

2008
2009

Quality of
Care Report



*Delivering caring
services with
respect, reliability
and integrity*



Wimmera
Health Care
Group

About Us



Horsham Campus



Dimboola Campus

Wimmera Health Care Group is the major specialist referral centre for the Wimmera and Southern Mallee region of Victoria. Our campuses in Horsham and Dimboola service an area of 61,000 square kilometres and a population of approximately 54,000.

The Horsham campus employs over 600 people and features 84 acute, 70 high care and 36 low care residential beds. The campus at Dimboola employs 60 staff and has four acute, 22 high care and four low care residential beds.

Wimmera Health Care Group also takes management responsibility for the Dunmunkle Health Service under a formal service agreement.

Wimmera Health Care Group provides a range of emergency, critical care, residential, geriatric, transitional care, allied health and primary care services for adults and children. This year, we treated more than 11,300 inpatients, 17,000 emergency patients and 33,000 outpatients.

Cover Image: From left – Topsy, Nicole, Jake and Libby are members of a local family, born and bred in Horsham. Read their stories on pages 12 and 13.

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Photographs courtesy of Murray Studios, Melissa Powell, Wimmera Mail-Times. The Weekly Advertiser and Wimmera Health Care Group staff.

Our Strategic Plan ...

Strategic Goals and Critical Challenges

1. Strengthen regional relationships

- Investigate and implement collaborative models of care and services to achieve best practice across the region.
- Obtain a better understanding of what regional health care providers can offer and utilise to gain a better outcome.
- Market and promote rural health as a specialty area.
- Build and promote partnerships with other stakeholders.

2. Improve facilities to promote a safe and effective working environment

- Develop and maintain effective corporate governance.
- Develop a framework for the timely modernisation of facilities and equipment.
- Implement an integrated safety management system.
- Establish a physical environment suitable for the provision of safe and high quality care.

3. Pursue excellence in care

- Continue to develop and maintain systems that promote safe and high quality care.
- Plan and deliver care in a collaborative and person centred manner.
- Develop and maintain effective clinical governance.
- Foster a focus on the consumer experience through the continuum of care.

4. Promote health and wellbeing in the region

- Provide care, resources and healthy lifestyle education that maximises physical and mental wellbeing.
- Enhance and improve outcomes in health and wellbeing for the community.
- Recognise that different specific, social, cultural and linguistically diverse groups require flexible approaches to achieve optimal health outcomes.

5. Reduce our impact on the environment

- Protect all natural resources and diminish known threats to the environment through practice, education and promotion.
- Establish opportunities for waste avoidance, reduction, recycling and reuse.
- Balance environmental, economic and social influences on ecological sustainability.

6. Be an employer of choice

- Attract and maintain a workforce with skills and knowledge to deliver excellent services across all divisions.
- Develop a career path for staff to achieve their full potential.
- Strengthen and maintain an ongoing commitment to an organisational wide program of evidence-based best practice in staff development, education and training.
- Market and promote the advantages of careers in rural health.

Provide programs that promote the physical, mental wellbeing and social connectivity of our workforce.



*At Wimmera Health Care Group,
 we care for our own families*

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Foreword

Welcome to the 2008/09 Quality of Care Report for Wimmera Health Care Group. On behalf of the Board of Management and all our staff and volunteers, we invite you to read our stories and articles in order to understand us better and to get an idea of what we have been doing over the past year.

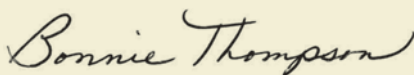
The Quality of Care Report is one of many ways in which we try to keep you informed about the health care related services at Wimmera Health Care Group which are available to you, your family and your friends. The report serves as a guide for introducing you to new initiatives that have begun in the last year and also reviews some of the important services that have been available over many years. Hopefully, you will find that the report provides information that will be of particular value to either you or to someone you know.

Our main goal, however, with this report is to provide you with an accurate and fair view of what we do and how we do it. We pride ourselves on the quality of care we offer and we work hard to measure and maintain that high standard. We value your feedback and it is important to us that we share our work with you and that, through this report, you have an opportunity to meet a few of our many outstanding staff.

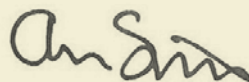
We would like to say thank you to the members of our Community Advisory Committee who have worked with us in the preparation of this report. Special appreciation goes to Dorothy McLaren who led workshops with staff and community members to achieve what we believe to be a truly remarkable report that we hope will meet the needs of the many different people who make up the Wimmera community. **All the people you see in this report work and live in the Wimmera – they are part of our community and they use the services we provide.**

Our vision at Wimmera Health Care Group is to **deliver caring services with respect, reliability and integrity.** It is through the outstanding efforts of our staff, along with the support of our community and its many volunteers, that we are confident that we will achieve this vision.

Our inspiration at the Wimmera Health Care Group is you. It is with pleasure, therefore, that we present and dedicate this report to you.



Bonnie Thompson
President



Chris Scott
Chief Executive



About this report

How we went about preparing this report ...

This year, as mentioned by the President and Chief Executive, Dorothy McLaren, a member of our Community Advisory Committee facilitated two focus groups (one for staff and one for community members) to evaluate the content, format and distribution of our Quality of Care Report. These groups provided extremely valuable feedback which has been incorporated into this year's report.

We have moved away from the previous newspaper style report because feedback indicated that it was cumbersome and difficult to read. More pictures, personal stories and demographic information have been included, along with a new section at the back containing useful contact phone numbers. We have also reported on the strategic direction of Wimmera Health Care Group.

We sincerely thank the many people who have been involved in developing this report including our Community Advisory Committee members, dedicated staff and community members for their valuable contribution.

How we will distribute this report ...

The Quality of Care Report will be released to the public at our Annual General Meeting on Thursday 19 November 2009 in Horsham. At that time, the report will also be mailed to our many supporters and other service providers who have a close association with our health service.

Articles in the local press will be published as a means of increasing awareness and informing community members on how they can access a copy of this report.

Hard copies will be made available in waiting areas at all Wimmera Health Care Group sites, along with local clinics (e.g., medical, dental, etc), community organisations, selected businesses and the public library. This document will also be posted on our web site www.whcg.org.au

Your feedback is important ...

This report is designed to give you some insight into the work we do and how we are meeting community needs and continuously improving the quality of care that we provide.

To ensure that it continues to be relevant, we welcome your feedback and encourage you to complete the enclosed feedback form and return it to us as soon as possible.

“My deep and sincere thanks for the caring, professional care given to my relative and the TLC and respect shown to her by all members of staff.”



New initiatives have been introduced to increase awareness of the careers on offer at Wimmera Health Care Group. These include an on-site Health Careers Expo at the Horsham campus where 40 senior secondary school students spent the day learning about careers in nursing and allied health and our Staff Development Unit attending various University open days including manning an exhibition site at the Wimmera and Southern Mallee Careers expo. The recruitment page on our web site has also been improved to provide more information to secondary school students, tertiary students and potential employees as well as making it easier to apply for advertised positions. You can check out the new page at www.whcg.org.au/Recruitment/index.aspx

A Snapshot of our Year

July 2008

- The Board elects Mrs Bonnie Thompson to the Presidency and Chair, replacing Mr Pawel Wajszel who served in this role for three years.
- Horsham Rural City Council sister city delegation from Nujiang Prefecture in China visits Wimmera Health Care Group's Horsham campus.



August 2008

- Seven staff from the Dimboola campus are presented with Certificate III in Hospitality (Operations) by the University of Ballarat at a special awards ceremony.



September 2008

- Wimmera Health Care Group's paediatric diabetes clinic celebrates 10 years of operation in Horsham. The clinic for children aged up to 18 years, first began in 1998 when A/Prof Fergus Cameron from the Department of Endocrinology and Diabetes at Melbourne's Royal Children's Hospital started visiting Horsham to provide the service. Eight children attended the clinic when it started. This year up to 60 children from across the region come to the clinic for their three-monthly check up.

October 2008

- The Friends All Riding Together (a group of Wimmera/Mallee motorcycle enthusiasts) donate a vital signs monitor to the Day Oncology Unit in memory of their friend Andrew Gawith, who lost a long battle with cancer in 1997.
- Thanks to the support of the Bendigo Bank in Horsham, an automatic teller machine is installed in the foyer at the Horsham campus.

November 2008

- More than 100 people attend Wimmera Health Care Group's Annual General Meeting in Horsham where Mr Bruce Johansen and Mr Pawel Wajszel are awarded life governorships. Letters of recognition are also presented to Wimmera Hospice Care Auxiliary members Melba McGlynn and Lyn Taylor and a certificate of appreciation to long-term Wimmera Nursing Home volunteer Wenda Netherway.

December 2008

- Wimmera Health Care Group says thank you to more than 80 valued volunteers at a special volunteer appreciation evening held at the Horsham campus as part of National Volunteers Week celebrations.
- Representatives from the Horsham Cycling Club's Murray to Moyne Cycle Relay Team present a high/low bed to the Dimboola campus (the team raised approximately \$6,000).



January 2009

- Wimmera Hospice Care Co-ordinator, Anne Hayes is awarded life membership of Palliative Care Victoria in recognition of her contribution to palliative care services across the region.



February 2009

- Chief Podiatrist Sara Coats is awarded Monash University's prestigious Master of Wound Care prize as part of her Master of Wound Care degree. Her project was to develop a clinical protocol for the assessment of diabetic foot wounds.
- Wimmera Health Care Group confirms the appointment of a new permanent Obstetrician and Gynaecologist, Dr Michaela Hock.
- The Board formally embarks on the consolidation of critical principles to drive the new strategic plan for Wimmera Health Care Group.

March 2009

- Wimmera Health Care Group celebrates Harmony Day by providing cultural awareness information and food samples to visitors in the hospital foyer.
- Three Chinese students are welcomed to Wimmera Health Care Group as part of a three month Visiting Scholar Program – the result of a relationship set up with Kunming Medical University (a facility that has over 15,000 medical, nursing and allied health students) which supports Wimmera Health Care Group's strategic direction in recruitment and retention in the area of skilled migration.
- The Wimmera Wizards Murray to Moyne cycle relay team purchase new uniforms, thanks to the support of Neverfail, Jayco Horsham, Simpsons – The Labour Hire Specialists, the National Australia Bank, Horsham T Life and Health Financial.

April 2009

- Director of Medical Services, A/Prof Alan Wolff, is selected from more than 600 applicants, to showcase Wimmera Health Care Group's clinical quality improvement program at the International Forum on Quality and Safety in Health Care in Berlin. The conference was attended by 1,700 clinicians and managers from all around the world.



