



Quality of Care Report 2012



Western Health

ON A TYPICAL DAY AT WESTERN HEALTH:

933

Patients are cared for overnight (acute, subacute and residential care)

446

Patients see a doctor in an outpatient clinic

329

Patients attend one of our three Emergency Departments

343

Patients are seen by our Community and Care Co-ordination Services

57

Surgical operations take place

327

Patients are discharged

100

Patients require the services of an interpreter

40

Patients are visited at home by our Hospital in the Home program

112

Volunteers provide a range of services

13

Babies are welcomed into the world at Sunshine Hospital

3,006

Meals are served

OUR VISION

Together, caring for the West,
our patients, staff, community and environment.

OUR PURPOSE

Working collaboratively to provide quality health and well being services for the people of the West.

OUR APPROACH

Sharing responsibility for setting our strategic direction.

Steering Western Health, guided by our blueprint.

Together, caring for the West - our patients, staff, community and environment.

OUR VALUES

Compassion - consistently acting with empathy and integrity.

Accountability - taking responsibility for our decisions and actions.

Respect - for the rights, beliefs and choice of every individual.

Excellence - inspiring and motivating innovation and achievement.

Safety - prioritising safety as an essential part of everyday practice.

Acknowledgement of Traditional Owners

Western Health respectfully acknowledges the traditional owners of the land on which its sites stand as the Boon Wurrung and the Wurundjeri people of the greater Kulin Nation.

Cover image: Senior Physiotherapist Claire Holdsworth with Western Health patient Clive Pattie

CONTENTS



About Western Health

Foreword	2
About Western Health	3



4

Consumer, carer and community participation

How we actively promote and monitor community and consumer participation

Participation	4
Providing culturally appropriate health services	7
Interpreter profile	8
Improving Care for Aboriginal and Torres Strait Islander Patients	11



12

Our approach to Quality and Safety

Areas we regularly review to help monitor the quality and safety of care we provide

Managing the risk of pressure injuries	14
Infection prevention and control	15
Keeping our hospitals clean	16
Managing the risk of patient falls	17
Safe and appropriate blood transfusion practice	19
Residential Aged Care Services and Best Care for Older People	20
'Clinman' - an ICT supported transformation of Surgical Patient Management	23
Hourly patient rounding	23



24

Continuity of care

Ways we strive to provide a seamless healthcare experience for patients

New palliative care clinic	24
New epilepsy clinic	25
Diabetes Foot Service	26
Volunteer Meal Assistance Program	26
Patient story	27
Neurosurgery Physiotherapist-Led Clinic	28
Staff profile	28
Hospital in the Home	28
Rehabilitation for amputee patients in the West	29
The Williamstown Hospital recognised at Person Centred Care Conference	30
Specialist Clinics in Adult Outpatients	30
Volunteer profile	31

Message from the Chief Executive and the Chair of the Quality & Safety Committee

Welcome to Western Health's 2012 Quality of Care Report.

In this Report we share with you how we deliver safe, quality healthcare to the communities of Melbourne's West.

Our Strategic Plan 2011-2015 places a positive patient experience at the centre of everything we do. Over the past 12 months we have implemented a range of initiatives and measures, enhancing our capacity to provide timely access to safe and effective patient care for one of Australia's fastest growing populations.

In 2011/12 we also undertook a review of our Governance for Safety and Quality Framework against the requirements of the Victorian Clinical Governance Framework and against the National Standards for Safety and Quality in Healthcare to ensure that our approach is well aligned with both the state and national framework.

Western Health has a number of committees, led by the Board Quality and Safety Committee, responsible for overseeing the provision of safe, quality care across all of our hospitals and services. We are also involved in an external accreditation program run by the Australian Council on Healthcare Standards, which gave us a strong report card following the survey in December 2011.

Patient and carer feedback, consumer satisfaction surveys and the input of Western Health staff and consumer representatives/advocates helps us identify ways in which we can improve our service. In this Report we have used a number of patient stories to highlight some of the innovative ways in which we are improving our services to better meet the needs of our patients, their carers and the communities we serve.

The Quality of Care Report is a companion document to our Annual Report. This Report is distributed widely to the community in locations such as medical clinics, local government offices, community health centres and in our waiting rooms and communal areas at Western Health hospitals.

In addition, the full Report is placed on the Western Health website for ease of access by members of our community.

Your feedback is important and we would like to hear your comments on this Report. Please complete the attached form and tell us what you think.



Associate Professor Alex Cockram
MBBS, M.Med (Psych), FRANZCP
Chief Executive



Associate Professor Cassandra Szoeké
Ph.D, FRACP, MBBS, B.Sc. (Hons)
Chair, Quality & Safety Committee

About Western Health

Western Health manages three acute public hospitals: Western Hospital at Footscray; Sunshine Hospital at St Albans; and Williamstown Hospital.

It also operates the Sunbury Day Hospital, a Transition Care Program at Hazeldean in Williamstown and a residential aged care facility at Reg Geary House at Melton. A wide range of community based services are also managed by Western Health, along with a large Drug and Alcohol Service.

The Radiation Therapy Centre at Sunshine Hospital, operated in partnership with Peter MacCallum Cancer Centre, has seen more than 1000 patients since it opened in early 2011.

The Western Centre for Health Research and Education at Sunshine Hospital, has been well utilised since opening in June 2011 in partnership with the University of Melbourne and Victoria University.

Services are provided to a population of more than 777,000 people across the western region of Melbourne.

Western Health provides a comprehensive, integrated range of services from its various sites; ranging from acute tertiary services in areas of emergency medicine, intensive care, medical and surgical services, through to subacute care and specialist ambulatory clinics. Western Health provides a combination of hospital and community-based services to aged, adult and paediatric patients and newborn babies.

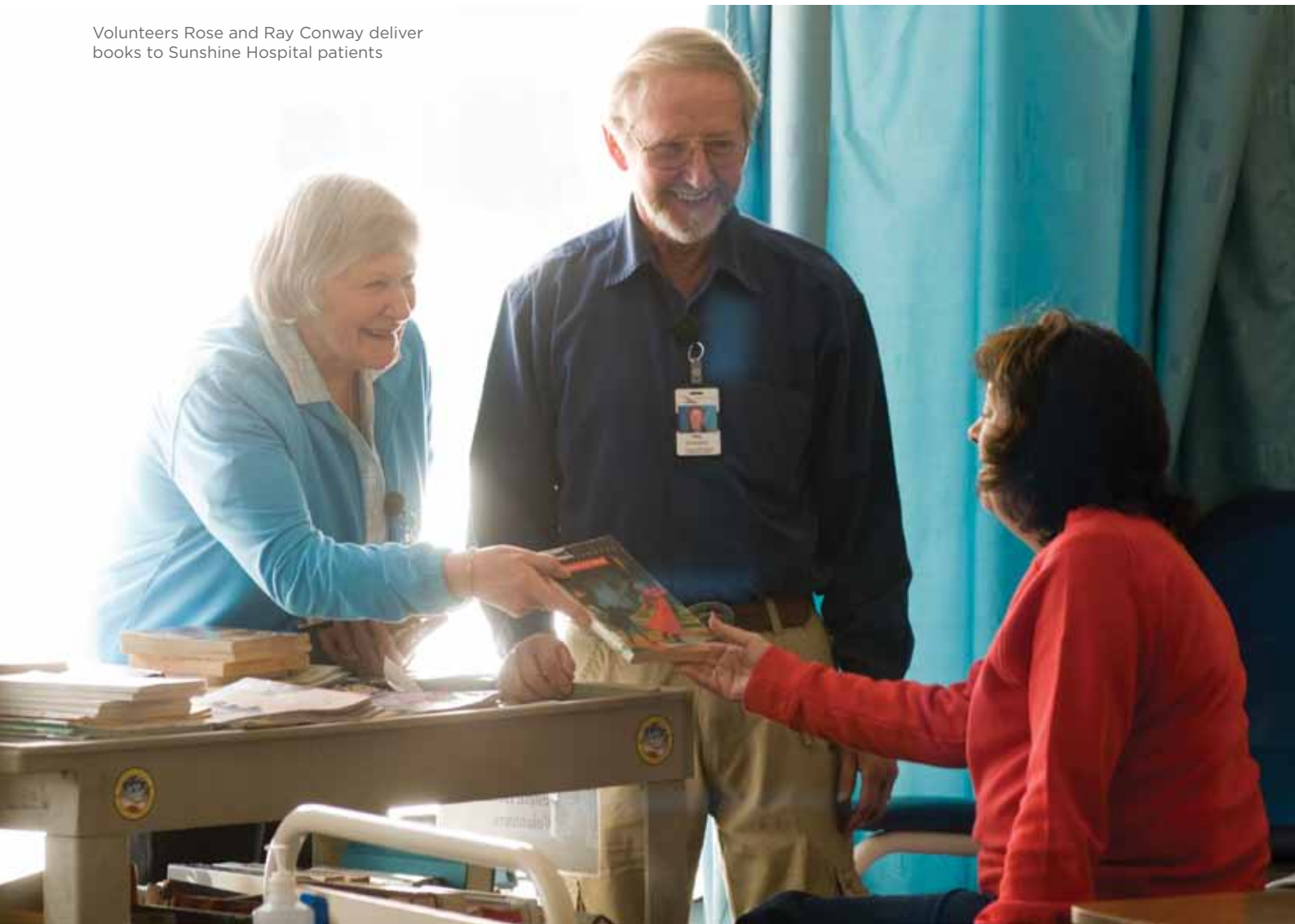
Employing approximately 5,000 staff, Western Health has a strong philosophy of working with its local community to deliver excellence in patient care. Western Health has long-standing relationships with health providers in the western region of Melbourne and strong affiliations with numerous Colleges and academic institutions.

Our community:

- is growing at an unprecedented rate
- is among the fastest growth corridors in Australia
- covers a total catchment area of 1,569 square kilometres
- has a population of more than 777,000 people
- has high levels of cancer, heart disease, stroke and mental illness, with diabetes and depression also significant population health issues
- has a diverse social and economic status
- is one of the most culturally diverse communities in the State
- speaks more than 100 different languages/dialects
- provides a significant number of our staff
- has a strong history of working collaboratively with Western Health to deliver excellence in patient care.

Western Health's catchment includes the following local government municipalities: Brimbank, Hobsons Bay, Maribyrnong, Melton, Moonee Valley, Moorabool, Hume, Wyndham.

Volunteers Rose and Ray Conway deliver books to Sunshine Hospital patients





Consumer, carer and community participation

Western Health is committed to involving consumers, their carers and community members in decisions about health policy and planning, care, treatment and the wellbeing of the broader community. Western Health does this through a number of consumer and community participation strategies.

Consumer, carer and community participation

This section describes how Western Health is involving consumers, their carers and community members in improving their health service.

Western Health is committed to involving consumers, their carers and community members in decisions about health policy and planning, care, treatment and the wellbeing of the broader community.

Western Health does this through a number consumer and community participation strategies.

What is consumer participation?

Consumer participation is about patients, their carers and community members, having a say in how their health care is delivered.

At Western Health we recognise that when people are involved in decisions about their health care we achieve better outcomes for patients and their families.

Commitment

Western Health is committed to consumer care and community participation appropriate to its diverse community. We do this by meeting all eight targets set by the Department of Health.

Decision making

We know that our patients feel involved. In 2012 we achieved consumer participation scores of above 70% across all our hospitals. 80% of women surveyed at Sunshine Hospital's Maternity Unit between July 2011 and December 2011 said that they were given an active say in decisions about their labour and/or birth.

Information

We review all of our patient information brochures against the Department of Health's standards for accessible information. Western Health is in the process of establishing an information committee with consumers, carers and community members who will review patient information for consumer readability.

To ensure that patients from culturally and linguistically diverse communities have access to important information we have a number of resources translated into our ten most commonly spoken community languages, in addition to English.

In 2011 Western Health's Stroke Unit produced an information tool which is available in Arabic, Cantonese, Croatian, Greek, Italian, Macedonian, Mandarin, Serbian, Spanish, Turkish and Vietnamese. The tool is both visual and auditory and describes how to recognise a stroke and what to do.

