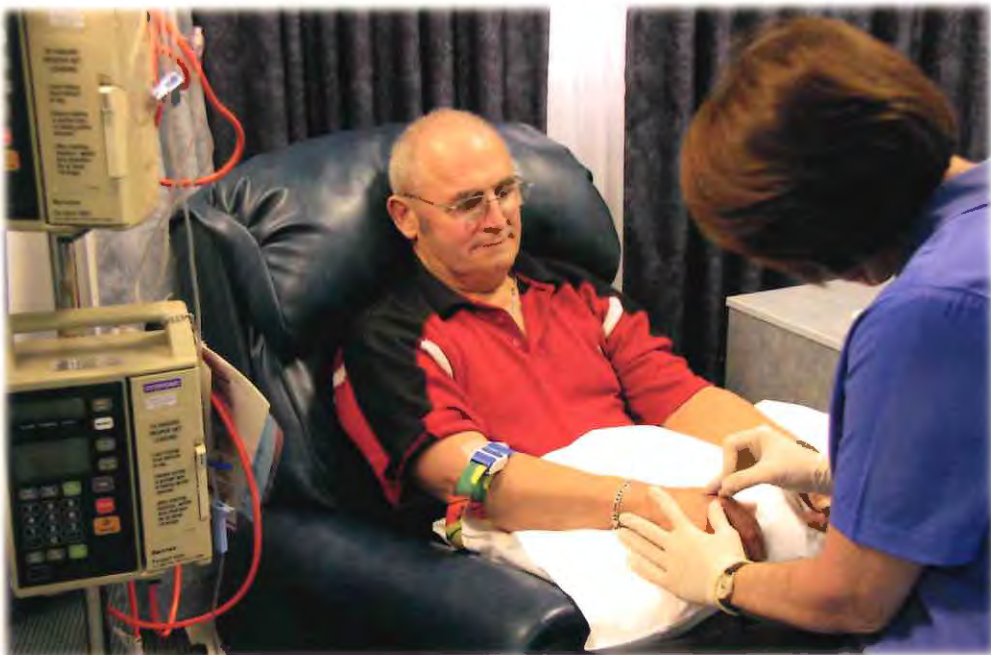


Figure 12

Annual patient episodes of attendance over the last five years



Jan Sherwell, RN assisting oncology patient John Welsford





Macpherson Smith

Nursing Home

The Macpherson Smith Nursing Home provides an essential service to members of our community whose needs require 24 hour 7 day a week nursing care. The facility has a total of 35 beds which accommodates a range of residents including, frail aged, dementia and aged persons with psychiatric conditions. There are 8 shared twin rooms and 19 single rooms at the facility.

Macpherson Smith Nursing Home is a dedicated high care facility, employing registered nursing staff ensuring that resident's complex physical, social and emotional needs are recognized and cared for. The residents and carers have the comfort of knowing that the facility enjoys access to allied health services such as Occupational Therapy, Podiatry, Social Work and Physiotherapy as examples.

On the 29th November 2003, the Macpherson Smith Nursing Home was granted 3 years Accreditation by the Aged Care Standards and Accreditation Agency and is due to receive another accreditation audit in October 2006. 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 organisation continues to focus on quality improvement ensuring our residents receive the best multi disciplinary care available. Our intention is to continually evaluate how we do things, identifying areas of improvement and implement actions that translate into improved outcomes for our residents.

In January 2005 a quality plan was developed identifying areas we believe require further improvement. A snapshot of the areas includes:

- The development, implementation and review of an Operational Planning process.
- Purchase and implementation of rostering software.
- An increased focus on staff performance, development and assistance.
- Prioritizing excellent customer service.
- The development of a contemporary model of care that is consistent with today's community expectations.
- A stronger emphasis on safe care, practice and the environment.
- A commitment to involve residents and carers in the operation of the service.
- Reviewing, developing and implementing a leisure and lifestyle program that meets the individual needs of residents.
- The development and implementation of clinical care systems such as a weekly multi disciplinary clinical review, improved resident of the day documentation suite and a greater focus on accountability.

Stawell Regional Health has recently purchased a range of goods and services to ensure that the facility can continue to function at the highest standard. These include:

- Two specialist lifting machines and a specialist shower chair.
- Rostering software and support.
- Furnishing of a consulting room
- Computer hardware and software.
- Specialist Podiatry Chair.





- Pressure care mattresses and related products.
- An ongoing investment in staff training and development.

The future is full of promise with a strong focus on staff development, resident and carer involvement in strategic decision making, development of an innovative model of care and increased awareness of the needs of an ever aging population.

The challenge is to identify those external and internal factors that represent a risk to the service we provide and implement the necessary strategies to remain a vibrant, contemporary facility.





