

QUALITY OF CARE REPORT  
2013-14



Western Health

**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.



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**

Taking responsibility for our decisions and actions.

**Respect**

For the rights, beliefs and choice of every individual.

**Excellence**

Inspiring and motivating innovation and achievement.

**Safety**

Prioritising safety as an essential part of everyday practice.

OUR PRIORITIES

Safe and effective patient care

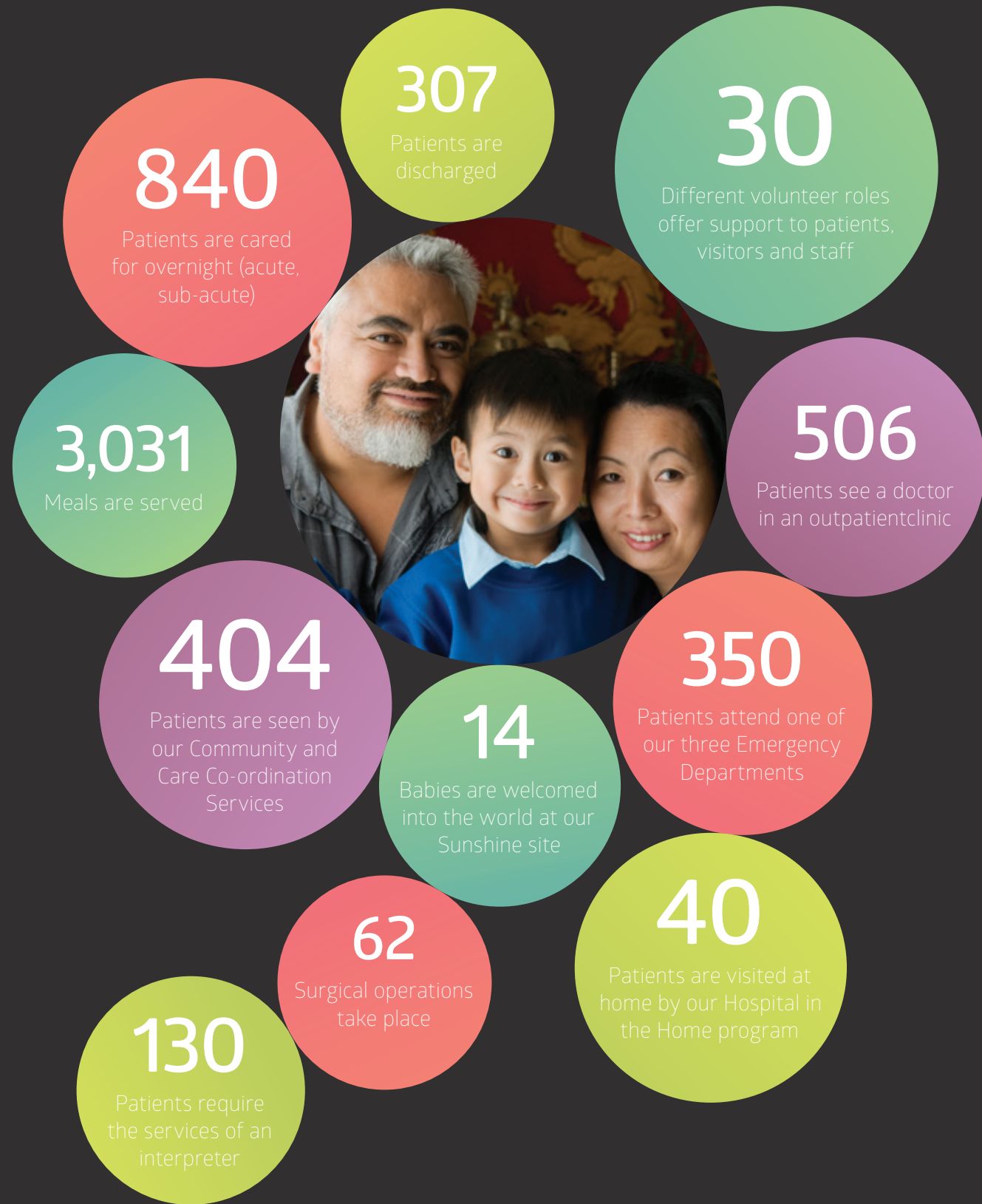
People and culture

Community and partnerships

Research and learning

Self-sufficiency and sustainability

ON A TYPICAL DAY  
AT WESTERN HEALTH



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TEXT



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# AT WESTERN HEALTH, OUR VISION IS THAT EACH AND EVERY ONE OF OUR PATIENTS RECEIVES 'BEST CARE'.



## FOREWORD

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

### Welcome to the Western Health Quality of Care Report for 2014.

In the last 12 months we have seen some significant changes to the structures we have in place to maintain and improve the quality of patient care across our health organisation.

Western Health's Best Care Framework was introduced at the start of 2014 to support a more focussed approach to quality, safety and the patient experience. At Western Health, our vision is that each and every one of our patients receives 'Best Care'. This means that we work in partnership with our patients to put patients first. The Best Care Framework was developed in consultation with consumers, staff and volunteers, and is underpinned by themes that are important to patients and linked to the four Dimensions of Best Care: Patient Centred Care, Co-ordinated Care, Right Care and Safe Care.

This Framework describes a vision of 'Best Care' for all Western Health patients and sets out the behaviours, strategies and systems needed to achieve this. This approach translates the dimensions into the patients' and their family's expectations of the health services, and actions for front line staff, managers, senior clinicians, executives and the Board, to take responsibility and be accountable for the standard of care we deliver.

Our approach to safety and quality was assessed in March 2014 when the Australian Council on Healthcare Standards (ACHS) conducted a periodic review Accreditation process across all Western Health sites. We maintained our full accreditation status and are proud to report that we received many positive comments. The surveyors were particularly impressed with the Best Care Framework and they saw this as a leader in the health sector and recommended we make it available to other health services. The surveyors also noted that Western Health staff show a genuine enthusiasm and commitment to quality patient care and display respect for each other, patients and the community we serve.

At the end of 2013, we launched a special project at Western Health, in partnership with some of our patients and their families. 100 Sunshine—the untold stories of Sunshine Hospital and Western Health, is a website dedicated to sharing the positive experiences of our patients and their families and the staff and volunteers who have supported them during their care. Many patients who have shared their stories attribute their care to anywhere from 10 to more than 100 staff, when they have experienced an extended stay. The 100

Sunshine website is a wonderful tribute to our patients and reflects the importance of working together to make each person's quality of care as good as it can possibly be.

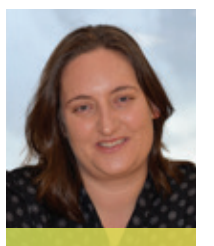
The Quality of Care Report is a companion document to our Annual Report. This Report is distributed widely to the community in locations such as medical clinics, local government offices, community health centres and in our waiting rooms and communal areas at Western Health hospitals.

In addition, the full Report is available on our website - [www.westernhealth.org.au](http://www.westernhealth.org.au), which was relaunched in November 2014 and contains comprehensive and easy to access information about Western Health services.

At Western Health, we continuously strive to improve how we do things and your feedback is valuable to this process. Please complete the attached form at the back of this Report and tell us what you think. Feedback can be placed 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



# ABOUT WESTERN HEALTH

**Western Health manages three acute public hospitals: Western Hospital at Footscray; Sunshine Hospital at St Albans; and the Williamstown Hospital. It also operates the Sunbury Day Hospital and a Transition Care Program at Hazeldean in Williamstown. A wide range of community-based services are also 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, Victoria University and Deakin 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 communities in Victoria
- speaks more than 110 different languages/dialects
- provides a significant number of our staff
- has a strong history of working collaboratively with Western Health to deliver excellence in patient care.

Western Health's catchment includes the following local government municipalities:

- Brimbank
- Hobsons Bay
- Maribyrnong
- Melton
- Moonee Valley
- Moorabool
- Hume
- Wyndham

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.

SERVICES ARE  
PROVIDED TO THE  
WESTERN REGION OF  
MELBOURNE, WHICH  
HAS A POPULATION  
OF APPROXIMATELY  
800,000 PEOPLE.





WESTERN  
HEALTH INVOLVES  
CONSUMERS AT  
ALL LEVELS OF THE  
ORGANISATION.



# CONSUMER CARER & 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 who 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.

Western Health involves consumers at all levels of the organisation. Western Health uses the Department of Health's 'Doing It With Us Not For Us - Strategic Directions' to guide its consumer participation strategies.

‘DOING IT WITH US NOT FOR US’ PRIORITY ACTIONS



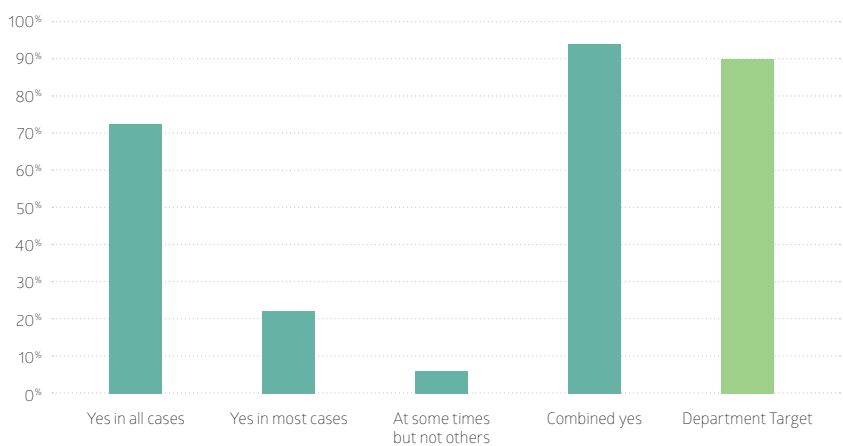
‘DOING IT WITH US NOT FOR US’ STANDARDS

STANDARD 1 - THIS STANDARD RELATES TO THE ORGANISATION’S COMMITMENT TO CONSUMER PARTICIPATION.

1	<i>Community Participation Plan</i>	Every three years Western Health asks consumers how it can better engage with the community. The Community Participation Plan is then updated and monitored by its Community Advisory Committee.
2	<i>Primary Care Partnership</i>	The Better Health Plan for the West is an agreement auspiced by Western Health with 21 partners. An Executive Officer has been employed to ensure that the organisation continues to deliver on the agreed strategies to improve the health of the community in the West.
3	<i>Report on Participation Activity to the Community</i>	Western Health keeps the community informed through its websites, posters, and public forums and events such as its Open Access Board Meetings and the Open Sunshine Community Day.
4	<i>Cultural Responsiveness Plan</i>	Every three years Western Health asks consumers how it can improve care for its diverse community. The Cultural Responsiveness Plan is then updated and monitored by its Cultural Diversity Committee.
5	<i>Improving Care for ATSI Patients</i>	Western Health’s Aboriginal Health Unit has three staff who provide clinical support to Aboriginal and Torres Strait Islander (ATSI) patients.
6	<i>Improving Care for Patients with Disabilities</i>	Western Health has a Disability Advisory Committee that provides advice and monitors its Disability Action Plan. The Disability Advisory Group consists of staff, consumers and disability service providers.
7	<i>Consultation Mechanisms</i>	Western Health values patient feedback. Patients can provide feedback in person, by filling in feedback forms located around its hospitals, by email or by phone.  Western Health is participating in the pilot for the Victorian Health Experience Survey.
8	<i>Staff Capacity Building</i>	Western Health delivers in-house training to all staff and volunteers on patient-centred care, cultural diversity, and involving consumers, carers and community members.

STANDARD 2 - THIS STANDARD RELATES TO THE WAY PATIENTS ARE INVOLVED IN DECISIONS ABOUT THEIR CARE AND TREATMENT.

A survey was conducted of women who had given birth at Sunshine Hospital between January and June 2013. When asked if they were involved in decisions about their labour, 94% answered yes.



STANDARD 3 - THIS STANDARD RELATES TO THE WAY THE ORGANISATION SUPPORTS PATIENTS TO MAKE DECISIONS ABOUT THEIR CARE BY PROVIDING THEM WITH RELEVANT INFORMATION.