Engagement

We understand that this is your hospital too, and we encourage participation in the planning, improvement and evaluation of services and programs on an ongoing basis. We do this by meeting all six dimensions of engagement set by the Department of Health.

DEPARTMENT OF HEALTH VICTORIA 'DOING IT WITH US NOT FOR US, STRATEGIC DIRECTION 2010-13' CONSUMER PARTICIPATION INDICATORS

COMMITMENT	
1 Community Participation Plan	Western Health has a Community Participation Plan that is monitored by its Consumer Advisory Committee
2 Primary Care Partnership	The Better Health Plan for the West is an agreement auspice by Western Health with 21 Partners. The Plan is an agreed set of directions for the future delivery of health care in the West
3 Report on participation activity to the community	Western Health reports its community participation activities through this Quality of Care Report each year.
4 Cultural Responsiveness Plan	Western Health has a Cultural Responsiveness Plan that addresses the needs of its diverse community.
5 Improving Care for ATSI Patients Program	Western Health's Aboriginal Health Support Unit has three staff, including an Aboriginal Hospital Liaison Officer who provides clinical support to Aboriginal and Torres Strait Islander patients.
6 Disability Action Plan	Western Health's Disability Strategy is incorporated in its Community Participation Plan. The Plan is monitored by the Community Advisory Committee which includes a disability representative
7 Consultation Mechanisms	Western Health collects patient feedback through its Patient Representatives, as well as through surveys, patient interviews and general feedback via our website
8 Staff Capacity Building	Staff are encouraged to attend in house training on Cultural Diversity and Engaging Patients to Improve Services. Sessions are provided by the Manager of Cultural Diversity and Community Participation for both day and night shift staff.
ENGAGEMENT	
1 Strategic Planning	Consumers Carers and Community members attended Western Health's open access board meeting and provide input into service improvement
2 Service, program and community development	Consumers appointed to Quality and Safety Committee and Cancer Services Pain Management Clinic. Recruitment of Consumers Carers and Community members on other committees in is progress
3 Quality improvement activities	Patient interviews are used to improve services in areas on all wards through our patient rounding program. Volunteers interview patients and ask questions about how staff are managing things like their pain, their position, if their toileting needs are being met, are they being involved in decisions about their care and the environment
4 Feedback Systems	Feedback is collected through surveys and interviews on a regular basis
5 Ethics, quality, clinical and corporate governance committees	Western Health is currently in the process of recruiting consumer members for its clinical governance committee
6 Consumer health information	Western Health has consulted and engaged Consumers Carers and Community members on developing a number of patient information brochures such as, Help us to improve, Eating well in hospital, Help us to prevent pressure ulcers.

Consumer, carer and community participation

The Patient Held Record

Western Health recognises that participation can require support and guidance.

The Patient Held Record was developed as a resource for patients with colorectal cancer, to help them gain a better understanding of their cancer treatment and improve awareness of their overall management plan.

The Record allows patients to organise their appointments, tests and treatment via weekly calendar templates.

The Record also encourages patients to communicate with the Hospital by providing easy access to useful contact details that may be needed during their treatment. We understood that it was often confusing for patients to navigate through the various services and specialties involved in their care. The Patient Held Record aims to ease this confusion by pointing patients in the right direction.

In addition, the Record helps patients to understand their condition by providing sections specifically designed to record clinical details. It is common for patients to digest clinical information after they leave the consultation. For this reason, patients have been provided space in the Patient Held Record to jot down questions to ask clinicians at their next appointment.

Consumer Involvement at Western Health Drug and Alcohol Services

In 2010 Western Health's Drug and Alcohol Services called for consumers who were interested in joining staff to form a Consumer Participation Advisory Group (CPAG) for the Drug and Alcohol Service. It was envisaged that one or two consumers would apply and the Committee would be made up mainly of staff, with a couple of consumer representatives. The response from consumers was overwhelmingly positive and the coordinator of the group (Sandra Hocking) received six nominations. The draft plan was revised and all consumers who applied were interviewed and successfully joined the group.

The CPAG meets monthly and has been working closely with Drug and Alcohol Services to develop, monitor and evaluate a range of strategies to increase consumer, family and carer involvement in the service.

To date the group has:

- developed a Mission Statement to drive consumer involvement across the service
- overseen the development of a three year Consumer Involvement Plan for the Drug and Alcohol Service

- overseen the implementation of a Consumer Feedback Survey and suggested a range of strategies for service improvement based on that feedback
- begun developing an events calendar for the Drug and Alcohol Service involving consumers
- hosted its first event for Drug Action Week - 'Looking After Your Mind', a themed poetry and art exhibition

Drug Action Week is a week of activities held nationally by the ADCA (Alcohol and Drug Council of Australia) to raise awareness about alcohol and other drug issues in Australia. Western Health Drug and Alcohol Service clients contributed over 20 pieces of art and poetry which were displayed on site in June 2011. A lunch was held to celebrate Drug and Alcohol Action Week, and the CPAG were on hand to discuss Consumer Involvement with any prospective new members. All CPAG members and Art and Poetry Exhibitors were given a certificate of appreciation and a bag of goodies.

Overall, CPAG members have provided a valued contribution to the development of Drug and Alcohol Services in 2010-11. The group will now focus on other aspects of consumer involvement throughout the service, including coordinating other relevant events throughout the year. We look forward to increasing levels of consumer participation at the Western Health Drug and Alcohol Services over the coming years.



Western Health's Sandra Hocking and consumer John La Mude and Phil Briggs from the Consumer Participation Advisory Group

Caring for people with a disability

When Jim Asimakopoulos presented at one of Western Health's emergency departments with double pneumonia little did he know that he would one day be on the Western Health Cultural Diversity and Community Advisory Committee.

The Western Health Cultural Diversity and Community Advisory Committee is a high level board subcommittee made up of community members who assist Western Health and advise the Board on service planning, policy and delivery from a consumer perspective. The Committee advises on issues relating to cultural and linguistic diversity, disability, Aboriginal and Torres Strait Islander health, as well as general patient experience and participation.

Jim joined the Committee in 2012 to assist Western Health in improving the way we care for all people, including those with a disability and those who are vulnerable.

"I think that I can make a difference by raising the awareness of staff and reminding them that people with a disability are people first and not just their disability or medical condition," Jim says.

Jim brings his experience as a patient, a person with a disability and a local resident to the Committee. He is also co-ordinator of the Abilities Awareness Unit at the Department of Education and Early Childhood Development and has been recognised for his community involvement with an Order of Australia Medal.

Providing culturally appropriate health services

Western Health believes that cultural diversity encompasses differences based on **ethnicity, language, religion, values and beliefs systems, disability, class, sexuality, gender, age and educational background.**

We believe that the cultural diversity our staff, patients and communities is a strength and an asset, and we value diversity of opinions, perspectives and interests.

How Western Health responds to the needs of our diverse community

Western Health responds to the needs of its diverse community by meeting all the standards set by the Victorian Department of Health on Cultural Responsiveness.

Standard 1- 1.1

Western Health implements strategies to improve the way we work with patients from diverse backgrounds through our Cultural Responsiveness Plan. Our Cultural Responsiveness Plan was submitted to the Victorian Department of Health in 2010 and is available on our website.



Jim Asimakopoulos (front) with Nurse Unit Manager Myra Robles (back) (photo courtesy of Scott McNaughton, Weekly)

Consumer, carer and community participation

Standard 2 - 2.1

Western Health's Education Unit facilitates the delivery of education and training to the organisation's large Nursing and Midwifery workforce. Eight workshops focusing on delivering culturally appropriate care were delivered this year with over 300 staff participating.

Standard 3 -3.1 and 3.2

To ensure that our interpreting services are responding to the high demand, the Cultural Diversity and Community Advisory Committee receives a report from the language services department each meeting. In 2011-2012 Western Health met the demand for interpreter services in 95% of cases. Our Language Service Department is staff by professional qualified interpreters who are employed by Western Health on a full time basis. Our in-house interpreter services cover Italian, Macedonian, Greek, Spanish, Vietnamese, Mandarin, Cantonese, Croatian, Serbian, Dinka and Arabic.

Western Health interpreters are accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NATTI). This body is responsible for setting and monitoring the standards for the translating and interpreting profession in Australia. Western Health interpreters are bound by the code of conduct set by the Australian Institute for Interpreters and Translators Inc.

Information for patients on making a complaint or giving a compliment, their rights and responsibilities and informed consent, is available in our ten most requested languages, in addition to English.

Standard 4.1 and 4.2

Information from the Victorian Patient Satisfaction Monitor showed that 94% of our patients at our Sunshine Hospital and 88% at Western Hospital felt that their cultural and religious needs were met, both in relation to the care they received and the food and environment. Of the patients surveyed 27.5% were from a non English speaking background.

Global Mealtimes Guide

Babies and young children with significant swallowing problems are at risk of malnutrition, dehydration, choking and compromised development. This can be stressful for families as they learn to manage their child's specialised needs through appropriate food modification.

Western Health Speech Pathologists recognised additional challenges for families from culturally and linguistically diverse backgrounds (CALD) in assimilating recommended dietary changes into their home cuisine. This was largely due to clinicians and families not having a shared understanding of the different culturally-based diets and how they could best be modified to ensure safe swallowing for their child.

A solution was required that was culturally sensitive and relevant to families in understanding how to modify their native foods and for clinicians to understand any cultural influences.



Interpreter Profile:

Weilin Gao works full-time as a Western Health interpreter. Weilin is NATTI accredited professional level 3 interpreter and translator in both Mandarin and Cantonese. He arrived in Australia with his family 20 years ago and originally worked as freelance interpreter. He has interpreted for clients in the legal field, the community services, schools and hospitals, but finds working full time at Western Health one of the most rewarding experiences of his career.

Weilin can you tell us why you enjoy working at Western Health?

When I worked as a freelance interpreter you were somewhere different every day. While that can be interesting and exciting it's nice to work with a team of interpreters here at Western Health and also feel like you are part of the team that looks after patients and their family.

Also as many new migrants who have settled down in the western area are young families from China, there is a big demand for Chinese interpreting services in our women's clinic. When I worked as a freelance interpreter I never got any jobs in the women's clinics. Now I am often requested at the women's clinic at Sunshine, which is great. While there are sad situations that you sometimes have to deal with there is also so much joy and happiness.

What is the most rewarding part of your job?

