



# 2016 | 17 QUALITY ACCOUNT



WEST WIMMERA HEALTH SERVICE



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# CONSUMER, CARER AND COMMUNITY PARTICIPATION

## The Heart of What We Do

People are at the heart of everything that we do at West Wimmera Health Service.

A strong consumer and community voice is essential to helping us shape how and what we do across our Service, through our individual care, our range of community health programs, to our many processes and systems and ultimately our organisational culture.

We ask and listen to “What matters to you?” so we can better respond to your individual needs and work together as partners.

When we listen to what is important to each person, we can help to empower people to actively participate in their own healthcare experience. By listening to what matters to people, we can ensure that we continue to grow and strengthen our health service in partnership with the communities that we serve.



*Our Personal Experience Model had been developed in consultation with our Consumer Advisory Committee, staff and our Board of Management.*

*The four themes of What Matters to You, Communication, Participation and Listening to Experiences are integral to the unique personal experience for each and every one of our customers.*

**At the HEART of what we do...**

*- A Model for Delivering the Best Healthcare Experience -*



## Listening to Your Say

At every opportunity we seek and welcome feedback, both positive and negative, from patients, carers, families and members of our community. This is key to helping us identify opportunities for improvement so we are able to better plan, design and deliver services that will meet the needs of all the people who access them.

Every member of staff plays an important role in engaging with everyone who uses our range of services, helping to gather feedback and deliver a high standard of care. The role of our Service Improvement Coordinator is also key in facilitating meaningful opportunities to engage with a diverse range of customers and the community; actively seeking feedback and suggestions about all aspects of our Service.

### *My Say*

During the year, our customer feedback form received a new lease on life. The individual Compliments Form and Complaints Form were combined to create a single 'My Say' form for people to register their compliments, concerns and suggestions. Input from our Community Advisory Committee helped to refine the content, making it easier to complete and more engaging for our customers to spot in all of our reception and patient care areas.

Customers and community can not only choose to have their say via the new feedback form, they can still continue to chat to any of our staff members, contact our Service Improvement Coordinator or send an email to [mysay@wwhs.net.au](mailto:mysay@wwhs.net.au).

**Further details of how to give your feedback in any form can be found at the end of this publication.**

### *Community Conversations*

Getting out and about within the community has been a major focus during 2017. To help better understand what matters to our customers and to make sure our services meet your needs we have taken a multi-faceted approach to ensure we have engaged with a diverse cross-section of our customers and the community.

We evaluated our traditional 'community meeting' style of consultation, with the finding that the formal format and time of the evening meetings were not engaging with large enough numbers from our communities. Simply put, we weren't reaching you. So we set out to trial two fresh styles of community consultations to help more people join the conversation.



Our **'Meet and Greets'** encourage people to “pop-in” for a coffee and chat during nominated times at a location convenient for the community. They provide an opportunity to engage with attendees through one-on-one health checks and other health promotion activities. The more informal manner of these sessions allows people to discuss their questions, experiences and opinions in a more personal way.

Our **'Community Catch Ups'** is an initiative designed to take West Wimmera Health Service out into the community by engaging with local clubs and organisations for a series of short consultations. The Community Catch Ups complement our Meet and Greet events well, giving an opportunity for community members to provide feedback, whilst also building a greater presence and fostering a strong ongoing relationship between the community and our Service.

The 'Meet and Greets' and 'Community Catch Ups' will continue to run on a 12 month rotation in each of our communities, starting in May 2017 and going until April 2018.

## **You Said, We Will Do**

Our conversations with the community provided us with many great insights. There were two predominant themes from the feedback that we received, centring on how and when we communicate to keep people informed, and the connection that our communities feel to the Service.

As we move forward, we will use this feedback to help improve our communication to ensure that we share the right information at the right times for our customers. We will also continue to work on building and growing effective partnerships and connections with our community.



# Working Together with Our Community

Advice, experiences and ideas received from our community are essential across all areas of our Service.

We work with our consumer and community representatives to help empower their active involvement. In 2016/17 we introduced the role of a Volunteers Coordinator to help improve the interface between volunteers with our Service. As we move into 2017/18, the Volunteers Coordinator will continue to help ensure our volunteers and community representatives have access to our orientation training program and support as they need.

## **Community Advisory Committee**

Our Community Advisory Committee is made up of members of the Minyip, Murtoa and Rupanyup communities. The group has been meeting together with our staff each month for a number of years, and has continued following the amalgamation of Dunmunkle Health Services with West Wimmera Health Service.

This year the Committee:

- Reviewed the format and content of brochures for a range of our services and programs. They helped us to update the brochures so they will be easier to understand and read by everyone.
- Gave input into our Personal Experience Model to help prioritise the key themes for what impacts a great healthcare experience to our customers.
- Helped to review and revamp our new 'My Say' customer feedback form.
- Gave insights and suggestions, asked questions, and raised important issues, helping us to be better informed and make sure we are on the right track for caring for our communities.
- Shared information with the wider community to provide another avenue of keeping people in the loop.



*Sandra and Keith from our Community Advisory Committee sharing a laugh*



## Community Representation

Did you know that we have community representatives who help to better inform our Clinical Quality Governance Committee and our Falls Prevention Working Group? Our community representatives bring a different perspective and experience to the projects that our committees are working on.

## Next Year We Will...

Looking to the future, we will continue to strengthen engagement within our communities and encourage active participation from our customers in all aspects of our service delivery. We will focus on:

- Building relationships and partnerships in the community to help us design our services for the people who access them;
- Improving health literacy, so that people can better understand and be empowered in their own health;
- Communicating regularly with our customers to share the stories behind the data;
- Reaching out into the community to find out how we are doing and where we can improve; and
- Broadening the Community Advisory Committee model to involve other townships.

*Di and Emma with community representative, Jan on the Falls Prevention Working Group*



# THE PEOPLE WHO CARE FOR YOU – PEOPLE AND CULTURE

## Monitoring health, safety and wellbeing

The safety of our staff, and contractors, sits side by side the safety of our patients, clients and visitors – they are each paramount in how we deliver our care.

Our ethos of 'Safety First' is a chief principal in how we work and in meeting our obligations of the *Occupational Health and Safety Act 2004* and the *Occupational Health and Safety Regulations 2007*.

## Occupational Violence and Aggression

Occupational Violence in the workforce is defined as “any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.”

Across our Service there are on average three such events each month. These type of events mostly occur in residential aged care facilities, and often involve a resident with dementia or other cognitive impairment.

***In 2016/17 there were 43 reported incidents of occupational violence***

***4.65% of these incidents resulted in a staff injury, illness or condition***

## How are we helping?

An action plan for reducing the number and severity of these type of incidents has been developed.

We will also continue to monitor staff safety by encouraging people to report any incidents and near misses. We can then further examine and analyse the reported incidents to help identify any hot spots in reporting trends and work with our staff and Occupational Health and Safety representatives to implement safety improvements.

The number of reported hazards/incidents for the year per 100 full-time equivalent staff members:

Year	Hazards / Incidents	Hazards / Incidents per 100 FTE employees
2016/2017	212	54.64
2015/2016	161	47.49
2014/2015	134	41.05
2013/2014	179	52.47
2012/2013	205	60.63

## What happens if a staff member is injured at work?

While every effort is made to ensure our staff work in a safe environment, if someone does unfortunately suffer an injury, illness or condition in the course of their work, our Return to Work Coordinator will work closely with the member of staff, their manager and any treating healthcare professionals to take a collective approach in implementing an effective Return to Work plan for the injured worker as part of their recovery and rehabilitation.

The number of 'lost time' standard claims for the year per 100 full-time equivalent staff members:

Year	Lost time claims	Lost time claims per 100 FTE employees	Days lost
2016/2017	8	2.06	638
2015/2016	7	2.06	333
2014/2015	3	0.92	129
2013/2014	4	1.17	76
2012/2013	6	1.77	146

The average lost time claims has again weakened over the last financial year. This has occurred despite early intervention and building up very good relations between the injured member of staff, our Return to Work Coordinator and treating healthcare professionals.

Extended rehabilitation periods for a small number of staff contributed to an increase in the number of days lost (absence from work) for 2016/17.

The average cost per claim for the year (including payments to 30 June 2017 and an estimate of outstanding claim costs as advised by WorkSafe):

Year	Average cost per claim	Estimate outstanding costs
2016/2017	\$23,498	\$187,984
2015/2016	\$ 9,132	\$322,243
2014/2015	\$16,049	\$ 72,146
2013/2014	\$11,130	\$ 35,013
2012/2013	\$32,952	\$ 21,746

The average cost per claim has increased from previous years, however projected future costs have diminished substantially.

## Bullying and Harassment

A key component to our safety culture is the effective management of bullying and harassment.

We are committed to providing a work environment that is free from discrimination, harassment and bullying. Whilst we have a low number of incidents in these areas, there were twelve instances that were reported over the last 12 months.

Each alleged instance of bullying and harassment is extensively investigated with action taken to resolve poor behaviour so that it is not repeated. Meetings with staff have occurred in several locations mapping out behaviours that are expected of all staff and those that are not acceptable.

## Next Year We Will...

- The reduction of bullying and harassment will be a focal point of action. We will work to build relationships and carry out training centred on cultural and professional respect.
- We will install additional CCTV cameras to record security video in the workplace.
- Electronic access control to doors will be installed that only allows staff to enter certain areas.
- New communication systems are being planned for our staff to alert other personnel when they face a potential or actual duress situation and will increase the level of protection for all of our staff.

***The 2017 People Matter Survey revealed that 21% of respondents had experienced or witnessed bullying in our workplace.***

# PEOPLE MATTER SURVEY

## ***Learning from our staff***

Each year, Health Services across Victoria participate in a survey of healthcare employees, which at its core monitors the public sector values and employment principles within healthcare organisations.

Importantly, the survey focuses on the experiences of our West Wimmera Health Service staff in relation to how our senior management, managers and colleagues demonstrate and uphold these values.

In 2017, 281 staff members responded to the survey, which is a participation rate of 49% of our total staff and a 6% increase in participation from 2016.

## ***How did we do?***

We are proud to have excelled in the areas of integrity and responsiveness, particularly; “earning and sustaining a high level of public trust is seen as important”, “providing high quality services to the Victorian community” and “striving to achieve client satisfaction.” At least 91% of respondents agreed with each of these statements.

We learned that we can improve the most in the areas of: “employees are recruited on the basis of merit” (51%), “being protected from reprisal for reporting improper conduct” (62%), and “recruiting people who seem to have the right skills for the job” (64%).

The level of bullying experienced by staff decreased by 6% from the previous 12 months. Whilst this was a positive indicator of workplace culture, the reported rate in 2017 was still unacceptably high at 21%; an area that will require intensive work with staff, managers and the leadership team over the next 12 months.

In tandem with the survey, an Organisational Wide Culture Review was commissioned by the Department of Health and Human Services. The review was conducted by an experienced Human Resource and Workplace Relations consultant appointed by the Department.

## ***Where to next?***

Over the next 12 months we plan to create a new senior Human Resources position and undertake specific education for managers in how to deal with inappropriate workplace behaviour. Staff will also be provided with additional and extended face to face education regarding our organisation’s bullying, harassment, victimisation and discrimination policies and procedures.

Importantly, a People and Culture Working Group, made up of a diverse cross-section of staff, is being formed to ensure that our future approach to employee engagement is informed by the people who know the most about working at West Wimmera Health Service – the staff.



# Leading the Way in Health, Safety and Wellbeing

In February 2017 we were recognised as a State finalist in the Leadership in the Public Sector Awards for leading the way in health, safety and wellbeing.

