



2010/11

Quality of Care Report



Western Health

OUR VISION

Together, caring for the West

Our patients, staff, community and environment

OUR PURPOSE

Working collaboratively to provide quality health and wellbeing 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 - 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 2011 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 how we endeavour to deliver accessible, safe and effective patient care.

Western Health takes quality patient care seriously. Our Strategic Plan 2011-2015 places a positive patient experience at the centre of everything we do.

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.

The content and presentation of this year's Report was also informed by review of feedback forms returned following distribution with the 2010 Report. Feedback forms indicated that last year's Report was easy to understand, well presented and able to answer questions readers might have about Western Health and its services. A request for more detailed patients stories has been actioned in the following report.

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.

Kathryn Cook
Chief Executive



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 provides clinical expertise and leadership across a comprehensive range of services including pregnancy and newborn care, children's and adolescent health, gynaecology, cancer, alcohol and drug dependency, aged care, heart and kidney disease, palliative care, surgery and emergency care. We are a teaching facility with a strong commitment to training the allied health professionals, nurses, midwives, doctors and health professionals of the future.

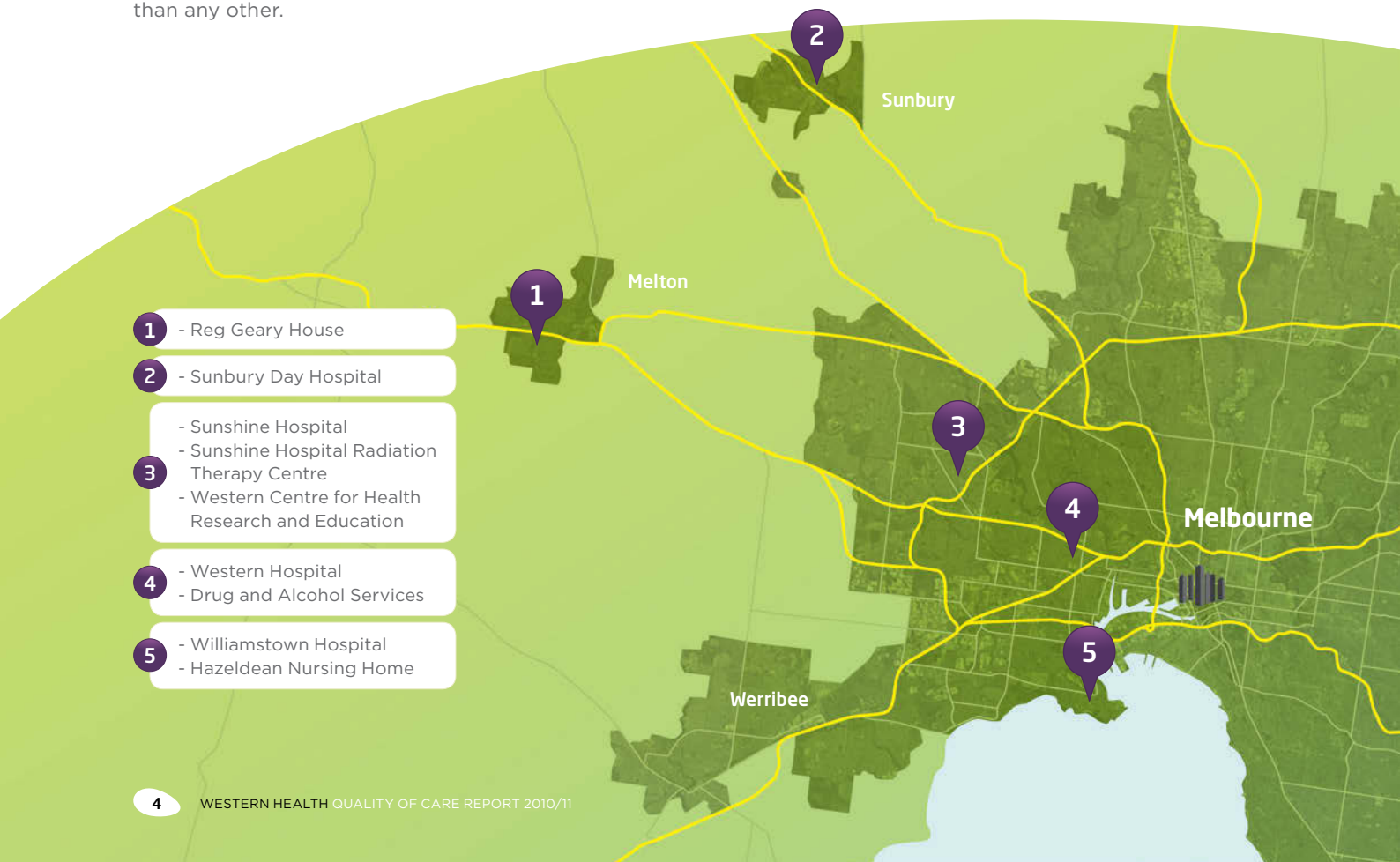
Our service embraces an inspiring and vibrant community which is culturally rich and diverse. Our catchment area includes a rapidly growing population of over 775,000 people, who speak more than 100 different languages and dialects. Everyday our care is shaped by the needs and requirements of each individual.

Western Health is a leading advocate for improving health outcomes in the West and our research focuses on the diseases and risk factors which burden our community in greater numbers than any other.

Western Health continues an extensive capital development program that aims to ensure facilities and services meet the future needs of a population expected to grow by 33% over the next 15 years. The program will enable a significant advance in the delivery of complex clinical care.

Western Health employs approximately 5,000 staff across our facilities, supported by over 300 volunteers and auxiliary members. A significant proportion of our staff live in the western suburbs and we recognise the important life choice individuals make to serve their community through involvement in our health service.

Western Health also partners with a broad range of community health organisations and has established links with the University of Melbourne, La Trobe University and Victoria University.



WESTERN HOSPITAL

Western Hospital at Footscray is an acute teaching hospital with approximately 360 beds. It provides the majority of acute elective and acute 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, surgical services, and related clinical support.

DRUG AND ALCOHOL SERVICES

Drug and Alcohol Services provide a diverse range of services for individuals and their families affected by drug and alcohol related problems. Drug and Alcohol Services is a community based program of Western Health and offers innovative and client centred recovery programs that include specialist programs for Adult, Women and Children's Services, Youth and Family, and Residential Withdrawal Services.

SUNSHINE HOSPITAL

Sunshine Hospital is a teaching hospital in Melbourne's outer-West with approximately 426 beds. Sunshine Hospital has a 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.

Sunshine Hospital is now also home to a Radiation Therapy Centre. Opened in March 2011, it will enable around 900 people a year from Melbourne's western suburbs to receive their cancer treatment closer to home.

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 and restorative care, renal dialysis services and community rehabilitation.

SUNBURY DAY HOSPITAL

The new \$21 million Sunbury Day Hospital opened its doors to its first patients in February 2011. The Day Hospital provides day medical, day surgical, dialysis treatment and a number of specialist clinics.

WESTERN CENTRE FOR HEALTH RESEARCH AND EDUCATION

Located at Sunshine Hospital, the Western Centre for Health Research and Education was officially opened in June 2011 and provides a range of purpose built, state-of-the-art teaching and research facilities.

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.

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.

On a typical day at Western Health

925 patients are cared for overnight (acute, sub-acute and residential care)

420 patients see a doctor in an outpatient clinic

332 patients attend one of our three Emergency Departments

316 patients are discharged

100 100 patients require the services of an interpreter

41 patients are visited at home by our Hospital in the Home program

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

12 babies are welcomed into the world at our Sunshine site

2,742 meals are served

Consumer, Carer and Community Participation

In late June, our allied health staff ran a motivational forum for their colleagues. Three former patients were present in the Western Hospital Auditorium to tell their stories of how they had regained function over many weeks and months, with the assistance of allied health and other staff.