Workforce Planning

*Preserving Services for our Community
Shared On Call Service*

The community of Stawell and District have enjoyed access to specialist medical services such as Surgery, Anesthetics and Obstetrics for many years. The commitment and dedication of our local Doctors has enabled these services to be available around the clock every day of the year.

Being "on call" during the week and every second weekend has a significant impact on the Medical staff and Operating Room nurses who support them. Changes in workplace regulations and the need to retain and recruit the medical staff who provide these vital services in our community prompted a review of how the health services of Stawell and Ararat delivered medical services during weekends and Public Holidays. The review also incorporated issues regarding safe work practices and optimizing skills available.

In late 2003 following consultations with the Department of Human Services, Doctors, Nursing staff and respective hospital executives the "Shared On Call Service" model was developed between Stawell and Ararat hospitals and their doctors and implemented on January 8th, 2005.

The Shared On Call Service allows Doctors and Operating Room nursing staff to have more time free from "on call" whilst retaining Obstetric and Surgical Services within the sub-region on weekends and public holidays.

How Does The Shared On Call Service Work?

The "On Call" services are shared on alternate weekends between Stawell and Ararat hospitals. The hospital "On Call" has a full range of Surgical, Obstetric, Anaesthetic, Radiology, Pathology,

Emergency Department and Operating Room services available.

The "non-on call" hospital has Emergency Department, General Practitioner, Midwifery, Pathology and Radiology Services available for the community and inpatients. Patients are assessed by a GP and are transferred to the "On Call" hospital if they require surgery or obstetric care.

Expectant mothers are informed of the shared on call service early in their pregnancy and are provided with an information brochure and invited to tour both facilities and talk to staff of both hospitals. A Midwife is on duty in both hospitals at all times and will assess women in labour and provide advice regarding when to attend the "on call" Hospital.

How Do We Know The Arrangements Are Working?

In March this year staff and obstetric patients were surveyed to find out how they felt about the service and the impact it had had on them.

Comments from SRH staff:

"The call reduction is a great relief which has had a big positive impact on my family."

"I love it. I feel less fatigued and have a greater job satisfaction - not feeling tired at work all the time."

"I think it is a great idea if it means we can keep medical staff and nursing staff in our region."

Women who birthed in their non home town hospital were very positive in their responses.

"Excellent. Midwifery staff and staff in general were excellent. Care shown by Dr Carter was exceptional given that he wasn't our family doctor"





Photos of GP/Obstetricians from Stawell and Ararat



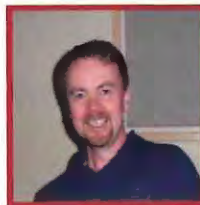
Dr. P. Carter



Dr. A. Cunningham

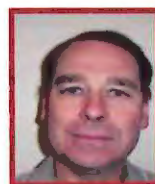


Dr. F. Maughan



Dr. M. Connellan

Dr. D. Pope



Dr. P. Pretorious



The shared on call service will continue until July 2006 when it will be formally evaluated again. Monthly meetings are held to problem solve and share information between services.

This service is focused on keeping a full range of skilled medical staff in our region for the benefit of our communities.



Dr. Peter Carter participating in the on-call service





Birthing Services

Our birthing services form an important part of the health care provided to mothers and babies in Stawell and surrounding districts.

With an average of 100 births a year, we strive to provide safe and supportive care.

Our skilled midwives in conjunction with our GP Obstetricians, provide care throughout the pregnancy, labour and post birth phase.

Antenatal education support during the birth and a comprehensive domiciliary (home visiting) and debriefing service, help our mothers and fathers through an exciting and sometimes challenging time.

In early 2005, we wanted to know how we could improve our service and undertook a Midwifery Review.

Generally midwifery patients are satisfied with their care and treatment whilst being a patient at Stawell Regional Health. However, collated results from internal satisfaction surveys sent to midwifery patients during the months of June-October 2004 stated otherwise.

All midwifery staff were sent individual copies of these survey results and problems/concerns were identified/discussed at two of the regularly held midwifery staff meetings earlier this year.

Issues addressed were:

- Patient allocation
- Workflow/management of workload
- Communication and
- Patient education/support.

In response to these issues the following actions have been implemented:

- Newly delivered midwifery patients to be counted as two patients (mother

and babe) on their first two days post delivery.