The annual awards, hosted by the Institute of Public Administration Australia (IPAA), celebrate outstanding achievements and practices within the Victorian public sector.

We were proud to be commended in the award category for 'Leading the Way in Health, Safety and Wellbeing,' which recognises innovation in not only meeting Occupational Health and Safety responsibilities, but also in helping to promote the health, safety and wellbeing of staff.

In 2016, we partnered with WorkSafe Victoria and the Institute for Safety, Compensation and Recovery Research to implement a health and wellbeing project for staff at the Rainbow Hospital. The project introduced daily walks around the local oval for staff to take part in a short lunchtime exercise program, which focused on increasing core strength and decreasing muscle tension. The walking program not only helped to reduce health conditions that affected muscles, bones and joints amongst staff, it also had the added outcome of increasing workplace morale.



*Members of Rainbow staff enjoying a walk as part of their health and wellbeing initiative*



# DIVERSITY, INCLUSIVENESS AND ACCESS

*Our Refugee Health Nurse, Casey,  
meeting with Sundari and her son, Sri.*



More than one quarter of people living in Victoria were born overseas. Of those born overseas three quarters come from non-English speaking countries. Victorians come from over 200 countries, follow more than 130 faiths, and nearly one quarter speak a language other than English at home <sup>1</sup>.

A significant number of people with a Karen background have moved to live in our catchment in the last five years. 2016 Census data <sup>2</sup> shows that some 130 people (5.1%) living in Nhill were born in Myanmar or Thailand, a four-fold increase on the 2011 Census. For most of these people English is not their first language and for many they have no English skills at all. It was identified that many members of this community were not seeking healthcare locally, preferring to travel 4.5 hours to Melbourne where they could be treated by healthcare professionals who speak the Karen language.

The Cultural Responsiveness Framework <sup>3</sup> is underpinned by a number of key principles:

- Every person has the right to receive high-quality healthcare regardless of their cultural, ethnic, linguistic and religious background or beliefs.
- Understanding and addressing the links between ethnicity, culture and language will improve healthcare for culturally and linguistically diverse communities.
- Embedding cultural responsiveness in health care systems is a viable strategy to reduce disparities in health outcomes which may be exacerbated by cultural, language and religious differences.

Effective communication between healthcare providers and clients is an important element of high-quality and safe health and human services. Language services facilitate effective communication between service providers and clients to make services and programs more accessible to people, regardless of their proficiency in written or spoken English.

### *How are we helping?*

We have employed an Interpreter with Karen language skills who provides face-to-face interpreting services for members of the Karen community in the GP medical clinic, allied and community health services, maternal and child health, acute inpatients and urgent care.

<sup>1</sup> *Language Services Policy*, Victorian Department of Health & Human Services, January 2017.

<sup>2</sup> *2016 Census*, Australian Bureau of Statistics, retrieved 24/8/2017

[http://www.censusdata.abs.gov.au/census\\_services/getproduct/census/2011/quickstat/POA3418?opendocument](http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/POA3418?opendocument)

<sup>3</sup> *Cultural Responsiveness Framework – Guidelines for Victorian Health Services*, Victorian Department of Health & Human Services, September 2009

Providing face-to-face interpreting services has given members of the Karen community confidence to seek healthcare locally. In 2016/17 a total of 535 interpreting sessions were provided, eliminating the need for clients to travel long distances for health care.

A range of health information has been translated into the Karen language including general information brochures, and specific information from individual practitioners such as exercise instructions from Physiotherapists.

We have also employed a Refugee Health Nurse who works in conjunction with the Interpreter. Her role is to work with Karen families to promote good health and wellbeing and assist individuals and families to engage with local health services. This includes undertaking a detailed assessment and ensuring clients can gain access to treatment in a timely manner. The Refugee Health Nurse also visits the Nhill Learning Centre each week to provide Karen women, who access programs through this facility, with an opportunity to meet in a non-threatening environment.

Our Interpreter, Refugee Health Nurse and health promotion services are provided to all clients at no cost.

### *Proactive cancer screening*

It was identified that the Karen community, in common with many other migrant communities, had lower rates of screening for preventable cancers. In 2016/17 bowel scanning kits were provided to Karen clients, including a brochure translated into the Karen language, and the Interpreter and Refugee Health Nurse attended locally arranged mammogram screening sessions, providing Karen women with the comfort of having a friendly face present throughout.

### *Partnering up to better serve our Karen community*

We have partnered with Nhill Learning Centre to provide a range of health promotion activities for members of the Karen community who regularly access their training programs. This has included education regarding bowel and breast cancer screening programs, and increasing awareness about mental health issues, family violence and the long term impact of experiencing first-hand or witnessing trauma and torture.

# Family Violence

## *Safety and Quality of Care – Responding to Family Violence*

The Victorian State Government has invested \$1.91 billion over ten years in family violence services and reform. Every individual and organisation has a role to play in ending family violence.

As a Service we recognise that family violence is a serious health issue and we are committed to playing a part in trying to end the cycle of family violence within the nine communities that we serve.

## *Building Workforce Capacity – Training for Front Line Staff*

In 2016/17, 52% of all Primary and Preventative Health staff, including allied and community health and district nursing staff completed training in order to be able to effectively recognise and respond to clients experiencing family violence. Our experience in small rural communities is that trust quickly develops with these members of staff as a result of the ongoing care relationship, and clients will open up about many personal issues, including family violence. In the months following training staff were able to identify several at risk clients and refer them onwards to appropriate services.

In 2017/18, training will be provided to other staff including nursing staff working in Urgent Care, and Primary Care Centres, to assist them to recognise and respond to clients experiencing or living with the effects of family violence.

## *Working to Break Down Barriers in the CALD Community*

A significant number of people in the Nhill and surrounding community identify as being of Karen heritage. The Karen population are a stateless group of people originally from Burma (Myanmar) but who have been forced to live in refugee camps on the Thai-Burma border for decades.

It can be more challenging for members of culturally and linguistically diverse (CALD) communities to access support for family violence issues. Regular meetings with senior members of the Karen community now living in Nhill has identified a plan to help offer greater support in this area. Our Refugee Health Nurse, together with members of our Social Work department, have commenced visiting the Nhill Learning Centre to support Karen women as they participate in classes, building relationships of trust to assist women to feel comfortable to talk about personal issues including family violence, and to provide education that family violence is never okay. This initiative will continue throughout 2017/18.

## *Maternal and Child Health – Working with Vulnerable Families*

Our Service has a unique model of early years care delivery, with Maternal and Child Health operating as part of our health service, rather than the traditional model whereby such staff work within local government.

Maternal and Child Health staff work with families when they are often at their most vulnerable, with a new baby, sleepless nights and changing family dynamics. Our Maternal and Child Health Nurse is a key front-line worker in the area of identifying those experiencing or at risk of family violence.

A home visit immediately following the birth of a baby provides the Maternal and Child Health Nurse with the opportunity to witness the family environment, and relationships, first-hand. At every 'key ages and stages' visit to the Maternal and Child Health Centre, mothers are respectfully and gently questioned regarding family violence issues. A close working relationship with Social Workers, Children First and Child Protection ensures at risk families are identified early and supports put in place to minimise the risk to mothers and children.

## *Supporting Staff Who May Be Experiencing or Living with Family Violence*

Given that as many as one in every three women have experienced, or are currently living with family violence, it is important that we recognise that many of our own staff are living in relationships where family violence is an issue.

To assist staff to feel comfortable and supported to report family violence we have nominated our Injury Management Coordinator as the point of contact for staff seeking assistance. Her role is to provide confidential assistance for staff to access special leave if required, and also to assist in referral to appropriate services.

## **Next Year We Will...**

- Roll out family violence training to all clinical staff across the Service.
- Support our staff who may be experiencing family violence to access appropriate services.
- Work closely with senior members of the Karen community to address issues of family violence in this important Culturally and Linguistically Diverse (CALD) community.
- Place posters about family violence in public areas to increase community awareness and provide information about how to access support.

Along with the Victorian Government, as an organisation we value and celebrate diversity. We are committed to the right to equality, fairness and decency for members of the Lesbian, Gay, Bisexual, Trans and Gender Diverse, and Intersex (LGBTI) community.

In 2016/17 our Service has embarked on a journey of LGBTI inclusiveness and working to become more responsive to the health and wellbeing needs of LGBTI individuals and communities.

In general, members of the LGBTI community experience poorer health and wellbeing outcomes than other Victorians. This poorer health and wellbeing largely results from stigma and discrimination that people who are LGBTI can experience in their everyday lives.

Inclusive practice is not about changing individual beliefs or personal values but about ensuring that services are delivered in ways that are non-discriminatory and LGBTI inclusive and welcoming.

## *Strengthening our workforce capacity*

Two members of our staff have participated in education and training from the Rainbow eQuality Guide and the HOW2 program to assist in the implementation of inclusiveness principles across our Service.

Training is the start. An audit of our organisation was also conducted to find out how we perform against the Rainbow Tick Accreditation Elements. There are six standards under the Rainbow Tick that ensure inclusiveness. The audit identified gaps and strategies to improve our service and compliance.

## *The Rainbow Tick Elements of Inclusiveness*

- Organisational capability
- Workforce development
- Consumer participation
- A welcoming and accessible environment
- Disclosure and documentation
- Cultural safety and acceptable services



## Next Year We Will...

- Develop and implement our staff education program, using our Staff Orientation Sessions and Mandatory Education Days to help increase understanding of the challenges and fears that our LGBTI community face and how to help identify and support individual needs. We will build on an introductory training session delivered to staff at our Kaniva Hospital earlier in 2017.
- Collaborate with our customers and community members who identify as LGBTI to design inclusive and welcoming access to our services.
- Provide visual prompts for our reception areas and rainbow pins for staff who have undergone education, to help easily show our organisation's inclusiveness and understanding.
- Incorporate more inclusive language on our Intake Form so that disclosure of a person's preferences does not feel forced.

## A learning journey for our staff

For Lesley, our Director of Nursing at Kaniva Hospital, taking part in the training program for LGBTI inclusiveness has been an eye opening and informative experience.

“As a participant it has opened my eyes to the barriers that our LGBTI community members face in accessing safe, non-discriminatory healthcare. The subtle references that we do not even notice can have lasting negative impacts on a person's life and limit their access to quality healthcare. The process to improve our LGBTI inclusiveness is involved. It will be time consuming but it will be incredibly worthwhile and have a lasting positive impact for so many of our patients and clients.”

# Disability Action Plan

*Ensuring everyone can easily access our services*



## *Absolutely Everyone*

'Absolutely Everyone' is the Victorian Government's 2017-2020 state disability plan.

The Plan tackles the negative attitudes and barriers that people with a disability can experience on a daily basis. It focuses on actions to drive change in four priority areas:

- Inclusive communities
- Health, housing and wellbeing
- Fairness and safety
- Contributing lives

At West Wimmera Health Service, we join the Victorian government's commitment to achieving greater inclusion, in partnership with the community.

Following the launch of 'Absolutely Everyone', we will commence a review of our own Disability Action Plan to ensure that our Service's approach to accessibility and inclusion aligns with the State's priorities. Our review will include feedback and contributions from people with a disability, carers and families, the community and our staff.

# OFFERING SOMETHING FOR EVERYONE

## Maternal and Child Health Services

Supporting families in their local community is a priority. A collaboration between local and regional health services helps to deliver seamless care from pregnancy until the child attends school.

With our unique model of maternal and child health care within the Hindmarsh Shire (covering the townships of Nhill, Rainbow, Jeparit and Dimboola) we support women and their families during pregnancy and immediately following birth by providing Pregnancy Care Clinics and Domiciliary Midwife Care, to give a great start to life and to also help families to build an important relationship with their local health service.