May 2009

- Wimmera Health Care Group celebrates International Nurses Day by hosting a barbeque luncheon for more than 50 nursing staff.
- Over 40 senior secondary students attend a careers expo at Wimmera Health Care Group, aimed at providing them with an opportunity to learn more about careers in nursing and allied health.
- Wimmera Health Care Group becomes the first Victorian hospital to acknowledge the region's traditional owners by unveiling a commemorative plaque at the Horsham campus with plans for a similar ceremony to be held at the Dimboola campus in August 2009.

June 2009

- The Victorian State Government announces recurrent funding for the Delkaia Aboriginal Best Start Project for which Wimmera Health Care Group is the facilitating partner and fundholder.
- As part of a partnership with the Victoria Police Blue Ribbon Foundation, a dedication ceremony in honour of Constable George Howell (a police officer who passed away in the line of duty of 1 February 1952) is held in the Emergency Department.

Community Participation

“Doing it with us not for us”, is our philosophy when it comes to the provision of healthcare services at Wimmera Health Care Group (in line with the Department of Health “doing it with us not for us” participation policy, 2006–09).

We welcome and encourage input from community members, patients, consumers, carers and families.

Person-Centred Care

We are here to listen to you. You are the only person that knows absolutely EVERYTHING there is to know about you. You are the expert.



In a nutshell, that’s what person-centred care is all about. It’s a collaborative and respectful partnership between you, the patient/consumer as a service user and us, Wimmera Health Care Group, as your service provider.

Strengthening our person-centred practices is a top priority for us. “Plan and deliver care in a person-centred manner” is a goal in our strategic plan.

This year, we have implemented a nursing discharge summary. The summary involves discussions between staff and the patient. It is a document that both parties sign off on with a copy given to the patient on discharge.

We are also developing a process for patients to become more involved in their care plan. The philosophy of person and family-centred care values the patient as a whole, their concerns, wishes, needs and expectations.

We believe that patients and their families are essential members of the health care team. When patients come to Wimmera Health Care Group, we want them to feel safe, secure and well cared for, but we also encourage them to be treated as partners in their own care. We want them to have information about their treatment in a language and manner or format they understand and to feel confident in managing their health care needs when they go home.

“The kindness and understanding shown to each of us, most especially to Dad, has assisted us each to cope with mum’s illness just a little better. Friendship shown, jokes shared and the loving physical and emotional care, the compassion, the respect and dignity have made her final years as comfortable as we could have hoped.”



Strengthening our person-centred practices is a top priority at Wimmera Health Care Group.

We have adopted an official declaration that reinforces our commitment to the values that underpin person-centred care. The declaration focuses on the importance of partnerships between patients and staff and we encourage our patients and their families to participate in care and decision making at the level they choose.

Wimmera Health Care Group's Proclamation for Patient-Centred Care

To commemorate patient-centred care awareness, we proclaim to our patients and community these truths, which we hold to be self-evident:

- *A patient is an individual to be cared for, not a medical condition to be treated.*
- *Each patient is a unique person with diverse needs.*
- *Each staff member is a caregiver, whose role is to meet the needs of each patient.*
- *Our patients are our partners and have knowledge and expertise that is essential to their care.*
- *Our patients' family and friends are also our partners and we welcome their involvement.*
- *Access to understandable health information is essential to empower patients to participate in their care and it is our responsibility to provide access to that information.*
- *The opportunity to make decisions is essential to the wellbeing of our patients. It is our responsibility to maximise patients' opportunities for choices and to respect those choices.*
- *Our patients' wellbeing can be enhanced by an optimal healing environment, including access to music and the arts, satisfying food and complementary therapies.*
- *In order to effectively care for patients, we must also care for our staff members by supporting them in achieving their highest professional aspirations, as well as their personal goals.*
- *Patient-centred care is the core of a high quality health care system and a necessary foundation for safe, effective, efficient, timely and equitable care.*

Wimmera Health Care Group exists to serve our patients and our community. We are honoured to be here for you.

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Patient Satisfaction

The Victorian Patient Satisfaction Monitor is completed every six months. Its purpose is to assist Government and hospitals in identifying where quality improvement activities should be directed to.

This report is compiled from feedback provided by patients on their overall care and treatment during their stay in hospital. Selected patients are invited to participate in an independent survey which covers the treatment of their medical or surgical condition, discharge from hospital and follow up, management of complaints, the physical environment in relation to privacy, comfort, cleanliness and quality of meals, pre-admission assistance and advice and assistance at admission.

Wimmera Health Care Group has participated in the Victorian Patient Satisfaction Monitor for many years. The most recent survey was completed in February this year.

The table below is a summary of how we performed against the State-wide hospital benchmarks:

	Overall Care	Access and Admission	General patient Information	Treatment and Related Information	Complaints Management	Physical Environment	Discharge and Follow-up
All Hospitals	78	77	82	79	80	75	76
Category B Hospitals	77	77	82	78	80	75	75
Wimmera Health Care Group	79	80	83	77	79	77	74

You will note that our overall care index level of 79% satisfaction rated above the peer group average of 77% for the 23 Category B hospitals (of similar size to us) and all hospitals across the State.

Community Participation

Cultural Awareness

The Cultural and Linguistically Diverse (CALD)

committee was formed in May 2006 with a purpose to ensure equal access to the services provided by Wimmera Health Care Group for people from CALD backgrounds. Over the years, membership has expanded to include community members who are extremely valuable members of the committee.

The objectives of the committee are to:

- develop, implement, monitor and report Wimmera Health Care Group Cultural Diversity Plan;
- increase the level of awareness of CALD and cross cultural issues across Wimmera Health Care Group;
- provide a forum for staff to raise and discuss issues pertinent to this population group; and
- increase Wimmera Health Care Group's effectiveness in its whole-of-agency response to CALD consumers and issues

The expected outcome from these objectives is that consumers of Wimmera Health Care Group who are from CALD backgrounds and those who have a low level of English proficiency, enjoy the same level of access and care as the broader community.

Every year the committee develops a Cultural Diversity Plan for the organisation and reviews the achievements from the previous year's plan.

This year, we celebrated Harmony Day with a display and food samples in the hospital foyer. Staff and patients at Wimmera Health Care Group come from a range of different backgrounds and Harmony Day provided us with an opportunity to celebrate our multicultural community.



Staff at Wimmera Health Care Group celebrate Harmony Day.

The key message of Harmony Day is that “Everyone Belongs”. Harmony Day is about community participation, inclusiveness and respect for people of all cultures.



Sonny Secombe and Lachlan Marks perform a smoking ceremony as part of the acknowledgement of the traditional owners (Horsham).

Wimmera Health Care Group also officially acknowledged the region's traditional owners by unveiling commemorative plaques at the Horsham and Dimboola campuses.

The ceremonies were jointly organised by Wimmera Health Care Group and the Barengi Gadjin Land Council and were the first of their kind at a Victorian hospital. The plaques are proudly displayed in the hospital foyers and feature the artwork of Aunty Nancy Harrison, a Wotjobaluk Elder who lives in Dimboola.

“I have been grateful for the medical and nursing staff. The district nurses come every second day and are always cheerful. Thanks to kitchen staff, the young volunteers and thanks to the physios who have helped me. Thanks to all.”



Delkaia Aboriginal Best Start Project

The Delkaia Aboriginal Best Start Project is a partnership between Wimmera Health Care Group, Horsham Rural City Council, Barengi Gadjin Land Council, Wimmera Primary Care Partnership, Horsham North Primary School, Wimmera Uniting Care, Goolum Goolum Aboriginal Co-operative, Budja Budja Aboriginal Co-operative, Local Aboriginal Education Consultative Group, Delkaia Indigenous Reference Group, Department of Human Services and Department of Education and Early Childhood Development.

The project’s aims are to improve the health, development, learning and wellbeing of Aboriginal and Torres Strait Islander children from conception to eight years through prevention and early intervention initiatives.

This year, the project has made a number of achievements and the partnership is looked upon as a leader for other Aboriginal Best Start Projects across the State. Some of the achievements include: A Welcome Baby to Country Ceremony which has gained State-wide recognition through an Early Years Award, a successful “Gap Gap Dyirr Family Camp”, community engagement with the changing themes of the Delkaia Family Fun Days held quarterly, and the launch of a Teeth for Keeps Poster and Indigenous Child Record Insert.

An extension of funding was announced last year, which demonstrates the confidence the State Government has in the partnership’s ability to achieve the aims of this important program. Following the funding announcement, the partnership agreement was reviewed through extensive consultation with all interested parties and re-signed at a special ceremony held at Goolum Goolum Aboriginal Co-operative this year.

We are now seeing more collaborative initiatives and partnerships with community organisations and we appreciate the support of Aboriginal families in the Horsham,



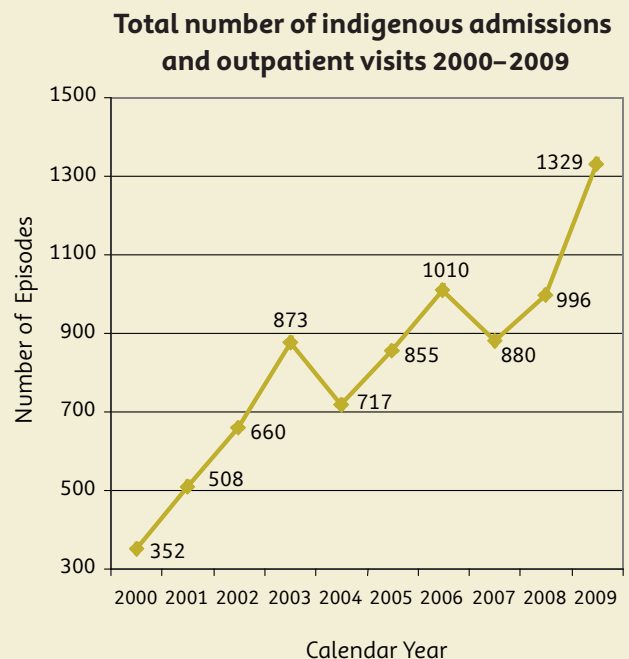
Acknowledgment was made of the region’s traditional owners at ceremonies at Dimboola (above) and Horsham (right).

Dimboola and Halls Gap areas who continue to contribute and share their input to the project through community consultation. It is because of this valuable input, that we are able to meet the needs of our community.

