

QUALITY OF CARE REPORT

2012/13



Western Health

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 VALUES

Compassion - consistently acting with empathy and integrity

Accountability - empowering our staff to serve our community

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

Excellence - inspiring and motivating, innovation and achievement

Safety - working in an open, honest and safe environment.

OUR PRIORITIES

Safe and effective patient care

People and culture

Community and partnerships

Research and learning

Self-sufficiency and sustainability

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.

ON A TYPICAL DAY AT WESTERN HEALTH

336

Patients attend one of
our three Emergency
Departments

303

Patients are
discharged

454

Patients see a doctor
in an outpatient clinic

58

Surgical operations
take place

479

Clinical services
are provided to patients
by community and care
co-ordination services

894

Patients are cared for
overnight (acute, sub-acute
and residential aged care)

40

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

100

Patients require
the services of
an interpreter

137

Volunteers provide a range
of services including
patient comfort and basic
administrative support

15

Babies are welcomed
into the world at our
Sunshine site

3,027

Meals are served

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FOREWORD

MESSAGE FROM THE CHIEF EXECUTIVE AND THE CHAIR OF QUALITY & SAFETY COMMITTEE

It is our great pleasure to present Western Health's 2013 Quality of Care Report to you. The Report covers three broad areas: consumer, carer and community participation; quality and safety; and continuity of care.

In each area we share with you some of the quality and safety systems and processes we have implemented at Western Health to ensure that each and every patient receives the very best care.

Our Strategic Plan 2011-2015 places a positive patient experience at the centre of everything we do. Over the past 12 months, we have used feedback from consumers to develop and implement a range of measures, enhancing our capacity to provide timely access to safe and effective patient care to the communities of Melbourne's west.

Western Health also 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

The Open Access Board Meeting held in June provided us with a clear message on where we need to focus over the coming year. We are working to develop and implement a new strategy to improve the patient experience of care, by focusing on the importance of 'seeing the person in the patient'.

As this Report goes to print preparations are underway for the Australian Council on Healthcare Standards (ACHS) Accreditation which is due in March 2014. Western Health currently enjoys full Accreditation status and received a strong report card following the 2011 process.

We are extremely grateful to the consumer, carer and community members who give their time so generously by participating in the various committees which we rely upon as a means of identifying ways in

which we can improve our service. We also appreciate the feedback we received on last year's Quality of Care Report, which helped to shape the contents of this 2013 edition.

Western Health has a strong philosophy of working with its local community to deliver excellence in patient care and we would like to hear your comments on this Report.

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 our website for ease of access by members of our community.

Please remember that your feedback is important. If you have suggestions on how we can do better we would love to hear from you. You can complete the form at the back of this Report, or leave feedback on any topic you like in one of the feedback boxes located at all Western Health sites.



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



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

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ABOUT WESTERN HEALTH

Western Health manages three acute public hospitals: Western Hospital, Sunshine Hospital and the 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 managed by Western Health, along with a large Drug Health and Addiction Medicine Service.

Services are provided to the western region of Melbourne, which has a population of approximately 800,000 people.

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 more than 6,100 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. We continue to develop academic partnerships with the University of Melbourne and Victoria University, making full use of the state of the art facilities we have jointly developed at the Sunshine campus.

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 approximately 800,000 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 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 | • Moonee Valley |
| • Hobson's Bay | • Moorabool |
| • Maribyrnong | • Hume |
| • Melton | • Wyndham |

Western Health provides a range of higher level services to the patients who are also serviced by health services such as Werribee Mercy and Djerriwarrh at Bacchus Marsh.



CONSUMER, CARER AND COMMUNITY PARTICIPATION

This section of the Report describes how Western Health is involving consumers, carers and community members in improving your health service.

WHO ARE CONSUMERS?

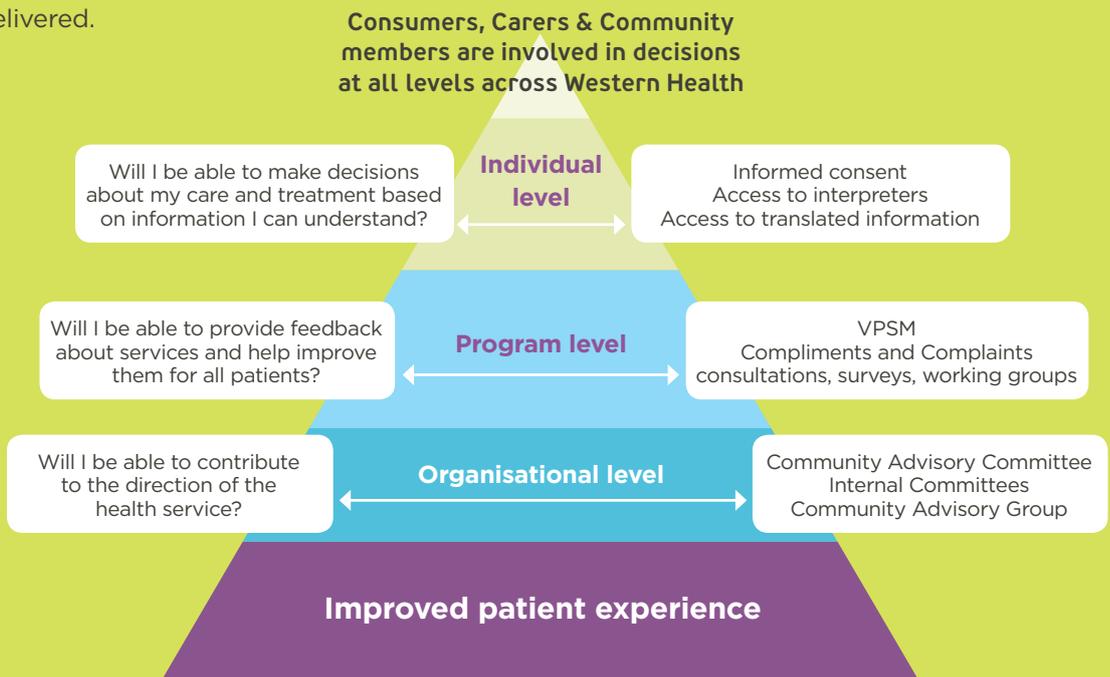
Consumers are patients of our health service, potential patients, carers, family members or people that live in our community.

WHAT IS CONSUMER PARTICIPATION?

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

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

We ensure that we involve patients at a number of levels.





OUR ORGANISATIONAL COMMITMENT AND APPROACH TO PARTICIPATION

Western Health uses the Department of Health's 'Doing It With Us Not For Us Strategic Directions 2010-2013' to guide its consumer participation strategies at an organisational level.

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 auspiced 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 Unit has three staff, including an Aboriginal Hospital Liaison Officer who provides clinical support to Aboriginal and Torres Strait Islander (ATSI) 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.

STRATEGIC PLANNING –
OPEN ACCESS BOARD MEETING**More than 50 people joined the Western Health Board on 19 June for our 2013 Open Access Board Meeting.**

The purpose of these meetings is to provide an opportunity for members of the community to learn more about key areas of focus for the Board and have an input into Board plans and decisions.

The theme of this meeting was listening and responding to the voice of the patient.

The evening involved hearing from a panel of consumers who have experienced the services of Western Health, either directly or through family and friends.

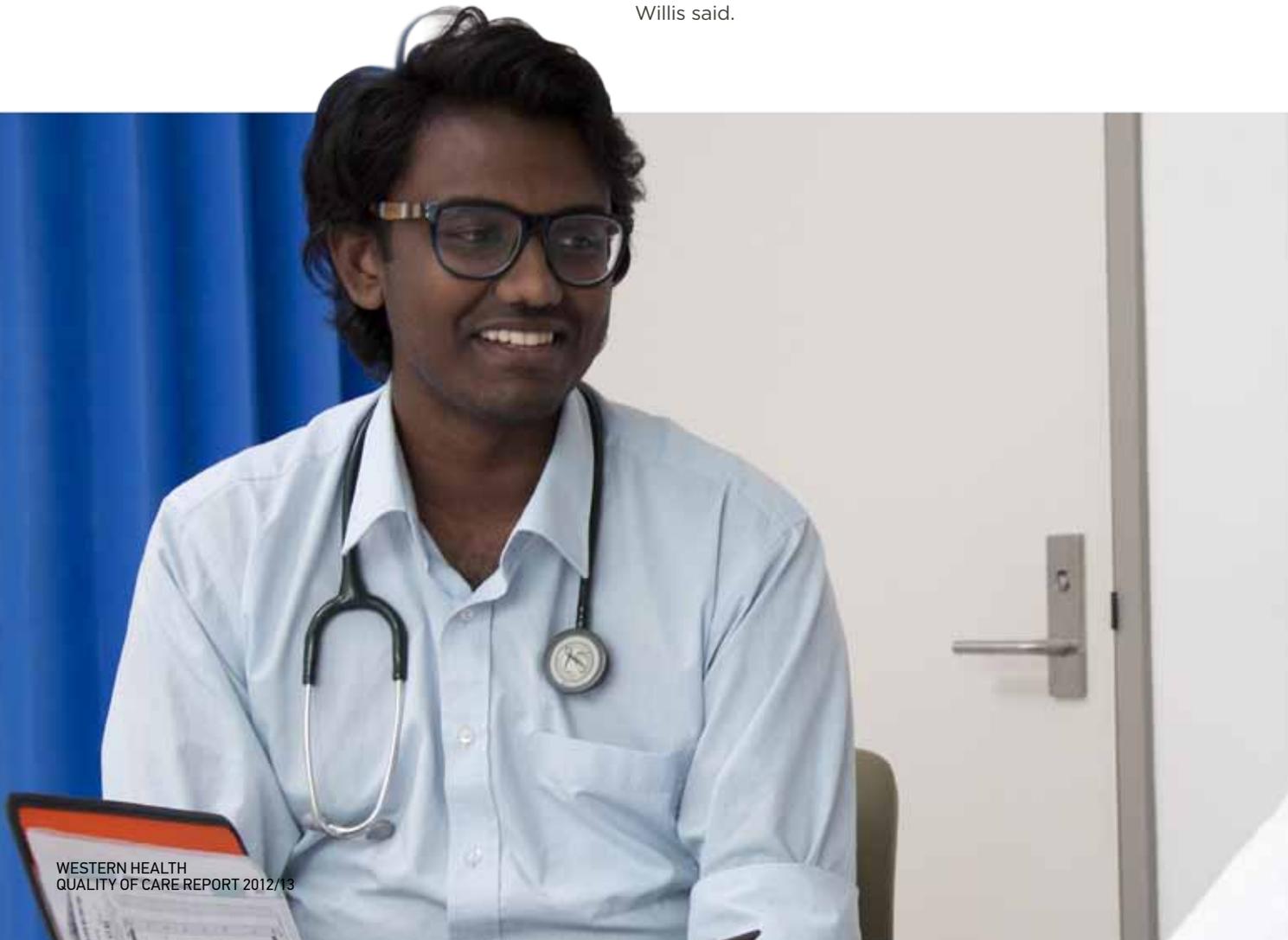
The panel answered questions regarding their 'voice of the patient' experiences and how we could improve the way we listen.