### *During 2016/17:*

- *146 women and their families visited our Pregnancy Care Clinic.*
- *50 home visits were completed.*
- *Two re-admissions to birth hospitals were required.*

### *The journey from birth to home*

Our Maternal and Child Health Nurses, who are also qualified midwives, provide antenatal care for pregnant mothers. These Pregnancy Care Clinics reduce the need for mothers to travel long distances for care during pregnancy. The nurses meet with mothers regularly throughout the pregnancy, liaising with the patient's doctor in regard to key checks and regular blood tests.

The Pregnancy Care Clinic is often the first experience of some women and families entering a health service. The clinic gives opportunity for both the midwife and families to develop a partnership that will continue after the baby is born.

Once the baby is born in a regional or metropolitan hospital, our local midwife will visit on the baby's first day home from the hospital to continue important checks for both baby and mother. After the home visits are completed, mother and child are then able to continue receiving support from the Maternal and Child Health Centre.

Maternal and Child Health Nurse,  
Mandy, getting to know Austin



## Magnificent Mummies

In 2016/17 we launched a brand new program, the Magnificent Mummies Group, aimed at supporting mothers who have recently had a baby.

During and following pregnancy your body goes through many changes. Some of these changes can lead to pain and other unwanted symptoms. This inspired our Physiotherapy team to establish a Magnificent Mummies Group to help women who have recently had a baby and would like to participate in gentle exercises to help reduce the chance of having pain and discomfort from your muscles and joints.

The exercise classes are run by a Physiotherapist and women are encouraged to bring their new baby along. Exercises are focused towards strengthening the pelvic floor and core, combined with gentle stretching.

Each Magnificent Mummies Group is attended by a maximum of four mothers per session, allowing a focus on providing personalised care and advice.

Mothers can begin classes as early after birth as they feel ready (including if they have had a caesarean section), as exercises are tailored to individual needs.

## Dental Service Indicators - Measuring the quality of our Dental Care

Collecting information about our Dental Services enables us to compare the quality of our service with all clinics in the Grampians Region and across the State.

We must collect and report these statistics to Dental Health Services Victoria which provides the funds to operate our Dental Clinics. However this information also highlights areas where we can change practices for improved care.

	2015/16		2016/17	
	Nhill	Nhill	Grampians Region	State
Restorative retreatment within 6 months - adult	7.30%	9.30%	9.30%	7.40%
Restorative retreatment within 6 months - adult - emergency	16.50%	19.7%*	13.70%	10.70%
Restorative retreatment within 6 months - adult - non emergency	5.80%	8.10%	8.00%	6.30%
Restorative retreatment within 6 months - child	4.40%	2.8%**	2.70%	2.70%
Restorative retreatment within 6 months - child - emergency	0%	0%	11.70%	9.50%
Restorative retreatment within 6 months - child - non emergency	4.10%	2.9%**	2.10%	2.10%
Unplanned return within 7 days subsequent to routine extraction	3.90%	2.1%***	2.80%	1.40%
Unplanned return within 7 days subsequent to surgical extraction	3.30%	1.7%***	6.20%	3.50%
Extraction within 12 months of commencement of endodontic treatment	8%	12.5%****	6.40%	6.30%
Denture remakes within 12 months	0%	0%	2.80%	2%
Fissure seal retreatment by multiple treatment modes within 2 years - child	3%	5%	5%	2.80%
Pulpotomy/pulpectomy retreatment by extraction within 6 months - child	0%	0%	3.90%	3.70%

\* This was due to patients wanting their teeth continually refilled, instead of a crown or extraction.

\*\* This has decreased due to yearly School Screenings being conducted and returning for treatment.

\*\*\* This has decreased due patients being provided more information and being more aware of the symptoms that could lead to an infection / dry socket.

\*\*\*\* While the % is quite high, from the 16 teeth originally treated, only 2 have been extracted.

### During 2016/17 we treated:

- 2,323 public patients
- 808 private patients
- 104 oral surgery patients
- 283 students for school screenings in our Mobile Dental Van

# Partnering to Deliver Healthy Smiles

In 2016/17 our Wimmera Smiles mobile dental van continued to provide dental screenings and treatments to children from primary schools, kindergartens and early childhood services across our Wimmera region. The van also received a facelift, giving it a bright and cheery look both inside and out.

Since the introduction of the mobile dental service in early 2016, many parents and children have become more aware of the importance of looking after teeth from an early age to help children grow up with strong healthy teeth and gums.

In 2016/17 we partnered with Wimmera Rotary Clubs to help encourage and support children to look after their teeth and gums. The “Healthy Smiles” initiative received grant

funding from the Rotary Foundation, which enabled Rotarians to assemble two thousand dental kits for the Wimmera Smiles mobile van to give to children. Every child having a dental health screening received a bag containing a toothbrush, toothpaste, a timer to promote two minutes of brushing teeth, and information about cleaning teeth. The program also helped to purchase teaching aids to educate children to clean their teeth and promote good dental hygiene.



*Shilah with Oral Health Therapist, Ian and Dental Assistant, Casey in the Wimmera Smiles Van*



*Members of our Dental team with the Wimmera Smiles Van*

## Introduction of the TAC Program

On 1 July 2016 West Wimmera Health Service was pleased to be registered for the first time to provide services to clients funded through the Transport Accident Commission (TAC) Program. Dunmunkle Health Services had previously provided personal and domestic care services through the TAC Program and the skills and knowledge acquired from this program through the amalgamation quickly became highly valued.

Throughout the year the program has grown to now provide support to three individuals, two of whom receive 24 hour care 7 days a week. We are proud of the quality of care we are able to provide incorporating a variety of expertise from allied health to personal care staff. We look forward to a long standing, highly collaborative working partnership with TAC, and supporting individuals in our community to live their best lives.



# AT THE HEART OF WHAT WE DO



*Wendy and Joan share a warm hello*

***Sharing Our Stories...***

# MEN'S MATTERS

## - CONNECTION WITHIN OUR COMMUNITIES

Across our communities, we are delighted to offer many activity groups for men and women, helping them to enjoy company amongst friends.

In Minyip, Murtoa and Rupanyup, our Men's Matters Group has been making a difference to the lives of many men for the past 16 years.

Men's Matters addresses senior men's health in the most unlikely places. This program allows men who live alone or are socially isolated, are recently bereaved, newcomers to the towns, recently retired men or men who are in a caregiving situation, to attend a fortnightly outing to different places of interest.

Men's Matters aims to provide friendships, fun and a stimulating outing specifically for men.

The group has evolved to meet the needs of the men in the small rural towns. The needs of a program such as Men's Matters was raised when men residing in the three towns were vulnerable and showing signs of depression, along with the newcomers to the towns who were finding it difficult to engage. Since the first outing of Men's Matters 16 years ago there have been 57 individuals attending, with 18 men still regularly joining the group outings each fortnight.

Men's Matters not only provides the men with a sense of empowerment and ownership over the program by enabling increased control over their own health and suggestions of places they would like to visit, it also facilitates a flow on effect to the community as a whole. Partners, spouses and family members have reported that men come home full of stories and very content within themselves. Men's Matters, while beneficial for the men, also allows spouses and other family members to do something they would like to do for the day.



*Members of the Men's Matters Group, Gordon and Tom, enjoying a chat with group organisers, Trudy and Rhiannon*

Men's Matters is a catalyst for change, empowering the men to have increased control over their own health, therefore potentially improving it. Another unique factor of Men's Matters is the dedication of the men attending each outing. Some men have been known to change multiple appointments in order to attend the outing. The men are actively involved in deciding the places of interest they would like to visit therefore providing them with empowerment and a sense of ownership over their program.

Other successful men's group programs, along with ladies getaway and lifestyle programs, are also offered across our Service.

# SPEECH PATHOLOGY

## - REACHING OUT TO OUR NEIGHBOURS

In August 2016 we commenced offering regular Speech Pathology clinics in Edenhope. This expansion of our services to one of our neighbouring communities has helped to ensure that locals can receive the treatment that they require, without the need to travel.

For Kindergarten student, Archer and his family, being able to attend Speech Pathology visits locally meant that they no longer needed to make the long drive from Edenhope to other towns in order to access an important service.

Coupled with support from Archer's kindergarten teacher, the continued regular Speech Pathology sessions have given him and his family ongoing support to make a real difference in Archer's speech and language development.

Early intervention before children are enrolled at school can ensure that they are as ready as possible to start learning to read and interacting in the classroom when they start school.

Collaboration with Edenhope & District Memorial Hospital and West Wimmera Shire Council has ensured that Archer and several other adults and children, who otherwise may not have accessed Speech Pathology due to the time and restrictions of travel, have now been able to receive ongoing treatment to improve their communication and swallowing skills and, as a result, their health outcomes now and into the future.





*Our Speech Pathologist Tarrah meets up with Archer and his Kindergarten teacher, Gillian*

# DIABETES TELEHEALTH

## - CONNECTING ACROSS TECHNOLOGY

Living and working in our rural communities has many benefits to enjoy, but sometimes the need to travel long distances to meet with health specialists can be a down side. So much so that the time, cost and ease of travelling to and navigating around our regional and metropolitan cities can be a very big road block to people accessing these specialist services. Many people simply cannot make these trips, impacting on their health and wellbeing.

Our Diabetes Educator, Lesley, seized an opportunity to partner with the Royal Flying Doctor Service to begin offering telehealth appointments for her diabetes patients based in Nhill. The Telehealth appointments allowed clients to connect remotely via a secure online link to “meet” with an Endocrinologist, screen to screen.

Although there were some teething problems at first with the technology and quality of the connection, the introduction of a new IT platform since those early days has now vastly improved the online appointment. It’s just like having the doctor in the room with you!

For many of Lesley’s patients, the ability to remain close to home and still speak with their specialist, has meant that they are able to avoid long trips, costly visits, missing days of work and the stress of driving in an unknown area. The visits have been hugely beneficial for both patients and Lesley.

Diabetes is a complex condition that can take a lot of ongoing monitoring, particularly as patients become older.

Lesley’s telehealth patients have shown steady improvements in their diabetes management over the past 12 months. For Lesley, the appointments also allow her to have support from a specialist to help consult and liaise with to better manage patient health.





*Shirley has a Diabetes health check up with our Diabetes Educator, Lesley*

The introduction of the telehealth sessions has helped to support our patients to better manage their own health and access services close to home.

In the next 12 months, Lesley will start to trial offering the telehealth sessions at other locations beyond Nhill.

# VALUING OUR VOLUNTEERS



*Our valued volunteer, Hester, helping to deliver lunches and check in with our Volunteers Coordinator, Kate*

Volunteers play an integral role in assisting to strengthen our service delivery, provide social connectedness to many of our consumers and are a valued asset to our organisation.

Volunteering opens up a world of opportunity for people to build networks, connections, and make new friends in what can often be an isolated environment. Volunteering is part of the holistic approach to a healthy community, a healthy you.

At West Wimmera Health Service we love to learn from our volunteers who often have specialist skills, experience and an abundance of time to share their knowledge in mutually agreed flexible commitments to suit their lifestyles.

We are so very proud of our 30+ registered volunteers and this year with the introduction of the Volunteers Coordinator we endeavour to make the transition to becoming a volunteer a smooth and easy process.

# QUALITY & SAFETY – CLINICAL

## Victorian Hospital Experience Survey – *Capturing Patient Experiences*

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey that asks people how they felt about their experience with a public hospital. The VHES is an initiative of the Victorian Government to support the ongoing improvement of the public health system.

The VHES survey provides useful feedback on the quality of our health services from the patients' perspective, helping to better inform us about how our services and care could be improved for greatest effect.