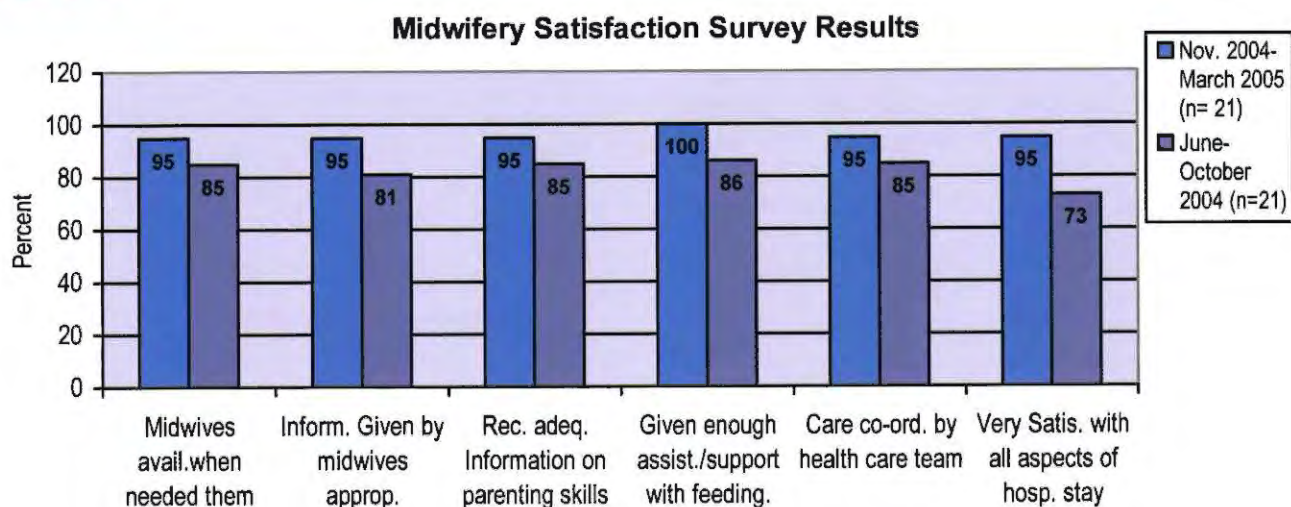
- Education by a midwife to non mid staff to the birthing suite area.
- Non mid staff to provide more support to the mid patients when the midwife is busy.
- Placement of midwifery patients towards the centre of the ward to ease the feeling of isolation.
- Support from an extra midwife addressing feeding/parent craft issues if the other midwife on the ward is busy.
- Same staff providing antenatal and post discharge (DOM) visiting service which maintains continuity of care.
- Debriefing visit offered to mid patients if required, addressing concerns regarding labour, the birth of their baby or their hospital stay.
- Introduction of a postnatal questionnaire sheet which identifies midwifery patients key learning/problem areas and competency. Education is tailored to the patient 1:1 with the midwife. Questionnaire sheet is taken on the DOM visit at which education is continued. Once all areas are addressed, the sheet is filed in the patient's medical record as evidence of education given.
- Brainstorming Session by midwives to address what verbal information is to be given to mid patients, that address the key learning areas on the questionnaire sheet and prevent conflicting information being given.

Figure 13 depicts results from the November 2004-March 2005 survey, compared to results from June-October 2004 survey. Substantial improvements over a number of areas are demonstrated since the implementation of the above actions.





Figure 13



Anecdotal information received from the Stawell Maternal and Child Health Centre also supports these results.

On January 1st, 2005 the Birthing Outcomes System (a computer software program) which records information from Antenatal Booking In, Delivery to Post Natal was introduced. This system allows numerous notifications and summaries to be produced. Previously this information was collected manually and was very

labour intensive. This system allows us to extract breast feeding rates (among other data) and trend results. Six months (1/1/05-30/6/05) of data is available so far and this indicates that on discharge 87% of new mums were breast feeding their babies.

Monitoring of midwifery patient satisfaction continues with three monthly collation of survey results, which will continue to identify any further concerns/complaints.





Allied Health Professional Development and Support Programme

In the 2003-2004 financial year, Stawell Regional Health offered a comprehensive mentoring program to new or recently graduated allied health clinicians. This pilot project was funded by a Department of Human Services grant to support the clinicians to travel to a larger facility and be provided with ongoing mentoring and professional support. The purpose of the project was to facilitate the recruitment and retention of allied health workers in rural areas. The grant money covered mentoring agency costs, accommodation and travel expenses.

The program proved to be a major factor in recruiting quality clinicians such as our first full-time speech pathologist and dietitian, and played a major role in the retention of one of the physiotherapy team members.

The evaluation at the end of the pilot program gave important feedback to Stawell Regional Health and Ballarat Health Services on the strengths and challenges of the program. This enabled development of an even stronger program for 2004-2005.

In early 2004, we were successful in obtaining funding under the same funding stream for a new phase of the project: the "Professional Development and Support Program".