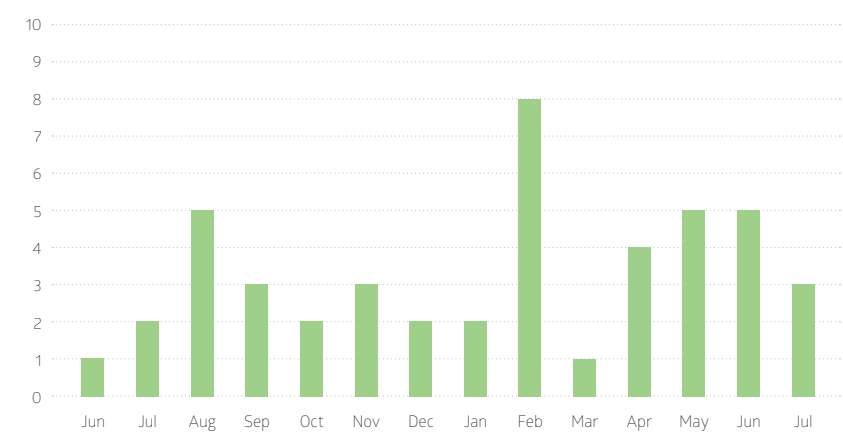
Western Health has a Consumer Information Review Panel consisting of consumers, carers and community members. The panel's remit is to review the organisation's information brochures to ensure that they are relevant and easy for patients to understand.

This approach is underpinned by:

- The development of written consumer information guidelines
- The standardisation of brochure templates
- Staff support and training

Between June 2013 and July 2014 the Consumer Information Review Panel reviewed 47 patient information brochures.

Number of patient information brochures reviewed by consumers during 2013-2014



STANDARD 4 – THIS STANDARD RELATES TO THE WAY CONSUMERS, CARERS AND COMMUNITY MEMBERS ARE INVOLVED IN PLANNING, IMPROVING AND EVALUATING SERVICES.

4.1	Strategic Planning	Each year Western Health's Open Access Board Meeting attracts a large number of consumers, carers and community members. Their feedback is incorporated into the organisation's strategic plan.
4.2	Service Program and Community Development	Western Health's Community Engagement Managers have developed partnerships with several local community organisations and schools, whose members volunteer at the hospital to improve the experience for patients.
4.3	Quality Improvement Activities	All quality improvement projects are required to have consumer input.
4.4	Monitoring feedback	Feedback is constantly monitored by Western Health's Consumer Advisory Committee and incorporated into its planning process.
4.5	Quality and Clinical Governance Committees	All the organisation's quality and clinical governance committees include consumer representatives among their members.
4.6	Development of Consumer Health Information	Western Health has a documented process for involving consumers, carers and community members in the development of health information.

STANDARD 5 – THIS STANDARD RELATES TO THE WAY THE ORGANISATION SUPPORTS THE PARTICIPATION OF CONSUMERS, CARERS AND COMMUNITY MEMBERS.

Western Health's Consumer Participation Policy entitles consumers, carers and community members to be reimbursed for all out-of-pocket expenses and to be offered support on an individual basis.

Consumers, carers and community members have access to:

- Consumer training events
- Western Health newsletters
- Staff and volunteer orientation sessions
- Personal support
- Travel support



# CULTURAL RESPONSIVENESS

Western Health’s Cultural Responsiveness Plan meets all relevant Department of Health Standards.

**STANDARD 1 - THIS STANDARD RELATES TO HOW THE ORGANISATION ENSURES IT IS RESPONDING TO THE NEEDS OF CULTURALLY DIVERSE PATIENTS.**

Understanding the Community.

- In Brimbank, 53.1% of people were born overseas. The most common countries of birth were Vietnam 9.8%, India 4.3%, Malta 2.9%, Philippines 2.9% and Italy 2.0%.
- In Hobsons Bay, 36.5% of people were born overseas. The most common countries of birth were England 3.5%, India 2.8%, Italy 2.0%, New Zealand 1.9% and Vietnam 1.6%.
- In Hume, 37.9 % of people were born overseas. The most common countries of birth were Iraq 4.3%, Turkey 3.9%, India 2.4%, Italy 2.1% and Lebanon 1.8%.
- In Maribyrnong, 47.7% of people were born overseas. The most common countries of birth were Vietnam 9.5%, India 4.0%, China (excludes SARs and Taiwan) 3.0%, England 2.0% and New Zealand 1.7%.
- In Melton, 33% of people were born overseas. The most common countries of birth were India 2.5%, Philippines 2.5%, England 2.3%, New Zealand 1.8% and Malta 1.7%.
- In Moonee Valley, 32.6 % of people were born overseas. The most common countries of birth were Italy 5.0%, India 2.3%, Vietnam 1.8%, England 1.8% and Greece 1.4%.

- In Moorabool, 16.9 % of people were born overseas. The most common countries of birth were England 3.9%, New Zealand 1.2%, Scotland 0.8%, Netherlands 0.6% and Germany 0.6%.
- In Wyndham, 38.9 % of people were born overseas. The most common countries of birth were India 5.0%, New Zealand 3.1%, England 3.0%, Philippines 2.4% and China (excludes SARs and Taiwan) 1.5%.

In recognition of this diversity Western Health has a Cultural Diversity and Community Advisory Committee as a subcommittee to the Western Health Board. The committee’s role is to advise the Board on cultural issues and make recommendations to improve services for its diverse communities. The committee is chaired by a Western Health Board member and its membership is drawn from a range of cultural backgrounds.

**Cultural Diversity and Community Advisory Committee members**

**Ms Lisa Field**  
Ms Lisa Field lives and works in City of Wyndham. She 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 infrastructure, community services and facilities within the City of Wyndham.

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

**Mr. Godefa Berhane G'her**  
Godefa was born in Ethiopia. He 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 the Filipino Community Council of Victoria.

**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. Mrs Bereded-Samuel is one of 40 Australian champions independently selected and appointed by the Prime Minister as the People of Australia Ambassadors. Late last year Mrs Bereded-Samuel was recognised as one of the hundred most influential African Australians, and named 2012 Living Legend.

**Dr. Vladimir J Vizec MBBS (Monash)**  
With over 35 years’ experience across aged care, refugee health, family and industrial medicine, Dr. Vizec has been providing medical services to the community of the West for several generations. He has managed multi-disciplinary medical centres, worked in London under the NHS, and is now in private part-time practice in Williamstown.

Dr. Vizec’s experience and continuing involvement with a range of organisations gives him a broad understanding of the needs and challenges faced by health service providers and community members in the West.

**What has the Cultural Diversity and Community Advisory Committee achieved?**

Since 2008 Cultural Diversity and Community Advisory Committee members have:

- Attended 48 meetings
- Assisted in the development and review of three cultural diversity plans and three community participation plans
- Approved five policies and procedures

Cultural Diversity and Community Advisory Committee input has directly lead to the implementation of six projects:

- Same-gender rooms
- Consumer register
- Feedback boxes
- Expansion of the number of consumers, carers and community members on committees
- Community education sessions and events
- Cultural diversity training and disability training
- Translations of patient surveys

**STANDARD 2 - THIS STANDARD RELATES TO THE WAY WESTERN HEALTH SHOWS LEADERSHIP IN RESPONDING TO DIVERSITY.**

As one of the largest providers of health services in the West, Western Health’s role is to work in partnership with other providers, but also to take the lead on projects when required by its partners.

In 2014 Western Health, in partnership with BreastScreen Victoria and Western Region Community Health Centre (now CoHealth), delivered a Women’s Health Forum for Cultural Diversity Week. The forum was attended by 100 women and covered topics such as eating well, staying healthy and screening information.

Participants were from a range of communities and spoke a variety of languages.

Preferred Language	%
English	41.8
Turkish	25.4
Vietnamese	10.4
Somali	4.5
Spanish	3.0
Tigria	3.0
Arabic	3.0
Filipino	3.0
Cantonese	1.5
Amharic	1.5
Macedonian	1.5
Mandarin	1.5

The event was funded by the Macedon Ranges and North Western Melbourne Medicare Local.



Wendy Kostraby, Wafie Wilkersh, Assunta Morrone, Mervat Abdel and May Kotsakiv.

**STANDARD 3 – THIS STANDARD RELATES TO THE USE OF INTERPRETERS WHERE REQUIRED BY PATIENTS.**

Western Health employs a large workforce of 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.

Accredited interpreters are provided to all patients who require them; wherever possible in-house interpreters are used.

In recognition of its diverse patient group Western Health employs on-staff interpreters for 11 different languages.

These include:

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

**STANDARD 4 – THIS STANDARD RELATES TO THE WAY THE ORGANISATION RESPONDS TO THE RELIGIOUS, SPIRITUAL AND CULTURAL NEEDS OF ITS PATIENTS.**

Western Health seeks to understand the needs of its community members. The organisation adopts a patient-centred care approach to ensure that it is responsive to the spiritual, religious and cultural needs of the community. It partners with various religious denominations to ensure that spiritual and emotional support is available when needed by patients and their families.

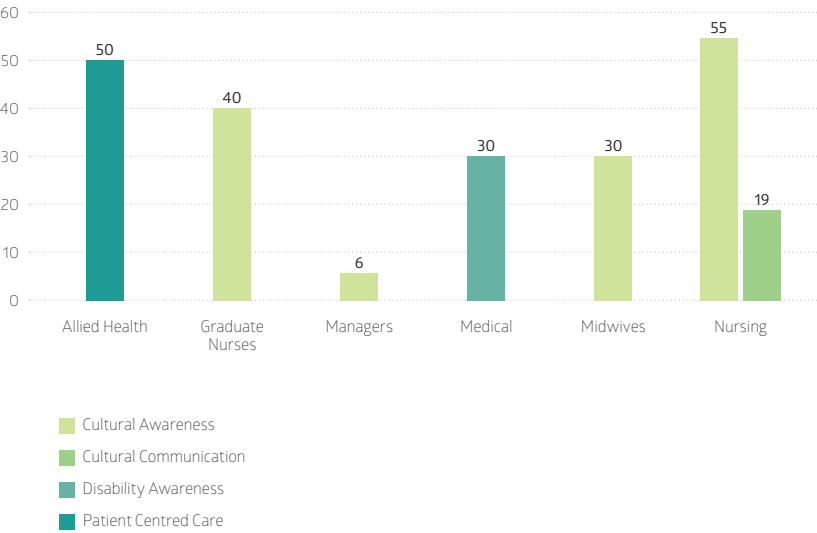
**STANDARD 5 – THIS RELATES TO THE WAY IN WHICH THE ORGANISATION ENCOURAGES CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES TO PARTICIPATE IN IMPROVING ITS SERVICES.**

To encourage feedback from Culturally and Linguistically Diverse (CALD) consumers Western Health has translated its feedback form into ten languages. Every month ten patients on each ward are surveyed by volunteers, and the information provided is used to improve services or make immediate changes on the ward. The translation of the surveys ensures that CALD patients are given a voice in this process.

**STANDARD 6 – THIS STANDARD RELATES TO HOW THE ORGANISATION ENSURES ITS STAFF UNDERSTAND THE NEEDS OF ITS DIVERSE COMMUNITY.**

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

All staff have access to cultural diversity training. Between June 2013 and June 2014 230 staff participated in cultural diversity training.



RESPONDING TO THE NEEDS OF PEOPLE WITH A DISABILITY

**The Western Health Disability Awareness Group has developed the organisation's first stand-alone Disability Action Plan for 2014-2016.**

**Western Health's Vision for Disability Health**

To develop an inclusive model where barriers are eliminated and people with disabilities are able to access services, facilities and the information they need to participate in decisions about their care and treatment and improve their health outcomes.

The Disability Advisory Group felt that it was important for Western Health to develop a definition of disability:

People with disabilities are people with abilities and are not defined by their disability, but by their ability to be active participants in decisions about their care, treatment and life.

The Western Health Disability Action Plan has the same aims as the Victorian State Disability Action Plan:

1. A strong foundation in life	2. Upholding rights and promoting participation	3. Accessing information, transport, buildings & places	4. A contemporary approach through disability reform
<p>Through its Volunteer Unit Western Health has developed partnerships with Jackson Special School, Sunshine Special Development School and Warringa School. Students volunteer their time and offer:</p> <ul style="list-style-type: none"><li>- Bedside reading for patients</li><li>- Puppet shows for children who are in hospital</li><li>- Help in the therapy garden</li><li>- Work in the opportunity shop</li></ul>	<p>Western Health's Disability Advisory Committee has three consumer members who represent and advocate for patients and their families with a disability.</p> <p>In 2014 Western Health established a partnership with the Centre for Developmental Disability Health Victoria. The Centre is an academic unit established to improve health outcomes for people with a disability. The Centre will be delivering a range of education and training workshops for Western Health staff in 2014-2015.</p>	<p>The construction of the new acute service building at Sunshine Hospital meant that Western Health was able to include a range of features to help patients with a disability navigate their way through the hospital.</p> <p>These included:</p> <ul style="list-style-type: none"><li>- Upgrades to the lifts</li><li>- Lifting equipment and hoists on the wards</li><li>- Additional disability parking</li><li>- Improved access to the building through the installation of more ramps</li></ul>	<p>Western Health has adopted the social model of disability, which focuses on the system rather than the individual. However it has taken a patient-centred approach to disability by recognising that people with a disability should be involved in decisions about their care, treatment and life.</p>

“NO ONE KNOWS MY DISABILITY BETTER THAN ME. IT IS NOT REQUIRED THAT STAFF KNOW ABOUT ALL DISABILITIES, BUT RATHER THAT THEY LISTEN TO WHAT WE TELL THEM ABOUT WHAT WE NEED”

Patient quote



# OPEN ACCESS MEETING

Western Health's 2014 Open Access Meeting was held in June 2014. These meetings provide an opportunity for members of the community to learn more about key areas of focus for the Western Health Board and to have an input into its plans and decisions.