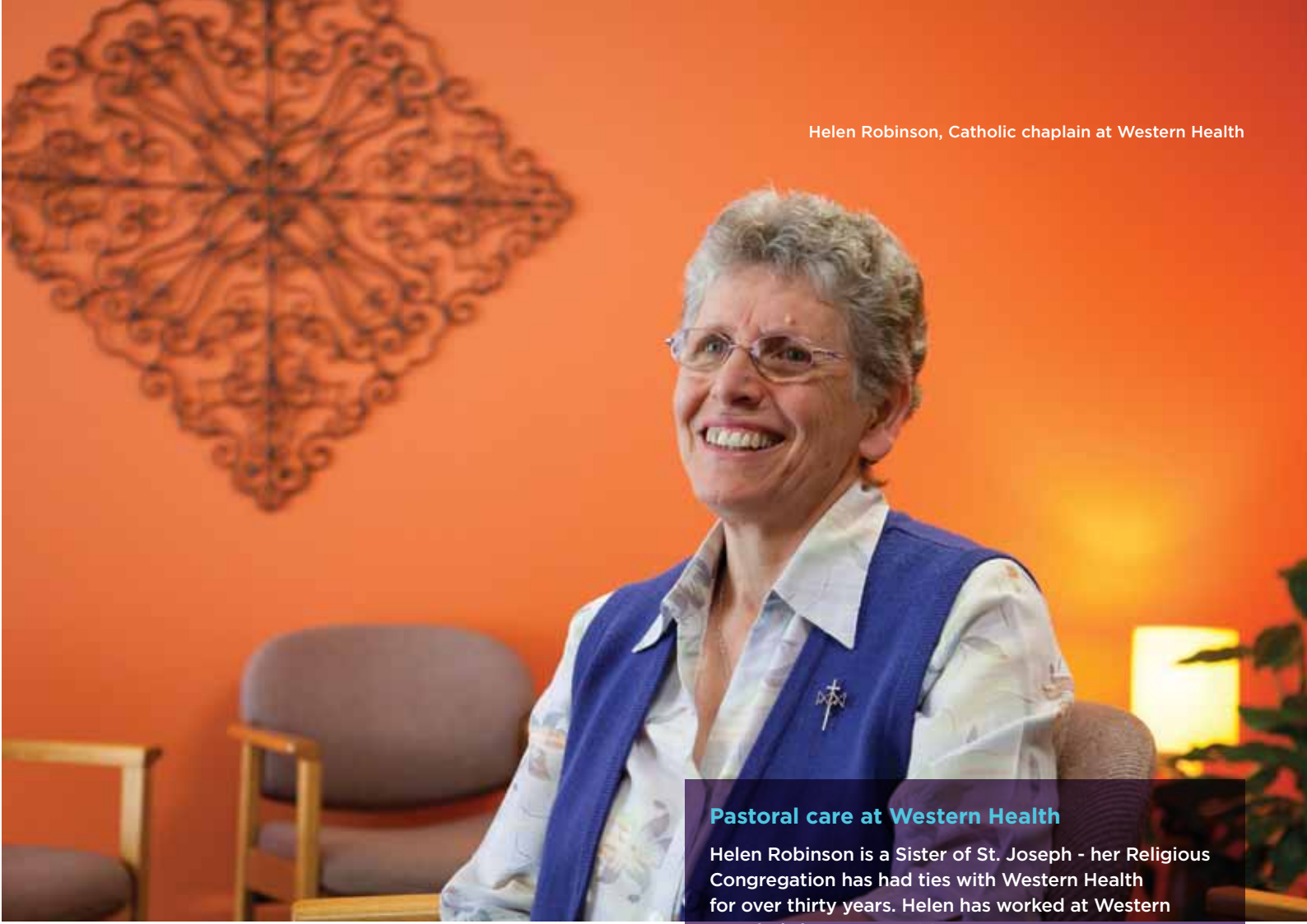
When you are called to a situation in the hospital where a family is worried and stressed because they have not understood correctly and then you see the expression on their faces when they finally understand it is very satisfying.

What makes a good interpreting session?

When the communication and the relationship between the health practitioner and the patient is good then everything flows well. It's not just about the spoken language, things like tone, expression and body language all play a part in communication.

How do you know you are doing a good job?

The doctors and the nurses always thank us, which is great, but patients that we have seen before are always happy to see us again and sometimes they ask if you are going to be here the next time. When I explain that I probably will because I work for the hospital they think it's great.



Pastoral care at Western Health

Helen Robinson is a Sister of St. Joseph - her Religious Congregation has had ties with Western Health for over thirty years. Helen has worked at Western Hospital since August 2011.

Spending time with patients and listening to their stories, worries and thoughts is a core part of her day.

“We offer support and a listening ear to anyone, patients and staff, irrespective of their faith background,” Helen says. “It really is a privilege to work here in the hospital. People tend to trust you and often share their personal stories with you when they are at their most vulnerable.”

“When people are going through difficult times it is often helpful for them to have someone they don’t know, to offload their concerns to,” Helen said.

“It’s about being there in a non judgmental, non discriminatory way, irrespective of a person’s background or social situation. You go into an encounter with an openness simply to be with the person and to offer them support during their time of need.”

Western Health Pastoral Care Manager, Khanh Do says partnerships are an essential and valuable part of our service. “They allow us to ensure that someone is available to patients and staff on the wards for their pastoral care needs,” he said.

“The pastoral care model here is providing spiritual and emotional care for anyone who needs it, using their frameworks of meaning and belief to help them cope with what they are going through.”

Paediatric Speech Pathology, with the assistance of LaTrobe University students, worked with CALD families and community groups to develop the ‘Global Mealtime Guide’.

It is a pictorial reference of foods typically eaten by children from the six most frequently serviced cultural groups: Burmese, Ethiopian, Indian, South Sudanese, Vietnamese and Australian. The food is shown in three different consistencies of ‘pureed’, ‘mashed’ and ‘normal’, representing different food textures that may be prescribed to assist with swallowing problems. The name of the food is written in the most frequently used language of that culture, with a description of the food and phonetic transcription of the word to assist clinicians with pronunciation.

An accompanying reference book provides information on each cultural group, including general background, beliefs, foods and food customs for children.

The Guide has proven highly successful in providing families a simple and culturally relevant means of discussing and understanding their child’s feeding management. It is highly regarded by parents and clinicians for its applicability, usability and respect for patient diversity.

Consumer, carer and community participation

Donate Life grant for Vietnamese education tool

Western Health's organ and tissue donation team were successful in their application for \$17,000 funding under Donate Life's Community Awareness Grants Program.

Their project, 'Increasing awareness of organ and tissue donation amongst the Vietnamese community of Melbourne's West', was launched in February 2012 to coincide with Donate Life Week.

Western Health's Medical Director of Organ and Tissue Donation, Dr Forbes McGain, said that anecdotal evidence suggested that large groups of culturally diverse patients and their families were not being reached through mainstream information (in English) about organ donation.

"We chose the Vietnamese community as it represents a significant group of non-English speaking people in Western Health's catchment area," Dr McGain said.

"In order to engage with the Vietnamese communities in the West a range of focus groups and workshops were undertaken in partnership with organisations specific to the Vietnamese community. The focus groups with Vietnamese Australians in their 20s and 30s found that there was a gap in what members of that community knew about organ donation. Identifying this helped to assist in developing appropriate messages and communication strategies."

A targeted media campaign was launched, including a series of radio and newspaper adverts, along with fact sheets in Vietnamese.

"The campaign can be used as a template in other Vietnamese communities across Australia," he said.



Vietnamese information brochure on organ donation

Cultural Key Phrases Tool 'Swallow Please!'

Speech Pathology is responsible for the assessment and management of patients presenting with swallowing difficulties. The capacity to eat and drink is a basic life skill, with sudden loss of this ability significantly impacting health and wellbeing. Western Health Speech Pathology receives approximately 1,800 referrals for swallowing assessment annually, with up to 20% of patients requiring an interpreter. Response within 24 hours of referral is essential to expedite appropriate patient care.

In 2008, it was recognised that high demand for interpreter services meant that there were occasions non-English speaking patients were unable to access timely comprehensive swallowing assessment due to the language barrier between patient and clinician in the absence of an interpreter.

The 'Cultural Key Phrases Tool' (CKPT) was developed by Speech Pathology to address challenges of conducting efficient and effective swallowing assessments with non-English speaking patients with limited interpreter access. The Tool contains a flipchart booklet with specific words and phrases represented with photographs and written words to prompt patient actions accompanied by phonetically written words and audio-CD to assist clinicians with correct pronunciation for verbal prompting. This is repeated in the ten most common languages serviced by Western Health: Arabic, Cantonese, Croatian, Dinka, Greek, Italian, Mandarin, Serbian, Spanish and Vietnamese.

In 2010, CKPT became a commercial product sold to major health services nationally.

In 2012, we were fortunate to partner with CSIRO to develop CKPT into a computer application that is available on ipads for use at the patient's bedside, with in-built voiceovers of instructions in the patient's primary language.

The applicability and usability of the Cultural Key Phrases Tool has enabled a positive patient experience in timely and effective management of swallowing problems, with due regard to cultural sensitivity and a focus on patient-centred care.

Standard 5

Western Health's Cultural Diversity and Community Advisory Committee ensures that Western Health is responsive to the needs of its diverse community. The Committee reports to the Board of Directors and monitors the Cultural Responsiveness Plan and the Community Participation Plan. The committee has representation from the Vietnamese, Spanish and Indian community as well as a disability advocate and representatives from council and community health.

Standard 6 - 6.1

All staff at Western Health have access to the Western Health Library which has over 100 electronic and print resources on Cultural Diversity and Health Care. In 2012 the Library purchased 20 new resources on this topic.

Since 2011, these resources were borrowed or accessed 143 times by Library users.

Exercise as a path to wellbeing after breast cancer treatment

A two year research study to enable Western Health, in collaboration with information and support service BreaCan, to explore some of the barriers faced by breast and gynaecological cancer patients from culturally and linguistically diverse backgrounds concluded in November 2011.

Funded by Cancer Australia, the study looked at barriers to accessing vital support and information.

The study “Who does and who doesn’t: The use of information and support services by women from culturally and linguistically diverse

backgrounds”, focused on women living in Melbourne’s West.

One of the main areas of focus for the project was how more women could be encouraged to exercise as a means of improving overall wellbeing following cancer treatment and/or surgery.

Dr Meron Pitcher, a breast surgeon at Western Health, said that although it is widely known that exercise can help to reduce some of the side effects associated with treatment, a number of socio-economic factors such as financial hardship, transport, or family and cultural issues can lead to reduced participation in exercise.

“Breast cancer treatment can cause a range of emotional and physical side

effects, ranging from depression and low self-esteem to reduced levels of fitness, elevated body weight, fatigue, nausea and vomiting. Aerobic activity can actually reduce the effects of fatigue and improve psychological distress in patients undergoing chemotherapy,” Dr Pitcher said.

“Patients should not underestimate the benefits of undertaking exercise to complement the treatment they are undergoing. People who exercise have better health outcomes generally and exercise is one way to combat obesity, which in itself is a risk factor for breast cancer,” she said.

Improving Care for Aboriginal and Torres Strait Islander Patients

Western Health is committed to implementing the four key results areas in the Victorian Governments Improving Care for Aboriginal and Torres Strait Islander Patients program

Western Health recognises that as a health service it has a part to play in reducing the health gap between Aboriginal and non Aboriginal Australian.

Koori Market stall at Western Hospital during NAIDOC week



Key result area 1

Establish and maintain relationships with Aboriginal and Torres Strait Islander communities

Western Health (WH) has instigated a number of ongoing initiatives to foster relationships and mutual understanding and respect with Aboriginal communities and organisations including:

- Flying the Aboriginal flag at Western and Sunshine hospitals and displaying Aboriginal acknowledgment plaques at all sites.
- Organising welcome to country at various events.
- Developing a policy on acknowledging Traditional Owners at meetings and public events.
- Organising events to celebrate Aboriginal cultural events, such as NAIDOC week.
- Providing Aboriginal Hospital Liaison Officer (AHLO) support to Aboriginal patients.
- Participating in the AHLO Support Network to connect with and share information among other AHLOs and their health services.
- Regularly meeting and working with Aboriginal staff and programs at a range of Aboriginal and mainstream health services.

Key result area 2

Provide or co-ordinate cross cultural training for hospital staff

In order to improve staff cultural awareness and competence, WH provides:

- Information and a fact sheet about the importance of identifying Aboriginal patients, as well as contact details for the AHLO in compulsory orientation sessions for all new staff.
- An Aboriginal cultural awareness module and information and resources on the WH Aboriginal Health intranet page.
- Cultural competence training for interested staff.
- In-services delivered by the AHLO on the AHLO role.

Key result area 3

Set up and maintain service planning and evaluation process that ensure the cultural needs of Aboriginal and Torres Strait Islander people are addressed when referral and services are being considered, particularly in regard to discharge planning

The AHLO works closely with social work staff to facilitate appropriate referral and post discharge follow up for Aboriginal patients.

WH is also developing culturally specific models of care for Aboriginal patients in the service areas of:

- Maternity care, including staff with a special interest in aboriginal health.
- Renal Chronic Disease, via involvement in a clinical improvement project funded by the Department of Health.

Key result area 4

Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek involvement of Aboriginal and Torres Strait Islander workers and agencies

The AHLO and GP Liaison unit are working together to establish links with primary health services including Medicare Locals to facilitate reciprocal service awareness, understanding and referrals.

The AHLO is also meeting with local Aboriginal health services, to increase reciprocal service awareness, understanding and referrals, including the development of a local directory of both Aboriginal and mainstream health services for Aboriginal community members.



Our approach to Quality and Safety

Clinical Governance is the system by which health services are responsible and accountable for providing quality, safe care.

Our approach to Quality and Safety

In this section of the report, we describe the systems we have in place to monitor the safety and quality of the care we provide.

Review of local clinical governance policy against the Victorian clinical governance policy framework

Each year we review our approach to the model which supports the provision of safe and quality care across all Western Health services. We call this model the Governance for Safety and Quality Framework and it sets the expectations for the quality of care we want to deliver, supports staff to deliver this care, monitors the outcomes for our patients, and promotes and oversees strategies that improves care across the organisation.

