

QUALITYofCARE

BARWON HEALTH ANNUAL COMMUNITY MAGAZINE / ISSUED FEBRUARY 2010



10

THE MYTHS OF THE EMERGENCY DEPARTMENT

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of a hospital visit*

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Disclaimer: This publication is intended as a general guide to the services provided by Barwon Health. It does not substitute for health advice from an individual's medical specialist, general practitioner or other health adviser.

WHY WE PRODUCE THE QUALITY OF CARE MAGAZINE

This report is produced annually as part of a commitment to the State Government to increase community awareness of activities and achievements within Barwon Health.

This report profiles various projects that evolved from an identification of areas that needed improvement. Community representatives have been involved in the process of selecting stories to feature in this magazine based on their opinion of what the community would like to hear about.



on the cover

Francis tells his story about a visit to the Emergency Department where he is pictured in Fast Track.



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Thanks to Town and Country Children's Centre and case studies for allowing us to take photographs to accompany the stories in this magazine.

Welcome

The Quality of Care magazine has been published every year since 2004 and is an opportunity to showcase improvements across Barwon Health. Quality improvement is embedded in our culture and the recent Australian Council on Health Care Standards (ACHS) accreditation is testament to this with the assessors impressed by the dedication of our staff to continual improvement. Barwon Health was awarded four outstanding achievements (OA) by the assessors, a result unprecedented in Australia. To achieve one OA is excellent, to achieve four is fantastic and is evidence of the calibre of staff we employ.

The feature articles in this magazine showcase work that has been recognised at our internal Annual Quality Awards. We have also taken this opportunity to showcase how constant innovation has resulted in a more streamlined patient journey through our hospital Emergency Department and other services, resulting in a truly integrated health care service. This integration also applies to our relationships with our partners, such as **headspace** Barwon. Health initiatives like this provide additional services for the youth of the region, ensuring that their care, by all stakeholders, is integrated and seamless.

This magazine is produced every year, taking into account comments received from the community from the previous year's edition. If you have feedback we would like to hear from you and have included a survey for you to complete.

We trust you enjoy reading about your health service.

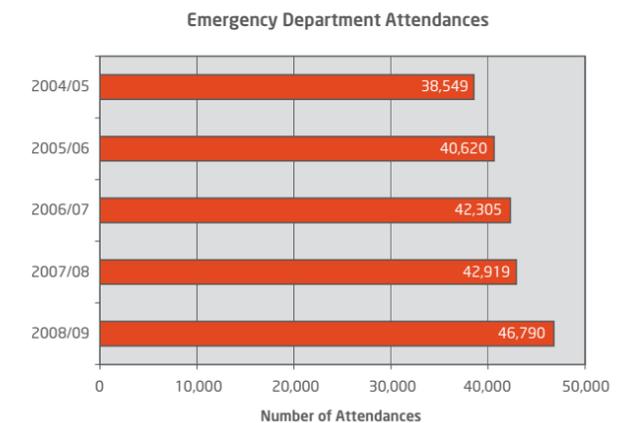
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Your local health service

Barwon Health is Victoria's largest regional health service and Geelong's biggest employer, employing over 5,440 people. We provide high quality, safe, people-focussed care to more than 500,000 people in Geelong and South Western Victoria.

Health services available through Barwon Health cover the full spectrum from emergency and acute care to mental health, primary care, community services, aged care and sub-acute/rehabilitation.



Our Emergency Department is one of the busiest in the State and has seen strong growth in usage over the past five years. Since the completion of the redevelopment we have seen an increase of 15% in presentations. To deal with this increase we have introduced new models of care such as Fast Track and have made changes to how we manage both incoming and outgoing patients from the main wards of the hospital.

Barwon Health serves a geographically dispersed population through two major sites with 1016 beds and over 21 sites stretching from Geelong down the coast to Torquay, Anglesea and Lorne.

The myths of the Emergency Department



03

BEHIND THOSE BIG WHITE DOORS LIES A WHOLE DIFFERENT WORLD

Nurses and doctors are bustling about, patients arriving by ambulance, and patients under careful watch in the resuscitation bays. Well, that's what they show on popular TV programs, but Doctor David Eddey, Director of Emergency Medicine, says the percentage of patients who come in needing resuscitation is only 1 per cent.

"We can be busier when the Emergency Department is half full and quieter when all the cubicles are in use," Dr Eddey explained. "It depends on the type of patients we have in on the day - it's not all blood and guts like they show on the TV."

The most common patients who come into the Emergency Department are cardiac patients, children, people with mental health concerns, older people, and fast track cases such as people with fractures, cuts and minor problems that can be seen quickly and usually without complication. It's far different to what we see on TV!

So what happens when you arrive at the Emergency Department? The first step is to see the triage nurse. This nurse will decide what category you fit into based on your symptoms and condition so it is important that you give the nurse an accurate description of how you are feeling. The triage nurse will put you in a category from 1 to 5, with 1 being the most urgent and 5 being non-urgent.

"On average, 150 patients attend the Emergency Department every day," Dr Eddey said.

"Our Emergency Department never goes on ambulance bypass, meaning we never send patients to another hospital because we are full. We have 40 beds and we will always make room for the sickest patients."

Many people assume that if you come in by ambulance, you will be seen to straight away. Dr Eddey explains that this isn't always the case.

"In the ideal world, the ambulance brings in emergency patients though it's not always the case," he explained.

"Whether you have come in by ambulance or walked through the door, everyone still goes through the same triage process and sometimes ambulance patients are sent to sit in the waiting room if their condition doesn't require emergency treatment. Sometimes the person who has come on the trolley isn't as sick as the person walking through the door."

The Emergency Department has a section called 'Fast Track' which can be confusing for people sitting in the waiting room seeing people go before them with something less urgent like a sprained wrist.

"We have dedicated staff who work in the Fast Track area of the Emergency Department who specialise in those cases like sprains, simple fractures and cuts," Dr Eddey said.

"So while it looks like people with less urgent needs are going through first, the Fast Track area actually frees up the main department for the urgent cases and staff aren't taken away from the emergencies to plaster a broken limb."

So when should you go to a GP instead of the Emergency Department? Dr Eddey says you should visit your doctor when you have a problem that's not urgent or life threatening.

"In the Emergency Department, we have the equipment, skills and training to deal with life threatening and urgent medical conditions. GPs don't commonly deal with these issues," Dr Eddey explained.

"Patients in the Emergency Department are seen on an urgency basis, not on an arrival basis like in a GP clinic. The situation in the Emergency Department is constantly changing depending on what comes through the doors."

Jeff Urquart, GP Liaison Officer at Barwon Health, says that some GPs will refer their patients to the ED.

"Sometimes a GP will send their patient to Emergency with a letter because urgent tests are needed to sort out a diagnosis. Patients with severe pain, signs of significant infection or bleeding, or those with a heart attack, stroke or breathing difficulties will also be referred off to the Emergency Department for further management" said Jeff

The myths of the Emergency Department

"A letter from the GP will have all the patient's history and medications which can save a lot of time in ED but a letter doesn't guarantee you will be seen straight away; all patients go through the same triage process."

After hours, there are options available if you need non-urgent treatment. There are a number of central Geelong clinics (both private billing and bulk billing) that are open late at night. Also, there is a locum service, which half of Geelong's GPs are signed up to, which means you can call your GP after hours and a doctor may visit you in your home or offer advice. Some clinics operate on Saturday and Sunday for patients who need medical care over the weekend.