Koori Hospital Liaison Officer

The primary role of the Koori Hospital Liaison Officer is to ensure the provision of quality health care needs and expectations of indigenous clients are met in a culturally appropriate way. One of the roles is to collect and report indigenous statistics to the Department of Health.

The graph below clearly demonstrates that the total number of indigenous admissions and outpatient visits to Wimmera Health Care Group has increased significantly during the past nine years. The sharp increase from last year is attributed to an increase in the utilisation of our dialysis service and an increase in births from three in 2008 to 14 for 2009.



Community Participation

Meet our Community Advisory Committee

Our Community Advisory Committee was formed in 2005. It comprises: five community representatives, two Board of Management representatives, the Chief Executive, Quality Manager/Consumer Advocate and Community Liaison Officer.

The community members are:

- Gillian Vanderwaal (Chairperson) – Community Education Co-ordinator, GWM Water (Horsham)
- Tim Eagle – Farmer (Horsham)
- Dorothy McLaren – Rural Access Wimmera Co-ordinator (Noradjuha)
- Nicole Timms – Veterinarian (Horsham)
- Kenneth Shippides – Patient Transport Service Worker (Horsham)

Members of the Community Advisory Committee are local Wimmera people who, along with their friends, families and colleagues, use our services.

The Community Advisory Committee is a vital link between Wimmera Health Care Group and you, the members of our community. They provide valuable input and advice to the Board of Management on the planning and development of health services, building works and communication with the community. They contribute to the strategic planning process and give regular feedback on concerns and issues raised in the community.

This year the Community Advisory Committee has provided valuable input into our new Strategic Plan, internal and external signage, the Quality of Care Report, web site, Patient Information Guide, brochures and other publications produced by Wimmera Health Care Group.

To find out how you can provide your feedback to us via the Community Advisory Committee, please contact the Quality Manager/Consumer Advocate on ph. 5381 9331.

Are you interested in becoming a member of our Community Advisory Committee? If so, and you live in the Wimmera region we would like to hear from you. For further details, please contact our Quality Manager/Consumer Advocate.

Gillian Vanderwaal, Nicole Timms and Dorothy McLaren, are some of the community representatives on the Community Advisory Committee.

Consumer Feedback

Consumer feedback is an important part of our Quality Improvement program and helps us to improve the services we provide to you.

At Wimmera Health Care Group, we welcome your feedback, both positive and negative.

Consumer feedback forms are available in all areas of Wimmera Health Care Group and, once completed, can be placed in the appropriate boxes throughout the organisation, given to a staff member or posted to the Consumer Advocate.

Alternatively, you can phone (ph. 5381 9331), email (wendy.james@whcg.org.au), or forward a letter to our Consumer Advocate (Wimmera Health Care Group, Baillie Street, Horsham 3400). All feedback will be treated as confidential.

Wimmera Health Care Group received 367 commendations and 147 complaints this year. Some of the commendations we received are highlighted throughout this report.

Complaints and commendation feedback enables us to make changes and improvements to many aspects of the services we provide. The story on the next page is just one example of how we have responded to and improved our service.



Geoff Baker's Story

In March last year, local resident Geoff Baker needed to come to hospital. At that time, he had no idea that he would play a significant role in our decision to purchase a Hovermatt and Hoverjack for Wimmera Health Care Group.

Geoff had dislocated his hip while travelling in his car and was in a great deal of pain, so he decided to head straight to the hospital. When he arrived at the Emergency Department, he couldn't get out of the car. A trolley was bought to the side of the car to assist in his removal. This was not an easy task because the trolley was unable to go low enough to help Geoff from the car.

Finally, after 20 minutes and several unsuccessful attempts, an ambulance was called. Fortunately, they had a trolley that was more flexible and able to be lowered to the required level to remove Geoff from the car.

A few weeks later, Geoff contacted our Consumer Advocate to talk about his experience. He suggested that we purchase a suitable trolley with some flexibility of movement that could be lowered to the appropriate level. Geoff did not want other people to go through the same experience as he did. As a result of Geoff's feedback, the Emergency Department purchased a trolley that could be lowered to an appropriate level to assist transfer from a car. At the same time, they decided to investigate other systems to assist with the transfer of patients.

In May this year, thanks to the fundraising efforts of the Wimmera Wizards Murray to Moyne Cycle Relay Team, we were able to purchase an inflatable Hovermatt and Hoverjack. This equipment has many uses in the hospital, not just in the Emergency Department.

The Hovermatt has been trialled and found to be ideal for removing people from vehicles, because the mat can be pushed up against the car door before being inflated.

We thank Geoff for his valuable feedback, which has enabled us to improve our service.

Nurse Chris Dodson demonstrates the Hovermatt and Hoverjack to Geoff Baker.



Continuity of Care

This section follows the journey of four generations of a local family born in Horsham. We sincerely thank Topsy, Libby, Nicole and baby Jake for sharing their stories with us.

Topsy

Gwen Carter (nee Russell) gave birth to daughter Gwendoline "Topsy" Carter on 7 November 1920 at Wembley Private Hospital in Horsham. Topsy was the third of five children to Gwen and Murray Carter, who lived near Wartook. Back then, many women from outlying areas moved into town leading up to the birth of their babies.

Prior to her marriage, Gwen (Topsy's mother) went to Adelaide to complete her nursing training, and later became Matron of the Royal Children's Hospital, a big achievement back then.

Back in Wartook after her marriage, there was no doctor in the district, so Gwen was often called upon to assist with medical emergencies.



Libby

Topsy Dumesny (nee Carter) gave birth to daughter Elizabeth "Libby" on 8 September 1953 at the Wimmera Base Hospital. Libby was the third of four children to Topsy and husband Len.

Back in 1953, it was unheard of to have family members present at the birth so Len drove me to the hospital and then went home. Libby was delivered by Dr Forsyth.

I stayed in hospital for around 10 to 12 days. New mothers stayed in bed and our babies were cared for in the nursery and brought to us for feeding. We were consulted about our care, but not in the way new mothers are today.

There were no services available to prepare us for the birth, you were told very little and left to find things out for yourself. I remember the hospital staff being very caring and helpful.



1920

In 1920, the hospital was named Horsham District Hospital. That year, there were 441 inpatients, 155 outpatients and 18 paid staff members. The hospital's expenditure was £3,024.

The following deaths from general diseases were noted in the annual report: typhoid fever (24), diphtheria (84), scarlett fever (9), influenza (9), tuberculosis (7), cancer (6).

1953

In 1953, there were 3,106 inpatients admitted, 7,623 outpatient attendances and 165 staff employed at Wimmera Base Hospital. Three hundred and sixty-seven major operations and 1,073 minor operations were performed that year and Libby was one of 337 babies born at the hospital. Interestingly, there were 5,441 physiotherapy treatments provided, 55,940 meals served and a massive 590,824 items laundered.

The hospital had 191 beds available 24/7, with a daily average of 117 patients. The hospital's total expenditure was £110,769.

1977

Nicole

Libby Peucker (nee Dumesny) gave birth to baby Nicole at Wimmera Base Hospital on 18 January 1977. Nicole was delivered by Dr Haslav (now based at the Dimboola campus) and proud dad Russell was present at the birth.

When I arrived at hospital at 9.30 pm the night before, I was immediately "prepped" for the upcoming birth. This involved being given an enema and having what's known as a "Brazilian" these days!

Whilst we awaited the birth, which happened early the next morning, I was placed in a small room that was offset from the labour ward. It was cold and dark.

I was in hospital for seven days. All the babies stayed in the nursery so that us new mums could get some rest before heading home. There was a lot of interaction with other mums as we collected our babies from the nursery.

Every morning we were woken at 5 am sharp. Our babies had been weighed, changed and wrapped, ready for their 5 am feed. There was a big focus on weighing, before and after each feed.

Having babies in the FOs and staying in hospital for a week gave your body a chance to recover (if you ever do!).

Jake

Nicole Jakobi (nee Peucker) gave birth to son Jake William at Wimmera Health Care Group on the 17 August 2008.

In contrast to my mother Libby who was "prepared" for the birth and placed in a small room, my husband David and I sat relaxed watching the Olympic Games on the television in our birth room.

I chose shared care with the midwives clinic and Jake was delivered by the midwives. Our GP was Dr David Wilson.

Jake was in my room the entire time – he did not go to the nursery. While this was a wonderful time to bond, there was little opportunity to interact with other new mums in hospital.

There were definitely no 5 am wake-up calls. Jake and I went home after three days, whereas our other two babies both had jaundice requiring phototherapy. This meant I had to remain in hospital for seven days, spending lots of time in the nursery.

There was lots of consultation about my care while I was in hospital, with questionnaires to complete, a wealth of information to read including links to web sites and television programs to watch.

I had a great experience at Wimmera Health Care Group and thank the staff who were always willing to provide help and support when I needed it.



In 1977, Wimmera Base Hospital had 3,177 inpatient admissions and 28,482 outpatient attendances. The daily bed average was 130 and the average length stay for patients was 15 days. The hospital's total expenditure was \$4,561,881.

The same year, individual meal cards allowing patients to select from a multiple choice menu were introduced. A total of 232,300 meals were served to patients and staff, and 13,492 meals on wheels lunches were provided.

The hospital underwent a major development that year including construction of more than 80 beds. The Day Centre was officially opened and a new PABX telephone system was installed, resulting in a greatly improved communication service.

2009

This year Wimmera Health Care Group treated more than 11,300 inpatients, 17,000 emergency patients and 33,000 outpatients. There were 395 births and 4,115 operations performed.

At the Horsham campus, there were 84 acute, 70 high care and 36 low care residential beds, whilst at the Dimboola campus there were four acute, 22 high care and four low care residential beds. The occupancy rate for the year was 80.5%, and the average length of stay for patients was 2.17 days. This year, almost 700 staff were employed at Wimmera Health Care Group. The total expenditure was \$56,907,000.

Continuity of Care

Specialist Obstetric and Gynaecology Services

In January, we welcomed Dr Michaela Hock to Wimmera Health Care Group. Michaela, who has made the move from Germany to Horsham with her family, is a trained specialist in Obstetrics and Gynaecology.

Moving to Australia has been the fulfilment of a 20-year dream for Michaela and her husband Dieter. She first became attracted to the idea of migrating here in 1989 during a medical internship at Parramatta, Sydney.

The Royal Australian College of Obstetricians and Gynaecologists assessed Michaela's qualifications and experience and determined that she could work as a specialist in an area of need, such as Horsham, thus fulfilling her wish to migrate to Australia.