In 2011/12 we undertook a review of our framework against the requirements of the Victorian Clinical Governance Framework and against the National Standards for Safety and Quality in Healthcare to ensure that our approach is well aligned with both the state and national framework. The Framework includes nine Dimensions of Quality that define the type of care that we want to provide to our patients and eight Quality Enablers, which help us to monitor, review and improve care and service delivery. Patient Rights and Engagement is the first of our Quality Enablers and underpins the whole approach to our Framework which has at its heart the aim of providing patient centered care, that is care which is developed in partnership with our patients.

DIMENSIONS OF QUALITY

1. Safe
2. Effective
3. Appropriate
4. Efficient
5. Responsive
6. Accessible
7. Continuous
8. Capable
9. Sustainable.

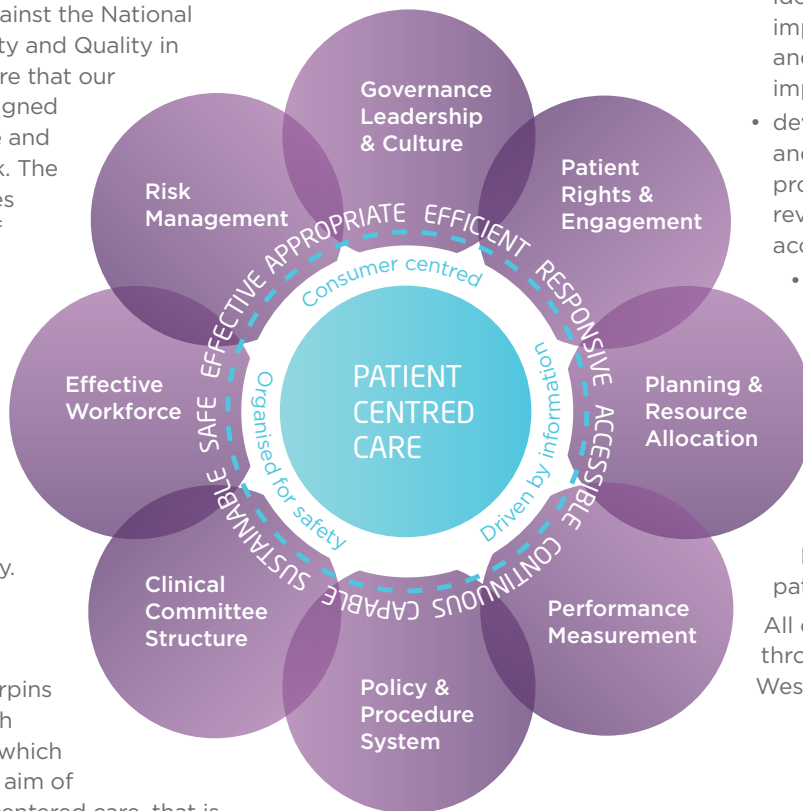
QUALITY ENABLERS

1. Patient Rights and Engagement
2. Governance, Leadership and Culture
3. Planning and Resource Allocation
4. Performance Measurement - Report, Review and Respond
5. Policy and Procedure System
6. Clinical Committee Structure, Systems and Processes
7. Effective Workforce
8. Risk Management

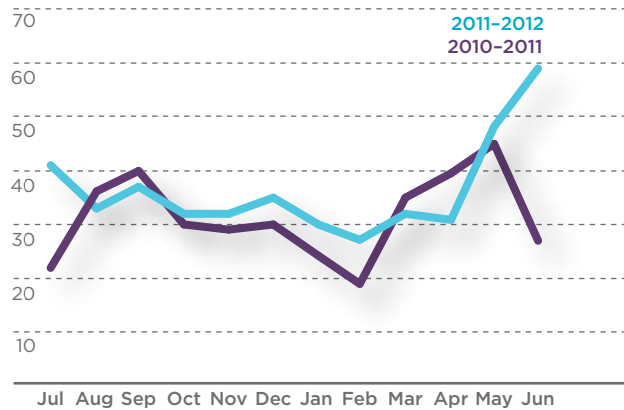
To support the Dimensions, we have a range of systems and processes to monitor, review and continually improve patient care, including:

- having a range of committees that monitor our performance in addressing high-risk aspects of patient care and drive care improvements. These committees cover such areas as falls management, infection control, pressure ulcer management, medication safety and safe blood transfusion.
- promoting reporting and review of anything that goes wrong (incidents, complaints) and using this information to improve the way that care is provided.
- reviewing all major complications and deaths to see if our care was appropriate or could be improved (morbidity and mortality review).
- developing quality plans that identify areas for clinical practice improvement and tracking activity and outcomes against these planned improvements.
- developing systems, policies and procedures to guide staff in providing quality, safe care and reviewing those systems by external accreditation agencies.
 - collecting data on a range of clinical care processes and outcomes and using the information to inform and monitor our performance. We also measure our performance against other health services (benchmarking) and learn from the different ways in which other health services deliver quality, safe patient care.

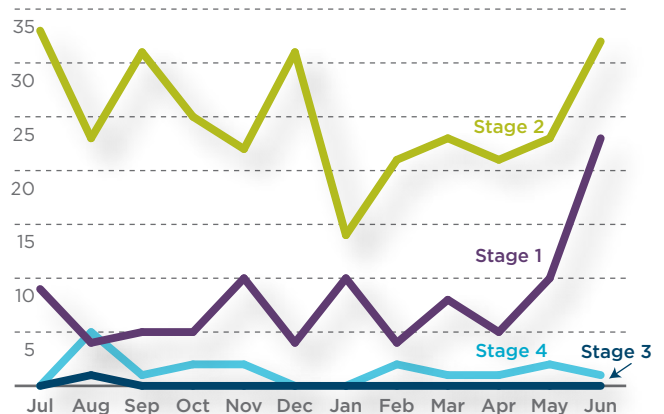
All of this activity is reported up through the organisation to the Western Health Board of Directors.



TOTAL NUMBER OF PRESSURE INJURIES ALL WESTERN HEALTH HOSPITALS



BREAKDOWN OF PRESSURE INJURY DATA FOR ALL WESTERN HEALTH HOSPITALS JULY 2011-JUNE 2012



Stage 1 and 2 pressure injuries are superficial skin damage involving the top two layers of skin, for example, a reddened area or an abrasion. Stage 3 and 4 pressure injuries are deeper tissue damage under the skin, sometimes involving muscle and down to bone.

External review of quality, safe care

Involvement in external accreditation programs provides the opportunity for us to have an independent review of how well Western Health is providing quality, safe care.

Western Health is involved in an external accreditation program run by an independent agency called the Australian Council on Healthcare Standards (ACHS). Involvement in this program reviews our care and services against externally set standards.

Every two years, Western Health plays host to a team of ACHS surveyors who review our services and improvements against these standards. Accreditation is a formal process to assist in the delivery of safe, high quality health care by measuring an organisations performance against a range of standards and processes devised and developed by health care professionals. The ACHS is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through the continual review of performance, assessment and accreditation and is the provider of accreditation services to Western Health.

Western Health received a strong report card following the survey in December 2011 from the ACHS Accreditation team, based on the ACHS EQuIP5 Standards. The nine surveyors conducted a thorough review of Western Health's activities during the five day visit. The feedback was very positive, with recommendation for continuation of full ACHS Accreditation status for Western Health.

All 47 ACHS criteria were noted to meet minimum compliance requirements, with 17 attracting the more substantive rating of Extensive Achievement. Staff involved in responding to cultural diversity across Western Health can be justifiably proud of their achievements - this was the one criteria to receive an Outstanding Achievement assessment. Surveyors noted that Western Health has a mature understanding of its community and felt that the commitment to supporting the health care needs of its culturally diverse community was outstanding. As a result,

the surveyors awarded an Outstanding Achievement rating to the ACHS criterion covering cultural diversity. This is the highest commendation ACHS can bestow on a single criterion and is a great achievement for Western Health.

Eleven recommendations were made to enhance the systems for the provision of care and services. Several of these align with current strategic and operational plans, for example, critical care services at Sunshine; the upgrade of security equipment; and enhancement of processes supporting auditing of clinical documentation. Work is well underway to implement the recommendations.

Managing the risk of pressure injuries

Pressure injuries, commonly known as pressure sores or ulcers, often occur in elderly or frail patients as a result of long periods of bed rest or reduced mobility.

Western Health recognises that preventing pressure injuries is an important safety issue. Our staff are committed to providing high quality care that will minimise the risk of these injuries occurring. We have an assessment tool and guidelines that assist staff to accurately identify patients that may be at risk of developing a pressure injury. This assessment is conducted on admission and at regular intervals.

Over the past twelve months the Western Health Pressure Injury Committee has been extremely proactive in promoting our organisational strategy. Our campaign has focused on an education program aimed at including all health professionals, patients and families.

We have produced an educational DVD to help health professionals understand the long term effects pressure injuries can have on patients. The DVD features interviews with two patients who developed pressure injuries and their family members and they describe the impact these injuries have had on their lives. This DVD has been shown at two state conferences and is available to other health organisations to assist with their education program.

Our approach to Quality and Safety

We have also produced a short educational DVD for patients and families focusing on simple activities that can be performed to reduce the risk of developing pressure injuries whilst in hospital. The DVD will be available on the patient's bedside TV and staff will be actively encouraging patients and families to take the time to view it. Western Health is committed to providing every opportunity for families and patients to participate in the care that we provide.

In addition, a brochure has been developed that provides family members /carers information on how they can be actively involved in assisting in reducing the risk of pressure injuries whilst their relative is in hospital. We will be starting this trial in two designated wards and families interested will be given the opportunity to participate.

Infection prevention and control

Infection prevention challenge

While we understand that Healthcare Associated Infections (HAIs) cannot be completely eliminated our mission remains to reduce as many HAIs as possible.

To succeed in such a mission the Infection Prevention team:

- provides expert infection prevention and control advice and support;
- collaborates with stakeholders to develop and implement standardized approaches to infection prevention and control issues (including outbreak management and surveillance); and
- builds capability through education and issue-specific consultation to staff.
- uses Standard and Transmission Based Precautions and monitor patients who are suspected or confirmed as having infections and use these precautions to decrease the risk of transmission of microorganisms;
- collects and analyse infection data and information and participate in the Victorian Hospital Acquired Infection Surveillance System.