The other option is the nurse on call service that operates a phone triage and advice line 24 hours per day (phone 1300 60 60 24).

When deciding whether to come to Emergency or a GP, the best advice is to use your judgement and remember that the Emergency Department's priority will always be to care for emergency medical problems.

TRIAGE CATEGORIES

Category 1 - Resuscitation (patient unconscious)

- Heart not beating
- Barely breathing
- Life-threatening injuries

Category 2 - Emergency

- Very severe pain
- Severe breathing difficulties
- Major fractures

Category 3 - Urgent

- Moderately severe blood loss
- Persistent vomiting
- Dehydration

Category 4 - Semi-urgent

- Mild bleeding
- Foreign body in eye
- Sprained ankle
- Abdominal pain

Category 5 - Non-urgent

- Minor illness or symptoms
- Rashes
- Minor aches and pains



ALAN'S STORY

When Alan began having serious chest pains in September, he took himself to the Emergency Department straight away.

Alan saw the triage nurse who categorised him as a 2. A short wait later, Alan was brought into the general area of the Emergency Department where they discovered he had a blockage that required a stent.

"I was transferred from the Emergency Department to Bellarine Centre 5, the cardiac ward, where they put in a stent," Alan said.

Alan went home a few days later where he began to settle into normal life. He was walking his dog one night when he started to have an angina attack.

"I got home from walking my dog and had several angina attacks," Alan said.

"I called the ambulance straight away and was rushed into the Emergency Department. I didn't have to wait this time as it was an urgent medical problem."

"The nurses and doctors did a very good job, especially considering how busy it is in the Emergency Department. People have to understand that it's very open and everyone wants the attention of the staff; it's a noisy place at times!"

"I would advise anyone with severe chest pain to go to Emergency," Alan said.

"I hope the Government marketing campaign for heart attacks will help people realise the signs much earlier, but always go with your instinct."

"If you go to Emergency you will get looked after. I had to have a double bypass but now I'm recovering well."



DANIEL'S STORY

Thirteen year old Daniel, who suffers from Type 1 Diabetes, came into the Emergency Department at 8pm on a Tuesday night with chest pains.

His mother, Milica, told the triage nurse about Daniel and the nurse checked his blood sugar levels. His ketones were 4.2 and the triage nurse rushed him straight through to resus, bypassing the paediatric area of the ED.

A ketone reading of 0.6 is normal. A reading of 1.5 requires urgent medical attention so Daniel's reading of 4.2 was a real cause for concern for Milica.

"I'm really glad I listened to Daniel and brought him in. He doesn't usually complain but this time he said 'I have to go in Mum,'" Milica said.

"Daniel was admitted to the children's ward at 11pm that night as they had to monitor him and do some X-Rays."

"Although coming to ED is a scary experience, everyone was great and the doctors and nurses were always there. They are a special breed of people. They were like his mates, joking around with him and keeping him comfortable."

"If I could pass on one thing about my experience with Daniel it would be to go with your gut feeling," Milica said.

"If it's something urgent you will go straight through; that's what emergency departments are for... emergencies."



FRANCIS' STORY

It was a late Monday afternoon in October 2009 when 20 year old Francis discovered a swelling that was becoming quite painful. His mother suggested he go to the Emergency Department to get it checked out, just in case it turned into something more serious.

Francis drove himself in at 5pm and lined up to see the triage nurse. He explained his symptoms to the nurse who categorised him at a 4 (semi-urgent) and asked him to wait in the Fast Track waiting area.

The Fast Track area is a new model of care that was introduced with the redeveloped Emergency Department in early 2009. It is designed to assess the category 4 and 5 patients who probably won't need to stay in for monitoring.

"I waited for about 20 minutes in the Fast Track waiting area then I was taken through to the cubicles where I waited for a doctor to check the swelling," Francis said.

"The doctor was great and I got an appointment with the Outpatient Clinic to follow up my care."

"Although I waited a little while to be seen, I know my condition wasn't life threatening so I didn't mind."

MARILYN'S STORY

The last time Marilyn attended the ED was the day her mother died. Back in August 2008, Marilyn's mother was rushed in by ambulance and was put in the resuscitation (resus) bay. She had trouble breathing and was triaged as a category 1.

"I didn't really know where to go when I came into the ED. My mother came by ambulance and I was stressed and really needed to be with her," Marilyn said.

"It turned out I beat the ambulance in so once my mother arrived, I joined her in the resus area where the doctors came to see her very quickly."

The resus bays are set away from the rest of the department which Marilyn appreciated as it was a bit quieter in this stressful time.

"I had to deal with my own emotions. Having a cubicle away from the craziness was good."

Marilyn's mother was a private patient, but when you come to ED there is no private patient classification, everyone comes in as a public patient.

"Once the decision was made to admit Mum to the hospital, she went as a private patient to the Geelong Private Hospital where later she unfortunately died."

"Although it was a horrible day, the ED did everything they could for her and there was only three hours between the time we called an ambulance to the time she got a bed."

READ THE PLAY

One in four young people aged between 15 and 24 will experience a mental health problem in any 12 month period. Seventy five per cent of mental illness first occurs in this age group, yet only one in four will seek and receive professional health.

READ the PLAY is a program that addresses this concern by raising awareness about mental health through junior football (under 16) and netball clubs (under 15) in the three local Geelong leagues.

READ the PLAY was initiated by David Langley from the Kempe Group and is entering its fifth year of operation. The program is managed through a steering group which includes representatives from: the Kempe Group, Barwon Health, Barwon Health Foundation, the Football Leagues, **headspace** Barwon, City of Greater Geelong, Leisure Networks and the Geelong Police.

The Kempe Group is the major sponsor of the initiative. Other key sponsors and support organisations include City of Greater Geelong, the GP Association of Geelong, Alcoa, Lion's Club of Leopold, Lions Club of Geelong, Geelong Taxi Network, and the Bendigo Bank.

Chris Scanlan, Mental Health Promotion Officer at Barwon Health, says that the program has the full support of the football and netball leagues and has had a high uptake at the club level. It is estimated that the program has reached around 2000-2500 children.

"Representatives from each club attend an 8.5 hour training program and then run an interactive games night back at the club to educate the players around mental health. An on-going support and information role is also maintained with junior members," said Chris.

"Evaluation results show that the READ the PLAY program has been effective in raising awareness about mental health, mental illness and the local services that assist young people."

For more information, contact your football club president or Chris Scanlan on 0417 300 683.



Volunteers - a vital part of our health service

Every three weeks Chris Jolly comes to the Gretta Volum Centre for day surgery. He lives in Queenscliff where there are only a few bus services each day.

"My hip doesn't talk to my feet so I can't drive," Chris said.

"My wife and I have a disabled son so she can't leave him at home to drive me in for my appointment," he explained.

Chris was explaining his problem to the staff at Gretta Volum and they suggested he get in contact with the Volunteer Transport Service.

"I didn't realise such a great service existed! I give them a call to confirm my pick up time and Gretta Volum call the driver when I'm ready to go home."

Each year the volunteer service travels in excess of 275,000 kilometres around Geelong and even as far as Wodonga, Bendigo and Heywood.

There are over 100 volunteer drivers committed to providing this valuable service.

"The drivers are very friendly and are pleased to help. My wife is very appreciative of the service because she knows I'm in good hands," Chris said.



Maree Dertien, Manager of Volunteer Services, said volunteers are such a vital part of Barwon Health.

