wdhs Western District Health Service

QUALITY OF CARE REPORT 2012

CLOSING THE GAP WITH CONSUMERS THROUGH PERSON CENTERED CARE

Our Mission

To meet the health and wellbeing needs of our community by delivering a comprehensive range of high quality, innovative and valued, health services.

Our Vision

Excellence in healthcare, putting people first.

Our Values

We value:

» **Our community**

We recognise their rights, encourage their participation and are committed to their health and wellbeing.

» **Improving performance**

We are committed to a culture of continuous quality improvement and innovation.

» **Our staff**

We are committed to their wellbeing and ongoing education, growth and development.

» **Strong leadership**

We are committed to governance and management that sets sound directions promoting innovation and research.

» **Safe practice**

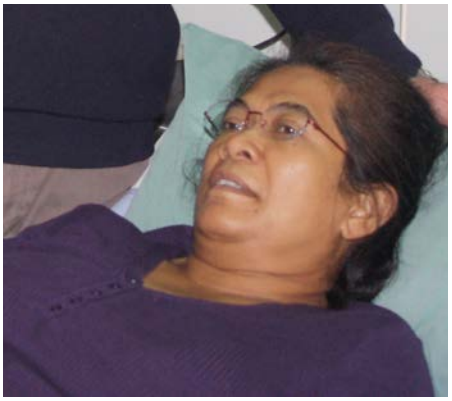
We are committed to a safe and healthy environment.

wdhs
Western District Health Service

New logo symbolism

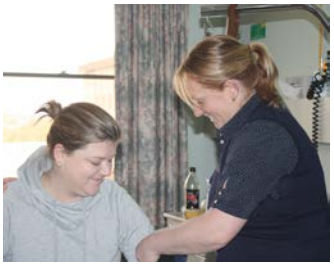
The new logo as above was developed to represent the mission, vision and values of Western District Health Service with our ultimate goal to create a more integrated and responsive service system based upon a person centred care model in accord with our adopted 5 to 10 year Service Plan and Model of Care.

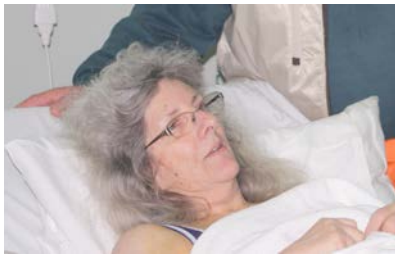
The six outer individual circular links of our logo represent the six potential service components of person centred care (acute, sub acute, mental health, wellness and promotion, aged care and primary care). The small inner circle represents our community members /clients / consumers. This inner circle is located near the wellness and promotion circular link to symbolise the ultimate aim of wellness / good health.



Person Centred Care

We aim to deliver person centred health care that is integrated and coordinated around the needs of people rather than service types, professional boundaries, organisational structure, funding and reporting requirements.





CONTENTS

Jim Fletcher, CEO and Mary-Ann Brown WDHS Board President

HIGHLIGHTS FOR 2012

2012 GLOSSARY OF TERMS

ACHS	Australian Council on Healthcare Standards
ACP	Advance Care Planning
ACSAA	Aged Care Standards and Accreditation Agency
ACSQH	Australian Commission on Safety and Quality in Healthcare
ADASS	Adult Day Activity and Support Service
BOD	Board of Directors
CAC	Community Advisory Committee
CACPs	Community Aged Care Packages
CALD	Cultural and Linguistically Diverse
CDHS	Coleraine District Health Service
COAG/LSOP	Council of Australian Government/Long Stay Older Patient
CRC	Community Rehabilitation Centre
DAP	Diversity Access and Participation
DOH	Department of Health
DVA	Department of Veterans Affairs
ED	Emergency Department
EQuIP	Evaluation and Quality Improvement Program
FHCC	Frances Hewett Community Centre
GP	General Practitioner
HACC	Home and Community Care Program
HARP	Hospital Admission Risk Program
HBH	Hamilton Base Hospital
HITH	Hospital in the Home
IC4OP	Improving Care 4 Older People
HMMC	Hamilton Midwifery Model of Care
LAOS	Limited Adverse Occurrence Screening
MET	Medical Emergency Team
NCFH	National Centre for Farmer Health
NESB	Non English Speaking Background
NSQHSS	National Safety and Quality Health Service Standards
PAC	Post Acute Care
PAGs	Planned Activity Groups
PCP	Primary Care Partnerships
PDHS	Penshurst & District Health Service
RCH	Royal Children's Hospital
RMIT	Royal Melbourne Institute of Technology
TCP	Transition Care Program
SFF	Sustainable Farm Families
SWH	South West Healthcare
SWARH	South West Alliance of Rural Hospitals
VTE	Venous Thromboembolism
VMIA	Victorian Managed Insurance Authority
VPSM	Victorian Patient Satisfaction Monitor
WDHS	Western District Health Service
WHO	World Health Organisation

OUR SERVICE PROFILE

Western District Health Service (WDHS) is based in Hamilton, Coleraine and Penshurst in the Southern Grampians Shire and Merino in the Glenelg Shire in Western Victoria. WDHS incorporates Frances Hewett Community Centre, Grange Residential Care Service, Hamilton Base Hospital (HBH), Coleraine District Health Service (CDHS), Penshurst & District Health Service (PDHS), the National Centre for Farmer Health, the Merino Community Health Centre and youth4youth.

The primary catchment area for WDHS is the Southern Grampians and Northern part of the Glenelg Shires with smaller catchments from neighbouring Shires including south east South Australia.

The main campus of WDHS is Hamilton Base Hospital which provides 75 beds offering a comprehensive range of medical and surgical services, sub acute, intensive care and regional trauma service. Self sufficiency for core acute services for the primary catchment area is around 80%.There are two Aged Residential Care facilities attached to Hamilton Base Hospital campus; The Birches is a 45 bed aged residential high care facility including 30 beds for high care dementia and three psychogeriatric clients. It also provides one bed for palliative care. The other 50 bed aged care facility, The Grange, is high care with ageing in place. Thirty Community Aged Care Packages are also provided from the Grange.

Construction of a new sub acute area of HBH for inpatient Geriatric Evaluation and Management (GEM) and rehabilitation programs to include upgrades to bedrooms/ ensuites, a new assisted daily living skills kitchen, new gymnasium and gait training area; commenced in May 2012 and is due for completion in April 2013.

The Primary and Preventative Health Division (P&PH) located on the HBH campus at the Frances Hewett Centre and Hamilton House Allied Health Centre offers a comprehensive range of allied health, primary, preventative health promotion and education programs including a Youth Outreach service and the South West Community Transport program.

A range of corporate and clinical specialist services are provided from the HBH campus to other neighbouring Health and Community Service providers.

The National Centre for Farmer Health(NCFH), which is a partnership between WDHS and Deakin University, was established on the HBH site in November 2008. The National Centre, the first of its kind in Australia, is a research, education and service delivery centre for the health, wellbeing and safety of farm families and farm workers.

WDHS also has two small multipurpose service campuses located at Coleraine and Penshurst, and operates a Community Health Centre at Merino.

The Coleraine campus provides 10 beds for low level medical acute, mainly chronic illness and convalescence from surgery, 12 high care, 41 low care aged residential beds over a number of sites, 25 independent living units (ILUs), and a medical clinic with a range of primary and allied health services provided on an outreach basis from the main Hamilton campus.

The State Government has provided $25.2m for the $26.5m redevelopment of health facilities at Coleraine, which will include consolidation and relocation of all services onto the one site to create a one stop shop health precinct for the Coleraine community. Construction commenced in August 2011 with Stage 1 including a new primary care centre, new acute and aged high care facilities, administration and support services to be completed December 2012 with Stage 2 to commence in February 2013. The entire project is due for completion in March 2014.

The Penshurst campus provides six low level acute medical beds for chronic illness, 17 high care and 10 low care beds for aged residents, a medical clinic, 10 Independent Living Units (six at Dunkeld, four at Penshurst) with primary and allied health provided on an outreach basis from Hamilton.

A new Community Health Centre located in Merino was commissioned on 2 June 2011 and acts as first responder for accident and illness. It also provides District Nursing, health and wellbeing programs, a part-time Planned Activity Group program, a weekly GP clinic with visiting Podiatry, Dietitian and Diabetes Educator provided monthly through Glenelg Outreach.

WDHS is the auspice agency for the Southern Grampians/Glenelg Primary Care Partnership, which will have a key leadership role in the development of the South West Coast Medicare Local.

A $500k Commonwealth Primary Care Capital Grant has been received to complete the 2nd Stage upgrade of Hamilton Medical Group and this will be completed during 2012/13 financial year.

In line with WDHS strategic and service plans, a capital master plan for the Hamilton and Penshurst campuses will be completed in 2012 and submitted to the State Government for funding consideration.

This master plan will provide the framework for the redevelopment of facilities over the next 10 to 15 years to meet the future long term needs of our community.

INTRODUCTION

Western District Health Service (WDHS) is proud to present the 2012 Quality of Care Report. The report outlines the outcomes of our quality and safety program, describing the quality and safety systems, processes and outcomes of the health service through graphs, data, information, and, importantly, some local case studies. We are particularly thankful to the clients who agreed to tell their stories in our Quality of Care Report and share their experiences with the community.

Throughout the report, we have included quotes from patients who have used our services. These quotes have been extracted from the Victorian Patient Satisfaction Monitor (VPSM) Wave 21 (June 2011 – Dec 2011). The VPSM is a state-wide patient satisfaction survey, which produces reports assisting hospitals in identifying strategies to improve services and increase patient satisfaction. The report enables hospitals to track their performance over time and compare their results to those of like hospitals.

Distribution of the 2011 Quality of Care Report

Each year we distribute the Quality of Care Report as widely as possible. Building on the successful distribution of previous years, the publication of the 2011 Quality of Care Report was launched with a prominent display in the foyers of our Hamilton, Coleraine and Penshurst campuses.

At the same time, the local media outlet 'The Hamilton Spectator' and the WDHS community magazine, 'Western Wellbeing', included articles promoting the Report and informing the community on options for accessing copies. These strategies always trigger community interest and result in calls from people wanting to access copies. In addition to being available on our website, the 2011 Quality of Care Report was distributed to waiting areas of medical clinics, other health care organisations, carers' support groups, the local library, and advisory committees. In particular, we focused on expanding our community organisation mail out lists throughout the year.

Preparing the 2012 Quality of Care Report

The 2012 Quality of Care Report was prepared by a small group of WDHS staff and Community Advisory Committee members. The end product is the result of wide consultation and input from across the organisation, and included all Community Advisory Committee members, carers' support groups, department heads and program co-ordinators. Preparation was largely influenced by feedback received on last year's Quality of Care Report from staff and the community. The Department of Health (DoH) no longer provides feedback or a rating score on the Quality of Care Report, but it does provide guidelines on essential items to include in the report.

When evaluating last year's report from the community feedback received, we used a scale of 1(excellent) to 5(poor) in the evaluation survey.

	1	2	3	4	5
The report clearly depicts WDHS activities and achievements	31.30%	52.10%	16.70%	0.00%	0.00%
The report is well presented	43.80%	45.80%	10.40%	0.00%	0.00%
The report was easy to read	34.00%	51.10%	14.90%	2.00%	0.00%
The report gives me confidence in choosing my care at WDHS	33.30%	45.80%	20.80%	0.00%	0.00%
The graphs were easy to understand	27.10%	45.80%	27.10%	0.00%	0.00%

Accreditation

During the year, the health service went through a number of accreditation processes, including an Aged Care Standards and Accreditation Agency audit at Coleraine and support visits, and a self-assessment of the recommendations from the 2011 mid-term assessment with the Australian Council on Health Care Standards (ACHS). We were pleased to meet all the requirements of these agencies, receive recommendations and suggestions for future improvement, and positive comments regarding the provision of quality of care.

The Australian Commission on Safety and Quality in Healthcare (ACSQH) has developed a suite of 10 National Safety and Quality Health Service Standards (NSQHSS), which will be outlined in the Quality of Care Report. The Standards will be implemented from January 2013.

We look forward to building our capacity and structure to achieve the highest level rating we can aspire to.

We trust that the 2012 Quality of Care Report will give you an insight into our quality and safety system processes, and we welcome your feedback to assist in the development of future reports.

Please use the self-addressed form provided or alternatively, the online survey at www.wdhs.net

For further information please contact the Quality and Risk Manager – Mrs. Gillian Jenkins on 5551 8207.

Mary-Ann Brown

PRESIDENT

Jim Fletcher

CHIEF EXECUTIVE OFFICER

CARE COORDINATION MODEL

The Western District Health Service (WDHS) Care Coordination Model aims to improve navigation for consumers with complex or chronic conditions by:

» the early identification of client needs

» coordination of care for people with complex and chronic conditions

» enhancing the information flow between services

It has done this by enhancing linkages across different parts of the system, including between acute, primary care, Shire Home and Community Care Services (HACC) and private General Practitioners (GPs).

Changes have been made to:

» reporting structures and inter-agency agreements

» staff roles and functions

» policies and work practices

For consumers, this has resulted in a consistent and proactive approach to identifying their needs and a coordinated response to their care or treatment. Complex or chronic needs are coordinated via a care plan shared between different disciplines. This has enabled increased communication and information sharing.

Progress over the last 12 months includes:

» centralised appointments for all Allied Health Departments

» evaluation of Service First Intake process and co-location of Shire HACC assessment staff

» new client care plan

» increased care coordination and follow-up of diabetes clients

» introduction of intake form at pre-admission clinic

» enhanced information sharing with Practice Nurses at Hamilton Medical Group enabling improved care for diabetes clients

» introduction of a 24 hour follow-up phone call to patients discharged via the Discharge Planning Unit (DPU)

The model has been included as a Case Study in the Victorian Rural and Regional Health Plan, 2012-2022. The Department of Health has funded a two year project to facilitate the transfer of the WDHS Care Coordination principles/practice to other agencies in Barwon South West region to support excellence in healthcare.

Outcomes:

Improved communication at transition points of care

» Increase in coordination of complex clients via weekly multi-disciplinary key worker meetings with acute, aged care, District Nursing Service (DNS), primary care, Shire HACC.

» Staff evaluation shows:

  » 70% improved communication between Southern Grampians Shire and Post-Acute Care and 70% time saving due to co-location

  » 80% improved HACC client outcomes (due to communication improvements resulting in increased staff knowledge of services and staff awareness of individual client needs).

» GP Practice Nurse engagement has resulted in WDHS now having 100% access to client pathology results at outpatient appointments and increased referral of chronic disease clients into WDHS programs by GP Practice Nurses

» Enhanced partnerships with acute nursing, district nursing, GP Practice Nurses, Shire HACC and aged care.

Proactive identification of needs and access to services

Consumers are consistently screened for other needs using the same Initial Needs Identification (INI) tool in acute, primary care and Shire HACC.