### ***What your feedback tells us***

In response to the VHES core question, “Overall, how would you rate the care you received while in hospital?” the percentage of patients who responded positively (either as ‘very good’ or ‘good’) each quarter were:

July to September 2016	97.3%
October to December 2016	97.8%
January to March 2017	98.5%
April to June 2017	98.0%

In response to information collected from the VHES, we can work to improve services in several areas to better meet the needs of our patients and the community.

### ***Improving patient health literacy***

Health literacy has been highlighted as a key influencer on a patient's experience, both during and after a hospital admission.

A large focus for the coming year will be on improving how we communicate with our patients and customers to ensure we are providing them with information about their health and care in a clear and easy to understand way. We have partnered with the Wimmera Primary Care Partnership to help deliver a trial health literacy education workshop for members of our staff, offering practical tips and advice for improving how we communicate health information. In the coming year we will offer the health literacy education to our staff via a shorter form information session and by offering easy access to resources for staff to share.

## *Making a difference with our food*

We understand that food can make such a big difference to a patient's stay in hospital and to our aged care residents, as well as how important it is for all of our customers to enjoy a delicious and nutritious meal.

In the past 12 months we have focused on better understanding what makes our meals great, or not so great. In 2017, we trialed the introduction of a 'Tray Top' survey to accompany the meals served in our acute patient wards. These surveys asked a variety of quick response questions, to investigate the quality, taste, temperature and variety of our meals. The Tray Top survey has complemented data received from the VHES, while allowing us to have information that we can respond to in real-time.

The Tray Top Surveys received during the trial period showed an overall trend that patients felt our food was:

- Similar to a home-cooked meal
- Healthy and nutritious
- Rated as either 'Very Good' or 'Good'

In the coming year, we will continue to use the Tray Top survey, seeking customer input into its structure and questions to better refine its use.

During the year we also commenced a Service-wide menu review, with our catering team working in partnership with our dietitians, speech pathologists, patients and residents. In 2017/18, the refreshed menu will be introduced and in addition it will feature an easier to understand layout.

In 2017/18, we will also offer Karen menu options for our inpatients. This is in response to feedback from patients and the community. With a large Karen community in our Nhill and surrounding community, this initiative will help to offer a culturally appropriate option for inpatients. The new menu is currently being developed with the help of our staff, members of the Karen community and Hindmarsh Shire Council's Settlement Officer.





*Tracie helps to serve up lunchtime meals at the Nhill Hospital*

We support the World Health Organisation definition of a fall being “an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.” A fall also includes slips, trips and the controlled lowering of a person who is in the act of falling.

The prevention of slips, trips and falls is an important priority for our Service. We have a dedicated Falls Prevention Working Group which takes a multidisciplinary approach to reviewing falls data and making recommendations for quality improvements to reduce the number of falls and the injuries that can occur as a result of falls.

The group is chaired by a Physiotherapist and is made up of a team of staff from across a range of our clinical and allied health departments who work collaboratively to implement falls prevention and harm minimisation improvement plans. There is also a valued consumer representative on the Committee who helps to give feedback and provide customer insight into suggested initiatives to ensure that these are implemented in a resident and patient friendly manner.

## ***Working together to prevent falls in an acute setting***

- Welcome brochures have been included in acute patients’ rooms which include falls prevention and harm minimisation strategies. A patient orientation film which also include tips and advice for patient safety and falls prevention has been completed in 2017 and will be distributed to all acute sites in the coming months.
- A community balance exercise group is run at six of our campuses. These groups aim to improve the balance of participants, decrease falls risk and decrease social isolation through engaging clients in a fun and social atmosphere.

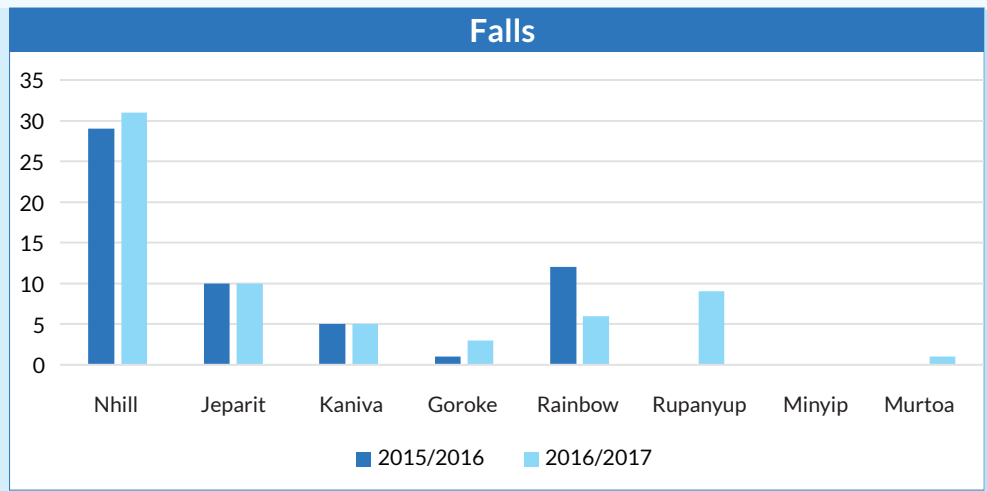
## ***Future plans include:***

- Introduction of wireless sensor mats. These mats alert nursing staff via a call bell system when a patient or resident moves to get out of a bed or chair. This reduces the risk of falls by decreasing trip hazards with the removal of cords and helping to alert if a patient or resident is mobilising unassisted.

These mats will be trialled at Kaniva and Nhill residential aged care facilities and will be implemented at all residential aged care and acute sites following the trial.

- Continued review of the data, with old improvement plans to be reviewed and new plans implemented to ensure a continual approach to falls prevention and harm minimisation.





## Pressure Injuries

A pressure injury is a localised injury to the skin and/or underlying tissue that results from pressure, friction or a combination of these factors.

Other elements that can increase a person's likelihood of developing a pressure injury include:

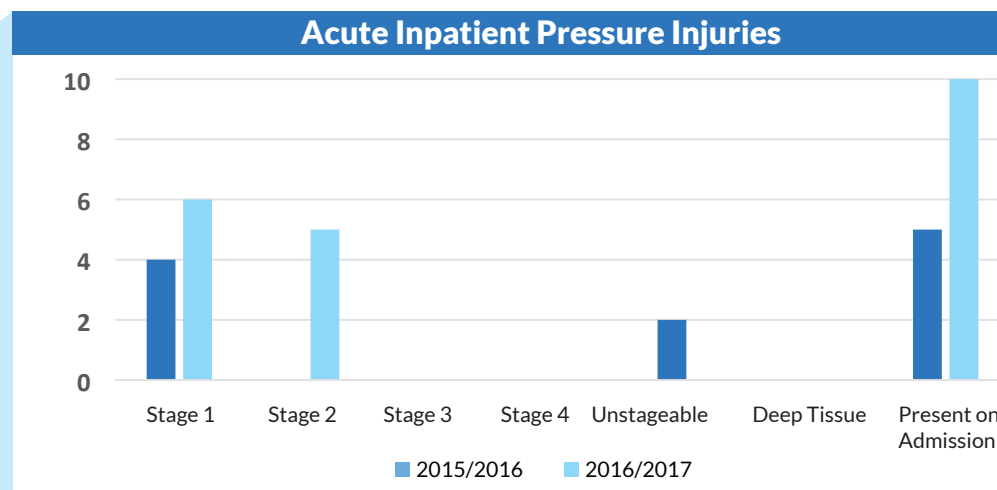
- Being 70 years old or over
- Poor skin condition
- Poor nutrition
- Decreased mobility
- Chronic disease
- Incontinence

Pressure injuries are graded into six stages of severity – Stage 1 being the least severe stage of a reddened area of skin, through Stages 2, 3 and 4, or unstageable up to the most severe form being a deep tissue pressure injury.

All patients and residents have the condition of their skin assessed when admitted, and the prevention of pressure and resulting injuries is a high priority at West Wimmera Health Service. This process also highlights those patients and residents at risk of developing a pressure injury.

Regular education is provided for clinical staff on the latest assessment and management practices in relation to pressure injuries. This education also includes the best practice treatment products and options.

Pressure injury prevention and management plans are developed for at risk patients to ensure appropriate preventative strategies are implemented.



Pressure injuries identified in our acute patients:

The pressure injuries identified here were rated as either:

- Stage 1, meaning they were observed at the very earliest stage where the skin is reddened by no broken and were able to be managed effectively so that they did not worsen; or
- Stage 2, which presented as a shallow, open wound with a red-pink wound bed, or an intact serum-filled blister. Again these were all managed appropriately and healed.

### **Pressure Injuries in a Residential Aged Care Setting**

*Details about pressure injuries in our Residential Aged Care facilities can be found further in this report, under the 'Aged Care indicators.'*

*Trish and Nakita carefully  
measure out medicine*



## Medication Safety

West Wimmera Health Service recognises medication safety as a high priority area as we continue to monitor medication incidents and practices.

Medication Safety is a key element of Accreditation Standards that provide clear direction about the level of care expected from all Health Services within Australia.

As there are so many medications prescribed to residents, patients and clients it is our responsibility to always ensure the right person gets the right dose of the right drug at the right strength, via the right route at the right time. We monitor and follow-up incidents as they occur to ensure the risk of harm to patients and residents is minimised.

Staff receive reports on the amount and type of incidents that occur each month and assist in the review of incidents if there is potential for improvement to occur.

In 2016/17, we have had no medication incidents that have caused serious harm or death. Largely, the number and type of medication incidents remain relatively unchanged from the previous year despite the significant effort we continue to put into staff training and competency testing.

The majority of our medication incidents relate to documentation and administration of medications. Staff involved participate in the review of such incidents and where necessary are counselled in regard to safe medication practices. If any improvements are identified to the process, these are shared with all clinical staff across our Service.

## **Your feedback on medication management**

When patients were surveyed asking if they received sufficient information about any medication they were given in hospital, 82% said they were happy. This is up from 72% in 2015, and better than the state average of 71%.

## **An investigation undertaken**

During the year, the Pharmacist commenced a random audit of the accuracy of measuring liquid medications remaining after administration.

When the random checks were conducted, discrepancies between quantities actually measured and what was documented to be remaining were found.

Following a thorough investigation and review of our systems and processes, the reasons for the discrepancies could not be easily determined. We consulted other hospitals and pharmaceutical companies for a better way to measure liquids.

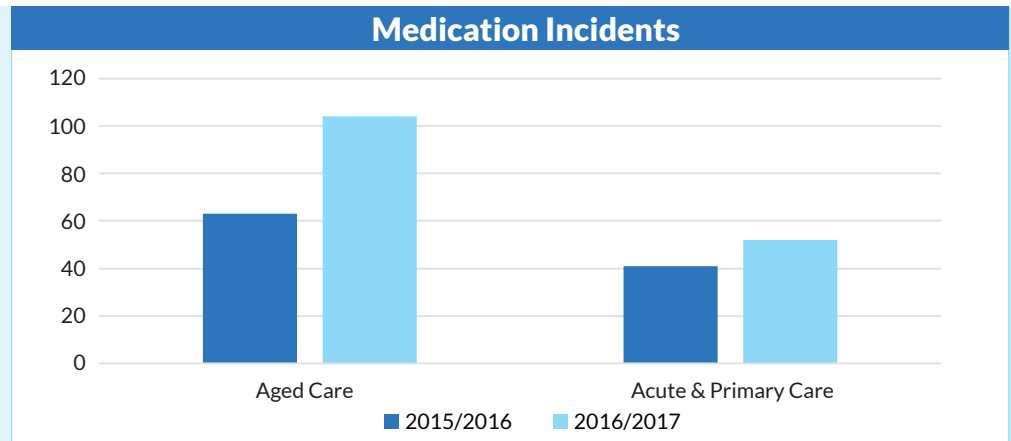
## **What did we change?**

- Removed all medications from the medication cupboard that are not currently being used.
- Investigated options with pharmaceutical companies to purchase appropriate devices to ensure accurate and safe administration of liquid medicines.
- Each liquid medicine now has a special top on it with a specific syringe to assist in withdrawing the medicine.
- Requested pharmaceutical companies review the packaging and dispensing options of mixtures so that they are available as a single dose.
- Investigated improved security and surveillance in the medication room.