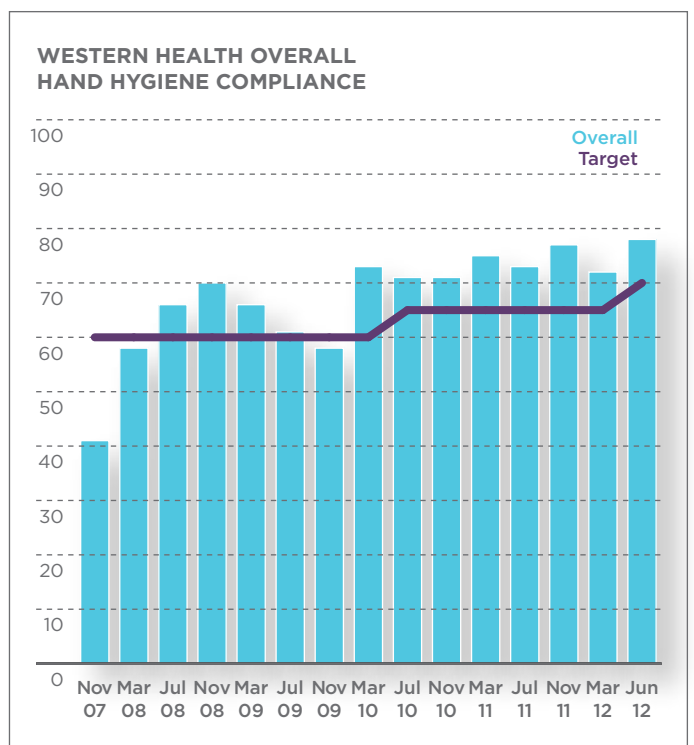
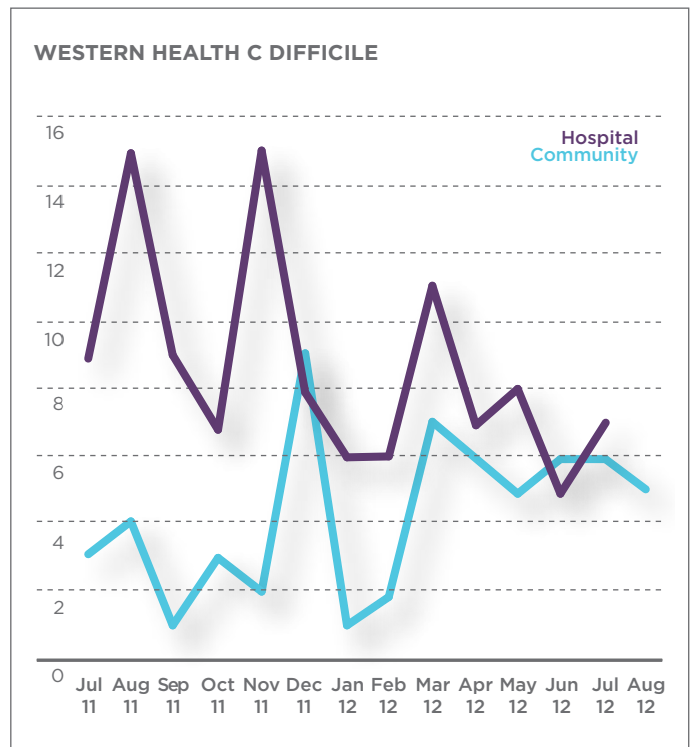
Hand hygiene

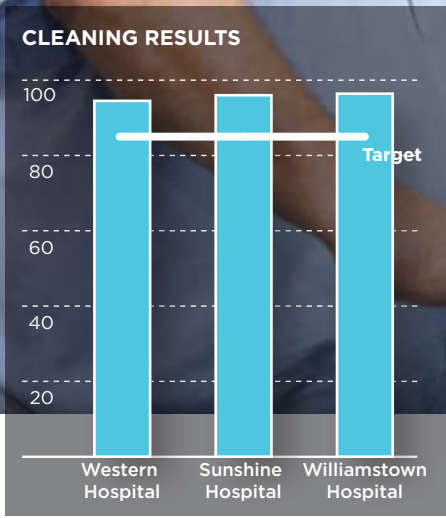
'Clean hands save lives' is the slogan chosen to promote what is considered fundamental in reducing the risk of HAIs to patients. Visitors are greeted with this message on new floor graphics throughout Western Health.

Western Health facilities consistently benchmark with hand hygiene compliance targets and remain committed to further improvement.

Surgical wound surveillance

The Infection Prevention team monitors targeted surgical procedures such as major orthopaedic procedures and colorectal surgery for infection. This data is benchmarked with the Victorian Infection Control Nosocomial Infection Surveillance (VICNISS) group. VICNISS reports enable Western Health surgical site infection rates to be compared with those of other Victorian Health Services.





Patient Services Assistants (PSAs) Bryan Mills and Donna Mason.

Monitoring bloodstream infections and antibiotic resistant micro-organisms

The Infection Prevention team review all microbiology results to identify patients with bloodstream infections. These bloodstream infections are carefully reviewed to determine the source and whether the infection was acquired while in hospital.

Emerging resistance to specific antibiotic therapy continues to challenge the Infection Prevention Team and push all available resources to the limits. When a patient is identified as having an antibiotic resistant micro-organism, transmission based precautions are used to reduce the risk of spread.

A micro-organism that is monitored by the Infection Control team is Clostridium difficile. This is a bacterium that causes inflammation of the colon, known as colitis.

Patients that are known or suspected to have this disease are screened to assess if they have this bacterium strain. Where identified, Infection Control measures are undertaken to reduce the risk of passing it on to other patients.

While the number of patients admitted with C difficile from the community continues to increase, Infection Prevention measures across Western Health have resulted in a reduction in the number of patients acquiring C difficile during their stay in the hospitals.

Keeping our hospitals clean

Hospital cleaning services are monitored regularly by our own managers and biannually by external auditors. Cleaning audit results are forwarded to the Department of Health and achievements benchmarked against other similar sized Health Services.

The following audit results were submitted to the Department in May 2012 and demonstrate Western Health's ongoing excellence in meeting the State's cleaning standards of greater than 85% compliance.

Whilst the quality of cleaning service is reflective of the diligence of staff, compliance to procedures and regular monitoring, a considerable investment has been made in 2011/12 in reinforcing to cleaning staff the impact their service can have on the quality of the patient experience whilst in our care. Regular feedback is provided to cleaning staff on both compliments received from patients on the quality of their work and feedback on opportunities for improvement. Western Health cleaning staff have embraced the recognition of their work and the importance of their role to patient care and are rightfully proud that Western Health consistently exceeds the state cleaning standards, despite often challenging circumstances.

Our approach to Quality and Safety

Managing the risk of patient falls

A patient's risk of having a fall in hospital can be increased by variety of factors. Starting new medications, having poor balance, being in an unfamiliar environment and simply being unwell can all add to a patient's risk. The impact of a fall can not only affect the patient physically but can also cause fear and result in a reduced level of independence. Western Health understands the impact of falls on patients and their families and continues to focus on ways to reduce the number of falls that occur in our health service.

In 2012 a new standardised functional maintenance screening tool was rolled out to all areas (excluding Maternity and Paediatrics) across Western Health to ensure early screening of a patient's risk of falling.

All patients who are assessed as being at risk of falling have a falls assessment

completed and a prevention plan implemented.

Western Health is fortunate to have six wards participating in a national falls prevention research project. The research project will determine if the, 6-PACK program, is successful in reducing the number of falls and fall related injuries. The research is due to be complete in April 2013 with early data showing positive results.

The Western Health Falls Prevention Steering Committee oversees all falls prevention and education programs implemented at Western Health and will focus on the following areas for 2012/2013:

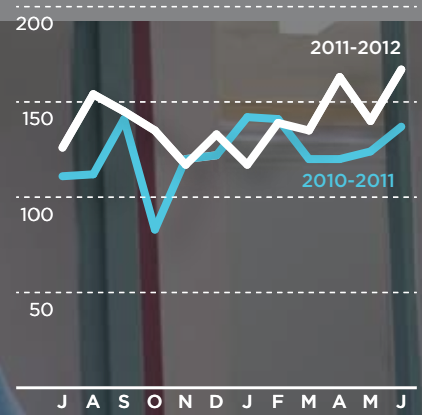
- A review of the current falls prevention policy and e-learning system to ensure it reflects best practice guidelines
- A review of falls data from 2011/2012 including investigation of any trends around the location and time of falls and any other contributing factors.

The data will assist the Committee to develop a targeted plan to reduce the number of falls and fall related injuries for the next year.

- All falls that result in a serious outcome will continue to require a report and improvement plan from the ward Nurse Unit Manager to be presented to the Committee to help prevent further falls.
- Improved reporting field of falls through the Riskman system to ensure better data collection.
- Purchasing of new low beds to prevent falls injuries and severity

The total number of *reported* falls is on the increase through positive promotion of reporting through Riskman. The Western Health Falls Steering Committee has a strategic plan in place until 2013 and will await the findings of the 6-PACK study.

FALLS BY MONTH



Allied Health Assistant, Viji Perumal, with a patient at Williamstown Hospital

Our approach to Quality and Safety

Our commitment to medication safety

To support safe practice, the functions of the Western Health Medication Safety Committee were reviewed during 2011/12 and now include:

- Monitoring of the prescribing, dispensing and administration of medications and identification of significant medication errors and error trends;
- Creation of initiatives to reduce medication errors and monitoring of the effectiveness of implemented strategies;
- Review of recommendations in relation to medication issues arising from Western Health committees and groups, including the Clinical Governance Committee, Adverse Outcomes Committee, Pharmaceutical Utilisation Committee and Adverse Drug Reactions Committee;
- Implementation of national and Victorian strategies for medication safety and incorporation of Quality Use of Medicines (QUM) Guidelines into practice at Western Health; and,
- Monitoring and reviewing, as appropriate, Western Health policies and procedures relating to medication use.

The Medication Safety Committee oversaw a number of projects in 2011/12, which align with the updated functions of the committee and developed a range of proactive, local strategies to review and address the high risk medications identified by the Victorian Government QUM program.

Audit and Review

We have introduced a number of audits to ensure that compliance with recently introduced safety initiatives is maintained, including:

- Oral Dispenser Ward/Pharmacy Compliance Audit;
- Insulin Storage/Prescribing/Administration Compliance Audit; and
- Medication Safety Alert Compliance Audit.

We have also introduced reviews for high risk medication formulations and packaging, including:

- Changeover to safer product alternatives; Caffeine Citrate in the Special Care Nursery
- Circulation of Medication Safety Alerts organisation wide; Water/Sodium Chloride for Irrigation look-alike packaging

Safely using Medication

Western Health is committed to ensuring that all patients receive their medications correctly.

Each weekday, ward pharmacists aim to check every medication chart of every inpatient on their ward to make sure that the correct drugs and doses of those drugs have been prescribed and that any known drug allergies have been recorded. Any changes that are required to medication charts are made by the medical officer after consultation with the pharmacist. These changes are called 'interventions' and are a proactive way to prevent medication incidents.

Interventions are recorded, collated and reviewed by the Western Health Medication Safety Committee. The membership of this committee includes doctors, nurses, pharmacists and educators from all sites across Western Health.

Yee Mellor, Clinical Pharmacist (left) and Lily Pham, Intern Pharmacist (right) at Western Hospital Pharmacy



- Liaison with pharmaceutical manufacturers to improve packaging

The Nursing “Medication Competency” annual test was reviewed in collaboration with Victoria University to improve compliance and validity. The process is now known as the Medication Safety Test. All Registered Nurses; Division One and Division Two with medication endorsement, are required to undertake the Medication Safety Test annually and compliance is monitored.

A key focus for 2012/13 is the ongoing work to ensure compliance with the new National Safety and Quality Health Service Standards.

Safe and appropriate blood transfusion practice

All patients who are transfused rightly expect that the decision to transfuse is appropriate, that the blood or blood products are safe and that the transfusion process meets the highest standards.

Numerous national standards and guidelines based on best evidence have been developed to assist health services to implement systems for the safe and effective management of blood and blood products. One of the key goals of the Western Health Transfusion Committee is to ensure that our policies, procedures, education programs and resources are up-to-date and consistent with national standards and guidelines.

To enable us to evaluate our practice, the Transfusion Committee has implemented a comprehensive clinical audit program. Audits of transfusion episodes to assess the clinical indication and appropriateness of the transfusion, documentation that the patient has consented to the transfusion, documentation of the required safety checks prior to the transfusion commencing and documentation of patient observations

such as temperature, pulse and blood pressure during the transfusion are undertaken monthly by the Transfusion Clinical Nurse Consultant. Audit results are reviewed by the Transfusion Committee to assess alignment with best practice and identify potential areas for improvement. Western Health also participates in the Victorian Department of Health, ‘Blood Matters Program’ audits which allow us to benchmark our performance against other metropolitan and regional health services.

Western Health is also committed to ensuring that our patients are involved in the decision to transfuse. In the past twelve months the Transfusion Committee has conducted a comprehensive review of the consent to transfusion process and the transfusion information available for patients.

As a result of this review, transfusion consumer information brochures in additional languages such as Dinka, Korean, and Croatian are now available on the Western Health Intranet. This means that our staff can easily access and print an information brochure for a patient and or family member who would like written information in their preferred language.

We have also developed a ‘Blood Transfusion: Information for Patients’ section on the Western Health Internet site which can be accessed by all members of the public. It is our aim to provide our patients, especially those having elective surgical procedures, with accurate transfusion information and access to written information in a range of languages.

To evaluate if we are meeting the needs and expectations of our patients the Transfusion Committee has also extended the clinical audit program to include surveys of the patient’s satisfaction with the information provided and the consent to transfusion process.

Our approach to Quality and Safety

Residential Aged Care Services

External Accreditation

In addition to the ACHS Accreditation process, our Residential Aged Care Services are accredited by the Aged Care Standards and Accreditation Agency under the auspices of the Federal Department of Health and Ageing. This national body aims to ensure our aged population receives the best possible care in residential facilities.