Attendees also had the opportunity to talk with Board members in small groups about their own experiences and suggestions for how we could improve the way we listen and respond to patients and carers.

A strong message from the night was the importance of "seeing the person in the patient".

This message will be a key focus of planned activity over the next year to develop and implement a new strategy to improve the patient experience of care at Western Health called "See Me".

"We, as Board members need to take heed of the fact that sometimes it is the smallest things that are the most important for our patients and their families," Western Health Chair of the Board, the Hon Ralph Willis said.



“The time taken to listen at the bedside; refilling the water jug; moving a tray closer to the bed so the meal is within reach, even a smile can make a difference.

“Listening and communicating – time and again, we are informed about the importance of these elements if we are to continuously improve the way we do things in a major health service,” he added.

Attendees were invited to complete an evaluation questionnaire, with a positive response on the value of the meeting as shown by the following feedback:

- 95% of respondents thought the focus of the meeting (“listening to & responding to the voice of the patients”) was good or excellent
- 100% of respondents thought that the way the meeting was structured (consumer panel, presentation, group discussions) was good or excellent
- 89% of respondents rated their opportunity to contribute to discussions or share their thoughts as good or excellent.

QUALITY IMPROVEMENT – HOURLY PATIENT ROUNDING

Redesigning Care Manager Karen Rog has enlisted the help of volunteers, one each at the Western, Sunshine and Williamstown Hospitals to help her with the job of interviewing patients to gain essential patient feedback as part of the Hourly Patient Rounding process.

As a part of the process, interviews are conducted with a third of the ward or 10 patients per ward each month to ask them seven questions about their stay.

At the 2012 Health Roundtable Innovation Workshops and Awards meeting in Sydney, which attracted over 80 presentations and 150 attendees to share issues and innovations, the Hourly Rounding initiative was well received.

Attendees selected the presentation in each of the sessions which they would most like to implement at their health service, with Hourly Patient Rounding receiving strong recognition.

SERVICE DEVELOPMENT – EXPERIENCE BASED CO-DESIGN

**“Someone was there for me”:
Using Experienced Based Co-design
to improve client’s experience of care
coordination services.**

There is increasing emphasis on the need to engage consumers, carers and community members in the evaluation and development of services to create a more responsive service and workforce, designed to meet the needs of consumers and the community.

Care Coordination services which provide short term transitional services and co-ordinate care for patients moving from hospital care to the community are taking on this challenge by implementing an approach called Experienced Based Co-Design. EBCD is a quality improvement approach that enables staff and patients (or other service users) to co-design services, together in partnership, going beyond traditional patient satisfaction surveys.



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CONSUMER, CARER AND COMMUNITY PARTICIPATION

The aim of EBCD has been to:

- Understand what consumers value and what is working well
- Increase consumer involvement in care coordination service redesign
- Develop and improve how care coordination services are delivered
- Inform and educate staff about consumers experience of care coordination services

Care Coordination patients and carers participated in filmed interviews to tell their experience of care coordination services. Care Coordination staff were also interviewed. Information from patient interviews and staff interviews was then used to produce a short film to convey in an impactful way how patient's experience care coordination services. A workshop was held where staff and patients came together to view the film and worked to identify both aspects of the service that were highly valued as well as key priorities to improve the patient experience.

The priority areas identified include:

- Supporting client transition as they prepare for discharge
- Increasing opportunities for patients to provide informal feedback
- Building care coordination workforce skills in areas that are highly valued by patients

Care Coordination staff have also viewed the film to help them get a better understanding of how patients experience the service.

Working groups aimed at implementing changes to address the priority areas are now being established. Patients and carers will continue to be consulted and involved in initiatives as they progress.

The process of involving consumers has been a very positive one both for staff and patients. It has increased consumer involvement in care coordination service redesign and helped to facilitate conversations providing the basis for change.



HELP US IMPROVE – FEEDBACK BOXES



We are continuously seeking feedback to improve our services and facilities. All Western Health sites have feedback boxes where patients can provide feedback on any topic they like. They can even write in their own language.

Feedback is collected and distributed back to the relevant areas to make improvements or used to inform our future planning.

CONSUMER REPRESENTATIVES – CORPORATE GOVERNANCE

Western Health currently has consumers, carers and community members on a number of committees including:

- Clinical Governance
- Cultural Diversity and Community Advisory Committee
- Disability Advisory Group
- Nutrition committee
- Partnering with Consumers
- Palliative Care review group

RAY NEWLAND'S STORY:

Ray Newland admits he is not always confident when it comes to understanding medical terminology.

But the former Western Health patient is confident in his knowledge of understanding the needs and wants of patients.

Ray was an inpatient at Western Hospital for ten weeks in late 2008 following a severe stroke and returned as an outpatient to Community Based Rehabilitation for a further five months in 2009.

During this time he became well known to nursing and Allied Health staff as a patient with strong motivation and dedication to the task of recovering and getting back towards full health.

“It was also during this time that I became aware of the importance of patient centred goals in improving the recovery rate of the patient, which I experienced through setting recovery goals in consultation with the rehabilitation staff,” Ray said.

“Throughout my rehabilitation I developed strong friendships with my physiotherapists, occupational therapists and speech therapists, many of which still continue today.

“I attribute much of the level of recovery I currently enjoy to these specialised members of Allied Health and I am grateful for their expertise and persistence.”

In 2012, Ray approached Allied Health staff to offer his services as a volunteer at Western Health.

A discussion with Western Health’s Community Participation and Diversity Manager led to his patient experiences being gainfully

utilised as the Consumer Representative on the Clinical Governance Committee in December 2012.

“I have found this position to be quite challenging in learning about the medical terms and acronyms and needing to read and digest the copious amount of meeting notes, reports and policies required for consideration and discussion at each meeting,” Ray said.

“After feeling my way for the first few monthly meetings, I am now beginning to make a significant contribution concerning patient centred care and wherever I consider the welfare of the patient needs to be given greater focus.”



CONSUMER HEALTH INFORMATION -
CONSUMER INFORMATION REVIEW PANEL

We believe that consumers should have access to information that is simple to read and understand so that they can make informed decisions about their care and treatment

Western Health has established a Consumer Information Review Panel. The group consists of seven community members and the five staff members who review patient information to ensure that it is easy to understand and relevant for patients.

The group has currently reviewed four patient information flyers. These include:

- About your CT scan
- Parking information for Western Hospital
- The Consumer Register and
- Western Health Psychology Department



When patients were asked to rate the written information they received about managing their care at home, 77% rated it as good, very good and excellent (VPSM data for Sunshine Hospital July-December 2012). The Department sets a target of 75%.

INTERNATIONAL DAY OF PEOPLE
WITH DISABILITIES

December 3 is International Day of People with Disabilities. To celebrate the achievements of people with disabilities, Western Health held a public lecture with two great speakers, Jim Asimakopoulos and Tricia Malowney. Approximately 60 staff attended the event to hear Jim and Tricia share their inspiring stories.

Jim lives in the City of Melton and works as the Coordinator for the Abilities and Disability Awareness program in the Department of Education and Early Childhood Development.

Jim has cerebral palsy and has had other medical issues for which he has been treated as a patient at both Sunshine and Western Hospitals.



He has worked as a strong community advocate for people with disability for over 25 years and was awarded an Order of Australia Medal in 2006 for his community service, his commitment to working in schools to inspire younger people, and his dedication to raising community awareness related to disability issues.

Tricia contracted polio at just four months of age and used callipers until she was 16.

At the age of 36, she developed post polio syndrome, was retired from a middle management position with Victoria Police and at age 46, she now uses a range of mobility aids to get around.

This has not stopped Tricia leading an active lifestyle and she is involved with an impressive number of member organisations and Boards, including being the President of the Victorian Disability Services Board.

Tricia is also a member of the Royal Women's Hospital Community Advisory Committee and their Primary Care and Population Health Reference Committee, Breastscreen Victoria Community Advisory Committee and Maroondah Breastscreen Community Advisory Committee.

She is Patron of the LeadAbility Program being run in the State's North to provide mentoring for Women with Disabilities in Rural communities.

Tricia's interest is in improving access to services for Victorians with disabilities, with an emphasis on access to justice and health and she is committed to ensuring that a disability lens is applied to the development of policies and that a gender lens is applied to the disability sector.

CULTURAL RESPONSIVENESS

Western Health's Cultural Diversity and Community Advisory Committee advises the Board on issues relating to cultural and linguistic diversity. It ensures that the organisation maintains its commitment by monitoring the Cultural Responsiveness Plan and Community Participation Plan.

CULTURAL DIVERSITY AND COMMUNITY ADVISORY COMMITTEE MEMBERS

MRS ELLENI BEREDED-SAMUEL

ME, Post-Grad DIP Counselling, BA Foreign Language & Literature. (Board member and Chair) Elleni Bereded-Samuel was born in Ethiopia and has focused her life's work on strengthening education, training and employment for Culturally And Linguistically Diverse (CALD) communities in Australia.