The forum was organised by the Allied Health Promotions and Events Committee and each patient was interviewed at the forum by some of the allied health staff who had worked with them most closely. This is Ian's story:

Ian contracted a life-threatening infection and was initially taken to Sunshine and then transferred to Western ICU, where he spent the next month.

Before contracting the infection and beginning his long battle, Ian had lived near Daylesford on some land backing onto the Wombat Forest.

Eventually Ian left ICU and went into the High Dependency Unit where his tracheostomy was removed and he received nutritional therapy and speech therapy.

Next stop for Ian was Williamstown's GEM ward with a possibility Ian would have to go into care, but he kept progressing and moved to Sunshine Rehabilitation. On a momentous day, four months after he was first admitted, he was allowed to go home. By this time he had lost 30 kilograms.



Ian told the forum his views of the allied health staff: "They were very pushy but you need that, you can become a bit stagnant, you need that drive. The physio was very intense at Williamstown. At that time, I felt I was never going to walk again."

Ian gradually learnt to walk again and attended Western Health's Community Based Rehabilitation program after his discharge from hospital. Before becoming ill, Ian had a passion for leadlighting and he was thrilled when finally able to do this hobby once again, making some windows for his son's pub in Trentham.

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.

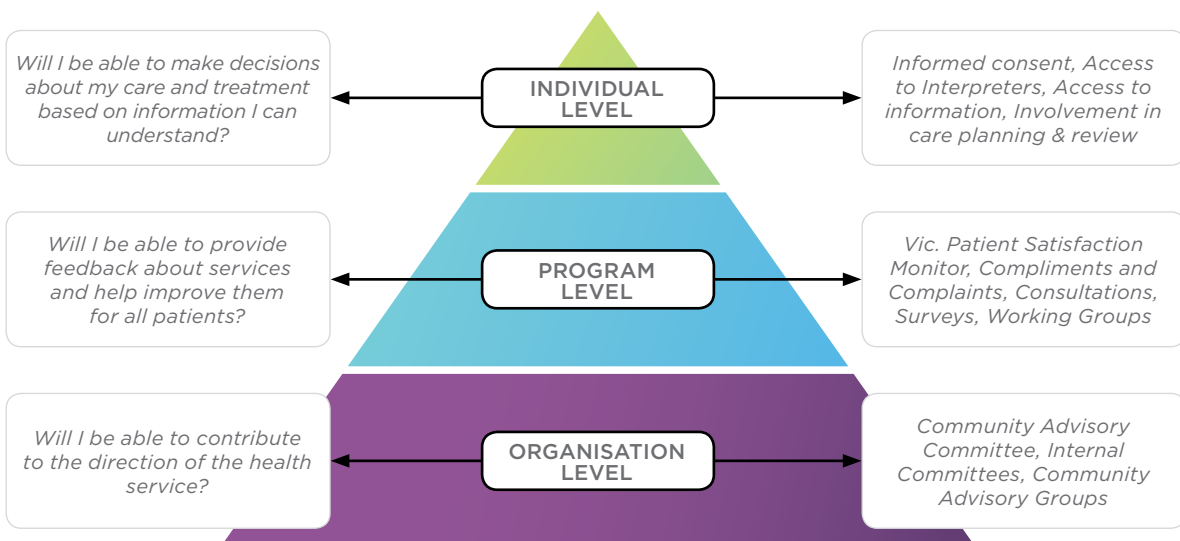
This section of the report describes how Western Health is involving consumers, carers and community members in improving your health service.

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

Western Health does this through a number of consumer and community participation strategies. We recognise that when people are involved in decisions about their health care we achieve better outcomes for the health of our patients, carers and community.

The following diagram describes the type of systems Western Health has in place to support consumer, carer and community participation.

CONSUMER, CARER & COMMUNITY PARTICIPATION AT ALL LEVELS ACROSS WESTERN HEALTH



To measure how well we support consumer, carer and community decision-making, Western Health uses a Participation Scorecard. The aims in this scorecard are drawn from the Victorian Department of Health's Doing it with us not for us – Strategic Directions 2010-2013 document.

We believe that the following performance reflects a strong commitment by Western Health to consumer, carer and community participation but we also recognise that we can improve in this area.

WESTERN HEALTH PARTICIPATION SCORECARD 2010-2011

2010/11 AIM	2010/11 PERFORMANCE
<p>To demonstrate a commitment to consumer, carer & community participation by having at least 6 of the following 8 strategies in place: Participation Policy; Community Participation Plan; Reports to the Community; Cultural Responsiveness Plan; Aboriginal Health Program; Disability Action Plan; Consumer consultation processes; Staff education on participation.</p>	<p>All of the listed strategies are in place, with the exception of a formalised Disability Action Plan. This will be completed by the end of November 2011.</p>
<p>For 75% of our surveyed patients to respond that they are involved in informed decision-making about their treatment, care and wellbeing.</p>	<p>From 465 patients surveyed across Western Health's hospitals from January – June 2011, 351 or 75% responded that they were satisfied with participation in their care.</p>
<p>For 90% of surveyed women from our maternity service to respond that they are given an active say about what happens during labour/birth.</p>	<p>92% of women surveyed from Sunshine Hospital's maternity service from January – June 2011 responded that they were given an active say about what happened during labour/birth.</p>
<p>For 85% of our written patient information to meet at least 30 of the 40 items in the Victorian Department of Health Checklist for Assessing Written Consumer Information.</p>	<p>From a review of 30 patient information sheets/ brochures developed in the last 12 months, 25 or 83% met at least 30 of 40 checklist items. A review will be undertaken over the next 12 months on the processes we have to develop patient information and how these can be improved.</p>
<p>For 75% of our surveyed patients to rate the written information they receive on how to manage their condition and recovery at home as 'good' or 'excellent'.</p>	<p>From 405 patients surveyed across Western Health's hospitals from January – June 2011, 340 or 84% rated information received as 'good' or 'excellent'.</p>
<p>To demonstrate that consumers, carers and community members are participants in the following Western Health activities: Strategic planning; Service, program & community development; Quality improvement activities; Complaints systems; Ethics & quality committees; Consumer health information.</p>	<p>Consumers, carers and community members are participants in all 6 of these Western Health activities. However, we would like to review and improve how well this participation is supported. We have just developed a formal Stakeholder Engagement Framework that will help us to address this.</p>
<p>To actively contribute to building the capacity of consumers, carers and community members to participate.</p>	<p>We have sent community members on our Cultural Diversity and Community Advisory Committee to Quality and Safety Conferences and forums run by the Health Issues Centre. We have also recently created a Consumer Representative Handbook and induction program which will be delivered later in the year.</p>

CULTURAL DIVERSITY AND COMMUNITY ADVISORY COMMITTEE

Western Health's Cultural and Community Advisory Committee (CDCAC) monitors and contributes to activity noted in the above scorecard.

This group is a subcommittee of Western Health's Board of Directors and is made up of nine community members and three board members. Membership of the CDCAC includes community members from the Italian, Maltese, Spanish, Eritrean and Vietnamese community. Members of the committee are chosen because of their strong community networks and sound understanding of local and regional issues.

The following initiatives to support consumer, carer and community participation and act on opportunities to improve the patient experience are a sample of what has been presented and/or discussed at the CDCAC over the past twelve months.

INTRODUCTION OF CONSUMER ADVISORY GROUPS

Western Health recognises the value of engaging consumers in the review and improvement of patient services. In January 2011, our drug and alcohol service (DASWest) introduced a Consumer Advisory Group. DASWest provides a diverse range of services and programs for individuals and their families affected by drug and alcohol related problems.