The new program was designed not only as a recruitment tool for new therapists, but was also extended to involve the senior members of the allied health team to measure the impact on job satisfaction and retention. The senior members of the team were each able to access three days of supported mentoring in an area of interest. For example, one of our podiatrists spent two days in the company of a leading podiatric surgeon in

Melbourne, whilst the other spent her time at the Gait Laboratory of the Royal Children's Hospital as she has an interest in paediatric conditions. Our Social Worker /Counsellor spent time at the Royal Women's Hospital on women's health issues.

Impact on Recruitment

All program participants involved in the recruitment phase of the project were asked to rank seven factors in the order of importance in their acceptance of a position at Stawell Regional Health. The seven factors were:

- Hospital culture
- Inherent nature of position
- Location
- Mentoring program
- Relocation assistance
- Short term free accommodation
- Staff relationships.

The mentoring program was ranked in the top three of the seven factors for recruitment by all the program participants.

When participants were asked to describe the impact their involvement in the Program had had on their plans to remain at Stawell Regional Health(SRH), some of the responses were as follows:

"I feel mentoring in the initial 6 months of commencing at SRH had a substantial impact on my decision to stay at SRH as I had increased support which is positive for my career now and in the future."

"Have felt much more supported therefore have no intentions to move on from SRH, however have realized it would be a bonus working with (people in the same profession) on a daily basis."





When participants were asked to describe the impact their involvement in the Program had had on their plans to remain working in a rural setting, some of the responses were as follows:

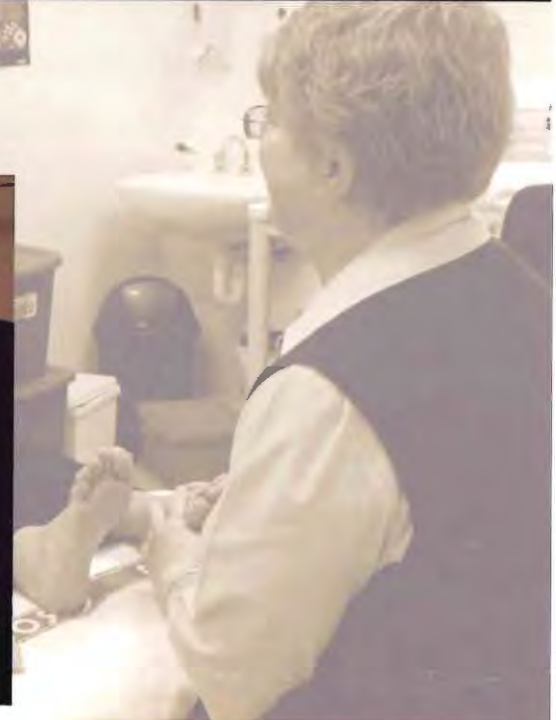
"I feel it has improved my ability to work effectively in my role as a rural clinician by providing me with an insight into specialist areas."

"Greater job satisfaction by feeling more supported in my role."

"Increased confidence in working as a sole therapist".

"Enjoy working rurally – no intentions to move to a city location in the next 5 years."

The 2004-2005 Program is in the final evaluation phase. The project has been closely monitored by the Department of Human Services in an effort to determine if this model of professional support is a viable means of supporting rural and remote therapists.





Commonwealth Regional Health Services Program

The successful outreach program that provides allied health, community health nursing and counselling services to the smaller communities surrounding Stawell has been funded by the Commonwealth Department of Health and Ageing for a further three years.

An extensive evaluation of the services was required prior to submission for continued funding of the program. The information gained in the evaluation has underlined the importance of this program in the smaller communities.

The "Strengthening Rural Communities" Program specifically identifies Marnoo, Landsborough, Navarre, Great Western, Halls Gap and Glenorchy as key target communities.

The program seeks to reduce the social inequalities in the health of people living in rural areas and to reduce the need for secondary and tertiary medical interventions. Specific outcomes for our consumers include:

- Improved access to a multi disciplinary health team.
- A reduction in service gaps throughout our region.
- Provision of health promotion and education to schools, groups and individuals.
- Increased awareness of consumers about the factors that contribute to poor health.
- Access to nursing staff for the evaluation, monitoring and maintenance of disease conditions such as asthma and diabetes.
- Early intervention and management practices that reduce emergency hospital admissions.
- Provision of support through 1:1 counselling and group work.

During the past three years, the program 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
- Nutrition and Dietetics
- Occupational Therapy

In addition, specific programs such as strength training and Tai Chi have been introduced to communities to assist in improving general health.

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 a 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 significant impact on health outcome.