"Thank you to all our volunteers for their ongoing contribution. Our services would not deliver to the capacity they do without the dedication, support and commitment from each one of our volunteers."

To join our team of volunteers call 5260 3036.

INTERESTING FACTS

- Over 930 volunteers currently contribute to Barwon Health services
- Barwon Health information desks assist with up to 300 enquiries every day
- Volunteer drivers transported more than 12,400 patients/residents in 2009
- Volunteers provide assistance and support every day of the year - including Christmas Day



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This new technology, currently being used in Birdsey Wing 5 and four other wards, is an electronically run system that tracks all patient movements and records relevant patient information needed by medical staff.

Smarter technology for Birdsey Wing 5

Coordinating inpatient and outpatient flow in wards throughout a major hospital can be a difficult task. To improve efficiency and readiness of beds, Barwon Health has introduced a new method to monitor patient flow using the Smartboard Patient Display System.

This new technology, currently being used in Birdsey Wing 5 and four other wards, is an electronically run system that tracks all patient movements and records relevant patient information needed by medical staff.

These details are displayed on electronic screens in nursing stations, which is a huge improvement from the whiteboards which were previously on display for anyone passing by. It displays all beds in the ward, making bed allocation and tracking of bed availability easier.

Ward clerk Val Opperman has been using the system since its installation and has noticed a considerable change in tracking of inpatient and outpatient flow.

"The system is very good and I think it has definitely improved monitoring of patient flow," said Val.

"It's great for patient confidentiality and privacy, the screen, located in our nurse's stations, can be switched off when not in use or will automatically go into sleep-mode, ensuring patient details and information remain out of sight."

The system also allows for ward clerks to print off a patient's medical history and information in order for medical staff to administer effective yet faster treatment.

"It has definitely made work around here more efficient because doctors can just glance at the screen and see where their patient is and view their status" said Val.

Jacob Beard, Database Administrator, said Barwon Health hopes to install a further 18 boards in the near future.

Physiotherapists help breathe life into the management of chronic lung disease for Helene

Goal-setting and therapy are just two of the processes involved in the treatment and management of chronic illness.

Chronic Obstructive Pulmonary Disease (COPD) is a term used to describe long term lung conditions such as chronic bronchitis and emphysema. These diseases pose a threat to an estimated one in five people over the age of 40 who smoked in the past or currently smoke.

Recently, Barwon Health physiotherapists have been involved in helping patients with COPD manage their chronic illness. Helene Halfpenny is one of these patients.

Helene suffered from Tuberculosis as a child, but didn't realise how serious her illness actually was. Helene was fit, healthy and enjoyed regular walks up the Collendina sand hills, but 15 months ago severe shortness of breath while walking up the hills caused her significant concern.

"I didn't take it seriously at first, but I was having trouble breathing while I was walking," said Helene.

Since then, Helene has been having physiotherapy treatment to help her manage her illness properly. She attended physiotherapy classes twice a week for eight weeks.

Helene set herself a goal to walk up the sand hills again, which she conquered just recently. She said that the physiotherapy treatment really helped her achieve her goal and the physiotherapy classes really motivated her to do something to control her illness.

"I found the help was fantastic. They taught me to control my breathing and gave me strengthening exercises to help," said Helene.

"It is important to get some help if you find you have difficulty breathing and to definitely do the exercises and take the prescribed medication."

Physiotherapy classes run on Tuesdays and Thursdays but there is hope that sessions will run more frequently in future.





What's
good for you?



More than 300 Karen refugees migrated to the Geelong Region last year, many settling in the Corio area. Coming from a refugee camp on the border of Burma and Thailand, these families have been living in refugee camps for years.

While most refugees have escaped direct violence, many have been exposed to violence and torture and trauma. There's no employment, education for children is minimal, and boredom is widespread. Camp dwellers not only have to deal with the horrors of their past, but the grim outlook of their future.

To resettle, many have been able to migrate to Geelong, and Barwon Health's Corio Community Health Centre is one of the first organisations to greet these grateful people. The centre provides the refugees with health checks and familiarises them with the Aussie way of life.

As the Karen settle into life in Corio, Dietitian, Kate Jurgens and Refugee Health Nurse, Chris Johnston, identified aspects of their health that had not been identified before.

"We had complaints from the dentists about the quality of the refugees' teeth after they had been eating Australian food for a few months," said Chris.

"The Karen people had been choosing 'sometimes' foods at the supermarket without realising it, especially full sugar soft drinks."

"The refugees think that the Australian Government is so good that when they come here they don't think the Australian Government would sell bad foods, so they are more inclined to buy 'sometimes' foods," he said.

In Thailand where the camps are located, the Government has a very tight control on what foods are allowed into the camps. Their main diet includes rice, fish paste, vegetables, chilli and stews. They don't have supermarkets with all the choices that Australians have.

In response to a request made by a Karen family, Kate and Chris started supermarket tours. The aim of the supermarket tours

is to promote the healthiest choices available, and answer any questions on how to cook and eat Australian food products. They also have a strong focus on maintaining traditional Karen cooking.

"We try to describe the difference between 'very good foods', like grains, fruits, and vegetables and 'sometimes foods', like soft drink and chips" Kate said.

"When the refugees migrate to Australia they often change their eating habits to suit the Western style diets, although we encourage them to keep cooking traditional Karen meals, which are high in vegetables and often low in fat" Kate explained.

In addition to the supermarket tours, the Corio Community Health Centre is also promoting healthy eating through resources written in the Karen language, enabling them to take something home with them to remember the education provided through the tour.

They have also held healthy cooking classes which have been a huge success. They have made healthy pizzas, pasta and salads.

Paw Htoo and Pawdelaysa Sein, Karen refugees, were amongst the first to arrive in Corio and really enjoyed the supermarket tours.

"We were the first of the Karen to arrive here; we had no one to look up to," they said.

"When we first arrived we didn't know what was good for us. We found the supermarket tours very helpful - thank you very much."

Since the beginning of the tours back in March 2009, Kate and Chris have noticed a decrease in the amount of soft drink and sugary foods consumed which has significantly improved their dental health.

"We are hopefully decreasing the risk factors for the Karen developing Type 2 Diabetes and obesity," Kate said.

"It would be extremely difficult to come from a refugee camp with no supermarkets and no advertising, and then have an overwhelming choice of food!" Kate exclaimed.

"The Karen have a placid nature and are eager to learn so this program has really helped the refugees settle in Corio and feel more comfortable accessing health services - they have a friend in Corio," Chris said.

Meet the new face of the Foundation

The Geelong Hospital Appeal for 2010 will be launched in February and will culminate in a giving weekend over the Queen's Birthday long weekend in June. This year's 'Face of the Appeal' is Louie Hehir. As a way of saying thank you to the staff who have cared for him, both Louie and his family are lending their story to help raise funds for the Geelong Hospital Appeal and the Children's Ward re-development.

Executive Director of the Barwon Health Foundation, Gavin Seidel, says that the community support for the appeal really brings home the spirit of giving.

"In 2009 the community donated \$1.18 million to the Geelong Hospital Appeal. The Children's Ward re-development is an exciting project and in 2010 we hope to raise even more to help the families and children in our region. I thank Louie and his family for being such willing participants in our fundraising program. Louie's story is special and I hope the community enjoys reading about him and his family in the letter from his Mother, Veronica."

Give the gift of good health and help save a life. Donate now to the Geelong Hospital Appeal by phoning 5260 3355 or donating at any Bendigo Bank branch.