The DASWest Consumer Advisory Group was established in January 2011. It has six active consumer members and is supported by the DASWest manager and administration staff.

In 2011 the group's activities have included:

- Developing and implementing a client satisfaction survey
- Reviewing patient satisfaction survey data and suggesting improvements
- Delivering a range of activities for Drug Action Week
- Reviewing consumer information for DASWest clients.

MIXED GENDER ROOM PROJECT

Surveys and consultations revealed that patients, carers and family members were dissatisfied when our inpatients were sharing a room with a person of the opposite gender. In 2010 our Cultural Diversity and Community Advisory Committee and management supported the implementation of a project to reduce the number of mixed gender occurrence at all of our hospitals. Hospitals are now all working towards a 95% target of same gender patient mix on all our wards.

Erin Webster the Nurse Unit Manager of 1A at our Sunshine Hospital commented that it has made such a difference to patient experience. "You walk into a room with all ladies and they are so much more relaxed all chatting away with all the curtains drawn back".

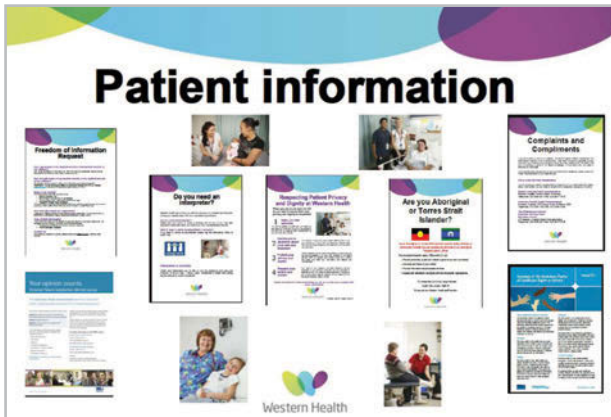
This project also highlighted the need to support patient's dignity and privacy. As a result, red privacy pegs have been circulated to wards and departments at Sunshine, Williamstown and Western Hospitals. They are used as an additional measure to protect patients' privacy. The red pegs are used to clip curtains together around patients' bedsides when they are being examined or require privacy. The pegs will not only ensure the curtains are closed properly, but also indicate to other staff that they should not enter.

Pegged For Privacy



**IF YOU SEE A RED PEG - STOP, WAIT
AND ASK BEFORE YOU ENTER**

PATIENT INFORMATION BOARDS



To improve the way we communicate information to patients and to improve the physical environment of our hospitals, we have now standardised all patient information boards on our wards. All boards now display information about:

- Your rights
- Privacy and dignity
- Complaints and compliments
- Interpreters
- Information for Aboriginal and Torres Strait Islander patients
- Freedom of your information and the Victorian Patient Satisfaction monitor information.

PATIENT EXPERIENCES

Understanding that patients are not always able to participate by responding to written surveys Western Health is using experience based interviews and storytelling techniques with patients to collect patient experiences.

These have informed some of the project work described in this section of the Quality of Care Report (for example, the mixed gender project). They are also used as a way of informing and motivating staff about the care that they provide from a patient's perspective (for example, Ian's story on page 6).



PROVIDING CULTURALLY APPROPRIATE HEALTH SERVICES

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

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.

CULTURAL RESPONSIVENESS FRAMEWORK

The Department of Health Cultural Responsiveness framework ensures that organisations are responsive to the needs of their diverse communities.

Western Health Cultural Responsiveness Plan 2010-2013 has been developed to address this framework's six standards for cultural responsiveness. These cover:

- Having an organisational wide approach to cultural responsiveness
- Taking a leadership approach to cultural responsiveness
- Using accredited interpreters
- Developing culturally appropriate practical care
- Involving diverse consumers, carers and community members in health service planning
- Providing professional development for staff at all levels.

Whilst this Plan is in its infancy, the following are examples of activities taken within the past twelve months to start addressing the above standards:

PROVIDING PROFESSIONAL DEVELOPMENT FOR STAFF

On-line education modules have been developed and promoted to staff. These modules cover:

- Delivering Culturally Appropriate Care
- The Vietnamese Community in Australia
- The Sudanese Community in Australia
- Improving Care for Aboriginal and Torres Strait Islander patients

In 2011 67 participants have viewed the online training modules and 52 participants have completed one or more modules.

Western Health's Allied Health Division has made the module on delivering culturally appropriate care compulsory for all allied health professionals.

A Cultural Diversity Intranet page has also been developed and includes a number of resources and links.

DELIVERING CULTURALLY APPROPRIATE PRACTICAL CARE

To ensure that the Cultural Diversity and Community Advisory Committee is up to date with current issues facing newly arrived communities this group invites community members to meetings to inform them of the challenges they may face accessing health services in the West.

In 2011 community members and health workers who are working with the Karen community presented to the Cultural Diversity and Community Advisory Committee members. The Karen community is one of the newest arrivals to the West. The Karen are refugees who have fled Burma to escape war and persecution. Lack of awareness by staff, language barriers and difficulty navigating the Australian Healthcare system are the biggest barriers facing the Karen community.

To address some of these barriers Western Health:

- Has developed online line training about the Karen Community for Staff
- Uses two agencies to ensure that interpreters are available to patients
- Runs a Karen specific Hepatitis C clinic on a Tuesday evening.

USING ACCREDITED INTERPRETERS

Western Health provides accredited interpreters to all patients who require one. In recognition of our diverse patient group Western Health now has on staff interpreters in 11 different languages.

These include:

- Vietnamese
- Arabic
- Italian
- Spanish
- Dinka
- Mandarin

- Cantonese
- Macedonian
- Serbian
- Croatian

In 2010-2011 Western Health received 25,000 requests for an interpreter.

The most requested language at Western Health is Vietnamese which accounts for 27% of all requests. To meet this demand Western Health now employs 4 full time Vietnamese Interpreters.

Interview with Lyn Bongiovanni - Manager Language Services Western Health

Lyn, can you tell us why Western Health employs interpreters on staff rather than using agency interpreters?

Western health employs full time interpreters in order to meet the high demand of interpreting services. Full time interpreters provide a continuum of care and are accessible at short notice which is vital in an acute health setting. It is also more cost effective and efficient to have in-house interpreters to deliver a timely and effective service.

Do interpreters need different qualifications to work in a hospital?

Interpreters, regardless of where they work, need to have a professional accreditation granted by the National Accreditation Authority for Translators and Interpreters (NAATI). This accreditation is usually obtained by doing a course at a tertiary institution or by sitting an exam at NAATI. To gain the professional accreditation through the exam there is a requirement to have a tertiary degree.

What about languages not catered for through in-house interpreters?

We have about 70 different languages among patients who access our health services. These languages vary in demand and it would be difficult to employ interpreters in all those languages. We outsource to agencies the languages for which we have less demand. These agencies provide our patients with an excellent service as we require the same standards of the agency interpreters as we do of our in-house staff.

Some people who have been in Australia for a long time and can speak some English, do they always need an interpreter?

We find that most people, even though they may be able to speak limited English when they come to the hospital, prefer to have an interpreter as they may not be aware of the terminology and procedures used in medicine. They also feel very vulnerable and appreciate the fact that they can communicate in their own language and are then able to make informed decisions about their health.

Is it Ok for patients to bring a family member to interpret?

Family members should not be called on to interpret as their language skills have not been tested and we would not want to place them in a position where there may be miscommunication between staff, the family member and the patient.

IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

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.

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

A key way we strive to do this is to support 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 work towards with ICAP. These are listed below, along with Western Health's key achievements over the past 12 months.