In 2011/12 Western Health had two affiliated aged care providers - Hazeldean Nursing Home in Williamstown and Reg Geary House in Melton. Both Western Health Nursing Homes are fully accredited with the Aged Care Accreditation and Standards Agency.

As a routine part of Accreditation, there are unannounced visits by assessors. Both homes have had unannounced visits within the past 12 months, with no issues identified.

Reg Geary House is in the preparation stage for undergoing accreditation in May 2013.

Hazeldean Nursing Home ceased operating as a provider of permanent residential aged care services on 30 June 2012 and now provides aged care services for patients requiring transition care.

Public Sector Residential Aged Care Services Quality Indicators

Reg Geary House and the Hazeldean Nursing Home undertake regular monitoring of resident incidents and report their performance in the Department of Health's Quarterly Public Sector Residential Aged Care Quality Indicator Report.

The indicators monitored are:

- pressure ulcers
- falls and fractures
- use of physical restraint
- multiple medication use
- unplanned weight loss.

Prevalence of pressure ulcers

Western Health's Residential Aged Care Services closely monitor pressure areas. All care recipients have comprehensive skin, nutrition and mobility assessments and appropriate care interventions are formulated to ensure that all care recipients' skin integrity is maintained. Despite this, some care recipients are admitted to Residential Aged Care Services with existing pressure ulcers. Due to the overall frailty and palliative nature of many of our care recipients some of the wounds are chronic.

Western Health's Residential Aged Care Services have a lower incidence of Stage 1 and 4 pressure ulcers per 1000 occupied bed days compared to the statewide rate however have a higher incidence of stage 2 and 3 pressure ulcers.

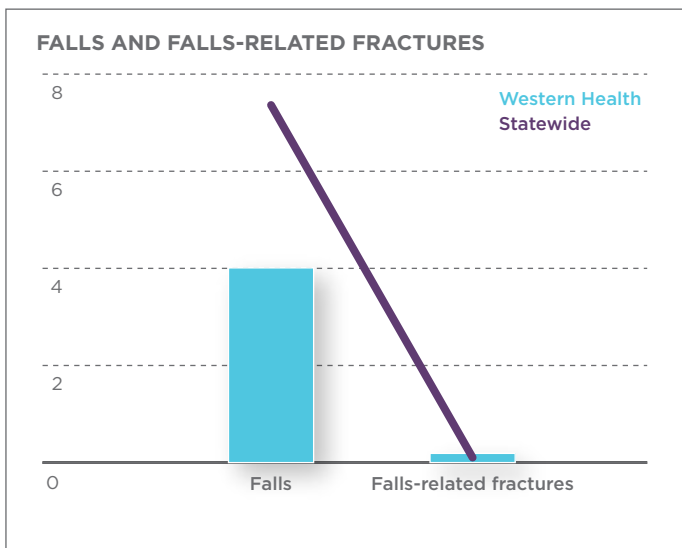
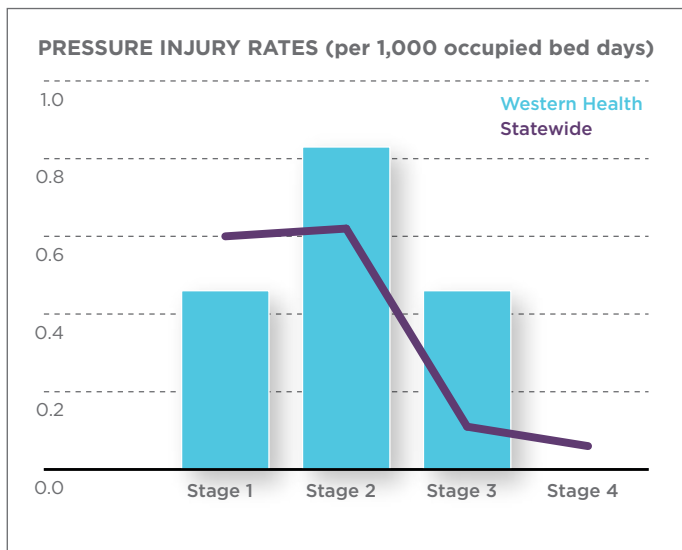
Prevalence of falls and falls-related fractures

The services closely monitor care recipient fall. All care recipients have a comprehensive risk assessment undertaken utilising both Western Health assessments and also aged care assessment tools which also covers areas such as cognition, toileting, mobility and past history.

The mobility of our care recipients is reviewed on admission by a physiotherapist, who also assesses falls risks and liaises with staff to ensure specific interventions are individualised to the care recipient and that a preventative plan is in place and instigated.

These assessments are regularly reviewed each time a care recipient falls, or their condition changes to ensure that additional measures are implemented to maintain care recipient safety, when required.

Western Health's Residential Aged Care Services have a lower incidence of falls and falls-related fractures per 100 occupied bed days compared to the statewide rate.



Incidence of physical restraint

Residential Aged Care Services actively discourage restraint and utilise behavioural strategies and counselling of care recipients and their families to educate them of the inherent dangers associated with restraint. Western Health Residential Aged Care Services reported no incidents of intent to restrain (statewide rate of 1.07 per 100 occupied bed days) and no incident of physical restraint devices in use (statewide rate of 1.04 per 100 occupied bed days).

Multiple medication use

One of the most challenging areas of resident care is the number of medications that a resident is prescribed. Polypharmacy is associated with suboptimal prescribing. The more drugs a patient is exposed to, the more likely they are to be prescribed inappropriately.

To ensure that care recipients receive the most appropriate pharmacy matched to their individual needs both facilities have a monthly Pharmacy Committee at which the appropriateness of each resident’s medications are discussed and alternate medications prescribed where appropriate. The Committee includes local general practitioners, a pharmacist and senior nursing staff from the facility. Each facility utilises their local general practitioners and pharmacists.

In addition, all residents are reviewed by the pharmacist on an annual basis under the ‘Provision of Collaborative and Pharmacists. Residential Medication Management Review’, a federally funded initiative auspiced through Medicare to ensure that all residents are reviewed and appropriate medications are prescribed and where possible medications are reduced.

On average Western Health’s care recipients have a higher rate of multiple medication use (5.91 per 1000 occupied bed days) compared to a statewide rate of 4.32.

Unplanned weight loss

All residents have a monthly weight charted. This is recorded on the continuous improvement data base, trended and an up to date weight chart is produced and filed in the resident notes.

All weight changes greater than 2 kilograms over a 1 month period, trigger an automatic review by a dietitian or speech pathologist, or both. The resident will also receive an urgent review by treating medical practitioner. Residents are placed on a weekly weight chart until their condition stabilises.

All weight changes greater than 2 – 3 kilograms over a three month period trigger a review by a dietitian and General Practitioner.

Western Health care recipients have a lower incidence of unplanned weight loss compared to the statewide rate.

Note: Indicator data is based on the average rates for Quarter 1, 2 and 3. Quarter 4 data was not available





Best Care for Older People

It has been a busy year for the Best Care for Older People (BCOP) team, working hard on many initiatives to implement the Victorian Department of Health Improving Care for Older People: A Policy (IC4OP), a policy to minimise functional decline of older admitted patients.

A typical day at Western Health sees 70% of admitted patients aged 65 years and over (Census data, 2011) and research indicates that 30-50% of these patients are at risk of functional decline. As a result of this, the BCOP team have worked across the organisation, with innovative approaches to embed evidence based practice to improve care for older people.

Over 2011-12 we have seen:

- New weighing equipment across the organisation, ensuring that all patients are weighed on admission and weekly as part of the Department of Health's draft nutrition quality standard.
- The arrival of new patient and visitor chairs along with footstools. This ensures that patients can be seated out of bed during the day to minimise functional decline.
- Sixteen nursing champions flying the flag for BCOP on their ward by leading innovative projects that focus on improving care for older people.
- The rollout of a standardised functional maintenance screening tool and care plan. This has replaced 42 different care plans and ensures that all patients are screened for identification and management of the risks associated with functional decline.

2012-13 will be another busy year for BCOP with the commencement of:

- An organisational wide policy on Minimising Functional Decline of Older Hospitalised Patients.
- A BCOP consumer advisory group for older people and carer's of older people.
- Two new organisational advisory committees; The Continence Advisory Committee and the Cognition Advisory Committee.
- An ongoing monthly in-service program for all staff in regards to minimising functional decline in older hospitalised patients.

Nurse Unit manager,
Soo Komp,
with a patient
at Williamstown
Hospital

Our approach to Quality and Safety

'Clinman' - an ICT supported transformation of surgical patient management

The Orthopaedic Department designed, developed and implemented a comprehensive surgical patient management system, 'Clinman' which has revolutionised the way the Orthopaedic Unit collects accurate data and conducts clinical work.

As the 'Clinman' database can be accessed from any hospital within Western Health, the interactive user-interface allows collaboration and communication between all the doctors and can be integrated with the health service's current databases such as the iPM system. This has significantly improved the daily management of patients as the doctors can now collaborate in real-time and all new diagnoses, treatments and patient issues can be shared, enabling doctors to communicate and work together to improve organisational performance through patient outcomes.

Customised reports are automatically generated providing real-time information relating to in-patient care, pre-operation planning, and post-operation results. This information is then used to monitor and optimise patient care.

A weekly peer review meeting is held which concurrently projects the system alongside the digital imaging system, so that a collaboration of surgeons can undertake real-time analysis, validate the information presented, and make decisions on patient care. This pooling of expertise to make decisions for individual patients has led to improved clinical outcomes.

Due to the success of the system, it has been customised for use in the General Surgery and Plastic Surgery Departments at Western Health, with further rollouts planned.

The value of this system to support surgical patient management has also been recognised externally, with seven other Victorian health services currently implementing or considering implementing 'Clinman'.

The system has become the cornerstone of standard care illustrating the important role Information Technology plays in optimising patient care.

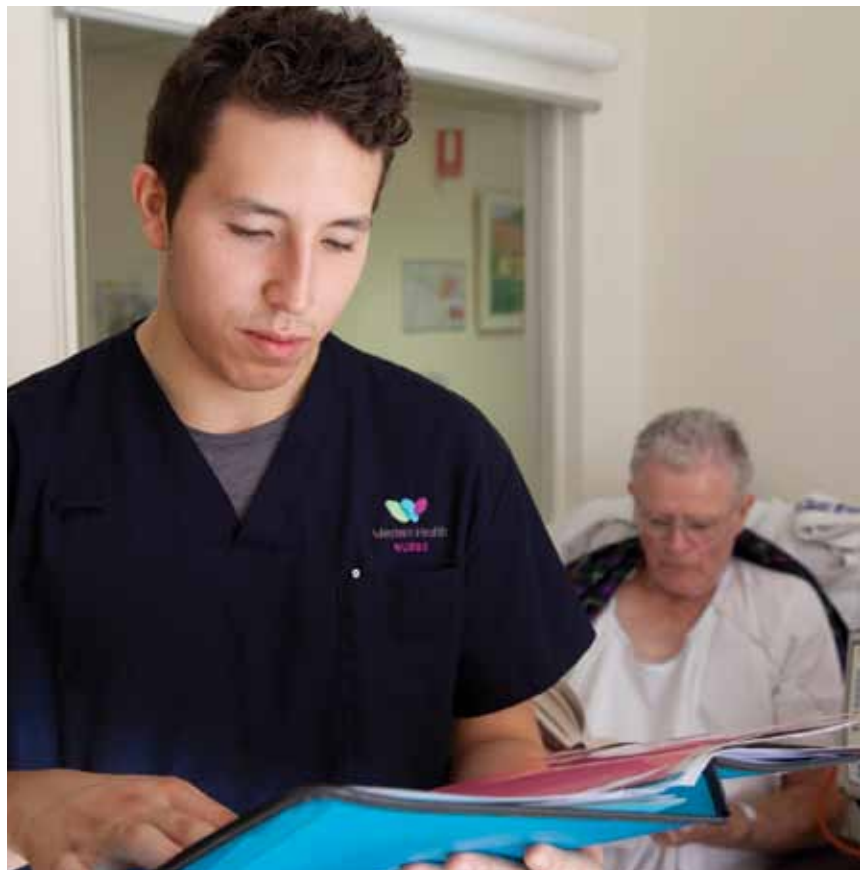
Hourly patient rounding

Hourly patient rounding is a nurse-initiated project which was piloted in June 2011 on two wards in Sunshine Hospital as a response to high patient complaints and an increasing number of pressure ulcers. It has shown fantastic results, been embraced by staff, well received by patients and is now being rolled out organisationally. Williamstown Hospital commenced hourly patient rounding in November 2011 and Western Hospital followed in February 2012.