» 30%-43% of clients are accessing services they would not have accessed before (as early or at all) as a result of 'Service First' Intake

» 100% clients surveyed state that 'Service First' Intake significantly assisted them, with 86% stating their outcomes would not have been achieved without this process.

Expanded care coordination and increased clinical outcomes

» The expansion to Care Coordination has provided care coordination to an additional 20% of clients, who were outside HARP

» 70% increase in number of diabetes clients who have a care plan

» Increased diabetes recall from 30% to 100%, with timeline of reviews now consistent with the National Diabetes Guidelines

» 100% of diabetes clients with completed clinical information available to the Diabetes Educator. Prior to the model, this was less than 5%. This has significantly increased the provision of safe, quality care

» 30% of clients reduced their HbA1c levels to below seven (sample size n=19) and there was a reduced average HbA1c from 8.06 to 7.24 across the sample

» 45% increase in diabetes throughput due to new workforce role (Chronic Care Coordinator), ensuring greater access to timely clinical care.

Coordinated Care - Michael's story

Forty three year old Michael was diagnosed with Type 2 Diabetes in 2010. His health deteriorated due to the complexity of his condition, resulting in admission to Intensive Care where he was treated for respiratory failure. Michael relocated to Hamilton from Port Fairy to be with family. He had withdrawn from his normal daily activities including community radio due to poor health.

Michael's journey at WDHS began with a referral to Podiatry at Allied Health to treat his painful feet, which were causing difficulty when walking. Prior to the appointment Michael filled out an Initial Needs Identification form (INI). Other health concerns were identified through this form and he was referred onto additional services. Michael had toothache which was affecting his eating; he had not been to a Dentist for 25 years. He was referred to the Dental Clinic and received appropriate treatment making it easier to eat.

Michael had poor concentration and fatigue due to sleep apnoea. He was referred to a Sleep Centre for a review of his Continuous Positive Airway Pressure (CPAP) via a home breathing machine that enables him to breathe safely during sleep. Michael's machine was adjusted as required and he is now more rested with improved concentration and more energy.

He was referred to the WDHS Chronic Care Co-ordinator to help him arrange a series of appointments after a Management Plan from his doctor. Appointments were made for Diabetes Educator, Dietetics and Podiatry.

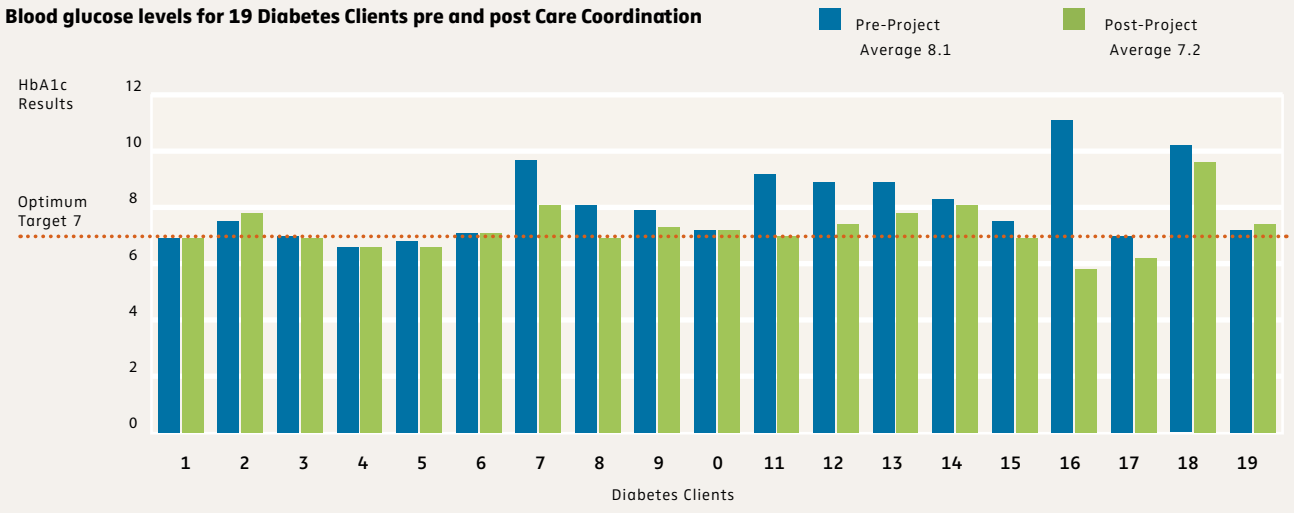
He has recently attended the 'Let's Talk Diabetes Program' for people with Type 2 diabetes who are newly diagnosed. This six week program is run by the Diabetes team providing education sessions with Diabetes Educators, Dietitians and Podiatrists.

The main focus of the Diabetes Program is goal setting and care plan development, which has had a positive impact on Michael's self-management. Michael learnt the benefit of exercise and continues with his own aquatic exercises following the completion of hydrotherapy. He says it is affordable, enjoyable and he has lost 30 kg so far. He attributes his weight loss to change of diet and increased exercise where he chooses to walk short distances rather than drive and is enjoying the benefits of his increasing fitness.

Reflecting back to his hospital admission, Michael says ''this was a scary time but I have bounced back pretty well now. Things are better and I have made a lot of changes.''

Michael has been involved with community radio in Warrnambool and Portland for the past 25 years and is passionate about his contribution with music selection. His goal is to improve his health so he can continue with community radio. ''I drive to Portland once a week. I am more active now and getting around is easier.''

Michael is setting new goals for the future. He plans to walk around Griffiths Island at Port Fairy, one of his favourite home town walks. ''Then if I do that I would like to walk from Port fairy to Killarney along the beach.''



CARE COORDINATION MODEL (cont.)

Susie Stevenson, Discharge Planning Unit Registered Nurse with Karen Malone

Case Study:

An example of how the Service First Intake process results in the proactive identification of needs, sometimes not identified by other means. The language on the Intake form is an enabler for clients to self-identify.

Seventy four year old retired male lives in town with wife and helps his son out on the family farm. The client attended a work safety health screening program at Sheepvention. As a result of the screening he was advised to consult his GP regarding imbalanced cholesterol levels, he was also referred to Dietetics.

The client filled out an INI form when he attended his Dietetics appointment where he indicated a concern with ''not making it to the toilet'' and requested more information about Men's Health.

The Intake Coordinator contacted the client who advised he was experiencing episodes of (bowel) urge incontinence causing incidents of soiled underwear. He stated the situation was compromising at times, for example, when out in public or on the farm when he could not get to the toilet on time. He stated it caused him to feel embarrassment, anxiety and was undignified.

He had not discussed this concern with his GP as he did not feel comfortable talking about it.

The client indicated he wanted to maintain his dignity and avoid the embarrassing situations.

Education was provided to the client about the role of the Men's Health educator. The Intake Coordinator encouraged the client to make a time to discuss any concerns with his GP as a step to achieving better health outcomes. The client has seen the Men's Health educator as a first step, as he didn't feel comfortable with a referral to continence.

Case Study:

Through a client centred approach to care, the Chronic Care Coordinator was able to discuss real issues with the client that was impacting on management of their health. The offer of support to the client and the knowledge of services available assisted the client to be better informed of their options.

A client was referred to the Chronic Care Coordinator by the Diabetes Educator after a client consultation. The Diabetes Educator suggested the Chronic Care Coordinator meet with the client and offer support as required.

This client has Type 2 diabetes previously well controlled with oral medication now requiring insulin, as blood glucose levels have been unstable. The client has also developed a foot drop so has been attending physiotherapy for orthotic support.

The Chronic Care Coordinator saw the client to offer support and ask if there were any concerns she could assist with. The client had lost her husband some months prior and was finding it difficult to manage. A counselling referral was offered, however, the client requested this be deferred for a couple of months.

Two weeks later, one of the physiotherapists notified the Chronic Care Coordinator that the client had missed an appointment. On follow up by the Chronic Care Coordinator, the client was very upset, feeling depressed and not sleeping well or leaving the house. Her blood glucose levels were elevated, she had not been testing regularly (running out of test strips) and felt unable to share this with her family.

With a planned GP visit, the Chronic Care Coordinator arranged for further support later that day in the form of a phone call. During this discussion, the client reported that her GP had altered her insulin regime and antidepressant dose. The client was receptive to a Counselling referral, which was arranged. They also discussed her Physiotherapy appointments, which the client decided to address at another time.

The Chronic Care Coordinator is continuing to follow this client to provide support when required in partnership with the client.

PREVENTATIVE HEALTH

Community Kitchens

The Dietetics Department completed a pilot of a Community Kitchen in partnership with the Hamilton Community Church. Typically, a Community Kitchen is a group of people who come together on a regular basis to socialise and cook affordable and nutritious meals. The participants then sit down to share the meal or divide it up for each person to take home. Through buying and cooking in bulk, many Kitchens can produce meals at a lower cost than individuals cooking at home. The Community Kitchen approach is a first for the Dietetic Department whereby the project is owned and driven by the participants.

The trial saw six people attend the eight week pilot. Evaluation results from five participants include:

Healthy Eating

» 100% of participants reported an increase in knowledge of healthy eating including what to look for to make a healthy recipe

» 60% of participants reported an increased knowledge of healthy food

» 60% of participants reported increasing their fruit and vegetable intake as a result of participating in the Community Kitchen. One participant said their fruit and vegetable intake improved greatly as a result of participating in the Community Kitchen

» 80% of participants reported that their cooking skills had improved, with one participant reporting that their cooking skills had improved greatly as a result of being involved in the Community Kitchen

» 80% of participants reported improved ability in food budgeting skills as a result of being involved in the Community Kitchen

Social Connection

» 80% of participants reported an increased confidence to work with other people as a result of being involved in the Community Kitchen

» 80% of participants reported an increased confidence to meet new people as a result of being involved in the Community Kitchen

» 80% of participants reported an increased confidence to help other people as a result of being involved in the Community Kitchen

Other Preventative Health Highlights

Affordable exercise programs were again provided from Frances Hewett Community Centre. Four activity programs run each week and include Heart Take Part, Start Staying Strong and Bones Better Best. Over 400 people have participated in the last year.

MEDICAL SERVICES

The Medical Division has developed some new initiatives during the last year which will broaden our links with other regional hospitals, and enhance the skills of our medical staff.

The following initiatives have been introduced:

» a training General Practitioner (GP) on a six month rotation from Ballarat working as a Registrar specializing in anaesthetics

» a junior Hospital Medical Officer (HMO) on rotation between Southwest Healthcare and Hamilton Base Hospital (HBH) Emergency Departments (ED), on an Emergency Medicine Education and Training program. This position works under the close supervision of an Emergency Physician

A further initiative planned to commence in 2013 will involve a second year HMO on a five year GP Generalist program in conjunction with Southwest Healthcare and Portland District Health. This program provides procedural skills and expertise in a rural setting in an attempt to retain young GPs in the region.

Our links have been strengthened with Southwest Healthcare in the divisions of Obstetrics and Gynaecology and Orthopaedic care and with Intensive Care medical staff at Barwon Health.

A physician and an Obstetrician Proceduralist have been recruited to further broaden our medical expertise. The Senior Medical Staff meetings have been reactivated to further plan and discuss future initiatives.

We have expanded the coverage of our medical education programs which has increased attendance from all levels of medical, nursing and allied health staff. These sessions have Webinar links to Portland, Penshurst, Edenhope, Casterton and Coleraine. We bring expert external speakers to Hamilton who then lead practical workshops for specific groups following their educational presentations.

To improve access to Specialist services we have progressed a number of telehealth projects involving sleep and respiratory management, pain management, perioperative care; and general practice staff consultations.

THE BIRCHES DEMENTIA FRIENDLY ENVIRONMENT

Mr John Nagorcka, The Birches

To enhance the wellbeing of residents of Western District Health Service (WDHS) Aged Care Facilities, developments have been made using a Person Centred Care (PCC) approach in a dementia friendly environment. The aim is to improve the environment and implement strategies to reduce behaviours of concern in residents with dementia.

A sensory room offers a venue for residents to experience time away from communal lounges where they view images, music and items that they enjoy from their past. This assists in relaxation and calming their mood.

Three small lounges at the end of each wing of The Birches, known as Acacia, Banksia and Boronia have been painted and refurnished to offer a quiet place to sit and enable the visitors' privacy with the residents, away from a large noisy communal lounge area or the resident's room. Each room acts as a 'spoke' to the Sensory room. Following these changes, the feedback from families and residents has been positive with comments that the lovely gardens feel closer, the tub chairs are very comfortable and practical and the small rooms create a 'home like feel' that encourages their use.

Roses have been planted and outdoor furniture and a weatherproof canopy in the garden have been planned. Several benches will be placed around the paths to encourage walking outside and resting along their way.

The Birches doll

The Birches Activities.

The residents' life stories are being written in hard copy after a successful trial with one resident. Each hard copy is printed in colour and saved on a computer for updating in the residents' individual folders. Families and friends have provided photos and images.

Two electronic tablets (small computers), which provide portability, are used to display preferred images and favourite music which encourages relaxation. Again the feedback from residents and their families has been very positive as it creates a calming effect as well as providing enjoyment.

Specific staff are educated in PCC to improve their skills in managing behaviours of concern. They will complete 'Life Stories', educate the clinical staff and champion the benefits of PCC so it becomes embedded in daily practice and involves residents, families and friends.

IC4OP

Improving Care for Older People

The program is now in its fifth year and many improvements continue. The IC4OP project involves a range of initiatives designed to address the following key impact areas:

- delivering person-centred care by ensuring the older person is an informed and valued participant in their health care
- building best practice in the care of older people by using an evidence-based approach to understanding their specific health care needs
- modifying environments ensuring they are 'older person friendly'
- providing specific training and development for staff
- developing partnerships and networks within and between health services, to improve the coordination and integration of care.

At Western District Health Service (WDHS) an organisation-wide policy has been developed to provide a framework for improving care for older people across the organisation and has resulted in:

- inclusion in the Partnering with Consumers policy
- development of Behavioural Management Guidelines
- development of the Preventing Functional Decline in Hospitalized Older People policy
- review of the Cognitive Impairment and Assessment policies in line with the National Safety and Quality Health Service Standards and best practice

In addition a hearing impaired brochure has been developed and introduced following consumer and clinician input. A Key Contact Person policy and process has been developed for sub-acute Geriatric Evaluation and Management (GEM) and Rehabilitation patients. This will enable the patient access to a key contact person to assist them during their medical journey. Consumer participation has been a well utilised and important resource in these developments.

Education

Professional development with clinical champions has included staff from aged care services, Allied Health staff, District Nurses, Operating Theatre and the Coleraine and Penshurst staff. This education is key to the further enhancement of Person Centred Care, assessment of cognitive impairment and the domains of mobility, vigour, self-care and skin integrity. Further IC4OP education for all staff of the Medical and Surgical Units is related to cognitive identification, management of delirium and behavioural management.