1. RELATIONSHIPS WITH ABORIGINAL COMMUNITIES

Jacqui Stewart is a Taungurong woman and our Aboriginal Hospital Liaison Officer at Western Health. As an Aboriginal woman and respected member of the Korri Court Jacqui is a high profile and well respected member of the Aboriginal Community. Her relationships with community elders and members have enabled connection and engagement with Aboriginal patients and increased the profile of Western Health in the Aboriginal Community.

2. CULTURALLY AWARE STAFF

The Aboriginal Health unit has developed an Aboriginal cultural awareness online training module for staff. The module was developed in consultation with our Aboriginal Hospital Liaison Officer and the Cultural Diversity and Community Advisory Committee members which includes Mr Tony McCartney. Tony is our Aboriginal Representative on this Committee.

Western Health also has a staff intranet page where staff can access information and resources to assist them in working with Aboriginal and Torres Strait Islander patients.

Over the past year, our Aboriginal Hospital Liaison Officer Jacqui has also been working with Western Health staff to improve the identification of Aboriginal and Torres Strait Islander patients. The importance of Aboriginal identification is also included in all staff induction days.

Identification of Aboriginal and Torres Strait Islander patients means that patients get the health care they need as well as access to our Aboriginal Hospital Liaison Officer.

3. DISCHARGE PLANNING

As part of Western Health participation on the Department of Health Regional 'Closing the Gap' committee, Western Health is in the initial stages of a joint project with Northern Health and St Vincent's to improve how we support the health needs of Aboriginal and Torres Strait Islander patients. Discharge Planning is one of the key 'Closing the Gap' priority areas.

In addition, Western Health has also attracted funding for the implementation of an Aboriginal maternity service model. This will not only support the discharge planning needs of our Aboriginal patients having babies at Western Health but their total care needs.

3. 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.

Quality and Safety

A key strategy in Western Health's overall approach to pressure ulcer prevention is the development of two DVDs: one for the information of patients and a second DVD for the training of clinical staff. The DVDs will be launched in late 2011.

The staff training DVD features interviews with two women who are still dealing with the profound consequences of pressure ulcers acquired in hospital settings (Western Health and elsewhere). Interviews also took place with family members of the patients, to explore the broader impact. This is Elizabeth's story:

Elizabeth, who is in her 60s, has been on dialysis for more than eight years as a result of diabetes. Elizabeth also lost her sight 10 years ago. Her 30 year old son James has been a full-time carer for his mother for the past decade.

In April 2010, when Elizabeth was an inpatient at Western Hospital after a procedure related to her dialysis, she developed bilateral pressure ulcers on her heels. These became so severe that Elizabeth was unable to walk due to the pain and became completely wheelchair bound. Elizabeth described how she felt when she realised the severity of the ulcers. "I was frustrated at the time. I was asking myself 'Why has this happened to me?' I was down. Painwise there's nothing you can do."

Twenty months later, while the pain of the ulcers has receded, Elizabeth is still unable to walk due to the loss of function. She continues to be on dialysis three days a week at Williamstown Hospital and is still dependent on a wheelchair for her mobility, although she is hopeful of soon being able to regain her capacity to walk. Elizabeth's care has been managed and constantly monitored by Western Health's most experienced wound management experts.

After Elizabeth developed the ulcers, her son James found the most difficult aspect was coping with the additional uncertainty this generated in their lives. "I thought 'This is affecting her mobility, her walking'...It's just that question mark again," James said. "When the ulcer came along, I thought 'It's an infection...It could kill her'. I thought the damage could be done to a point where you just can't fix it."



Prior to developing the pressure ulcers, while Elizabeth's blindness limited her mobility, she was able to be self-sufficient in some areas of her personal care and this changed when she could no longer walk. The ulcers meant that a number of tasks then required assistance in addition to that which could be provided by James.

James would like nurses, doctors and other hospital staff to be mindful of the long-term impact of a severe pressure ulcer. "They need to be aware it's not just their shift - it goes with you, it goes everywhere with you...it is so important to listen to the patient," James said. "They need to be more aware that the one little pain can lead to years of discomfort. It's going to be a long process."

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.

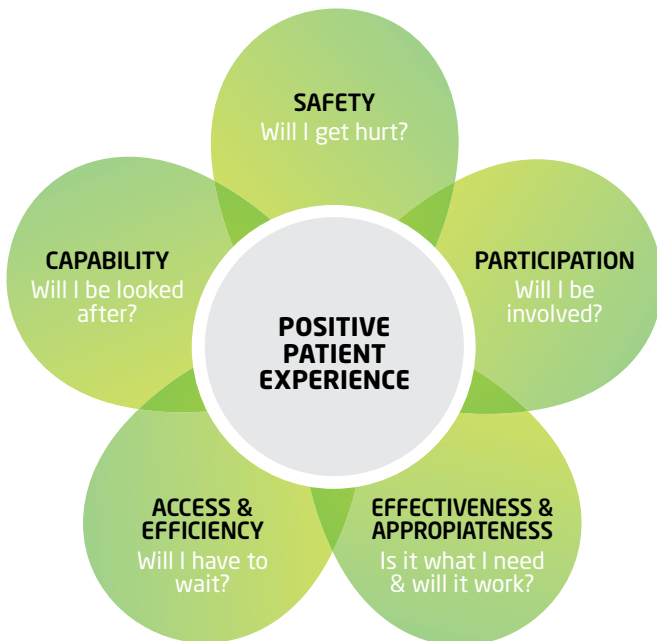
Providing and enhancing a Positive Patient Experience is the central focus of all that we do at Western Health.

A positive experience from our patients' perspective is care that is:

- Safe
- Participatory
- Effective and Appropriate
- Accessible and Efficient
- Capable.

We call these Dimensions of Quality.

A PATIENT'S PERSPECTIVE



Dimensions of Quality

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

- Having a range of committees that monitor our performance in addressing high-risk aspects of patient care and drive care improvements. These committees cover such areas as falls management, infection control, pressure ulcer management, medication safety and safe blood transfusion.
- Promoting reporting and review of anything that goes wrong (incidents, complaints) and using this information to improve the way that care is provided.
- Reviewing all major complications and deaths to see if our care was appropriate or could be improved (morbidity and mortality review).
- Developing quality plans that identify areas for clinical practice improvement and tracking activity and outcomes against these planned improvements.
- Developing systems, policies and procedures to guide staff 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 quality, safe patient care.

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

Each year, we review our approach to quality, safe care to check that it is actively supporting the review and improvement of care and is aligned with Victorian and National Policy and Frameworks for clinical governance.

We do this by:

- Conducting an annual staff survey on awareness and involvement in Western Health quality systems. From this activity in 2010, we identified that 86% of 501 surveyed staff felt sufficiently supported and encouraged to be involved in the review and improvement of patient care. This is an increase from 2009's result of 81% and a significant increase from 2008's result of just 49%.

- Reviewing our model for quality, safe care against Victorian clinical governance policy. May 2011 review identified that our dimensions of quality are well aligned with the Victorian clinical governance framework and that we have established systems against all 22 required activities* supporting this framework.

*as set out in the Victorian clinical governance policy board checklist.

- Reviewing our model of quality, safe care against the Australian Safety and Quality Framework for Health Care. May 2011 review also identified that our dimensions of quality are well aligned with this framework.



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.

Every two years, Western Health plays host to a team of ACHS surveyors who review our services and improvements against these standards. As we underwent a successful accreditation survey in 2009, we did not have a survey in 2010. Instead, we submitted a documented self-assessment to ACHS on active systems and improvements against the agency's accreditation standards. Feedback from ACHS on this assessment was positive, with systems and improvements seen as supportive of providing quality, safe patient care.

In 2010, we also focused on addressing the small number of recommendations to improve quality, safe patient care arising from the 2009 ACHS Survey.