The Commonwealth Regional Health Services Program is managed by Stawell Regional Health, in partnership with Grampians Community Health Centre, Budja Budja Co-Operative and the Northern Grampians Shire Council.





Gait and Balance Program

The Gait and Balance Program has continued successfully into its second year. This program is incorporated in the Falls Prevention priority area of our Community Health Promotion Plan.

The aim of the program is to identify risk factors which may contribute to people experiencing falls. People who attend the program may have experienced one or more recent falls, or may just have been identified as being at high risk of falling.

People can be referred to the program by anyone, or can self-refer. This year has seen the majority of referrals coming internally from Stawell Regional Health, but also from patients themselves, their family members and local doctors.

In 2004-2005 there were 49 new patients referred, with 34 of these attending the program, as well as 6 re-assessments. There is generally a waiting list of no more than one month, with some patients being unable to attend the next program day due to being unwell or having other commitments.

When patients attend the program, which is held once a month, they circulate between the dietitian, occupational therapist, pharmacist, physiotherapist and podiatrist. These health professionals conduct an assessment with each patient which covers such things as:

- Unintentional weight change
- Exposure to sunlight
- Muscle mass on arms and legs
- Nutritional status including fluid intake
- Blood pressure
- Environmental hazards around the home
- Ability to safely complete daily tasks at home and in the community
- Medication side-effects
- Interactions between different medications
- Vision
- Mobility status

- Strength and range of movement of neck, arms and legs
- Balance and dizziness
- Muscle reflexes
- Foot health
- Sensation and pulses in feet
- Footwear types

Interventions which have been implemented as a result of the Program are:

- Gait and Balance Exercise Class – 41% of patients assessed have attended this class
- Home exercise program – 23% of patients have a personalised program
- Home modifications – 20% of patients
- Adapted equipment for home – 14% of patients
- Changes to mobility aid used
- Wearing of hip protectors
- Foot orthotics
- 32% of patients have had medication changes or advice provided to their GP

Other interventions which are recommended as a result of the Program include:

- Follow-up of medical issues by the GP
- Increasing fluid intake
- Increasing exposure to sunlight (within limits)
- Removing floor mats at home
- Turning on lights to enable safe vision when getting up to the toilet overnight
- Safety Link alarm systems
- Using mobility aids appropriately
- Wearing shoes with low, wide heels

Patients are contacted by telephone approximately one month following attendance at the program, to determine the effectiveness of the interventions recommended, including whether any further falls and injuries have been experienced. This allows any reviews or intervention to be followed up as appropriate.





Results from the telephone follow-ups has indicated that by at least one month post attendance at the program:

86% of patients stated they had had no falls, compared to 71% last financial year.

7% stated they had had one fall, compared to 19% last financial year, and

7% stated they had had two falls, one of which resulted in an injury (no comparative data)

100% of patients stated that they found attendance at the program worthwhile, and 42% also reported that it helped them identify the risk factors associated with falls.

The Gait and Balance Exercise Class has been revised with a course running for 15 weeks, and has included up to 13 people in the class at a time.

It involves:

- stretches to loosen tight muscles
- muscle strengthening exercises and balance training activities
- meeting together for fun activities

Objective measurements gained during the initial program will be re-tested at the end of the exercise class, to determine its continuing effectiveness. Patients attending the class enjoy great social interaction, but importantly they report increased confidence in being able to walk and go about the community without falling, and with a decreased fear of falling.



Alex Carter receiving advice from Marla McGaffin during Gait and Balance session





Walking Challenge

After a very successful pilot project in 2003 involving Stawell Regional Health staff, Stawell Regional Health now conducts an annual :

- Stawell Regional Health Community Walking Challenge for the community and
- Stawell Regional Health Team Challenge for hospital staff

The Stawell Regional Health Community Walking Challenge involves teams of 6 in the community walking regularly, over a 6 week period, and recording time spent walking to achieve a team total. The team with the highest combined time spent walking is awarded the team challenge trophy.

This year the Community Challenge included 186 participants in 31 teams from the Stawell region. Due to the large number of participants and the large variation in walking times of the teams, three divisions were established with teams grouped according to their walking times.

The Stawell Regional Health Team Challenge is hospital based and allows participants to record time spent in a large range of physical activities to put toward a team total. Activities are rated according to the amount of energy typically expended in the activity and the time recorded is adjusted according to the energy expenditure of the activity.

The Stawell Regional Health Team Challenge included 30 staff competing in teams of 6 over the 6 week period. Unfortunately numbers in the staff competition were down a little this year. Feedback on the drop in numbers in the SRH Team Challenge included: a loss of interest in the program because this was the third time it had been run, some staff felt it had become too competitive and a number chose to join the community challenge and only walk. Further

discussion will be held in the lead up to the 2005 team challenge as to how participant numbers can be increased.