Behaviour Management

A behaviour observation chart and template for Behavioural Management Assessment is currently under review and will be introduced in the near future.

Initial General Assessment

A review and trial of the Initial General Assessment was conducted in May 2012 and feedback is being collated to assist with determining the future direction of the assessment tool.

Sven Pohlsen, Registered Nurse and Malcolm Bird

Errol Parfitt and Naomi McKay, Registered Nurse

Beth Phillips in the Surgical Unit

DISTRICT NURSING SERVICE

Community Care Common Standards

In March 2011 the Community Care Common Standards (CCCS) replaced the Home and Community Care (HACC) National Service Standards across Australia. The CCCS are part of an ongoing process of reform by the Australian Government and State and Territory Governments that has been underway since 2005 to develop and streamline arrangements in community care.

There are three Standards:

» Effective Management

» Appropriate Access and Service Delivery

» Service User Rights and Responsibilities

All HACC funded services will now be reviewed against these Standards

Coordinated Veterans' Care Program

The Coordinated Veterans' Care Program is a new Department of Veterans' Affairs (DVA) program that has been introduced to better manage and coordinate care for veterans living in the community who are most at risk of being admitted or readmitted to hospital. It is a voluntary program and to be eligible, the veteran must be a Gold Card holder with identified chronic health conditions and complex care needs.

Once on the program, the veteran's doctor will prepare a comprehensive care plan with the veteran. The coordination of this care plan will be managed by the doctor's practice nurse or alternatively a referral may be made to the District Nursing Service.

Hospital in the Home Review

A state-wide review of the Hospital in the Home (HITH) program has recently been completed. The final report of the review confirmed that HITH is a well established model of care that is safe and effective. There is a core range of conditions for which HITH is the preferred modality.

A study of HITH patients and carers conducted for the review demonstrated that participants were overwhelmingly supportive of the program, identifying strengths such as less disruption to normal life, keeping families together and flexibility of service provision.

Following the review, HITH state-wide guidelines were revised and distributed to participating hospitals.

At WDHS the District Nursing Service is responsible for the management of the HITH program and the provision of care to the HITH patients in their home. Extensive education has been provided to nursing staff throughout the organisation to promote a better understanding of the HITH program with the aim of increasing the use of this service.

CLOSING THE GAP CONTINUES...

Last year we reported on Keith, one of our Indigenous patients who had suffered a stroke and was admitted to the Hamilton Base Hospital. The experience inspired him to commit time to building new, strong and meaningful relationships with the health service and the Indigenous communities of the Western District.

This year the Nurse Unit Manager of the Medical Unit presented his story at the Victorian Aboriginal Health Conference and presented our key learnings from this experience:

» everyone needs to be listened to

» if you put away your personal beliefs and listen to your patients you will reap the rewards

» spirituality and medicine can work hand in hand given the opportunity

Where are we now?

» we continue our links with Winda-Mara Aboriginal Corporation for education and support for staff and patients

» we continue to work with Keith, our champion, to raise awareness of stroke and spiritual issues within the Aboriginal Community.

Keith returned to the 'Return to Rehab' day.

MEDICAL TRAVEL GUIDE

For many rural Victorians, the thought of having to travel to Melbourne or a regional centre for a specialist medical appointment can be overwhelming. How do I use the public transport system? Where will I park? What if I have to stay overnight? Where can I find affordable accommodation? Are there any support services or financial support that I can access?

Most of this information can be found, but it is in a lot of different places and you have to know where to look. The Medical Travel Guide, developed by South West Transport Connections and South West Community Transport Program draws all this information together in one place to make the journey easier.

Members of the Western District Health Service Consumer/Carer focus group were consulted in the development of the guide to ensure that the information was relevant to users and in a format that was easy to read and understand. The guide is available online at www.wdhs.net/swct and will be reviewed quarterly to ensure information is up to date.

The guide was launched by Hon Hugh Delahunty representing Hon Peter Ryan Deputy Premier and Minister for Rural and Regional Planning on the 20 October 2011 at Western District Health Service. The Medical Travel Guide (MTG) has been distributed across south west Victoria and promoted throughout Victoria via the Transport Connection Program.

In March 2012, an evaluation was conducted and responses to the survey were very positive and encouraging. Informal feedback through discussions with service providers has also been positive.

Comments from consumers included:

» Very useful, advised others to get one

» Useful, clear information

» Was great, very useful, I did not know I could access that service

» Very helpful and supportive, could attend appointments without bothering friends/family.

Promotion of the guide has been primarily through service providers; however, future efforts will focus on promotion to consumers through offering information talks to groups around the region. In this way more direct feedback from consumers will be obtained. While the primary audience for the MTG is consumers travelling for healthcare, much of the transport information is relevant to general travel; and promotion to a range of community groups will support greater knowledge and use of public transport.

From Left: Jim Fletcher, Becky Morton, Hugh Delahunty and Mary-Ann Brown

Alan's story

Alan is a member of the Primary and Preventative Health consumer/carer network and was involved in consultations to review the Medical Travel Guide. Recently, he was pleased to be able to use the Guide to assist a friend travelling to Melbourne for a medical appointment.

During a chance meeting in Ballarat his friend mentioned that he had to go to Melbourne the next day for an appointment. His friend was worried about how he would get to his appointment from Southern Cross Station, since he was unfamiliar with the public transport system.

Alan had a copy of the Medical Travel Guide with him and was able to give it to his friend who learnt about Travellers Aid services. When he arrived in Melbourne using the train from Ballarat, he was able to go straight to Travellers Aid at Southern Cross Station and they were able to provide information to make it easy to get to his appointment.

"It was great to be able to help a mate and make his journey easier. The Medical Travel Guide is full of useful information for people travelling to appointments".

- Alan

PALLIATIVE CARE

Peer Review

WDHS Palliative Care service was one of the first services in the Barwon South West Region to undergo a Peer Review following the National Self-assessment Program (NSAP).The purpose of the Peer Review was to validate and endorse the self-assessment undertaken. It provided an opportunity to incorporate an expert outside person's perspective to the process. The reviewer worked with the service, endorsing the ratings and confirming program requirements were met. The reviewer also provided a good mentor-type support to the service and submitted a report and a national benchmark report was received.

Some of the comments in the report:

» WDHS Palliative Care is a friendly and welcoming service

» The mentor visit day was well-organised: a reflection of the well organised approach of the service to the NSAP program in general

» Ample time was made to meet with key people and discuss practice, processes and quality activities

» Evidence was provided in a clear and concise manner, with summaries of projects underway and outcomes of these

» The enthusiasm and energy of such a small but efficient team is to be applauded

Service Delivery Framework

The framework is designed to provide a consistent basis for the provision of palliative care across the State. It delineates the roles, levels of capacity/capabilities that can be expected by the service provider. The report outlines the capability framework that describes the dimensions including workforce models and availability, education, training and research. There are two levels of service for specialised community palliative care. Services not meeting basic requirements will be supported to obtain those requirements. WDHS met all requirements for a Level 1 service and met some of the requirements of a Level 2 service. The mapping tool was revised and the report sent to Barwon South West.

Palliative Care Volunteer Training

One of the key areas for improvement identified from the NSAP was staff support. The action is to expand volunteer support to assist with social /respite support to patients and bereavement support to families.

Volunteer training was undertaken based on the Palliative Care Volunteer Training Module, which consisted of nine modules. Experts in all relevant areas were invited to provide the training. Six volunteers completed the training and believed it to be invaluable, increasing their education and confidence in their role as supporters of the service.

THE GRANGE REDEVELOPMENT

Respite resident Hope Coull and Pam Vince, Nurse Unit Manager The Grange

The Hamilton and district community has, with determination, commitment and unmatched generosity raised $2.2 million to ensure that highest quality aged care services will be available at the Grange Residential Aged Care Facility well into the future.

The fundraising appeal for the redevelopment of the Grange commenced in April 2009, and throughout its three years, the people of the Western District have been tenacious in their pursuit of the final target amount. The $2.2 million was required to support the completion of a $2.85 million redevelopment project.

The Western District Health Service (WDHS) is extremely fortunate and privileged to have received outstanding support to reach the $2.2 million fundraising target. It is a great tribute to the generosity of our community and their commitment to providing first class modern facilities for our elderly citizens. Hundreds of donors within the community, businesses, Trusts and Foundations have supported the fundraising campaign.

As well as financial support, many hours have been contributed by volunteers, the Development Council members and staff towards fundraising activities. The Hamilton and District Aged Care Trust raised in excess of $450,000.

WDHS will host a formal opening of the redeveloped facility later in the year when official thanks and acknowledgement of all donors and supporters will be offered.

THE QUEEN'S DIAMOND JUBILEE CELEBRATIONS

'The Queen', Maisie Mitchell celebrates with Coleraine Planned Activity Group participants June McKee, Gloria Caulfield and Ian Cleggett

Penshurst

A highlight for the Penshurst residents of Kolor Lodge and the Nursing Home was the Queen's Diamond Jubilee, which was celebrated with visitors who joined in for an afternoon of activities. The tables were decorated in red, white and blue with bowls of roses. The residents enjoyed an array of sandwiches and cakes and a fun afternoon was had by all present who participated in various games and activities.

Coleraine

As part of the celebrations for the Diamond Jubilee of Her Majesty Queen Elizabeth II, the residents and staff at Coleraine wanted to create a memento to send to her. They also wanted to congratulate the Queen on her reign of 60 wonderful years and to show how proud they are of her dedication and thank her for the inspiration she is to everyone.

A number of activities were arranged, which included a display in the front foyer of mannequins dressed as members of the Royal Family complete with the family corgis. This created a lot of interest for residents and visitors. A 'high tea' was enjoyed by all.

The Residents and staff were overjoyed when they received a letter in the mail from Her Majesty the Queen. In her letter, the Queen thanked the residents and staff for the keepsake they had sent her, which included a photo record of their celebrations and a message book.

Her Majesty was interested to hear of the resident's celebrations. She was delighted to see all the wonderful photographs and was also very much moved by the book of messages the residents had sent.

Her Majesty also said that she had been touched by the loyalty and support she had received throughout her long reign; and the keepsake book the residents and staff sent her had given her much pleasure.

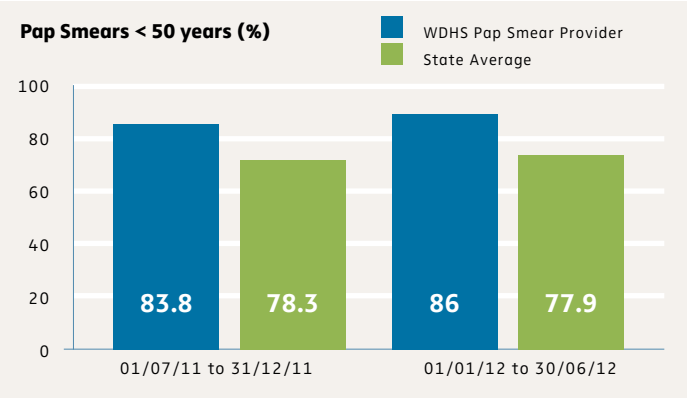
WOMEN'S HEALTH - PAP SMEARS

During the last 12 months 214 clients have presented to have pap smears at our clinics at the Frances Hewett Community Centre and in outreach towns.

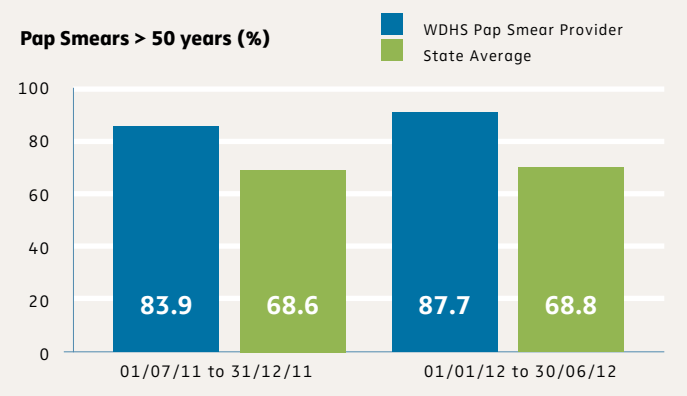
Clinics include:

- a weekly pap smear clinic during business hours and a monthly after-hours clinic provided by the WDHS Women's Health Nurse who is a Nurse Pap Smear Provider
- outreach pap smear clinics in Penshurst and Balmoral with funding of $2,500 from Pap Screen Victoria

The quality of pap smears provided by the WDHS Women's Health Nurse is assessed every six months by the Victorian Cytology Service. This assessment identifies the proportion of endocervical cells obtained in the pap smear. The figures below indicate that the quality of pap smears provided by the WDHS Women's Health Nurse is well above the State average for cells taken in women below 50 and above 50 years of age.



Percentage of endocervical cells obtained in women less than 50 years of age by WDHS Women's Health Nurse as compared with the State average during 2011/2012.



Percentage of endocervical cells obtained in women above 50 years of age by WDHS Women's Health Nurse as compared with the State average during 2011/2012

TRANSITION CARE PROGRAM

Jeffrey Slater, Rehabilitation Team Leader and Louise Starkie, Enrolled Nurse

The Transition Care Program (TCP) aims to help improve a person's independence and confidence after a hospital stay. It provides a package of services which may include low intensity therapy and personal and/or nursing care as part of an ongoing but slower recovery process. This gives patients and their families or carers time to consider the long-term care arrangements.

The TCP is provided in a patient's home or in a residential care setting, depending on the individual's needs. They must consent to the program and have an Aged Care Assessment Service (ACAS) assessment to ensure they are suitable for the program. The patient must also consent to pay a daily care fee which does depend on where the care is provided.

Transition care can be provided for a period of up to 12 weeks, with a possibility to extend to 18 weeks if the patient is assessed as needing an extra period of therapeutic care. The average period of care is expected to be about seven weeks

We commenced with our first client at The Grange in June 2011 and since inception we have gone from three bed based packages and two community based, to seven packages, three bed based and four community based from January 2012.

In the first year a total of twenty five clients completed the program. In 2011, we had an occupancy rate of 94% made up of 572 community based days and 999 bed based days. For 2012, 446 community based days and 345 bed based days have been provided.

The first year has been very challenging with a number of opportunities to learn from and improve the program. Our biggest challenge has been the actual organisation of the management structure and the case management of TCP. This has been reorganised and staff have provided excellent care during the transition phase of development.

Excellent outcomes have been achieved for many of our patients; 10 have been discharged from TCP to home and remained at home independently, four have accepted permanent placement and an additional three are living at home with the support of a Community Aged Care Package.