We are a family of five, Veronica and Leo along with our three fantastic kids Louie (aged 10), Clancy (aged 7) and Gerry (aged 1). Each of our children bring their own unique talents and wonder to our family. We call Louie "The Ideas Man" because he comes up with great ideas for activities and projects. Clancy is "The Maker Man" because he has terrific artistic talent and helps to make it happen. Gerry is "the Dancing Man" because he loves jigging to music.

Louie was born with Chronic Renal failure. The medical staff in Melbourne and Geelong did an amazing job keeping Louie in the best health possible. In 2005 Louie had a kidney transplant from a living donor, his maternal Grandmother, Valerie Boulding. The operation was successful and his new kidney started working immediately. Because of Granny, Louie has been very lucky to avoid dialysis. Louie and Granny were both out of hospital within a week.

Since the transplant Louie has competed in The National Transplant Games in Geelong and the World Transplant Games in Queensland. The games are an opportunity to demonstrate how active people can be after transplantation and to promote the benefits of organ donation. Louie also plays basketball for The Sharks in Geelong, swims every Saturday and plays guitar.

Like most kids with an ongoing medical condition it sometimes gets tough and Louie gets angry and frustrated. The great thing about Louie is that he is able to express how he feels, which helps.

All of the staff at the Geelong hospital are a fantastic support to our family. Louie is treated with care and respect by everyone and the staff make it a fun day. Clancy enjoys battling Louie over a Wii game and charming someone into giving him an orange juice or jelly. The volunteers also help our family in many ways, including taking Gerry for a walk when he tries to climb up the drip trolley! Whenever there is a need to stay overnight, the kids ward go out of their way to accommodate one of us staying with Louie.

We think the 2010 appeal to raise funds for the redevelopment of the children's ward will help to provide facilities that match the professionalism and care provided by the staff.

Louie is living proof that organ donation works.

Veronica Hehir
Veronica Hehir



ROMPING & CHOMPING to better health



With 50 per cent of preschoolers in the overweight and obese category, it was time to do something radical – and Romp and Chomp has done exactly that.

Romp and Chomp is a project working in the early childhood setting to promote healthy eating and active play. Has it been done before? Yes. Has it been done successfully? Not until now.

The overall aim of Romp and Chomp was to increase the capacity of the Geelong community to achieve healthy weight in children less than five years of age. Not only has the project had a positive effect on children's health in general, through the Smiles 4 Miles project it has had a positive impact on children's oral health by addressing eating and drinking habits. The Smiles 4 Miles project is an oral health program with the pre-prep age group.

Before Romp and Chomp began, only 40 per cent of children would have a piece of fruit in their lunchbox. Children would bring packaged foods and sweet drinks to kinder, setting them up for poor choices later in life.

Susan Parker, Health Promotion Officer, said that kinders now have policies to support the healthy eating and active play message.

"Education has been built into the kinder curriculum so children now understand 'sometimes' foods," Susan explained.

"The children can now self identify if they have bad foods in their lunchbox. They say 'uh oh, I've got a sometimes food today,'" she said.

The children now have access to water throughout the day, not just at meal breaks which has been a big breakthrough.

Sharon Sharp, Oral Health Services Team Leader, said there have been oral health improvements as children have been accessing the dental service earlier.

"Through Romp and Chomp and Smiles 4 Miles we have been advertising that every child is eligible to access the public dental service. Health care card holders are free and all others pay \$28 regardless of the treatment provided," said Sharon.

"Unfortunately there are waiting lists for these services."

Not only are the children changing their habits, they are changing their families' habits too. Sharon visited a northern suburb kinder to see how they were going with the program.

"I walked in and a lady approached me and said: 'So you're the lady!' Thanks to you we no longer buy Yo-Go'; clearly the message is going home with the children which is great to see," Sharon said.

University studies have shown this program to be the first significantly successful program in the world. The partnership between Barwon Health, the City of Greater Geelong, Geelong Kindergarten Association, Leisure Networks, Department of Human Services, Deakin University, Bellarine Community Health, Dental Health Services Victoria and Kids Go For Your Life, is a big reason for its success – incorporating so many local and state organisations to achieve one common goal.

Before the program, the number of 3.5 year olds who were overweight or obese was 18.6 per cent. Now the rate is 15.2 per cent.

"While the funding for Romp and Chomp has finished, we are confident that the kinders will continue to teach these healthy eating and drinking messages and we will hopefully continue seeing a reduction of obesity rates in years to come," Susan said.

Barwon Health will continue to support the partnerships that have been built through Romp and Chomp and the Smiles 4 Miles program will continue until 2012. Barwon Health is also running a pilot project, Barwon Healthy Families, aimed at tackling the issue of obesity in 5 to 12 year olds. For further information, log on to the Barwon Health website and follow the links on the home page.

Keeping on the ball

Being active and alert is an important part of maintaining a healthy lifestyle, especially to lessen the various effects ageing may have on an individual or to help assist with physical or mental trauma.

At Barwon Health's Alan David Lodge, technology is responding to some of these needs. Currently Alan David Lodge is revelling in an array of technological equipment designed to broaden the horizons of residents based in the Grovedale facility.

Computers, Internet, Playstations, Foxtel and Wii are just some of the gizmos and gadgets that are a regular part in the daily routine of the residents.

Nurse Unit Manager Anne Shirley said the facility is committed to giving Alan David Lodge's population of high care residents every opportunity to lead an independent life and access the same types of technology they would be able to in a home environment.

"It certainly makes Alan David Lodge a stand out performer in a field where stimulation as well as care is a very important part of our resident's routine," said Anne.

"The inclusion of new technology at Alan David Lodge keeps residents up to date with the world. It gives them a greater and wider interest outside of the facility and it's something they can do themselves."

Ken Cowley, 60, suffered a stroke three years ago which greatly affected his mobility. Rehabilitation gave Ken the opportunity to regain his speech and some mobility, but did restrict him to a wheel chair and he requires constant care.

Ken was first introduced to the Wii while a patient at John Rob House where Deakin University student Occupational Therapists showed him what it was all about. Initially Ken's response to the title of the game caused some confusion as he immediately associated the game with urine! After a brief run through with the girls, Ken was hooked.

At Alan David Lodge, Ken regularly takes to bowling on the Wii, calling himself the 'one-armed bandit'. Ken is competitive, often challenging other residents and staff to matches, yet his biggest competitors are the female residents.

"The trouble is; the girls always beat me!" said Ken.

The Wii promotes hand-eye coordination as well as mental stimulations and cognitive benefits.

"It helps occupy my time and keeps me moving, and also helps my alertness. I really enjoy it," said Ken.

All of the technology adapted to the lifestyle programs provided at Alan David Lodge promotes socialisation and self-esteem, as well as positively influencing the short and long term memory recall for residents.

New technology at Alan David Lodge is just one of the many aspects being integrated into a complex lifestyle program designed to assist residents in achieving a high quality of life. Other lifestyle activities include fishing, shopping, woodwork, craft and gardening.

To find out more about Alan David Lodge call 5260 3980. Tours are encouraged for people interested in becoming a resident.





Taking the *fear* out of a hospital visit

There's nothing scarier than a visit to the hospital when you're only four years old. But for thousands of kindergarten children across the Geelong region, the fear is lessened by the tours conducted by the Geelong Hospital.

The tours began due to community interest with preschools and kinders requesting visits at random times in the year. Denise McGuane, Play Coordinator and Nurse, said that by 2001 it had become such a common request that they decided to arrange a block of time for the groups to visit the hospital.