These recommendations cover:

A) Consent to treatment – recommendation:
to continue work 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 consent information has now been translated into 4 languages other than English, with work continuing to expand this number. We also undertake consumer surveys in languages other than English to check whether patients are aware of and actively involved in consent processes.

B) Credentialling – recommendation: *to continue work to apply our enhanced credentialling processes to the appointment and re-appointment of our senior medical staff.*

Credentialling 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 credentialling 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 credentialling 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.

Western Health's enhanced credentialling processes have now been applied to 100% of our Senior Medical Staff, well ahead of the October 2012 timeline for completion set by the Victorian Department of Health.

Western Health's next scheduled ACHS Accreditation Survey is in December 2011.

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 in Williamstown and Reg Geary House in Melton.

Both Western Health Nursing Homes are fully accredited with the Aged Care Accreditation and Standards Agency.

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

Hazeldean is in the preparation stage for undergoing accreditation in April 2012.



CONTROLLING THE RISK OF INFECTION

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

The main infection prevention practices are called Standard and Transmission Based Precautions. Western Health's Infection Prevention Team monitors patients who are suspected or confirmed as having infections and use these precautions to decrease the risk of transmission of microorganisms.

The Infection Prevention team also offers education to staff, students, volunteers, visitors and patients. They collect and analyse infection data and information and participate in the Victorian Hospital Acquired Infection Surveillance System.

HAND HYGIENE

Hand hygiene is fundamental in reducing patients' risk of health care associated infection. Visitors continue to be involved with hand hygiene activities. Additional hand hygiene hubs will be installed across Western health to further encourage visitor hand hygiene. Visual multilingual hand hygiene prompts are displayed throughout the health service.

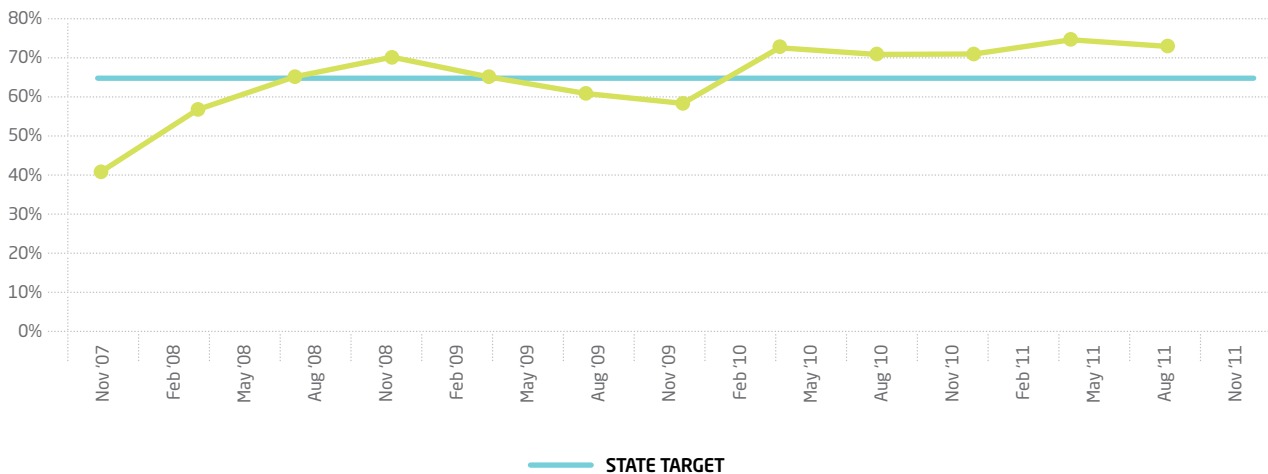
Two dedicated hand hygiene nurses work with the infection prevention team on strategies aimed at improving health care workers' hand hygiene compliance. They also provide hand hygiene education programs. While we consistently achieve the target of 65 per cent set by the Department of Health, Western Health is committed to further improvement.

SURGICAL WOUND SURVEILLANCE

Auditing of surgical procedures is another major role of the Infection Prevention team. Targeted procedures such as hip replacement, knee replacement and colorectal surgery are monitored for infection. This data is collated and shared with the Victorian Infection Control Nosocomial Infection Surveillance (VICNISS) group. Quarterly reports enable Western Health surgical site infection rates to be benchmarked in comparison with those of other Victorian health services.

If the Department of Health is concerned about our infection rates, they notify us directly. Within 2010-11, we have not been contacted by the Department of Health.

HAND HYGIENE COMPLIANCE





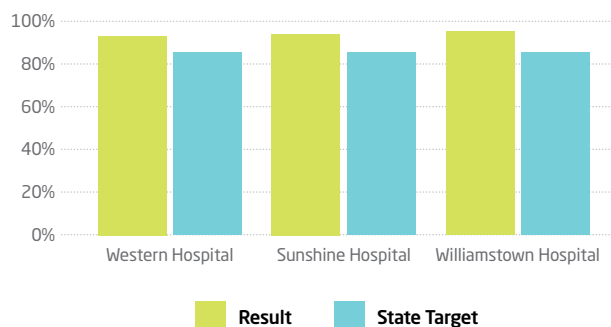
KEEPING OUR HOSPITALS CLEAN

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

Audit results are forwarded to the Department of Health.

The following audit results were submitted to the Department in May 2011 and demonstrate that Western Health's hospitals exceed the state cleaning standards of greater than 85% compliance.

COMPLIANCE WITH CLEANING STANDARDS - MAY 2011 AUDIT RESULTS



This continued high performance is reflective of the hard work and dedication of the Western Health Environmental Services team.

We continue to have significant success with recruiting enthusiastic staff from the local community who undertake a one year hospital cleaning traineeship/apprenticeship within Western Health and on graduation many are successful in gaining permanent roles within the Environmental Services team. This year we were fortunate to have 20 high caliber new employees join through this program.

MANAGING THE RISK OF PATIENT FALLS

When a patient is 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 and in the event of a patient falling.

The Western Health Falls Prevention Steering Committee has initiated the following strategies to manage the risk of patient falls:

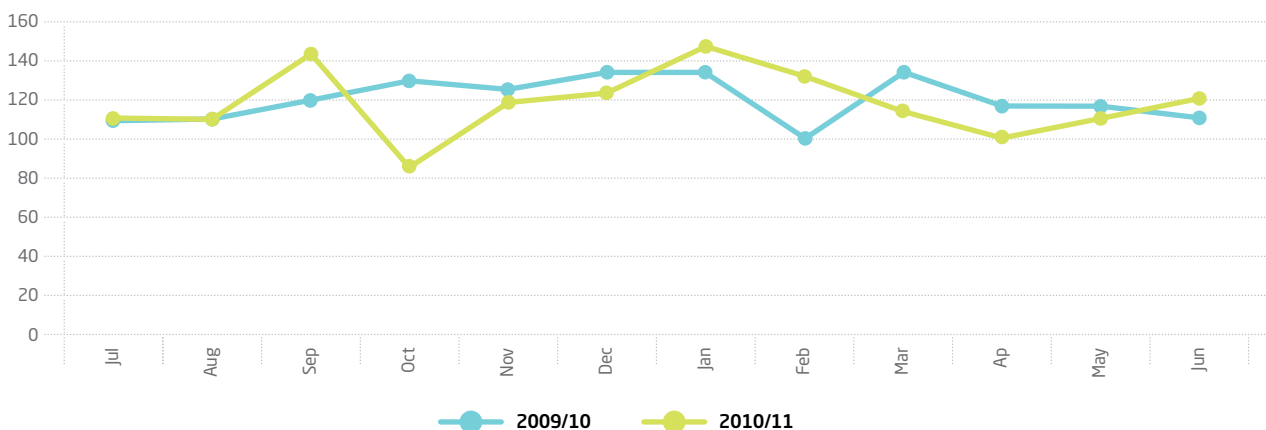
- Implementation of a falls on-line training package on Western Health's E-learning system for all staff.
- Design of a falls alert poster. The falls alert poster is to be displayed outside a patient room where an inpatient is at risk of a fall. The aim is to

alert all staff who are passing that the room has an occupant who is at risk of sustaining a fall and to render assistance if the patient is unattended and needs assistance.