Dr Hock operates out of Mynara Medical Centre at 134 Baillie Street in Horsham, however a referral from your GP is necessary. Whilst she has only been here for a short period of time, Michaela is already proving to be very popular amongst our female patients.

Prior to migrating to Australia, Michaela had her own private practice in Michelstadt, Germany where she specialised in gynaecology, obstetrics and cancer care.

In January, Wimmera Health Care Group welcomed German Obstetrics and Gynaecology Specialist Michaela Hock (second left) and her family Dieter, Isabelle and Carina to Horsham.



Grampians Integrated Cancer Service

This year, staff at Wimmera Health Care Group have been actively involved in Grampians Integrated Cancer Service quality service improvement initiatives to improve cancer service delivery in the Wimmera.

We have participated in:

- monthly multidisciplinary meetings to discuss and optimise patient treatment plans; and
- ongoing educational activities such as communication skills training.

The Wimmera Cancer Pilot Program was a six month pilot project undertaken by Grampians Integrated Cancer Service and Wimmera Volunteers to establish the transport needs of patients who do not meet the current criteria for government assisted transport schemes. The program assisted chemotherapy patients who live in the Wimmera and travel between 20 and 100 kilometres one way to access their treatment appointments at Wimmera Health Care Group.

During the six month period, 30 patients who attended the Day Oncology Unit at Wimmera Health Care Group received reimbursements for travel to and from treatment.

The pilot project demonstrated a need for transport assistance for this group, however, further work needs to be done to establish a sustainable transport assistance model.

Day Oncology Nurse Lisa Maroske checks medication with patient, Jacob Walmsley.



The Wimmera Hospice Care After Hours Project

Wimmera Hospice Care is a palliative care service that supports people with life limiting illnesses and their families and carers.

For rural hospice patients living at home, accessing a nurse or doctor after hours (weekends, evenings and public holidays) can be extremely difficult. Over the past two years, we have been working on a project that aims to improve after hours care for hospice patients and their carers.

As a result of the project, the following changes have been made to Wimmera Hospice Care:

- In the evenings if needed, Hospice patients can now contact the Grampians After Hours Service (operated by the West Vic Division of General Practice) for medical advice. A highly trained nurse will answer the call, determine the urgency and what type of medical help is needed.
- Hospice patients and their carers now receive written instructions on what to do if a health problem occurs and who they should contact. Each instruction sheet is written specifically for the patient and may include details on what they should do if they experience symptoms such as pain or nausea, or even if someone passes away at home.
- Wimmera Hospice Care nurses now use a check list that is stored in each patient history to ensure that all registered hospice patients in the community have an after-hours plan.

Since implementing these changes, we have surveyed patients and their carers to find out what they think of the Grampians After Hours Service and the written instructions.

All patients and carers that we surveyed indicated that they found the written information helpful. They have reported that it is easy to read, well presented and reassuring.

Whilst only a few patients and carers have contacted the Grampians After Hours Service, most people have indicated that just having the number to call is very reassuring.

District Nurses across the Wimmera region have also been surveyed to determine what they think of the changes with many indicating that both the written information and after-hours number are helpful for patients and their carers.

These changes are now a routine part of what we do at Wimmera Hospice Care. We are now working with other palliative care services throughout Western Victoria to look at expanding and adapting this work for their community patients.

ARTrageous

Wimmera Community Options provides flexible respite services to carers through programs funded under the Commonwealth Carer Respite Centre.

Once such program is ARTrageous. This program commenced in 2006 to provide respite to parents who have a child with a disability. ARTrageous is a weekly art class that teaches children new skills as individuals and fosters co-operation between participants to produce joint artworks by the end of the sessions.

Up to eight participants can attend the ARTrageous program. It is led by a qualified art teacher and supported by two attendant carers. Positive reinforcement is used by the teacher to assist each participant to improve their skills and attendant carers are there to assist the participants. ARTrageous enables the teacher to give each participant individual attention and tuition in the production of their artworks, which, in turn, builds their confidence and abilities.

Activities that include family members are both fun and beneficial. ARTrageous has proven to be a very popular program because it not only caters for children with a disability but also their siblings.

The ARTrageous program offered by the Carer Respite Centre is proving to be a very popular choice for children with disabilities and their families.



Continuity of Care

Sub-Acute Services

Sub-acute care is the specialised health care delivered to clients who need time rather than intensity, and a mix of clinical and professional skills, rather than management by a single or principal specialty.

The sub-acute services provided at Wimmera Health Care Group play an integral role in supporting patients to maximise their independence and abilities, focusing on restoring and maintaining abilities for people of all ages.

Our sub-acute services include:

- **Rehabilitation services** – including acute inpatient care, outpatient and community rehabilitation.
- **Geriatric Evaluation and Management (GEM)** – a core service within the sub-acute service system. GEM program provides multidisciplinary clinical evaluation and management of people requiring medical treatment of complex or multiple health conditions, medical review for future treatment or care options.
- **Palliative Care** – coordinated medical, nursing and allied services for people who are terminally ill, delivered where possible in a supportive environment of the person's choice.

Linkages of these services are fundamental to promoting effective and seamless services across the care continuum.

This year, there has been important collaboration between sub-acute services and other ambulatory care services including:

Hospital Admission Risk Program (HARP): The HARP program's aim is to create an integrated, effective and sustainable chronic disease and complex needs program, thus reducing avoidable hospital admissions and emergency department presentations. This contributes to better health outcomes for clients diagnosed with chronic pulmonary disease, chronic heart disease, chronic diabetes, older people with complex needs requiring integrated care, and people with complex psychosocial needs.

HARP clients who participated in the initial Chronic Heart Failure Program provided valuable feedback following each education session with the outcome statement that the introduction of the Chronic Heart Failure program increased consumer knowledge and empowerment in relation to their chronic illness management.

Post Acute Care: A Government funded program that provides support services for people with more complex health needs being discharged from a public hospital. It is a short term program that assists patients in their recovery from an acute admission and returning back into the community.

Home and Community Care (HACC): A program that provides services to support frail older people, younger people with disabilities, and their carers. These services provide basic support and maintenance to people living at home and whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long-term residential care.

At Wimmera Health Care Group, we are working towards the goal of ensuring that a person receives the appropriate health care at the right time and in the right place. To achieve this goal, we recognise that there is an ongoing need for us to provide a more responsive, integrated and flexible approach to service provision.

For further details about the sub-acute services available at Wimmera Health Care Group, please phone Anne Richards on ph. 5381 9130.



Lee Czora, Reiner Czora and Rex Dumesny participate in an arm pedal activity aimed at strengthening upper limbs as part of the pulmonary rehabilitation clinic offered by Wimmera Health Care Group.

Health Promotion

The Women on Farms Initiative

“Women on Farms: Promoting Physical Activity Options for Rural Women” is a health promotion initiative of Wimmera Health Care Group, designed to promote physical activity options for rural women.

This program was developed taking into consideration research that identified women as one of the physically inactive groups in our community. Further research has recognised that people in rural areas are disadvantaged when it comes to accessing organised sporting/recreational activities. More than 10 years of drought in this region has further reduced the capacity of people to meet the costs of membership fees and travel.

The aim of Women on Farms is to facilitate cost effective and sustainable physical activities than can be completed at home on the family farm with the aim of increasing their physical activity.

The program has been operating for the past three years and widely promoted at the Wimmera Machinery Field Days each year. Annual evaluations have driven the direction of Women on Farms.

Over the three year period, the following has been incorporated into Women on Farms:

Year 1: Exercise resources including guidelines for a home based walking program were provided to participants. Additionally, the kit included skipping ropes, accompanied by a graded program, suitable for differing ages and fitness levels.

Year 2: An evaluation of the project highlighted the need for lower impact exercise options. As a result, the focus during Year 2 to include fit balls as a home based exercise medium was introduced. This enabled exercise programs to be graded depending on fitness level and pre-existing injuries. Additional funding was sourced via the Primary Care Partnerships Small Health Promotion Grants Program to enable the purchase of fit balls at a subsidised cost of \$10. The fit ball project was a resounding success with 100 fit balls being sold to participants of the program.

Year 3: In Year 3, the 10,000 steps program was incorporated, focusing on the use of a pedometer to calculate and record daily steps taken, with the aim of incorporating 10,000 steps into daily activity. This allowed women on farms to consider the manual labour that they undertake as part of their occupation, to be part of their exercise regime, whilst at the same time, encouraging



Members of the Allied Health Team – Louise Mason, Sara Coats, Kristen Coats and Hayley Roberts with the Women on Farms mascot at this year’s Wimmera Machinery Field Days.

people to set some time aside for additional walking during the day. The walking program was considered suitable for a wide range of age and fitness levels.

Women on Farms has been an extremely positive Health Promotion initiative for Wimmera Health Care Group. Ninety-eight per cent of survey respondents have indicated that they found the program to be beneficial, that they now have an increased knowledge of the benefits of physical activity and have increased their level of physical activity.

For further details on how you can participate in the Women on Farms program, please contact the Allied Health Department on ph. 5381 9333.

Community Health

Our Community Health Nurses provide an important service to the Wimmera community. They work IN the community, WITH the community and FOR the community.

This service encourages and assists people of all ages to become more knowledgeable and proactive about their health by providing information, education and support. Our staff help people to navigate their way through the healthcare system to find the services that best suit their needs, and can act as an advocate and empower people to take charge of their lives.

The Community Health Team has provided a variety of programs to the community this year, some of which are highlighted below.

For the second year running, we ran a very successful pit stop program for men at the Wimmera Machinery Field Days. This collaborative team effort saw more than 200 men pass over the pits for their health assessment and advice during the three days. Men who were identified as “at risk” were referred to their doctor and followed up by our Community Health Nurses at a later date. Feedback from the Wimmera Machinery Field Days was positive and has assisted the Community Health Team to determine future programs they will offer.

There has been a strong focus on youth this year. Community Health Nurses delivered a range of school programs on human development, core of life, self esteem and bullying.

Continuity of Care

We received positive feedback from the schools involved and as a result, the program will be further developed to include a parent program next year.

Once again, the “Look Good, Feel Better” program was offered to women undergoing chemotherapy. This program was introduced by the cosmetic industry of Australia several years ago to provide women undergoing chemotherapy with an opportunity to attend sessions where they are assisted with cosmetics and wigs. “Look Good, Feel Better” is much more than just a cosmetic session, it is about self esteem, social connectedness and support.