MR ROBERT MITCHELL

(Board Member) LLB, MPhil, Grad Dip Tax, MThSt, Grad Dip Theol. Robert (Bob) Mitchell has been a solicitor for 25 years, and was a Tax Partner at PricewaterhouseCoopers for 14 years. He has served on boards of several not-for-profit organisations including BlueCare, The Timor Children's Foundation, World Relief, and the PwC Foundation.

MS LISA FIELD

Ms Lisa Field lives and works in City of Wyndham and is the Community Development Officer at Iramoo Community Centre and Diversity Project Officer with Wyndham City Council.

MR JIM ASIMAKOPOULOS

OAM. Mr Jim Asimakopoulos lives in the City of Melton. He works as the Coordinator for the Abilities and Disability Awareness program in the Department of Education and Early Childhood Development.

MS INDERDEEP THAPAR

Ms Inderdeep Thapar lives in the City of Wyndham and is a community development worker working with newly arrived refugee communities in the Western suburbs.

CR BOB FAIRCLOUGH

Mr Fairclough was elected to Wyndham City Council in 2008. Cr Fairclough is committed to working hard for the community to improve the infrastructure needs, community services and facilities within the City of Wyndham.

MS CUC LAM

Ms Cuc Lam left her whole family behind when she fled from Vietnam in 1978 with her husband. Cuc is a former Maribyrnong City councillor, Cuc now works at Centrelink and continues supporting her family in Vietnam.

MR. GODEFA BERHANE G'HER

Godefa was born in Ethiopia, lived in Sudan as a refugee before migrating to Australia through the Australian humanitarian program. Godefa is a sessional lecturer within the Masters of International community development program at Victoria University.

MS CECILIA GOMEZ-BENITEZ

Cecilia has been a resident of Sunshine for about eleven years after migrating to Australia from El Salvador. Currently she is Coordinator of the Latino-Women's Association in Victoria.

MS NEJAT MOHAMED

Nejat was born in Addis Ababa Ethiopia to Eritrean parents. She has been living in Australia for 23 years and in Delahey for the past 13 years. Nejat has two boys aged ten and seven who were both born at Sunshine Hospital. .

MS NORMA SERRANO

Norma migrated to Australia in November 1988 with her husband and their two children. Norma is currently employed as part time Centre/Aged Care Manager of Filipino Community Council of Victoria,



TAKING A LEADERSHIP APPROACH TO
CULTURAL RESPONSIVENESS

As one of the largest providers of health services in the West, we see our role as working in partnership, but also taking the lead on projects when our partners require us to.

In 2013, Western Health, in partnership with BreastScreen Victoria, Western Region Community Health Centre and BreaCan delivered a Women's Health Forum for Cultural Diversity Week. The forum was attended by 50 culturally and linguistically diverse women and covered topics like eating well, staying healthy and screening information.

USING ACCREDITED INTERPRETERS



Western Health has one of the largest interpreter workforces in Victoria. When we can we try to use our in-house interpreters. Western Health provides accredited interpreters to all patients who require one.

In recognition of our diverse patient cohort, Western Health has on staff interpreters in ten different languages.

These include:

- Vietnamese
- Arabic
- Italian
- Spanish
- Dinka
- Mandarin
- Cantonese
- Macedonian
- Serbian
- Croatian

Western Health employs full time interpreters in order to meet the high demand of requests received. Full time interpreters provide a continuum of care and are accessible at short notice, which is vital in an acute health setting.

DELIVERING CULTURALLY APPROPRIATE
PRACTICAL CARE

Western Health's African Women's Wellness Program at Sunshine Hospital was established in September 2012 and is headed up by Clinical Midwife Consultant, Annette Garvey-Graham.

The Program aims to provide accessible and culturally appropriate care, education and support to women of African origin on a range of concerns, as they are identified through Sunshine Hospital's maternity service.

Around one quarter of the women seen have some degree of female genital mutilation (FGM). FGM is known to be practiced in 29 countries (28 in Africa plus Yemen). It is also reported to be practiced among certain ethnic groups from parts of Arabian Peninsula and Asia.

One of the aims of the Program is to help raise awareness among health professionals about the complications and issues involved when caring for women who have undergone FGM.

"It can be a difficult conversation to have," says Annette, who based her thesis some years ago on midwives experiences of caring for women with FGM.

"But there is a clear need for women who have suffered FGM to be able to visit health professionals who understand what has happened to them.

"These women can face a lifetime of health and social issues and the culturally sensitive referral to a service like the African Women's Wellness Program is really important."

Some women depending upon the type of FGM they have had, often require intervention during child birth and are at greater risk of recurrent UTIs, Pelvic Inflammatory Disease, infertility, and discomfort and pain during sexual intercourse.

"While we can't completely undo what has been done physically, there are options that are available to women which can certainly have a positive impact moving forward.

"We have already successfully carried out a deinfibulation (reversal) for one woman and I can't begin to tell you what a difference it has made to her life, both from a physical and emotional perspective," Annette said.

INVOLVING DIVERSE CONSUMERS, CARERS AND COMMUNITY MEMBERS IN HEALTH SERVICE PLANNING

Since commencing with Western Health in 2012 as a Project Officer for Cancer Services, Cancer Services Project Officer Kathy Hendry has been involved in three projects centred around seeking consumer feedback.

“As a result, I have now conducted three patient surveys, one for the haematology services, one for palliative care patients who had attended the Symptom Management Assessment and Referral Team (SMART) Clinic and recently for patients with Advanced Breast Cancer.

“These surveys were carried out over the phone and face to face in some cases, and I was amazed and humbled at the willingness of people to share their experiences.

“Some of the haematology patients were two years out of their treatment and here I was asking them to look back and reflect on what would have been a horrible time in their lives” she added.

Having worked as a Quality Coordinator in the past, Kathy is a strong advocate in seeking feedback from consumers, especially in regard to decisions about their healthcare and treatment.

“While it is nice to receive praise for good care-criticism and reflection about poor care and bad experiences is the only way to improvement,” she said.

“If we do not ask the people concerned what their needs are, we are doing ourselves as healthcare providers no favours, after all, how can we provide “patient centred care” if we do not ask patients about their experiences in our organisation.”

PROVIDING PROFESSIONAL DEVELOPMENT FOR STAFF AT ALL LEVELS

ALLIED HEALTH INSPIRATION FORUMS

For the past five years, during Allied Health Week, the Western Health Allied Health Profile and Events Committee has run an Inspiration Forum, exploring the role and impact of Allied Health staff on the patients' experience of care.

Through the eyes of patients, staff are given the opportunity to reflect on the impact and value of their care from a patient's perspective.



The Forum captures the patients' time at Western Health and also returning to their lives in the community.

In 2013, three past patients of Western Health shared their personal journeys, with reflections on what helped and hindered their recovery.

Patient stories are a powerful way for staff to understand the impact that they make on a patients recovery.

CULTURAL AWARENESS EDUCATION

A total of 417 staff from a range of disciplines attended “Exploring Diversity through Self Awareness” workshops. These workshops allow staff to explore their attitudes and behaviours in relation to diversity and how that impacts on our patients

Disciplines included

- Nursing
- Allied Health
- Medical
- Social work
- Aged care
- Volunteers

This workshop is run on a regular basis across all campuses.



IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Western Health marks significant milestone in improving Indigenous health

Western Health reaffirmed its commitment to improving the health of Indigenous Australians residing in the Western suburbs after becoming an official signatory to the national Closing the Gap campaign in April 2013.

Closing the Gap is a strategy that aims to reduce Indigenous disadvantage with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes.

Endorsed by the Australian Government in March 2008, Closing the Gap is a formal commitment developed in response to the call of the Social Justice Report 2005 to achieve Indigenous health equality within 25 years.

To monitor change, the Council of Australian Governments (COAG) has set measurable targets to monitor improvements in the health and wellbeing of the Indigenous population.

These targets focus on health, housing, early childhood, education, economic participation, and remote service delivery.

The achievement of substantial improvements in the health and wellbeing of Indigenous people will depend largely on the effective implementation of these targets as they reflect some of the substantial disadvantages experienced by Indigenous people.

At a recent Western Health Board meeting, Western Health Chief Executive, Associate Professor Alex Cockram officially signed the declaration, in the presence of representatives from Department of Health Aboriginal Health branch.



Signing the Close the Gap Statement of Intent: (left to right) Western Health Chairman of the Board, The Hon Ralph Willis, A/Prof Alex Cockram and Lorraine Parsons, Manager Programs, Aboriginal Health Branch Department of Health.

“Signing the statement is a significant step forward for Western Health on our journey of improving health outcomes for Aboriginal and Torres Strait Islander patients,” Western Health’s Aboriginal Health Policy, Planning and Implementation Manager, Jacqueline Watkins said.

“By signing the statement, this is an acknowledgement of the commitment of our organisation to closing the gap in health status and life expectancy.

“It acknowledges that more needs to be done to support Aboriginal and Torres Strait Islander patients accessing care at Western Health.

“We know that increasing numbers of Aboriginal patients are living in the Western suburbs of Melbourne and accessing care at Western Health.

“We are working closely with the Aboriginal community to find ways of providing more culturally safe and appropriate care,” she added.

The inaugural meeting of Western Health Aboriginal Health Reference Group was held at Sunshine Hospital on 18 July 2013.

The group includes Aboriginal and Torres Strait Islander community representation including consumers and community members from a range of services across the western region of Melbourne.

The Reference Group will provide advice and direction for the organisation through Western Health’s Aboriginal Steering Committee on matters relating to improving the health of Aboriginal and Torres Strait Islander patients, with the aim of closing the gap on health outcomes for Aboriginal and Torres Strait Islander people.

The function of the Western Health Aboriginal Health Reference Group will be to:

- To oversee and inform the development, implementation and evaluation of the Western Health Aboriginal Health Strategy.
- Make recommendations to Western Health Aboriginal Steering Committee on matters relating to Aboriginal Health in the western region of Melbourne.
- Assist in the development and ongoing monitoring of key performance indicators for service quality and accessibility.
- Provide advice and receive reports as required for other relevant programs and projects.
- Provide support and advice to the Aboriginal Health Unit

“It’s fantastic to have the Aboriginal Community come together regularly and provide Western Health with valuable advice and recommendation to best meet the needs of our Aboriginal community and ensure we deliver culturally relevant, safe and welcoming services,” Aboriginal Health Policy and Planning Manager Jacqueline Watkins said.



