

Quality of Care

2009/10



Western Health

OUR VISION

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

OUR PURPOSE

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

OUR VALUES

Compassion - consistently acting with empathy and integrity

Accountability - empowering our staff to serve our community

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

Excellence - inspiring and motivating, innovation and achievement

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

OUR PRIORITIES

Safe and effective patient care

People and culture

Community and partnerships

Research and learning

Self-sufficiency and sustainability

Acknowledgement of traditional owners

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



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Welcome

Welcome to Western Health's 2010 Quality of Care Report. We are proud to be reporting about how we deliver quality healthcare to the community of the West.

Our Quality of Care Report shares with you our actions to deliver accessible, safe and effective patient care.

Western Health takes quality seriously. Our Strategic Plan 2008-2013 places safe and effective patient care at the forefront of all of our activity.

Western Health has a number of committees charged with overseeing the provision of safe, quality care across all of our hospitals and services. The data and other information these committees examine informs the content of this Report. We also identify what should go into the Report by reviewing patient and carer comments in consumer satisfaction surveys and seeking the input of Western Health staff and consumer representatives/advocates.

Our Quality and Safety Committee ensures that the Quality of Care Report is completed in collaboration with the activities and work of our Cultural Diversity and Community Advisory Committee (CDCAC). This is particularly evident in the 'Participation' section of the Report where the content has been largely informed by activities reported to or involving the CDCAC. Members also contributed profiles to and informed the overall look of this year's Report.

The content of this year's Report was also informed by review of feedback forms returned following distribution with the 2009 Report.

Themes from feedback that we have addressed in the following Report cover inclusion of patient stories/feedback, information on our Drug and Alcohol Service and information on initiatives to improve access to our emergency and elective surgery services.

The Quality of Care Report is a companion document to our Annual Report. This Report is distributed widely to the community to points such as medical clinics, local government offices, community health centres and in our waiting rooms and communal areas at Western Health hospitals. We also encourage local newspapers to further publish stories and commentaries from the content of the report.

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

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



Ky Cook

Kathryn Cook
Chief Executive



Afif Hadj

Afif Hadj
Chair, Quality & Safety
Committee

1**THE FIRST SECTION, PAGES 4 - 5**

Provides information on Western Health and its catchment

2**THE SECOND SECTION, PAGES 6 - 15**

Looks at how we actively promote and monitor community and consumer participation

3**THE THIRD SECTION, PAGES 16 - 27**

Details a number of areas we regularly review to help monitor the quality and safety of care provided across Western Health

4**THE FOURTH SECTION, PAGES 28 - 34**

Looks at ways in which we strive to provide a seamless healthcare experience for our patients



Our Catchment

Western Health is one of Victoria's leading health care services and the major public provider of health services for people living in Western metropolitan Melbourne.

Western Health serves a diverse and culturally rich community. Geographically, our primary catchment covers the municipalities of Maribyrnong, Hobsons Bay, Brimbank, Melton and parts of Moonee Valley and Hume.

Western Health is the major public provider of health services for people living in western metropolitan Melbourne and provides a comprehensive range of services relating to pregnancy and newborn care, children's and adolescent health, gynaecology, cancer, heart and kidney disease, palliative care, surgery and emergency care. Services are delivered at our three acute public hospitals located at Sunshine, Footscray and Williamstown. A drug and alcohol program is offered at our DASWest service, while Hazeldean Nursing Home at Williamstown and Reg Geary House Melton South offer residential aged care.

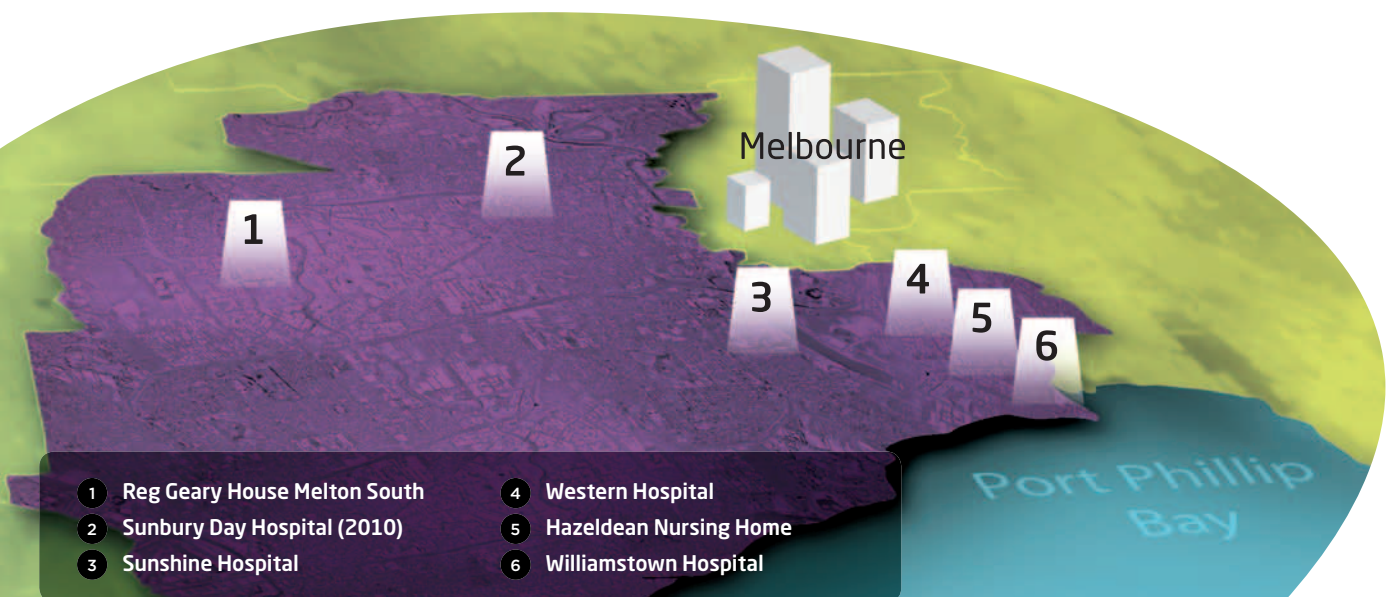
Western Health provides services to one of Victoria's most rapidly expanding communities and employs approximately 5,000 staff that work hard to meet the challenge of significantly increasing demand and access to our service.

We are committed to undertaking a broad range of patient focussed projects that enhance the quality and safety of our care, increase our health promotion activities and improve support for our diverse community.

With the support of the State and Federal Governments, Western Health has undertaken a significant capital development program which will enhance our capacity to respond to the needs of a population of approx. 750,000 which is projected to exceed one million people in the next 15 years.

Western Health is strongly committed to attracting and supporting a skilled and high performing workforce and we are now providing specialist training for approximately 10% of Victoria's future medical workforce.

Western Health has collaborative partnerships with community health service providers, local governments, primary care providers and hospitals, to identify, influence and implement initiatives that will make a real difference to the health of individuals and communities in the West. Western Health is well supported by our 360 plus volunteers and auxiliary members who assist us in providing quality patient care to our community.



REG GEARY HOUSE

Established in 1994, Reg Geary House is one of the key providers of residential aged care within the Melton community, providing 30 high care beds.

SUNBURY DAY HOSPITAL

The \$21 million Sunbury Day Hospital will provide a wide variety of services including day medical, day surgical, dialysis treatment and a number of specialist clinics.

Construction commenced in November 2009 and completion is expected in late 2010.

SUNSHINE HOSPITAL (ST ALBANS)

Sunshine Hospital is a teaching hospital in Melbourne's outer-West with approximately 300 beds. Already renowned for its comprehensive range of services including women's and children's services, surgical, medical, aged care and rehabilitation services, Sunshine Hospital's emergency department, incorporating a paediatric service, is one of the busiest general emergency departments in the state.