Participants heard from consumers who have experienced the services of Western Health and learned about Western Health's Best Care Framework.

Former Western Health patient Sharon Newall and her husband, Mark, addressed those gathered, sharing their various experiences throughout the course of Sharon's treatment following a stroke in December 2012.

A total of 46 Allied Health staff worked with Sharon on her road to recovery. Mark estimates that after adding into the equation all the nurses, doctors and specialists who attended to Sharon during her three months at Western Health, and her outpatient appointments following discharge, Sharon came into contact with close to 400 staff members.

"All of those people made a difference, no matter how big or small their role was in my recovery," Sharon said. "Every (staff member) has a role to play in caring for patients, and every patient is as important as the next person."

Attendees also had the opportunity to talk with Board members in small groups about their own experiences and to make suggestions for how Western Health could provide Best Care.



Western Health patient Sharon Newall and her husband Mark Newall shared their experience at the 2014 Open Access Board Meeting. The couple were interviewed by Chief Executive, Associate Professor Alex Cockram.

The following themes were identified through group discussion and questions raised by consumers. The themes and details of group discussions have been forwarded to Western Health's Best Care Committees, for comparison against planned areas for improvement.

- Clearer communication between staff, patients and carers.
- Vigilance and accountability in paying attention and responding to consumer needs.
- Development of specific care pathways for adolescents, adults and people with disabilities.
- Acknowledgement and understanding of cultural sensitivities and meeting the needs of specific communities, for example, transgender.
- Greater support for transition to the home environment.
- A focus on emergency care and what happens at the first point of care.
- Upgrades to ageing buildings and facilities.

Attendees were invited to complete an evaluation questionnaire, which revealed positive feedback on the value of the meeting:

- 100% of respondents thought the focus of the meeting on Best Care was good or excellent.
- 88% of respondents felt that the way the meeting was structured (consumer question and answer sessions, presentation and group discussions) was good or excellent.
- 83% of respondents rated their opportunity to contribute to discussions or share their thoughts as good or excellent, although respondents asked for more time to be allocated to group discussions with the board.

# SUNSHINE HOSPITAL COMMUNITY DAY SHOWCASES NEW FACILITIES

On Sunday 13 October 2013, Sunshine Hospital threw its doors open to the community for the Open Sunshine Community Day.

The Hospital was abuzz throughout the day with live music and entertainment, activities for kids, health and wellbeing workshops, and fascinating behind-the-scenes tours.

Despite the bleak weather a strong crowd attended the festivities, which were intended to showcase the hospital's many new facilities, including the \$90 million extension of Sunshine Hospital, the wonderful \$51 million research and training building, and the Radiation Therapy Centre operated in conjunction with Peter Mac.

Staff and volunteers welcomed hundreds of local families through its doors on the day, to see the incredible facilities at the hospital and be part of a great Community Day.

"It was wonderful to see such a strong sense of celebration throughout the day," said Western Health Chief Executive, Associate Professor Alex Cockram. "I think it reminded us all that we are very much an integral part of the broader community and that we have a responsibility to continue to serve that community in the most effective way possible."

From 11am until 3pm locals participated in the range of Community Day activities on offer, including:

- Kids' games, face painting, roving entertainers and a toy hospital where children were able to take their sick toys to visit the doctor.
- A health and wellbeing zone where people received free health checks and listened to talks on topics such as nutrition and healthy ageing.



Community members enjoyed behind the scenes tours during the Open Sunshine Community Day on 13 October 2013.

- Live entertainment, performers and a visit from the Western Bulldogs Mascot 'Woofy'.
- Maternity sessions on breastfeeding and preparing for birth.
- Behind the scenes tours of the hospital including the rehabilitation area, birthing suites and 'engine room'.

The objectives of the Community Open Day were to celebrate the latest milestones for Western Health; increase consumer engagement and community involvement; showcase the range of high quality facilities and services at Sunshine Hospital; and profile the excellence and commitment of staff and volunteers.



## 100 SUNSHINE

**An uplifting new website has been launched by Western Health to share the untold stories of Sunshine Hospital and Western Health.**

Titled 100 Sunshine, the website contains the stories of patients, staff and volunteers who take great pride in their health service and want to share their positive experiences.

The story of 100 Sunshine began three years ago, when a group of former patients of Western Health were invited to take part in an Allied Health forum. Between them these three patients had spent more than 18 months either in or receiving treatment through Sunshine, Western and Williamstown Hospitals.

At the forum these patients expressed their gratitude towards all the people who had been involved in their journeys to recovery. They were keen to share their positive stories of good care but they felt that there was no outlet for them to express their sentiments, and so the 100 Sunshine project emerged.

Their stories, along with many more, have now been collected, and the people central to those stories have been photographed.

"Many patients who have shared their stories have experienced an extended stay, or repeated episodes of care, and they attribute their care to anywhere from 10 to more than 100 staff", said Associate Professor Alex Cockram, Western Health Chief Executive.

"This means that several thousand staff members and many volunteers have been a part of the experiences reflected on the website. The 100 Sunshine project is one of the greatest tributes we could pay to our patients and their families, our staff and our volunteers. It reflects the importance of working together to make each person's experience of care as good as it can possibly be," A/Prof Cockram added.

Western Health officially launched the 100 Sunshine website in conjunction with the Open Sunshine Community Day at Sunshine Hospital on Sunday 13 October 2013.

The many patients, staff and volunteers who have told their stories as part of the 100 Sunshine project gathered in the Western Centre for Health Research and Education building at Sunshine Hospital to celebrate the official launch.

Clive Pattie and Ian Dodemaide, two of the 'founding' patients of 100 Sunshine who spoke at the Allied Health forum from which the initiative originated, shared their stories with those gathered at the launch.

**The 100 Sunshine website can be viewed at [www.100sunshine.com.au](http://www.100sunshine.com.au).**



*Western Health patient Clive Pattie and Senior Physiotherapist Clare Holdsworth shared their stories as part of the 100 Sunshine project.*

## VOLUNTEERS

**The Western Health Volunteer Team is a large group of like-minded community members, who share a common goal to support their community and those members of it that need some additional help in getting through their day.**

Western Health operates one of the largest volunteer programs in the state and the largest in metropolitan Melbourne.

Over the past year Western Health's volunteers have given more than 350,000 hours of time, and its auxiliaries and opportunity shops have raised almost a quarter of a million dollars. Its community partnerships assist in capital works projects and Western Health Foundation events such as Footy Day, Race Day, Yum Cha and WalkWest.

Western Health's volunteer programs have been shortlisted for awards across the state and in the recent Accreditation surveyors deemed its community consultation to be second to none. Volunteers proudly attended the Minister for Health Volunteer Awards for 2014, at which volunteer team member Linda Diep was recognised as the Most Outstanding Individual Volunteer in a Metropolitan Health Service.

In the year ahead Western Health will be expanding some of its current programs. Triple T, Volunteer Meals Assistance and social support roles will all be targeted across all sites, to support the Releasing Time to Care Model within the wards. The Patient Health Information Centre that has been funded by the Sunshine Auxiliary will open at Sunshine Hospital, and closer ties will be established with partnership schools in the Maribyrnong and Williamstown areas.



Western Health takes great pride in its school community partnerships and acknowledges its community partners: Copperfield College, Keilor Downs Secondary College, Taylors Hill Retirement Village, Sunshine Special Development School, Harvester College, Sunshine Golden Age Garden Club, and Volunteer West. These partnerships allow Melbourne's young citizens to connect to their local health service through their schools. Students build garden seating, refurbish activity rooms with artwork, and assist with the beautification of specific garden areas across all sites.

# IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Western Health is committed to implementing the key result areas of the Victorian Government’s 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 is committed to addressing this.

To demonstrate the provision of quality care for Aboriginal patients, health services are required to report progress against four key result areas, which are outlined below.

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

Existing measures	Goals	Steps to achieve these goals	Progress during 2013/14
Aboriginal representation on Cultural Diversity and Community Advisory Committee (CDCAC)	Develop formal partnership agreements between Western Health, ACCHOs, community-based health services and Medicare Locals	Partner with ACCHOs and other organisations at community health days, forums and seminars to promote Aboriginal health	Western Health Closing the Gap Aboriginal Health Steering Committee established
Representation at Aboriginal Hospital Liaison Officer Network, enabling Western Health to share resources and benchmark against other services	Provide advice on, implement and evaluate the Western Health Aboriginal Health Strategy	Establish and maintain the Western Health Closing the Gap Aboriginal Health Steering Committee	Display of posters at the APAC Forum, in partnership with MSEP, titled ‘Improving Care for Aboriginal Babies in Victorian Maternity Services’
Aboriginal flags at Footscray and Sunshine Hospitals	Support external activities that promote overall health and wellbeing for Aboriginal people	Support external activities that promote overall health and wellbeing for Aboriginal people	Women’s Talk at Weenthunga Health Day, providing an opportunity for young Aboriginal school girls (years 10-12) to raise their awareness of healthy lives and health careers
Acknowledgement of Traditional Custodians plaque	Develop a welcoming and culturally friendly hospital environment	Commission Aboriginal and Torres Strait Islander Artwork	Participation in Melton Community Day
Relationships with individual Aboriginal workers at St Vincent’s, VACCHO, CoHealth and HealthWest	Raise the profile of the Aboriginal Health Unit at Western Health	Make recommendations to reporting bodies on matters relating to Aboriginal health in the western region of Melbourne	Participation in Sunbury Community Health Day
Policy on Demonstrated Respect to Traditional Owners	Showcase the value of Aboriginal culture at Western Health	Participate and become involved in local Aboriginal and Torres Strait Islander events	Launch of Aboriginal and Torres Strait Islander Artwork and Aboriginal Health Office space during Reconciliation Week 2014
			Facilitation of community members to participate at Open Sunshine
			Performance by manager of ‘Acknowledgment of Country’ for staff events and seminars

STANDARD 2 - PROVIDE OR COORDINATE CROSS-CULTURAL TRAINING FOR HOSPITAL STAFF

Existing measures	Goals	Steps to achieve these goals	Progress during 2013/14
Western Health Aboriginal Employment Plan 2012-2015	Identify and offer development opportunities for Aboriginal staff	Implement Western Health Aboriginal Employment Plan 2012-2015	Information on Aboriginal Health Unit services provided to all new Western Health staff via orientation presentation and materials
Online Aboriginal and Torres Strait Islander cultural awareness module	Provide employment opportunities for Aboriginal people	Implement Aboriginal Cultural Awareness training sessions for staff	Employment process commenced for Aboriginal Hospital Transition Officer
Accessible resources for staff through Aboriginal Health resource page	Support non-Aboriginal staff working with Aboriginal people	Establish working group for planning and implementing Aboriginal community events throughout the year	Training tool adopted and tested by midwives and MSEP staff for asking identification of Aboriginal mothers and babies
		Develop and implement training guidelines for collecting Aboriginal status data	Aboriginal Cultural Awareness Training sessions held for all staff on working with Aboriginal and Torres Strait Islander clients and communities
			Commencement by manager of Aboriginal Health Workforce Supervision Program – DoH Cert IV Training & Assessment
			Continued partnership between Western Health and Remote Area Health Corps (RAHC)
			Specific training on cultural awareness undertaken by Western Health manager, provided by RAHC in Darwin
			Facilitation of remote nursing secondments for nurses from Footscray hospital via RAHC. Third Western Health nurse commenced placement in Northern Territory

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

Existing measures	Goals	Steps to achieve these goals	Progress during 2013/14
Referral and post-discharge follow up process by Aboriginal Health Liaison Officer	Develop and implement service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in relation to discharge planning	Explore partnerships and funding opportunities to develop and implement projects including with HealthWest, Victoria University (VU) and The Women's HealthWest Project	Ongoing partnership with Victoria University exploring research project to identify formal and informal networks  Steering committee for Aboriginal Neonatal Identification Project convened in conjunction with The Women's HealthWest Project  Hospital to Community Pathways contracts signed and recruitment for position completed

STANDARD 4 – ESTABLISH REFERRAL ARRANGEMENTS TO SUPPORT ALL HOSPITAL STAFF TO MAKE EFFECTIVE PRIMARY CARE REFERRALS AND SEEK INVOLVEMENT OF ABORIGINAL AND TORRES STRAIT ISLANDER WORKERS AND AGENCIES

Existing measures	Goals	Steps to achieve these goals	Progress during 2013/14
Relationships with local Aboriginal health services  Collaboration between Aboriginal Health Unit and GP Liaison unit to establish links with primary health services, including Medicare Locals	Continue Western Health representation at state-wide forums for Aboriginal health including: <ul style="list-style-type: none"><li>– Closing the Gap ICAP Managers and AHLOs</li><li>– HealthWest</li><li>– Medicare Locals</li><li>– Local Indigenous Network Meetings</li></ul>	Continue Hospital to Community Pathways project  Ensure the Aboriginal Health Unit is provided with up-to-date information about forums or meetings and that a representative of Western Health attends	Internal and external stakeholders identified  Attendance by AHLO at ICAP Conference  Regular attendance and updates by Western Health at DOH ICAP Aboriginal Managers Meetings

PRACTICAL CULTURAL TRAINING FOR BEST CARE

Cultural awareness is a major consideration when working with Aboriginal patients and their families.