Elder of the Wurundjeri people, Aunty Di, conducted a Welcome to Country and Smoking Ceremony to mark the official opening of the new Acute Services Building

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 acknowledges that Aboriginal Victorians experience poorer health and lower life expectancy than the wider community and this is something we are committed to addressing.

STANDARD 1 - ESTABLISH AND MAINTAIN RELATIONSHIPS WITH ABORIGINAL COMMUNITIES AND SERVICES

What we have	What we will do	How we will do it	Progress 2012-13
<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander representation on CDCAC Committee Representation on Aboriginal Hospital Liaison Officer Network which allows us to benchmark against other services and share resource Aboriginal flags at Western and Sunshine Hospitals Aboriginal Acknowledgment Plaque at all sites Relationships with individual Aboriginal workers at St Vincent's, VACCHO, Pivot West and HealthWest WH policy on Demonstrated Respect to Traditional Owners 	<ul style="list-style-type: none"> Improve our relationships with Aboriginal and Torres Strait Islander communities Implement best practice projects across Western Health Increase our profile in the Aboriginal and Torres Strait Islander community Develop an organisational wide coordinated response to Aboriginal and Torres Strait Islander issues 	<ul style="list-style-type: none"> Establish an Aboriginal and Torres Strait Islander advisory group. Work in partnership with St Vincent's and Northern Health to improve our responsiveness to Aboriginal and Torres Strait Islander people Participate and become involved in local Aboriginal and Torres Strait Islander events Establish an Aboriginal Health project position 	<ul style="list-style-type: none"> St Vincent's Partnership project completed. Report submitted to the Department. <p>Aboriginal and Torres Strait Islander events conducted in 2013-12</p> <ul style="list-style-type: none"> Welcome to Country performed by Aboriginal Elder at Opening of Acute Services Building Melton Community Day for Aboriginal Community held in partnership with employment services and local council. 200 community members attended. Attended by Western Health Chief Executive, Director People Services and Manager Aboriginal Health Manager Aboriginal Health Policy and Planning employed Aboriginal Hospital Liaison Officer employed Aboriginal Koorie Maternity Officer employed Aboriginal Unit staff now reporting directly to Executive Director Nursing and Midwifery Aboriginal Advisory Group established and active Planning for identified and public space for Aboriginal Health Unit

STANDARD 2 – PROVIDE OR CO-ORDINATE CROSS-CULTURAL TRAINING FOR HOSPITAL STAFF

What we have	What we will do	How we will do it	Progress 2012-13
<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander information in WH staff orientation Online Aboriginal and Torres Strait Islander cultural awareness module In services delivered by Aboriginal Hospital Liaison Officer on the role of the Aboriginal Hospital Liaison Officer Fact sheet on ATSI identification Staff can access resources and information through Aboriginal Health intranet page 	<ul style="list-style-type: none"> Develop a comprehensive organisation wide approach to Aboriginal and Torres Strait Islander cultural training Continue to educate staff on the importance of identification of Aboriginal and Torres Strait Islander patients Enable staff to continue professional development and increase their awareness of ATSI issues 	<ul style="list-style-type: none"> Engage local Aboriginal and Torres Strait Islander trainers to provide Aboriginal and Torres Strait Islander cultural awareness Implement best practice models in partnership with St Vincent's Establish an Aboriginal and Torres Strait Islander learning circle 	<ul style="list-style-type: none"> In progress Development of organisational cultural training in progress with CPD points attached for clinical staff In-service delivered on a regular basis with nursing and maternity staff Cultural Awareness Training delivered by Department of Health Aboriginal Health Branch to Allied Health Senior Mangers

STANDARD 3 – SET UP AND MAINTAIN SERVICE PLANNING AND EVALUATION PROCESSES THAT ENSURE CULTURALLY APPROPRIATE DISCHARGE PLANNING

What we have	What we will do	How we will do it	Progress 2012-13
<ul style="list-style-type: none"> Referral and follow up process by Aboriginal Hospital Liaison Officer post discharge 	<ul style="list-style-type: none"> Evaluate the effectiveness of discharge planning for Aboriginal and Torres Strait Islander patients Develop service specific models of care for Aboriginal and Torres Strait Islander patients 	<ul style="list-style-type: none"> Conduct qualitative follow interviews with patients post discharge Develop a maternity model of care for Aboriginal and Torres Strait Islander patients Participate in Department of Health Renal Chronic Disease Project. 	<ul style="list-style-type: none"> Koorie Aboriginal Hospital Liaison Officer position recruited to Renal Disease project continuing

STANDARD 3 – SET UP AND MAINTAIN SERVICE PLANNING AND EVALUATION PROCESSES THAT ENSURE CULTURALLY APPROPRIATE DISCHARGE PLANNING

What we have	What we will do	How we will do it	Progress 2012-13
<ul style="list-style-type: none"> A GP Liaison unit that works across primary and acute care with links to GPs that work with Aboriginal patients Aboriginal Hospital Liaison Officer supported by Social Work department 	<ul style="list-style-type: none"> Improve discharge planning for Aboriginal and Torres Strait Islander patients 	<ul style="list-style-type: none"> Implement Improving care for Aboriginal and Torres Strait Islander patients discharge planning tool kit Explore opportunities to work with Divisions of General Practice/Medicare Local through Practice Incentive Programs (PIP) 	<ul style="list-style-type: none"> Macedon Ranges and North Western Melbourne Medical Local partnership on Chronic Disease Management in progress

20 QUALITY AND SAFETY

Clinical Governance is the system by which health services are responsible and accountable for providing quality and safe care. 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. Providing and enhancing a positive patient experience is the central focus of all that we do at Western Health. We aim to provide care that is focussed on ensuring all of our patient's needs are met and that care is patient centred.



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. Our framework is informed by the Victorian Clinical Governance Framework.

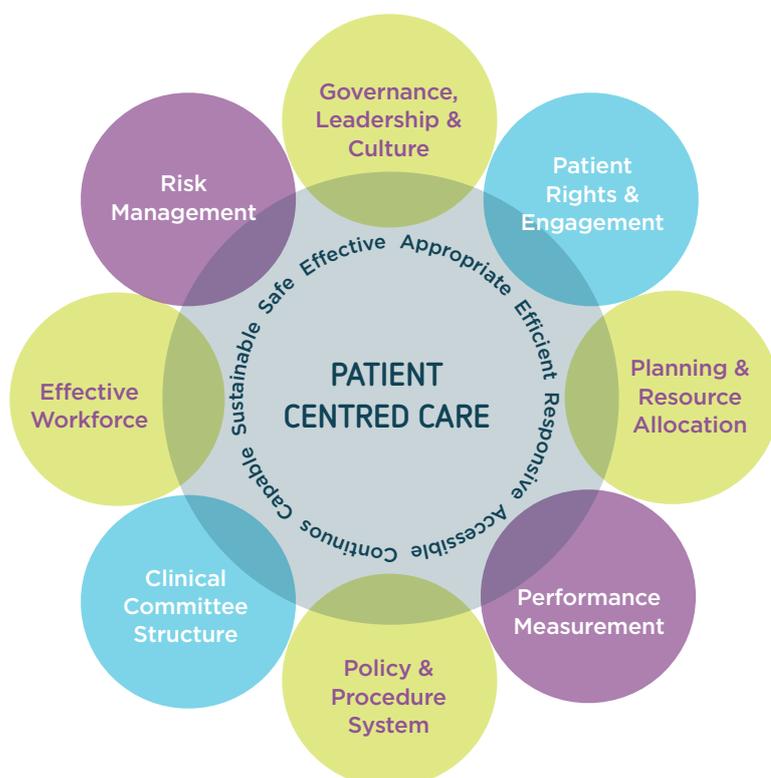
The Western Health Framework includes nine 'Dimensions of Quality' that define the type of care that we want to provide to our patients and eight 'Quality Enablers', which help us to monitor, review and improve care and service delivery. Patient Rights and Engagement is the first Quality Enablers and underpins the whole approach to our framework which has at its heart the aim of providing patient centred care 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:

- A range of committees that monitor our performance in addressing high-risk aspects of patient care and drive care improvements. We have a clinical committee in each of the National Standards domains, as well as nutrition, continence and cognition committees.
- Promoting reporting and review of anything that goes wrong, such as incidents and 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 to provide quality and safe care and review of these 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.

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 provides quality, safe care.

In November 2010 the Council of Australian Governments endorsed the National Accreditation Scheme which prescribes ten National Safety and Quality Health Service Standards. The Standards provide a nationally consistent and uniform set of

measures of safety and quality for application across a wide variety of health care services. The Standards are:

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

The National Standards became mandatory from 1 January 2013. In 2012/13 we undertook an internal review of our performance against the national standards and established a governance structure to support their implementation across Western Health.

Accreditation is the ongoing review of our performance against standards across a range of areas to make sure we are doing our best to keep patients safe and improve our services. Western Health is involved in an external accreditation program called EQUiP National, which is run by an independent agency called the Australian Council on Healthcare Standards (ACHS). 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. EQUiP National includes the ten National Safety and Quality Health Services Standards plus five EQUiP-content Standards that focus on the performance of service delivery processes, provision of care and non-clinical system as part of a comprehensive organisation wide assessment.

Every two years, Western Health hosts a team of ACHS surveyors who review our services and improvements against these standards. In December 2011, Western Health received a strong report card, with recommendation for continuation of full ACHS Accreditation status for Western Health until April 2016. The next ACHS visit is scheduled for March 2014 and preparations are underway.