The obstetric services at Sunshine Hospital continue to grow to meet the increasing demand within the community and it now has the third highest number of births in the state.

WESTERN HOSPITAL (FOOTSCRAY)

Western Hospital is an acute teaching hospital with approximately 300 beds and provides the majority of acute elective and emergency services for Western Health.

Patients are provided with a range of inpatient and outpatient services including acute general medical and surgical, intensive and coronary care, sub-specialty medicine and surgical services, and relevant clinical support. Research is conducted at the hospital that covers a range of medical, surgical and specialty areas.

Western Health maintains strong partnerships with a number of lead universities including University of Melbourne, La Trobe, Monash, RMIT and Victoria University for medical, nursing and midwifery, and allied health training.

HAZELDEAN NURSING HOME

Hazeldean is located close to Williamstown Hospital. The 40 bed facility provides residential aged care services for the people of the West.

WILLIAMSTOWN HOSPITAL

Williamstown Hospital is a 90 bed facility providing emergency services, surgical services, a range of rehabilitation services including geriatric evaluation and management, transitional care and restorative care, renal dialysis services (previously provided by North West Dialysis Service), community rehabilitation and community health services.

DASWEST

DASWest provides alcohol and drug services to the West. With six operational sites, it is one of the largest services of its nature provided in the state of Victoria.

On a typical day at Western Health

- 886 patients are cared for overnight (acute, sub-acute and residential care)
- 380 patients see a doctor in an outpatient clinic
- 320 patients attend our 3 Emergency Departments
- 292 patients are discharged
- 100 patients require the services of an interpreter
- 37 patients are visited at home by our Hospital In the Home program
- 55 volunteers provide a range of services including patient comfort and basic administrative support
- 10 babies are welcomed into the world at our Sunshine site
- 93 operations are performed
- 2,633 meals are served



Consumer, Carer and Community Participation

FOCUS ON PARTICIPATION:

Western Health strives to promote meaningful consumer, carer, and community involvement in decision making about health policy and planning, care and treatment, and the wellbeing of our broader community.

WHAT IS CONSUMER PARTICIPATION?

Participation is when consumers, carers and community members are involved in decisions about their care and treatment, health service planning and policy and the wellbeing of their community.

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

At Western Health we recognise that when people are involved in decisions about their:

- Care and treatment
- Health service planning and delivery and
- Health service policy

we achieve better outcomes for the health of our patients, consumers, carers and community.

Western Health uses the following Participation Goals to drive and review participation activity.

PARTICIPATION GOAL:

To show commitment to consumer, carer and community participation by meeting external Accreditation Participation Standards.

Western Health is involved in an external accreditation program run by an independent agency called the Australian Council on Healthcare Standards (ACHS). Western Health meets all ACHS Accreditation Standards and uses these standards to continually review and improve systems supporting consumer participation in care.

One of these standards covers systems supporting the right of patients to complain about their care.

Western Health is committed to addressing and resolving complaints from patients and/or family/friends in a timely, sensitive manner with the aim of improving the processes which may lead to consumer dissatisfaction.

To meet this commitment, we have a well established consumer complaints program which is supported by Patient Representative positions across all of our hospitals.

Complaints are encouraged and promoted as a positive opportunity to improve the way we communicate with and care for patients.

An opportunity to improve care within the last 12 months was identified from complaints received around waiting times in the emergency department.

IMPROVING PATIENT FLOW THROUGH THE EMERGENCY DEPARTMENT

Western Health has three Emergency Departments located at Western Hospital Footscray, Sunshine Hospital and the Williamstown Hospital. The Emergency Departments provide assessment, investigations and treatment for patients presenting for urgent and emergency care.

All patients who present to the Emergency Department, whether they present by Ambulance, are referred from their GP or self present, are triaged by a Senior Nurse according to the Australian National Triage Scale. The National Triage Scale is a rating scale that is used to assess how long a patient should wait for medical treatment.

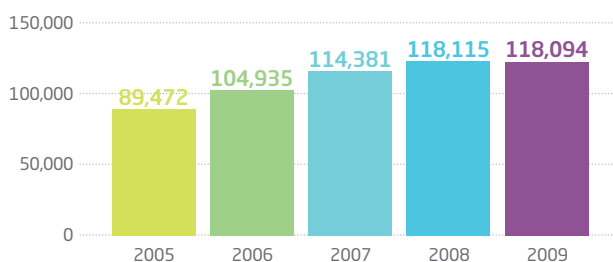
NATIONAL TRIAGE SCALE

CATEGORY	DESCRIPTION OF CATEGORY	RESPONSE
1	Immediately life-threatening	Immediate E.g. Heart attack.
2	Imminently life-threatening or Important time-critical treatment or Very severe pain	Assessment and treatment within 10mins E.g. severe pain, altered conscious state.
3	Potentially life-threatening or Situational urgency or Human practice mandates the relief of severe discomfort or distress within 30mins	Assessment and treatment within 30mins E.g. Moderate pain, minor fracture.
4	Potentially life-serious or Situational urgency or Significant complexity or severity	Assessment and treatment within 60mins E.g. mild pain, minor trauma.
5	Less urgent	Assessment and treatment within 120mins E.g. Chronic conditions.

In the last 5 years Western Health has seen a significant increase in the number of people presenting to our emergency departments for treatment. In 2009 the Western Health Emergency Departments treated approximately 118,100 patients. While our emergency departments continually achieve the time to be seen for category 1 and 2 patients, due to the volume of patients that fall into the Category of 3 and 4, it is an ongoing challenge to achieve these time frame targets.

TOTAL NUMBER OF EMERGENCY PRESENTATIONS TO WESTERN HEALTH HOSPITALS

No. of Patients



Western Health is continually striving to improve the waiting times in order to treat patients within targeted times.

In 2009 Western Health reviewed the waiting times in the Emergency Department and also looked at the number of patients that left the Emergency Departments before receiving medical treatment. Of the 118,100 who attended the Departments 90,410 of these patients fell into the triage Category 3 and 4 and the majority of these patients attended the Sunshine Department.

Following the review Western Health committed to redesigning the Sunshine Emergency Department to include a purpose built Fast Track area to improve patient flow through the Department.

The new Fast Track area will provide 6 Fast Track rooms, an isolation room, a procedure room and an ophthalmology room. The fast track area will also provide a separate waiting room for patients triaged as appropriate for this service. The Fast Track area will be designed for the timely assessment, treatment and discharge of people seeking services for less serious illnesses and injuries.

Construction of the Fast Track area commenced in April 2010 and is now functional. This service should not only decrease the time patients wait for less serious illnesses and injuries but also reduce the number of patients who decide not to wait for treatment.

Another process currently being implemented is called 'nurse rounding'. A senior Emergency Department nurse will be responsible for circulating amongst the patients waiting to be seen each hour and will be providing patients with approximate waiting times and address any immediate issues such as pain management, changes in clinical condition and requirement for diet and fluids (especially for diabetic patients). Where necessary a patient's triage status can be altered to reflect their changing clinical need.

PARTICIPATION GOAL:

To involve consumers/community members on key health service committees.

Western Health was one of the first health services to combine its Cultural Diversity and Community Advisory Committees.

Combining the committees ensures Western Health keeps cultural diversity issues on the agenda for the Board and health service planning. Our Cultural Diversity and Community Advisory Committee also has an indigenous member to ensure that Aboriginal and Torres Strait Islander health issues remain at the forefront of discussion at Board level.

Within the last 12 months, a consumer representative has also joined Western Health's Quality and Safety Committee. This is a Board level Committee that oversees the systems and improvement activity that ensures quality, safe care is provided across Western Health.

Lisa Field, a community representative, has this to say about being a member of both the Western Health Cultural Diversity and Community Advisory Committee and the Quality and Safety Committee:

'The Cultural Diversity and Community Advisory Committee has a strong focus on ensuring that Western health has proper processes in place to enable community participation, consumer input and is meeting the needs of people from diverse cultural and linguistic backgrounds.

