

# QUALITY

*of care* 

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## DIALYSIS GOES GREEN

Raising funds for our  
*youngest  
patients*

## THE COLOURS BEHIND KIDS' HEALTH



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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 as part of a commitment to the State Government to increase community awareness of activities and achievements within Barwon Health. This report profiles projects that have evolved from an identification of areas that could be improved. 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 read about.

## ACKNOWLEDGEMENTS

Thank you to the staff, patients and volunteers of Barwon Health and thank you to all of the people in the community who allowed us into their homes and shared their stories.



## on the cover

Ruby Burton is one of Geelong Hospital's littlest patients. With support and care from her loving family and hospital staff, Ruby is making gradual steps to overcome her illness.



## OUR VALUES

RESPECT  
COMPASSION  
COMMITMENT  
ACCOUNTABILITY  
INNOVATION



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## Welcome

Welcome to the seventh edition of Barwon Health's Quality of Care magazine, which has been published annually since 2004. The aim of the publication is to provide you and your family with information about the wide range of health services available at Barwon Health.

This year, submissions for Barwon Health's internal Quality Awards featured a variety of developments which focused on ensuring patients and their families had a positive experience and outcome with Barwon Health. These submissions formed the basis for this Quality of Care magazine.

The articles in this magazine showcase how a commitment to innovation results in a higher quality service and makes Barwon Health closer to realising its vision of becoming Australia's leading regional health service.

Establishing care for people that is accessible, accountable and responsive to the needs of the community is fundamental to Barwon Health's priorities for the future.

We continue to take on board your good ideas, so if you would like to contribute feedback, there's a survey at the back for you to complete. We look forward to your feedback and encourage you to tell us what you want. After all, it's your health service.

Dr David Ashbridge  
CEO

Dr Sarah Leach  
Chair, Clinical Quality & Risk Management Committee

## Your local health service

Barwon Health is the major regional health provider for the Barwon South West region. It is Victoria's largest regional health service with one of the busiest hospitals in the state.

We serve over 500,000 people through the efforts of over 6,000 staff and more than 1,000 volunteers. We provide care at all stages of life and circumstance through a range of services from emergency and acute to mental health, primary care, community services, aged care, and sub-acute/rehabilitation.

Care is provided to the community through:

- One main public hospital (Geelong Hospital) and its associated services
- A sub-acute site for inpatient and community rehabilitation through the McKellar Centre
- Residential aged care through the McKellar Centre and its sites in North Geelong and Grovedale
- A total of 16 community-based sites at key locations throughout the region
- Outreach clinics and home-based services

2010/11 was a year of innovation, change and improvement for Barwon Health, capped off by winning the Premier's Award for Regional Health Service of the Year.

The beginning of the financial year saw a new structure for Barwon Health, effectively creating clinical and non-clinical streams within the organisation. This structure created a more integrated health service that is well-positioned to meet the service delivery and care expectations of the Geelong community and the Barwon South West region.

The period saw 56,312 people requiring emergency care, continuing the upwards trend of Emergency Department attendances since 2006/07. Waiting list numbers continue to fall, with the lowest number recorded in five years of 1801 - recorded. Barwon Health had a total of 1,029 beds across all sites in 2010/11.



Architect Tony Cotter says the new ward is no longer just a place for sick children

# the colours behind kids' health

VISITORS TO GEELONG HOSPITAL IN THE PAST 12 MONTHS WILL NO DOUBT HAVE NOTICED THE BOLD NEW LOOK OF THE CHILDREN'S WARD ON LEVEL THREE. THE COLOURS JUMP OFF THE WALLS AT YOU.

The Geelong Hospital Children's Ward opened in its current location in the 1980s and like most products of the '80s, was in dire need of a reinvention. Planning for the redevelopment began in 2008 and two of the five stages are now complete.

The brief was to create a children's ward that was beyond the ordinary and by all accounts, the new space is exactly that.

As architect Tony Cotter from Latitude Architects explains, the name 'children's ward' is a bit contradicting.

"The ward cares for teenagers also, so the challenge was to develop an aesthetic that was inviting and enjoyable for all, not just small children," Tony said.

"Is there anything more important than our children? Being a local with two young children, I believe it's crucial to provide a quality facility for our local youth.

"The ward is no longer just a place for sick children; it is now a place of wellness where the built environment assists in the healing process."

The main objectives of the project were to provide updated facilities that met current industry standards and Department of Health guidelines; create an environment conducive to good health; improve and enhance staff facilities and storage; and to improve the patient environment, allowing for a more positive outlook on recovery.

The biggest challenge during construction has been to redevelop an entire ward while it remains operational.

"Careful planning and staging of the works is crucial to enabling this to occur," Tony explained, "This requires good communication and teamwork from all involved on the project. Many meetings were held to ensure the critical functions of the ward remain operational whilst building occurred," Tony said.

One of the main features of the redevelopment has been the addition of ensuites to each of the patient rooms, where there had previously only been a common bathroom and wash area.

"The redevelopment looks clean, fresh and inviting. It's a much nicer environment for staff, patients and their families," ward manager Jenny Bryce said, "The ensuites are the biggest things for families, it gives them some privacy. We're very lucky and grateful for the new facilities.