This year, the Community Health Team provided health screenings to many local organisations such as: Kmart, the National Australia Bank, Grampians Community Health, Wimmera Uniting Care, Hoppers Electrics and Community Axis. With input from other health professionals, we have reviewed the health screening tool and implemented a follow up system.

Chronic disease management continues to be a priority for the Community Health Team and this year saw a range of awareness activities held in our community in relation to diabetes, arthritis and mental health.

The Diabetes Self Management program was expanded this year to include the Dimboola region and there is now a Community Health Nurse running this important program from our Dimboola Campus one day a week. The program is designed to assist and support people who have been newly diagnosed with Type II diabetics, examining all facets of their life and providing financial assistance to help them access services to manage their diabetes. This program is strongly supported by local doctors and diabetic educators. A number of walking groups have been formed as a result of this program.

Our Community Health Nurses are available Monday to Friday for health screenings, health information or program presentations. No referral is necessary. They are situated at Grampians Community Health, 25 David Street, Horsham and can be contacted on ph 5362 1241.

Community Health Nurse Janine Harfield checks Chris Leeder's blood pressure. Chris is a participant in the Diabetes Self Management Program.

Quality and Safety

Wimmera Health Care Group has adopted a continuous quality improvement culture across the organisation. We have developed a range of strategies and initiatives to ensure that an effective quality control system is in place. This section highlights quality and safety systems, processes and outcomes for Wimmera Health Care Group.

Accreditation

Accreditation is the formal process used to ensure delivery of safe, high quality health care based on standards, process and outcomes. We are fully accredited in Acute services, Residential Care services and Home and Community Care (HACC) services. The independent agencies that assess Wimmera Health Care Group include: The Australian Council on Healthcare Standards (ACHS), The Aged Care Standards Agency (ACSA), Home and Community Care and the Department of Health and Ageing.

During 2008/09, we underwent a self assessment process with ACHS, where we met all the required standards. In July 2009, we participated in an external survey by ACHS where surveyors spent three days at Wimmera Health Care Group, undertaking a comprehensive assessment of our Acute Services. An extensive report on this survey will appear in near year's Quality of Care Report. **We have received continuous accreditation by ACHS since 1975, a track record we are very proud of.**

Unannounced visits were undertaken by ACSA in the Wimmera Nursing Home and Kurrajong Lodge Hostel this year. All the standards reviewed at those visits were met.

The Dimboola Campus also received an unannounced visit in January. At this visit, they were found to be non-compliant in Standard 1.3 (regulatory compliance relating to police checks for volunteers). The necessary information was on hand and this was rectified immediately. A follow-up visit in June noted that there were no further issues of concern.



Clinical Risk Management

All staff at Wimmera Health Care Group aim to provide the best possible care to our patients, residents and clients, however, healthcare in the 21st Century is very complex and even with the best intentions, there are times when something goes wrong and this results in an adverse event.

An adverse event is an incident which results in harm to a person receiving health care. Examples of adverse events are a wound infection after surgery, an allergic reaction to a medication and the development of a pressure ulcer. Not all adverse events are preventable, but a large number are.

Wimmera Health Care Group's Clinical Risk Management Program aims to reduce the chance of individuals in our care experiencing an adverse event. The Wimmera Model of Clinical Risk Management (see diagram at left) is a cycle which provides four processes or steps that, when followed, are likely to result in an improvement in outcomes for our patients, residents and clients.

1. Detection

Firstly, we need to identify adverse events. Rarely are adverse events the result of the actions of an individual, they are usually the result of weaknesses in the systems used to deliver health care. Information on possible faults and weaknesses in our health care delivery systems is sought from numerous sources.

- Sources of information from within Wimmera Health Care Group include incident reports completed by staff, review of medical records and review of patient/family complaints.
- Sources of information from outside Wimmera Health Care Group include coroner's reports, journal articles and media stories. When an adverse event occurs in another hospital, we ask ourselves "could this happen here"? If the answer is yes, we then move to the next step.

2. Analysis

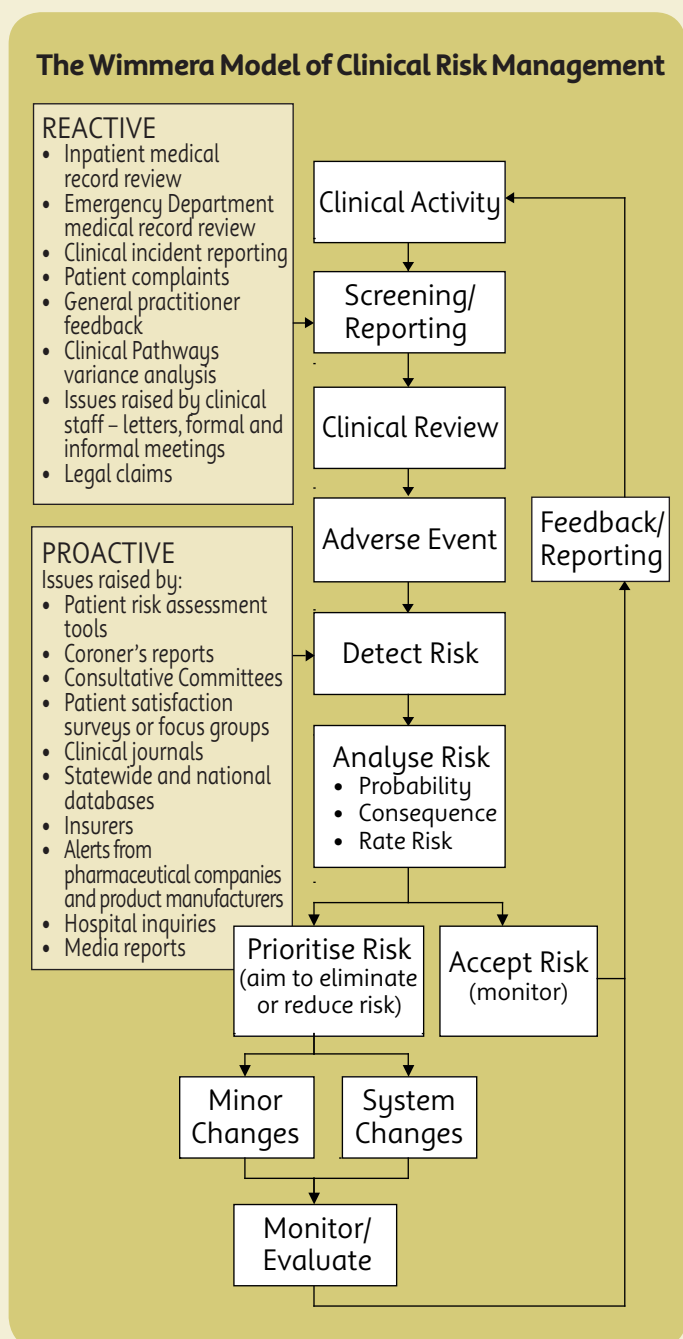
Secondly, we need to analyse the adverse event to decide the level of risk or danger it poses.

- To decide the level of risk we need to look at the consequence or outcome of the adverse event and how often it is happening.
- We prioritise those risks that have the worst outcomes and that are occurring the most frequently for action.

3. System Changes

Thirdly, we need to take appropriate action to prevent the adverse event recurring.

- When developing a strategy to reduce the number of adverse events we try to decide what is best practice in this area. This includes reviewing the literature and finding out what other hospitals do.
- We involve health professionals in developing a strategy that is based on best practice and that will work at Wimmera Health Care Group.
- Health professionals are then educated on the new strategy prior to implementation.



Quality and Safety

4. Evaluation and Monitoring

Lastly, we need to evaluate the strategy we have developed and implemented to see if it has had the desired result.

- If the desired result is not achieved and modifications are required, another cycle is undertaken.
- At various stages during the cycle, information on progress and evaluation results are provided to staff throughout the organisation. This information is also provided to the Quality Committee and to the Board of Management.
- After a strategy is implemented satisfactorily, regular monitoring or checking continues to ensure the improvements are maintained.

Currently, a number of individual projects are being undertaken as part of Wimmera Health Care Group's Clinical Risk Management Program. You can read about the following projects elsewhere in this report:

- Clinical Pathways educating others in health care
- Medication safety
- Acute Myocardial Infarction Clinical Pathways
- Stroke Clinical Pathways
- Venous thromboembolism prevention
- Pressure ulcer prevention
- Falls prevention

Infection Control

As in previous years, infection prevention remains a constant goal for all at Wimmera Health Care Group. Many strategies are used to minimise the risk of infection including: careful placement of patients at risk of infecting others or who are at increased risk of an infection themselves, auditing of processes, staff immunisation, and good hand hygiene, to name a few.

Wimmera Health Care Group continues to participate in the Hand Hygiene Victoria project by educating staff in "Five Moments of Hand Hygiene". Audits of hand hygiene compliance are regularly conducted with the results forwarded to the Department of Human Services. The latest audit showed a compliance rate of 73.43%.

Visitors are encouraged to use the alcohol hand rub which is available in all areas of Wimmera Health Care Group. The hands of visitors can innocently contaminate equipment, furniture, etc., which can later contaminate a surgical wound or cause infection elsewhere. Please remember that it is particularly important for friends and relatives handling newborn babies to wash or alcohol their hands before touching the baby.

This year, our involvement in the collection of data for VICNISS (Hospital Acquired Infection Surveillance), has demonstrated the following:

- an increased compliance in the correct use of prophylactic antibiotics prior to surgery;
- one new methicillin resistant staphylococcus aureus infection in the past year occurring after 48 hours of hospitalisation;
- no new blood stream infections caused by staphylococcus aureus;
- no new blood stream infection in a patient receiving haemodialysis; and
- one surgical site wound infection in a patient following a caesarean section.

All results are either comparable with or better than State average figures.

Cleaning audits are regularly conducted by both internal and external auditors. The latest annual external cleaning audit demonstrated the following scores:

Horsham site – Overall score 94.6%

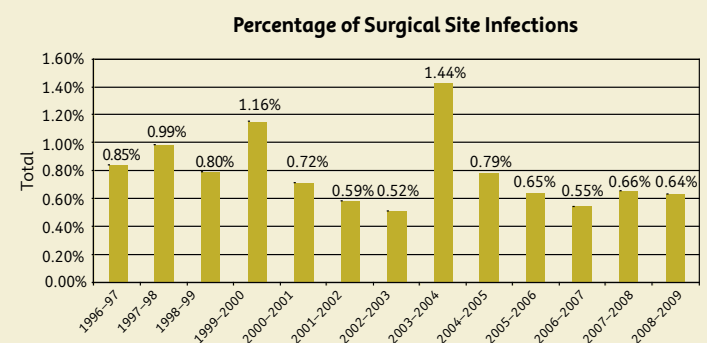
- 96.2% for very high risk areas;
- 93.7% for high risk areas; and
- 95% for moderate risk areas.