Having been involved in developing a Community Participation Plan and in the Quality and Safety Committee has been insightful into the work behind the scenes, as well as confirming to me the important need to put health consumers, hospital patients and aged care residents of Western Health's services at the forefront of the minds of the hospital's Board, executive and operational staff.

A major learning point in being on the Community Advisory and Cultural Diversity Committee is the importance of the community being educated about their rights, opportunities for engagement and the strong need for their active involvement to provide the best quality service.

Patient safety and the quality of the work performed at Western Health can be measured through its effectiveness in communicating and engaging with consumers, which requires both the hospital and the community to work as partners in health.'

PARTICIPATION GOAL:

To develop and report upon community participation plans.

In 2008 Western Health developed a 3 year Community Participation Plan that will guide our work until 2011. The Community Participation Plan is submitted to the Department of Health every three years and reported upon annually.

The Western Health Plan has four projects, which were developed in partnership with the Cultural Diversity and Community Advisory Committee. The projects include:

1. Improving Cultural Responsiveness

Within the past 12 months, Western Health has created a full-time Manager position covering Consumer Participation and Cultural Diversity. This position was created to support our commitment to actively engage consumers in care and respect and support cultural diversity.

This position has already improved staff engagement in cultural awareness education and provided the expertise and support for the development of a number of consumer focus groups aligned with the review and improvement of care.

Western Health is also currently reviewing its Cultural Responsiveness Plan in line with newly developed guidelines from the Department of Health.

2. Supporting patients to be nurtured with culturally appropriate food

The Cultural Diversity and Community Advisory committee is involved in the review of food service provision for Western Health.

In addition, the Speech Pathology Department has developed a visual menu containing photos of meal and drink options that are on the Western Health written menu.

This initiative came about partly due to the recognition that inpatients who don't routinely speak English at home experience limited choice in selecting their meals due to difficulty reading a menu written in English. It was also informed by a number of inpatients who have other types of communication needs eg those with poor sight, language impairment and low literacy skills.

A questionnaire post implementation of this initiative revealed that patients and their carers regard the visual menus as a positive experience and that it increases their independence and satisfaction with meal choices.



3. Treating patients with respect and dignity by minimising mixed gender rooms

In response to patient feedback Western Health has established a redesigning care project to investigate how we can reduce the number of patients who are accommodated in a two or four bed inpatient room with a mix of both male and female patients. Currently, every effort is made to ensure this doesn't happen. However, it sometimes occurs when high demand for inpatient beds can't be balanced with having all male or all female rooms.

The project is at the data gathering phase and Western Health will soon begin Consumer consultations to involve Consumers, Patients and Carers in the development of strategies to address this issue.

4. Development of a consumer, carer, community and stakeholder register to enable participation at all levels of the health service.

Work is underway to develop a central register to record and support consumer engagement activity across Western Health.

With the assistance of the Manager of Community Participation and Diversity, Western Health Services are being supported to develop robust consumer engagement strategies.

Our Drug and Alcohol Service (DASWest), for example, are in the process of developing an advisory group made up of staff and clients of the service. The group will assist the organisation to develop, monitor and evaluate strategies for consumers, carers and community members in relation to health care planning, policies and service delivery. These consumers will be involved in policy and procedure development, and focus and working groups around specific issues.

PARTICIPATION GOAL:

To assess consumer participation in decision making about care and treatment.

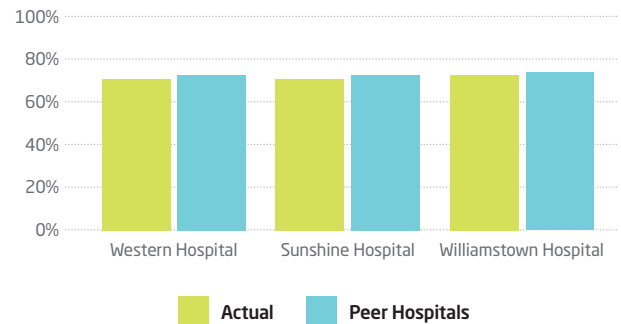
To measure whether we are being successful in involving consumers in decision making about their care and treatment, we review reports on the satisfaction of patients admitted to each of

our hospitals. These reports are developed as part of a process known as the Victorian Patient Satisfaction Monitor.

This process is co-ordinated by the Department of Health and involves asking patients admitted to our hospitals whether they would be willing to participate in a satisfaction survey. Once they are discharged, a number of randomly selected patients are then forwarded satisfaction surveys to complete.

The following graph shows the percentage of patients satisfied with the way staff involved them in decisions during 2009-10 for each of Western Health's hospitals. The graph demonstrates that patient satisfaction sits close to the average of similar sized hospitals across Victoria.

PERCENTAGE OF PATIENTS SATISFIED WITH THE WAY STAFF INVOLVED THEM IN DECISIONS



Western Health is committed to improving this satisfaction rating. To this end, we have developed a Strategy entitled 'Improving the Patient Experience'. This includes the implementation of a number of practical initiatives to improve communication and consultation with patients across Western Health Services.

The 'nurse rounding' program in our Emergency Departments described on page 9 of this Report is an example of one of these practical initiatives.

PROVIDING CULTURALLY APPROPRIATE HEALTH SERVICES

Western Health aims to improve the health of CALD community members by providing culturally appropriate health and language services.

Western Health's catchment is one of the fastest growing areas in Victoria today. The people living within our catchment make up one of the most culturally diverse communities in the State.

This diversity has a significant impact on the way Western Health plans for and delivers health services.

Western Health is committed to ensuring all patients, families and carers receive equal access to services and are provided with the opportunity to participate fully as members of our community.

Western Health has a Cultural Diversity Plan which guides the organisation to ensure it:

- Understands clients and their needs.
- Develops partnerships with multicultural and ethno specific agencies.
- Works towards having a culturally diverse workforce.
- Uses language to best effect.
- Encourages community participation in decision making.
- Promotes the benefits of a multicultural Victoria.

LANGUAGE SERVICES TEAM

More than 38% of our community speaks a language other than English at home, which places a strong priority on the provision and continual improvement of Language Support Services across Western Health.

From July 2009- June 2010 the number of requests for interpreters were 24,620. Of these, 67% were for languages we have in house and 33% was for agency interpreters.

The Language Services Team now has a complete staff base of in-house interpreters for the most requested languages at Western Health.

Western Health has in house interpreters for the following 11 languages.

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

The most requested language at Western Health is Vietnamese which accounts for about 27% of all requests.

A new electronic booking system has streamlined interpreter booking processes.

Western Health staff have also been pro-active in addressing day-to-day communication needs of patients who speak a language other than English at home. The Speech Pathology Service, for example, have developed a cultural phrases flip chart for several key languages which shows pictures and phrases for basic instruction for procedures such as swallowing assessment. This work has attracted significant interest from other health services.





The Western Health Cultural Diversity and Community Advisory Committee consists of representatives from the Vietnamese, African, Spanish, Maltese and Italian Community as well as an Aboriginal community member. These community members have been chosen for their networks, connections and understanding of the issues facing, not only members of their community but the needs of culturally and linguistically diverse communities more broadly.

Ms Cuc Lam is a local Vietnamese woman who is active and well known in her local community. Cuc Lam left her whole family behind when she fled from Vietnam in 1978 with her husband Minh. They escaped in a fruit and vegetable boat down the Mekong Delta, disguised as fishermen. After 8 days at sea, they were finally picked up by a Malaysian ship. It was whilst in a Malaysian refugee camp that Cuc heard she had been accepted into Australia.

A former Maribyrnong City councillor, Cuc now works at Centrelink and continues supporting her family in Vietnam. Cuc brings her experience and the stories she hears everyday to the attention of Western Health staff and management to improve services for non English speaking patients and their families.



IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

Western Health aims to improve the health of Aboriginal people by providing culturally appropriate health services from prenatal to aged care.