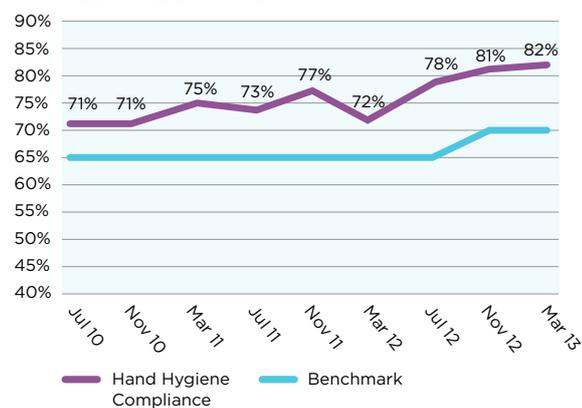
PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

The Infection Prevention Team continually endeavours to improve patient safety with new projects and activities that aim to prevent health care associated infection occurring for patients receiving care at Western Health.

HAND HYGIENE

Western Health constantly improves hand hygiene compliance and remains committed to further improvement. In fact, according to the National Health Performance Authority, Western Health has one of the highest rates of hand hygiene compliance in Victoria with 81.6%, which exceeds the national benchmark of 70%. Western Health's dedicated healthcare professionals achieved such high performance results thanks to the commitment to safe practice.

WESTERN HEALTH OVERALL HAND HYGIENE COMPLIANCE 2010 - 2013



BLOODSTREAM INFECTIONS AND ANTIBIOTIC RESISTANT MICRO-ORGANISMS

The Infection Prevention Team dedicate a large portion of their time scrutinising pathology results to monitor bloodstream infections, particularly those caused by the bacteria called Staphylococcus aureus (SAB). These infections are reported to the Department of Health, with 1.30 cases per 10,000 days of patient care under surveillance.

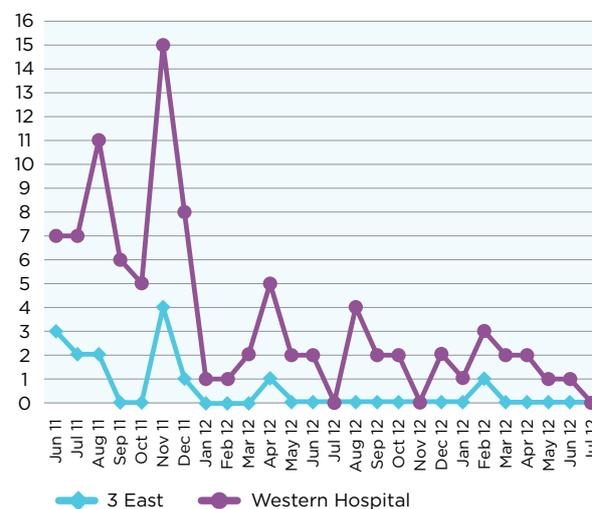
When a patient is identified as having an antibiotic resistant micro-organism, transmission based precautions are used to reduce the risk of spread.

Clostridium Difficile (*C. difficile*) is a common cause of antibiotic-associated diarrhoea in hospitals. *C. difficile* infection is acquired by ingesting the bacteria through contact with contaminated environment or a patient.

C. difficile can be spread from person to person via the hands of anyone, including health care workers. This can occur by failing to wash hands properly after going to the toilet or touching a contaminated surface or item. The risk of cross-infection increases when bathrooms and toilets are shared by patients who are infected with *C. difficile*.

A growing incidence of hospital acquired *C. difficile* in a Western Hospital ward triggered a quality improvement project which reduced this infection rate and had a positive ripple effect that has reduced the over Western Hospital *C. difficile* Infection rate. This project included simple practice changes such as improved cleaning and disinfection, improved waste collection facilities and the design of a new isolation cupboard for all single rooms across Western Health.

WESTERN HOSPITAL ACQUIRED C.DIFFICILE



SURGICAL WOUND SURVEILLANCE

The Infection Prevention Team surveys targeted major 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.



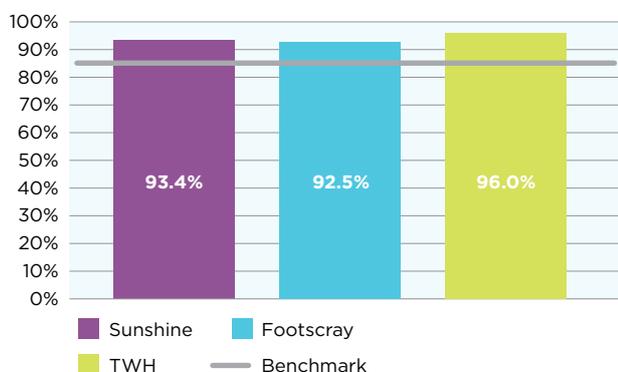
KEEPING OUR HOSPITALS CLEAN

The Western Health cleaning team has continued to deliver a high standard of cleaning to all patient and public areas achieving audit results well exceeding the State benchmarks.

The focus for the Environmental Services Department for 2012/13 was the consolidation and incorporation of the Western Health PSA traineeship training modules/packages into a cleaning manual. This manual established consistent cleaning protocols for all key areas focusing on safe work procedures, consistent service practices and a service focusing on regular cleaning of “high touch” areas particularly within patient rooms, treatment rooms and toilet facilities. The manual demonstrates each cleaning task with images depicting the task completed appropriately and safely. In the following months video footage will also be available to support further learning and allow staff to review practices in their ward areas at any time.

The training program not only supports the training of new staff to the workplace but also reinforces cleaning expectations for all cleaning staff members. Competency assessments are now conducted on a regular basis for each member of the cleaning team. This provides regular opportunity for supervisors to observe staff perform their cleaning tasks and provide immediate feedback on rectification requirements.

Audit results for this year were:



MEDICATION SAFETY

Medicines are the most common treatment used in health care – in hospital and in the community. Because they are so commonly used, medicines may be associated with a higher risk of errors when compared with other healthcare interventions. For patients in hospital and in the community, Western Health is committed to ensuring the highest standards of medication safety. We have a number of departments, groups and committees involved in managing and promoting medication safety in order to protect all of our patients.

SOME OF THESE AREAS AND THEIR ROLES INCLUDE:

- Pharmacy Department – committed to the safe supply of medications and provision of information to staff and patients.
- Medication Safety Committee – monitors the prescribing, dispensing and administration of medications and identifies trends in medication incidents. This committee is involved in introducing safety and education initiatives throughout Western Health to reduce medication errors.
- Pharmaceutical Utilisation Committee – ensures that high quality and the most appropriate medications are available to patients and that these are accompanied by guidelines to ensure safe use.
- Adverse Drug Reactions Committee – reviews adverse drug reactions experienced by patients in hospital and provides direct feedback and follow-up with patients and their local doctor.
- Antimicrobial Stewardship Working Group – monitors and reviews the use of antibiotics (and other antimicrobials) across Western Health.

The organisation is also working towards meeting the new National Safety and Quality Health Service Standards. Medication safety achievements completed during 2012/2013 include:

1. The completion of an organisation-wide audit of medication charts to assess prescribing practices throughout Western Health. Results will be used to optimise safe prescribing across the organisation.
2. Work in progress to formalise a process to identify medication incident trends. This has involved a two and a half year review of all medication related incidents and has resulted in:
 - Improvement of trend data available to the Medication Safety Committee.
 - Identification of high risk incident trends leading to development of organisation wide preventative safety measures such as the 'Medicated Transdermal Patch Safe Management' Procedure and ongoing work to improve insulin prescribing.
3. Safety initiatives to improve the storage of high risk medications in vital clinical areas throughout Western Health. Initiatives include improvement of potassium storage and the introduction of signage called 'Tall Man lettering' to prevent look alike sound alike drug selection errors.

In addition Western Health is represented in a number of state-wide medication safety initiatives including:

- The Department of Health Medication Reconciliation program that is working to ensure patients admitted and discharged from hospital receive optimal ongoing care and therapy.
- VicTAG Quality Use of Medicines 'Medication Safety Alert' distribution project designed to distribute alerts to Victorian hospitals on important medication safety issues.
- Health Purchasing Victoria's Product Review Group, dedicated to ensuring Victorian hospitals purchase safe and affordable medications.

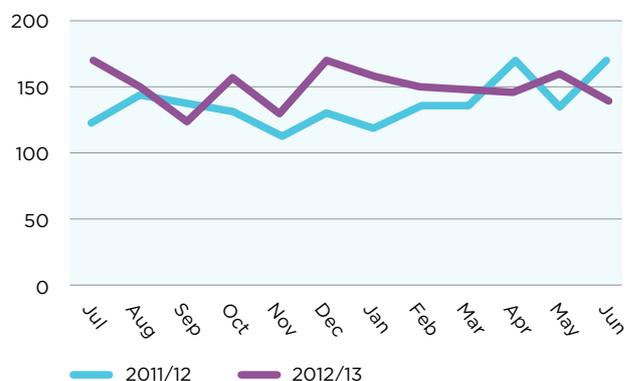
PREVENTING FALLS AND HARM FROM FALLS

Fall prevention remains a strong focus at Western Health. A patient may be at risk of sustaining a fall while in hospital for many reasons. These reasons include the type of medication they are on, the physical layout of the ward environment, access to toilets, the equipment being used to care for them or simply being unwell.

Western Health has implemented specialist committees to address some of the causative agents of falls, which include a continence and delirium committee, the ongoing medication safety and pressure injury prevention committees to mention a few.

Western Health uses validated tools to assess each patient for their individual risk of falling. From this assessment a prevention plan is tailored to the patients' specific requirements. The implementation of the Six Pack Falls Prevention Tool across six wards has demonstrated that decreases in falls can be achieved, with the participating wards demonstrating a 60% decrease in the number of falls which result in an injury since implementation. Western Health is currently awaiting the results of the national study on Six Pack Falls Prevention, however, given the preliminary results, we will begin to roll this program out across the organisation in late 2013 in conjunction with our Releasing Time to Care Program.

FALLS BY MONTH



The increase in the number of falls recorded in 2012/13 is reflective of an increased reporting of falls through a greater organisational focus on capturing accurate data. Strategies implemented in January 2013 have resulted in a downward trend in falls numbers. It is pleasing to note that whilst our reported rate of falls may be increasing we have a very low rate of falls resulting in an injury compared to our peer organisations in Victoria.