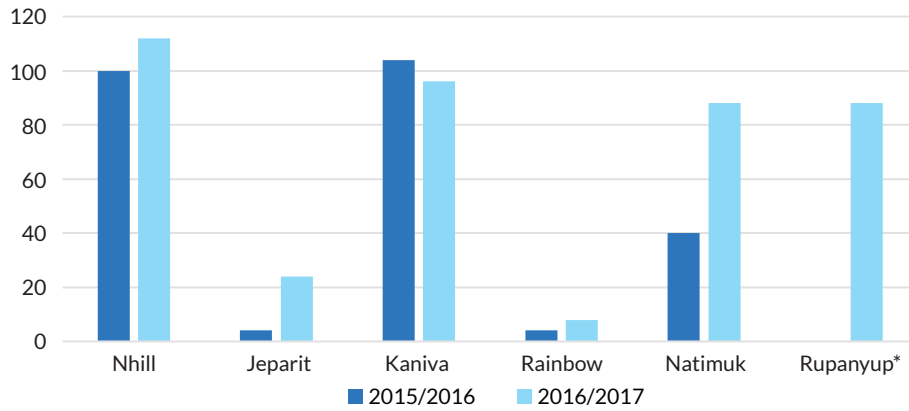
## Other improvements over the past year include:

- Introduction of Medication Management Plans to ensure medication safety for all acute patients. These plans are developed with input from doctors, nurses and pharmacists. A Medication Management Plan ensures that the patient is receiving the correct medication for their medical condition.
- Regional Pharmacy Network Group  
Our Pharmacist participates in this group so that he receives the latest information about medication management and resources. The Pharmacist is able to obtain support from this group of peers between meetings.
- Gloup Lubricating agent introduced.  
Gloup is a very slippery substance that assists patients and residents to swallow tablets. This has all but eliminated tablet crushing. Both patients, residents and nursing staff have commented on the benefits of this substance.

The increase in Aged Care medication incidents for 2016/17 can be partly attributed to the inclusion of data reported from Rupanyup in 2016/17

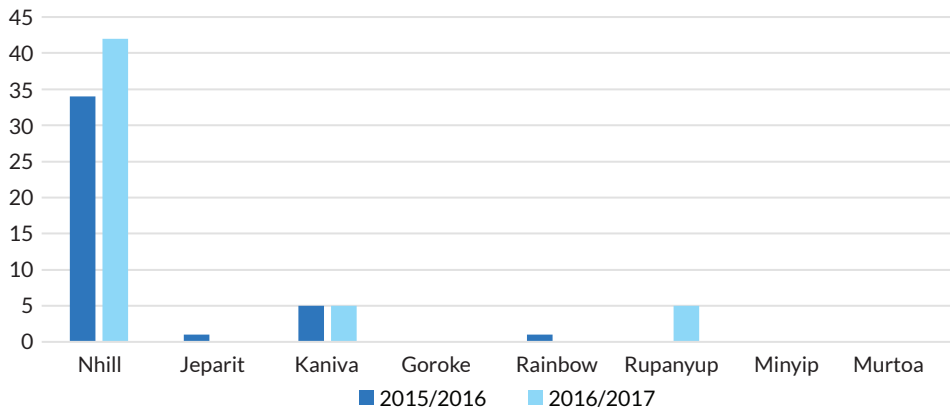


## Medication Incidents - Aged Care



\*Insufficient data is available for 2015/16

## Medication Incidents - Acute and Primary Care





## Adverse Events (Clinical reviews)

We are constantly looking at and reviewing the outcomes of the delivery of care.

For many years, we have conducted Clinical Reviews on cases where there have been outcomes to patients or residents that were unexpected.

Together, staff and managers have embraced the process for conducting Clinical Reviews. Our reviews are largely driven from the ward area as opposed to management and create robust discussions for an open-minded approach to seeking solutions and improvements.

In 2016/17, we have conducted nineteen Clinical Reviews across West Wimmera Health Service; the majority of which were related to the theatre complex. They included theatre lights that failed during a power outage, and several patient-related outcomes, none of which resulted in fatality or permanent injury. The Clinical Reviews found that changes to processes could help to prevent these type of events in the future.

The second largest group related to residents in Residential Aged Care that had falls and sustained a fracture. The Service has a dedicated falls group that is multi-disciplinary and discusses every fall. We have trialled many types of sensor mats and various pieces of equipment and given site by site education to staff but our results have not improved.

# State of the Art Ultrasound Machine Keeps Us at the Forefront

In June 2017, we installed the latest State of the Art ultrasound machine to the Radiology Department at Nhill Hospital. The new ultrasound machine, a GE Logiq 9, has the latest imaging software algorithms for superior imaging of all areas of the body, improving our ability to see anatomy and pathology on a wide range of patients and examinations.

As well as being an excellent all round ultrasound imaging machine, it is especially suited to musculoskeletal examinations (shoulders, wrists, tendons etc.) and comes with a built-in gel warmer that heats the gel to a comfortable temperature before it is applied to the patient's skin.

The machine also incorporates the latest in ergonomic design, with light and ergonomically designed probes and fully independently adjustable keyboard, monitor and operator height controls to minimise Occupational Health and Safety injuries that are common amongst sonographers using equipment on a daily basis.

Our Chief Radiographer, Pete Treney said, "It is fantastic to see us keeping at the forefront of ultrasound imaging with this latest addition to our Radiology Department. We're looking forward to providing an improved imaging service for our patients."



*Jan and Pete with the new  
Ultrasound machine*

# QUALITY & SAFETY – AGED CARE

## Aged Care Indicators

The following Aged Care Quality Indicator Data is submitted to the Department of Health and Human Services each quarter.

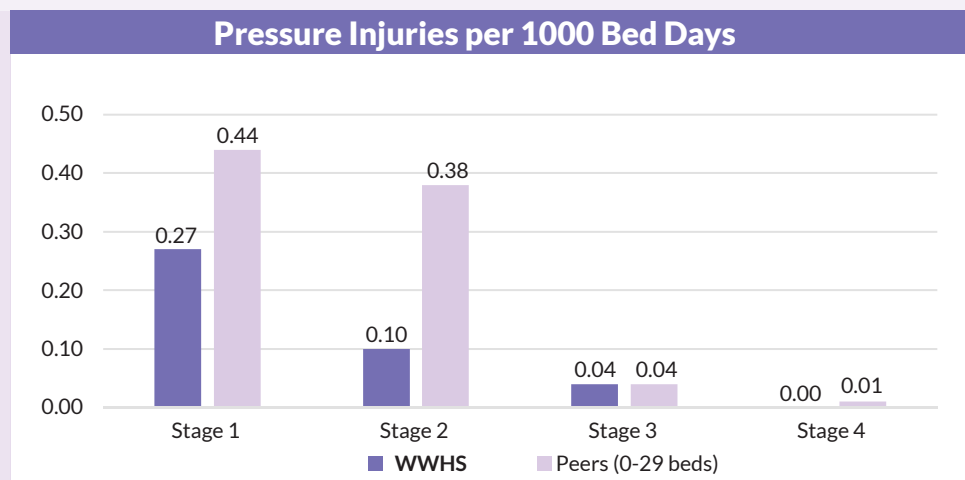
We compare our data with other like sized facilities in Victoria, those homes with up to 29 beds. This data is evaluated to assist us to improve the care provided to our residents, whilst allowing them to live as independently as possible.

We plan to display future reports on notice boards within our homes for the information of residents, families and visitors.

### Pressure Injuries

A pressure injury is a localised injury to the skin and/or underlying tissue that results from pressure, friction or a combination of these factors.

*Pressures injuries identified in our Residential Aged Care:*



In 2016/17, our Residential Aged Care facilities did not record any Stage 3 or Stage 4 pressure injuries that were identified after admission, though we did have one Stage 3 Pressure Injury that was present at the time of admission.

The prevalence of Stage 1 and Stage 2 Pressure Injuries was below that of both our peers and across the state.

The vast majority of Pressure Injuries reported are rated as Stage 1, which are a reddened area of skin that if identified early and treated appropriately do not worsen.

Over the last four years the rate of Stage 1 Pressure Injuries has increased, which we attribute to early identification of susceptible skin areas and implementation of pressure relieving strategies.

Whilst we have seen an increase in Stage 1 Pressure Injuries, we have seen a reduction in both Stage 2 and 4 Pressure Injuries, Stage 3 Pressure Injuries have remained static over the last 2 years with 1 such injury being reported each year.

On the other hand, Stage 2 Pressure Injuries rated above the average of the overall High Care rates for the first and third quarter, but below it for the other two quarters.

Increased surveillance of skin condition and early implementation of pressure relieving interventions have seen an overall reduction in Pressure Injury numbers and the severity of these Injuries.

## ***Falls and Fall Related Fractures***

The rate of falls and fractures resulting from falls are below that of our peers and the State, but have remained at this rate consistently for the last 4 years.

The incidence of falls within an aged care home is significantly higher than for those living within the community, with approximately 40% of residents experiencing recurrent falls.

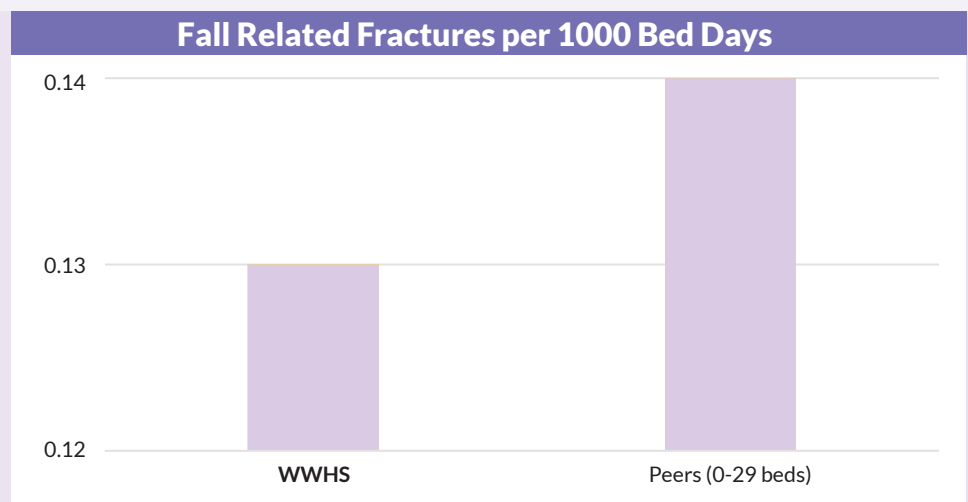
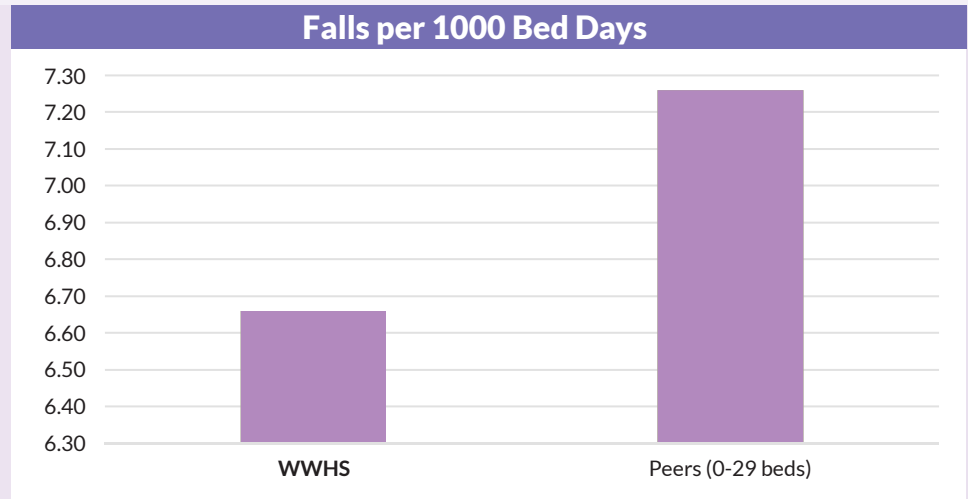
Dementia, stroke, diabetes and Parkinson's disease are common conditions that increase the risk of falling.