One year on from the appointment of our first Aboriginal Hospital Liaison officer (AHLO) we have now employed a second AHLO.

Jacquie Stewart, a Taungurong woman has worked in various Aboriginal liaison roles from health to correctional services for the past 37 years. Ms Stewart sees her role as helping her community to access services and ensuring that Western Health is providing culturally appropriate care. She also sees part of her role as advocate on behalf of the hospital to the Aboriginal community.

“One of the things that I am really passionate about is making sure that we speak to people in layman’s terms rather than jargon.”

Recognising that Aboriginal health is the business of Aboriginal people but the responsibility of everyone, Western Health has also formed an internal Aboriginal Health Reference Group. This group will implement systemic structures across the organisation so that Aboriginal people can receive culturally appropriate care from all of our staff, not just the AHLO.

During 2010 - 2011 the committee will be expanded to include community members and stakeholders. This group will monitor Western Health’s Improving Care for Aboriginal Patients Plan and our Reconciliation Plan.

A key role for both our Aboriginal Hospital Liaison Officers and our Reference Group is supporting the Department of Health’s ‘Improving Care for Aboriginal and Torres Strait Islander Patients’ Program (ICAP).

There are four key result areas that Western Health and other health services works towards with ICAP. These are listed below, along with Western Health’s key achievements over the past 12 months.

1. Relationships with Aboriginal Communities

This year Western Health developed a policy for the formal recognition of Aboriginal People as Traditional Owners of the State’s land and waters. The policy states when and how to organise and deliver a Welcome to Country and an Acknowledgment.

Western Health’s connections with elders of the Aboriginal community supported us to deliver smoking ceremonies across three campuses, organise a Welcome to Country for the opening of our Community Open Day at Williamstown Hospital, and collaborate with the Western Suburbs Indigenous Gathering Place on their maternity scoping project.

The Chief Executive Officer of Western Health is also the acute health service representative on the North and Western Metropolitan Region ‘Closing the Gap’ committee. This committee includes a number of Aboriginal representatives including the Victorian Aboriginal Health Service, the Aboriginal Advancement League and the Aboriginal Community Elders Service.



2. Culturally Aware Staff

Western Health believes that Aboriginal Cultural Awareness Training should be run by Aboriginal people. This year, for example, Western Health contracted Girraway Ganyi Consultancy to deliver a cultural awareness session to our International Medical Graduates. Girraway Ganyi Consultancy is an Aboriginal owned and operated consultancy and training service.

In 2011 Western Health will be working with our Aboriginal Hospital Liaison Officer to develop an online training and internet resource for our staff to assist them to work better with Aboriginal patients and their families.

3. Discharge Planning

Western Health's Aboriginal Health Reference Group is currently establishing procedures and policies that will ensure that the cultural considerations of Aboriginal and Torres Strait Islander people are taken into account in discharge planning. Discharge Planning is one of the key 'Closing the Gap' priority areas.

4. Primary Care Referrals

Western Health works with our community partners to ensure that Aboriginal and Torres Strait Islander patients receive appropriate care in the community.



Tony McCartney is Western Health's Aboriginal representative on our Cultural Diversity and Community Advisory Committee (CDCAC).

Tony's knowledge of Aboriginal issues and his connections with community members ensures that Western Health delivers appropriate care to Aboriginal patients and their families. Since joining the CDCAC Tony has assisted Western Health in planning and delivering our NAIDOC events, participating on the interview panel for our Aboriginal Hospital Liaison Officers, assisted in the development of our Respect to Traditional Owners policy and delivered cultural diversity awareness training to Western Health staff.

"Aboriginal people's voices are often not heard, so by being on the Committee I feel like I am making a difference by speaking up and making the health service think about how to make improvements for Aboriginal people."



Quality and Safety

OUR APPROACH TO QUALITY, SAFE CARE

Clinical Governance is the system by which health services are responsible and accountable for providing quality, safe care. In this section of the report, we describe the systems we have in place to monitor the safety and quality of the care we provide.

Western Health’s core business is to provide care that is safe, participatory, appropriate and effective, accessible and efficient and provided by capable staff. We call these ‘Dimensions of Quality’.

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

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

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

QUALITY HEALTHCARE FROM OUR CONSUMER’S PERSPECTIVE



Dimensions of Quality

EXTERNAL REVIEW OF QUALITY, SAFE CARE

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

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

In October 2009, Western Health underwent an ACHS 'Periodic Review'. This is a routine part of the ACHS Accreditation cycle which involves a team of Surveyors visiting all of our hospitals and verifying that we have active, suitable systems and processes to support the provision of quality, safe patient care. This particular type of survey covers 14 mandatory criteria for quality, safe care within Australian hospitals.

The Surveyors visiting Western Health confirmed that we meet the mandatory requirements for quality, safe care against all fourteen criteria and therefore maintain our full ACHS Accreditation Status.

In addition, Western Health was awarded the status of 'Extensive Achievement' against the following seven criteria covering:

- Infection Control
- Safety Systems (including radiation safety)
- Quality Improvement
- Risk Management
- Assessment of patients' care needs
- Planning and Delivery of Patient Care
- Evaluation of Patient Care.

Only two areas of care attracted recommendations from the ACHS Surveyors. These covered:

A) Consent to treatment - recommendation: to continue the work outlined in last year's Quality of Care Report to make sure our patients understand and are actively involved in consent processes.

Patients or their guardian must sign a consent form before surgical or other invasive procedures can take place. This is to ensure that they understand and agree to having the procedures.

We currently have a particular focus on ensuring that we can meet the consent information needs of our patients with English as a second language and this is the intent of the accreditation recommendation.

Our consumer surveys on consent are now available in multiple languages. We are also currently reviewing the translated information available to patients on consent processes and checking how well interpreters are being utilised to support patient understanding of consent.

B) Credentialling - recommendation: to continue the work outlined in last year's Quality of Care Report to apply our enhanced Credentialling processes to the appointment and re-appointment of all of our senior medical staff.

Credentiailling is important for patient safety. It is a process for ensuring that professional staff are appropriately qualified and practising within their qualifications and experience.

The credentiailling process for senior doctors within Western Health is particularly thorough due to the significant responsibility they hold both for providing specialist care for patients and supervising junior doctors.

Our enhanced credentiailling processes have been informed by Victorian Department of Health Guidelines. These add an extra level of rigour to our previous robust processes for ensuring that our senior doctors are appropriately qualified and practising within their qualifications and experience.

Our credentiailling processes for senior medical staff include:

- The development of a position description for every senior medical staff appointment that clearly defines role, responsibilities and required qualifications and experience.
- The qualifications and experience of applicants being verified before they progress to interview for senior medical staff positions.
- Having a health service Credentiailling Committee to undertake the appointment and re-appointment of senior medical staff.

OTHER EXTERNAL ACCREDITATION

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

Western Health has two affiliated aged care providers - Hazeldean Nursing Home and Reg Geary Aged Care Facility.

Hazeldean Nursing Home was granted full 3 year accreditation in April 2009.

Reg Geary Aged Care Facility in Melton underwent Aged Care Standards Accreditation in May 2010. Reg Geary was granted full 3 year Accreditation status for complying with the 44 standard outcomes for Aged Care.



CONTROLLING THE RISK OF INFECTION

The aim of infection control is to reduce the risk of consumers (patients) getting infections while they are in hospital.

Western Health's Infection Control consultants closely monitor patients who are suspected or confirmed as having infections which may be passed on to others. Once identified, infection control related work practices are put in place to prevent the risk of spread to other patients, staff and visitors.

For example, a patient admitted with viral gastroenteritis would be allocated a single room and staff entering the patient's room would be required to wear a disposable gown and gloves during their contact with the patient or the patient's environment.