All participants in both challenges were assessed before and reassessed after the challenge. Allied Health staff measured and recorded:

- participants' weight,
- waist/hip ratio,
- blood pressure and
- pulse.

At the end of the challenge the pre and post challenge measurements for the individual participants were combined to get an overall measure of the change in health status of the team. The team in both competitions that demonstrated the greatest overall team change in the health parameters assessed was awarded the **Stawell Regional Health, Health Improvement Award.**

Statistically the Stawell Regional Health Community Challenge was a huge success. The community members walked for a total of 6175 hours and 5 minutes (equivalent to 257 days, 7 hours and 5 minutes) and lost 589.1 centimetres off their waist measurement and 410.7 centimetres off their hip measurement.

Participants in the Stawell Regional Health Team Challenge exercised for 1492 hours and 29 minutes (equivalent to 62 days, 4 hours and 29 minutes).

In total the competitors from both Challenges have lost 11.05 metres from their combined hip and waist measurements.

To assist participants stay on track with their walking and help them monitor their progress Stawell Regional Health Allied Health staff have offered quarterly health assessment reviews. A few walkers have taken this opportunity to check their progress.





Participants in both Challenges have been surveyed after the Challenges to assess their responses to the Challenges and determine how the Challenge has influenced their activity level after the Challenge.

Feedback from the Community Challenge participants included:

- 56% continued to walk after the Challenge ended

- 40% of the respondents were still walking 4 months after the Challenge
- 88% were interested in competing in another Challenge

Overall the Stawell Regional Health Community and Team Challenges were highly successful in promoting activity and awareness of the need to exercise.



Speech Therapist, Amy Jones and Elsie Crav leading the pack during their weekly walking session





Cardiac Rehabilitation

Stawell Regional Health conducts an eight (8) week Cardiac Rehabilitation Program to assist people to recover from heart surgery, heart attacks and for people with heart disease. The aim of the program is to promote a lifestyle which is conducive to recovery.

The program is ongoing throughout the year with a break over Christmas.

A team of health professionals including a cardiac nurse, allied health assistant, physiotherapist, dietician, occupational therapist, pharmacist, paramedic and representative from Heartbeat Victoria work together to provide information, advice and guidance. Also included, is a personal exercise program aimed at making exercise a part of the participant's daily life.

2004 to 2005 resulted in 28 patient referrals from tertiary and local hospitals of which 19 people completed the course. Feedback from those who attended was positive with all respondents indicating that they felt more informed and able to make choices and changes which would benefit them.

The program consists of a two (2) hour session once a week. Doctor's referral is necessary. People must be well, able to exercise and have no unstable medical conditions.

Stawell Regional Health's Cardiac Rehabilitation Program is involved in a research project within the South West of Victoria, the aim of which is to identify why people don't attend cardiac rehabilitation.



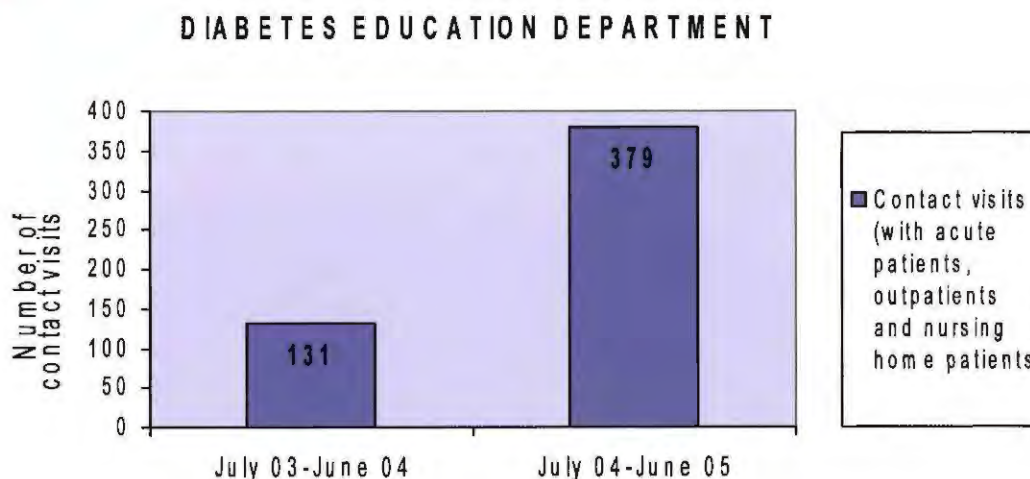


Diabetes Education

During the financial period from 2004-2005 the Diabetes Education department has seen an increase in the number of patients being referred for diabetes education and ongoing management compared to the previous financial years.