These factors, along with residents at times taking the risk to mobilise without assistance exacerbate the rate of falls reported.

All ten of our aged care homes reported falls, with 4 homes reporting 5 fractures as a result.

All fall incidents are clinically reviewed to ensure all appropriate strategies and interventions are in place to reduce the likelihood of future falls, or the impact or injuries from falls.

In 2017 the West Wimmera Health Service Falls Prevention Working Group commenced a comprehensive review of falls at each aged care home, with all staff encouraged to suggest ways to reduce the number of falls. The review is ongoing, but has been beneficial in highlighting it is everyone's responsibility to be vigilant if the rate of falls is to be reduced.



## Use of Physical Restraint

Restraint is the intentional use of a device or action that restricts free movement.

At West Wimmera Health Service we do not use any device or action with the intent to restrain, resulting in our zero rate which is below that of both our peers and the State.

Two of our ten aged care homes reported the use of restraint devices, as requested by 2 residents.

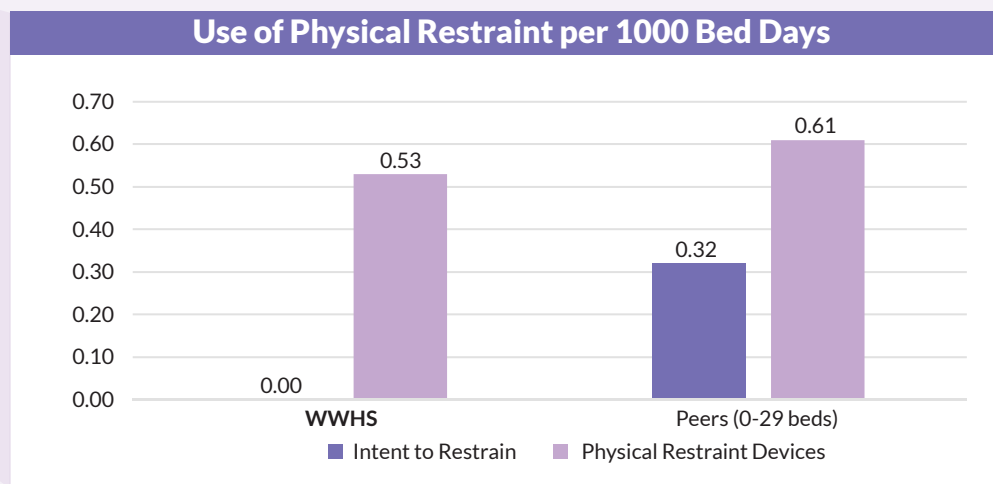
On all occasions, the method of “restraint” was raised bed rails, requested by the resident to assist their independent mobility whilst in bed and to give a feeling of safety.

This resulted in a rate of physical restraint devices that is slightly higher than that of the State, but below that of our peers.

Consent is always obtained before restraint devices are utilised and the resident is closely observed when any restraint device is in place.

Over the last 4 years our rate of “intent to restrain” has reduced markedly, mainly as a result of us gaining a better understanding of how to interpret reporting criteria.

The use of restraint devices has also reduced over the last 4 years due to staff and families continually being educated on the appropriateness of the use of bedside rails, and only instigating their use when absolutely necessary.





## Nine or More Prescribed Medications

We have identified the gradual increase over 4 years in our rate of residents prescribed nine or more medications as a priority area. Our current rate is above that of both our peers and the State.

The prescribing of multiple medications is considered a major health issue for older people, and may affect their lifestyle by increasing falls and weight loss.

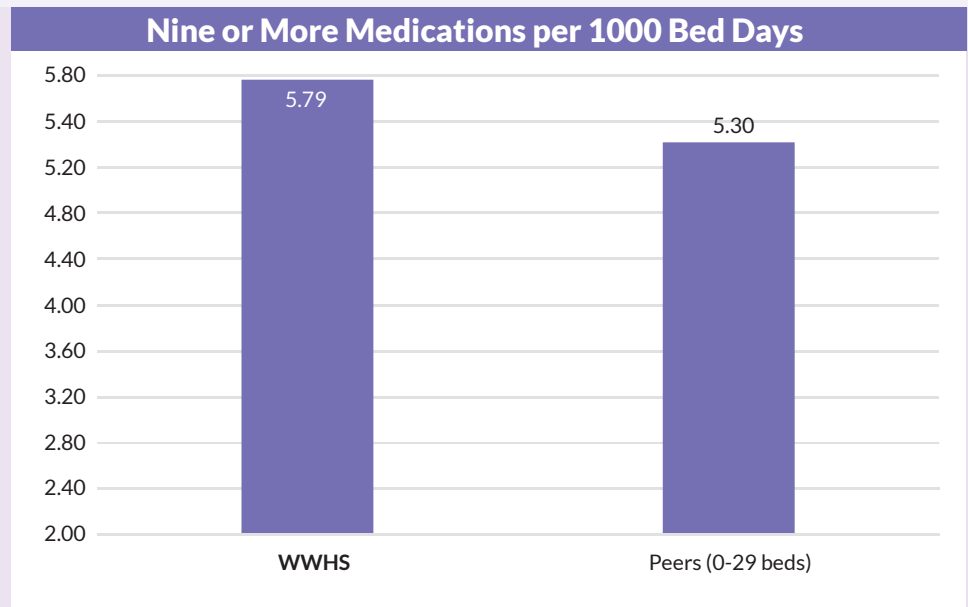
Many of our residents have multiple chronic medical conditions, where a reduction in prescribed medications could impact on quality of life.

As residents enter the end stages of life, more complex medications are often required to manage pain effectively.

At West Wimmera Health Service, we monitor and review prescribed medications on a regular basis. This review involves nursing staff, the treating Doctor, the Pharmacist and if required the Geriatrician.

In addition to these measures, we have participated in an ongoing study undertaken by Monash University.

This study is analysing the use of medicines in aged care homes, and we have been part of a pilot project that is providing additional data pertaining to use of antipsychotic medications, administration of medicines 5 or more times per day and the use of proton pump inhibitors.



## Unplanned Weight Loss

Unplanned weight loss is a contributing factor to increasing the risk of older people to fracturing hips, developing pressure injuries, poor wound healing and malnutrition.

As people age and their general health declines they are more prone to have unplanned weight loss.

We monitor residents for an unplanned weight loss of 3 or more kilograms per month for three months.

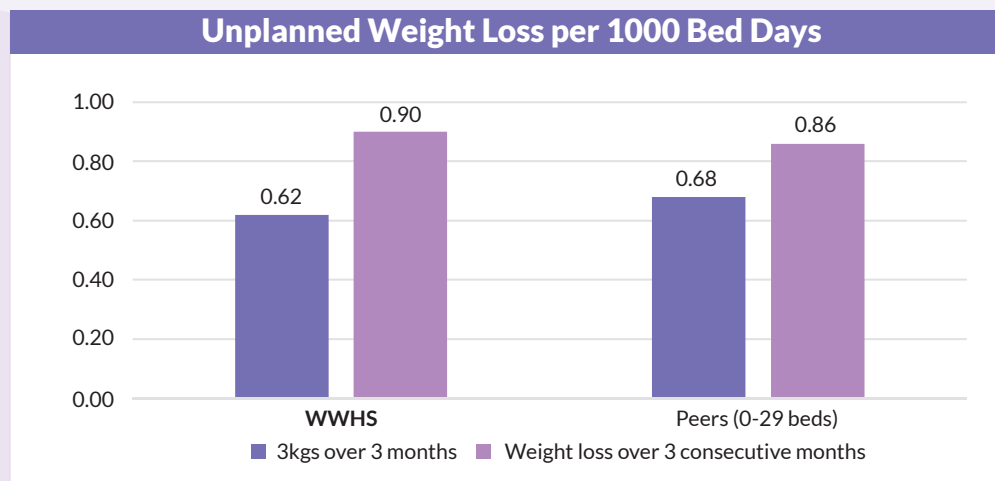
We have seen a reduction in our rate of unplanned weight loss over the last 4 years, and it is below that of both our peers and the State.

The rate of weight loss each month for three months remains slightly above that of both our peers and the State, but has reduced over the last 4 years.

Identification of residents at risk of ongoing weight loss are reviewed by the Dietitian and Speech Pathologist.

This has ensured that residents are provided with a varied nutritional diet, in an appropriate form that residents can manage.

A wide variety of enriched dietary supplements is readily available in a full spectrum of consistencies.



## Infection Control, Hand Hygiene and Influenza Vaccinations



*Infection Control Nurse, Christine*

### ***Infection Control***

During the current reporting period no patients were diagnosed with Staphylococcus Aureus Bacteraemia within West Wimmera Health Service.

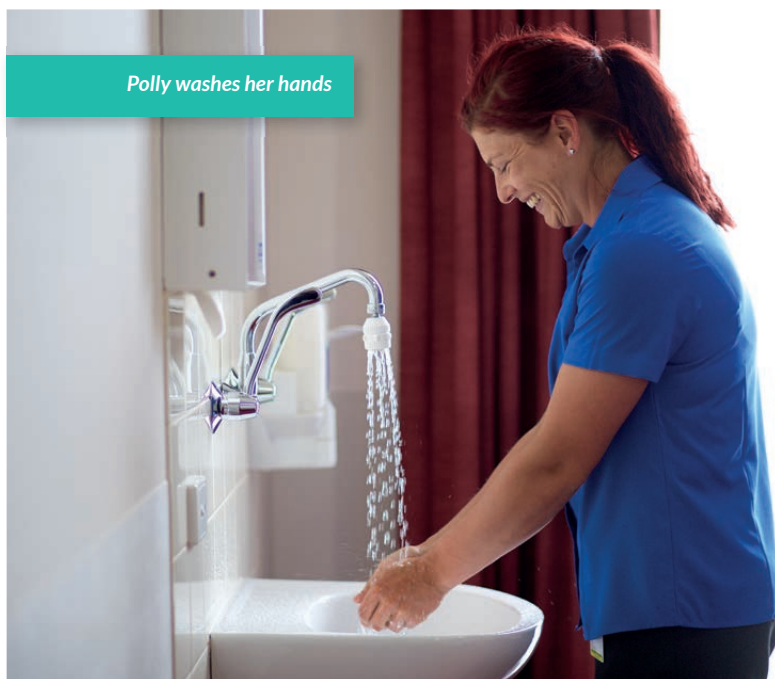
We have a low risk as we have no Intensive Care Unit facilities and do not insert invasive central venous lines to deliver therapy.