HAND HYGIENE

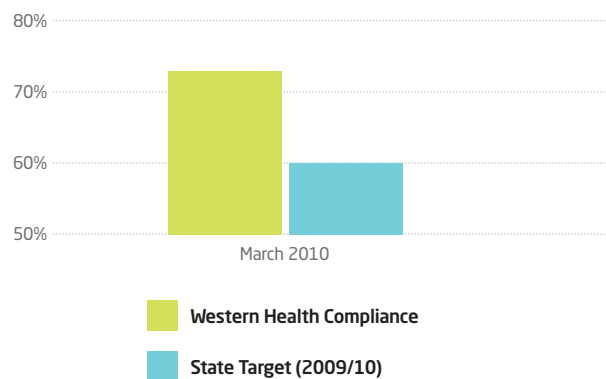
One of the most important strategies for reducing risk of hospital acquired infection is hand hygiene. Western Health employs a Hand Hygiene nurse to provide education on hand hygiene and to promote hand hygiene practices throughout the health service.

In order to promote hand hygiene, hand hygiene hubs have been recently installed in hospital foyers at Western, Sunshine and Williamstown hospitals. DeBug, a hand sanitising solution, is available at each hub and all hospital visitors are encouraged to perform hand hygiene on entering and leaving the hospital.

Quarterly audits are undertaken to assess the level of staff hand hygiene compliance.

As represented below, our March 2010 audits showed hand hygiene compliance well above the Department of Health 2009/10 performance target of 60%.

HAND HYGIENE COMPLIANCE



SURGICAL WOUND SURVEILLANCE

The Infection Control team also plays an important role in the auditing of certain surgical procedures, such as hip replacements, knee replacements and colorectal surgery. This data is submitted to a Victorian Infection Control Nosocomial Infection Surveillance (VICNISS) group whose quarterly report enables Western Health data to be benchmarked in comparison with that of other health services.

The VICNISS Co-ordinating Centre collects and analyses data from individual hospitals, and reports quarterly to participants and the Department of Health on infection rates. This information contributes to the development of accurate and reliable benchmarks against which hospitals and health services can assess their performance. Our performance is currently measured against 34 other health services/hospitals. If the Department of Health is concerned about our infection rates, they notify us directly. Within 2009/10, we have not been contacted by the Department of Health.

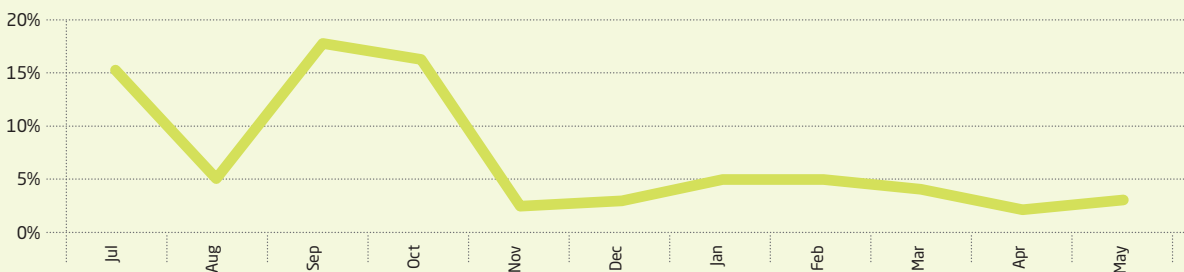
IDENTIFYING PATIENTS WITH BLOODSTREAM INFECTIONS OR WITH ANTIBIOTIC RESISTANT MICRO-ORGANISMS

Daily monitoring is undertaken by the Infection Control team to identify patients with bloodstream infections to assess whether these infections were present on the patient's admission or whether they have been acquired while in hospital. It is also important to identify those who may have acquired a strain of micro-organism which may be resistant to antibiotic treatment.

One of the antibiotic resistant micro-organisms monitored by the Infection Control team is Vancomycin Resistant Enterococcus (VRE). Each patient entering the Intensive Care Unit (ICU) at Western Hospital is screened to assess if they have this antibiotic resistant strain. If identified by Infection Control, measures are undertaken to reduce the risk of passing this resistant strain on to other vulnerable patients in ICU.

It is encouraging to see that control measures introduced in ICU appear to be resulting in a reduction in the number of cases of VRE acquired during the patient's stay in that department.

% PATIENTS ACQUIRED VRE IN ICU 2009/10



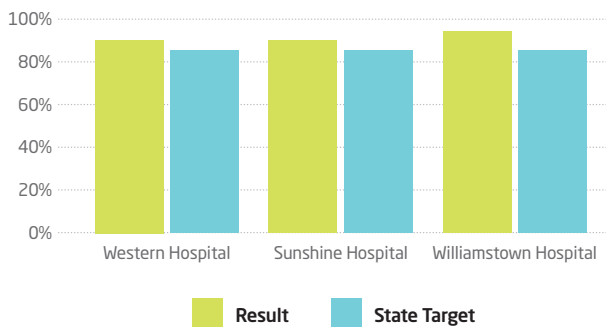
KEEPING OUR HOSPITALS CLEAN

The standard of cleanliness in our hospitals is audited both by people who work within Western Health and independent people outside the health service.

Audit results are forwarded to the Department of Health.

The following audit results were submitted to the Department in March 2010 and demonstrate that Western Health's hospitals meet the state cleaning standards of greater than 85% compliance.

COMPLIANCE WITH CLEANING STANDARDS - MARCH 2010 AUDIT RESULTS



The change to State Wide Cleaning Standards in early 2010 has seen a substantial increase in local cleaning auditing requirements, external reporting and most significantly an increase in cleaning standard targets for our very high risk areas (ICU and Theatres). Complying with these new requirements has not been without challenges. Notwithstanding, it is the tireless efforts of our staff who so clearly take pride in their work who ensure we routinely exceed benchmark cleaning audit results.

MANAGING THE RISK OF PATIENT FALLS

When you are unwell, having a fall may not only cause further injuries, but can also lead to a lack of confidence and independence.

Many factors can increase your risk of falling in hospital, including poor balance, low blood pressure, some medications, physical inactivity, unfamiliar environments and poor eyesight. Western Health recognises that falls in hospital are a significant safety issue and is continually trying to find better ways to identify and manage this risk.

Western Health uses a falls assessment tool that assists staff to identify patients who may be at risk of falling. Falls management plans are developed for patients assessed as at risk of falling. Risk assessment and management plans are checked whenever there is a fall and revised as necessary.

The Western Health Falls Prevention Steering Committee has continued its strategic plan in 2009/10 to:

- Monitor the number and outcomes of falls across Western Health.
- Reduce the number of falls resulting in a serious outcome such as a fracture.

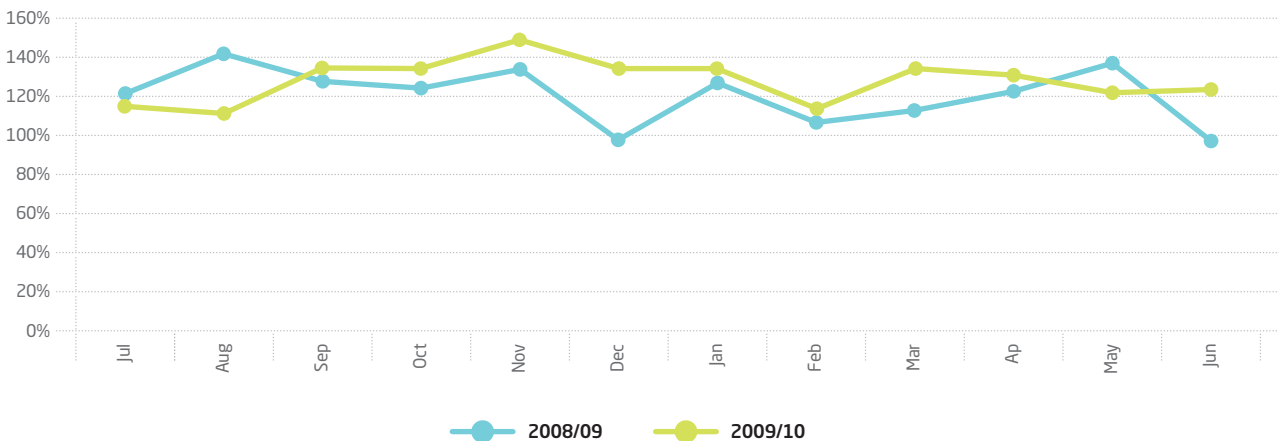
- Initiate, design and implement education strategies to reduce the number of falls across Western Health.