"In 2001 the block of time was two weeks. By 2004 we were taking over 2,100 children on tours. The program has now grown to a five week block with over 100 groups visiting the hospital," Denise explained.

Children who come to hospital and have completed the tours are clearly more confident and relaxed. They are familiar with some of the basic procedures and usually tell the nurses that they have been to the hospital with their preschool.

Emilie visited the hospital this year with the Town and Country Childcare Centre and really enjoyed learning about the children's ward and medical imaging area.

"I learnt about the machines that do X-Rays and I got to dress up in scrubs like the nurses do and play with the stethoscope," Emilie said.

Rachel Barker, Radiographer for Barwon Medical Imaging, says the tours are really effective to show children that getting an X-Ray isn't scary.

"We get a lot of children coming through who need X-Rays because they have broken a limb. Showing them what's involved means that children and their parents are less intimidated by the process; it certainly makes for a less stressful visit!" Rachael said.

If your preschool or kindergarten would like to participate in the tours, please contact Denise McGuane on 5226 7278.

ONE STOP SHOP FOR YOUTH HEALTH NEEDS

Youth need a different approach to health. Unless they can access as many services as possible at one location they tend to not seek treatment. This is even more relevant for youth with mental health needs. Looking at statistical data it has been predicted that approximately 24% of Australians aged between 12 and 25 years of age will suffer from a mental disorder in 2009. Financially this will equate to a cost of \$10.6 billion to the Australian community, which emphasises the need for early intervention/prevention strategies for our region's young people.

Following a review of services, the Geelong GP Association, as lead agency, together with Barwon Health, Pathways, Mental Illness fellowship and Bellarine Community Health, as part of the National Youth Mental Health initiative developed the **headspace** Barwon sites in Corio and City (central Geelong). Plans are also in place, with Bellarine Community Health as the auspice agency of the third site, for the establishment of **headspace** Barwon on the Bellarine Peninsula, bringing much needed youth health services to this area.

Professor Tom Callaly, Executive Director Mental Health, Drug and Alcohol Services, says that the **headspace** Barwon initiative is an example of a health initiative for youth that really makes a difference.

"There is a great deal of stigma around mental illness with young people, far more than with adults. Services must be youth friendly, respectful and flexible; the **headspace** Barwon approach really addresses their needs"

"By integrating the services offered, young people are more likely to get the right help at the right time."

"In the past five years we have reorganized our mental health and drug treatment services in Barwon Health so that we can link up with other providers such, as GPs and Clockwork, to become part of a one-stop-shop approach for young people rather than being an isolated service. We're doing a similar thing with our GP mental health nurse program."

Toni Van Hamond, Manager **headspace** Barwon, says that there are huge benefits from this model.

"In addition to integrating the clinical services the model provides a vehicle to work towards improving the ease of access and awareness within the community and youth demographic to ensure health literacy is improved."

"We are working towards the youth of our region being well positioned, as a result of education and linkages with partners within the region, to understand the warning signs regarding youth health, and how to access help if required."

The **headspace** Barwon team also values the input of our region's young people, and through the contributions of the Youth Future Crew we work towards having active input from young people into how services are best delivered for young people, and we are always looking for new members!!!

To contact headspace Barwon call 03 5229 1922 or visit www.headspace.org.au/barwon



Right patient, right place... *first time*

So, you have come into the Emergency Department (ED) with a mysterious illness. It's not life threatening but they want to run some tests and get a CT scan done to work out what's wrong. Before the Rapid Assessment and Planning Unit (RAPU) was created, you would wait in ED for hours or be transferred to a ward where the testing process would be far slower than if you were in ED.

The RAP unit is a 12 bed ward dedicated to getting the right patient seen by the right person at the right time in the right place... first time. On top of this, RAPU patients get the same priority medical imaging and testing as emergency patients in a quiet, comfortable ward, away from the hustle and bustle of the ED.

Dr Andrew Hughes, Director of General Medicine, said the RAP unit was created because the General Medicine staff didn't want their patients waiting a long time in ED.

"The RAP unit is all about making the patient's journey better," Dr Hughes explained.

"We wanted a streamlined journey where the team who started with the patient, finished with them."

Nurse Unit Manager, Sonya Whitehand, said the RAP unit works really well.

"It's a fantastic innovation with quick, easy admission, and discharge," Sonya said.

"The patient is the major focus in every decision. This is always at the back of our minds."

So what's the difference between the RAP unit and other wards? It's the streamlined approach that sets RAPU apart from the other areas. The same medical team sees the patient from the time they arrive in ED to the day they leave the hospital, and even once they have been discharged through the early review clinic.

If the patient requires a longer stay, a bed is made available for them in Birdsey Wing 7 or the McKellar Centre.

When the RAP unit began in 2008, the average length of stay was four days. The average length of stay is now 2.4 days because of the streamlined approach and priority imaging. The flow on effect is very pleasing as waiting times in the ED have decreased, freeing beds for more severe medical emergencies.

While the RAP unit isn't available for all patients, Dr Hughes hopes that soon we will see the same approach throughout all general medicine wards.



Environmental change for Percy Baxter Lodge

As you age, so do your eyes. Sometimes they start doing funny things like giving the illusion that there is a step in front of you, when in fact, it may just be a rubber strip between the carpet and tiled area of your bathroom.

Vision impairment involves all things large and small; from the colour of the placemat under your food, to the reading light you use, to the colour of the flooring and walls in your home.

At Percy Baxter Lodge at the McKellar Centre, the Commonwealth Department of Health and Ageing funded a research project that looks at the environment of the lodge and how to improve it for the overall health and wellbeing of the residents who live there.

The project was done in collaboration with the National Ageing Research Institute and the Centre for Eye Research Australia. The research began by conducting a vision screening and an audit of the resident's room and bathroom along with the common areas of the hostel.

Facility manager, Gail Dougherty, said the understanding gained from the project has empowered residents and staff to apply interventions that improve vision on an ongoing basis.

"This project has helped the staff become more aware of what it's like living with vision impairment," Gail explained.

"As part of the project we painted the walls white and changed the carpets to a lighter colour, moved reading chairs closer to the window for more natural light, and installed new large face clocks, large button telephones and notice boards that are easier to read."

Maria, who has lived at Percy Baxter Lodge for the past 10 years, said the project has really made a difference in her life.

"It has made such a difference, now I can read the notice board," Maria said.

"I used to have a mat in my room and although I loved it, sometimes I thought it looked like a step."

Janette Purcell, Lifestyle Officer, said that residents reported being able to undertake activities they weren't able to do prior to the project.

"The lodge became brighter and more homely and the social benefits and improved mood were definitely noticeable," Janette said.

"It has been a great learning experience for all of the staff and hopefully we can improve the rest of the lodges in the near future."

Consumer, carer and community participation

COMMUNITY ENGAGEMENT

COMMUNITY ENGAGEMENT COMMITTEE

The Barwon South West region is made up of people from a wide range of cultural backgrounds. Barwon Health has a strong track record of engaging with these cultures within our region by supporting Refugee groups, working with the Wathaurong Health Service and key organisations such as Diversitat.

To ensure that these groups have a voice in their local health service Barwon Health has established the Community Engagement Committee (CEC). This committee came about when the Community Advisory Committee was merged with the Cultural Diversity Committee. The CEC is a sub-committee of the Board and is a requirement by the Department of Health to ensure a forum for the community in advising on the health care that is available in their region.