Hourly patient rounding is a process where the nursing team visit each patient every hour (two hourly at night) and they are asked five key questions regarding their pain, toilet needs, positioning, personal needs and their plan of care. This new process focuses on improving communication between patients and nursing staff but has many additional benefits including: increased patient satisfaction and reduced call bells.

The results have been positive. For example, literature tells us that hourly patient rounding should reduce call bells by 38% but in fact, we've shown on wards currently doing hourly patient rounding at Western Health that it has reduced the call bells by 54%. This means that not only are the patients' needs are being met but nurses are experiencing less interruptions which is further improving patient safety and care.

Graduate Nurse, Inkarri Flores,
with a patient at Western Hospital





Continuity of care

Continuity of care is about providing patients and families with knowledge, skill and support to have a smooth entry into, through and between different stages and settings of care.

Continuity of Care

This section of the report looks at new initiatives that have enhanced Continuity of Care for Western Health patients.

New palliative care clinic at Footscray: a SMART solution for patients

In May 2012 the new Symptom Management Assessment and Referral Team (SMART) clinic at Western Hospital opened its doors to patients.

Run by Palliative Care Consultant, Dr Adrian Dabscheck and Dr Maria Coperchini (Palliative Care Director), together with Mercy Palliative Care, the clinic was established to meet the need for palliative care input for patients being seen by oncologists in Outpatients.

“The aim of the clinic is to provide support for issues with pain and symptom management, medication support and education, and also psychological and spiritual support and linking to community palliative care” said Dr Dabscheck.

“If palliative care is implemented earlier we can greatly improve the quality of life for patients, some of whom may live for some considerable time despite having a malignant diagnosis.”

The SMART clinic is the only symptom management clinic Victoria to have both Pharmacy and Community Palliative Care involvement in an adult outpatient setting, the clinic has the potential to see around 400 patients each year. Most palliative care patients who are admitted to a palliative care inpatient unit have had an average of three inpatient admissions.

By working closely with patients to ensure pain and symptoms are well managed, and establishing links between the SMART clinic pharmacists and community pharmacists it is hoped that more patients can be spared from needing to visit Emergency Departments and enjoy more quality of life in the community.

In addition to seeing patients at the SMART clinic at Western Hospital, Dr Dabscheck also sees Western Health palliative care patients at a community clinic in Sunshine at Mercy Palliative Care, and at the Sunshine Hospital Radiation Therapy Centre.

Epilepsy clinic to change lives in Melbourne’s west

A new epilepsy clinic at Sunshine Hospital will make an enormous difference in the lives of patients, according to neurologist and epileptologist Zelko Matkovic.

Head of the clinic, Dr Matkovic said that as the most common referral to neurology was to manage epilepsy, the clinic was a much-needed addition to Western Health services in the area.

“Up until now, the closest epilepsy clinic has been at the Royal Melbourne, so this is a very important step for the region,” he explained.

“Epilepsy is life-threatening and seizures can have a fatal outcome if not properly controlled and treated. They can also have far-reaching consequences for the patient and the family.”

Dr Matkovic said while medication to manage epilepsy could have many benefits, optimal management of the condition was also required.

“With pregnant women, for example, the rates of foetal abnormalities are higher if medication is taken during pregnancy, so these women need careful monitoring,” he said.

“We are very keen for referrals right across Western Health, including maternity services. We will be seeing a variety of patients, predominantly adults.”

Dr Matkovic said the clinic built on the foundations provided by the First Seizure clinic. “The source of referrals for the epilepsy clinic should be more diverse than for the First Seizure clinic, however,” he said.

“Once a patient has been identified as having epilepsy, they can be referred to the new clinic, which has the advantage of being a specialist clinic staffed by those with a particular strength in, and knowledge of, epilepsy. Our primary aim is to achieve stability of the patient’s epilepsy.”

Dr Matkovic said the clinic had the potential to see up to 15 patients per clinic – several hundred across the year.

Dr Zelko Matkovic is Head of Western Health’s new epilepsy clinic



Continuity of Care

Kathy Hendry joined Western Health in February 2012, having worked in palliative care nursing since the mid-Nineties. Now in a project officer role she sees the new clinic as an opportunity for staff to better identify palliative care patients' needs, especially symptom management and psycho-social, emotional and spiritual. "By linking patients to community palliative care they have access to a 24 hour community palliative care phone number, where a nurse is always available for advice," Kathy says.

"The best reassurance you can give a patient is that someone is always there for them. No matter what time of day or night, they are not alone."

The SMART Clinic is a joint venture between Western Health and Mercy Palliative Care and is funded as a project by Western Central Melbourne Integrated Cancer Services.

Diabetes Foot Service: celebrating a year of successful outcomes

The Western Health diabetes foot service, launched in March 2011, has been helping patients at risk of serious diabetes related foot problems to access the best possible treatment plans faster than ever.

A team of specialists, including an endocrinologist, podiatrist, vascular surgeon and dietician work quickly at the patient's bedside to diagnose and treat. Any delay can mean loss of limb, or in critical cases, death. All going well patients are discharged and treatment continues, first in an outpatient setting, and later in a community health centre.

Western Health's Diabetes Director, Associate Professor Shane Hamblin, says the new service is making a huge difference for patients.

"In the past too often a consequence of diabetes-related foot conditions is major amputation. If we can get in there early we increase the chances that we can save them from a life of significant disability," A/Prof Hamblin says.

The shock results of a study led by A/Prof Hamblin revealed that up to 32% of patients being treated at the Western

Hospital had diabetes. Western Health's communities contain three of Melbourne's top four diabetes hotspots (Brimbank, Hobson's Bay and Melton).

The first year has seen many achievements with the implementation of an interdisciplinary model of care through an inpatient ward round twice per week at the Footscray campus, as well as multidisciplinary outpatient clinics. The service is supported by multiple departments across Western Health and demand for the service is ever-increasing with an average of 60 inpatients and 70 outpatients seen each month.

Preliminary data evaluation of the service has shown positive outcomes have been achieved. Toe, foot and leg amputations have decreased in

number since the implementation of the service as well as a reduction in the length of stay for inpatients.

The Diabetes Foot Service is currently working on the roll out of the community arm of the service, which will involve the set up of two clinics within the Western Health catchment area to enable access for at risk patients in their own communities.

The service is also implementing an education program for health professionals across the Western region. Through this education program and community clinics, it is hoped patients with Diabetes related foot complications will receive timely and evidence based care to hopefully prevent hospitalisation and potential life adjusting amputation.



Passion rewarded for VMAP volunteers

Western Health volunteers were honoured in the 2012 Minister for Health Volunteer Awards in May, with the Volunteer Meal Assistance Program receiving an outstanding achievement award.

The Western Health Volunteer Meal Assistance Program evolved in response to a Western Health Nutrition Department study that identified a range of benefits in providing one-on-one meal assistance to high-needs hospital patients.

Known affectionately as VMAP, the volunteers offer meal-time support seven days a week to patients identified as having difficulty feeding themselves as a result of physical and/or cognitive impairment.

The eight volunteers are individually and collectively passionate about their involvement, conducting themselves at all times with a professionalism that ensures the program is held in high regard with staff, patients, and the broader Western Health community.

(from left to right) Jeff Garner (Nurse Unit Manager at Western Hospital), Julie Tran (VMAP volunteer), Rachael Evans (Dietician), Elaine Bo (VMPA volunteer) and Victorian Minister for Health and Ageing, the Hon. David Davis.

A patient story: easing the impact of dementia

After nearly 60 years of marriage, Walter Rayner's eyes still light up at the sight of his beloved wife Lorraine. The Melton couple, who will mark their diamond wedding anniversary in November 2012, have undoubtedly had a rough 12 months in the lead-up to the special occasion.

Following a nasty fall late last year, Lorraine was initially diagnosed with vascular dementia. However, three weeks later, Lorraine was diagnosed with dementia. "We were told that she wouldn't get better, that she would gradually get worse," Walter said.

Told by the family GP that Lorraine would be referred to the Royal Melbourne Hospital, the couple were then informed that Sunshine Hospital was their best option. "When he said Sunshine, I was pretty reluctant," Walter said. "I hadn't heard much about Sunshine so I didn't really know what to expect."

The couple were referred to the Cognitive Dementia and Memory Service (CDAMS) where they met Community Health Nurse, Gita Castellias.

"When we first walked into the waiting room and it was pretty full and I thought, here we go. Then out comes Gita with a big smile on her face and she called Lorraine by her name and she knew my name too." "The staff speak to you like they've known you all of their lives and when you're going through a rough patch, little things like that make a big difference. You walk out feeling reassured," Walter added.

Having got to know Walter and Lorraine over the course of their difficult journey, Gita said it was meeting people like the Rayners that made her job so fulfilling.

"Some families you just connect with straight away and Walter and Lorraine are a wonderful example of that," she said. "They are one of those families who are so very grateful and Walter is such an accepting person." Gita said she had been heartened to see that even through the most testing of times, the couple had kept their sense of humour. "Walter is still able to have a laugh, which is important," she said. "I've always said, you have to use humour. You have to have a laugh as it's part of the acceptance process in dealing with a memory problem."

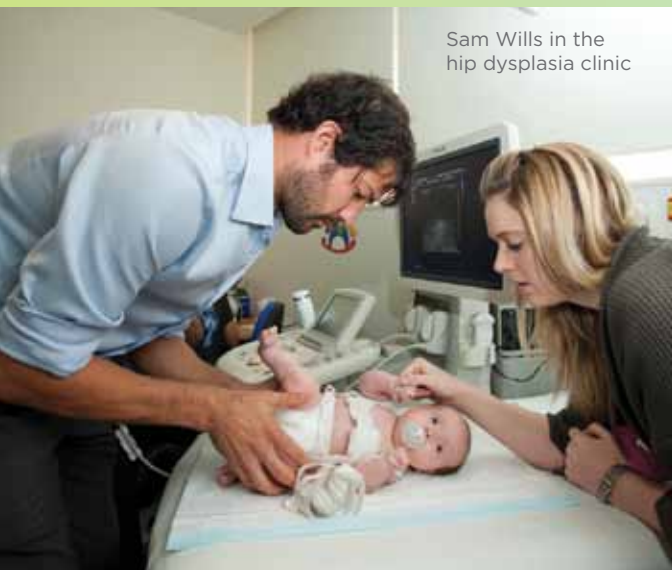
Now preparing for their 60th anniversary, Walter said the best gift of all was having Lorraine here to mark the occasion. "It has been a tough 12 months but I'm just thankful she is still here with me," he said.

Walter (left)
and Lorraine
Rayner (right)
with Community
Health Nurse, Gita
Castellias (centre)



Staff profile:

Paediatric physiotherapist and children's hip dysplasia clinic co-ordinator, Sam Wills,



"Our clinic is really sensitive to the population in general, because the more babies are born, the more babies come through our clinic. We see the growth in the Western suburbs."

During his time at Sunshine Hospital, Sam Wills has pioneered one of only a handful of children's hip dysplasia clinics in Victoria.

The paediatric physiotherapist said the clinic, which has been operating for around 12 months, provides a way of tracking population health in one of the fastest growing regions in the state.

Sam said the clinic's work offers much potential for research.

"Hip dysplasia is the main thing we see. We also see club foot and a lot of normal postural variations. We are looking to begin to collate data on the risk factors for hip dysplasia."

Sam said he hoped the research would show whether certain attributes predisposed a child to hip dysplasia.

"Hip dysplasia is where the socket of the hip doesn't develop properly. It doesn't affect babies too much, but it tends to start affecting them in their teens. In the more severe cases they will need a hip replacement by the time they are 40 years old. It is about catching it and treating it early so we don't get adverse outcomes down the track.