Key fall management strategies the committee has initiated have included:

- Introduction of a falls on-line training package on Western Health’s E-learning system on our intranet site for all staff.
- Development of a high visibility identifier for patients at ‘high fall risk’ in consultation with the community.
- Implementation of a fall procedure and pathway to ensure all patients who suffer from a fall have access to the same care model.

To measure whether we are successful in managing the risk of patient falls, we keep data on how often falls happen and whether falls have resulted in patients requiring additional medical care. The following graph shows the total number of patient falls over the past two years across all of our acute hospital beds and residential facilities.

TOTAL NUMBER OF FALLS, ALL WESTERN HEALTH SITES



The total number of reported falls remain constant, however the number of falls requiring additional medical care remains low.

SAFELY USING MEDICATION

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

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

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

WESTERN HEALTH'S COMMITMENT TO MEDICATION SAFETY

The Western Health Medication Safety Committee has continued its role into 2009/10 to:

- Monitor the prescribing, dispensing and administration of medications.
- Identify significant medication errors and error trends.
- Create initiatives to reduce medication errors.

The following are examples of projects/initiatives that the Committee has overseen in the past 12 months:

Medication Error Communication

Over the past 12 months themes from medication errors have been used for education purposes to highlight how errors can occur and how they can be prevented.

Medication Safety Tip Of The Month

In order to increase awareness of common errors amongst staff and to improve practice, the Committee has initiated the "Medication Safety Tip Of The Month" column in the Western Health

Weekly newsletter, on a monthly basis. The tip is based upon an identified error or theme detected from the intervention and medication incident reports.

Not Available is not acceptable Project

Following an audit that was undertaken at Western Hospital it was determined that there were instances where patients did not receive their medications in a timely manner. In these instances the medications were noted to be "not available". The Medication Safety Committee set about measuring the occurrence of this on all sites and identifying strategies for improvement.

Initial audits found that 23% of medication charts had some delay in administration or incorrect documentation.

There were a number of causes for "not available" medications determined following consultation with managers, doctors, nursing staff and pharmacists. These included medications being difficult to locate, delays in delivery, staff being unaware of what medications were available on the ward and uncertainty about how to access medications afterhours.

Western Health commenced a "not available is not acceptable" campaign which involved staff education, review and improvement of medication supply and delivery processes and follow-up procedures for any occasions where the availability of medications or medication orders are unclear.

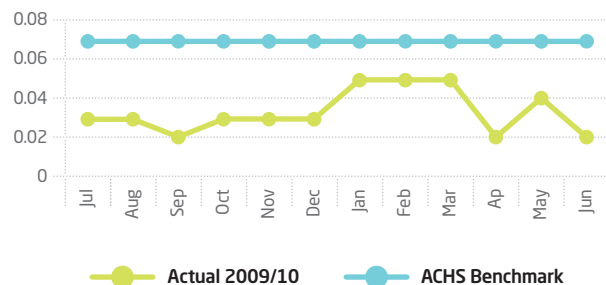
Following introduction of these improvements the percentage of medication charts where medications were noted as "not available" decreased from 23% to 0%.

To measure whether we are successful in managing the risk of medication incidents, we keep data on how often medication incidents occur and whether incidents have resulted in patients requiring additional care.

The following graph shows the rate of medication incidents resulting in patients requiring additional care in 2009/10. The rate is reviewed against like-hospitals nation-wide through the Australian Council on Healthcare Standards (ACHS) Clinical Indicator Program.

As the graph demonstrates, Western Health consistently has a lower rate than the nation-wide average of like hospitals for medication incidents resulting in patients requiring additional care.

RATE OF MEDICATION INCIDENTS RESULTING IN PATIENTS REQUIRING ADDITIONAL CARE



MEDICATION EXPO AT SUNSHINE HOSPITAL

The inaugural **Sunshine Hospital Medication Safety Expo** was held in March 2010. The Expo was an opportunity for nursing staff to showcase presentations they had developed, demonstrating medication knowledge, teamwork and safety with medications.

Each inpatient ward at Sunshine Hospital set up a station to present a topic involving medication safety that was particularly relevant to their area of expertise. All stations were informative, interactive and fun, involving quizzes, demonstrations, prizes and giveaways.

The Geriatric & Evaluation Management (GEM) Ward was judged the best interactive station, for their presentation on Warfarin (a medication that prevents blood clots). The ward staff were proud to accept the title and prize. The Children's Ward received second prize for their presentation on identifying that orders are correct on medication charts. The Rehabilitation Ward received third prize for a presentation that raised awareness about the medications that may increase the risk of patient falls.

The Expo was very well attended with over 150 staff participating. The strong educational focus will support improved knowledge and skills of staff and enhance care to patients across Western Health. Due to the success of the Expo it will be held on an annual basis.



MANAGING THE RISK OF PRESSURE ULCERS

Pressure ulcers, commonly known as pressure sores, often occur in the elderly and frail patient. This is mainly due to long periods of bed rest and reduced mobility.

Western Health recognises that preventing pressure ulcers is an important safety issue. Our staff are committed to providing quality care that will minimise the risk of these ulcers occurring. We have an assessment tool and guidelines that assist to identify patients who may be at risk of developing an ulcer.

PATIENTS WITH A DOCUMENTED PRESSURE ULCER RISK ASSESSMENT

We submit data to the Department of Health on the percentage of patients admitted to hospital who are assessed for the risk of pressure ulcers.

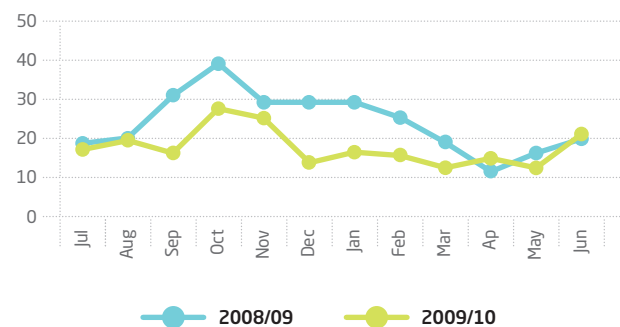
Submitted data in 2009/10 shows that, on average, over 90% of pressure ulcer risk assessments are completed. This equals the average performance in hospitals state-wide.

We also have a referral system to physiotherapists, dieticians and occupational therapists and they are actively involved in our prevention program. These staff members provide specialty care with improving mobility and nutritional support which is important for preventing pressure ulcers.

To measure whether we are being successful in managing pressure ulcers, we keep data on the number of patients admitted to Western Health who develop a pressure ulcer and how severe these ulcers get. This information is reviewed by our Pressure Ulcer Steering Committee and informs initiatives to improve pressure ulcer risk assessment and management.

As can be seen by the following graph, the number of pressure ulcers acquired in Western Health hospitals has decreased over the past 12 months.

TOTAL NUMBER OF PRESSURE ULCERS, ALL WESTERN HEALTH SITES



Raising staff awareness of pressure ulcer prevention, adopting a multi-disciplinary approach to identifying the patients who may be at risk and providing equipment that assists in relieving pressure have all contributed to improved pressure ulcer management.