Western Health's Aboriginal Cultural Awareness Training workshops help non-indigenous staff to provide the best possible care for their patients, by giving them an understanding of the unique cultural and social factors that affect the health, and the social and emotional wellbeing, of the Aboriginal and Torres Strait Islander communities.

The focus of the training, which is provided by the Aboriginal Health Unit, is on equipping

staff from all areas of the hospital network - from administration staff to nursing, allied health and medical teams - with practical and useful tools to ensure Western Health's signature Best Care is achieved for all Aboriginal patients.

Since the workshops began nearly 100 Western Health staff members have taken part in the training, with fantastic feedback from attendees.

"Well presented and very relevant; it was great to give us a way to think about our approach and practice rather than telling us how to do things," one staff member said of the training.

"Probably one of the most powerful and insightful workshops I've attended," added another.

NEW ABORIGINAL ARTWORK UNVEILED AT WESTERN HEALTH

National Reconciliation Week was marked across Western Health on Tuesday 27 May 2014 with the unveiling of beautiful new artwork, commissioned specifically for Western Health sites.

The new artwork is now on display at Sunshine, Western and Williamstown Hospitals, along with the Sunbury Day Hospital.

The event also seen the launch of a new Aboriginal Health Office at Sunshine Hospital to assist in providing a culturally safe environment for Aboriginal and Torres Strait Islander patients as well as staff.

The North West Metropolitan Region of Melbourne is now home to the largest Aboriginal and Torres Strait Islander community in Victoria. Approximately 12,000 Aboriginal people live and work in the region, which represents a 30% population increase since 2006.

There has been an increase in the identification of Aboriginal and Torres Strait Islander patients and in the number accessing services at Western Health, in particular in our Midwifery Group Practice. This year alone we have recorded 15 births compared to a total of six births recorded in 2013.

"This is a new beginning for our Aboriginal Health Unit, by being visible within the health service, we have been able to create a presence and now feel a part of the Western Health family, as well as having an environment where families can relax and escape from the sometimes overwhelming situation that has brought them to hospital,"



Western Health's Aboriginal Health Policy and Planning Manager, Jacqueline Watkins said of the new office space at Sunshine Hospital.

"It was a very proud moment to see the beautiful artwork hung in the front foyer, as they represent the Aboriginal and Torres Strait Islander ideal of health as holistic. It is a whole of life view and includes the cyclical concept of life-death-life."

"As an organisation, we should feel extremely privileged to have such works specifically designed for us," Jacqueline added.



# WESTERN HEALTH PARTNERS WITH REMOTE AREA HEALTH CORPS

Five senior Western Hospital Emergency Department nurses are embarking on exciting secondments to the Northern Territory this year, as part of a partnership program between Remote Area Health Corps (RAHC) and Western Health.

During the course of their secondments the nurses will spend six weeks providing health care in remote Indigenous communities.

RAHC was established under the Expanding Health Service Delivery Initiative, which is part of the Closing the Gap in the Northern Territory measure.

RAHC aims to address critical health workforce shortages in remote Indigenous communities by recruiting urban-based health practitioners for short-term placements in communities where there is demand.

"The partnership offers Western Health nursing staff the opportunity to experience the cultural and health issues of Indigenous people who are living in traditional environments," said Rhonda Beattie-Manning, Divisional Director of Emergency, Medicine & Cancer Services.

"This program is a fantastic opportunity for Western Health to strengthen its ability to respond to the needs of our culturally diverse community. During the course of

their secondments our nursing staff will gain a deeper understanding of the unique needs of Indigenous people living in our local community, and develop their interpersonal and communication skills.

"According to program evaluation conducted by RAHC, the level of satisfaction expressed by staff in their feedback confirms that health professionals find remote placements to be rewarding experiences, and that these opportunities significantly contribute to the expansion of their scope of practice.

"There are currently no formal partnerships between RAHC and any other health service; the RAHC / Western Health partnership will be the first to be successfully established in Australia," Rhonda added.

Western Hospital Emergency Department nurse Michelle Robinson, who was the first staff member to take part in the program, spent six weeks in Areyonga, a community of just 230 people located approximately 220km west of Alice Springs.

Michelle said the local community was very reliant on the services provided by the community health centre for both preventative and primary care.

"One of the big learning curves for me was earning the trust of the local residents and building relationships, which enabled them to open up and receive treatment - in contrast to the pace of working in an ED," Michelle said.

"Overall, the experience has given me a much better sense of cultural awareness and it has made me more aware of the need to slow down and take the time to understand and overcome language and cultural barriers.

"In ED, you don't always get to follow-up on your patients as they go off to the ward and you don't always know what happens. In this setting I was able to treat the patient and then follow-up when I saw them in the community, and it was great to be able to see that the work I was doing was making a difference," Michelle added.



Western Hospital Emergency Department nurse Michelle Robinson during her time in the Northern Territory as part of the Remote Area Health Corps and Western Health partnership.

# KOORI MATERNITY SERVICES AT WESTERN HEALTH

The Koori Maternity Service (KMS) program at Western Health offers flexible, non-judgmental care to women in a collaborative maternity service, through ongoing and trusting relationships with Koori Maternity Service midwives and Aboriginal Health Liaison Officers (AHLO).

The program actively provides outreach services and encourages women to access antenatal care early in their pregnancy. All Koori families are offered priority access to the Midwifery Group Practice program and continuity of maternity care throughout their childbirth experience. Fundamental to the KMS program at Western Health is the collaborative and consultative framework within which this component of Midwifery Group Practice operates, in partnership with the Aboriginal Health, Policy and Planning Department and with clear communication across the whole maternity service.

Jacqueline Watkins, Manager of Aboriginal Health Policy and Planning, and AHLO Rachel Muir have been extremely supportive in further developing the program's recruitment component and in working to increase its profile within the local community. The program, in which Western Health has been involved since May 2011, is funded through the Indigenous Early Childhood Development National Partnership (IECD NP) at the Department of Health.

A small number of Aboriginal women are also supported through Western Health's prison maternity care support program.

## Aboriginal Neonatal Identification Project

Western Health has been working with Kate Freeman, project officer for the Maternity Services Education Program (MSEP) within the Aboriginal Neonatal Identification Project, in order to enhance the early and accurate identification of babies. Sunshine Hospital is one of two sites chosen for this project. This project will improve the accuracy of statistical information regarding the health status of Aboriginal women and families accessing Western Health's services, which is critically important to ensure timely access to, and resourcing for, appropriate maternity care.

Understanding patient journeys, as well as data collection practices and systems in maternity services, is essential to taking the next step in improving the identification of Aboriginal neonates. This, coupled with the information gained through existing research on the barriers to asking the necessary questions, will allow for targeted education for staff collecting the data.

## NHMRC Research Submission

In partnership with the research department at Latrobe University, Western Health has been included in a NHMRC research submission with the title of 'Improving the health of Aboriginal mothers and babies through continuity of midwife care'. Despite significant advances in maternity care in Victoria over the last thirty years, Aboriginal mothers and babies still experience poorer health outcomes than the general population. The persistently high rates of smoking in pregnancy and of babies born with low birth weight, as well as low rates of breastfeeding, are markers of health inequity and are contributing factors in the development of chronic disease in later life.

It is imperative that maternity care services find a way to 'close the gap'. The Western Health Women's and Children's Division Strategic Plan 2011-2015 recognises the importance of developing new models of maternity care for women with complex needs. The evidence indicates that the caseload model is rated highly by women in terms of satisfaction and gives babies a healthy start in life. Trialling the caseload model with Aboriginal women who are both clinically and socially complex will provide Western Health with further opportunities to test whether caseload midwifery delivers similar outcomes to those enjoyed by women with non-ATSI pregnancies.

This research proposal provides the opportunity to document and describe the possible benefits of having a multidisciplinary care team with enhanced cross-cultural confidence and competency, which would contribute unique knowledge and skills to the project. The results from the proposed project will inform strategic and operational planning at Western Health, as well as having broader implications for maternity policy for Aboriginal women in Victoria and nationwide.

29 women and their babies were cared for in the Western Health KMS program between July 2013 and June 2014. The outcomes were very good for attendance at pregnancy care visits and for an increase in exclusive breastfeeding for these women. The impact on smoking decrease or cessation was very poor, with only a slight if any decrease at any time throughout their childbirth experience.



WESTERN  
HEALTH IS  
CONSTANTLY  
FOCUSING ON  
CONTINUOUS  
IMPROVEMENT,  
MONITORING  
AND RISK  
IDENTIFICATION.

# QUALITY & SAFETY

## QUALITY, SAFETY AND THE PATIENT EXPERIENCE

**Quality, Safety and improving the patient experience – providing 'Best Care' is an essential part of good clinical practice and good management, and it is everyone's shared responsibility at Western Health.**

Western Health is constantly focusing on continuous improvement, monitoring and risk identification. The organisation listens to feedback and drives improvement based on evidence, knowledge and understanding, and empathy for its patients.

### Western Health's Values

Western Health's values of compassion, accountability, respect, excellence and safety (CARES) are the foundation on which high-quality, safe and positive patient care is based. In order to provide 'Best Care' for

its patients Western Health has developed strategies and operational priorities to ensure that staff are competent, high-performing and motivated, and that there are strong systems of governance, policy and procedure in place to support that care.

## CLINICAL GOVERNANCE

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

Western Health's Quality and Safety Framework describes its vision for 'Best Care' of all Western Health patients, and sets out the roles and responsibilities of staff, supported by the strategies and organisational systems needed to achieve good clinical governance.

This vision has been developed following consultation with patients and their families, carers, staff leaders, clinicians and the Board, and it identifies how Western Health wishes to develop as an organisation over the coming years. The vision has a clear focus on patients experiencing care that is personal, co-ordinated, safe and right for their clinical needs.

Every single staff member and volunteer at Western Health makes a contribution every day - either directly or indirectly - to supporting the provision of the best care and the best experience for patients. This is underpinned by themes based on what is important to patients, and make up the four dimensions of the Best Care Framework: Person-Centred Care, Coordinated Care, Right Care and Safe Care.



Staff work together and in partnership with consumers to achieve the following outcomes for every patient:

- Person-centred care: I am seen and treated as a person
- Coordinated care: I receive help, treatment and information when I need it and in a coordinated way
- Right care: I receive care that makes me feel better
- Safe care: I feel safe

These goals are translated into behaviours and actions for front line staff, managers, senior clinicians, executives and the Board. For staff providing or supporting care, leading care and/or governing care, this involves continually focusing behaviours and

actions on these outcomes, and developing systems to support them.

The Best Care Quality and Safety Framework:

- Provides a platform for discussion with patients, staff, managers, senior clinicians, executives and the Board about how to provide and improve the care provided to patients and their families.
- Ensures that there is a focus on quality, safety and patient experience activities and the development of goals for service improvement.
- Provides a base for strategic and operational quality, safety and patient experience plans.

- Delivers a framework for Western Health to review and improve compliance against the National Standards for safe, quality patient care.

Executives and senior leaders within Western Health have designated roles and responsibilities to support the effective use of the dimensions of care underpinning the Framework.

The Best Care Steering Committee (previously known as the Clinical Governance Committee) is the overarching committee responsible for ensuring safe, effective and person-centred care is provided to patients.

All Western Health committees have charters that clearly articulate their roles, responsibilities and functions, including:

- Monitoring the organisation's performance, addressing any high-risk aspects of patient care and driving care improvements.
- Promoting, reporting and reviewing anything that goes wrong.
- Collecting, reviewing and asking questions about data relating to clinical performance.
- Developing systems, policies and procedures to guide staff to provide quality and safe care.