- Preparation of a correct footwear booklet in consultation with the podiatry department. This is an evidence based booklet which advises patients on the correct footwear to have in hospital to prevent falls.
- Investigation of all falls resulting in a serious outcome. The Nurse Unit Manager of the area in which the fall occurred is required to complete a report on the circumstances in which the fall occurred and complete a continuous improvement plan to prevent other patients from falling in similar circumstances.

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 Western, Sunshine and Williamstown Hospitals.

TOTAL NUMBER OF FALLS: WESTERN, SUNSHINE AND WILLIAMSTOWN HOSPITALS



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

The Western Health Falls Prevention Steering Committee has a strategic plan in place for 2011-13

which aims to decrease the number of falls by 25%. A key strategy to support this is Western Health's involvement in a research activity - called the '6 PACK' falls prevention study. This study is due to commence before the end of 2011.

SAFELY USING MEDICATIONS

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 the 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 WH Medication Safety Committee has continued its role into 2010/11 to:

- Monitor the prescribing, dispensing and administration of medications
- Identify significant medication errors and error trends
- Create initiatives to reduce medication errors
- Review current practices and implement initiatives to reflect best practice such as medication safety alerts from both state and federal levels.

In addition, a Quality Use of Medicines (QUM) pharmacist position was created to help develop strategy, implement and coordinate medication safety initiatives.

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

MEDICATION ERROR COMMUNICATION

The Western Health Medication Safety Committee has built upon the initiatives developed in the previous 12 months to communicate serious medication errors to clinical managers, leaders and education personnel. This has resulted in improved communication to junior staff across the organisation and improvements in practice. The medication errors have also been used for education purposes to highlight how errors can occur and how they can be prevented. In addition, initiatives to reduce medication errors are communicated to clinical staff via the recently relaunched medication newsletter Western Medication Updates.

INSULIN ADMINISTRATION PROCEDURE

The Western Health Quality Use of Medicines (QUM) pharmacist in consultation with relevant stakeholders has introduced a new Insulin Administration procedure to ensure single patient use of insulin vials as well as the introduction of guidelines for staff regarding the use of patients' own insulin administration pens. This has been undertaken to reduce the risk of needle-stick injuries.

ONGOING PROJECTS

The Western Health Medication Safety Committee commenced a number of initiatives in 2010/11, which are expected to be implemented during 2011/12. These include:

- Actioning of recommendations to reduce the risk of drugs being prescribed for which patients have a documented allergy.
- Implementation of Oral Chemotherapy Guidelines for the safe prescribing and dispensing of oral chemotherapy to patients.
- Development of an Anti-coagulant Referral Form and Procedure to ensure patients discharged on anti-coagulants such as warfarin receive appropriate follow up for ongoing blood tests and dosing.
- Introduction of new national Labelling Guidelines for Injectable Medicines, Fluids & Lines across Western Health with dedicated, colour-coded labels to be used to label injectable medicines and administration lines.
- Holding Medication Safety Expos across all campuses. The expos will provide an interactive environment to highlight medication safety issues and initiatives to staff and increase awareness of medication safety.

MANAGING THE RISK OF PRESSURE ULCERS

Pressure ulcers, commonly known as pressure sores, often occur in the elderly and frail patient and 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.

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.

The Western Health Pressure Ulcer Committee has overseen the following strategies within the past 12 months to manage the risk of pressure ulcers:

PRESSURE ULCER EXPO



In early 2011, the Western Health Pressure Ulcer Committee organised a series of pressure ulcer expos to raise awareness of pressure ulcer management and to ensure better patient outcomes. A large number of ward areas and departments got involved by developing a range of posters and activities that showcased innovative ideas or existing practices towards pressure ulcer prevention undertaken in their wards.

PRESSURE ULCER CASE REVIEWS

Staff awareness of pressure ulcer prevention has been particularly supported by the continued implementation of case reviews of all patients who have acquired a severe pressure ulcer. 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.

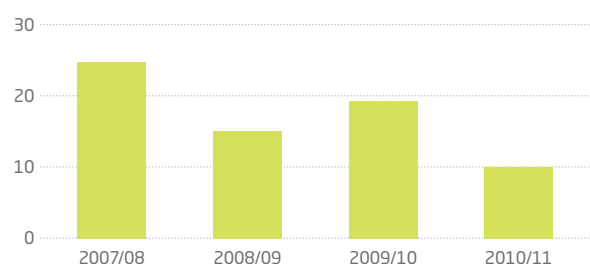
EDUCATIONAL TOOLS

We are in the final stages of developing a DVD that will be used as an educational tool for all health professionals to understand the impact pressure ulcers can have on patients.

Filming discussions are also currently underway to develop an educational DVD for patients. This will be available on the patient's bedside television to inform them of simple exercises they can perform in hospital to help reduce the risk of developing a pressure ulcer.

The above strategies combined with the use of a multi-disciplinary approach to identifying patients who may be at risk of pressure ulcers and providing equipment that assists in relieving pressure have contributed to the lowest number of severe pressure ulcers acquired by patients in Western Health Hospitals over the past 4 years. This is demonstrated in the following graph.

TOTAL NUMBER OF SEVERE PRESSURE ULCERS, ALL WESTERN HEALTH HOSPITALS





SAFELY TRANSFUSING BLOOD COMPONENTS

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

Australia has invested heavily in ensuring that blood and blood products are of exceptional quality. As a result Australia has one of the safest blood supplies in the world. However blood transfusion is not without risk, and for Australian hospitals, the major risks to the safety of transfused patients lies predominantly in the clinical environment as a result of errors in decision-making or in the way blood and blood products are administered.

There are many clinical, non-clinical and laboratory staff and processes involved in the safe and appropriate use of blood and blood products.