Staff awareness of pressure ulcer prevention has been particularly supported by the implementation of case reviews of all patients who have acquired severe pressure ulcers. Each ward with a patient acquiring a severe pressure ulcer has presented a review of care to the Western Health Pressure Ulcer Steering Committee and have been required to identify and implement an individual ward strategy to improve pressure ulcer management. The Committee then receives a three-monthly progress report on the implementation of the ward strategy.

In addition to raising staff awareness of the importance and the practical application of pressure ulcer identification and management, Western Health is developing an educational DVD. This will be available on the patient's bedside television to inform them of simple exercises that they can perform in hospital to help reduce the risk of developing a pressure ulcer.

SAFELY TRANSFUSING BLOOD COMPONENTS

Western Health is committed to ensuring safe blood components transfusions to all patients. A large number of Australians rely on blood components to support them through medical/surgical episodes or for regular transfusions to maintain health.

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

As with all medical procedures, blood component therapy involves some risks. Evidence suggests that the major risks to patient safety from transfusion relates to errors in decision-making and in the way blood components are administered, rather than inherent problems in the actual blood components.

The Western Health Blood Transfusion Committee has initiated a range of strategies to help prevent errors, improve transfusion practices and ensure our patients are involved in the decision to transfuse. During the last 12 months the consent policy has been reviewed as a result of feedback from our clinicians and patients. We have now introduced an extended consent period for patients with cancer or kidney disease who require regular blood transfusions. Consumer information leaflets in a variety of languages are available for patients and families to assist in increasing knowledge and awareness of the benefits and risks of blood component therapy.

To ensure that our staff have the required knowledge and are familiar with the policies and procedures for transfusing blood components we have developed online blood transfusion learning and assessment packages. These are compulsory for junior medical staff and all nursing and midwifery staff. These packages cover all aspects of transfusion practice from taking a blood sample for a blood group, the administration of blood components and the identification and management of adverse reactions.

All adverse reactions are reported and reviewed by the Western Health Blood Transfusion Committee and where indicated improvements to practice implemented. We have also chosen to participate in the Victorian Department of Health and Australian Red Cross Blood Service Blood Matters Program, Serious Transfusion Related Incident reporting system. This aims to measure and monitor serious transfusion incidents, including near misses, to derive recommendations for better, safer transfusion practice.

To measure whether we are being successful in using blood components appropriately, we conduct regular audits of appropriateness in accordance with National Clinical Practice Guidelines. Audit results are reviewed by the Transfusion Committee to identify potential areas for improvement. Additionally Western Health participates in the Blood Matters program audits which allows us to benchmark our performance against other metropolitan and regional health services.



Continuity of Care

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

This section of the report looks at new initiatives implemented over the past 12 months within Western Health that have enhanced Continuity of Care for:

- Orthopaedic Patients
- Maternity Patients
- Elective Surgery Patients
- Stroke Patients

As a specific item of feedback from last year's Quality of Care Report, this section also includes a description of care and services provided by Western Health's Drug & Alcohol Services (DASWest).

EFFECTIVE PREVENTION AND HEALTH PROMOTION

Western Health also recognises that good care can be provided by strengthening the capacity of individuals, families and communities through effective prevention and health promotion.

Achievements in this area over the past twelve months include:

- A 76% increase in the number of patients supported per month to undertake renal dialysis in their own homes. Patients performing dialysis in this setting report leading less disrupted lives, have a higher sense of well-being and quality of life, and have reduced the need for long term medication.
- Expansion of the Aged Care Liaison Program, an innovative approach that provides care and treatment outside of hospital for aged care residents with improved health outcomes and resident satisfaction. From July 2009 - March 2010, this service informed the prevention of over 650 emergency department visits and over 160 hospital admissions.
- Expansion of the 'Able and Stable' Program, an innovative approach to falls prevention that focuses on improving strength and balance using a home based exercise program. A study of 135 clients revealed that clients fell 37 times in the six months post Able and Stable, compared with 199 falls reported in the six months prior to commencing the program.
- In partnership with North Western Breast Screening and Assessment Service, Sunshine Hospital Imaging Department has begun to offer a screening service for women.
- Undertaking a public health project involving increasing the awareness of vitamin D deficiency amongst groups at risk, including refugees. This has been supported by the Victorian Chief Health Officer and has been successful in providing access to high-dose vitamin D to refugees and others free of charge. This is particularly important for mothers and children, as the Dickensian illness, rickets (due to severe vitamin D deficiency), has made a re-appearance in children seen at Sunshine Hospital.

CONTINUITY OF CARE FOR DRUG & ALCOHOL SERVICE (DASWest) PATIENTS

DASWest supports the needs of clients and their families affected by drug and alcohol related problems. It provides a diverse range of services for individuals and their families affected by drug and alcohol related problems. The service also provides support, information and referrals in relation to accommodation and legal issues.

DASWest's drug and alcohol programs encompass Adult Services, Women's and Children's Services, Youth and Family Services and Community Residential Withdrawal Services.

DASWest provides a supportive and safe environment for adults and youths as they undergo substance withdrawal. Home based withdrawal programs are also available. An Outreach Program is available to support clients whilst they are preparing to enter treatment or waiting to engage other services.

The Post Withdrawal Linkages Worker ensures that clients maintain the gains they make whilst in the Community Resident Withdrawal Unit, by establishing and consolidating broader relationships in the community, including recreational, educational, spiritual and employment pursuits.

DASWest's Women's and Children's Service aims to provide a safe and comfortable therapeutic environment to assist women to explore, understand and make changes to a lifestyle of problematic or harmful substance use.

The Women's and Children's program is an intensive six week residential rehabilitation program. All clients have contact with staff over six days per week for therapy and life skills.

The Women's and Children's Program recognises the strengths that women have already developed, and aims to provide them with an opportunity to learn new skills, so that they are less likely to require the use of a substances to cope.

To be accepted into this program, clients must be women 17 years or older, stable both medically and psychiatrically, reside in the catchment area, and must undergo detoxification prior to admission. Self referral to this program is preferred and the women are screened on the phone before a full assessment is made to determine the suitability of the client.

Clients are expected to be motivated to change and to attend all group counselling sessions including Life Skills and Relapse Prevention Training. They will also be encouraged to further develop their parenting skills. They must agree to regular breath tests and supervised urine drug screens.

A case worker will work with each client and they will develop an individual treatment plan in accordance with the policies and procedures of the unit.

CONTINUITY OF CARE FOR ORTHOPAEDIC PATIENTS

A significant step in providing continuity of care for patients following surgery for elective total hip or knee replacements has been the introduction of the 'Orthopaedic Rehabilitation at Home Program' (ORAHP).

The Orthopaedic Rehabilitation at Home Program (ORAHP) is a new initiative at Western Health which started recruiting patients in October 2009.

It was developed to help support eligible patients who are discharged home within 5 days of having an elective total hip replacement (THR) or total knee replacement (TKR). The service provides home based community rehabilitation services in the short term following discharge from the acute inpatient setting.

The service reduces the length of stay for a patient after these procedures which will reduce the likelihood that the patient develops a hospital acquired infection. It also offers a link between Community Based Rehabilitation (CBR) in the home and centre based CBR.

The program has resulted in a 10% increase in the number of patients able to be discharged within 5 days of their surgery.

91% of patients surveyed after completion of the program stated that they agreed or strongly agreed that ORAHP improved their condition and 97% of the patients responded positively that the program improved their confidence.

The process of planning for inclusion in the ORAHP program starts in the Pre Admission Clinic where a comprehensive screening tool is used to predict the patients' discharge destination. Patients are provided with brochures and information at the planning visit in the outpatients department. Multi disciplinary staff use documents and referrals that cross the different disciplines, episodes and locations of care in order to streamline the quality of the patients treatment at Western Health both when an inpatient and once discharged from the acute unit.

COMMENTS FROM PATIENT SATISFACTION SURVEYS

- Very impressed by hospital and visiting staff.
- Great confidence building idea knowing you will receive assistance at home.
- This is a great service and helped me feel confident at home.
- I've been getting good services from the staff. Good on them.