- Developing and agreeing quality plans.
- Reviewing and analysing themes related to patient complaints and, feedback and ensuring action is taken to improve service areas.
- Reviewing major complications and deaths to see if the care provided was appropriate and to see if anything could have been done differently, hence learn as an organisation. Western Health's Directorate Operational Management Committees and Organisational Best Care Committees work together to drive and support the planning, review and improvement of best care within

Western Health. Each Best Care Committee is co-chaired by an executive director and a clinical/consumer lead, with a Best Care Steering Committee overseeing activity and the organisation-wide systems supporting the provision of best care. All activity is reported up through the organisation to the Western Health Board of Directors.



# ACCREDITATION

Western Health underwent an Organisation-Wide Periodic Accreditation Review in the week of 17 March 2014, at which time its performance was measured by external surveyors against the EQulP National Standards 1 - 3 and 11 - 15.

The National standards against which the organisation was measured were: governance of quality and safety; partnership with patients, their families and carers; infection prevention; how services are delivered and care is provided; how the workforce is managed and a safer environment provided.

Western Health maintained its full accreditation status and received 'Met with Merit' awards for several areas, including:

- The way it seeks and acts on feedback from staff on its quality and safety systems.
- The action it takes to reduce the risks of healthcare associated infection.
- Its consent processes.

The surveyors were extremely complimentary about the care provided at Western Health, particularly noting:

- That Western Health is forward thinking about how it engages with the local community.
- The Best Care Quality and Safety Framework.
- The 'can do' attitude across Western Health.
- The enthusiasm of Western Health's staff about the care and services provided.

In summary, the surveyors noted that Western Health is a unique organisation with a really good ethos. Staff members at all levels 'walk the talk', display respect for each other, patients and the community, and show a genuine enthusiasm and a real commitment to quality patient care.



# PREVENTING & CONTROLLING HEALTHCARE ASSOCIATED INFECTION

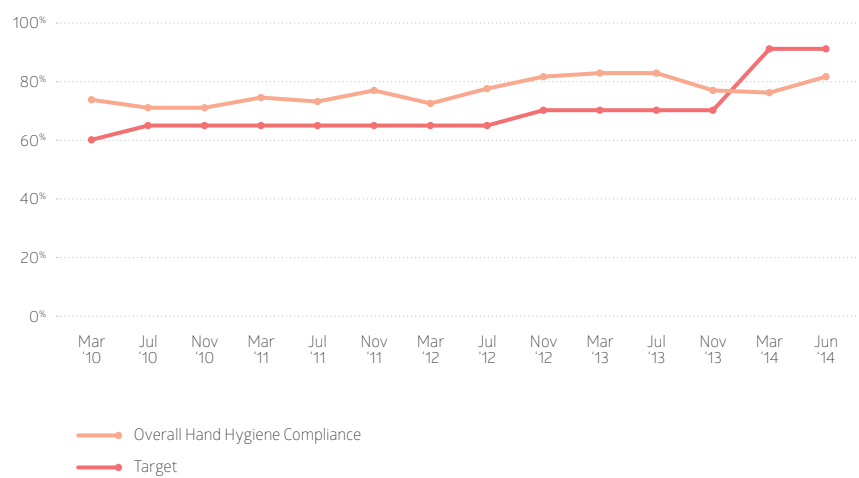
Infection prevention and control is an indispensable part of quality healthcare, in which everyone plays an equally vital role. The infection prevention program at Western Health is responsible for the monitoring, reduction and control of infection risk.

## Hand Hygiene

Hand hygiene has been identified worldwide as a high priority initiative for the prevention of healthcare associated infection (HAI), as it is the single most effective preventative intervention. Hand hygiene is now monitored in all clinical areas across the network and a universal target rate of 90% for hand hygiene compliance has been set Western Health- this is above the benchmark nationally which is set at 80%A group of Infection Prevention (IP) link nurses has been trained to assist with the laborious task of monitoring all clinical areas.

Graph 1 (below) depicts overall hand hygiene compliance across Western Health since 2010. This includes Sunshine, Western, Sunbury and Williamstown Hospitals.

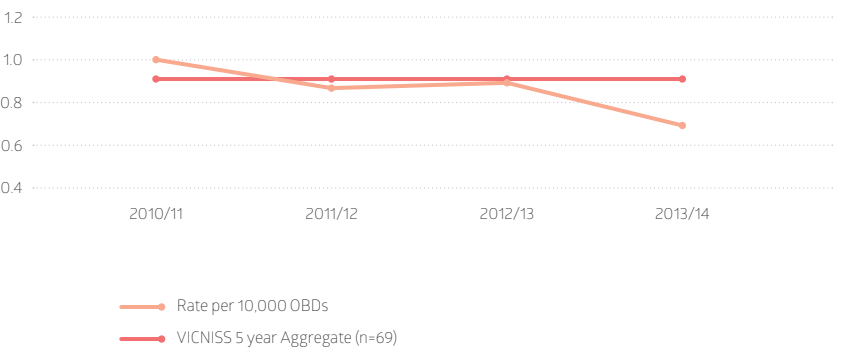
Graph 1 - Western Health Overall Hand Hygiene Compliance 2010 - 2014



## Staphylococcus Aureus Bloodstream Infections

SABs or Staphylococcus Aureus bacteraemia are usually associated with invasive devices used in healthcare, in particular peripheral intravenous catheters (PIVC). SAB infections are closely monitored by the IP team. Every case identified is investigated and reviewed by clinicians to minimise all risks. Published data indicates that Western Health has remained below the state aggregate for three consecutive years.

Western Health SAB rate 2010 - 2014



## Surgical Site Infection

All major surgical procedures, including orthopaedic procedures, are monitored for surgical site infection. This data is benchmarked with the Victorian Infection Control Nosocomial Infection Surveillance (VICNISS) group, which enables Western Health surgical site infection rates to be compared with those of other Victorian Health Services.

In the last five years Western Hospital has had an exceptionally low rate of infections after knee replacements, with no infections at all in the last two years.

Western Hospital – Knee Replacement Operations yearly SSI rates 2009 - 2014



## 2014 Influenza Prevention Program

The annual influenza prevention program for Health Care Workers has been cited as the most effective method of minimising the exposure of high-risk patients to potentially fatal strains of influenza virus. The infection prevention team has persuaded a greater number of clinical staff to protect themselves against influenza in 2014, resulting in an increase of staff being immunised from 46.5% in the 2013 influenza prevention program to 75.3% in the 2014 program.

# CLEANLINESS

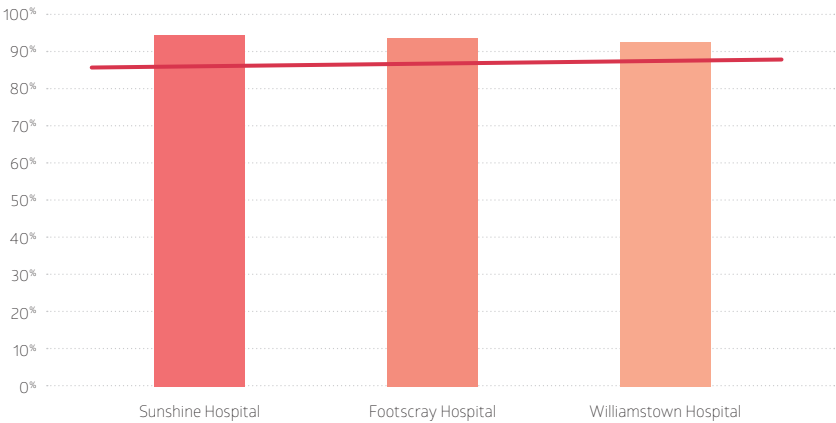
Western Health continues to maintain levels of cleanliness that exceed the Cleaning Standards for Victorian health facilities.

To ensure the cleaning workforce continues to adapt its services to the changing clinical environment, training this year has emphasised the key role of cleaners in infection prevention, with a refocused discipline on the cleaning of 'high touch patient areas' (i.e. over-bed tables, telephones, tap ware, nurse call handsets, light switches and patient equipment).

As part of this training a simple method was used to objectively evaluate the thoroughness of cleaning activities in patient rooms. Prior to the cleaning of a room a fluorescent substance, invisible to the naked

eye, was applied to several high-touch points in a room. This targeting material was placed on areas easily accessible to cleaning. Once dried the solution is resistant to abrasion, however when moistened with spray disinfectant it can be completely removed by wiping with a damp cloth for five seconds, using light fingertip pressure.

Cleaning staff were not informed where the markers were being placed. After the clean, trainers used ultraviolet light to check whether the markers were still there. This method was highly effective at increasing staff awareness of high-touch areas.



“CLEANING STAFF MAY NOT HAVE BEEN AWARE THAT THEY WERE MISSING LIGHT SWITCHES ON A CONSISTENT BASIS. ONCE THEY BECAME AWARE THAT IT COULD BE A PLACE WHERE A MARK MIGHT BE PUT DOWN – ALL OF A SUDDEN, THEY’RE CLEANING THE LIGHT SWITCH.”

Said XXXX

# MEDICATION SAFETY

Western Health is committed to ensuring the highest standards of medication safety for all patients.

The Medication Safety Committee is a multidisciplinary quality improvement committee. Its role is to ensure medication safety throughout Western Health. The Committee monitors and evaluates medication-related issues and develops strategies and processes to promote safe medication practice across the organisation.

The profile of medication safety has increased, not only because of the requirements of National Safety and Quality in Healthcare Standards – Standard 4 Medication Safety, but also because it is Western Health’s goal to provide the best

care possible for all its patients. The current governance structure is under review to further improve medication safety for all patients, by ensuring that practices are fully aligned with the Western Health Best Care Framework and that all the requirements of Standard 4 are met.

A number of medical, nursing and pharmacy staff have completed workshops conducted by the Australian Commission of Health Standards (ACHS) on Standard 4.

A number of projects were undertaken during the year to improve patient safety and reduce the risk of errors, including:

- Review of storage and procedures related to high-risk medications.
- Development of new audit tools to ensure Western Health is able to evidence compliance with Standard 4.

- Audit of the National Inpatient Medication Chart and development of an action plan to address identified gaps.
- Upgrade of RiskMan (Western Health’s incident management system) to improve reporting for medication incidents.
- Review of medication history-taking processes to ensure detailed history is available.
- Implementation of systems such as ‘smart’ intravenous pumps, which allow storage of dosing guidelines to reduce the risk of error. Dosing guidelines are regularly reviewed and updated to reflect best practice. It is planned that in 2014/15 a new ‘smart’ pump will be implemented for patient pain management.

# PREVENTING FALLS AND HARM FROM FALLS

Western Health continues to maintain a strong focus throughout the organisation on the prevention of patient falls.

Western Health assesses each patient for their individual risk of falling. From this assessment a prevention plan is tailored to the patient’s specific requirements. Western Health’s objective for 2014/15 is to further minimise injuries from falls, whilst maintaining each patient’s functional status and balancing their independence against their risk of falling.

Falls prevention has now been included as a separate module in the Elements of Care process, which includes a methodology for implementing best-practice falls prevention strategies specific to the requirements of each ward.

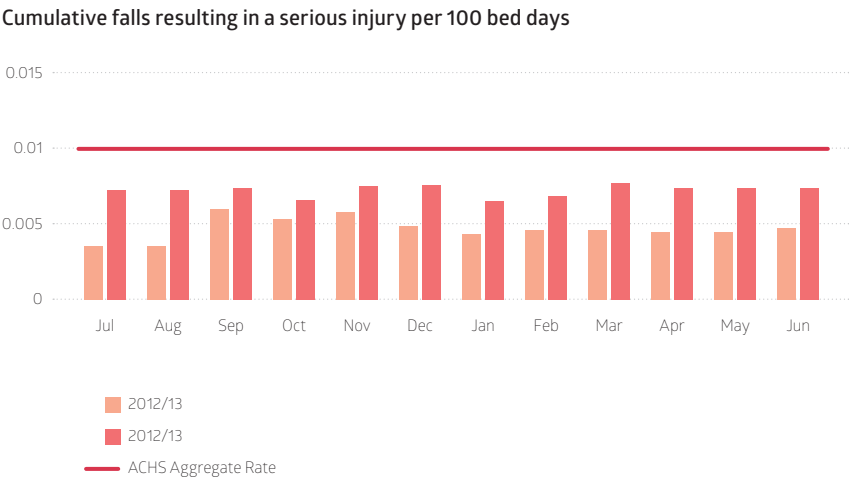
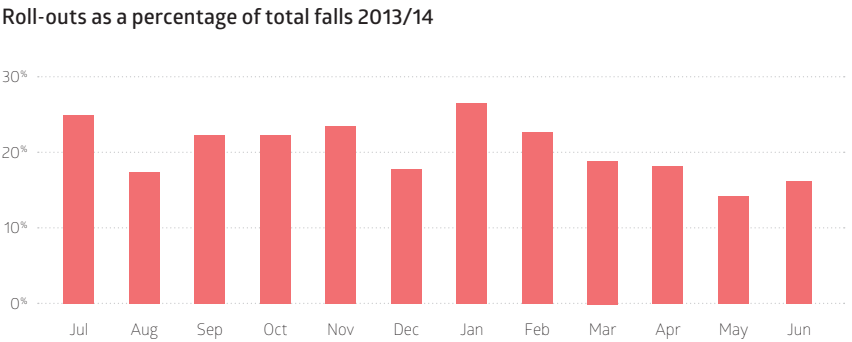
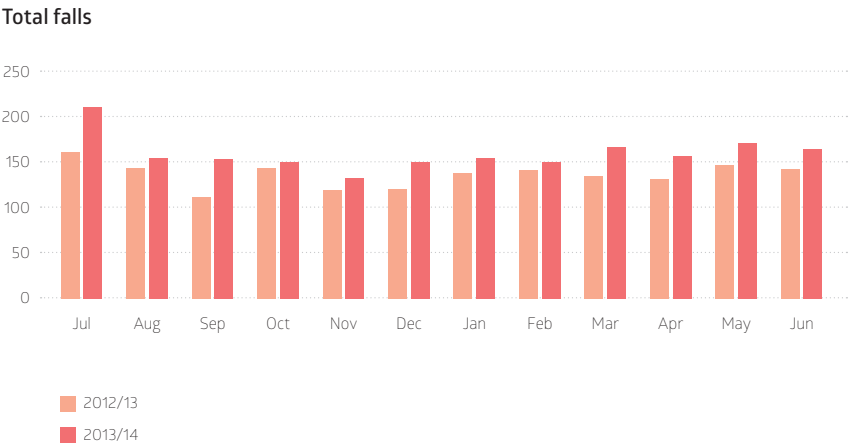
The Falls Prevention Committee has developed a patient and relative brochure, a falls prevention poster and a new alert process, which is currently being rolled out to all ward areas. These materials provide information and strategies to staff, patients and carers on how to prevent falls in both the hospital and home environments. The poster reminds patients and families that Western Health staff are here to assist and encourages them to call for assistance.