We do offer ongoing care for local patients who have been diagnosed with bacteraemia at other hospitals.

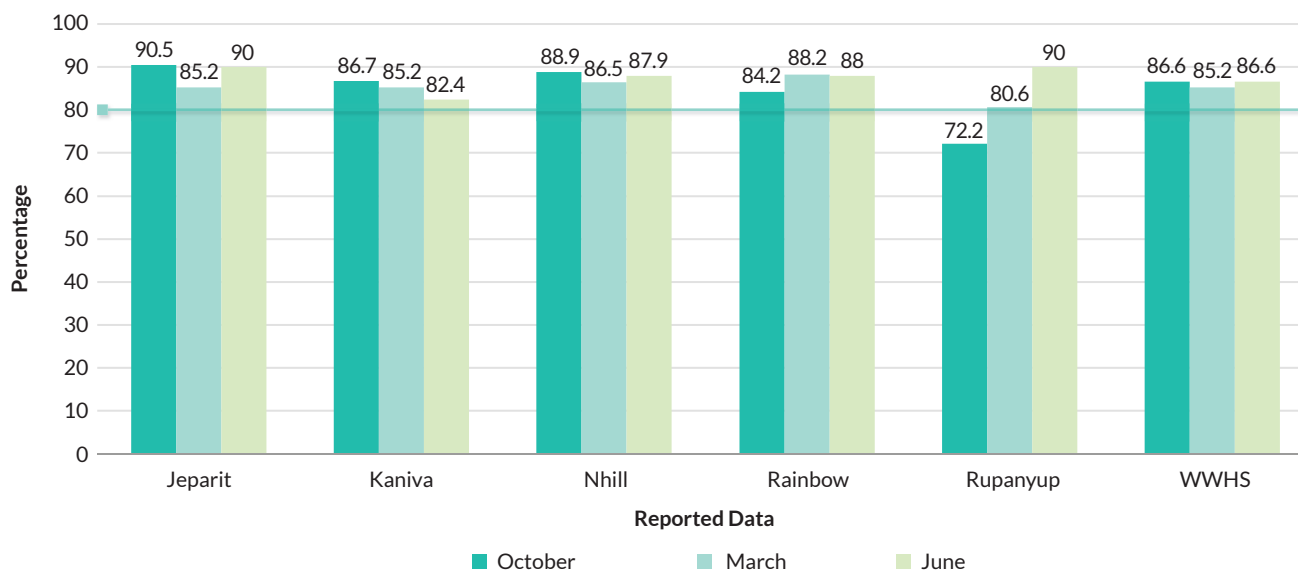
## Hand Hygiene

During the current reporting period all sites with acute beds have had observational audits undertaken and reports submitted to Hand Hygiene Australia as required.

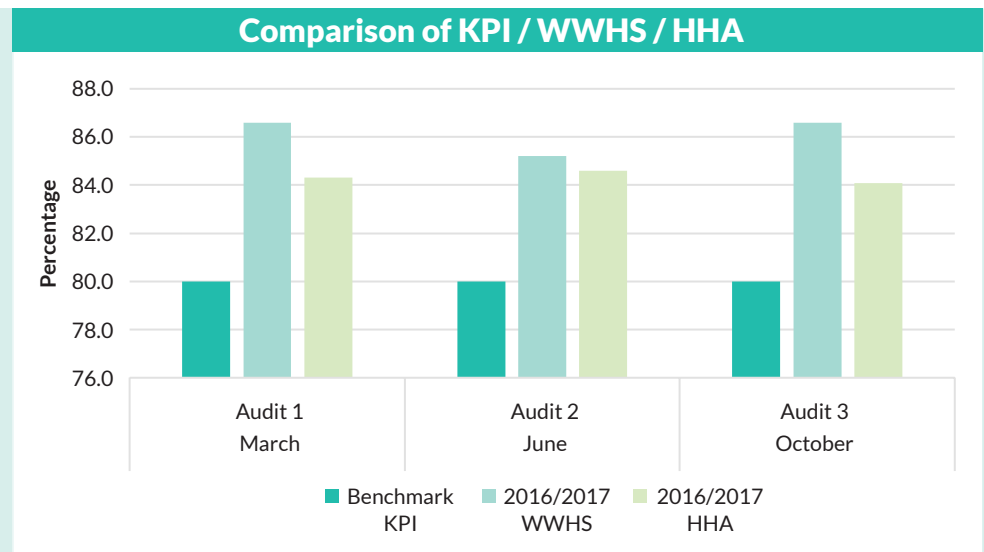
Rupanyup had been exempt from Hand Hygiene Auditing prior to joining West Wimmera Health Service in July 2016. Their initial audit result in October 2016 was less than the required 80% but this result has improved and they achieved 80% in March 2017.



### West Wimmera Health Service - Hand Hygiene Compliance Audits 2016-2017



Our audit results have exceeded the Hand Hygiene Australia national compliance target of 80% during the 2016/17 period.



### Staff Flu Vaccinations

In 2016 we had a less than satisfactory uptake of Influenza vaccination by staff at West Wimmera Health Service with only 71.3% vaccinated. A target of 75% had been set by the Victorian Department of Health.

In 2017 a suite of initiatives were implemented to achieve this target. The vaccinations were distributed to each site and qualified immunisers were organised to visit sites to vaccinate staff. Each site manager was responsible for ensuring a minimum of 75% of staff were vaccinated. Weekly reminders were sent to help prompt staff members to take up the Influenza vaccination and managers also received reports of progress made towards the target.

All staff employed who worked a shift from April 3rd to August 4th were counted in the total. Each site manager was responsible for ensuring a minimum of 75% of staff were vaccinated. Weekly reminders were sent to help prompt staff members to take up the Influenza vaccination and managers also received reports of progress made towards the target.



## Blood Products

The administration of blood and blood products is lifesaving, but it is also potentially very risky.

We do not have a large number of patients requiring blood or blood products but we want to ensure they are safe and trouble free for those who do.

Blood and blood products are a highly valued resource that relies on donations from the general public, therefore the way we use it must be in the forefront of our minds to limit unnecessary wastage.

Strict procedures are followed to ensure that all patients requiring a Blood Product receive it in a safe manner.

A concise clinical pathway is followed that starts with the Blood Product only prescribed to those patients whose clinical condition deems it necessary and where the benefit will clearly outweigh the risk.

Throughout the process the patient is kept informed of all aspects and must consent to the administration of a blood product.

We utilise two nursing staff each step of the way to ensure the safe administration and early detection of any possible complications.

The patient is closely monitored by nursing staff throughout the administration of any blood product.

Patients are given an information sheet that explains the process followed for the administration of a blood product.

A register of all blood products ordered, administered and disposed of is maintained.

Prior to use all blood products are stored at the appropriate temperature.

In 2016/2017 we administered 84 blood products, without any adverse reactions.

In 100% of blood product administrations there was a documented clinical need for the blood product, two nurses followed the checking process, patient consent was obtained, and patient observations were monitored as per our procedures.

# Targeting Zero

## Strengthening Quality of Care

In October 2016, the Victorian Government released a report reviewing hospital safety and quality assurance in Victoria, *Targeting zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care*.

The review was commissioned by the Minister for Health following the discovery of a cluster of tragically avoidable infant mortalities at Djerriwarrh Health Services (Bacchus Marsh Hospital).

The review looked into how the Department of Health and Human Services oversees and supports quality and safety of care across the Victorian hospital system.

In researching the review, a wide range of patients, clinicians, hospital managers and boards were consulted for their views and experiences about how to make Victoria's healthcare systems safer.

The report makes many recommendations that the Minister has advised have all been accepted in principle. The Victorian Government, the Department of Health and Human Services and all hospitals, including West Wimmera Health Service, will have a role to play in helping to implement the report's recommendations.

## What Next for Us?

*Targeting Zero* has been circulated to our Board of Governance members and it has also been presented and discussed by our Clinical Quality Governance Committee. Together with all of our staff, the Board and our Clinical Quality Governance Committee have begun to review the recommendations. These will continue to be a focus over the coming months and years, as we work to embed them in our practices and processes as required.

In February 2017, our Executive team met with Ballarat Health Service as a first step to developing stronger links between our two organisations, particularly from a quality and safety perspective.

Ballarat Health Service, as our major regional Health Service, has at its disposal a number of resources that can assist in the review of the quality and safety systems of our organisation. Equally, West Wimmera Health Service stands ready to assist Ballarat in a number of areas, including Primary and Preventative Health and Aged Care Services.

The Clinical Governance Committee for our Grampians Region has also been strengthened with the inclusion of representation from members of the clinical divisions and quality managers from most health services in the region, along with the Department of Health and Human Services. These regional meetings have gone a long way to review and appropriately respond to the *Targeting Zero* recommendations, and importantly to unite the region and increase awareness of the available expertise.

# **Targeting Zero**

**– Better, Safer Care, Delivering a world-leading healthcare system**

Four areas of emphasis:

- **Setting a goal that no one is harmed in our hospitals**
- **Supporting strong leadership in hospital governance**
- **Sharing excellence across our health system**
- **Collecting great data about patients' experiences to improve care**

# CONTINUITY OF CARE

Planning for discharge begins on admission so that patients can be assured when it is time to go home there will be no last minute things that need to be organised.

Staff continually communicate with patients about services they may require and provide education and information that is required so they get the best outcomes for recovery post illness.

We have a discharge coordinator that is situated in Nhill but provides advice and support for all discharges across the Service.

We conduct a weekly multidisciplinary meeting to discuss discharges that require intervention from nursing and allied health.

Most of our patients are cared for in their acute admission by the Visiting Medical Officer that they utilise in the community clinics. This makes the care continuity easier as they are fully aware of the admission progress. This reflects in our results which have remained static at 98% of patients feeling that their doctor was provided with all the necessary information about treatment while in hospital.

Some of the feedback we have received:

- ✓ 91% of patients felt that doctors and nurses gave sufficient information before they left hospital about managing their health and care at home, this is up from 86% in 2015 with a state average of 71%
- ✓ 87% of patients felt that staff understood their family or home situation when discharge planning, this is against a state wide average of 72%
- ✓ 91% of patients thought adequate arrangements were made by the hospital for any services required, e.g. transport, meals, mobility aids. The state average was 70%
- ✓ The overall rating for the discharge process has remained static at 96% for several years, against a state average of 86%

## ***Advanced Care Planning***

Our District Nurses start the Advanced Care Planning conversation with clients well before they require admission to a residential aged care facility.

Trained consultants speak individually with clients and record their wishes and preferences in regard to health and associated treatments.

This includes discussions about expectations related to resuscitation, life prolonging treatments, and end of life wishes in the palliative stage of care.

Within this, we focus on involving the resident's family, carers and loved ones and place emphasis on holistic care, which incorporates the physical, emotional, cultural and spiritual aspects of their care.

An Advanced Care Plan encourages care that is aligned with an individual's goals, values, beliefs and preferences.

By having an Advanced Care Plan in place our patients continue to receive the health care they want, even at times when they may no longer be able to communicate these decisions for themselves.

A copy of the Advanced Care Plan is kept in the Medical Record, and can be upgraded as often as needed by the patient.

100% of Residential Aged Care residents either have an advanced care plan in place or have identified a substitute person to make decisions on their behalf if they become incapable of doing so.

## ***Evaluation of the process***

A review of all deaths is undertaken routinely and we now include analysis of those with advanced care plans or end of life directives, as well as those that had these plans or directives appropriately adhered to.