CONTINUITY OF CARE FOR MATERNITY PATIENTS

Continuity of care is the fundamental principle supporting the successful pilot of a Western Health homebirth program.

Sunshine Hospital is one of two public hospital sites chosen by the Department of Health to implement their pilot homebirth program. This pilot commenced in January 2010 and has proven to be popular with the women who meet the specific criteria. To date 21 women have given birth to their baby at home.

Homebirth is a natural extension to Sunshine Hospital's existing caseload midwifery program, Midwifery Group Practice or MGP for short. Continuity of care is the fundamental principal for the homebirth option and each woman is allocated to a midwife experienced in homebirth.

The midwife is the woman's constant health professional and the woman is confident that she can contact her midwife anytime to ask questions and advice. Women enjoy being assigned to one midwife and the flexible nature of the service means women receive the majority of their pregnancy care in one of the numerous community clinics.

Women interested in homebirth have the opportunity to meet with the MGP team offering homebirth on the first Tuesday of the month at Sunshine Hospital. At this time they meet the team and have the opportunity to discuss how the homebirth program works and ask questions.

The model is straight forward with only well women with an uncomplicated pregnancy taking this option.

All women are seen by an obstetrician to confirm their suitability to birth at home. At around the 36th week of pregnancy two midwives will go to the woman's home for her pregnancy care visit. Two midwives attend the woman at home for her birth and her midwife then provides her postnatal care for two weeks. If transfer to hospital is required, the woman is already registered with Sunshine Hospital and therefore transfer is a seamless process.



Our first homebirth mum Tanya Yarrington, with baby Sienna Alvarez and midwife Susan Currie.

THE PILOT HAS PROVEN TO BE POPULAR WITH WOMEN PROVIDING POSITIVE FEEDBACK:

“I was impressed with the professional approach of the caseload team from the first time I met with some of your midwives. I felt all the women and their partners in the room were furnished with really good evidence based information about a broad range of topics regarding birth choices and care. I felt encouraged to go away and make my own decisions knowing I would be supported”.

“Not only did birthing at home mean the labour was not interrupted by a trip to hospital, it has also made our home more homely as we’ve had such a special experience here”.

“I think you’re offering an excellent model of care”.

“I was born at home and had always wanted to have a homebirth so this seemed like a great option for us. As first time parents it was great to be able to go ahead and choose to homebirth whilst also knowing that the hospital was right there to support us as well”.

“Thank you all for making the pregnancy and birth of our Patrick such a wonderful and peaceful experience. We hope more people will get to experience the homebirth program too”.

“Personally I’d like to thank you for your obvious commitment to continuity of care, which I am extremely grateful for, as well as your gentle words of encouragement through my labour, without which I would have lost the plot”.

CONTINUITY OF CARE FOR ELECTIVE SURGERY PATIENTS

Preadmission Super Clinics were developed within the last 12 months to streamline the surgical journey for long waiting surgical patients currently on the elective surgery waiting list. This patient focused service initiative provides patients with a “one stop shop” for all pre-surgery requirements.

The Preadmission Super Clinics provide patients with the opportunity to meet the surgeon performing their surgery and to discuss any concerns. Patients also undergo a comprehensive multidisciplinary health assessment by an anaesthetist, nursing staff, and allied health professionals to ensure optimal surgical and discharge outcomes are achieved for each patient.

This strategy has proven to be an effective and efficient mechanism to meet the specific needs of long waiting patients requiring elective surgery.

Each patient left the clinic appointment with a date for their procedure and were not required to re-attend prior to their admission into hospital.

PATIENTS WHO HAVE ATTENDED THE CLINICS FOUND THE EXPERIENCE TO BE POSITIVE AND A GOOD USE OF THEIR TIME:

- ‘The doctor actually had time to speak to me and explain my injury in details.’
- ‘Its great as a patient knows exactly when their procedure will be’
- ‘The clinic was excellent it makes the waiting time less’.
- ‘More professional and I understood everything that was going to happen to me.’
- ‘It meant not having to run around to different clinics for tests.’

CONTINUITY OF CARE FOR STROKE PATIENTS

Providing best practice care for stroke patients requires a collaborative and co-ordinated effort involving patients and their families, the Emergency Department, Inpatient Wards and Outpatient Services.

Western Health's Stroke Strategy provides care to over 500 stroke patients per year. The care of stroke patients was identified as a priority area of improvement, particularly in the areas of patient/carer education, thrombolysis treatment, continence management and staff education. A co-ordinated management plan and guideline practices have been implemented to address

these areas. The outcome of this project has been improved access and appropriate management of stroke patients residing within Western Health's catchment area. Stroke Care is now provided in line with state-wide guidelines for best practice and patients and carers are much better informed about and involved in stroke care.

PATIENT STORY

Mr and Mrs Lyons have been married for 33 years, have 4 daughters, 2 granddaughters and 1 grandson. Together with the support of their children, they have contributed extensively to the community over the years by fostering 38 indigenous children and keeping many families together.

Mr Lyons, a retired bricklayer by trade and tyre fitter, was afraid when he suddenly experienced left sided arm and leg weakness and was unable to speak. Realising that Mr Lyons was suffering a stroke, a quick thinking Mrs Lyons called an ambulance whilst their daughters cared for and comforted Mr Lyons.

The ambulance took Mr Lyons to Western Health, Footscray campus. Mrs Lyons recalls, "Our daughter wanted to drive him to hospital, but luckily we didn't because we would not have known that the clot busting treatment for stroke was only available at Footscray". The ambulance service however did take Mr Lyons directly to Western Hospital - Footscray.

Mr Lyons recollects, "I went straight into the Emergency Department. It all felt like a dream. I had scans done and stayed in the Short Stay Unit in the Emergency Department. I'd had a mini stroke. At 1.30am I had a major stroke so it was lucky I was kept in overnight. The doctors gave me a clot busting drug (rt-PA) and within minutes I could feel my toes again. I had never heard of this thrombolysis treatment before."



Mr Lyons was then treated in the ward for a number of days receiving treatment from the doctors, nurses and allied health team. Mr Lyons recalls even receiving a visit on the ward from some of the Emergency Department nurses. Whilst on the ward Mr Lyons was provided with education on stroke risk factors such as diet and exercise. Since returning home after having the clot busting treatment, Mr Lyons has regained full use of his limbs and speech. However, he still feels tired at times.

Mr and Mrs Lyons and their daughters have since reviewed their diets and lifestyle. As a result they have reduced salt intake, began steaming and grilling food and introduced exercise. Mr Lyons says "It's easy to stick to because I just think of not being able to feel my toes."

Mr and Mrs Lyons have a strong and supportive family network that monitors him closely at home. His grandchildren remind him to take his tablets and ensure he gets adequate rest. Mr Lyons will return to Western Health to have his progress monitored by the Stroke team in the Outpatients Department.

Mr Lyons standing in the Acute Stroke Unit where he received ongoing treatment, after receiving thrombolysis treatment in the Emergency Department.

We Value Your Opinion

WE INVITE YOU TO COMMENT ON THE QUALITY OF CARE REPORT SO THAT WE CAN CONTINUE TO IMPROVE AND MEET YOUR NEEDS.

Please take the time to complete and mail this survey.

1 Was this report easy to understand?

YES NO

2 Please rate the presentation of this report by ticking one of the following:

Excellent Very Good Good
 Poor Very Poor

3 The report was able to answer questions I had about Western Health and its services.

Please tick the most appropriate response 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?

YES NO

If yes, which topic?

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

Name: _____

Address: _____

Email Address: _____

If you would like to discuss this report further, please contact our Director of Quality and Clinical Governance on 8345 6666.

Please give this survey to a staff member or mail to:

The Director of Quality, Planning & Risk
PO Box 294, St Albans 3021

Thank you for your time.



Western Health



Western Health

Together, caring for the West

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