The overall number of falls per annum has increased against the previous year by 13% (247 falls). In part this is due to a change in recording protocol, whereby a patient who rolls out of a low-low bed (which is a bed where the top of the mattress is approximately 20cm from the floor) is now classified as a fall.

22% of all falls (420 falls) recorded during the period were patients who had rolled out of a low- low bed. Western Health considers these to be safe falls, also referred to as roll-outs; no patient has sustained an injury due to this type of fall during the period.

Through benchmarking against similar organisations on a national level Western Health consistently achieves a better-than-aggregate result in the number of patients sustaining serious injury as a result of falls.

Through the benchmarking of sub-acute falls rates against peer organisations within Victoria it has been identified that the falls rate per occupied bed day of sub-acute patients is 2.5 times greater than the falls rate per occupied bed day of acute sector patients. An increase in the number of sub-acute beds therefore results in an increase in organisational falls rates. This in part explains the seasonal variation in monthly falls rates across the organisation, as the sub-acute sector uses a flexing bed model to meet demand



EVERY SINGLE  
STAFF MEMBER  
AND VOLUNTEER  
AT WESTERN  
HEALTH MAKES  
A CONTRIBUTION  
EVERY DAY -  
EITHER DIRECTLY  
OR INDIRECTLY -  
TO SUPPORTING  
THE PROVISION  
OF THE BEST CARE  
AND THE BEST  
EXPERIENCE FOR  
PATIENTS.





WESTERN  
HEALTH LISTENS  
TO FEEDBACK  
AND DRIVES  
IMPROVEMENT  
BASED ON  
EVIDENCE,  
KNOWLEDGE  
AND  
UNDERSTANDING,  
AND EMPATHY  
FOR ITS  
PATIENTS.



## PREVENTING AND MANAGING PRESSURE INJURIES

**Pressure injuries, often called bed sores or pressure sores, occur in people who are frail and in those who have reduced mobility due to bed rest or physical disability.**

Over a period of four years Western Health has led a highly effective campaign that has steadily and sustainably reduced the incidence of hospital-acquired pressure injuries. These efforts are reflected in the results of its latest Pressure Injury Point Prevalence (PIPP) study.

The study involved the review of 487 Western Health inpatients on the same day. The results show that the overall prevalence rate of hospital-acquired pressure injuries declined from 11% of patients in 2006, to 7% in 2012 and 5% in 2014.

In March 2013 an additional strategy was introduced with the launch of the SSKIN (Surface, Skin Integrity, Keep Moving, Incontinence and Nutrition) program.

The simple SSKIN methodology has been utilised as a platform for significant cultural change in the organisation.

The SSKIN program has now been implemented in nine clinical areas across

three sites, with successful reduction of pressure injuries in all areas.

**S – Surface.** Checking if patients are being nursed on the correct surface.

**S – Skin assessment.** Head to toe assessment is performed at specific times and documented in the patient's progress notes.

**K – Keep moving.** Staff and patients are educated to optimise all opportunities for movement.

**I – Incontinence.** An appropriate skin care regime and the correct use of aids are introduced to reduce patient incontinence.

**N – Nutrition.** Oral food and fluid intake are monitored to promote early detection and action if intake is inadequate.

Some areas have achieved the milestone of 100 days free of pressure injuries; others have achieved or exceeded their ward-specific goals.

Western Health will continue to reduce the number and severity of hospital-acquired pressure injuries by promoting zero tolerance. Staff, patient and carer education is ongoing, through the circulation of patient/carers and staff education materials in a variety of formats. These include a short film that is shown regularly on patient televisions.

The following graphs outline the number of stage 1 – 4 pressure injuries over a period of time a Western health.

The differences between what is a stage 1 – 4 pressure injury is outlined below.

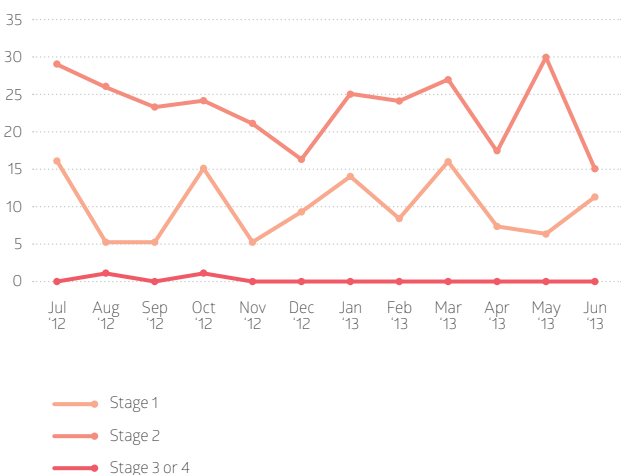
**Stage 1** – reddened area of skin that does not improve when pressure is removed.

**Stage 2** – a shallow open wound or blister.

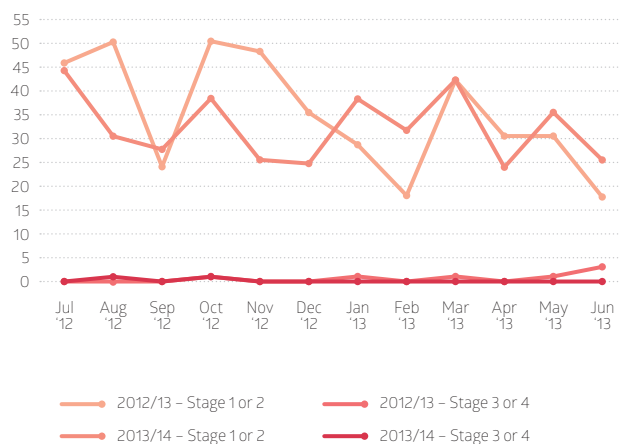
**Stage 3** – an open wound exposing the layer of fat tissue just under the skin.

**Stage 4** – wound with exposed bone, muscle or tendon.

Pressure injuries by stage 2013 - 2014



Number of Hospital-Acquired Pressure Injuries



# WARD 1B TAKES ON THE SSKIN CHALLENGE

For Marcus Storey and his team on ward 1 West the goal was clear – zero pressure injuries following the implementation of the SSKIN Program on the ward in March 2013.

With the help of Western Health Clinical Nurse Consultant Col Kilmier, Marcus and his team trialled the SSKIN campaign, an initiative previously rolled out in some US and UK hospitals to help reduce pressure injuries.

“A few of the hospitals were able to achieve 0 pressure injuries by implementing this campaign,” Marcus said.

“Orthopaedics is a high risk group, so we frequently see a high number of grade two pressure injuries.

“When Col approached me, our ward had just recorded the second highest number of Grade 1 and 2 pressure injuries across Western Health, with 46 patients developing pressure injuries on Ward 1 West in 2012.

“Since the implementation of the SSKIN program in March 2013, we have recorded just 13 pressure injuries – 12 in 2013 and 1 in 2014,” Marcus said in June 2014.

The SSKIN Program is aimed around getting staff to focus on five factors

**S – Surface.** Checking if patients are being nursed on the correct surface.

**S – Skin Integrity.** Staff will be asked to conduct a skin integrity assessment each day and on admission.

**K – Keep Moving.** Which is aimed at getting patients up and as active as possible.

**I – Incontinence.** Looking at the best products to use and how to prevent it.

**N – Nutrition.** Liaising with dieticians to put referrals through in a timely manner and discuss who is appropriate for a referral.

“They are the five most influential factors in preventing pressure injuries,” Marcus said.

“The staff have really taken it on board and have found the education around this campaign really beneficial.”

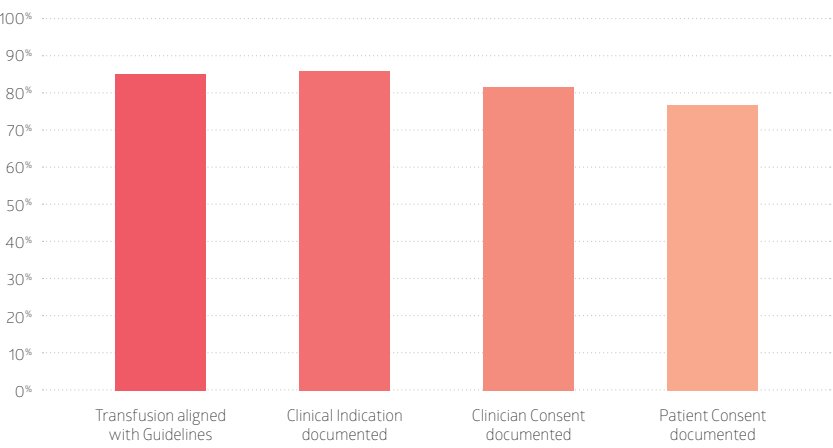
“Everyone has jumped on board and everyone is seeing it as a really positive thing as we all have that goal to work towards – zero pressure injuries.”

To enable Western Health to evaluate its practices the Transfusion Committee has implemented a comprehensive clinical audit program. Monthly audits of transfusion episodes are undertaken to assess appropriateness, documentation of patient consent, required safety checks and patient observations. Results are reviewed by the Transfusion Committee to assess alignment with best practice and to identify potential areas for improvement.

Western Health also participates in Victorian Department of Health Blood Matters Program audits, which allows it to benchmark its performance against other metropolitan and regional health services.

Blood components have a short shelf life, creating the need for a constant blood supply. With only 3% of the Australian population donating blood each year, blood and blood products are a precious and limited community resource. Western Health is committed to minimising the wastage of blood and blood products by observing correct storage, handling and transport procedures, and by constantly evaluating the organisation’s blood product inventory to ensure that appropriate supply levels are maintained in hospital laboratories.

Audit of Transfusion Episodes July 2013 -July 2014 (n=213)



Audit of Transfusion Episodes July 2013 -July 2014 (n=213)



# SAFE AND APPROPRIATE USE OF BLOOD AND BLOOD PRODUCTS

A large number of Australians rely on blood and blood products to support them through medical or surgical episodes, following a traumatic accident or, for patients with cancer or chronic illness, through regular transfusions to maintain health.

Although Australia has one of the safest blood supplies in the world, blood transfusion is not without risk. Western Health is committed to ensuring that all of its staff have the required knowledge to safely and appropriately prescribe, administer and care for patients who require blood transfusions.

To achieve this, all its junior medical, nursing and midwifery staff are required to complete a comprehensive blood transfusion education package. The Western Health Transfusion Committee monitors completion of the education package, and it regularly reviews and updates the organisation’s policies and procedures to ensure they are contemporary and aligned with national guidelines.

Western Health is also committed to ensuring that patients are involved in any decision to transfuse, and has therefore implemented an informed consent requirement for all blood and blood products. Consumer information leaflets in a variety of languages are available for patients and their families. A ‘Blood Transfusion: Information for Patients’ section has also been developed on the Western Health website, which can be accessed by all members of the public.