Membership of the CEC includes a representative of the Barwon Health Board as Chair, up to 10 consumer and community members, Executive sponsors, Director of Communications Marketing and Community Engagement and the Consumer Engagement Manager.

Over the past year Committee members have participated in the production of the Quality of Care Report, provided advice on content for the 'Did You Know?' Fact sheet series and participated in the 'Walk in my shoes' wayfinding activities to inform how we can better direct the community physically around our buildings and provide better written information.

In May 2009 Barwon Health underwent Accreditation with the Australian Council on Health Care Standards (ACHS). In the final report it was observed that Barwon Health is 'obviously a very customer oriented and focussed organisation.'

In July 2009 the CEC farewelled several long standing members of the Committee and we thank them for their contributions. Over the years they have provided advice and support on publications and services available to the region. Following their departure we welcomed a number of new members. We look forward to working with them for the term of their membership.

COMMUNITY FEEDBACK

To deliver quality healthcare it is important that we receive valuable feedback from the community. Barwon Health has a Consumer Liaison Officer whose role is to ensure that a complaints and compliments management process is in place and that all complaints are investigated and reported on in a timely manner.

Complaints dropped by 19.6% over the 2008/2009 financial year. This reduction is a direct result of the significant work

that has been done in improving access to our services. One component of this significant decrease is the introduction of the Outpatient Department's 'patient focussed' booking system that has streamlined the process of outpatient appointments. What this effectively means is that a patient is provided with options for appointments rather than just being given a date and time. This change in procedure has had a real impact on the rates of non-attendance for appointments and has greatly improved the patient experience.

Figure 1 Quarterly total of Complaint Issues reported

	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	YEAR TOTAL
2007 - 2008	214	176	178	112	680
2008 - 2009	136	157	112	111	516

CULTURAL DIVERSITY

Geelong is the second largest city in Victoria and its population includes many non-English speaking people who require additional support in order to access our services.

Over the years we have seen an increase in requests for interpreter services, from 2,455 requests in 2005/2006 to 4,167 requests in 2008/2009. The languages requested reflect the recent influx of refugees, with the Karen Community requiring the highest number of interpreter bookings. The rise in new refugee groups has presented a challenge to us to source interpreters to ensure these groups are able to easily access our services.

Figure 1 Total number of Interpreters provided annually

TIME PERIOD	TOTAL NUMBER OF INTERPRETERS BOOKED	INCREASE	% INCREASE
July 2005 to June 2006	2,455		
July 2006 to June 2007	3,024	+ 569	23%
July 2007 to June 2008	3,383	+ 359	12%
July 2008 to June 2009	4,167	+ 784	23%

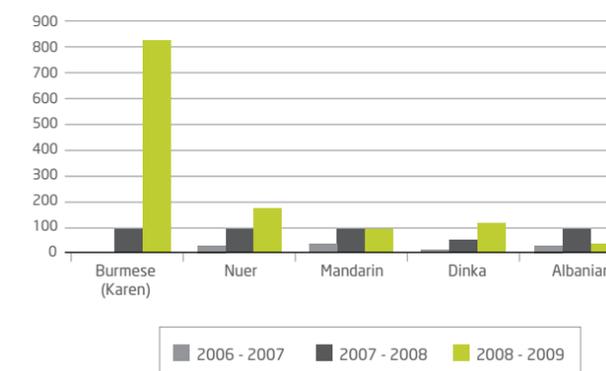
Figure 2 Top 10 Languages of the 49 Languages used during July 2008 - June 2009

LANGUAGE	NUMBER OF APPOINTMENTS	PERCENTAGE %
Karen	820	19.68%
Croatian	714	17.13%
Serbian	353	8.47%
Italian	326	7.82%
Vietnamese	275	6.60%
Macedonian	199	4.78%
Nuer	189	4.54%
Greek	179	4.30%
Dinka	124	2.98%
Auslan	119	2.86%

Figure 2 Number of bookings for New and Emerging Languages

EMERGING COMMUNITIES	BOOKING NUMBERS 2006-2007	BOOKING NUMBERS 2007-2008	BOOKING NUMBERS 2008-2009
Karen	0	84	820
Nuer	20	83	183
Mandarin	26	81	84
Dinka	11	48	124
Albanian	12	37	24

New and Emerging Languages 2006 -2009



WORKING WITH OUR TRADITIONAL LAND OWNERS - IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDERS (ICAP)

Every person has different needs, including Aboriginal and Torres Strait Islanders. This group requires a different approach to health to ensure the best possible health outcomes for their community members.

To ensure that services are culturally sensitive, staff are provided with cross cultural and cultural sensitivity guidance. All staff are invited to NAIDOC celebrations at the local Aboriginal organisation, Wathaurong, in North Geelong.

The Aboriginal Liaison Officer, who is also a traditional owner and elder of the Wathaurong clan, has identified key General Practitioners that are aware of the health needs of this community; the result being early management of chronic disease, reducing the likelihood of unnecessary presentations to the Geelong Hospital Emergency Department.

Recently, the relationship between Barwon Health and the Wathaurong was strengthened by the signing of a Memorandum of Understanding (MoU). This MoU ensures that the Wathaurong Health Service is supported in providing comprehensive primary health care for the Aboriginal community. Barwon Health has an ongoing role with the Co-operative with representation on the advisory committee and provision of health and medical advice at meetings.

VICTORIAN PATIENT SATISFACTION MONITOR - ANNUAL REPORT

Feedback from the Community

We receive feedback from the community in a number of ways including complaints, compliments, focus groups and the Victorian Patient Satisfaction Monitor (VPSM). The VPSM, developed by the Department of Human Services, is designed to provide feedback on the experience of inpatients at the Geelong Hospital. When compared to other health services, Barwon Health's results continue to be higher than the state average.

Comments from patients at the Geelong hospital included:

- Emergency Department and hospital ward doctors were very helpful, explained what was wrong with me. Nurses were helpful and cheerful - they explained everything to my husband and daughter.
- They fixed my knee good. I was able to walk out of hospital, after being on crutches and brace and not walking for 10 weeks.
- Nursing staff and doctors - cannot find enough praising words for them. They do a wonderful job - sometimes in very difficult circumstances. Always friendly and courteous.

Monitoring quality of care

THE THREE KEY APPROACHES TO MONITORING QUALITY OF CARE ARE: CLINICAL GOVERNANCE, CLINICAL SAFETY AND INCIDENT REPORTING.

CLINICAL GOVERNANCE

Providing care that is both safe and of a high quality is the responsibility of all Barwon Health staff. By focussing on patient and family centred care we are able to partner with our community in the planning, implementation and evaluation of our systems of care. This patient and family centred approach to care places an emphasis on collaborating with patients, their families and their carers. Working with this common approach ensures the best patient outcomes.

The Barwon Health Board monitors the outcomes of care and service at all levels of the organisation through a performance monitoring and reporting framework. This framework is then used to set performance targets for standards of care.

AGED CARE STANDARDS AND ACCREDITATION AGENCY (ACSSA)

ACSAA is an independent body operating under the Federal Government that assesses Aged Care Homes on a continuous basis, including unannounced audits. All of Barwon Health's Aged Care Residential facilities are fully accredited. Alan David Lodge at Grovedale underwent its first Accreditation in July 2009, resulting in a full pass in all criteria and is now accredited for three years. The McKellar Centre facilities comprising of Wallace Lodge, Blakiston Lodge and Percy Baxter Lodges are due to renew their accreditation in October 2010.