Dimboola site – Overall score 89.5%*

- 88% for high risk areas;
- 90% for moderate risk areas; and
- 89.5% for low/minimal risk areas.

*It is important to note that there are no very high risk areas (intensive care unit, operating suite etc.) at our Dimboola campus

Long term surveillance of surgical site wound infections showed a small decrease in the percentage of infections for 2008–09. See graph below.



Our Response to H1N1 (Swine Flu)

This year we have all been made more aware of the importance of infection control in the protection of ourselves and others from H1N1 (swine flu).

In Victoria, the epidemic of H1N1 caused more than 400 intensive care unit admissions and 24 deaths, placing significant strain on hospitals.

Wimmera Health Care Group had a number of admissions to hospital with a small number of patients requiring transfer to major metropolitan intensive care units. Most of the public with symptoms attended their local doctor as was advised in the media. We thank those who did this, as it helped us to protect vulnerable patients already in the system.

In preparation for our outbreak, a Flu Clinic was prepared on the hospital grounds away from our Emergency Department, to provide service for people with flu like symptoms. The clinic was not needed, as the number of people presenting to local medical centres was manageable at that level.

The next step for us now is to vaccinate staff, vulnerable members of the public and patients, with the H1N1 vaccination. All people aged over 10 years who have not been specifically diagnosed with H1N1 are advised to have the vaccination. The vaccination has been provided to stop the virus from circulating, allowing it a chance to mix with another virus which may result in a deadly disease. We have been lucky that H1N1 is not as dangerous as first feared, being relatively mild in most cases.



Jan Spencer, Infection Control Nurse, gives vaccination to staff member Caitlin Kerr.

The year has at times been challenging with the emergence of the new H1N1 influenza virus, however, we have all learned from the experience and appreciate the support of the community and media during the uncertain times.

A reminder to all, hand hygiene is the single most important weapon against infection!

Clinical Pathways – Educating Others in Healthcare

International health care providers are learning from the benefits of Clinical Pathways at Wimmera Health Care Group.

Articles in this publication on Stroke (page 25) and AMI (heart attack page 23) show how pathways improve the quality of care received by patients with these conditions. Clinical research has shown that patients who receive these key care processes have improved outcomes. The results shown in these articles are also of interest to national and international care providers because they have been so positive.

The benefits of Wimmera Health Care Group Clinical Pathways were showcased in Germany in a paper presented at the 2009 International Forum on Quality and Safety in Health Care. Over 1,700 clinicians and managers from all around the world attended this conference. The paper presented was written by Associate Professor Alan Wolff, Sally Taylor and Alicia McGrath. The presentation was well received with many asking questions and requesting that we share our information. Small rural hospitals such as Wimmera Health Care Group are able to achieve great results with the care given to our patients and it is fantastic to see them showcased at an international level.

Medication Safety at Wimmera Health Care Group

The safe and appropriate use of medicines is vital to ensure patient safety in hospitals. A 2002 report from the Australian Council for Safety and Quality in Healthcare estimated that two to three per cent of all hospital admissions are related to problems with the use of medicines. These problems may start within the community or within the hospital. The cost of these problems has been estimated at \$380 million per year in public hospitals alone.

Problems may arise due to errors in:

- prescribing (for example, an inappropriate medicine is prescribed);
- administration (for example, an incorrect medicine is given to a patient);
- dispensing (for example, an incorrect medicine is dispensed for a patient); and
- documentation and communication (for example, a patient receives a medicine to which they have previously had an allergic reaction, as the allergy was not recorded on the patient's medication chart).

Quality and Safety

Improving medication safety is complex as there is no single solution to reduce all problems.

A number of sources are used to detect possible and actual adverse events related to medication including performance indicators, actual adverse events related to medication and medication alerts from bodies such as the Department of Health.

Wimmera Health Care Group has a designated committee, the Pharmaceutical Advisory Committee, that governs medication safety. Its responsibilities include:

- the analysis of medication incidents and medication performance indicators;
- making recommendations for health care delivery system change when required; and
- reviewing all medication procedures.

1. Performance indicators

The Department of Health has provided the “Indicators for Quality Use of Medicines in Australian Hospitals” manual to assist in improving medication safety. This manual provides a set of performance indicators for medication safety. Performance indicators are useful quality improvement tools as they assist in identifying and measuring areas for improvement. When re-measured, over time, they can assess the effectiveness of quality activities.

Wimmera Health Care Group routinely monitors some of the indicators listed in the “Indicators for the Quality Use of Medicines” manual. These performance indicators relate to:

- the safe and appropriate prescribing of medications on discharge to patients with acute myocardial infarction (i.e., heart attack); and
- the safe and appropriate prescribing of medications for prevention of venous thromboembolism (i.e., deep vein thrombosis or pulmonary embolism).

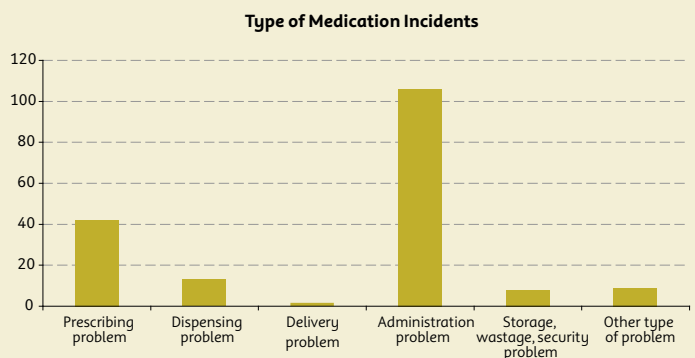
See information elsewhere in this report for performance indicator results for these areas.

“My stay here was wonderful. The staff are very friendly and helpful at all times. You should be congratulated on the staff here.”

2. Medication Incidents

Analysis of incidents is an important means of identifying problems with our medication systems. Graph A shows that the two most common types of medication incidents within the last 12 months occurred during administration and prescription. Further analysis has been undertaken to determine exactly what the problems with administration and prescription were. A plan of action has been developed and is being implemented to address these problems.

Graph A



3. High Risk Medication Alerts

Sometimes Wimmera Health Care Group is provided with information on medication adverse events that occur somewhere else. When this happens we ask ourselves “Could this happen here?” If we think it could happen, we then make changes to try and prevent that type of error occurring here. During 2008–2009, alerts on the following high risk medication areas were provided by the Victorian Medicines Advisory Committee:

- **Wrong route administration of oral liquid medicines:** Some serious incidents have occurred in Australia and overseas when oral liquid medication has been injected by mistake. Wimmera Health Care Group has introduced amber oral dispensers to prevent these types of errors occurring. The oral dispensers cannot be connected to needles and are an amber colour, so are clearly different from intravenous syringes.
- **Oxycodone alert:** Oxycodone, a form of oral morphine, comes in a range of names, strengths and different rates of release (whether it is fast acting or slow acting). This can cause confusion amongst health professionals. As a result of the Oxycodone alert, Wimmera Health Care Group pharmacists educated staff on the range of products and strengths available. Clinicians were also educated on how to prescribe these drugs so that confusion was reduced. Posters were placed around the wards to make it easier for staff to identify the different types of oxycodone products.

What can you do to help us prevent medication errors?

Be actively involved in your own health care

- Taking part in decisions that are made about your treatment is the single most important way to help prevent things from going wrong and to get the best possible care for your needs.

Speak up if you have any questions or concerns

- Remember that you have a right to ask questions and to expect answers that you can understand.

Keep a list of all the medicines you are taking

- You can use the list to let your doctor and pharmacist know about anything you are taking, and about any drug allergies you may have. Remember to include prescriptions, over-the-counter medicines and complementary medicines (such as vitamins and herbs) on your list.
- If you are admitted to hospital please bring all the medications you are taking with you plus your medication list.

Make sure you understand the medicines you are taking

- When you get your medicine, read the label, including the warnings. Make sure it is what your doctor ordered for you.
- Ask:
 - Do you have any written information about this medicine?
 - What do the directions on the label mean?
 - How much should I take, and when should I take it?
 - What are the common side effects?
 - What should I look out for?
 - How long before it starts to work?
 - Will this medicine interact with the other medicines that I'm taking?
 - Are there any foods or other things that I should avoid while I'm on this medicine?
 - How long do I need to take this medicine?

Extracts reproduced from 10 Tips for Safer Health Care published by Australian Council for Safety and Quality in Health Care (2003).

Acute Myocardial Infarction (Heart Attack)

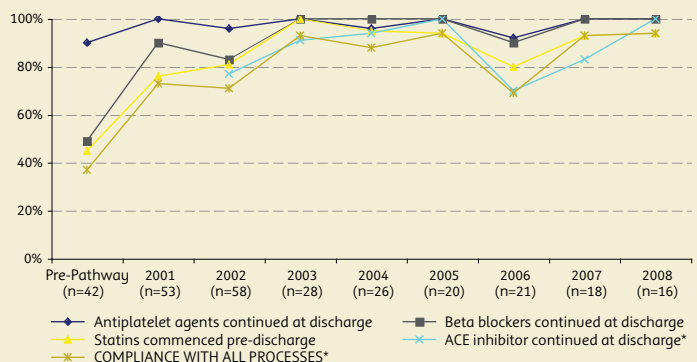
Acute Myocardial Infarction (AMI) refers to the death of a part of the heart muscle caused by a block in the artery, i.e., heart attack. There is much evidence to support the use of certain medicines following an AMI. Use of these medicines, along with other measures, has been associated with improved outcomes. The recommended medicines are:

- an anti-platelet, such as aspirin (to thin the blood);
- a beta-blocker, such as atenolol or metoprolol (to reduce the work load of the heart);
- a statin, such as simvastatin or atorvastatin (to lower cholesterol); and
- an ace inhibitor, such as ramipril or perindopril (to reduce blood pressure and prevent heart failure)

The AMI Performance Indicator measures the percentage of patients who have an AMI who are prescribed the four recommended medicines at discharge (i.e., an anti-platelet, a beta-blocker, a statin and an ace inhibitor). The use of all four medicines together is considered to be best practice. The indicator excludes patients who have a valid reason for not taking the medicine (eg. allergy to the medicine).