# RESIDENTIAL AGED CARE SERVICES

Reg Geary House in Melton was an aged care service run by Western Health. After taking a range of factors into consideration, Western Health decided to close Reg Geary House by June 2014, as the ageing building no longer met the needs of residents.

Reg Geary House provided aged care services for 30 permanent high-care residents. This is no longer considered a viable size for a stand-alone facility; newer aged care centres typically have more than 90 beds, making it easier to staff the service, provide high quality facilities and deliver a broad range of services to residents.

Western Health ensured that every resident had a suitable relocation option, offering the choice of a number of new facilities in the area. Residents and their families were fully supported through the transition to alternative accommodation, with a staff member assigned to provide guidance to each resident.

The care of the residents during this time continued to be of the highest standard. The staff at Reg Geary House worked individually with each resident and their family to ensure their needs were met throughout this period of change.

All residents were transferred from Reg Geary House by 20 March 2014. The facility closed on 1 April 2014.

## 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 that our aged population receives the best possible care in residential facilities.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment. The Standards specify 44 expected outcomes covering all aspects of care, including human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making, and the living environment.

To remain accredited each home is required to regularly demonstrate that it meets the Standards. Reg Geary House was fully accredited against all 44 outcomes until its closure in April 2014.

## Public Sector Residential Aged Care Services Quality Indicators

Until its closure Reg Geary House undertook regular monitoring of resident incidents and reported its performance in the Department of Health's Quarterly Public Sector Residential Aged Care Quality Indicator Report.

The indicators monitored were:

- Pressure injuries
- Falls and fractures
- Use of physical restraint
- Multiple medication use
- Unplanned weight loss
- Prevalence of Pressure Injuries

Reg Geary House closely monitored pressure areas to prevent injuries. All residents had comprehensive skin, nutrition and mobility assessments, and appropriate care interventions were formulated to ensure that the skin integrity of all residents was maintained.

Reg Geary House had a lower incidence of pressure injuries per 1,000 occupied bed days than the statewide rate.

## Prevalence of Falls and Falls-related Fractures

Resident falls were closely monitored at Reg Geary House. Each resident received a comprehensive risk assessment, utilising both Western Health assessments and aged care assessment tools, covering areas such as cognition, toileting, mobility and past history.

Every resident's mobility was reviewed on admission by a physiotherapist to assess falls risk. The physiotherapist then liaised with staff to instigate a preventative plan and ensure specific interventions were individualised to the patient's needs.

These assessments were regularly reviewed any time a resident fell or their condition changed, to ensure that additional measures were implemented to maintain care-recipient safety.

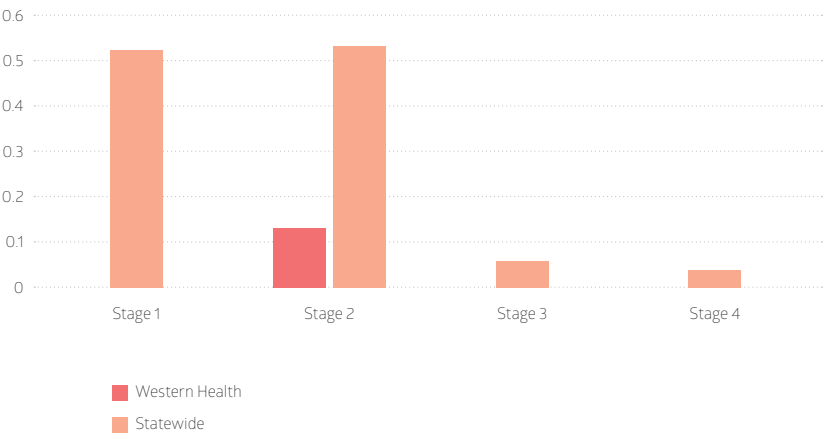
Reg Geary House had a lower incidence of falls and falls-related fractures per 1,000 occupied bed days than the statewide rate.

## Incidence of Physical Restraint

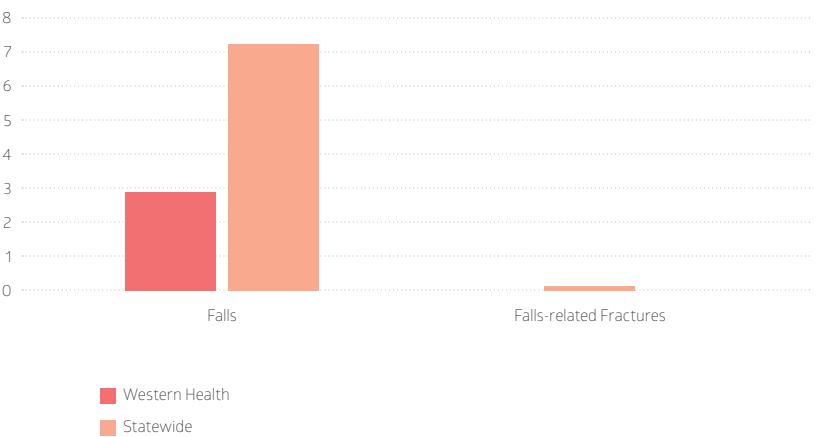
Residential Aged Care Services actively discourage restraint, and utilised behavioural strategies and counselling of residents and their families to educate them on the inherent dangers associated with restraint.

Reg Geary House reported no incidents of intent to restrain (statewide rate of 0.95 per 1,000 occupied bed days) and no incidents of physical restraint devices in use (statewide rate of 0.76 per 1,000 occupied bed days).

Prevalence of Pressure Injuries (Rates per 1000 occupied bed days)



Prevalence of Falls and Falls-related Fractures



Multiple Medication Use

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

To ensure that residents received appropriate pharmacy matched to their individual needs Reg Geary House held monthly Pharmacy Committee meetings, during which each resident’s medications were reviewed and alternate medications prescribed where appropriate. The committee included local general practitioners and pharmacists, as well as senior nursing staff from the facility.

In addition, all residents’ prescriptions were reviewed by the pharmacist on an annual basis to ensure that they were appropriate to their needs; wherever possible medications were reduced during the review process.

On average Reg Geary House residents had a lower rate of multiple medication use (3.38 per 1,000 occupied bed days) than the statewide rate of 4.3 per 1,000 occupied bed days.

Unplanned Weight Loss

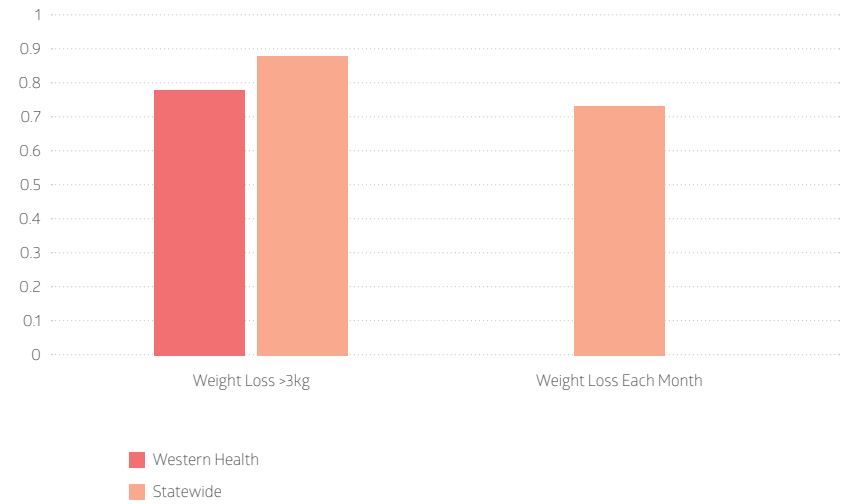
All residents had their weight charted on a monthly basis. This information was recorded on the continuous improvement database, where trend data and up-to-date weight charts were produced and filed in the resident notes.

All weight changes greater than 2kg over a one-month period triggered an automatic review by the dietician or speech pathologist, or both. The resident would also receive an urgent review by the treating medical practitioner. Residents would then be placed on a weekly weight chart until their condition stabilised.

All weight changes greater than 2-3kg over a three-month period triggered a review by the dietician and general practitioner.

Reg Geary House residents had a slightly lower incidence of unplanned weight loss than the statewide rate, and a lower incidence of residents with weight loss each month.

Residents with Unplanned Weight Loss



Note: indicator data is based on the average rates for Quarter 1, 2 and 3 (July 2013 to March 2014, inclusive).

USING FEEDBACK FROM COMPLAINTS AND COMPLIMENTS

Western Health offers many ways for people to provide feedback on its services. Consumers can talk to the managers in the service or ward area they have used, call the patient representatives, write a letter or email, fill out a feedback form, leave feedback via the website, or discuss any issues with a member of the Western Health Executive Team during one of their ‘leadership walk-arounds’.

All complaints and compliments are themed against the four dimensions of Western Health’s Best Care Framework: Person-Centred Care , Coordinated Care, Right Care and Safe Care, . As well providing the organisation with a snapshot of patient experience, themed data is used by the Patient Experience Committees to drive important initiatives, which are then reported to the Best Care Committee for discussion and endorsement.

Any feedback received, whether a compliment, an enquiry or a complaint, is provided to staff so they can gain awareness and learn from the experience- whether it be a positive or a negative experience encountered by patients, their carers or families

Actions resulting from feedback are clearly displayed around the organisation through a series of ‘You Said, We Did’ posters, which enables patients, carers, community members and staff to see the outcome of consumer comments.

The following are examples of compliments received by Western Health in the past 12 months:

“Every person we came in contact with while at your hospital was very helpful and understanding. We had top-rate quality care, from the lovely and caring nurses to the physiotherapist and orthopaedic surgeon on duty.”

“I cannot thank you enough for all the care and dignity you provided to my dad.”

“I cannot thank you enough for the care and attention you showed us. It was the little things like getting something for my son to eat at midnight when he hadn’t eaten since 5pm, and letting me stay with him all night as he felt so lonely.

	No.
Compliments 2012/13	162
Compliments 2013/14	204
Complaints 2012/13	1175
Complaints 2013/14	1011





WESTERN  
HEALTH  
PROVIDES A  
COMBINATION OF  
HOSPITAL AND  
COMMUNITY-  
BASED SERVICES  
TO AGED, ADULT  
AND PAEDIATRIC  
PATIENTS AND  
NEWBORN  
BABIES.

# QUALITY IMPROVEMENT INITIATIVES

## ADVANCE CARE PLANNING: ZOE CALLS THE SHOTS

**Western Health's Transition Care Program (TCP) has a strong focus on patient-centred care and actively promotes engagement with patients in advance care planning. This allows patients to express their wishes for future treatment or care and to participate in decisions about their healthcare through client-clinician collaboration.**



As part of her TCP admission process Zoe developed an advance care plan in collaboration with her case manager. This involved gaining an understanding of what was important for Zoe, her preferences and her beliefs regarding her care. Zoe's daughter was also part of this discussion, so that she would have an understanding what her mother wanted.

Zoe was delighted to list all the things she didn't want: no antibiotics, no transfusions, no IV hydration, no mechanical ventilation, and no tube/stomach feeding. Her case manager asked whether she would want comfort care. "You mean pain meds to make me feel good? Yep, I'm for that!"

When asked what she would like when death was imminent, Zoe responded, "I want to die alone". This came as quite a shock to her daughter, who had imagined being at her mother's side, holding her hand and listening to sounds of the ocean. Zoe was surprised to

hear that her daughter felt like this; she had assumed that this would be a burden for her and as such it was something she wanted to avoid. Zoe's daughter explained that she felt being with her mother would be supportive and provide closure.

For the case manager this reaffirmed the importance of having this conversation with the patient and those close to them. Zoe reconsidered her plan and added that she wanted music, sounds of the ocean, and people who could support her daughter when Zoe's death was imminent. Both Zoe and her daughter were grateful that Zoe's explicit wishes were well documented. Zoe was excited to take her document with her, feeling that it belonged to her and that she had "called the shots".



# SUNSHINE HOSPITAL MERCY AND WESTERN DAY HOSPICE

The Mercy and Western Day Hospice is a holistic, interdisciplinary outpatient service that provides additional care options for people with palliative conditions. Palliative care clients have a life-limiting illness but still have important goals and needs. The Day Hospice provides a safe and welcoming environment for both clients and their carers, with a focus on managing pain and symptoms while encouraging clients to remain part of the community.

services to 34 people, who had returned to the community after a palliative care inpatient stay or an acute admission where palliative care needs were identified.

The Day Hospice operates twice a week and provides clients and carers with the opportunity to engage in a range of social activities with their peers. A key focus of the program is supporting carers through a formal carers' support group and informal respite opportunities.

The team at the Day Hospice recognises that the end-of-life journey is often a time of suffering and anguish; however the importance of living well and celebrating each day is also an important part of the life cycle. This notion is promoted through the Grant-A-Wish initiative, a pivotal part of the Day Hospice program.