We have had great success in particular, with one client who, prior to entering the program was bed bound due to her weight and subsequent health issues for two years. Following intense input from a number of allied health groups this client lost 50kg and has been discharged to live independently at home. This was an outcome that not even the patient could have envisaged when commencing the program.

Another great success was that of a lady admitted with a fractured hip. Prior to her admission to hospital, she had been living independently at home. Unfortunately she had an extended inpatient stay and during her rehabilitation phase, became very dependent on staff for assistance. Due to her determination to get home, a trial of TCP was organised. Once at home in her home setting, she increased her motivation and now is back gardening and remains independent with minimal services. She has not had a readmission since discharge from TCP.

YOUTH4YOUTH

The service provided a range of services to over 1,000 young people. Participation included attendance at five FreeZA drug and alcohol free music events and film development workshops and a festival supported by an Optus Community Grant. A diverse range of activities was also provided during the holiday program supported by Dr Geoff Handbury AO, with over 485 young people participating. This year saw the start of a 'Young Mums Network', which provided opportunities for social connection and skill building for local mothers aged 18-21 years who are socially isolated.

Holiday Program

A dynamic program of activities has been provided each school holiday period under the youth4youth program, thanks to the generous support of Dr Geoff Handbury AO. An increased number of activities on offer this year enabled greater participation, with an average of 121 participants over each holiday period since June 2011.

Activities aim to promote inclusiveness, social connection and confidence by participation in group programs that often connect young people into new experiences. In doing so, the program promotes positive health and wellbeing. The holiday activities are designed to be affordable and accessible, with popular examples including paintballing, horse riding, laser strike and ice skating.

Strong engagement with young people through Facebook and participant feedback forms has enabled effective planning for the following holiday periods.

Feedback from participants and parents has included:

» We thought the program was excellent. We will use the program again

» I highly commend the staff that were involved in the program, very well run and organised. Thank you

» You couldn't have made my day any better

» A great activity for the school holidays and very good value for money

	No. activities delivered	Female Participants	Male Participants	Total Participants
01/07/11	9	83	93	176
01/09/11	8	60	82	142
01/01/12	4	37	41	78
01/04/12	4	32	57	89
Total	**25**	**212**	**273**	**485**

HARP

Assisting People to Manage Safely at Home

The Hospital Risk Admission Program (HARP) aims to reduce the number of preventable hospital readmissions and presentations to the Emergency Department (ED) for people who have complex and chronic conditions.

HARP does this by working with people in their home to help them understand their treatment, manage their symptoms and the impact their condition has on their lifestyle.

In the last 12 months, services were provided to clients with respiratory conditions (35.6%), chronic heart conditions (24.7%), complex /age related issues (19.8%) and psychosocial issues (19.8%). Care coordination has also recently commenced for complex diabetes clients.

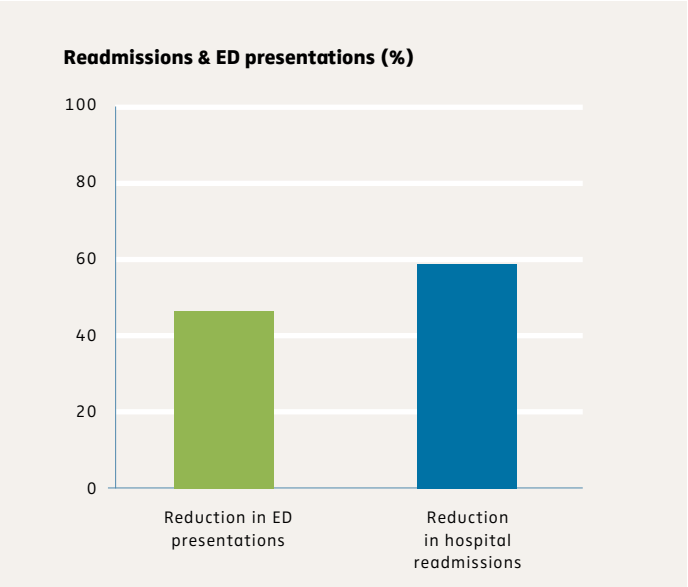
In 12 months HARP has achieved a:

» 58% reduction HARP client readmissions into hospital

» 46% reduction in HARP client presentations to ED

HARP Care Coordinators liaised with an average of 1.6 non-HARP services during each client episode of care with the number of services ranging from one to four. Higher numbers of non-HARP services required indicates an increasing level of client complexity.

Frequent patient presentations to the ED are being proactively identified by the ED team with increased timeliness of referrals to HARP. This is being achieved by incorporating three trigger questions into the admission notes to enable clinicians to identify potential HARP clients. Plans are underway to incorporate the HARP questions within the electronic patient management system, TRAK Care.



RETURN TO REHAB DAY

Members of the Rehabilitation Team interviewing and assessing participants of the Return to Rehab Day

The Rehabilitation Team at Western District Health Service (WDHS) conducted a Return to Rehab Day in June this year. The aim of the day was to find out what happened to our rehabilitation patients after discharge. Quite often our multidisciplinary team ask themselves ''I wonder what happened to that patient who had their hip replaced 12 months ago?'' The answer to this was to find out directly from the source, the patient. We also took the opportunity to utilise the feedback from the day to track our patient's journey from admission to discharge and beyond.

Invitations were sent out to 40 past patients who were selected from all of our main admission groups; orthopaedic, stroke and cardiac rehabilitation. The time frame selected was following discharge from between eight to 16 months ago. All 40 invitees responded back to the team, which was overwhelming and a great testament to our high quality program.

Fifteen indicated that they would attend on the day, 22 indicated that they could not attend on that particular day, but took the opportunity to be involved in future days and only three people declined the offer but acknowledged the invitation to attend.

On the day, 13 attended, as two could not attend due to illness. The day got underway with a formal welcome from Jeffrey Slater, Rehabilitation Team Leader, followed by a meet and greet to all participants with the multidisciplinary team members of Rehab. Jim Fletcher, CEO of WDHS was the guest speaker and his topic on the day was the new Sub Acute Redevelopment at WDHS. This presentation was well received by all attendees.

All participants were assessed on the day by a physiotherapist, an occupational therapist and also had access to a pharmacist. A medical health assessment was completed and a representative from the carer support groups spoke to all. Participants also had their Functional Independence Measure (FIM) Scores recalculated on the day. This is a functional independence measurement tool that is used for all rehabilitation patients to determine their level of functionality. It was pleasing to see that all participants had made gains in their scores since discharge.

The final part of the day was to obtain feedback from our participants in regard to their own patient journey within the rehab unit and also their feedback on the Return to Rehab Day. The patient journey feedback was a question and answer format that allowed for the participant to open up the discussion further. In general, the response to the patient's feedback was very positive and highlighted minimal areas that needed quality improvement. We look forward to our next Return to Rehab Day.

ADASS OVERNIGHT TRIP TO THE ZOO

Participants of the ADASS trip to the Zoo

We're going to the Zoo! Zoo! How about you!!!! These were the words of our 31 Adult Day Activity and Support Service (ADASS) clients (including for the first time four clients from Day Centre), five staff and three volunteers talking to their friends about the excitement of an overnight trip to Ararat, Ballarat and Melbourne. ''I don't think I'll be able to make it round the zoo'' said some, ''don't worry, there are wheel chairs there and we're taking some too, heavens what a time you will all have!''

Our trip included a tour of 'Aradale' a rather majestic building now in the hands of the National Trust but maintained by the Friends of 'Aradale'. ''How are we to be guided around here, such a large place'' said clients but they managed well with planned stops and safe paths. The tour guides kept the interest of all with stories old and new.

Dinner was 'swish' with ADASS staff dressing up in ball gowns and were great hosts with fun and laughter. Clients had no inhibitions and some lively games ensued. People who were normally quiet answered the questions to ''Who am I''.

Arriving at the Zoo all the clients where excited. Some wanted to see the elephants, the giraffes and some hadn't ever been to the zoo. ''I haven't been since 1942'' said

one man, ''I can't wait!'' The amount of sheer enthusiasm was felt as we all descended on the animals. The lions were making a din, the orang-utans were shouting wildly, the seals were sliding down the chutes into the water and the butterflies flittered in their glorious colours. The looks of amazement on the clients' faces as they rounded each bend were amazing. At the end of this day all exclaimed ''How did we do that, I made it around the zoo.'' The goals and expectations of the clients were met with enthusiasm and amazement and staff were equipped with mobility aids, preplanning, kind words and encouragement to effectively see the results of the clients reaching their goals.

Clients are still reminiscing and thanking staff for their planning and dedication to allow them the opportunity to fulfil a dream.

ACCREDITATION

We aim to provide high quality care for our consumers and accreditation is the formal process used to determine how we are performing against a specific set of Standards. These Standards are set by governing bodies to ensure that the standard of care is of the highest quality.

Our community can feel secure knowing WDHS is fully accredited, which means that all services, including acute and residential care, have been assessed by independent assessors, successfully meeting all of the expected outcomes. The accreditation process provides us with opportunities to make quality improvements in any aspect of care identified.

During the accreditation process, a team of qualified assessors conduct a very detailed assessment. Members of the team will talk with staff, patients, residents, carers and community representatives. They will review the documentation and observe the day to day functions of the health service.

Acute Care Services

The Australian Council on Healthcare Standards (ACHS) is the agency that assesses our acute and community services against the Evaluation and Quality Improvement Program (EQuIP). This year we completed a self-assessment based on the recommendations of the periodic review, which was completed last year.

Aged Care Services

Residential Aged Care

The Aged Care Standards and Accreditation Agency is the agency that assesses our aged care facilities. During the past 12 months all our aged care facilities have experienced unannounced visits by assessors from the agency. All visits were successful with ongoing compliance to accreditation standards. Coleraine completed a full accreditation process this year resulting in a glowing report and full compliance with all 44 expected outcomes.

Community Aged Care Packages Program

The Community Aged Care Packages (CACP) program has undertaken a self-assessment and successful onsite survey with the Community Care Common Standards.

Preparation for the National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Healthcare (the Commission) has developed 10 National Safety and Quality Health Service Standards (NSQHSS) to drive the implementation and use of safety and quality systems and improve the quality if health service provision in Australia. The Standards are to be implemented across all States and Territories across Australia.

The Commission states ''The aim of the Standards and the accreditation process is to promote and support safe patient care and quality improvement of healthcare services. The Standards focus on areas where a substantial body of evidence about patient harm currently exists and where actions can be taken to effectively reduce harm. Health services that provide high risk services will be required to be accredited against the Standards.''

The Standards are to be used from the beginning of January 2013, so in preparation for our next organisation wide accreditation in 2013, we have commenced a major review of the Standards to see how we comply with the requirements.

Early in 2012, when the Standards were released, we established a Steering Committee to oversee ten workgroups undertake a gap analysis of every Standard. This will inform us of any new processes that we will have to establish to achieve accreditation.

The Standards are:

1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Preventing and Controlling Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Preventing and Managing Pressure Injuries
9. Recognising and Responding to Clinical Deterioration
10. Preventing Falls and Harm from Falls.

AGED CARE QUALITY INDICATORS

The Victorian Public Sector Residential Aged Care Service (PSRACS), evidence based quality indicators were introduced in 2006; and are aimed at assisting facilities to monitor and improve the quality of care provided to residents.

Each Western District Health Service (WDHS) aged care facility continues to collect data, for five quality indicators, that is submitted to the Department of Health (DoH) on a quarterly basis.

These include:

» prevalence of pressure ulcers

» prevalence of falls and fall–related fractures

» incidence of use of physical restraints

» incidence of residents using nine or more different medications

» prevalence of unplanned weight loss.

The data is submitted to the Department of Health (DoH) and is then benchmarked against other Victorian public sector aged care facilities. Each facility uses its own data as a focus for improvement, in particular where results vary from the State average.

Restraint

Over the six years that data has been collected, the Birches continue to have an above average use of restraint. This is predominantly centred on the use of bed rails. Whilst it is identified that it is not best practice to use restraint, it must be acknowledged that resident choice is also an important consideration when implementing the use of restraint. All episodes of restraint are due to resident or relative request. Staff are guided, therefore, by the organisational Restraint Minimisation Policy to ensure that the facility maintains effective assessment and management of residents with restraint. Regular medical assessment is undertaken by the resident's doctor to ensure ongoing safety.

Additionally, an organisational aged care workgroup reviews results that require organisational improvement. Over the past year, this has included falls and the incidence of using nine of more medications.

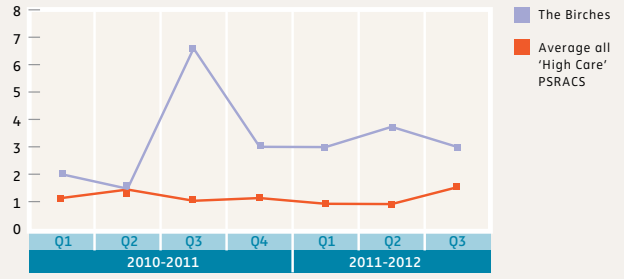
Falls

Falls management is a constant challenge, particularly when caring for frail, elderly residents who do not always recognise their limitations. High care facilities, in particular, are faced with these issues and as a group staff are looking at ways in which the importance of independence for our residents, whilst maintaining their safety, can be recognised while reducing the number of falls.

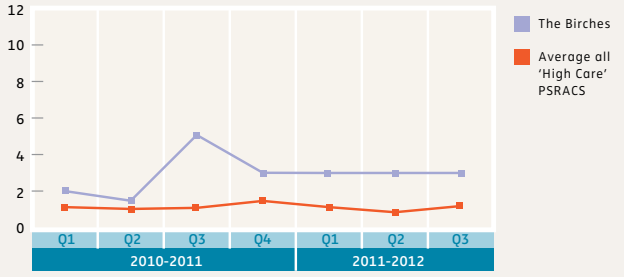
Incidence of residents using nine or more medications

Many residents in our facilities have diverse medical issues that require complex medication management and as a result some of our residents are prescribed nine or more medications. Management of this indicator has been centred on ensuring timely medication review, which involves input from the resident's doctor, an external pharmacist review, nursing staff and resident and relative input.