Throughout the past year the Falls Prevention Committee has reviewed and updated the falls prevention procedure, written a falls prevention policy, implemented new reporting fields on our risk management system, reviewed all falls with a serious injury and sourced additional equipment.

The Falls Prevention Committee will continue to monitor the falls rates, make recommendations to the organisation, divisions and individual units based on best practice evidence and review current literature.

PREVENTING AND MANAGING PRESSURE INJURIES

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

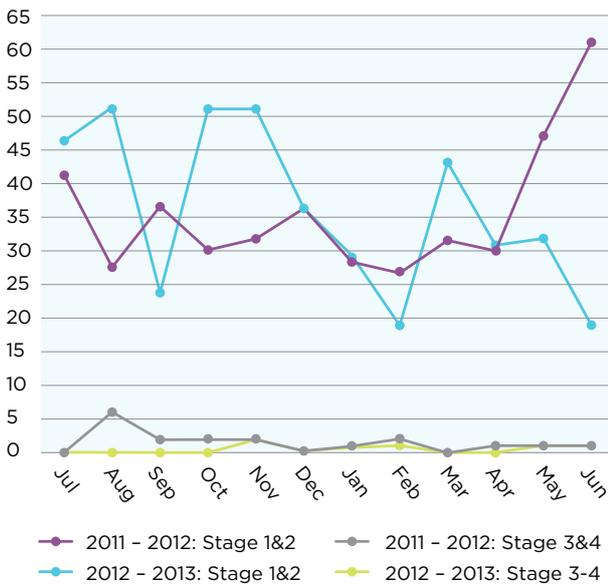
Western Health continues to recognise that preventing pressure injuries is an important safety issue. Over the past twelve months the Pressure Injury Steering Committee has been actively involved in promoting the Western Health vision: “zero tolerance for hospital acquired pressure injuries” to all health professionals through forums, seminars and short courses.

The educational DVD which was produced by Western Health to help health professionals understand the long term effects pressure injuries can have on patients’ lives has been instrumental in assisting with increased awareness and changing clinical practice. This DVD has been presented at national conferences and has been widely accessed by other health organisations across Australia to assist with their pressure injury prevention programs.

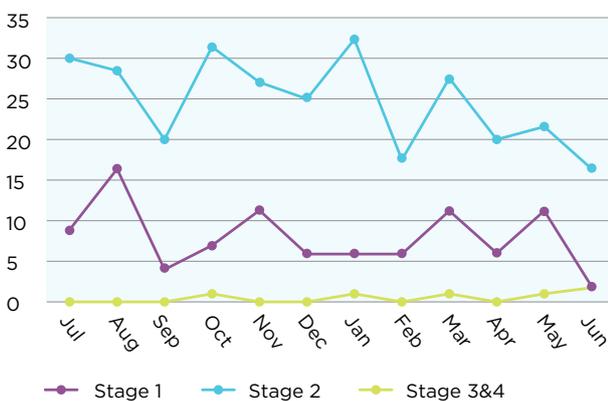
Over the past three months a ‘new’ SSKIN program has been piloted in three wards at Footscray Hospital which have elderly and frail patients: the aim being to focus the care provided around five key concepts which are known to assist in reducing the risk of patients developing hospital acquired pressure injuries. Each ward identifies their individual goals; key learning’s and results from these wards are being incorporated into the SSKIN program which will be introduced across wards that have patients developing pressure injuries.

The graphs below show that there has been a significant decrease in the number of severe pressure injuries (stage three and four) over the past twelve months (compared to the previous year) which means that our campaign to reduce severe pressure injuries is being effective.

TOTAL NUMBER HOSPITAL ACQUIRED PRESSURE INJURIES (ALL STAGES)



NO OF PATIENTS / STAGE OF PRESSURE INJURY: BREAKDOWN OF DATA 2012-2013



COMPARISON OF STAGE 3 AND 4 PRESSURE INJURIES



SAFE USE OF BLOOD AND BLOOD PRODUCTS

All patients who are transfused with blood products expect that these products are safe and that the decision to be given such products is appropriate. It is important that all transfusion processes within Western Health meet the highest standards.

Western Health has a dedicated team of transfusion nurses and a Blood Transfusion Committee. Their key goals are to ensure policies, procedures, education programs and resources are up to date, consistent and align with the National Safety and Quality Health Care Standard 7, which specifically covers blood and blood products.

Our online blood transfusion e-learning and assessment packages are compulsory for all nursing, midwifery and junior medical staff. We have also successfully extended these learning packages to all senior medical staff. This has ensured the consistency in appropriate prescription, administration and management of blood products across the clinical workforce.

During the last 12 months the consent policy has been reviewed as a result of feedback from the Surveyors of the Organisation Wide Survey for Accreditation, in EQUiP 5 (the standards to which we were held to account). We are committed to ensuring that our patients are involved in the decision to transfuse. We have rolled out a new Blood Product Consent and Prescription Form. This form includes an area for the patient to sign their own consent. It also allows the clinician to record clinical indication for each individual blood product.

To enable us to evaluate our practice, our clinical audit program includes clinical indication and appropriateness of 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. We have now also extended this audit to include surveys of patient's satisfaction to allow us to evaluate consumer feedback on our transfusion practices.

RESIDENTIAL AGED CARE SERVICES

Western Health has one affiliated aged care provider - Reg Geary House in Melton

EXTERNAL ACCREDITATION

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.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards. To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

In May 2013, Reg Geary House had a full accreditation visit and achieved the maximum score of 44 out of the 44 expected outcomes of the Accreditation Standards.

PUBLIC SECTOR RESIDENTIAL AGED CARE SERVICES QUALITY INDICATORS

Reg Geary House undertakes regular monitoring of resident incidents and reports 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

Reg Geary House closely monitors pressure areas. All residents have comprehensive skin, nutrition and mobility assessments and appropriate care interventions are formulated to ensure that all residents' skin integrity is maintained. Despite this some residents are admitted to residential aged care services with existing pressure ulcers. Due to the overall frailty and palliative nature of some of our residents, many of the wounds are chronic.

Reg Geary House has a lower incidence of Stage 1, 2 and 4 pressure ulcers per 1,000 occupied bed days compared to the statewide rate, however has a higher incidence of stage 3 pressure ulcers.



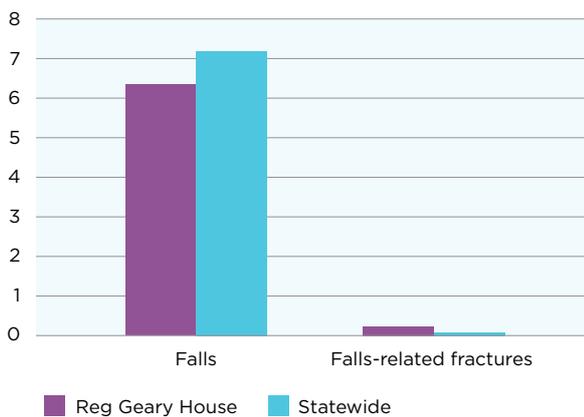
PREVALENCE OF FALLS AND FALLS-RELATED FRACTURES

Resident falls are closely monitored at Reg Geary House. All residents have a comprehensive risk assessment undertaken utilising both Western Health assessments and aged care assessment tools which covers areas such as cognition, toileting, mobility and past history.

Each resident has their mobility assessed on admission by a physiotherapist who assesses the falls risks and liaises with staff to ensure specific interventions are individualised to the resident and that a preventative plan is in place and instigated.

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

Reg Geary House has a lower incidence of falls per 1,000 occupied bed days compared to the statewide rate however has a slightly higher incidence of falls-related fractures with 0.25 per 1,000 occupied bed days compared to the statewide rate of 0.14.



INCIDENCE OF PHYSICAL RESTRAINT

Residential aged care services actively discourage restraint and utilise behavioural strategies and counseling of residents and their families to educate them of the inherent dangers associated with restraint. Reg Geary House reported no incidents of intent to restrain (statewide rate of 1.12 per 1,000 occupied bed days) and no incident of physical restraint devices in use (statewide rate of 1.06 per 1,000 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 residents receive the most appropriate pharmacy matched to their individual needs Reg Geary House has a monthly Pharmacy Committee at which each resident’s medications are reviewed and alternate medications prescribed where appropriate. The committee includes local general practitioners, and pharmacists and senior nursing staff from the facility. 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 auspice through Medicare to ensure that all residents are reviewed and appropriate medications are prescribed and where possible medications are reduced.

On average Reg Geary House residents have a higher rate of multiple medication use (5.2 per 1,000 occupied bed days) compared to a statewide rate of 4.45.

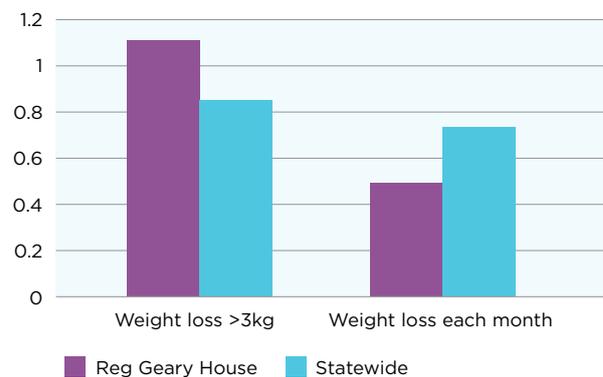
UNPLANNED WEIGHT LOSS

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

All weight changes greater than 2kg over a one 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.

Reg Geary House residents have a slightly higher incidence of unplanned weight loss compared to the statewide rate and a lower incidence of residents with weight loss each month.



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 (BCOP)

A typical day at Western Health sees 70% of admitted patients aged 65 years and over (Census Data, 2011), with many of these transitioning across the care continuum. The Best Care for Older People (BCOP) strategy aims to improve care pathways for older people and ensure the delivery of high quality, timely and person-centred service provision. This work is supported by the Victorian Government Department of Health initiative Improving Care for Older People: A Policy (IC4OP), which focuses on minimising functional decline of older patients and integrating care across settings to ensure that people receive the right care in the right place at the right time.