THE AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS (ACHS)

ACHS is an independent external body that assesses health care services for Clinical, Support and Corporate functions, comprising 72 separate criteria with five achievement levels within each criterion.

In May 2009, Barwon Health underwent an organisation wide survey (OwS) covering all of its health care services. The organisation was accredited for a further four-year period extending to August 2013.

During the process, Barwon Health was awarded 4 Outstanding Achievement, 48 Extensive Achievement and 20 Moderate Achievement ratings.

ACHS surveyors commented:

"The survey team offers its congratulations on a truly superb performance and commends Barwon Health particularly for its achievement of OA ratings for Information Technology planning and for health promotion, where there is evidence that it is a national leader. In addition, the award of an extensive range of EA ratings reflects the high standards of Barwon Health's performance in the provision of care and services".

"Mental Health Drug and Alcohol Services (MHDAS) is congratulated for consistently providing superior quality mental health services across the lifespan. The organisation's strategic and operational planning framework is fully deserving of an OA rating because of the numerous outcomes generated that promote ever improving care and treatment to the consumers serviced by the organisation. MHDAS is congratulated for its success in being awarded a majority of EA ratings in each of the three Functions being surveyed. This is a major achievement"

The award of an extensive range of EA ratings reflects the high standards of Barwon Health's performance in the provision of care and services.



HOME AND COMMUNITY CARE (HACC)

While the OWS and In Depth Review were being conducted, an assessment was also made on Barwon Health's HACC system for the operation of our district nursing services. An assessment was performed by an ACHS surveyor on behalf of the Department of Health.

Barwon Health achieved a perfect score of 100% compliance to each of the 25 performance questions spread over seven compliance indicators.

The surveyor commented:

"Barwon Health HACC nursing services review has resulted in a score of 20 which indicates a high standard of care is being provided. The service is well managed with a manager that recognises the need to change and has made changes in line with best practice while being consumer focused.

District Nursing Service provides care to those persons in the community who are frail, aged and may or may not have a chronic illness or complex needs."

CLINICAL SAFETY

An important part of Barwon Health's risk management processes includes all staff reporting incidents, no matter how big or small. Incident reporting allows areas of risk to be identified, monitored and appropriate strategies to be formulated and put in place.

All staff at Barwon Health have access to the electronic incident reporting data base "RiskMan". Every incident reported through RiskMan is reviewed, classified, rated by its severity and then distributed to relevant staff for their analysis and, if necessary action is taken. Consistent high reporting across Barwon Health demonstrates a culture of staff willingness to report to promote service improvement.

Incidents resulting in harm and requiring increased care are discussed at the Clinical Risk Management committee on a monthly basis. Improvements are then identified through incident analysis and are included in departmental reports.

Analysis of the 2008-09 data shows the rate of incidents resulting in harm and requiring increased care has decreased.

In 2008-09 Barwon Health's significant incident rate was 0.64% of all reported incidents compared to 0.66% in 2007-08.

The significant incident rate for Acute Care Services was 1.10% of acute care reported incidents as compared to 1.35% in 2007-08.

The significant incident rate for Residential Aged Care was

0.34% of aged care reported incidents compared to 0.13% in 2007-08.

The significant incident rate for Subacute Services was 0.51% of sub acute reported incidents compared to 0.59% in 2007-08.

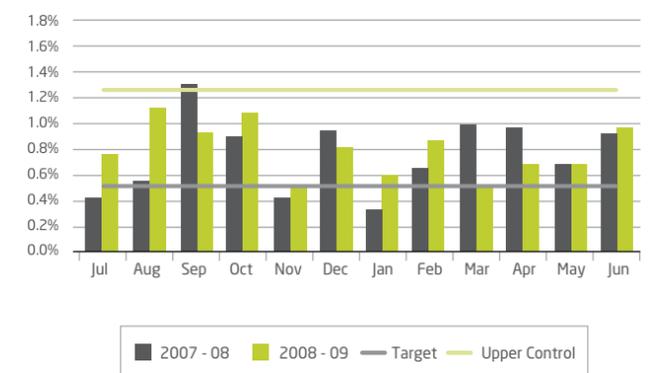
There were two significant incidents resulting in harm reported by Mental Health.

There were no significant incidents or adverse events reported by Community Health services.

Most common themes for 08-09 were:

- Falls
- Infection
- Pressure ulcers

Significant Adverse Event Rate



Sentinel events are rare, unexpected events causing death or permanent disability and are reported to the Department of Health.

Sentinel Events: Acute sector

	DEATH	PERMANENT DISABILITY
2007/2008	0.02%	0.00%
2008/2009	0.00%	0.02%

- % Acute reported incidents

INFECTION PREVENTION: A MULTIFACETED APPROACH

For the first time in nearly 100 years the world experienced a widespread influenza pandemic of swine origin, H1N1, and for much of this winter Victoria was the epicentre for this epidemic. Substantial preparedness planning had already taken place nationally, at state level and in our region; this assisted our health sector response. Fortunately this has been a mild strain and has provided the sector with an opportunity for improving our response to future threats.

Locally, we worked in an environment of great cooperation among all stakeholders including the Department of Human Services, both central and regional, the GP Association Geelong, regional emergency services, City of Greater Geelong, and St John of God PathCare. At Barwon Health the Infectious Diseases team, Emergency Department, Paediatric service, Staff Care, Pharmacy, Communications and Executive met on a daily basis to monitor the impact and plan our response. A temporary community influenza clinic was established after hours to reduce pressure on the ED and was staffed by local GPs. Extensive briefings were provided across all areas of Barwon Health. Protocols were developed for the triage, assessment and treatment of suspected cases and for exposed Health Care Workers. Molecular diagnostics were set up at the Australian Rickettsia Laboratory to facilitate rapid turnaround testing for H1N1 due to severe delays at the reference laboratory. An information hotline was made available to all Health Care Workers in the region including paramedics to provide expert and up to date information regarding treatment and prevention measures.

Antibiotic resistant organisms are an ongoing issue in Australian hospitals. Barwon Health, in line with the Victorian Infection Control Strategy, implemented an electronic guidance and approval system to optimise the use of prescribed antibiotics and carries out environmental cleaning in line with the Government Cleaning Standards and auditing processes.

Vancomycin Resistant Enterococcus (VRE), one such organism, requires active management to prevent its spread. VRE can survive on surfaces for long periods of time and may be efficiently spread from patient-to-patient within the hospital. To combat the spread of infection we have a team of specialist environmental cleaners and have implemented a successful hand hygiene project.

The current strategy to deal with VRE includes; extensive hospital cleaning, hand hygiene, and optimisation of antibiotic prescribing. All health care facilities are awaiting national VRE Guidelines to streamline management processes of patients with VRE, and under the 2009-2010 Start Clean Strategy all hospitals must report numbers of MROs to a Government body.

In contrast to VRE, the number of patients either colonised or infected with methicillin resistant Staphylococcus aureus (MRSA) has dramatically declined over the last two years, following the successful adoption of the hand hygiene initiative.

Hand hygiene is the single most effective intervention to reduce the risk of infections in Australian hospitals and this also applies to the transmission of diseases such as Influenza. Results show that Barwon Health is above the benchmark in hand hygiene for disease prevention.