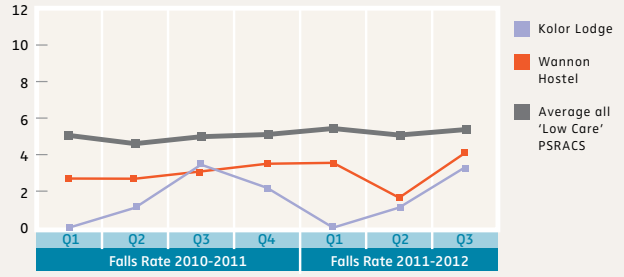
Rate of Intent to Restrain - The Birches
Number of episodes (per 1000 bed days)



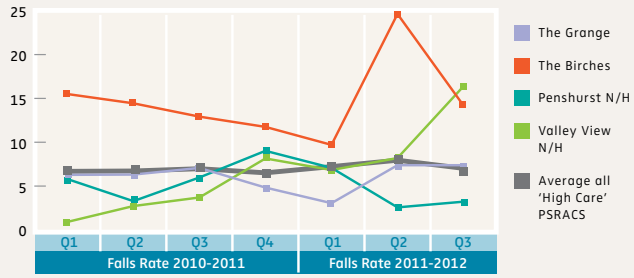
Rate of Physical Restraint Devices - The Birches
Number of episodes (per 1000 bed days)



Falls Rates - Low Care Facilities
(per 1000 bed days)



Falls Rates - High Care Facilities
(per 1000 bed days)



2012 YOUR FEEDBACK

At WDHS, we are committed to continuously improving our care and the range of services provided. Your feedback is vital to this process. We encourage our patients/clients/residents to tell us about their experience with our service. Suggestions, complaints and compliments are all documented on our electronic Riskman system, analysed and evaluated.

How can you provide us with feedback?

» Complete and submit a Patient/Consumer Feedback form available throughout WDHS

» Write to the Chief Executive Officer

» Speak directly to one of our Department Heads

» Talk to our Quality and Risk Manager

How do we manage your feedback?

» On receipt of a complaint, we aim to respond to you within three working days, acknowledging receipt of your complaint

» An investigation is undertaken and a formal response will be forwarded to you within 30 working days

» If you are unhappy with the final response, you can contact the Health Services Commissioner to assist in resolution of any issues

Improvements we have implemented as a result of your feedback during the past year have included:

» increased involvement of families regarding discharge planning

» improved heating across the hospital

» upgrade of The Birches car park

» replacement of the television sets

» provided automatic doors to the entry to the pathology building to improve access for the disabled

» trauma room in the Emergency Department (ED) rearranged to allow for increased storage space

» development of a dedicated triage room in ED

» development of a dedicated eye room in ED

» relocation of storage of medications in ED

» redesign of the décor of the waiting area in ED

Victorian Patient Satisfaction Monitor

We take part in the State-wide patient satisfaction survey known as the Victorian Patient Satisfaction Monitor (VPSM). The survey asks people who have been discharged home from hospital a series of questions related to their admission, participation, complaints management, physical environment, general information and overall care. We receive a report ,which assists us in identifying strategies that can improve services and patient satisfaction. It also enables us to track our performance over time and compare our results to similar hospitals.

Our most recent results from July 2011 – December 2011:

One hundred and ninety-three inpatients completed the most recent survey and were very satisfied with most aspects of their stay at WDHS. The hospital consistently performs above our peer group and State average.

Consistent with previous surveys, the majority of patients reported that they were helped a great deal by their stay in hospital and felt that the length of time spent in hospital was about right. Especially high performance scores were obtained for the helpfulness of hospital staff in general, cleanliness of toilets and showers, cleanliness of room most frequented, courtesy of nurses and being treated with respect.

The lowest scoring items, which are strongly related to overall satisfaction, are explanation of side effects of medicines, restfulness of hospital and explanation of hospital routines and procedures. We will target quality improvement efforts toward these areas that are likely to have the greatest impact on overall satisfaction.

Some verbatim responses to open ended questions in the survey:

What were the best things about your stay in hospital?

» A feeling of continued support

» Admission timely, all staff efficient, knowledgeable and courteous

» All the nurses were very kind and helpful

» Attention of staff generally, well cooked and presented meals

» Attentive and thorough care by all doctors, nurses and other staff

» Dedication of doctors, nurses and helpful staff which made it easier for me to return to good health – can't thank them enough; it is a wonderful hospital.

What were the worst things about your stay in hospital?

» I found it easier to sleep at home because there is no noise at night

» The cold – the air conditioner in some of the rooms was distressingly uncomfortable

» Food quality, even though the menus are extensive the vegetables were overcooked, however I do realise how difficult it must be to cook for such a large number

» I had no idea what the routine was and when meal times were. No information was provided. I believe the staff weren't using the hand sanitiser as often as they should and this concerns me

What could the hospital do to improve the care and services it provides to better meet the needs of patients?

» In emergency ensure facility available to staff to check on medical history of patient being admitted thus avoiding possible injury to patient who may have had a stroke previously and unable to use arm or leg or speak clearly

» More toilets and bathrooms

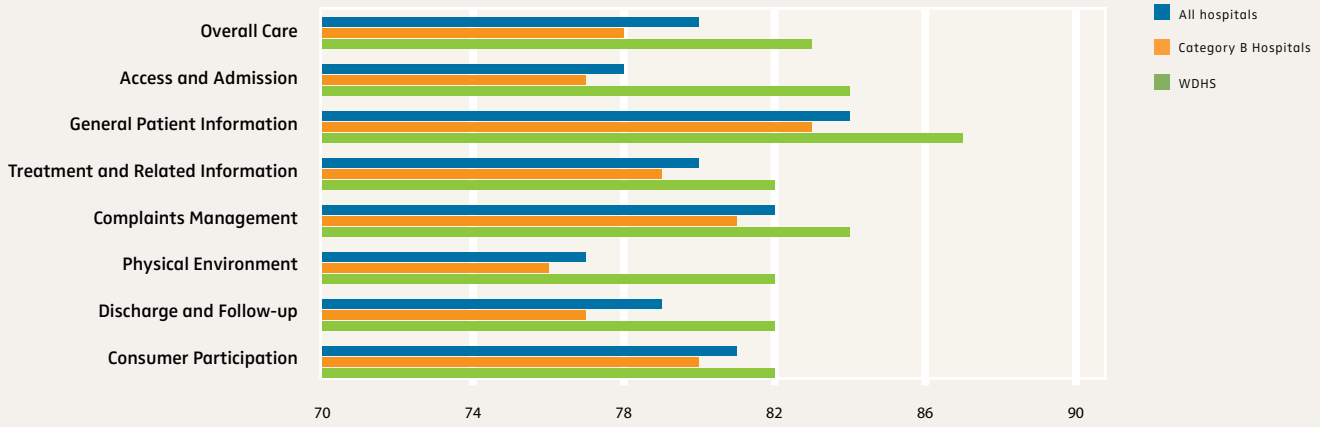
» Care excellent by nursing staff; hospital doctor had no bedside manner. His entourage of assistants should be introduced – off putting with 8 people around the bed

» Don't put men and women in the same room

Highest Scoring Items July-December 2011	Mean Score (out of 5)
Helpfulness of hospital staff in general	4.42
Cleanliness of toilets and showers	4.41
Cleanliness of rooms most frequented	4.41
Courtesy of nurses	4.41
Being treated with respect	4.40

Lowest Scoring Items July-December 2011	Mean Score (out of 5)
Explanation of side–effects of medicines	3.85
Quality of food	3.85
Restfulness of hospital	3.86
Explanation of hospital routines and procedures	3.95
Waiting room comfort	3.98

Comparison of Western District Health Service with Category B Hospitals and the State Average



RISK MANAGEMENT AND PATIENT SAFETY

Western District Health Service (WDHS) takes safety very seriously. As part of ensuring high quality care for our community, we must have a strong risk management system in place. We must ensure that our staff are appropriately trained and skilled in all aspects of managing and monitoring risk. Staff must feel comfortable reporting any incident so that improvements can be made. We aim to identify and fix problems before an incident occurs.

Managing Risk

The Department of Health (DoH) is committed to improving the quality and safety of Victorian health services. We use the standardised framework for the collection and management of clinical incidents known as Victorian Health Incident Management System (VHIMS) using the Riskman data base system.

Staff members are required to enter an incident in VHIMS prior to completing their shift as close to the time of the incident as possible. The appropriate manager reviews the incident within three working days of it being reported. The manager then investigates the incident, records contributing factors, and identifies system changes that will help reduce the risk of it happening again. The reports are trended and reported back to staff at department meetings.

Great emphasis is placed on understanding the causes and impact of a risk and the controls that are documented to reduce the likelihood and consequence of a risk occurring in the future. All risks are placed on a Risk Register for each risk identified. Accountability is assigned to those staff members who are in a position to make effective change. The Board of Directors review the Risk Register regularly.

Incident Severity Ratings

There are four incident severity ratings:

1. Severe
2. Moderate
3. Mild
4. No harm/near miss

The rating is calculated using the degree of harm caused, the level of care required as a result of the incident and the treatment that the patient, visitor or staff member required as a result of the incident. The most serious incidents are reported to the Department of Health and become part of a State wide report on incident trends for Victoria.

Incident Reports 1/7/11 – 30/6/12

Outcome of Incident	Number	Percentage
Severe	13	0.50%
Moderate	53	2.30%
Mild	1306	57.00%
No harm/near miss	833	36.00%
Unknown classification	75	3.20%
TOTAL INCIDENTS	**2280**	**100.00%**

Risk Framework Quality Review

In November 2011, our insurers, Victorian Managed Insurance Authority (VMIA) conducted a Risk Framework Quality Review, which was a review of the quality, comprehensiveness and maturity of our risk management framework. We were assessed against the requirements of the Australian Standard for Risk Management AS/NZS ISO 31000:2009.

Following the review we were advised where we were going well and were given recommendations for improvement. Completed recommendations are:

- finalisation of Risk Management Framework
- review of the Audit and Compliance Terms of reference
- process developed for risk management attestation approval
- Risk Register reports presented to Quality Improvement Coordinating Committee twice a year

We are working on these recommendations to enhance our risk management maturity rating.

FOOD SAFETY

During 2012, Western District Health Service (WDHS) completed its annual external Food Compliance Audit Surveys. The first audit involved the Department of Health registered Food Safety Auditor, whilst the second audit involved the Southern Grampians Shire Council's (SGSC) Environmental Health Officer.

Both audits showed WDHS to be compliant in all areas, including the administration of its Food Safety Plan.

Whilst not mandatory, WDHS have adopted a proposal to provide Food Safety Supervisors at the Grange, as well as at Penshurst and Coleraine facilities. Staff have been selected from each location and arrangements have been put in place for the training to be undertaken in the latter part of 2012.

During 2012, WDHS also participated in a SGSC run trial to test whether meals purporting to be gluten-free, were in fact what they claimed to be. Testing was undertaken by an external, independent laboratory; formal written advice has now been received back from SGSC and attests to the fact the meals submitted by WDHS were fully compliant, i.e. they were all gluten-free.

INFECTION CONTROL

The Western District Health Service (WDHS) Infection Control service involves maintaining a presence and service across Hamilton, Coleraine and Penshurst.

This service is delivered by two staff, equalling 1.2 full time positions and also has the responsibility of providing a consultancy service for other health facilities in the shires of Southern Grampians and Glenelg.

Infection Control at Hamilton is also part of another wider regional group of Infection Control nurses across Victoria. With this link, the infection control practices across WDHS can be compared to other similar hospitals, providing valuable information on our performance.

Our infection control program endeavours to educate and promote correct principles of infection prevention to all health care workers, monitoring outcomes through auditing and analysing incidents. The increased awareness of micro-organisms that have become resistant to antibiotics has seen the need for increased surveillance of these organisms to enable tracking of their emergence.

Data is regularly sent to the Victorian Coordinating Centre for both these resistant organisms and for infections that patients contract while in the public health system. Reports are circulated to all public hospitals for use in the ongoing task of reducing infection rates.

Antibiotic stewardship, or responsible use of antibiotics, is attracting increased focus as the number of effective antibiotics left available for use against infections decreases. In 2012, we are taking part in a research project looking at methods used to improve the correct use of antibiotics. It is hoped that the outcomes of this research will benefit regional hospitals throughout Australia.

Maintaining cleaning standards is an important part of effective infection control.

Hand Hygiene

WDHS takes part in the National Hand Hygiene program by promotion of good hand hygiene principles, the introduction of competency based training for all staff, and by conducting audits three times a year, with data submitted to Hand Hygiene Australia.

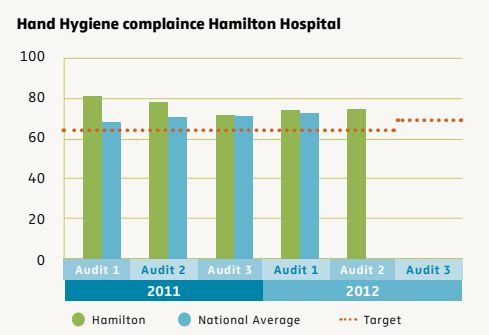
Hand Hygiene remains a strong focus as one of the most important methods to prevent the spread of infection. To date the Victorian target has been 65%, but in March 2012 the Australian Health Minister endorsed the new National Target of 70%. This new target will come into effect for Audit Three of 2012, with WDHS well placed with the last audit showing compliance of 77.5%.

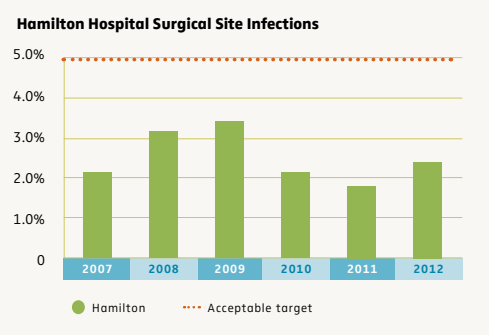
Surgical Site Infections

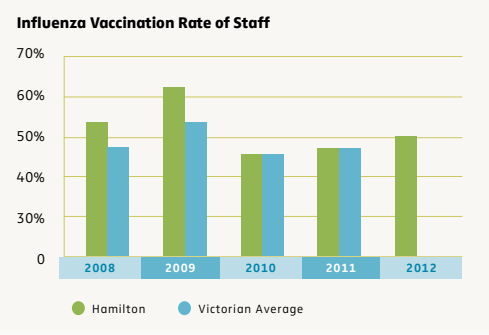
At WDHS, elective surgery infection rates remain an important measure. Most published infection statistics are for clean, uncomplicated surgery, while at WDHS all surgical cases are monitored and reviewed for infection. The infection rate for these combined surgeries has remained below the hospital target of 5% since 2007. For the financial year 2011 to 2012, the rate was 2.4% with the rate for clean uncomplicated surgery for the same time period was 1.1%.

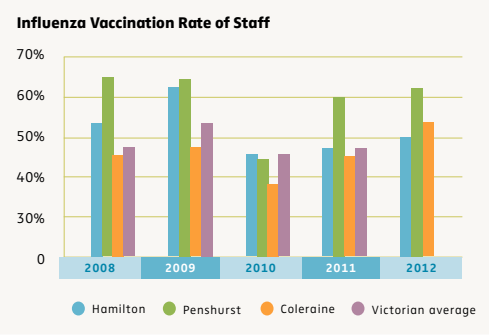
Staff Influenza Vaccination

Influenza remains an annual disruption to the Australian public with hospitalisations and even death to some more at risk. The annual free influenza program from the Department of Health (DoH) encourages staff to be vaccinated on an annual basis. The rate of vaccination at WDHS dropped following the "Swine flu" vaccination in 2009 and is very slowly recovering with the rate for 2012 at 50.2%. Coleraine has a similar rate at 53.7%, while Penshurst leads the way with 62.5%. While the rates are lower than preferred, the Victorian average for 2011 at 48.2% indicates these rates are normal across Victoria.