Results

Data for AMI has been collected since 2000, when a “Clinical Pathway” was implemented at Wimmera Health Care Group to improve the management of these patients. The “Clinical Pathway” provides a procedure and check-list for staff to follow to ensure all patients receive the same high standard of care. Performance indicator data shows an improvement in the prescribing of appropriate medications to eligible patients on discharge since introduction of the pathway.



Measurement of ACE inhibitor data commenced in 2002 and therefore excluded from pre-2002 data

Quality and Safety

Sustained Quality Stroke Care

A stroke is caused by a sudden interruption of the blood supply to an area of the brain either by a clot or a burst blood vessel (a bleed). This results in damage to the brain. A stroke affecting one side of the brain will affect the opposite side of the body. A stroke may cause loss of consciousness, weakness on one side of the body, difficulty speaking or swallowing, loss of bladder control, memory disturbance and partial loss of vision.

In developed countries like Australia, stroke is the third largest cause of death and the major cause of disability.¹ Over 48,000 strokes occur every year with a stroke occurring every 11 minutes.² There is overwhelming evidence³ that the best care for stroke patients is provided in a unit that specialises in stroke care, however, only 23% of hospitals have a formal stroke unit.⁴

Because Wimmera Health Care Group does not have a formal stroke unit, we have developed and implemented a Stroke Clinical Pathway to guide clinicians in providing quality care for stroke patients in line with national guidelines. The stroke clinical pathway is a document that outlines a series of diagnostic and treatment processes for the management of the patient admitted with stroke. These guidelines are based on current research and what can be managed at Wimmera Health Care Group. This pathway can be accessed on our website www.whcg.org.au

All health professionals are involved in the care of the stroke patient including doctors, nurses, physiotherapists, speech therapists, social workers and dieticians, developed the stroke clinical pathway. It includes information and guidelines on the emergency management, required care for each day of the patient's stay in hospital and discharge planning. There have been many benefits for patients with stroke resulting from the introduction of the pathway. The clinical stroke pathway improves communication between health professionals. While the patient pathway, which was also introduced, helps involve the stroke patient in their care and enables them to understand what treatments and tests they may have during their stay in hospital, the most important achievement resulting from the introduction of the Stroke Clinical Pathway is the high quality standard of care Wimmera Health Care Group has been able to achieve for stroke patients.

1 Murray C, Lopez A. Global mortality, disability, and the distribution of risk factors: global burden of disease study. *Lancet* 1997; 349: 1436-1442.

2 National Stroke Foundation

3 Stroke Unit Trialists' collaboration. Organised inpatient (stroke unit) care for stroke (Cochrane Review). In: *The Cochrane Library*. Oxford Update software. Issue 1, 2003

4 van der Walt, A et al. Quality of stroke care within a hospital: effects of a mobile stroke service. *MJA* 182(4): 160-163

Research has shown that patients with stroke who receive care according to the National Stroke Guidelines have improved outcomes.¹

This care should include:

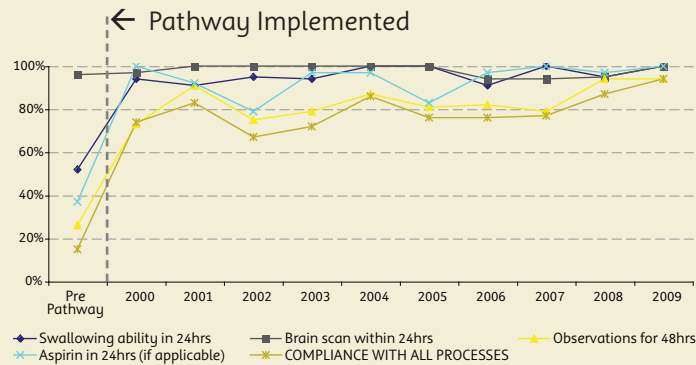
- A brain scan (often called a CT scan) within 24 hours of admission to work out if the patient has had a stroke and if so, what type. This is necessary to make sure the patient gets the right treatment.
- Assessing swallowing ability within 24 hours of admission. This determines the consistency of food and fluid the patient should be given.
- Aspirin within 24 hours of admission. If the stroke has been caused by a blood clot, the aspirin helps to dissolve the clot. Aspirin must not be used if the stroke has been caused by bleeding in the brain. The brain scan works out which type of stroke and therefore if to give aspirin.
- Undergoing regular observations during the first 48 hours after their stroke to identify any medical problems or complications so they can treat or prevent the stroke from getting worse.

1 Ibrahim J (2002) Performance indicators for acute stroke: Final Report. National Stroke Foundation.

“Words cannot express adequately our appreciation of your loving care of our dear relative while she was in Dimboola Nursing Home. Also, the thoughtfulness and friendship shown to her husband when he visited her. Thank you so much.”

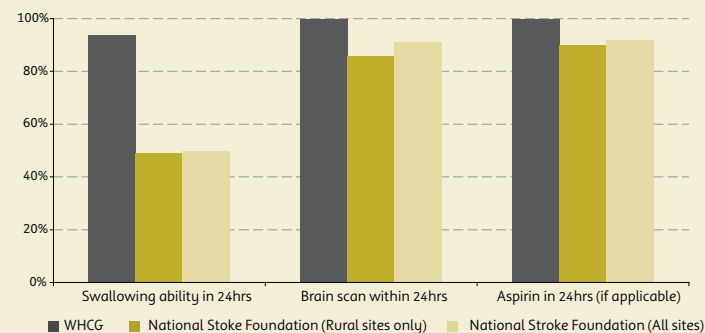
Graph A shows that since the Stroke Clinical Pathway was introduced in 2000, patients treated for stroke at Wimmera Health Care Group have consistently received care according to the National Guidelines.

Graph A



In fact, research undertaken at Wimmera Health Care Group shows that the percentage of patients receiving key diagnostic tests within a set time was better at Wimmera Health Care Group than in many other Australian Hospitals. Graph B compares stroke management figures for Wimmera Health Care Group with the National Stroke Foundation findings for hospitals surveyed in their 2007 report.

Graph B



Take the strokesafe test and consider your risk of stroke

- I am over 50 years of age
- I have a family history of stroke, have heart disease or have had a stroke
- I have elevated or high blood pressure (greater than 140/90) or do not know my blood pressure
- I currently smoke
- I have high cholesterol (total cholesterol greater than 4.0mmol/L) or do not know my cholesterol level
- I have more than two standard alcoholic drinks per day
- I am overweight
- I do not go for a 30 minute brisk walk or an activity of the like on most days of the week (includes work, domestic duties or leisure time)
- I do not eat a diet high in fruit and vegetables and low in fat, sugar and salt
- I have diabetes or impaired glucose intolerance
- I have atrial fibrillation (irregular heartbeat)

If you have ticked one or more of the boxes you have an increased risk of stroke.

It is advised that you talk to your doctor about your stroke risk and ways to minimise your risk.

Taken from National Stroke Foundation: Strokesafe Test

If you or someone you know has the symptoms that suggest a stroke, **dial 000** immediately and ask for an ambulance.



Registered Nurse Belinda provides medication to patient Dorothy Florence.

Quality and Safety

Venous Thromboembolism (VTE) Prevention Program

Developing a venous thromboembolism or “blood clot” in your legs or lungs (deep vein thrombosis and pulmonary embolism), is not something you expect when you come into hospital. However, major trauma (physical injury), hip or knee replacement surgery, prolonged surgery, combined with other factors such as age, the reason you are in hospital and other health problems, can increase the risk of developing a blood clot.

If a blood clot forms in your leg, it can affect blood flow, and cause severe pain and swelling. It can also cause permanent damage to your leg. If a blood clot forms, some of it may travel through your veins to your lungs and block their blood supply. Without blood, your lungs cannot send oxygen to the rest of your body. You may have trouble breathing or, in rare cases, you may die.

The incidence of blood clots has been found to be 100 times greater among hospitalised patients compared to those in the community, however, treatment will reduce the chance of a blood clot by about two-thirds¹.

Wimmera Health Care Group has been actively trying to reduce the number of hospitalised patients who develop blood clots. A systematic approach is taken to assess and manage patients at risk to prevent and reduce the incidence of patients developing blood clots.

How does the hospital achieve this?

Each patient’s risk of developing a blood clot is assessed on admission to Wimmera Health Care Group. For those patients at risk, recommended treatment (prophylaxis) options such as injections to help prevent a blood clot and wearing compression stockings may be prescribed.

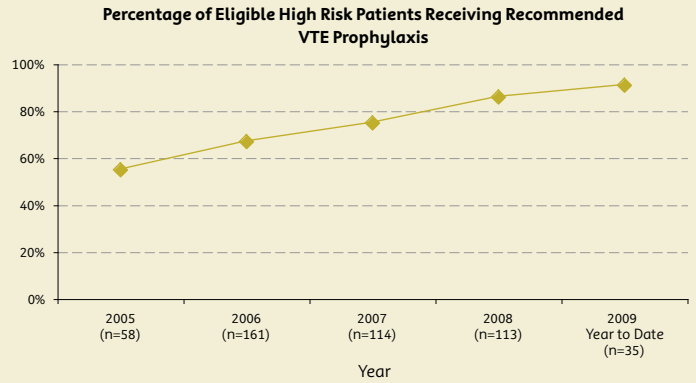
Clinical staff at Wimmera Health Care Group receive information on best available evidence and best practice guidelines for the prevention of VTE, and have an increased awareness of VTE prevention strategies.

Written information in the form of posters and brochures on reducing the risk of blood clots – what to ask and how to act, are available to patients and medical practices in the area.

Results

Wimmera Health Care Group commenced a VTE project in November 2005 and began monitoring the percentage of high risk patients who received the recommended treatment to prevent the development of blood clots.

Since November 2005, there has been an overall improvement in the percentage of patients at high risk of developing VTE who receive the recommended treatment (prophylaxis). Importantly we have been able to maintain this improvement, which can be particularly difficult to do.



¹The Australia and New Zealand Working Party on the Management and Prevention of Venous Thromboembolism (2005). Prevention of venous thromboembolism: Best practice guidelines for Australia and New Zealand. Third Edition.