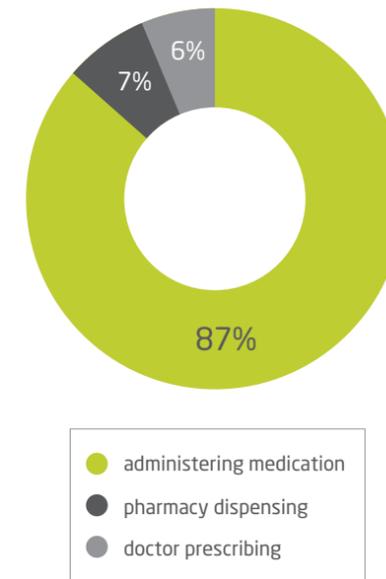
Barwon Health Hand Hygiene Audit Results



MEDICATION SAFETY

There are very few medication errors that result in serious impact on patients at Barwon Health. Identifying less severe errors through incident reports helps reduce the chance of more significant errors and makes it possible to introduce system changes to prevent further errors.

Medication Error Breakdown 2008 / 2009 Year



The Medication Safety Monitoring Committee is made up of doctors, pharmacists and nurses. Its role is to oversee efforts to reduce medication errors and respond to medication safety alerts issued by state, national and international bodies.

Regular audits are undertaken and include:

- Audits of medication charts to ensure safe communication of prescriptions (clear and legible writing)
- Audits of the use of blood thinners and compression stockings to reduce Deep Vein Thrombosis in hospitalised patients
- Audits of appropriate use of antibiotics to prevent emergence of resistant microbes

The medication safety pharmacist is involved in increasing awareness about potential risks related to medication use amongst health care professionals, particularly with high risk medication such as insulin and blood thinning agents.

The Pharmacy Department is also involved in a number of projects trying to ensure patients are prescribed the most appropriate medications and recently introduced, as a safety measure, the use of amber oral dispensers to prevent oral liquid medications being administered by injection.

FALLS MONITORING AND PREVENTION: A NATIONAL AND STATE-WIDE HEALTH PRIORITY

Barwon Health records all falls throughout the organisation and these are reported to the Board Clinical Quality and Risk Management Committee. As people age, there appears to be an increasing risk of falling, which may be related to their balance, muscle strength, vision or due to a medical condition. In addition, as people age, there is a tendency for their bones to become weaker (osteoporosis), so if they fall, they may be more at risk of breaking a bone. Barwon Health has a range of programs aimed at reducing the risk of falling, including a community based exercise and strengthening program for older people, and a Falls and Mobility Clinic to assist people who have experienced a number of falls, with the aim of providing them with some advice to further reduce the risk of recurrent falls. There is also a strong focus on minimising the risk of falling for patients in hospital.

On admission, all patients are assessed as to their risk or tendency of falling and a care plan is developed. Electronic equipment such as bed and chair monitors may be used in combination with special low beds and increased observation for patients at very high risk.

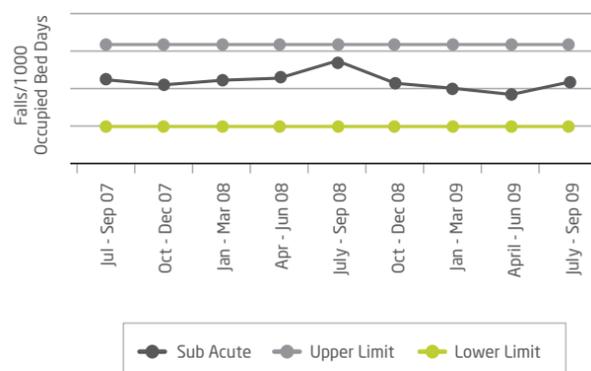
Falls Minimisation teams have been set up to investigate the circumstances surrounding falls if they do occur and to then work with relevant staff to develop and implement corrective and preventative measures to reduce the incidence of falls occurring in the future.

To continue to minimise the risk and incidence of falls and resultant injuries in Barwon Health's rehabilitation and residential aged care facilities, the following strategies have been implemented:

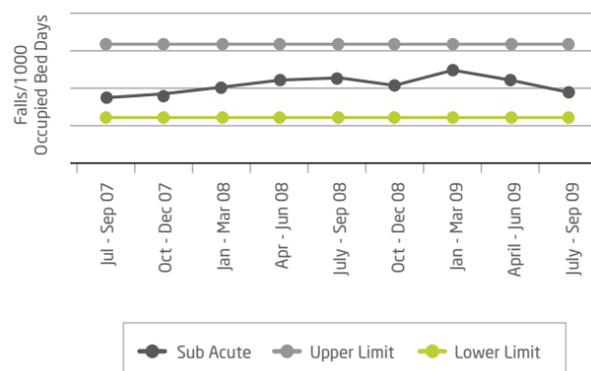
- Integration of bed/chair alarms with the nurse call system, to alert nursing staff to any unexpected movement of patients or residents who are at risk of falling.
- Careful monitoring and supervision of patients and residents who require walking aids to assist their mobility, e.g. walking sticks and frames
- Careful monitoring of the environment in the wards and residential aged care units; for example reducing clutter, introducing non-slip floor surfaces, use of Hi-Low and Low-Low beds and other specialised equipment where appropriate
- Mobility and strengthening exercise programs

The graphs below show that all areas of Barwon Health are operating within their control limits.

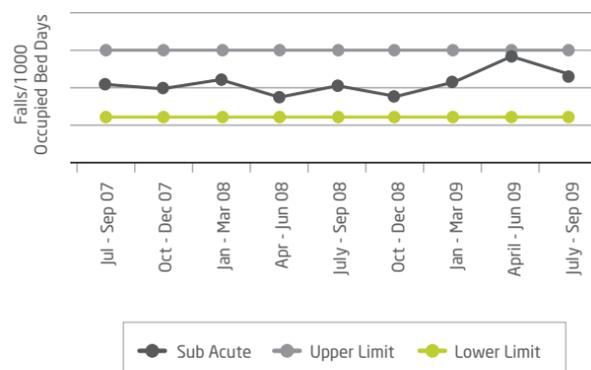
Falls Index Sub Acute Services



Falls Index Aged Care Services



Falls Index Acute Hospital Services



PRESSURE ULCERS

Pressure Ulcers form when patients are immobile. To alleviate this issue, Barwon Health staff assess all patients to determine whether or not they are at risk of developing pressure ulcers within 24 hours of admission.

Pressure reducing or air mattresses are available for patients considered to be high risk and the McKellar Centre has undertaken a project around the effective use of pressure relieving cushions.

Since we started focussing on this area in 2006 the rate of pressure ulcers has been in decline and now appears to have stabilised.

We are now able to benchmark our pressure ulcer rates with other organisations which will give us the benefit of looking for opportunities to reduce our rates further by learning what other organisations have successfully implemented.



QUALITY of CARE

READERS' SURVEY



WHAT DO YOU THINK OF THIS MAGAZINE?

We invite you to comment on Barwon Health's Quality of Care Magazine so that we can continue to improve and meet your needs.

By completing and returning our reader survey, you will go into the draw to **win one of two 12 month gym memberships (valued at \$708 each) from Contours!** Simply return this questionnaire by 24th February 2010. All winners will be notified by telephone.

1. What did you think of the information in this report?

Poor 1 2 3 4 5 Excellent

comment _____

2. What did you think of the presentation of the report?

Poor 1 2 3 4 5 Excellent

comment _____

3. Did you like the magazine format?

Yes No Indifferent

comment _____

4. Did you find the articles to be - ?

1 2 3 4 5
Too Technical Very Interesting

comment _____

continued overleaf...

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