WOUND MANAGEMENT PROGRAM

The Regional Wound Management Clinical Nurse Consultant (CNC) position commenced as a Department of Health (DoH) project targeted specifically to District Nursing Services (HACC) and Public Sector Residential Aged Care Services (PSRACS).

The project is complete and has been evaluated. The CNC position is now ongoing, at 0.5EFT for Barwon South - renamed Regional Wounds Victoria – Barwon South.

The aims, which remain unchanged, are to;

- provide wound management education, training and support regionally
- provide clinical consultation in wound management across the Barwon South Region
- enable staff to develop the knowledge and confidence to manage their client/ resident wounds with the support of the Wound CNC as required
- participate in research and develop wound management resources and evidenced based protocols.

Evaluation of Program

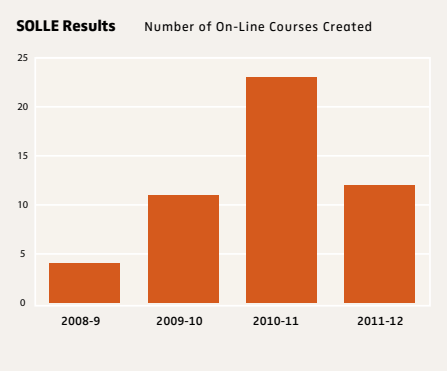
- The CNC provided support and education that resulted in measured improvement of capacity for each service to deliver evidenced based wound management from 60% at the commencement of the program to 82% at evaluation in November 2011
- Removing the isolation often verbalised by nurses in rural Victoria, by establishing Wound Management Networks and collaborations across rural Victoria and providing a conduit for staff to seek advice regarding best practice products and management protocols
- Establishment of a website that provided 'one stop shop' for all services to access. This website includes resources developed by the CNCs, links to other Australian websites, best practice documents, online learning opportunities, journals and companies
- Development of nine staff and client wound management educational pamphlets, through the 'Connected Wounds' collaboration with the Royal District Nursing Service
- Development of two on-line learning packages that include 'Practical and Theory Application of Compression Garments' and 'Ankle Brachial Index and Doppler Procedure'
- During the trial period, webinar based and 'face to face' learning opportunities resulted in 235 hours of formal education being delivered during the trial to 1547 staff in this region. This was supplemented by numerous bedside learning opportunities during episodes of consultation.

Total number of complex or chronic wounds referred to the Clinical Nurse Consultant (n=62)	
Healed	43.00%
Referred on to specialist management / surgery or malignancy management	18.00%
General advice to assist staff to implement ongoing plan	10.00%
Care optimised but wound not expected to heal – managed symptoms and prevented complications	6.00%
Deceased prior to healing	11.00%
Client refused further input	2.00%
Reasonable plan not able to be negotiated with client	3.00%
Ongoing care – staff able to continue care without further CNC involvement	6.00%

OUR ON-LINE TRAINING SYSTEM - SOLLE

The introduction of an electronic learning management system – SOLLE (SWARH OnLine Learning and Education) - has facilitated easy access to online courses and education for all our staff.

Courses are developed in-house based on local policies and procedures and accessed from external agencies. The provision of online training enables staff to maintain required competencies in areas relevant to their roles. There are six competencies required to be completed by all staff, four of which are available online. The development of courses has increased since the initiation of the system. Since its introduction 50 courses have been created and there are 46 currently available.



MEDICATION SAFETY

WDHS has a Medication Advisory Committee, which manages the formal process for monitoring and improving medication safety. All staff play a vital role in identifying and reporting medication errors. We have a robust incident reporting system, which captures this vital information allowing us to closely analyse any errors or 'near misses'. Incident reports are studied closely in an attempt to identify any systemic problems that may need to be addressed.

Pharmacists, Doctors and Nurses are always vigilant in their monitoring and checking that the medication charts are written correctly and that the medication is correct for the patient. Pharmacists have a high presence in the wards and are a great resource for all staff and patients. They also have a major responsibility to educate patients and their carers about their medications.

Most medication related incidents are due to:

» signature omissions by staff – the medication may have been given but was not signed for

» missed dose – the medication was not given

» documentation of the medication order – the medication has been ordered incorrectly

Staff check the charts at the beginning and end of every shift to ensure that all medications have been signed for, administered, and ordered, correctly by the medical staff.

For medications to have their intended effect, it is important to know what medications patients are taking before they come into hospital. This ensures that we are able to monitor any changes that may occur while the patient is in hospital.

Patient feedback also provides us with a valuable method to improve the quality and safety of medication use. The results of the most recent Victorian Patient Satisfaction Monitor (VPSM) have demonstrated scores that are higher than our peer group hospitals (Category B) and the State average but still leave room for improvement.

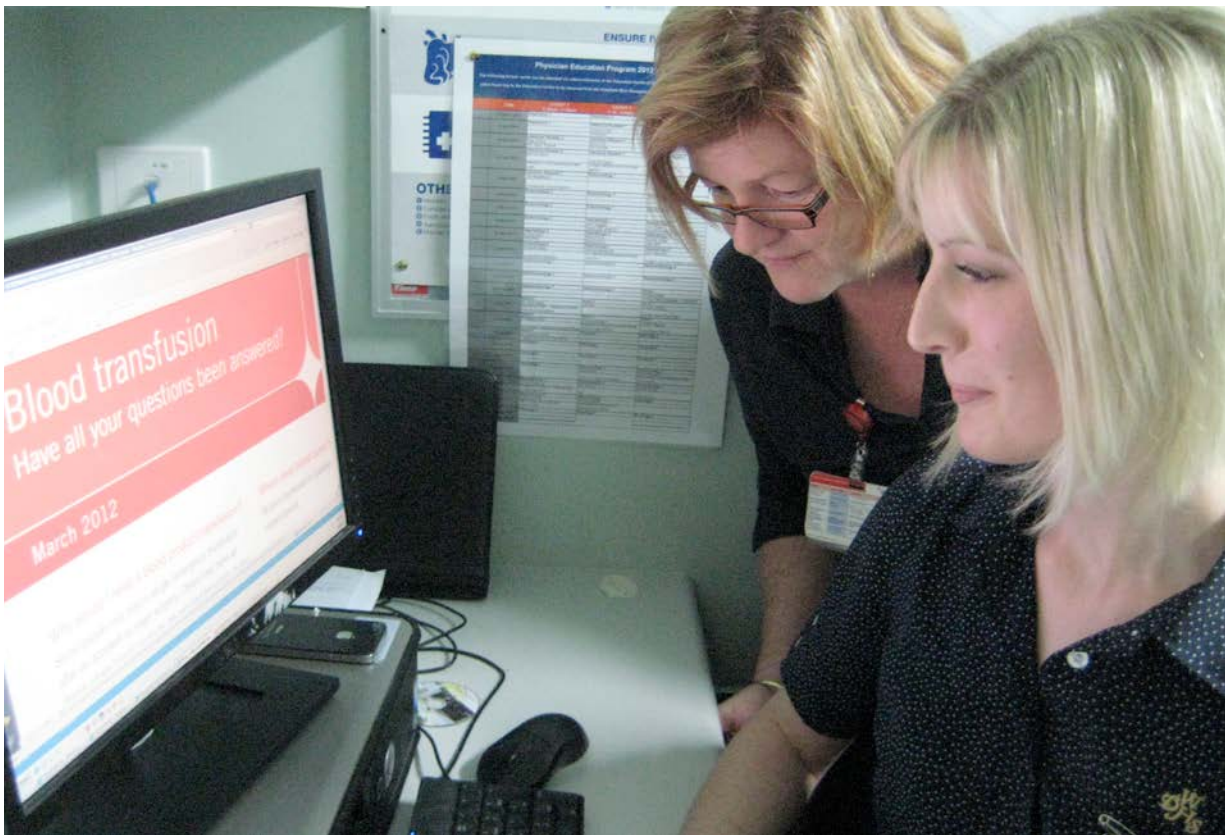
Suzanne Staude, Pharmacist and Lynette Christie, Director of Pharmacyv

ITEM (scores out of 5)	July –December 2011	Category B score	State–wide score
Explanation of medicines	4.11	3.93	3.98
Explanation of medicine side effects	3.85	3.7	3.74
Explanation of medicines needed after hospital	4.1	3.9	3.99

Medication Error Reports 1/7/11 – 30/6/12

Severity of incident	Number	Percentage
Severe	0	0.00%
Moderate	1	0.20%
Mild	104	24.00%
No harm/near miss	321	73.50%
Unknown	11	2.50%
TOTAL INCIDENTS	437	100.00%

OUR BLOOD TRANSFUSION PROGRAM



Beverley Robinson, Registered Nurse and Melodi Litoschwenko, Registered Nurse Transfusion Trainer

WDHS has a Transfusion Trainer who is a visible advocate to promote and improve safety regarding the taking and administration of blood and blood products in its many and varied forms. There were 280 transfusion episodes this year and 90% compliance to documented consent.

Our Request for Admission Form now specifically identifies consent requirements for Blood Transfusion:

- there has been ongoing staff education with regular compliance audits undertaken
- ongoing participation in the Blood Matters Project which is a nationwide initiative for all staff involved in the collection and administering of blood and blood products
- promoting informed patient consent regarding the benefits and risk of receiving blood and blood products

We participated in the Blood Matters comparative audit of blood transfusion policy and practice. The audit was to assess if a blood administration policy was available and consistent with national guidelines and that everyday transfusion practice was determined to adhere to the policy.

Good transfusion practice was demonstrated in the following areas:

- 100% patients were wearing an identifiable wristband
- 100% conscious patients were asked to state their identification details
- 100% patients had completed pre and post transfusion observations
- 100% patients were provided with an informed consent process.

The audit identified areas for improvement:

- patients having a transfusion need to be in an area where they can be easily seen
- a clear statement for the reason for transfusion needs to be in the medical notes

Informed consent for a blood component transfusion means that the doctor and patient discuss the risks, benefits and alternatives to transfusion. As a result of the discussion, the patient or carer will:

- understand what medical action is recommended and why
- be aware of the risks and benefits associated with the transfusion
- appreciate the risks of receiving and possible consequences of not receiving, the recommended therapy
- be given an opportunity to ask questions
- give consent for transfusion.

The patient information brochures 'Blood transfusion, have all your questions been answered?' and 'Frequently asked questions by consumers regarding blood transfusion' are provided to all patients receiving a transfusion.

FALLS PREVENTION

Falls can occur in all settings. People admitted to a health care facility are susceptible to falling due to their age or illness or the altered routine and unfamiliar surroundings. Falls can result in broken bones, other injuries and possible extended time in hospital. Around one third of older people fall each year. Of those hospitalised with a fracture resulting from a fall, less than half are able to return home to their normal life.

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. All fall incidents are recorded and classified on our incident management system Riskman, so that we can actively monitor and manage falls.

We have strategies in place to minimise the risk of falling:

1. Assessment:

- When you are admitted to any of our facilities a Falls Risk Assessment is completed to identify if you have a risk of falling
- If you have a moderate to high risk of falling, strategies will be implemented in an aim to reduce your risk of falling and to minimise harm if you do fall.

2. Strategies to reduce your risk of a fall and to create a safe environment:

- A Care Plan will be developed highlighting your high risk of a fall which will alert all staff
- You may be transferred to a low level bed
- You may be referred to other health professionals (physiotherapy, occupational therapy) where it is appropriate
- You may be taught about safe footwear, how to use equipment safely and understanding your limitations
- Your room may be de cluttered by removing any unnecessary items

Falls Reports 1/7/11 – 30/6/12

Outcome of Fall	Number	Percentage	% per 1000 bed days
Severe	0	0.00%	0.00%
Moderate	4	0.75%	0.18%
Mild	341	64.00%	15.64%
No harm/near miss	184	35.00%	8.44%
TOTAL INCIDENTS	529	100.00%	

PREVENTING AND MANAGING PRESSURE INJURIES

Pressure areas (also known as pressure ulcers or pressure sores) are injuries resulting from unrelieved pressure on underlying tissues or friction on a particular area. Pressure areas are generally preventable and if they do occur are managed to reduce the long term outcome for patients and residents. They are recognised as a quality indicator and are monitored closely by health agencies.

Pressure areas can occur when a patient is unable to move, has poor nutrition, or has objects or equipment rubbing on their skin. Poor circulation, high temperatures and general frailty can also contribute to the development of pressure areas.

We have strategies in place to reduce the development of pressure injuries:

- patients have a pressure ulcer risk assessment completed on admission
- prevention interventions are put in place if the assessment indicates a high risk
- if a pressure injury is present on admission to hospital or develops while in care a Wound Chart is developed and maintained
- an incident report is completed on Riskman to enable monitoring of the numbers and severity of pressure injuries.

During the year research was undertaken by WDHS staff to decide on the most suitable assessment tool to be used to predict a patient's risk of developing a pressure injury, and funds have been allocated to support an ongoing review of pressure relieving devices.

This, along with ongoing education in prevention of pressure injury, will assist in maintaining the low levels of incidents and ensuring that management strategies are implemented to reduce the long term outcome for patients and residents.

Pressure Areas Reports 1/7/11 – 30/6/12

Severity of Pressure Area	Number	Percentage	% per 1000 bed days
Grade 1	10	19.23%	0.46%
Grade 2	40	76.92%	1.83%
Grade 3	0	0.00%	0.00%
Grade 4	2	3.85%	0.09%
TOTAL	52	100.00%	

Grade 1 least severe, Grade 4 very severe

OUR CLEAN HOSPITAL

Cleaning plays a vital role in reducing the risk of our consumers developing an infection during their hospital stay. The cleanliness of our hospital is important for maintaining infection control, public comfort and assisting in delivering quality patient care. The confidence the public have in their health system is maintained by presenting our facilities in a clean and aesthetic state. If the grounds and facility appear clean, neat and uncluttered, the public will remain confident that the service, which they will receive, will be of a highest possible standard.

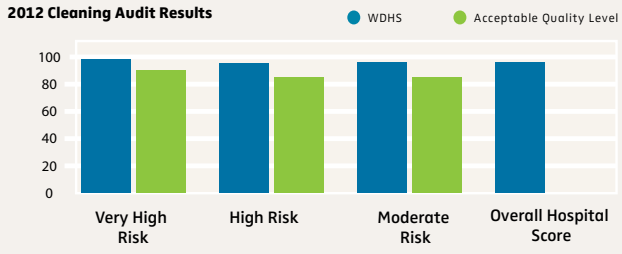
Infectious agents can be widely found in healthcare settings and there is a lot of evidence suggesting that poor environmental hygiene and the transmission of infections may occur through contact with equipment that is not thoroughly clean.