This is depicted in Figure 14. Contact visits in the 2003-2004 financial year for acute inpatients, outpatients and nursing home residents was 131, compared to 351 in the 2004-2005 financial year.

Figure 14



The increased referral rate and the diabetes educators involvement in the Outreach Program (visiting neighbouring townships of Marnoo, Landsborough and Halls Gap) has resulted in an increase in the hours of the service from 8 hours per fortnight in 2002, to 8 hours per week in 2004.

In December 2004 increased funding became available which enabled the department to increase to 2 days per week.

The Diabetes Education department is currently operational on Thursdays and Fridays and patients have consultations by appointment.

Acute in-patients at Stawell Regional Health (SRH) are referred to the department by the local doctors or the ward staff for education and review.

The benefits of the diabetes educator also being a clinical nurse specialist working on

the acute ward enables a continuum of care approach for inpatients as well as providing ongoing education to the ward nursing staff.

The Diabetes Education Service provides an individual approach for the ongoing management for people with diabetes. Education is provided on:

- what the disease is
- how to monitor blood glucose levels
- dietary advice
- medication
- explanation on the complications of diabetes
- discussion on physical activity.

SRH provides a team approach by involving the dietitian and podiatrist in the ongoing care for people with diabetes.

The Diabetes Special Interest Group Wimmera-Mallee Region, was formed to provide ongoing education and support through networking with other organisational health professionals.



Stawell Regional Health Walking Group

The Stawell Regional Health Thursday walking group was developed both as a health promotion initiative and also in response to the need to offer an activity/exercise program for patients once they graduated from the Cardiac Rehabilitation Class or the Gait and Balance Class.

Participants in the Stawell Regional Health Walking Challenge, have reported both in follow-up evaluation surveys and anecdotally, that there was a need to offer an organised walking group to assist walking challenge participants to continue to walk regularly. Allied Health staff also observed that upon graduation from Cardiac Rehabilitation or the Gait and Balance Clinic, there was no supervised program available for patients to exercise with other walkers under the supervision of staff who are qualified in Basic Life Support skills and allied health skills.

The program is open to the public as well as patients referred from local general practitioners and allied health professionals. Participants are encouraged to seek medical approval to attend the walking group.

The walking group has been operating since early March 2005 and is in the pilot stage of the project. An average of seven walkers have been meeting at the Central Park gates at 10.00a.m. each Thursday to walk for up to an hour. The program is yet to be formally reviewed, but informal feedback is that walkers appreciate the opportunity to join with others and walk on a regular basis.

Following evaluation of the pilot phase, it is anticipated that several community group leaders will be identified and trained to develop a level of community ownership, and reduce the need for two allied health staff members to attend.

The allied health team enjoy the opportunity to be involved in a less formal health promotion initiative and enjoy a regular walk with others in a very attractive setting.





Stomal Therapy/Wound Management

The commencement in August 2004 of a qualified Stomal Therapy/Wound Care Nurse is a new inclusion to the allied health and general nursing staff team.

A Stomal Therapy Nurse is a health professional who helps people to better understand the day to day management of living with a stoma, fistula or feeding tube.

A Wound Care Nurse manages all kinds of wounds, prescribing treatment to provide optimal healing in partnership with the patients doctor.

The service which commenced at one day per month has now increased to two days and may increase in the future in response to community demand.

Services include:

- outpatient care
- home visits for the very ill
- visits to nursing home residents and acute inpatients in the Stawell and Ararat area.

There are 31 active patients to date, with many others that only required once off consultation or advice.

The commencement of this service has reduced the need for doctor's visits and for patients to travel to Ballarat and Horsham for specialist advice.

Other benefits are:

- decreased costs to the community and individuals to treat wounds
- decreased wound healing times
- improvement in quality of life
- provides counselling and support during times of personal stress related to poor health.

This service has also provided assistance by developing new and reviewing existing policy and procedures, presenting in-services to nursing staff and students to increase their knowledge. Education commenced on using the Braden Scale

which is a Risk Assessment Tool used to recognize inpatients at risk of developing pressure ulcers. There has also been great interest from other community bodies wishing to provide in-services to their own staff.

The advantage of having a Clinical Nurse Specialist in Stomal Therapy/Wound Management on the ward, is that it provides support to nursing staff in their practice and the ability to consult with patients to initiate treatment when they need it most.

The Stomal Therapy/Wound Care Nurse spends one day per month mentoring with senior Clinical Nurse Consultants in Stomal Therapy/Wound Care in major Victorian hospitals. This ensures increased knowledge to provide evidence based care with the latest advances in treatment, appliances and equipment.