Grant-A-Wish is a patient-centred program that provides people who are facing a life-limiting illness with something to look forward to, and the opportunity to create special memories with their loved



(Left to right) Brenda Coombs, Day Hospice Manager Jenni Zerafa and Merv Coombs.

ones. Each wish brings great excitement and anticipation, and distracts from the everyday adversities of severe illness.

In 2013/14 six wishes were granted under the program, including a weekend away with a trip on Puffing Billy for Day Hospice and inpatient palliative care patient Merv

Coombs. When asked about his experience with the Day Hospice Merv said, "I have a cancer that can't be cured, but life goes on and your attitude towards life has a big bearing on how you go with that. You are either going to enjoy the time you have here or make it very difficult, so you might as well enjoy it."

IN 2013/14 SIX WISHES WERE GRANTED UNDER THE PROGRAM, INCLUDING A WEEKEND AWAY WITH A TRIP ON PUFFING BILLY FOR DAY HOSPICE AND INPATIENT PALLIATIVE CARE PATIENT MERV COOMBS.

# NEW DYSPHAGIA CLINIC PROVIDES SAME-DAY ACCESS FOR MANY PATIENTS IN NEED

Western Health has established a dedicated Dysphagia Clinic, providing same-day access to specialist clinical and instrumental assessments for outpatients who do not require a multi-disciplinary approach.

Dysphagia is a swallowing disorder affecting one or more of the oral, pharyngeal, or oesophageal stages of swallowing. It can be caused by structural, physiological, neurological or cognitive impairments.

Some of the common causes of dysphagia include stroke, head injury, progressive neurological conditions, cancer and surgery.

Untreated, dysphagia is associated with considerable morbidity, including dehydration, malnutrition, aspiration, choking and/or chest infections.

Studies have indicated that between 16% and 22% of adults experience dysphagia at some point in their life. The incidence of dysphagia has been shown to increase with age, and is therefore becoming a growing healthcare issue with our ageing population.

Speech Pathologists at Western Health are responsible for the assessment and management of patients presenting with dysphagia. Approximately 1,800 inpatient and outpatient referrals for swallowing assessments are received each year across Western Health.

Prior to the establishment of the new service patients were seen through Community Based Rehabilitation (CBR), and faced much longer waiting times. Removing those patients who do not require multi-disciplinary input from the CBR waitlist, and treating them through the Dysphagia Clinic, results in patients being seen faster and receiving more streamlined care.



APPROXIMATELY 1,800 INPATIENT AND OUTPATIENT REFERRALS FOR SWALLOWING ASSESSMENTS ARE RECEIVED EACH YEAR ACROSS WESTERN HEALTH.



## SUBACUTE SERVICES WORKING WITH PATIENTS TO PREVENT ACUTE ADMISSIONS

**Western Health's Division of Subacute and Aged Services has a strong focus on providing the right care, in the right place, at the right time. This is especially evident in the case of patient Peter Russell.**

Peter, who has chronic lower leg ulcers due to lymphedema, is in constant pain. His leg ulcers require daily dressing changes that cost up to \$400 per week, creating a significant financial burden for Peter who is on an aged pension.

In the past Peter has had lengthy admissions to Western Health, including two separate admissions of more than 300 days each. The last of these admissions involved Peter being transferred to the Sunshine Geriatric Evaluation and Management (GEM) unit for management of his chronic wounds and pain, in order to maximise his ability to participate in daily activities.

The GEM discharge planning team worked with Peter on his goal to return home and avoid entering residential aged care. Given Peter's history of multiple and lengthy admissions, the chronic and complex nature of his condition, and the financial consideration of his dressings, a community-wide approach was required to meet this goal.

The Division of Subacute and Aged Services worked with multiple internal and external service providers to develop a management plan that would allow Peter to return home safely, with a focus on avoiding lengthy hospital admissions by keeping well at home.

This coordinated program for Peter's care requires the involvement of Western Health services such as the Chronic Wound Service, the Hospital Admission Risk Program (HARP) and specialist wound care pain consultants, as well as community agencies such as the Royal District Nursing Service and Community Aged Care Package Case Management.

The preventative approach involves Peter being admitted every three months to a subacute unit, for medical review of his wounds and for multi-disciplinary rehabilitation to maximise his function. This ensures Peter has consistent care, reducing the need to present to the emergency department and be admitted to an acute ward.

The comprehensive support of community services has allowed Peter to remain living at home. On a recent admission Peter reported how happy he is with the arrangement. "It's really made a big difference to me. The planned admissions have reduced the amount of time I spend in hospital. I now get more time at home."



**"IT'S REALLY MADE A BIG DIFFERENCE TO ME. THE PLANNED ADMISSIONS HAVE REDUCED THE AMOUNT OF TIME I SPEND IN HOSPITAL. I NOW GET MORE TIME AT HOME."**

## AWARD WINNING CLINIC A SMART SOLUTION FOR PATIENTS

**The Symptom Management Assessment and Referral Team (SMART) Clinic at Western Hospital has claimed top honours at this year's Palliative Care Victoria Quality Initiative Awards.**

Palliative Care Consultant Dr Adrian Dabscheck, together with community palliative care provider Mercy Palliative Care, identified a need for palliative care input for patients being seen by oncologists in outpatient services. The idea for the SMART clinic grew from there.

"The aim of the clinic is to provide support for issues with pain and symptom management, medication support and education, and also to offer psychological and spiritual support and help patients access community palliative care," said Dr Dabscheck.

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

The SMART clinic, which opened in May 2012, is the only symptom management clinic in Victoria to have both pharmacy and community palliative care involvement in an adult outpatient setting.

The clinic has the potential to see around 400 patients each year. Most palliative care patients who are admitted to a palliative care inpatient unit have had an average of three inpatient admissions.

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

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

Project Officer Kathy Hendry said she sees the clinic as an opportunity for staff to better identify palliative care patients' needs, especially symptom management and psycho-social, emotional and spiritual requirements.

"By linking patients to community palliative care we can give them access to a 24-hour community palliative care phone number, where a nurse is always available for advice," Kathy says. "The best reassurance you can give a patient is that someone is always there for them; that no matter what time of day or night, they are not alone."

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

Dr Adrian Dabscheck and Fran Gore from Mercy Health jointly accepted the award in August.

"It is great to see this fantastic initiative rewarded," said Adele Mollo, Western Health's Operations Manager Cancer, Neurology/Stroke, Respiratory & Sub Specialty Medicine. "Congratulations to the project team and particularly Cancer Services Project Officer Kathy Hendry. And a huge thank-you again to WCMICS for the initial funding to support this project."

# KNOWING HOW WE ARE DOING

One of the key standouts for the surveyors throughout the March 2014 Accreditation process was the Knowing How We Are Doing (KHWD) boards, which are now a fixture in many wards throughout Western Health.

The boards are part of the Releasing Time to Care initiative, which has now been rolled out across the organisation.

“The Knowing How We Are Doing boards have been a huge success and it is fantastic to see the surveyors recognise that,” said Releasing Time to Care Facilitator Nicola Richards. “KHWD is very much about knowing our own business.

“The boards are divided into four quadrants, so information can be easily read by anyone taking a look to see how we are progressing.

“As the Western Health Leadership rounds progress, the boards provide staff on the wards with an instant reference to provide feedback to any staff member asking ‘How is your ward doing?’” Nicola added.



Western Health recently introduced its Best Care Framework. Release Time To Care has adopted the four dimensions, Safe Care, Coordinated Care, Patient Centred Care and Right Care, which are now on all Knowing How We are Doing boards throughout the organisation.

THE BOARDS ARE PART OF THE RELEASING TIME TO CARE INITIATIVE, WHICH HAS NOW BEEN ROLLED OUT ACROSS THE ORGANISATION.

# IMMEDIATE RESPONSE SERVICE

Like many health services, there is no such thing as a ‘typical day’ for the Western Health Immediate Response Service (IRS) team.

This community service provides short-term support to people who are at risk of presenting to, or being admitted from, one of Western Health’s emergency departments. By quickly identifying and assessing the needs of its clients, the IRS team coordinates support that enables people to recuperate at home, rather than having to enter, or remain, in hospital.

To ensure that individual needs are identified and appropriate supports put in place, the team includes staff with experience and qualifications in nursing, occupational therapy, physiotherapy, aged care, clinical pharmacy, mental health and social work. This trans-professional mix of skills and experience means that any member of the team can assess and coordinate care to best meet the client’s needs.

Mary is one member of the community who needed help to return home after she fractured her left wrist in a fall. Living alone, with no family close by, she could not go home without appropriate support. A care coordinator assessed Mary in the emergency department and put a range of services in place for her. These services included Meals on Wheels and support with personal care, cleaning and shopping. A home visit from an occupational therapist ensured that Mary’s home was safe from hazards that could have contributed to further falls.

The work of the IRS enables patients to recover in comfortable and familiar surroundings, sparing them the distress and expense of a hospital stay.

BY QUICKLY IDENTIFYING AND ASSESSING THE NEEDS OF ITS CLIENTS, THE IRS TEAM COORDINATES SUPPORT THAT ENABLES PEOPLE TO RECUPERATE AT HOME, RATHER THAN HAVING TO ENTER, OR REMAIN, IN HOSPITAL.

# SERVICE IMPROVEMENT – WORKING WITH CONSUMERS TO IMPROVE THEIR EXPERIENCES OF MENTAL HEALTH SERVICES

**Evidence shows that active consumer participation leads to more accessible and effective health services. This is particularly true for people who are often marginalised by mainstream health services.**

Mental health has been prioritised as a high need area by health service providers in Melbourne’s West. Fragmentation of services is a well known challenge, and there is a pressing need to break the cycles of crisis intervention and fragmented care often experienced by people with complex mental, medical and social health care needs.

With this in mind, Western Health is leading a project which aims to improve the experience of mental health consumers as they move across and between services. Consumers eligible to participate in the project were identified through Western Health’s Mental Health Hospital Admission Reduction Program (HARP).

Using Experience-Based Co-Design (EBCD), staff and consumers are now working together to identify opportunities for service improvements. EB CD goes beyond traditional satisfaction surveys or audits by giving consumers the opportunity to share their experiences in filmed interviews, while staff and other service providers share their views in a focus group setting.



*(Left to right) Project Lead Kate Cranwell, Project Manager Meg Polacsek and consumer participant Susan Adams.*

A short film that captured key ‘touch points’ from these interviews was produced and viewed at a joint consumer and staff workshop, in which participants worked together to identify aspects of the service that were highly valued, as well as priorities for improvement. These included:

- Improving information and communication about service options
- Supporting continuity of care by improving the transfer of information between services
- Assisting with service navigation and access, and promoting engagement with community services

- Involving family and carers more in discussions, and providing information on carer support
- The project is also evaluating the effectiveness of EB CD as a strategy for increasing consumer involvement and satisfaction.

In the meantime, all the consumers who have participated in the project to date reported that they valued the opportunity to contribute to service improvements. Follow-up calls captured statements that confirmed that they felt heard, and appreciated the opportunity to chat with someone who was interested in hearing what they’d been through.

## WE VALUE YOUR OPINION



We invite you yo 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 amil to:

Director Clinical Governance  
Western Health  
PO Box 294  
St Albans 3021

### PLEASE TAKE TIME TO COMPLETE AND RETURN WITH YOUR FEEDBACK

1. Was this report easy to understand? ☐ No ☐ Yes
2. Please rate the presentation of this report by ticking one of the following:  
☐ Excellent ☐ Very Good ☐ Good ☐ Poor ☐ Very poor
3. Was the report able to answer questions you had about Western Health and its services? Please tick the most appropriate response for you.  
☐ Strongly agree ☐ Mostly agree ☐ Not sure ☐ Disagree ☐ Strongly disagree
4. What would you like to see next year to improve this report? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you want more information on any topic in this report?  
☐ No ☐ Yes If yes, what topic? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please send me information on how I can join the Cultural Diversity and Community Advisory Committee.  
Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

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





**WESTERN HOSPITAL**

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

**SUNSHINE HOSPITAL**

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

**SUNSHINE HOSPITAL  
RADIATION THERAPY CENTRE**

176 Furlong Road  
St Albans VIC 3021  
8395 9999

**WESTERN CENTRE FOR HEALTH  
RESEARCH AND EDUCATION**

Sunshine Hospital  
Furlong Road  
St Albans VIC 3021  
8345 1333

**SUNBURY DAY HOSPITAL**

7 Macedon Road  
Sunbury VIC 3429  
9732 8600

**WILLIAMSTOWN HOSPITAL**

Railway Crescent  
Williamstown VIC 3016  
9393 0100

**DRUG HEALTH SERVICES**

3-7 Eleanor Street  
Footscray VIC 3011  
8345 6682

**HAZELDEAN TRANSITION CARE**

211-215 Osborne Street  
Williamstown VIC 3016  
9397 3167



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