KEY ACHIEVEMENTS OF THE BCOP TEAM DURING 2012 – 2013 HAVE INCLUDED:

- Formation of two new quality and safety advisory committees to oversee the implementation of a framework that promotes evidence-based practice in the areas of cognition and continence.
- Development of a monthly newsletter/bi-monthly education series for staff regarding the BCOP domains of care by a newly-founded interdisciplinary education committee.
- Purchase of bariatric equipment and appropriate specialist seating options for patients with complex positioning requirements.
- Establishment of the “Taking Time To Talk” team which involves specially-trained volunteers assisting patients with a known cognitive impairment by engaging them in diversional therapy activities and gathering information about their usual routines/behaviours/likes/dislikes to support the provision of person-centred care.
- Implementation of the “Understanding Dementia” program to provide education for non-clinical staff regarding dementia, outline useful communication strategies and endorse their role in care delivery.
- Installation of orientation boards for high visibility rooms which contain information to aid cognitive functioning such as day/date/season/location/nurse’s name and an area for patients to display their own photos, cards or personal comfort items.
- Transformation of the Secure GEM internal environment using artwork to support behaviour management, enhance general wellbeing and promote activity.
- Redevelopment of the Secure GEM outdoor area to become an evidence-based, state-of-the-art sensory and therapy garden aimed at improving mood, social interaction, sleeping patterns, spatial orientation and participation in meaningful activities.

In addition, the following events were held to promote and celebrate BCOP at Western Health:

- United Nations’ International Day of Older Persons Community Event: recognising the contributions of older persons and examining issues that affect their lives.
- BCOP Nursing Projects Showcase: presenting the outcomes of the 15 ward-based quality improvement projects conducted as part of the 2011 – 2012 BCOP Nursing Projects Program.
- Secure GEM Therapy Garden Launch: officially opening the renovated outdoor area and acknowledging the contributions of staff and community partners.
- BCOP – 2013 and Beyond Forum: highlighting the importance of maintaining function in older people and providing an overview of the approaches being used at Western Health to sustain this work into the future.

WESTERN HEALTH INVOLVED IN LANDMARK GLOBAL STROKE STUDY

The Director of Western Health's Stroke Unit and Neuroscience Research Unit, Associate Professor Tissa Wijeratne, has been involved in a landmark international study that has discovered a new way to treat intracerebral haemorrhage (ICH), which stands to help millions of people worldwide.

The George Institute for Global Health study found that intensive blood pressure lowering in patients with intracerebral haemorrhage, the most serious type of stroke, reduced the risk of major disability and improved the chances of recovery by as much as 20%.

The study, which involved more than 2800 patients from 140 hospitals around the world, was recently announced at the European Stroke Conference in London and published in The New England Journal of Medicine.

Intracerebral haemorrhage, spontaneous bleeding within the brain most often due to hypertension, affects more than 6000 Australians annually, kills one third of them and leaves most survivors with a disability.

"We manage between 150 and 200 ICH cases every year at Western Health, with no effective treatment for these patients," A/Prof Wijeratne said.

"On average between 30 to 60% of these patients die and almost 50% of survivors end up with significant disability as a result of their stroke.

"This study changes the game significantly," he added.

Trials showed that patients with ICH whose blood pressure was lowered to a target of 140mmHg within six hours of their haemorrhage had better functional outcome than those whose target blood pressure was 180mmHg.

"We will offer intensive blood pressure reduction treatment to our ICH patients from now on, meaning they will be 20% less likely to be disabled as a result of their stroke," A/Prof Wijeratne said.

"It was very exciting to work with a group of like minded stroke experts, who all shared the common goal of wanting to do the best for ICH patients and find some answers to reduce the risk of major disability."

Western Health Chief Executive, Associate Professor Alex Cockram, said Western Health's international reputation had been greatly enhanced through A/Prof Wijeratne's involvement in this ground breaking study.

"Stroke is a disease that affects many thousands of Australians, young and old, from all walks of life, and Western Health sees many stroke patients each year," A/Prof Cockram said.

"Western Health is now a key player in the stroke field in Australia and across the world.

"Through the efforts of A/Prof Wijeratne, more exciting projects in stroke research will be coming to Western Health later this year, which will allow our patients to access future therapy now."

34 CONTINUITY OF CARE

SECURE GEM DEMENTIA GARDEN GROWS INTO A REALITY



The Secure GEM Ward at Sunshine Hospital is a unique ward that provides care for one of the organisation's most complex and vulnerable patient cohorts.

Almost all patients admitted to this subacute and aged care specialty unit have behavioural and psychological symptoms of dementia, otherwise known as BPSD, which is a term used to describe a range of symptoms associated with disturbed perception, thought content, behaviour and mood.

Patients who are transferred to the Secure GEM Ward participate in complex assessment, evaluation and care planning with a team of experts in the area of dementia and associated behavioural traits within a secure environment.

In an attempt to help manage some of these challenging behaviours, patients on the Secure GEM Ward have always had access to a secure outdoor area, however, in its previous state, the garden did not allow for meaningful activity and the layout did not ensure protection from the elements.

Given this, in October 2012, a proposal was submitted to the Western Health Foundation for funding to support the redevelopment of the Secure GEM outdoor area to create a secure, safe and calming outdoor environment specifically designed for people with dementia.

A total of \$100,000 was provided by the Sunshine Hospital Auxiliary and Opportunity Shop to complete the renovation, which has transformed the area into a state-of-the-art sensory and therapy garden.

"There is a long history of the therapeutic use of plants and gardens in the care of patients with physical cognitive and mental health issues," Best Care for Older People Manager, Amy Parker said.

"Studies have found that both passive and active interactions with a garden environment can have significant health benefits."

A well known study found that simply having a view to an outdoor scene could reduce length of stay for patients, compared to those with the same compliant who had no access to an outdoor view.

"Further studies have found that access to plants within the hospital environment significantly increases socialization and food consumption of severely withdrawn patients with schizophrenia," she added.

After months of meticulous planning and hard work, the Secure GEM Dementia Therapy Garden was officially opened on 27 June 2013 by Western Health Chief Executive, Associate Professor Alex Cockram.

“The redevelopment of this outdoor area into an evidence-based therapeutic garden represents a wonderful collaboration between the Division of Subacute and Aged Care, The Engineering Department, The Community Engagement and Volunteer Team and the Western Health Foundation,” A/Prof Cockram said.

“I would like to congratulate and thank all who have contributed to the redevelopment of the garden for leading the way in improving the care and health outcomes of our patients on the Secure GEM Ward.

“Your vision, dedication and generosity reflects the true Western Health values of compassion, accountability, respect, excellence and safety.”

Paul de la Motte, President of the Horticultural Therapy Association of Victoria and Holmesglen TAFE manager was also instrumental in planning and installing the garden.

TAKING TIME TO TALK

Three new education programs have helped non-clinical staff better understand and communicate with some of Western Health’s most vulnerable patients.

After receiving a \$5,000 Dementia Fellowship Grant through The Victoria and Tasmania Dementia Training Study Centre in November 2012, Best Care for Older People Clinical Nurse Consultant Kathy Kirby and a group of clinical experts commenced work on a dementia education program known as UanDME (Understanding Dementia More through Education) for non-clinical staff and volunteers, along with establishing a volunteer program known as Taking Time to Talk (TTT).

During March 2013, over 220 staff (Patient Service Assistants, Environmental Services staff, Ward Clerks, Pathology staff and Volunteers attended the Education Program.

Funds from the fellowship have also been used to purchase orientation boards for most high visibility rooms on the wards.

These boards have information such as day, date, location and weather and are updated daily either by PSAs, ward clerks, volunteers or nursing staff.

The TTT volunteers meet with patients on the ward who have a diagnosis of dementia, delirium or a cognitive impairment and complete the ‘About Me’ tool to gather information about the patient’s usual routine.

The information is then used by staff, where possible, to maintain a patient’s usual routine and to provide topics for discussion for the social support volunteers to focus on during their visits.

The pre-education survey identified that 43% of staff had prior informal education or information regarding dementia that was related to relatives being diagnosed with dementia.

The post-education evaluation demonstrated that 97% of staff found the education useful with 74% sharing the information with other work colleagues or family and friends.

It is hypothesised that long term, through the implementation of these programs the risk of patients developing a delirium in hospital will decrease along with the associated adverse events and will result in improved patient outcomes and overall healthcare experience.

SPECIALIST CLINIC ADDRESSES WEIGHTY ISSUE

The prevalence of obesity in Australia is having a staggering flow-on effect on the health of pregnant women in the west of Melbourne, which contains two obesity ‘hot spots’ at Melton and Werribee.

In response to the associated challenges, Clinical Services Director, Associate Professor Glyn Teale, together with Clinical Midwife Consultant, Karyn Smith, have established a clinic at Sunshine Hospital specifically for pregnant women with a very high Body Mass Index (BMI).

It is the only such clinic in Victoria and the service is currently seeing at least 30 women a week.

“The service was initially established for women with a BMI of 35 or over, but you’re lucky to get into it now unless you have a BMI of greater than 40. The clinic is overrun. It is not uncommon for me to see three or four women with a BMI of over 50 in one clinic session,” says A/Prof Teale.

“Extensive research tells us that being overweight or obese during pregnancy has major implications and we know that being overweight or obese can have an impact on the birth process itself, and on neonatal health.

“The focus of the clinic is on weight stabilisation and close monitoring rather than weight loss. All the usual tests are less helpful when dealing with a woman with an extreme BMI. A scan on a slim woman will produce an estimate of a baby’s weight. A scan on an obese woman becomes more of a guesstimate.”

Karyn Smith says building a positive relationship with the women from day one is key to the success of the clinic.

“A lot of the women we see have co-morbidities like diabetes, hypertension, thyroid problems, sleep apnoea and/or depression. They really do require a more complex level of care, often including intensive family and community supports,” Karyn says.

“The clinic is great because it offers a really holistic service. It’s a multidisciplinary team with input from associated services including anaesthetics and allied health. I provide midwifery care, in conjunction with advice on healthy eating and exercise, support breastfeeding and monitoring depression.”