Referrals to the Service can be made by:

- Patient
- Family
- Friend
- Carer
- G.P.
- Surgeon
- Allied Health staff
- Community services staff.

There has been an extremely positive response from patients about the service offered.



Stomal Therapist & Wound Care Nurse Libby Butler



Veteran's Affairs

During the last financial year there were one hundred and thirteen (113) Department of Veteran Affairs separations/discharges from Stawell Regional Health with one hundred and twenty nine (129) during 2003/2004.

The Stawell RSL provides its members with a visiting service whilst in hospital as well as a number of welfare services including:

- 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.

A community bus is used to transport DVA patients to and from weekday activities held at the Bennett Centre at Sloane Street in Stawell. Five participants at the Bennet Centre for activities were able to access this bus for their combined total of 207 visits in the 2004-2005 year.



Betty Meumann, Unit Nursing Manager, discussing the Veteran's Affairs brochure with DVA patient Charlie Presser





Activity Indicators

Hospital Inpatient Activity	2003	2004	2005
Inpatients treated	2,525	3,093	2,904
Casemix adjusted (WIES)	1,819	2,171	2,058
Average Length of Stay (days)	2.87	2.74	2.70
Total Bed Days	7,239	8,477	7,519
"Hospital in the Home" Bed Days	324	248	198
Nursing Home Type Bed Days	288	228	133
Operations	1,308	1,316	1,277
Births	82	81	93
Occupancy Rate	77%	75%	60%

Nursing Home Activity	2003	2004	2005
Residents Accommodated	65	56	54
Resident Bed Days	11,525	12,729	12,684
Occupancy Rate	98.6%	99.4%	99.3%

Outpatient (non-admitted) Occasions of Service	2003	2004	2005
Casualty	3,782	4,539	4,356
Pre-Admission Clinic	1,077	1,145	1,167
Ante-Natal Classes	418	425	450
Podiatry	2,596	3,446	2,974
Occupational Therapy	1,217	952	1,241
Physiotherapy	5,766	6,424	7,992
Speech Therapy	159	644	537
Dietetic	598	922	1,277
Social Work	530	773	968
Day Centre	5,359	4,631	3,168
District Nursing	12,254	13,525	14,039
Radiology	4,745	4,934	5,295
Meals on Wheels	15,989	13,489	13,058

Quality Assurance	2003	2004	2005
Full Accreditation Status with: <ul style="list-style-type: none"> Australian Council on Healthcare Standards, and Aged Care Standards and Accreditation Agency 	YES	YES	YES

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 fourteen (14) 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 2004/2005.

Hospital Fees

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

Consultants Engaged and Their Cost

Eight (8) separate Consultants : total cost \$28,000

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 240 persons were employed by Stawell Regional Health : full time 56; part time 121; casual 62

Meals on Wheels Volunteers
Norma McConachie and Val Potter



Stawell Regional Health incorporates Macpherson Smith Nursing Home and Bennett Centre for Community Activities
Sloane Street, Stawell Victoria 3380

Phone (03) 5358 2255 Fax (03) 5358 3553 Email info@srh.org.au Web www.srh.org.au



The **front cover** features a 12' x 6' Quilt Wall Hanging made by the Stawell Quilters.

The aim was to incorporate all types and ages of people who use the hospital; drawing inspiration from Stawell and District population without being specific (therefore the grandmother could belong to any one of us for example). A range of emotions is also depicted (eg. The old man is crying). It is hoped people viewing this quilt will be encouraged to make up their own story of what is happening and why.

The background is an impressionistic representation of the Grampians at sunset and is made up with 2" strips and squares sewn together in a 9 patch design. The sections were then sewn together by machine. Wadding and backing were added and sections quilted individually, either by machine free hand quilting or hand quilted.

The flowers in the foreground were made by freehand embroidery on the sewing machine with wash-away fabric and special cottons. The Grampian's flowers were made with appliqué and beading, machine and hand embroidery.

The Appliqué is made from real items such as the man's shirt; and the old lady's knee rug was specially made, with several pieces of jewellery generously donated. The faces of the people are hand painted.

The black bias design on the back is hand stitched. It also features a label with names of all who worked on the quilt. The original hospital logo is embroidered with French Knots with the new Health Service logo hand painted. The quilt is bound in black and hand quilted.

The finished quilt was hung on Friday May 27, 2005 and was officially acknowledged by Minister Bronwyn Pike at the official opening of the hospital development.

The production of a Quality of Care Report is 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
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 assisted by Jane Kibble and numerous staff members
Photography : John Tiddy

Thank You

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