Monitoring and Prevention of Pressure Ulcers

A pressure ulcer is a sore - an area of skin that has been damaged due to unrelieved and prolonged pressure. Pressure ulcers are also known as pressure sores or bed sores.¹ They are recognised internationally as a leading cause of harm in patients/residents and are largely preventable.²

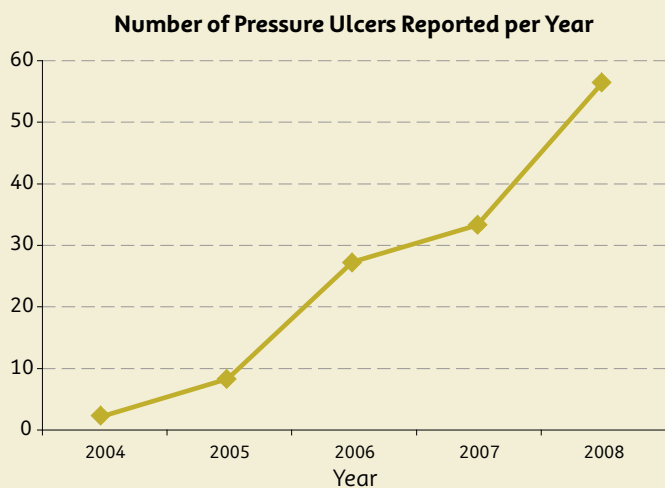
There are four stages of pressure ulcers, which depend on how deep the ulcer is. A stage 1 ulcer is less severe than a stage 4. People at risk of developing pressure ulcers are those:

- confined to a bed or chair and unable to move independently or have limited movement;
- who have loss of sensation or poor circulation;
- who have skin that is frequently moist through perspiration or loss of bowel or bladder control;
- who have poor nutrition; and
- who are unwell.¹

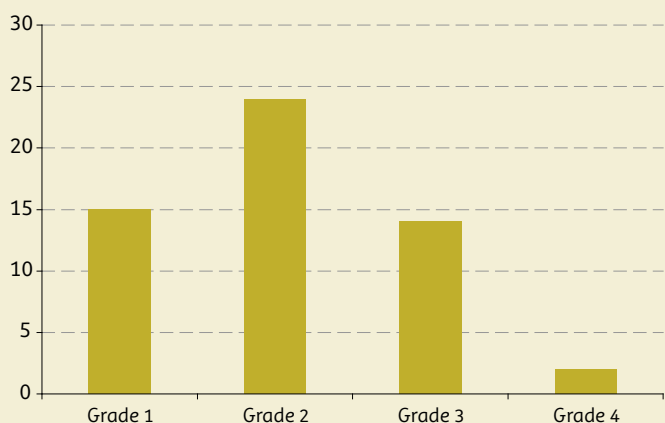
In Graph 1 you will notice that over the last five years there has been an increase in the number of pressure ulcers reported each year – this is not because we are seeing more pressure ulcers, but because we have been encouraging our staff to report every pressure ulcer.

The pressure ulcer reports provide us with information on the grade of the pressure ulcer (Graph 2) and whether the pressure ulcer is new or pre-existing (Graph 3). This information allows us to develop a picture of pressure ulcers and is helpful when we are able to planning strategies to prevent pressure ulcers.

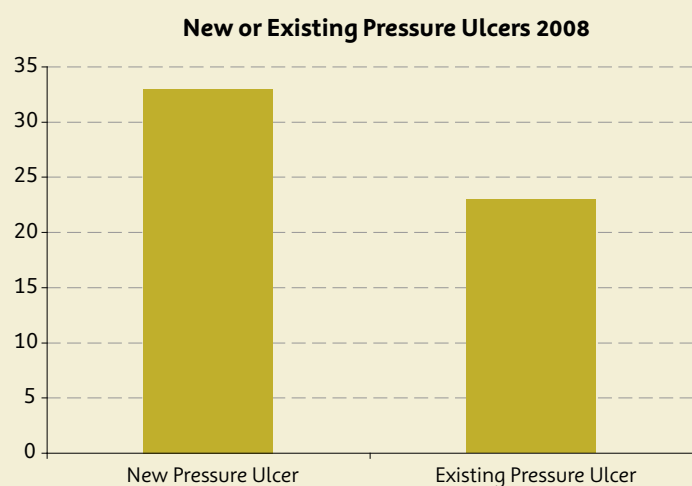
Graph 1



Graph 2



Graph 3



A number of strategies have already been implemented to prevent pressure ulcers in those patients/residents admitted to Wimmera Health Care Group:

- earlier recognition of patients/residents who are at high risk of developing pressure ulcers;
- planning patient/resident care according the patients/residents risk of developing pressure ulcers;
- access to a range of special equipment that can be used with for those patients/residents at high risk of developing pressure ulcers. This includes special air mattresses, cushions and heel wedges; and
- all hospital beds and trolley now have specially designed pressure reducing mattresses on them.

This year, our pressure ulcer prevention program has been reviewed and we are planning for the implementation of new strategies and are in the process of developing and implementing:

- an updated tool to assess risk for developing pressure ulcers;
- policy and guidelines for the management of pressure ulcers;
- a program of staff education; and
- the development of information for patients and residents at risk of developing pressure ulcers and for those with pressure ulcers.

¹Preventing Pressure Ulcers – an information booklet for patients. Victorian Quality Council 2004

²PUPPS 3 – Pressure ulcer point prevalence survey, Statewide report 2006. Department of Human Services 2006

“Thank you for your kindness and care of me during my stay. I find it hard to imagine that I could have had better care elsewhere. Everyone – Doctors, Nurse and domestic staff were so good and wonderful. You seem to do over and above the call of duty.”

Quality and Safety

Monitoring and Prevention of Falls

Falls are one of the most widespread and serious injury problems faced by the elderly in our community. Each year, one third of people aged over 65 will experience a fall. People in hospitals and residential facilities have even higher fall rates as a result of sickness and frailty, and altered routines and surroundings.

The frequency of falls is made worse by the greater vulnerability of the elderly and infirm, to serious injury. In older people, even comparatively small falls can result in death and significant injury. People who experience falls also suffer increased anxiety levels and social withdrawal.¹

Wimmera Health Care Group has been actively monitoring and managing falls for a number of years. One of our first priorities was to create a “no blame” environment that encouraged staff to report falls. Consequently, the increase in the number of falls reported initially increased. As you will see in the graph, after the initial increase in the number of falls reported there has been a decrease in the number of falls each year until 2008 when there has been a small rise. Sometimes we are not able to prevent somebody from falling – for example, a resident with dementia and who is unsteady when walking is at high risk of falling, however, the only way to stop this resident from falling is to restrain them. As restraining people is dangerous we would instead try to minimise the harm to the resident if they did fall. The organisation has also been working with staff, patients, residents, families and carers to prevent falls where possible and minimise harm to those people in whom falls cannot be prevented.

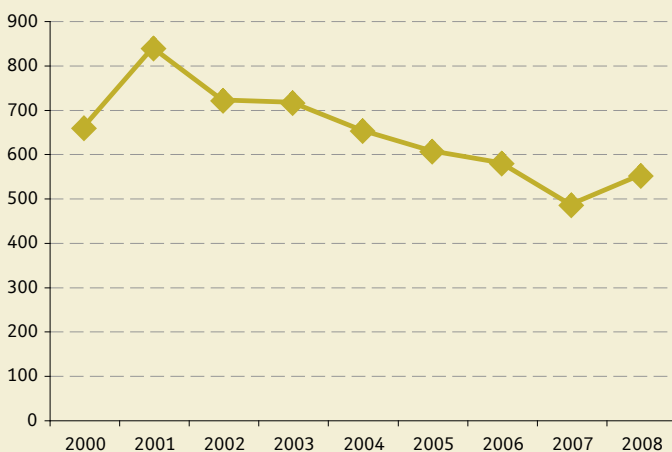


The falls reduction and harm minimisation strategies implemented are ongoing and have included:

- earlier recognition of those patients/residents who are at high risk of falling and using strategies to reduce this risk;
- planning patient/resident care according to the patient’s/resident’s risk of falling;
- the use of sensor mats, which alert staff when a patient/resident has moved from their bed or chair;
- the use of lift care beds, which lower the mattress to floor level which reduces the risk of injury as the person rolls out of bed, rather than falling from a height; and
- the use of hip protectors. Hip protectors are plastic shields or foam pads which provide substantial protection against hip fracture during a fall or impact onto the hip.

¹Preventing falls and harm from falls in older people. The Australian Council for Safety and Quality in Health Care, 2005.

Number of Falls Reported per Year



“Just a note of thanks for your care and friendship during my stay in hospital. Your assistance was really appreciated.”

Important Telephone Numbers

Wimmera Health Care Group – General Inquiries	5381 9111
Admissions	5381 9353
Allied Health Services	5381 9333
Community Liaison Officer	5381 9309
Consumer Advocate	5381 9331
Day Procedure Unit	5381 9265
Dimboola Campus	5363 7100
Emergency Department	5381 9276
Oxley Ward	5381 9258
Pathology	5381 9231
Pre-Admission Clinic	5381 9348
Private Patient Liaison Officer	5381 9309
Radiology	5381 9236 5381 9237
Social Work	5381 9242 5381 9385
Volunteers	5381 9309
Yandilla Ward	5381 9261

Other Wimmera Health Care Group Services

Anticoagulation Service	5381 9107
Audiology	5381 9333
Breast Screen	132 050
Community Health Nurse	5362 1241
Community Rehabilitation Centre	5381 9309
Continence Service	5381 9321
Day Centre and Respite for Carers Program	5381 9285
Day Oncology Unit	5381 9169
Dementia Support Group	5381 9333
Dental Clinic	5381 9248
Diabetes Education	5381 9315
Dietitian	5381 9333
District Nursing	5381 9391
Family Planning	5362 1240
Haemodialysis	5381 9194
Hospital Admission Risk Program – Chronic Disease Management	5381 9026
Hospital in the Home	5381 9391
Infection Control	5381 9378
Koori Hospital Liaison Officer	5381 9383
Kurrajong Lodge Hostel	5381 9271
Occupational Therapy	5381 9333
Pharmacy	5381 9247
Physiotherapy	5381 9333
Podiatry	5381 9333
Respite for Carers Program	5381 9285
Speech Pathology	5381 9333
Team Midwifery Service	5381 9261
Wimmera Centre Against Sexual Assault	5381 9272
Wimmera Community Options	5381 9336
Wimmera Hospice Care	5381 9363
Wimmera Nursing Home	5381 9307



Wimmera Health Care Group

Incorporating:

Wimmera Base Hospital

Dimboola Hospital

Wimmera Nursing Home

Kurrajong Lodge Hostel

Baillie Street

Horsham Victoria 3400

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e: info@whcg.org.au

w: www.whcg.org.au

Wimmera Health Care Group 2008/09
QUALITY OF CARE REPORT