In 100% of Residential Aged Care deaths an Advanced Care Plan or End of Life Directive was in place and adhered, whilst in Acute Hospitals this applied to 75% of deaths while in care.

# End of Life Care

## *Victoria's end of life and palliative care framework*

A new framework has been developed and distributed to ensure all Victorians receive high-quality end of life care that relieves pain, distress and suffering and provides support to their family, friends and carers.

For patients in our country communities, we work in consultation with Palliative care specialists and are guided and supported by them to help give our patients dignified and individual care.

### **The framework has five priorities:**

#### **Priority 1: Person-centred services**

- A person's care is individualised.
- Families and carers are supported and valued.
- People have information that supports decision making.
- People have opportunities to develop their advance care plan.

At West Wimmera Health Service, we have an enviable advantage in that we understand the individualised end of life needs and wishes of our patients through our community support and care programs which involves doctors, nurses and allied health staff working together.

Staff are trained at each site to attend to end of life plans.

At all sites, we receive feedback from the patient's family on the care we have provided as a unit to families when their loved one passes away which helps ensure we continue to get this process right.

#### **Priority 2: Engaging communities, embracing diversity**

- All communities and groups have access to end of life care and planning.
- Improved engagement with community leaders to enable them to connect their communities to end of life care.
- Communities understand the services available for end of life care and bereavement support.

We have clinical and community health staff trained in all of our communities and will continue to engage and inform our communities around care and support.



### Priority 3: People receive services that are coordinated and integrated

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- People experience services that are coordinated and designed locally.
- The primary, hospital, palliative and aged care sectors connect effectively to respond to care needs.
- Early discussion, referral, planning and coordination occurs.

Wimmera Health Care Group's palliative unit supports us with advice at all sites, both on site and by telephone or video link.

### Priority 4: Quality end of life and palliative care is everyone's responsibility

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- Knowledge is increased across the healthcare sector to provide safe, quality care.
- End of life care is consistent across the healthcare system.
- Healthcare staff are equipped to communicate and deliver the benefits of palliative care.
- Organisations actively support their staff in the delivery of quality end of life care.

Several of our staff have studied and gained Graduate Certificates in Palliative Care.

We use Decision Assist tools and guides and distribute information resources to all sites.

### Priority 5: Specialist palliative care is strengthened

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- Models of home-based care are effective and efficient.
- The specialist workforce is used effectively.
- Specialist palliative care is accessible locally.

Trained staff are supported in continued education and knowledge.

A Palliative Care Nurse Practitioner from Wimmera Health Care Group further supports our staff and communities in hospice care.

Technology has played a big part in reducing the distance of living in rural communities, with oncologist appointments, and other specialist follow-ups all able to be attended without having to travel beyond local communities.

## Escalation of Care Process

Policies and protocols are in place to ensure staff respond appropriately if the condition of a patient begins to deteriorate, providing guidance for accessing the care required.

To ensure staff are skilled in patient assessment they undertake annual Basic and Advanced Life Support training, and have their competency tested.

Observation charts are colour coded so staff can easily identify when vital signs are outside the normal range, prompting staff to report any abnormality.

The Service has a Memorandum of Understanding with Ambulance Victoria, which enables them to assist our staff and doctors in our Urgent and Primary Care Areas.

When patients were questioned about their involvement in decisions about their care 88% responded they were happy with their involvement against a state average of 64%.

When patients were asked if they were able to get assistance if required in a reasonable time 99% responded yes. This is up from 90% in 2016 and above the state average of 89%.

It was very pleasing to know that 87% of patients that had worries or fears about their condition or treatment felt that a health professional discussed it with them; this is up from 57% in 2016 and a state average of 58%.

Next year we plan to introduce “Feeling worse tell the Nurse” across all sites. This will help educate and encourage patients and their families to alert staff, at any time, if they have a concern in relation to their wellbeing or the care they are receiving.

# ACCREDITATION

West Wimmera Health Service is accredited by the Australian Council on Healthcare Standards (ACHS) against the National Safety and Quality Health Service Standards (NSQHS).

The accreditation process provides an opportunity for us to review our quality and safety systems and ensure they meet best practice. In addition, over the past 12 months, we have undergone the following accreditation processes.

Division	Details
<b><i>Aged Care Accreditation</i></b>	<p>We maintained ongoing Aged Care accreditation across all ten Residential Aged Care Facilities in 2016/17.</p> <p>Numerous support visits by representatives of the Australian Aged Care Quality Agency across the Service have reviewed elements of the standards with full compliance being awarded at each visit.</p>
<b><i>Disability Services</i></b>	<p>Cooinda Disability Service underwent an integrated audit against the Human Services Standards and National Standards for Disability Services.</p> <p>The Human Services Standards component of the audit examined Cooinda's day programs that emphasise the development of life skills, independence and to encourage acceptance and participation in community life.</p> <p>The National Standards for Disability Services audit examined the provision of participation and integration for supported employees in Oliver's Café, Snappy Seconds Shop and West Wimmera Health Service.</p> <p>A recommendation was made for continued certification to the Human Services Standards and recertification of the National Standards for Disability Services.</p> <p>The audit team found that there was a good level of conformance to both Standards through implementation of policies, procedures and processes and the provision of supports to people with disability enabling them to participate in training and employment.</p>

**Disability Services continued** The team however, did identify one minor non-conformance to Standard 3 Wellbeing, of the Human Services Standards. It was identified that the discipline of recording file notes has not been maintained for day services participants and supported employees. Such file notes are an important method of recording ongoing support and progress towards goals.

As a result of such a recommendation the Manager of Disability Services has met with all staff associated with Disability Services and discussed the expectation of file note completion. Such notes are now being recorded electronically in a secure location on the Services IT Network.

**Community Care Common Standards - Accreditation Survey** We participated in an external accreditation survey for programs funded through the Commonwealth Home Support Program, previously known as Home and Community Care (HACC) - District Nursing, Planned Activity Groups, Allied Health, Home Care Packages and Respite for Carers.

It is very pleasing to report that the Service met all eighteen expected outcomes across all programs.

It is equally pleasing to receive external validation that systems, processes and programs we have in place not only meet but indeed exceed external requirements, guidelines and standards.

As our Service evolves over the next decade, programs delivered within the Commonwealth Home Support Program will continue to grow in importance.

# Joint Accreditation Project - An Australian First

In an Australian first, West Wimmera Health Service and Hesse Rural Health undertook a project to examine and test dual accreditation between the National Safety and Quality Health Service Standards and the Aged Care Accreditation Standards: an organisational wide review against a set of merged standards was undertaken in July 2016.

The joint accreditation survey in 2016 examined 10 National Safety and Quality Health Service Standards, five EQiP National Content Standards and four Aged Care Standards over a period of five days by four surveyors. This method of accreditation survey had never been undertaken in Australia before.

Following the survey advice was received from the Australian Council on Healthcare Standards that West Wimmera Health Service had attained full accreditation against the National Safety and Quality Health Service Standards and EQiP National Content.

Ongoing Accreditation was granted for a period of four years until 22 November 2020.

This result has occurred due to the dedication of our staff to achieve the very highest level of safety and quality for the patients we treat. This statement is supported by the Australian Council on Healthcare Standards awarding three “Met with Merit” results in two standards.

For the first time in the last decade, there have been no documented recommendations in the Accreditation report, a truly outstanding result!

# INCORPORATING YOUR FEEDBACK

## *We're listening*

We want to hear from you about how we're doing! What did we get right? What wasn't so right? Do you have a suggestion for how we can make a change for the better?

Your voice can make a difference and it is essential to ensuring that we are responding to the needs of our individual customers and our community as a whole, to deliver the right services and a high standard of care at all times.

Not all consumers have the same experiences. We gather feedback, ideas and suggestions from a variety of people with diverse opinions, experiences and expertise so that different voices and views can be heard.

We welcome your feedback at every opportunity. You can choose to have your say in a number of ways:

- Complete a My Say feedback form (readily available at all of our reception and nursing areas, or you can ask a staff member for a copy);
- Chat to any of our staff members;
- Contact our Service Improvement Coordinator by phoning 5391 4222; or
- Send an email to [mysay@wwhs.net.au](mailto:mysay@wwhs.net.au).

We value your input and thank you for taking time to help us improve the way we look after you and the community. We will respond to your feedback. We will act on your suggestions. We will respect your privacy. Your feedback may be provided anonymously.

## *Communicating with our Community - The Quality Account*

The purpose of the Quality Account is to provide accessible information to our community about our quality of care and safety. The aim of this report is to help share how we have performed throughout 2016/17 against certain quality indicators and to show the actions and achievements we have made to contribute to our continuous improvement.



We want as many people as possible to have the opportunity to read our Quality Account. This report will be readily available:

- On our West Wimmera Health Service website at [www.wwhs.net.au/about\\_us/publications](http://www.wwhs.net.au/about_us/publications)
- Via a link on the Department of Health and Human Services website
- At each of our reception areas

We will also help to promote the Quality Account via social media and local media stories.

Throughout the next 12 months we will also help to share the good news stories from the Quality Account with our community.

### ***How your feedback has shaped our Quality Account Report***

We want to ensure that our Quality Account is easily accessible to all members of our community and that it is both interesting to read and easy to understand.

In preparing this year's Quality Account, we consulted with members of our Community Advisory Committee and staff to ask if there were any ways we could improve on the 2015/16 Quality Account. The previous report also contained a tear out reader survey for people to register their input. Little response and suggestions were received, however we were told that people are interested to hear the stories that we share and really engage with photos of our staff and customers.

In this year's report we have made changes to the size and format, in an effort to help keep it fresh and engaging to pick up and read. We have also changed the tear out survey to a separate postcard-style survey, to allow people an easier way of registering their feedback.

### ***We want to know...***

Was this 2016/17 Quality Account interesting? Did it tell you what you want to know about the quality and safety of services at West Wimmera Health Service? We would like to hear what you think. Our new Reader Survey Postcards are included with the printed copies of this report and also available at each of our reception areas.

Don't have a postcard or reading this report online? That's okay, you can still share your thoughts by emailing us at [mysay@wwhs.net.au](mailto:mysay@wwhs.net.au).

**Cooinda**

Queen Street  
Nhill Victoria 3418  
T (03) 5391 1095  
F (03) 5391 1229

**Goroke**

Natimuk Road  
Goroke Victoria 3412  
T (03) 5363 2200  
F (03) 5386 1268

**Jeparit**

2 Charles Street  
Jeparit Victoria 3423  
T (03) 5396 5500  
F (03) 5397 2392

**Kaniva**

7 Farmers Street  
Kaniva Victoria 3419  
T (03) 5392 7000  
F (03) 5392 2203

**Minyip**

23-25 Church Street  
Minyip Victoria 3392  
T (03) 5363 1200  
F (03) 5385 7238

**Murtoa**

28 Marma Street  
Murtoa Victoria 3490  
T (03) 5363 0400  
F (03) 5385 2740

**Natimuk**

6 Schurmann Street  
Natimuk Victoria 3409  
T (03) 5363 4400  
F (03) 5387 1303

**Nhill**

43-51 Nelson Street  
Nhill Victoria 3418  
T (03) 5391 4222  
F (03) 5391 4228

**Rainbow**

2 Swinbourne Ave  
Rainbow Victoria 3424  
T (03) 5396 3300  
F (03) 5395 1411

**Rupanyup**

89 Cromie Street  
Rupanyup Victoria 3388  
T (03) 5385 5700  
F (03) 5385 5283

**Email**

[corporate@wwhs.net.au](mailto:corporate@wwhs.net.au)

**Web**

[www.wwhs.net.au](http://www.wwhs.net.au)

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# WEST WIMMERA HEALTH SERVICE