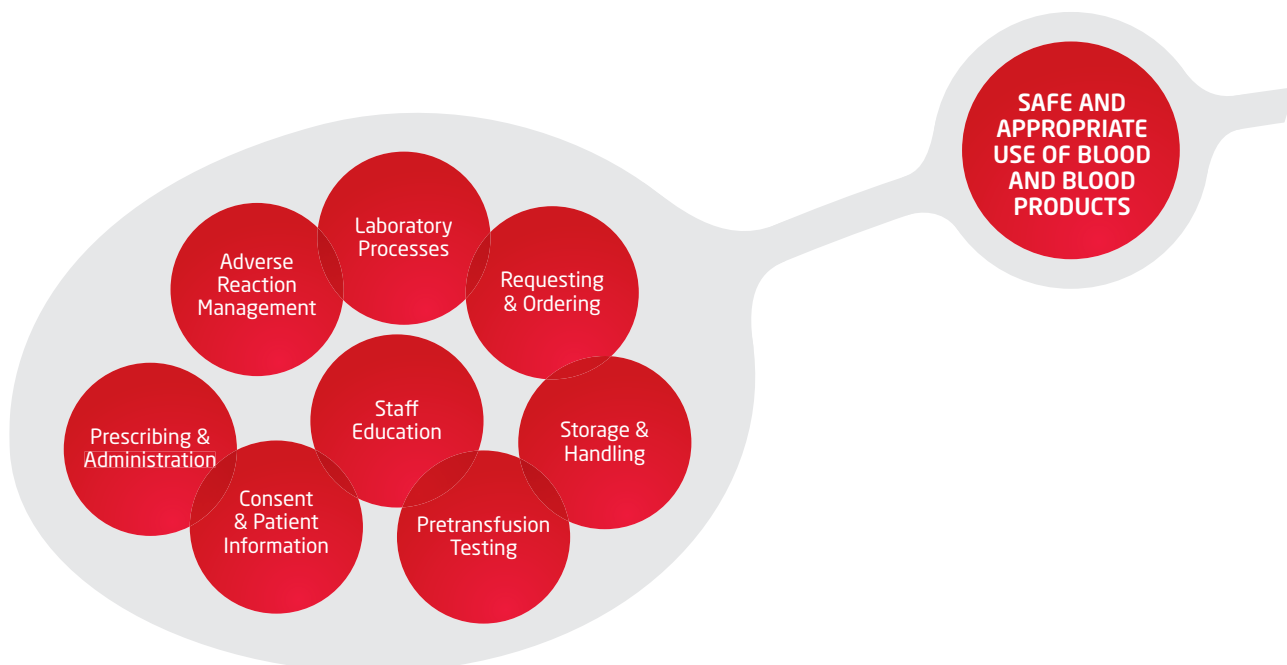
Ensuring that our policies and procedures are contemporary and aligned with National guidelines and that all of our staff have the required knowledge to safely and appropriately prescribe, administer and care for patients having blood transfusions are key goals of the Western Health Transfusion Committee. The membership of this committee includes doctors from haematology, emergency medicine, anaesthetics, intensive care, surgery and gastroenterology, blood bank scientists, oncology nurses and a transfusion clinical nurse consultant.

Key strategies the Committee have initiated include:

- Comprehensive blood transfusion practice on-line education and training packages for medical, nursing, midwifery and ancillary staff that cover all aspects of transfusion practice including obstetrics, critical bleeding and coagulation.
- Revision of the Transfusion Reaction Investigation form and development of transfusion reaction identification and management flow charts for clinical staff.
- A comprehensive clinical audit program that seeks to improve patient care and outcomes, through the systematic review of clinical indications and use of transfused blood components against National Clinical Practice Guidelines. Additionally, Western Health also participates in the Victorian Department of Health Blood Matters program audits which allows us to benchmark our performance against other metropolitan and regional health services.
- A prospective audit program that focuses on adherence to transfusion administration procedural requirements including the monitoring and observation of patients in “real time”.

- Implementation of the 2011 National Blood Authority Critical Bleeding/Massive Transfusion Guidelines.
- Development and dissemination of a quarterly Transfusion News Newsletter highlighting audit results and practice improvement recommendations.

All transfusion related adverse events and reactions are reported to and investigated by the Transfusion Clinical Nurse Consultant. Reports are reviewed by the Blood Transfusion Committee and where indicated improvements are implemented. Western Health also participates in the Victorian Department of Health Serious Transfusion Related Incident reporting system which aims to measure and monitor serious transfusion incidents, including near misses, to derive recommendations for better, safer transfusion practice.



Continuity of Care

A new ward opened at Western Hospital in February 2011 to improve timely access to subacute services. Rita Mostanovski was one of the first patients to be referred to this service. This is her story:



Rita is 53 years old and usually leads a busy life at home with her husband and son. When Rita was 40 she was diagnosed with Crohn's Disease, an inflammatory disease of the intestines.

In February this year Rita became unwell with complications of her Crohn's Disease and

presented to the Sunshine Hospital Emergency Department. Rita was urgently assessed and transferred to the Western Hospital Footscray for surgery and admitted to the Intensive Care Unit. Rita was in the Intensive Care Unit for 40 days recovering from her surgery.

Rita was referred to the Aged and Complex Care Team and it was identified that she would benefit from a period of intensive rehabilitation. When Rita was well enough to leave the Intensive Care Unit she was transferred to the new Subacute Unit for rehabilitation. The new unit on the Western Hospital site had been opened for 6 weeks.

In the Subacute Unit Rita was assessed by the interdisciplinary health care team which included the rehabilitation physician, medical and nursing team, physiotherapist, speech pathologist, dietitian, occupational therapist, social worker and allied health assistant. Together with Rita the team developed a care plan that identified her treatment goals and how they would be achieved to enable Rita to return home with her husband Bill.

Rita's motivation to get better and return home and the support of her family and friends helped her recovery and she was ready to go home after 18 days of intensive rehabilitation.

Rita continued her rehabilitation after her return home by attending the Sunshine Hospital Community Rehabilitation Centre for physiotherapy. She is now fully independent at home.

Access to the Subacute Unit on the Western Hospital site enabled Rita to participate in an intensive rehabilitation program while still having follow up by her surgical team.

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 that have enhanced Continuity of Care for Western Health patients.

IMPROVING TIMELY ACCESS TO SUBACUTE SERVICES

On 14 February 2011, Western Health opened a new 20-bed subacute unit at Western Hospital. The opening of this new ward means that medical and surgical patients at Footscray are now able to access specialist inpatient subacute services on-site, rather than having to transfer across campuses. This allows patients to move from the acute to the subacute setting in a more timely and less disruptive manner.

The introduction of the new unit has addressed a gap in Western Health's subacute services. The higher acuity, fast track subacute service introduced at Western Hospital is based around a patient focused, evidence based model of care. This model supports early discharge from surgical and medical units and includes:

- 10 rehabilitation beds to support patients requiring low intensity rehabilitation and frail surgical patients requiring rehabilitation prior to discharge.
- 10 Geriatric Evaluation and Management (GEM) beds to support patients who require access to specialist medical follow-up and further diagnostic tests.

- A 7 day per week allied health service to ensure there is active occupational therapy and physiotherapy treatment over the weekend.
- A Care Coordination service providing early identification of patients requiring a dedicated period of rehabilitation or GEM.

Rita Mostanoskvi was one of the first patients to be referred to this service. Rita's story can be found on page 26.

STREAMLINING THE SURGICAL JOURNEY FOR ELECTIVE PATIENTS

Over the past 12 months the Western Health Preadmission Service has undergone an extensive review. To ensure the best outcome for patients using the Preadmission Service the review was designed in consultation with consumers and benchmarked against external organisations.

A new model of care has been designed to streamline the surgical journey for the elective patient from the first point of contact in the outpatient or private rooms setting through to admission and discharge.

To reduce the number of appointments necessary before elective surgery a patient health questionnaire is now completed at the time of consent during the initial appointment. This provides important

information regarding the health status of the patient which is used to guide further investigations in a planned and coordinated manner.

The Preadmission Service is based on a multidisciplinary model which is led by highly trained nurses working closely with Anaesthetists. To achieve positive patient outcomes clinical guidelines have been developed in conjunction with the medical team.

FAST TRACKING EMERGENCY DEPARTMENT CARE

To accommodate the large numbers of patients presenting to our Emergency Departments, a Fast Track area was opened at Sunshine Hospital in September 2010.

In 2009-2010 Sunshine Hospital had 56,822 presentations to the Emergency Department. Of these patients, 49,293 were classified against the National Triage System as routine or non-emergency cases.

The Fast Track area is designed to address the care needs of these less urgent cases in a more timely manner. This area provides 5 Fast Track rooms, an isolation room, a procedure room and an ophthalmology room. The design also incorporates a sub-wait area for patients to wait in after assessment

for results or further tests such as x-rays. The Fast Track service is run by dedicated Fast Track nurses, nurse practitioners and medical staff and is supported by the main Emergency Department.

Since the Fast Track area was fully established, there has been a decrease in the number of patients leaving the Sunshine Hospital Emergency Department without being seen. It has also released medical and nursing staff to attend to patients in the main Emergency Department with more urgent clinical needs.