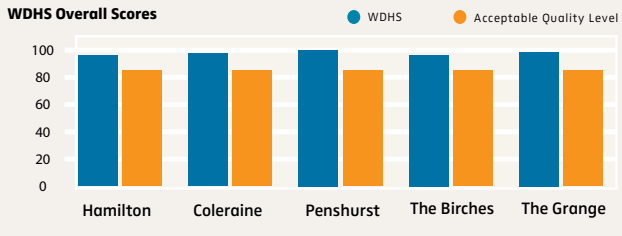
External Cleaning Audit Results

Overall the standard of cleaning is being maintained at a very high level across the health service. Individual facilities are given their individual reports to ensure that staff are aware of where they need to focus their improvements. All audits are conducted and scored in-line with the Cleaning Standards for Victorian Public Hospitals 2011.

The Department of Health sets benchmarks for cleanliness of high risk areas at 90% and 85% for all other areas. Regular internal and external audits ensure cleanliness standards, guidelines and regulations are adhered to. We conduct our own internal audits regularly and we consistently achieve higher than the set benchmarks.

- » 'Very High Risk' areas are operating theatres, intensive care and the central sterilising department
- » 'High Risk' areas are the general wards, pharmacy and emergency ,
- » 'Moderate Risk' areas are allied health areas, janitor rooms and day activity areas
- » 'Low Risk' areas are engineering workshops, supply department and administration areas





MEDICAL EMERGENCY TEAM

Our 24 hour Medical Emergency Team (MET) system enables staff at Hamilton Base Hospital to call for urgent medical assistance if they observe that a patient's condition is deteriorating. A MET call is made by dialling a specific allocated number and the switchboard staff notify the team through the paging system and announce it over the public address system.

When a MET call is made the MET doctors and nurses respond immediately to assess and treat the patient. All staff are encouraged to call for MET assistance sooner as this early intervention has improved our patient outcomes by reducing the number of Code Blue medical emergencies. A MET call is a measure to prevent a Code Blue, which is an extremely life threatening event.

MET calls contribute to improved outcomes from cardiac arrests as the deteriorating patient is treated much sooner. Since the introduction of our MET system, we have changed our observation charts to indicate observations that are entering into danger zones which are highlighted and colour coded.

A recent review has been undertaken of the MET system resulting in improvements to the flow chart. We have introduced a process whereby the Medical Registrar conducts an audit of all of the MET calls and reports to the Limited Adverse Occurrence Screening (LAOS) Committee, to identify any areas for improvement.

At our two small campuses Coleraine and Penshurst, we have developed new observation charts which have the highlighted danger zones to prompt staff to call for extra nursing and medical assistance if their patient is deteriorating.

Tania Stubbs and Rowena Ford, ICU Registered Nurses answering a MET call

CLINICAL GOVERNANCE

Clinical Governance is a term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system. It includes three key attributes; maintaining high standards of care, transparent responsibility and accountability for these standards and continuous quality improvement.

Clinicians and clinical teams are responsible and accountable for the safety and quality of the care they provide. The Board of Directors, Chief Executive Officer and management team are responsible and accountable for ensuring the systems and processes are in place to support clinicians in providing safe, high quality care and engage clinicians to participate in clinical governance activities. The Board of Directors has a key responsibility to oversee the clinical/patient care services of Western District Health Service, which includes ensuring that the Service does everything possible to enhance patient/client safety.

The clinical governance framework is the basis for directing the delegation of the clinical governance process within the service, including ongoing monitoring and reporting. We foster a culture of risk awareness in which patient/client safety is paramount and is everyone's responsibility.

Robust quality improvement and risk management frameworks are in place to support safe and effective care, and allow us to respond to areas of concern in a timely manner.

Our key principles are:

1. Strong focus on consumer participation and outcomes and their experiences of care
2. Building a culture of trust, honesty and respect amongst all participants within the system
3. Organisational commitment to continuous improvement and enhancing clinical care
4. Rigorous monitoring, reporting, response and evaluation systems for organisational performance are in place
5. Building clinical leadership and ownership
6. Robust information and performance systems to support governance of health service performance
7. Rewarding good performance in quality and safety.

We have a solid structure of ongoing clinical supervision, regular performance appraisals and supported professional development. At WDHS, patients can have confidence in the knowledge that they are cared for by qualified medical, nursing and allied health professionals registered with the Australian Health Practitioners Regulation Agency (AHPRA).

Credentialing and Scope of Practice

Credentialing is the process of verifying the qualifications, registration, experience and ongoing education of each staff member. Medical staff are only appointed following approval by the Clinical Credentials Committee and the Medical Appointments Advisory Committee, and finally following approval from the Board of Directors.

Scope of practice defines the procedures, actions and processes that a licensed health professional is allowed to perform. At WDHS all our doctors, nurses and allied health staff have a scope of practice that is defined by their capabilities and qualifications. It is specific to where they work and the tasks they are qualified and competent in performing.

Wendy Wathen, Registered Nurse and Corinne Hopewell discussing discharge arrangements

Jack Rogers in the Medical Unit

THE NATIONAL CENTRE FOR FARMER HEALTH

The National Centre for Farmer Health (NCFH) provides national leadership to improve the health, well-being and safety of farm men and women, agricultural workers, their families and communities across Australia. The Centre is a partnership between Western District Health Service (WDHS) and Deakin University and is based at the Hamilton Campus of WDHS.

As a population group, farmer and agricultural workers have poorer health, well-being and safety outcomes than their rural and urban counterparts. The Centre seeks to redress this balance through research, education and the development of, appropriate and effective interventions. The Centre has five pillars and these together with a summary of achievements to date are outlined below:

Sustainable Farm Families™

» A health promotion program which addresses the health, well-being and safety of farming families within their farming environment. The program has been delivered in partnership with over 22 stakeholder groups and has reached over 2,500 farming men and women from across Australia

» The program is evidence based and disseminates research results from the program to end users

» The program has a cost benefit ratio of 5.6: 1 providing good economic value to governments

Agri-Safe™

» Provides comprehensive occupational health checks and hazard assessments which includes the correct protective equipment fitting and education

» Fully developed AgriSafe Procedures Manual and new specialised clinic in Hamilton

» Introduction of the AgriSafe Clinicians Network

» Completed over 260 assessments, including assessments at Weaner Sales and Beef Expos

IT Information Hub www.farmerhealth.org.au

» HONCODE (Health on Net) accredited Jan. 2011, 85 pages on farmer/farming related issues

» 154,880 page views, 26,321 unique site visits with 34% increase over last three months

» Increasing web-based information, professional networks

Professional Training and Education

» The only Agricultural Health and Medicine subject in Australia (66 graduates since 2010)

» The first Post Graduate Certificate in Agricultural Health and Medicine in Australia (Deakin)

» Credits towards Masters of Public Health, Nursing, Health Promotion (Deakin)

» Developing Vocational Education Training Units in Farmer Health(Ag or Health Traineeships)

» Only Federally funded regionally based Specialist Training position (RACP) in Victoria

Applied Research and Development – funding restricted to research projects

» Since 2009, $556,400 to WDHS and $852,000 to competitive research grants at Deakin

» Awarded prestigious grants through the NHMRC, ARC and beyondblue

» Built Victorian rural research capacity – seven peer reviewed journals, further two in press, multiple media reports

» International collaboration and interest (NZ, CANADA, USA)

VOLUNTEER DATABASE

Western District Health Service (WDHS) has a large team of volunteers and many details have to be recorded and maintained once they are registered, following the recruitment process. A recently purchased database will enable a more efficient and accurate management of our large volunteer team.

The system will:

- allow for more thorough reports and easy access to report information
- volunteer hours can be completed on site rather than being recorded manually
- enable automatic reminders for birthdays, years of service and police check renewals
- enable easy access to qualifications eg. a Heavy Duty license or a Working with Children's check
- enable volunteers to access the database to advise of leave arrangement or work availability
- notify volunteers of special volunteering tasks as they arrive
- allow easy creation of e-mail, phone lists and mailing labels to considerably improve the level and effectiveness of communication with and between volunteers.

CERTIFICATE 11

Active Volunteering

This year the Western District Health Service (WDHS) in conjunction with South West TAFE offered a Certificate 11 in Active Volunteering. The course caters for people already working in a volunteer capacity and also for people who are interested in volunteering.

Areas covered in the course include:

- orientation to volunteering
- the role and scope of practice of the volunteer
- how to work safely in different environments
- developing an understanding of legislation requirements
- effective communication with diverse groups of people
- working effectively with clients and colleagues

It has been found that eight out of 10 volunteers request training as part of their volunteering and this training provides improved social outcomes for our clients. WDHS values and recognises the skills and contribution that volunteers offer to the community and training improves the quality of service that we provide to our consumers.

Mr Ian McLean receiving award from the Minister for Health and Ageing Mr David Davis

OUR EXCEPTIONAL VOLUNTEERS

This year The Minister for Health and Ageing, David Davis, paid tribute to the generous and inspiring unsung heroes who volunteer in Victoria's health and wellbeing sector. At a ceremony for the 2012 Minister for Health Volunteer Awards Mr Davis presented achievement awards at the Melbourne Cricket Ground and Western District Health Service (WDHS) Volunteers received two awards.

Individual Award

WDHS Volunteer, Mr Ian McLean, was presented with an Individual Volunteer Award. Ian commenced volunteering as a driver with the community transport service undertaking the long hauls to Melbourne, transporting frail aged clients to their medical appointments. He was then asked to assist with the Men's Out and About Program, a program that assists men in residential care to still participate in community activities and to enjoy life to the full. Ian offers a gentle, unflappable, caring nature, which supports both the staff and the residents. He is jovial by nature but at the same time caring and understanding of people's needs. In his busy schedule he still finds time to assist those less fortunate than himself, never judging but always supporting.

Team Award

The Grange Residential Care Service Volunteers were presented with a Volunteer Team Award. The Grange Volunteer Team consists of 22 volunteers aged 15 to 93 who devote their time to enhance and support the lives of residents living in an aged care facility of WDHS. The volunteer team embodies a positive outlook and a can-do approach. Through the volunteers, the residents receive stimulating experiences, such as joy flights over Hamilton, a weekly beauty parlour treatment, barbeques, shopping trips, chats and reminiscence. Irrespective of background or age, all the residents are treated with respect. The overall care of the residents at the Grange is a team effort and the volunteers are welcomed as members of that team.

PARTNERSHIPS TO IMPROVE INDIGENOUS HEALTH

WDHS and Winda Mara staff and Elders meet to identify needs and plan service development.

Enhancing linkages with Winda Mara has been a strong focus for our Primary and Preventative Health Division this year. Monthly meetings have been held to introduce staff, understand needs and plan service developments. Service access will continued to be enhanced over the coming 12 months.

The following initiatives have been implemented to improve health outcomes:

Oral Health Research

Seventeen Indigenous children aged five to 12 years participated in a 12 month 'Indigie Grins' research project funded by Dental Health Services Victoria and implemented in collaboration with the University of Melbourne and Winda Mara.

The research has provided valuable information on the barriers to oral healthcare for the Indigenous community. The intervention resulted in an improvement in oral health status, including reduction in gum disease and tooth decay. One hundred percent of the sample remained engaged over the 12 months, demonstrating positive links between our dental service and the Indigenous community.

Podiatry and Dietetic Services

Sixty five client contacts were provided by Podiatry and Dietetics on a three to four weekly basis to the Winda Mara community. These sessions were funded by Rural Workforce Agency of Victoria with ongoing funding for the next 12 months. Services were provided at the Winda Mara Community House, wherever possible, with engagement via community based sessions.

Men's Health

Engagement via the Winda Mara Men's Group is enabling the WDHS Men's Health Coordinator to commence health assessments and other support for Indigenous men. This has enabled early identification of issues and preventative health education.

CONSUMER, CARER AND COMMUNITY PARTICIPATION

'Doing it with us not for us' is the Victorian government's policy on consumer, carer and community participation in the health care system.

As stated by the Department of Health (DoH), participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your view, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.

We have consumer representatives on a variety of committees and each campus has its own advisory group. We know that involving people in decisions they make about their health care results in improved quality of life and health outcomes. They have a greater satisfaction with the service and are likely to have less adverse events.

Participation by our community is highly valued because it:

» aids to improve health outcomes and the quality of health care

» is a democratic right

» is a mechanism to ensure accountability

According to the Victorian Patient Satisfaction Monitor (VPSM) we consistently perform above our peer group and all other hospitals.

Item	July – December 2011	Category B score	State – wide score
Consumer Participation	82	80	81

Partnering with consumers and carers has been a strong focus of the Care Coordination model developed by the Primary and Preventative Health Division. Seventy five consumers/carers have participated in the last two years with a network of 11 consumers who choose to remain connected via newsletters and regular invitations to participate in forums or surveys. This network speaks enthusiastically about the difference their input is making. As one member noted, ''we talk to consumers in other towns and they can't believe the fantastic process we have here in Hamilton with WDHS.'' Participation is not restricted to one advisory group, instead input is sought from a broad range of consumers/carers and current service users.

There have been two Patient Journey Projects conducted in the Medical Unit during the past year. One was the patient journey through the Medical Unit from admission to discharge and the second was the patient journey through the Sub Acute service which is the Rehabilitation Program based in the Medical unit.

Consumer Participation for both projects was paramount in the successful outcome of these projects. Twenty in-depth interviews were conducted for the first project and 11 were conducted as part of the Return to Rehab Day.

Chris Phillips, Sherryn Jennings, Dorothy McLaren, Members of the Community Advisory Committee, Rosie Rowe, Director Primary and Preventative Health and Gillian Jenkins Quality and Risk Manager

The purpose of these projects was to ensure patients receive the best care at the right time, and they were discharged or transferred with the support they need. The projects aimed to achieve a standardised approach to care coordination so all patients move in a safe and timely manner through the hospital system and receive the best possible support at the right time.

The recommended improvements are to review and redesign the current documentation and to improve the communication between the inpatient environment and primary care services.

WDHS Community Advisory Committees

Our Community Advisory Committee (CAC) plays a very important role in assisting with the implementation and evaluation of our health care services. The Committee was developed as a sub-committee of the Board of Directors and comprises a balance of community, Board and staff members. The purpose of the Committee is to provide a forum that will promote consumer involvement in healthcare planning, delivery and evaluation throughout WDHS.

Penshurst and Coleraine both have advisory groups comprising of members of their respective communities. The members are appointed to advise the WDHS Board on issues in relation to both the Penshurst and Coleraine communities and districts on health needs and services.