As a result of the popularity of bariatric (gastric banding) surgery within the population to manage morbid obesity, there has been an increasing number of women presenting with pregnancies and gastric bands in place. These women also require specialist care to ensure adequate nutrition throughout their pregnancies and monitor foetal wellbeing.

A retrospective review of pregnant women with a BMI of over 50 (extreme morbid obesity) at Sunshine Hospital over the past four years is currently under way.



Photo courtesy of Michael Copp, Brimbank Star

PROMPT COMES TO SUNSHINE

The Women's and Children's Service at Sunshine Hospital is very excited to be one of six Victorian Health Services which were successful in their submission to receive funding from the Victorian Managed Insurance Authority, to implement the Practical Obstetric Multi-Professional Training (PROMPT) Education Program.

PROMPT is an internationally recognised program developed in the UK, to train midwives, obstetricians and anaesthetists in managing obstetric emergencies.

PROMPT distinguishes itself from other obstetric training courses by training obstetric teams and not individuals. The team attends the workshop together, moving through lectures, drills and simulated scenarios in 'real time', in the actual clinical environment.

In the UK, the hospitals who have implemented PROMPT have demonstrated an improvement in the management of maternity emergencies, with improved outcomes for women and their babies.

The Site Coordinator for the program at Sunshine Hospital, Margie McCormick said it was a wonderful achievement for Western Health to implement the PROMPT program.

"Improving outcomes is always a key priority, and any educational program which can assist with this will be of great value to the organisation, and most importantly, to the women who birth at Sunshine Hospital," Margie said.

WESTERN ALCOHOL REDUCTION PROGRAM LAUNCHED

Western Health has joined forces with two local colleges in a bid to reduce the number of emergency department presentations due to drug and alcohol consumption amongst young people in the Western region.

The Western Alcohol Reduction Program (WARP), which was made possible thanks to \$50,000 in funding from School Focused Youth Services, will be run at Sunshine Hospital's Western Centre for Health, Research & Education in conjunction with Essendon Keilor and Copperfield Colleges.

The program will see six sessions held throughout the year and each session will involve a group of students participating in activities designed to educate them around the consequences of participating in risk taking drug and alcohol behaviours.

As part of the program, Sunshine Hospital Emergency Department Clinical Nurse Specialist, Voula Munro and Dr David Mai, worked with students to produce a DVD that portrays the harmful effects of binge drinking in youth and the consequences of decisions young people make when under the influence of drugs and alcohol.



The DVD will be used as an educational tool throughout the program.

“It has been fantastic to see so many organisations come together to make this program happen, including School Focused Youth Services, Victoria Police, Brimbank Youth Services, the Department of Education and Early Childhood Development and of course, Western Health,” Sunshine Hospital Emergency Department Clinical Nurse Educator and WARP Project Leader, Samantha Mineo said.

“Unfortunately presentations relating to alcohol consumption are not a rare occurrence.

“What is most concerning is an increasing number of these people are young.

“Hopefully through the Western Alcohol Reduction Program we can start to minimise the number of emergency department presentations due to risk taking behaviour around the use of drugs and alcohol amongst young people in the Western region,” she added.

ORTHOANSWER TAKES SILVER AT THE 2012 VICTORIAN PUBLIC HEALTHCARE AWARDS

Western Health’s Orthopaedic Unit was successful in securing the Silver Award at the 2012 Victorian Public Healthcare Awards in the ‘optimising healthcare through e-health and communications technology category’ for ‘OrthoAnswer’, a national orthopaedic patient resource.

Led by Head of Orthopaedic Surgery, Mr Phong Tran, the Orthopaedic Unit has developed a patient information platform, involving a collaborative multi-disciplinary approach, which has filled a significant void in patient education and led to Western Health becoming the National E-Learning and Patient Information Centre for the Australia Orthopaedic Association (AOA).



The aim of the project was to establish a non-profit patient resource that would improve health care outcomes by educating and informing patients, written in language that could be understood by people without a medical or higher level education background.

Mr Tran and his team are not strangers to success, bringing home a Highly Commended Award last year for ‘Clinman’, a transformation of surgical patient management ICT development program.

“The website is founded upon on current best practice and evidence-based medicine, and written in grade 5-6 English level,” Mr Tran explained.

“Over the past 2 years, medical students have followed patients through their healthcare journey at Western Health, and interviewed and surveyed hundreds of patients, aiming to provide an information resource that has been powered by patients and designed by health care professionals.”

Orthoanswer.org currently has over 3100 pages of information with 110 original illustrations. Pamphlet booklets have been designed so that doctors can guide patients to the website with the correct diagnosis and recommended treatment.

WHICH WAY IS BEST FOR PATIENTS?

Western Health's Cardiology Department is participating in an exciting new study funded to the tune of over \$1.8 million by the NHMRC.

The multicentre, randomised 'WHICH? II Trial', will see 600 patients (200 patients apiece from Western Health, St Vincent's in Sydney and Queen Elizabeth Hospital in WA) recruited from April this year, with a view to building upon the results of the previously NHMRC funded 'WHICH? Trial', led by the Baker IDI Heart and Diabetes Institute.

Western Health's Director of Non-Interventional Cardiology, Associate Professor Chiew Wong is taking the lead in Western Health's participation, along with Dr Nick Cox, Director of Cardiology and Professor Edward Janus who see many potential participants through the Cardiology and General Medicine streams.

"The 'WHICH? II Trial' has the potential to show us the most cost-effective way to optimise chronic heart failure outcomes, and explore patient preferences on how they receive their management programs," says A/Prof Wong.

"Cardiovascular disease and its most common manifestation, heart disease, affect more Australians than any other disease type, including cancer. In 2011-2012 around 1500 admissions to the Western Health had a diagnosis of heart failure. I am hoping that with the outcomes of this study, which will run for four years, we can find ways to the most cost effective and consumer friendly tailored program to improve care and reduce re-hospitalisation for chronic heart failure patients.

"The study will involve the comparison of outcomes between patients who receive a standard, post-discharge chronic heart failure management program, and patients who receive a more intensive program of management."

"We believe that despite the additional costs of more intensive, targeted management, this approach will result in overall reduced health care costs. By integrating things like home visits from cardiac nurses, particularly for older patients in non-metropolitan areas and those in high risk groups, and implementing structured telephone support, we can improve outcomes for patients."

"One of the outcomes I am most looking forward to from the 'WHICH? II Trial' is the impact it will have on our ability to offer patients more choice in how they receive their care. Some patients dislike hospitals. Maybe in the future we can do more to deliver their care at home or in their community."

NEW CHRONIC WOUND SERVICE

When it comes to Chronic Wound Care management, Elizabeth Dyson is certainly not short on experience.

Having spent over 10 years managing, teaching and researching wound care across Victoria, Elizabeth is well placed to head up the new Chronic Wound Service at Sunshine Hospital.

Elizabeth joined Western Health at the end of last year to help establish and manage the service, which commenced late last month in the new Acute Services Building.

The clinic involves an interdisciplinary team of doctor specialising in wound care as well as clinical nurse consultants, a dietician and a social worker when required.

Elizabeth has also established an outreach service for patients who are too frail to attend the clinic, which she will conduct two days a week.

"This service is imperative for the Western region," Elizabeth said. "This is something Western Health has been keen to address for a while, so it is fantastic to see it up and running."

Elizabeth, who started her career in district nursing, was instrumental in setting up the Chronic Wound Service at Northern Health 10 years ago.

She has lectured at Monash University in post graduate wound care studies, worked at the Royal Melbourne Hospital Chronic Wound Service before taking on the

Unit Manager role at the Hyperbaric Health Wound Centre prior to making the move to Western Health.

“I was really excited by the role and the challenge of setting up a wound clinic from scratch,” Elizabeth said of her move to Western Health.

“Through my former role I was in contact with a lot of people from the Western region who required wound care, so I’m excited to be able to provide them with this service.”

“I want Western Health to be leaders in wound care management and I certainly think we have the team to achieve that.”

RENAL DENERVATION PROCEDURE INTRODUCED AT WESTERN HEALTH



Western Health has introduced of a new minimally invasive procedure to treat resistant hypertension, a potentially life-threatening condition which currently affects thousands of Australians.

Known as Renal Denervation (RDN), Australian physicians have pioneered use of the procedure and are amongst world leaders in adoption of this cutting-edge technology.

Renal denervation and ongoing treatment with anti-hypertensive medications provides resistant hypertension patients the opportunity to achieve target blood pressure levels.

Blood pressure control in Australia has been shown to be at sub-optimal levels – approximately one-quarter of men and women attending general practice and over 40 per cent of those receiving treatment for hypertension have blood pressure above recommended levels.

Approximately 620,000 Australians have treatment-resistant hypertension.

Further, an ageing population coupled with increasing trends in obesity, sleep apnoea, and chronic kidney disease mean the prevalence of treatment-resistant hypertension is anticipated to increase.

Recent studies have shown promising reductions in blood pressure amongst patients with treatment-resistant hypertension.

“High blood pressure remains a significant cause of morbidity and mortality,” Western Health Cardiologist, Dr Nicholas Cox said.

“Many of the patients whom we manage with cardiac disease, renal disease and stroke have arrived there because of a history of poorly or difficult-to-control hypertension.

“This revolutionary new treatment puts Western Hospital at the cutting edge of cardiovascular therapy.

“Much of the development of this new treatment has occurred in Melbourne and Western Hospital is fortunate to have on staff Dr Tony Walton who has been closely associated with the pioneering team of this new treatment.”

In addition to providing this new therapy, Western Hospital is engaged in the Simplicity Global Registry which will follow all patients who undergo Renal Denervation procedure to continue to learn the best way to apply this therapy and contribute to the international research on this therapy.



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 on (03) 8345 6666.

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

Director Clinical Governance
Western Health
PO Box 294,
St Albans 3021



Please take the time to complete and return with your feedback

- Was this report easy to understand? No Yes
- Please rate the presentation of this report by ticking one of the following:
 Excellent Very good Good Poor Very poor
- 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
- What would you like to see next year to improve this report?

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

- 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

Together, caring for the West

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