"There are still a lot of things we don't know about. Hip dysplasia is fairly well documented but there is always more you can learn about bracing and adverse outcomes in the long term. Club foot is a really good one for future research as well. We probably see 15 children a year with club foot."

The children's hip clinic has eased the strain on surgeons and saved patients from long waiting times.

"My position was initially created to take the workload off surgeons as they had huge waiting lists. A lot of the time someone will go and see a surgeon, only to be referred to a physio. So we cut out the middle man and say come and see us. We can do a lot for most of the patients, and those that do need surgery, we can send on. It frees up everyone's time, basically."

Continuity of Care

Innovation to improve access: Neurosurgery Physiotherapist-Led Clinic (NPC)

Health services are under increasing pressure to provide timely access to care and the increasing population growth in Melbourne's West makes this particularly true at Western Health. An audit of Outpatient Referrals to Western Health in 2010 revealed that the majority of patients on the Neurosurgery Clinic waiting list were referred by General Practitioners for management of spinal pain.

The Neurosurgery Physiotherapist-led Clinic was initiated to assist with managing this demand. The Clinic involved the development of a rigorous clinical governance structure and service model to enable an Advanced Practice Physiotherapist to review patients with spinal pain who would have previously waited to see a Neurosurgeon.

The model involves an Advanced Practice Physiotherapist identifying appropriate patients from the Neurosurgery waiting list, providing an assessment, ordering the relevant diagnostic tests and deciding on tailored management strategies for each patient.

The Clinic commenced in March 2010 and in its first 12 months enabled 300 patients to be removed from the neurosurgery waiting list following an Advanced Practice Physiotherapist initiated telephone and medical record audit. Subsequently a total of 293 patients were assessed by the Advanced Practice Physiotherapist with only 30% requiring a neurosurgery review and all remaining patients managed conservatively in the Clinic.

Questionnaires revealed 100% patient and General Practitioner satisfaction with the service.

The effectiveness of this initiative has led to it becoming a permanent service offered at Western Health and in 2011 the Clinic was awarded a Silver Award at the prestigious Victorian Public Healthcare Awards under the category of Excellence in Service Provision.

The Clinic provides an example of an innovative method of managing increasing demand and demonstrates how collaboration between departments and role redesign can result in enhanced ability to meet our community's needs.

Providing seamless care from hospital to home

Western Health's Hospital in the Home program (HITH) provides acute care in a patient's home that would otherwise be delivered in hospital.

Western Health has provided the program since 1996 under a number of different models. In 2009, a review of HITH models by the Department of Health enabled us to review our model and governance.

The current clinical model has been developed to provide high quality patient care in partnership with patients, their significant others, members of the multi-disciplinary care team and community providers.

The service is modelled based on State and National standards as well as the Department of Health HITH

Bringing rehabilitation to amputee patients in the West

Innovative patient pathways which facilitate seamless patient care across the continuum of their health care journey have the potential to make a significant positive impact on service access whilst also ensuring that patient care is provided at the right place and the right time. In 2011/12, Western Health secured funding from the Department of Health to open four specialised Level 1 inpatient rehabilitation beds. The introduction of these new beds provided an opportunity to further develop our patient pathways at Western Health and in particular address a gap in subacute services that to date had not provided amputee rehabilitation for patients in the West.

Western Health has the highest rate of amputation in the state, including a significant amount of major amputation which requires post acute care rehabilitation. Patients following amputation in vascular and endocrinology wards had lengthy stays in acute units which were impacted by the lack of pathways for these patients within the system. As a result, historically patients required a transfer to other health networks to continue their care needs, impacting on patient care, including multiple transfers, and travelling outside of area to access care needs.

In March 2012 the first amputee patients were admitted to the new service beds on Western Hospital's subacute ward. The service is underpinned by a patient centred, inter-professional model of care which promotes timely identification, engagement, assessment and management of patients following amputation.

This model supports early discharge from vascular and endocrinology units and includes:

- a multi-medical approach to care whereby patients care is coordinated by specialised rehabilitation medicine consultants,



Western Health patient Francisco Unger (left) with Rehabilitation Consultant, Ngoc Le (right)

- in conjunction with vascular and endocrinology units to ensure that patients receive the right care at the right time and in the right place.
- a continuity of care approach to the management of patients requiring a prosthetic pathway following amputation. This includes an inpatient service at Western Hospital Footscray and is followed by community management in partnership with Melbourne Health as the regional centre in the state.
- the establishment of required facilities and equipment including new therapy equipment, patient wheelchairs and pressure care, accessible kitchen and laundry spaces, as well as the establishment of a satellite prosthetic workshop at Western Hospital.
- a commitment to an inter-professional approach to care with enhanced staffing profiles across the inter-professional team, as well as introduction of new roles with Exercise Physiology and Grade 3 Inter-professional Allied Health Assistant roles.
- strong links with the Aged and Complex Care and Assessment Teams to ensure timely transfers and transitions across acute and subacute settings.

To date Western Health has provided expert, timely and inter-professional amputee rehabilitation services to 18 patients within their local health network.

A full evaluation of the service will be conducted in 2013.

Continuity of Care

Guidelines to ensure high standards of patient care and safety are delivered.

Patient safety and satisfaction is a priority for us, so the model promotes participation and communication with the patient whilst continuing their acute care in the home. Patient information about the service and contact information is provided to each patient on the program so that they are able to make contact with a nurse during the day as well as overnight for any emergencies. HITH provides:

- Patient management based on best practice and evidence
- Accountable seamless care
- Safety for both patients and nursing staff
- Cost efficient customer focused internal operations
- Safe alternative to receiving care and treatment within the hospital.

Staying Active! The Williamstown Hospital recognised at Person Centred Care Conference

The Williamstown Hospital was recognised as a leader in providing person centred care at the Improving Care for Older People, Person Centred Care Conference hosted by Latrobe Regional Health Service in May 2011.

Megan Cole, Senior Occupational Therapist at the Williamstown Hospital presented on the Staying Active Program and also displayed a poster on the Linking Older Citizens and Local Supports (LOCALS) program both developed and currently running at The Williamstown Hospital. Megan was supported by six other Western Health staff who travelled to Traralgon for the conference.

The Staying Active Program is a functional maintenance program that was developed by a multidisciplinary working group with strong staff and patient consultation. The working group undertook a gap analysis in regards to person centred practice and involved patients in interviews and a time in motion study. It was found that patients spent the majority of their time at their bedside involved in sedentary activities and that patients wanted to be more active to maintain function during their hospital stay.

Based on the results, The Staying Active Program was developed with the aim of maintaining cognitive, social and physical function through the following initiatives:

- Dining with Friends – a lunch group that allows patients to enjoy their midday meal in a communal environment
- Linking Older Citizens And Local Services (L.O.C.A.L.S) - a socialisation program that assists patients to maintain/enhance links with the local community
- Vitality Program - a comprehensive multidisciplinary group therapy program designed specifically to address the needs of sub-acute patients

Specialist clinics in Adult Outpatients: changing for the better

We know that despite our best efforts we don't always provide the timely service we would like to.

In 2011/12 there were approximately 9,000 outpatient attendances across more than 100 specialist clinics. The diverse range of clinical models, patients and clinicians that our

specialist clinic staff engage with means that providing the systems and facilities to keep things running smoothly is a real challenge.

At the moment our Specialist Clinics have a number of funding streams and work is progressing to increase the reporting against the target volume and revenue. At the same time we are also focusing on reducing the 'Did Not Attend' (DNA) rate and discharge rates, which will allow improved access without necessarily increasing the number of clinic appointment available. The Department of Health is currently developing an access policy for outpatients and as part of this reporting on waiting list numbers and times will be a requirement. We anticipate being able to report on this from December 2012.

There are currently no regular reports for Key Performance Indicators (KPIs) within our adult Specialist Clinics, apart from access and attendance indicators. Over the next 12 months we plan to develop reports regarding clinic cancellation numbers and the number of patients requiring re-booking. This work will also include a target for minimal avoidable rebooking.

In order to provide governance for these developments a governance group has been established, including clinical representation from each Division with a clinic for which we provide support, and representation from Women's and Children's Division. This group will monitor and progress these developments and is the forum for voicing further quality of care improvement ideas. This group reports to the organisational-wide Clinical Governance Committee and the Operational Division.

Volunteer profile: helping to care for some of our smallest patients



Special Care Nursery volunteer, Betty

Betty is a volunteer comfort carer, helping to look after some of Sunshine Hospital's smallest patients.

With 8 grandchildren and 8 great-grandchildren of her own, 79 year old Betty is no stranger to dispensing cuddles and subduing tears. For the past nine years she has been volunteering her time in the Special Care Nursery where, with parental consent, she eases some of the discomfort faced by babies born to mothers drug and/or alcohol affected mothers, as their tiny bodies undergo withdrawal.

It is widely understood that physically interacting with the babies, from cuddles to simply patting them in their cots, which to a baby mimics the sensation of its mother's heart beating, is extremely beneficial and an effective way of comforting them during what can be an anxious time.

"To be able to get the babies calm and settled is a wonderful feeling," Betty says.

"I absolutely love volunteering here. I remember once when the Nursery was especially busy and there were four or five babies needing some attention. I was in every day, doing double shifts where needed.

"The nurses are always happy to see us as we have all the time the babies need. We don't do things like feed or change them, for us it's just about finding the best way to hold or interact with them.

"We all get a tear in our eye when some of them leave. Sometimes you worry. You wonder what life has in store for them."



Western Health

We value your opinion

We invite you to comment on the Quality of Care report so that we can continue to meet your needs.

If you would like to discuss this report further, please contact our Director Clinical Governance and Medico-Legal on (03) 8345 6666.

Please give the completed survey to a staff member or mail to:

Director Clinical Governance and Medico-Legal
Western Health
PO Box 294,
St Albans 3021



Williamstown Hospital patient, Robina Herman



Please take the time to complete and return with your feedback

- 1. Was this report easy to understand? No Yes

- 2. Please rate the presentation of this report by ticking one of the following:
 Excellent Very Good Good Poor Very poor

- 3. The report was able to answer questions I had about Western Health and its services. Please tick the most appropriate response to you.
 Strongly agree Mostly agree Not sure Disagree Strongly disagree.

4. What would you like to see next year to improve this report?

.....
.....

5. Do you want more information on any topic in this report?
 No Yes If yes, what topic?

.....
.....

6. Please send me information on how I can join the Cultural Diversity and Community Advisory Committee.

Name Email Address:

Address

Thank you for your time. Please give the completed survey to a staff member or mail to the Director Clinical Governance and Medico-Legal, PO Box 294, St Albans 3021



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SUNBURY DAY HOSPITAL



Melton

REG GEARY HOUSE



SUNSHINE HOSPITAL

WESTERN HOSPITAL

DRUG & ALCOHOL SERVICES

SUNSHINE HOSPITAL RADIATION THERAPY CENTRE

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Melbourne

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WILLIAMSTOWN HOSPITAL

HAZELDEAN TRANSITION CARE



WESTERN HOSPITAL

Gordon Street
Footscray VIC 3011
Locked Bag 2, Footscray VIC 3011
8345 6666

SUNSHINE HOSPITAL

Furlong Road
St Albans VIC 3021
PO Box 294, St Albans VIC 3021
8345 1333

SUNSHINE HOSPITAL RADIATION THERAPY CENTRE

176 Furlong Road
St Albans VIC 3021
8395 9999

WESTERN CENTRE FOR HEALTH RESEARCH AND EDUCATION

Sunshine Hospital
Furlong Road
St Albans VIC 3021
8345 1333

SUNBURY DAY HOSPITAL

7 Macedon Road
Sunbury VIC 3429
9732 8600

WILLIAMSTOWN HOSPITAL

Railway Crescent
Williamstown VIC 3016
9393 0100

DRUG & ALCOHOL SERVICES

3-7 Eleanor Street
Footscray VIC 3011
8345 6682

HAZELDEAN TRANSITION CARE

211-215 Osborne Street
Williamstown VIC 3016
9397 3167

REG GEARY HOUSE

54 Pinnacle Crescent
Melton South VIC 3338
9747 0533



Western Health

Together, caring for the West