More detailed information regarding both Advisory Committees is available by obtaining a copy of their current 'Year in Review' reports, which are available at the relevant campus and are also available on the WDHS website, www.wdhs.net

The members of the Hamilton CAC have been involved in the gap analysis of the National Safety and Quality Health Service Standards Standard 2 – Partnering with Consumers. The gap analysis will provide us with information required to ensure that we are involving consumers in all required areas.

OUR STAFF

Western District Health Service (WDHS) acknowledges that our staff are our most valued resource in providing a safe, high quality health care service for the community. As such there is a strong focus on human resource management, including workforce planning, recruitment and retention strategies and ongoing staff training and development.

The vision of WDHS is 'excellence in healthcare, putting people first'. Our vision statement reflects our commitment to providing a safe, high quality committed workforce to deliver excellence in healthcare to our community. WDHS is proud of our dedicated human resource staff that assists the service in workforce planning, recruitment and retention strategies, occupational health and safety, industrial relations, and ongoing staff training and development.

Progress with the recruitment of medical staff in partnership with Hamilton Medical Group is well underway and we expect further appointments later in the year.

Strategic Human Resource Planning

During late 2011, the next Human Resource strategic plan 2012-2017 was developed and endorsed by the Board. The key themes of the plan are:

» redesigning and resourcing WDHS for the future

» developing organisational culture and commitment to excellence

» growing research and innovation capability and readiness

» using technology to support client care, staff management and corporate services function

» developing strategic partnerships to maximise impact.

Our Clinical Staff

All clinical staff must undertake ongoing education and assessment to ensure WDHS provides appropriate patient care which is of a high standard. Education has been provided locally including palliative care, obstetric emergencies, common emergency presentations and leadership.

WDHS also provides education and assessment of skills in areas such as basic life support, medication administration, blood transfusion and epidural management. Some of this education and assessment occurs on-line, while other education and assessment is face to face.

Graduate Programs

WDHS has again provided two graduate programs for newly registered nurses. The programs provide support and guidance to nurses following the completion of either the Bachelor of Nursing or Diploma in Nursing. Both programs allow the new graduates to work with experienced nurses in a variety of wards and provide structured support through the Education Centre. In the last year, WDHS has also commenced a collaborative graduate program, giving graduates an opportunity to rotate through Portland District Health, Moyne Health and WDHS, thus enhancing their first year experience.

In addition, WDHS has provided supported graduate placements for a wide range of medical and allied health staff, including Podiatry, Occupational Therapy and Physiotherapy.

Leadership Program

In the past year, a newly enhanced leadership competency program has been implemented which encourages middle managers to complete a self-assessment before developing an individual development program with their manager. This program is supported with mentoring, coaching, and other professional development opportunities.

Graduate Diplomas

WDHS is a strong supporter of further education for staff. In particular, staff are presently undertaking post graduate studies in Intensive Care, Theatre and Midwifery, Business and Management studies. Technology allows our staff to complete their studies whilst working at WDHS and studying via conferencing facilities (e-live, webcast or video conferencing facilities). Staff may also spend time on placement working at larger specialist units to hone their skills before returning to WDHS.

International Staff

Our overseas recruitment strategy continues to be successful with new medical, nursing and allied health staff coming to us from America, New Zealand, Ireland, Sri Lanka, South Africa, India and Burma among other destinations. Most of our international staff have chosen to make Hamilton home and have progressed to permanent residency. Recent changes to immigration processes will ensure that turnover from this avenue of recruitment continues to be cost-effective.

In many cases, this requires staff to complete further studies or working with supervision and undertaking extensive examination requirements to meet full registration requirements. We are pleased to report that our international recruits do very well in these processes which is testament both to the standard of our international recruits and also to the excellence of their WDHS supervisors, and other WDHS staff. These include senior clinical staff, preceptors and mentors, education staff, library staff and other senior management staff, many of whom give support in their own time.

Resident Medical Officers

The Hamilton Base Hospital (HBH) relies heavily on the services of resident medical staff along with rotating medical officers from St. Vincent's Hospital and Barwon Health to ensure that we have full time medical, surgical and emergency cover 24 hours a day 12 months of the year. Their qualifications are subject to approval by the Australian Health Practitioner Regulation Agency (AHPRA) and their rotations to different hospitals are prescribed by the Postgraduate Medical Foundation of Victoria. HBH also employs some medical staff who have received their training outside Australia. All medical staff must go through the credentialing process.

Police Checks

WDHS acknowledges its duty of care to provide a safe environment. One way of doing this is to ensure all staff, students and volunteers have a Police Record Check completed prior to their employment and on a regular basis throughout their employment. Police Record Checks are mandatory for all staff, students and volunteers.

Working with Children Checks

In addition to Police Record Checks, there is a requirement for some people to have a Working With Children Check. The Working with Children Act 2005 requires that all those engaged by WDHS who have regular, direct and unsupervised contact with children need to have a Working with Children Check.

Staff Development and Training

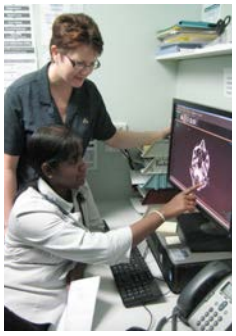
WDHS has an ongoing commitment to excellence in learning and professional development for all staff. This is primarily managed through the Education Department which routinely undertake a needs assessment to identify where education is required. Needs are identified through staff feedback, policy changes, new services, new equipment or up- skilling of competencies.

Occupational Health and Safety

Our Occupational Health and Safety (OH&S) program continues to be extensive with a newly developed OHS training program to assist managers and staff ensure a safe workplace at all times. The health and wellbeing of our workforce is a key strategy of our Human Resources (HR) strategic plan. In 2012, all staff were encouraged to participate in free work health checks with 157 staff taking up this opportunity and many having follow-up appointments with their GPs.

WDHS launched its new health@work policy during the year, which aims to increase the focus on encouraging a healthy workforce.

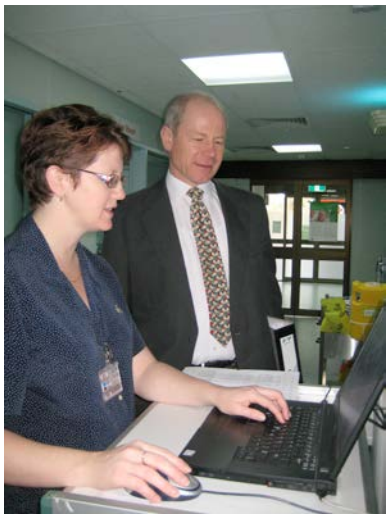













EXCELLENCE AWARDS

Dr Craig De Kievit, Pauline Kearns, WDHS Maternity Services Coordinator, Trisha Broadbridge, AGM Guest speaker and Sarah Murch, HMMC Midwife

The Western District Health Service (WDHS) acknowledges the value of its employees and fosters a climate to encourage excellence and innovation in the workplace. Employees are recognised for the contribution and performance, which contributes to the overall performance of the health service.

Recognition of achievements is instrumental for both the staff and community in developing a sense of pride in the Service and projecting a positive and progressive image throughout the healthcare industry.

The WDHS Annual Awards for Excellence and Innovation are presented under two categories; Clinical and Non-Clinical to the two teams that have consistently demonstrated excellence and/or innovation in the efficiency and effectiveness over a 12 month period.

Key elements of the judging criteria are:

» patient, resident and client outcomes

» customer focus

» leadership and management

» improved performance

» best practice

Objective measures are used to assess the judging criteria and can include:

» consumer feedback

» demonstration of positive outcomes/ indicators of the extension and/or expansion of a service

» efficiency and effectiveness

» quality improvement activity outcome

» achievement of best practice standards.

The awards are announced at the Annual General Meeting

Clinical Award – Hamilton Midwifery Model of Care (HMMC)

The Hamilton Midwifery Model of Care (HMMC) provides continuity of care for women ensuring the continued maintenance of dignity and individuality, and enhances and supports the skills of midwives and doctors in a collaborative framework.

The objectives of the model are to sustain maternity services at WDHS, maintain and improve clinical outcomes for mothers and babies and to enhance the scope of practice of midwives, thereby improving recruitment, retention and work satisfaction. There has been an increase in the collaboration and collegiality with medical staff and allied health staff.

The HMMC ensures a one to one relationship between a woman and her midwife for midwifery care throughout pregnancy, labour, birth and postnatal. Each woman is allocated to a midwife, with support from one or more midwives from within the HMMC. In collaboration with the obstetrician/GP obstetrician each midwife is allocated up to 40-45 women, according to Equivalent Full Time (EFT), annually. In our previous traditional model of care one EFT midwife, would care for approximately 27 women annually and undertake nursing within the Surgical Unit. Therefore, the new model of care utilises the midwifery hours effectively when required and is aligned to the needs of mothers and babies.

Jeanette Ryan, Robyn Holcombe, Kerry Martin, Jim Fletcher. CEO and Leonie Sharrock

Non-Clinical Award – Community Liaison Department

The Community Liaison Department is dedicated to fulfilling its responsibilities in supporting Western District Health Service. The staff strive to use best practice, working to the mission, vision and values of the health service to produce excellent outcomes across the spectrum of the department's portfolio.

The two key areas of volunteer coordination and fundraising, in particular, are demonstrative of the recent success of the Community Liaison Department.

The Community Liaison Department has focused on:

- building better relationships with staff across all areas of WDHS
- maintaining and developing the positive relationship the health service has with the community
- successfully managing regular and new fundraising events – Top of the Town, the Arctic Blast Party, Hospital Door Knock Appeal, the Hamilton Fun Run for the Grange, the inaugural Golf Tournament, the Murray to Moyne, the Christmas Appeal and the Grange Redevelopment Fundraising Campaign
- raising $1.16 million in 2010 and $1.34 million in 2011
- achieving an ARA Silver Award for the 2009 WDHS Annual Report and a Gold Award for the 2010 and 2011 WDHS Annual Report
- managing a Volunteer Program that has:
  - introduced award winning volunteer support services
  - provided an award winning community transport program
  - supported the hardworking team that runs an excellent opportunity shop, raising in excess of $30k annually for the hospital
  - supported the ongoing development of a variety of existing volunteer initiatives that enhance health services provided by the hospital and health service across the community.

INDIGIE GRINS FINAL REPORT

Indigie Grins Research team L-R: Principal Researcher – Tracy Plunket, Principal Investigator – Stu Willder, Research Advisor – Professor Mike Morgan. Front Row: Principal researcher – Joanne Nelson, Dental assistant – Karel Walkenhorst, Participant – Triffany Grant, Principal Researcher – Rebecca Grey

Background

The 'Indigie-grins' project was designed as a feasibility study aimed at assessing a model of practice within a sample of Indigenous children aged 5-12 years. The project was designed by Western District Health Service (WDHS) within the Primary and Preventative Health (P&PH) Division as a project aiming to develop a model that could improve the oral health status of Indigenous children.

Linkages made with local Indigenous health care workers were the birthplace of the project concept and supported the application for funding in the area of oral health and Indigenous children.

Funding was provided by Dental Health Services Victoria under their Research and Innovation grants. The key area of funding was under the Strategic Research Project and Feasibility Study banner.

The project looked at a key target area of Indigenous youth aged 5-12 years who had not visited a dental service in the last 12 months. This intervention group would also be compared at initial assessment and 12 month assessment times with a control sample from a similar Indigenous sample accessed through DHSV de identified records.

The project was designed with the specific needs of Indigenous oral health care in mind including access, resources, follow-up and linkage between Indigenous and non Indigenous health care services.

Results and Key Findings

The 'Indigie Grins' project achieved some very important clinical and social findings which included:

- 100% retention rates of the sample for the 12 month research period
- positive feedback from focus group sessions relating to the project
- trend to improvement in oral health indicators at 10 month assessment including DMF and Gingival, Calculus and Periodontal scores
- digital image improvement in oral health assessments at 10 month assessment periods
- high appreciation and recognition of Indigenous specific oral aid products developed within the project and
- the development of a future model of practice that has greater research potential

Implications for key Stakeholders

Indigenous Health

We believe the key outcome and implication from this project can be delivered to the Indigenous community itself. The Indigenous community can take ownership of this project as it was developed in collaboration with them to improve the oral health status of their own population. This new model of practice and engagement has the potential to support oral health programs amongst other Indigenous communities across Australia and could even be used in other CALD cultures. The key of integrating the Dental Service with Indigenous health workers has the ability to promote improved access, synergy and confidence across both Indigenous and non Indigenous cultures.

Healthcare

The key implications for healthcare providers within the research are the support of a new model of collaboration, linkage and support to deliver optimal oral healthcare for Indigenous children. This model of practice shows that building capacity through linkage of healthcare systems can provide improved outcomes for Indigenous communities and children in particular. Gaining trust and awareness across both healthcare services is the best way to improve positive outcomes for Indigenous populations.

Policy Makers

Policy makers should see that this model of integration and collaboration with respect of differing cultures along with awareness of each other's needs, can be developed as a working model across oral health care. This project has the ability to be trialled in a larger setting and within more remote communities to truly evaluate the effectiveness of the model.

WDHS Volunteers Sharon McLean, Gail Darling, Joan Lewis and Ian McLean, Jeanette Ryan, Volunteer Coordinator and Leisure and Lifestyle Activities Coordinator Carol Holmes with their 2012 Minister for Health Awards

Be stroke aware

One in six people will suffer a stroke in their lifetime and the faster medical attention is sought, the less debilitating its impact could be.

How do you recognise the signs of a stroke?

The FAST test is the easiest way to remember the signs and recognise a stroke.

The **FAST** test stands for:

- **F**ace - check their face. Has their mouth drooped?
- **A**rms - can they lift both arms?
- **S**peech - is their speech slurred? Do they understand you?
- **T**ime - is critical. If you see any of these signs call 000 straight away.

A stoke is always a medical emergency!

Even if the symptoms go away or don't cause any pain or discomfort, it is vital to call 000 immediately.

The longer a stroke is left untreated, the greater the likelihood of stroke related brain damage. Emergency treatment commenced as soon as possible after the symptoms of a stroke begin, the better the chances of survival and successful rehabilitation care.

wdhs
Western District
Health Service

www.wdhs.net

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Hamilton 3300
T + 61 3 5551 8222

Coleraine District Health Service
119 McKebery Street
Coleraine 3315
T + 61 3 5553 2000

Penshurst & District Health Service
Cobb Street
Penshurst 3289
T + 61 3 5552 3000

Frances Hewitt Community Centre
2 Roberts Street
Hamilton 3300
T + 61 3 5551 8450

youth4youth
2 Roberts Street
Hamilton 3300
T + 61 3 5551 8450

Grange Residential Care Service
17-19 Gray Street
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T + 61 3 5551 8257

National Centre for Farmer Health
20 Foster Street
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