IMPROVING ACCESS TO PUBLICLY FUNDED RADIATION THERAPY

Following the official opening of the Sunshine Hospital Radiation Therapy Centre in March 2011, publicly funded radiation therapy treatment is now available in the West for the first time.

The \$40.5million centre is a partnership between Western Health and Peter MacCallum Cancer Centre. The Centre's state-of-the-art facilities and equipment can deliver treatment to patients with a range of cancers including those most commonly diagnosed in the West - breast, bowel, prostate and lung.

With a course of radiation therapy taking up to eight weeks, the Centre means that less cancer patients from the western suburbs have to travel to East Melbourne or Geelong to receive their treatment. Up to 900 patients per year will be able to receive their treatment much closer to home.

PROVIDING CHOICES ABOUT CHILD BIRTH

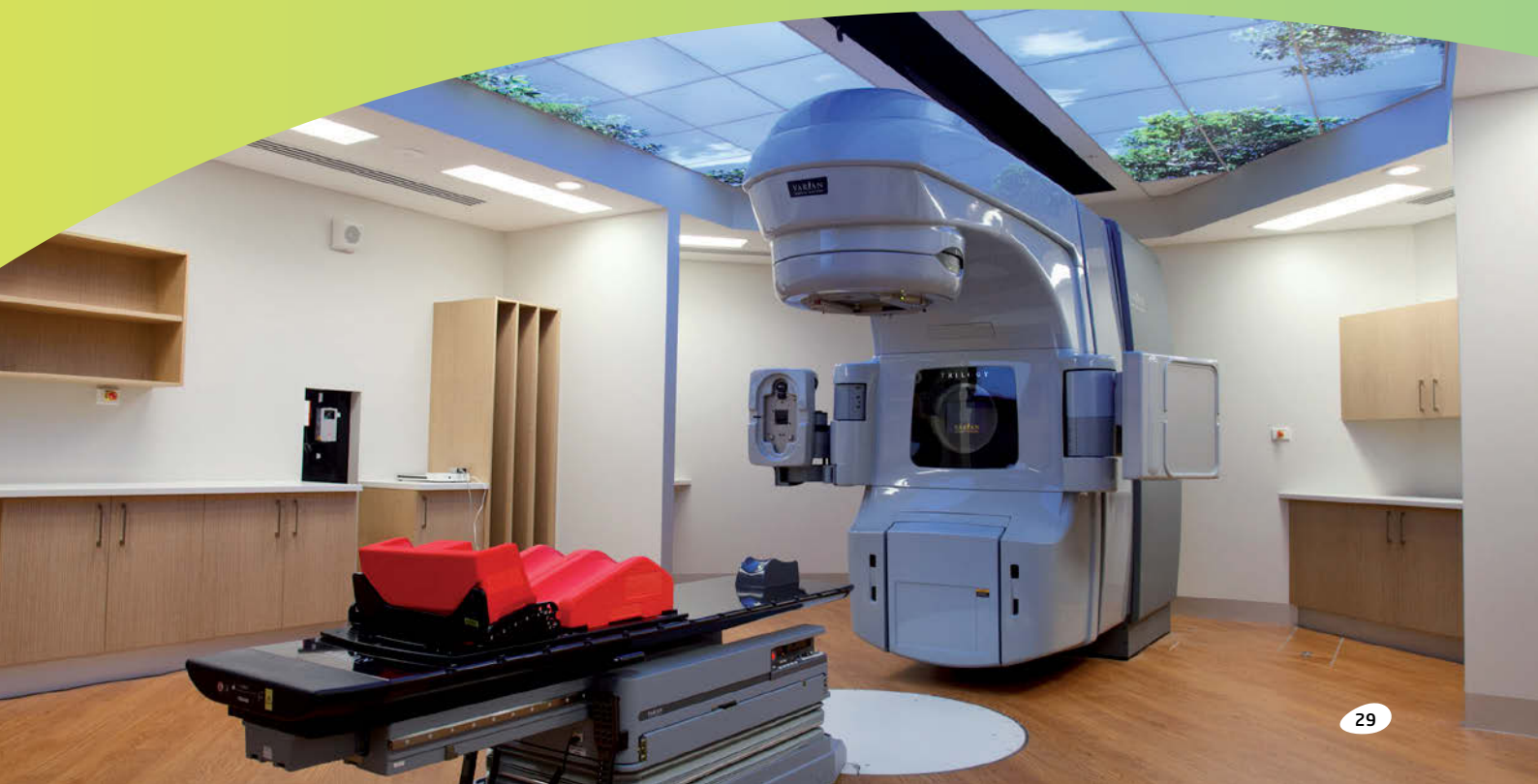
Continuity of care is the fundamental principle supporting the successful pilot of a Western Health homebirth program.

The pilot of Western Health's homebirth program continued in 2010-11. Homebirth is a natural extension to Sunshine Hospital's existing caseload midwifery program. It provides well women with uncomplicated pregnancies a choice to give birth to their baby at home.

Sunshine Hospital is one of two metropolitan hospitals to offer women the option of publically funded homebirth. To-date over 90 women have taken up the homebirth option with Western Health.

Women and midwives have expressed their satisfaction with the pilot, with some women expressing their delight in having the opportunity to have access to a seamless maternity service throughout their pregnancy, labour, birth and early mothering experiences.

A review of the homebirth program pilot is currently underway.



BEST CARE FOR OLDER PEOPLE - THE "STAYING ACTIVE" PROGRAM

Up to 50% of hospitalised older people experience functional decline, which is the reduced ability to perform day-to-day tasks due to a decrease in physical and/or cognitive functioning. Many of these problems can be prevented or reduced by encouraging patients to remain as active as possible while in hospital.

A "Staying Active" Program has been implemented at The Williamstown Hospital in order to minimise functional decline and to support older patients to be able to be as independent as possible when they go home from hospital.

This program consists of the following activity groups:

- Dining with Friends – A daily lunch group that promotes an increase in appetite, socialisation and return to daily routines.
- Linking Older Citizens and Local Supports (L.O.C.A.L.) – A weekly volunteer facilitated socialisation program with guest speakers from the local community, who provide a 30 minute talk/activity which help patients maintain connections with community services.
- Vitality program – a comprehensive allied health therapy group program addressing patient goals.

Patient interviews indicate increased satisfaction with the amount of activity programs on offer at The Williamstown Hospital- from 45% pre implementation of the "Staying Active" program to 100% post implementation of the "Staying Active" program.

Patient feedback was incorporated into existing and new activities in the program with the groups increasing from 7 to 28 groups per week. Two new walking groups including outdoor activities were introduced, as was the use of music, meeting new people and learning new things in "Dining with Friends" and "L.O.C.A.L.S". Practicing household tasks is a focus of the daily breakfast group as well as being the driver of a proposed "Getting Ready for Home" Group.

Patient audits following the introduction of "Staying Active" indicate:

- Increase of 21% of patients observed walking
- 50% of patients attending structured groups
- Fewer patients observed sleeping during the afternoon.

"Staying Active" represents significant value to our older patients both while they are in hospital and when they return home. Patients work in partnership with their clinical teams at Western Health to make sure care is delivered according to their health needs.

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: _____

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If you would like to discuss this report further, please contact our Director of Quality, Planning & Risk 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.



Together, caring for the West

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SUNBURY DAY HOSPITAL

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WILLIAMSTOWN HOSPITAL

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DASWEST - DRUG & ALCOHOL SERVICE

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Footscray VIC 3011
8345 6682

HAZELDEAN NURSING HOME

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Williamstown VIC 3016
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REG GEARY HOUSE

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