"It looks really impressive, it's had a huge impact on staff already," she said, adding they are particularly looking forward to stages three to five of the project, when the ward will



Nurse Unit Manager Jenny Bryce and Tony Cotter survey the entrance of the ward

realise the tangible enhancements for employees - as improved office, storage and staff amenity spaces, a dynamic new staff station, and an improved pharmacy will all come to fruition.

The strategic approach to the use of colour and shapes throughout the new ward has made it more welcoming and they were implemented to provide a fun, vibrant environment.

"Colour is also used as a way-finding tool - rooms have been individually colour-coded, with matching bold patterns in the floor," Tony said.

"The predominant shade throughout is white, which fills the ward with light and lifts the mood of occupants.

"The early inspiration for the shapes and forms came from both coloured MRI scans and kaleidoscopes - the shapes developed are abstractions of these.

"Colour has been proven to be a very strong mood contributor, and the bold use of colour also aids the healing process."

With an overall budget of \$7.8 million, the project has been mainly funded by the Cotton On Foundation, which will be honoured by having the ward renamed the Cotton On Foundation Children's Ward when the project is complete. Various fundraising activities and donations have also provided funding and donated works.

With such positive feedback from the first two stages of the project, the future of the new children's ward is looking bright.

Read about Ruby's experience with the children's ward on page six



Gladys Coom hopes to be pain free by her 50th wedding anniversary



## EXERCISING *chronic pain*

Joint replacement surgery is one of the highest demand areas for surgical services at Barwon Health.

Last year, Barwon Health performed nearly 300 joint replacement surgeries and more than 2,300 orthopaedic surgeries.

Community Health and Rehabilitation Services established the Hip/Knee Group to help people living with chronic hip and/or knee pain who may be waiting for surgical intervention.

The Hip/Knee group is an eight-week physiotherapy course that helps educate clients, improve muscle strength at the site of pain and connect clients with community groups.

Physiotherapist Sarah Malone explains that the program is specifically designed for people with chronic hip and knee problems and exercises are tailored to suit their needs.

"Some may be on a waiting list for joint replacement but each person has different goals. Some may set goals to delay surgery and some to avoid surgery completely," she said.

"We have had clients who have completed the program and felt that they no longer needed surgery and requested to be removed from a waiting list, which is positive. Individual results will vary but the staff-to-client ratio of one physio to six clients allows us to be as hands on as possible and maximise outcomes.

"It's really nice to see some come through surgery and referred back to us, they find it so much easier knowing what to expect.

"We introduced occupational therapists to provide information about assistance devices or equipment that might be useful to clients in daily life.

"Part of the education is also about pain management strategies to help manage conditions independently.

"The program is a stepping stone to linking clients to other programs in the community and a high number of clients have joined active adults programs through the City of Greater Geelong and other organisations, so this really helps them maintain a good level of physical activity."

Gladys Coom, aged 67, and husband John are not far off their 50th wedding anniversary, and Gladys hopes to be pain free by then.

In 2001, Gladys underwent a right knee replacement and 10 years later surgeons told her she would have to go back under the knife and have the joint in her left knee replaced.

Gladys, a grandmother of seven, was referred by Barwon Health's Orthopaedic Access Group to the group at Newcomb Community Health Centre.

Although she found it challenging, the group helped Gladys optimise the use of her knee and potentially delay the need for surgery.

The Hip/Knee Group has taught Gladys a number of techniques and exercises which she applies on a daily basis.

"My pain is caused by a combination of arthritis and age," Gladys explained.

"We did stretching on yoga balls, jogging, and exercises to strengthen my muscles," Gladys said.

"If I sit down for too long, I stiffen right up. So I always try and do a little bit of exercise at a time to keep myself going."

After surgery, Gladys looks forward to the party her granddaughter would like to plan for her.

"I hope I get a new lease on life; I would like to be able to do a lot more and have some relief from the pain."

Clients who participated in the course went from doing no physical activity to starting a routine home exercise program two to three times per week in combination with hydrotherapy and walking programs.

Results from group evaluations show nearly all clients felt better able to manage their condition.

The group exercise program is based at Barwon Health Community Health Centres including sites at Corio, Newcomb and Belmont.

**For more information about the Hip/Knee Group, please phone 1300 715 673.**



Unit Manager Michelle Sawers

Project Officer Gail Lowe says the unit is patient focused and efficient



## New unit sees patients back on feet quicker

Increasing need for temporary accommodation for patients recovering from day surgery has led to the creation of a Medical Day Stay Unit at Geelong Hospital.

A Specialist Medicine review in 2010 highlighted the need for a dedicated service to meet the growing demand for same-day medical procedures at Barwon Health.

The service came to fruition in December 2010 with the new four-bed room launched.

Some of the features of this new service include additional recliner chairs and beds for procedures and greater flexibility to schedule multiple visits at a convenient time to the patient.

Gail Lowe, Medical Services Redesign Project Officer, said the physical environment was carefully considered to ensure a pleasant, quiet ambience.

"As well as the necessary clinical equipment, large comfortable recliner chairs were ordered," she said. "Previously, patients - depending on where they were accommodated - were cared for on trolleys within a busy surgical recovery space."

The new service has proven to be an outstanding success. It is patient-focused, offering a pleasant environment and flexible service with minimum patient waiting time. Although Neurology, Gastroenterology, Renal Medicine and Rheumatology continue to be the main users, there are now 15 units utilising the service, with patient numbers steadily climbing each month.

The new unit has assisted in freeing up valuable capacity in the Andrew Love Cancer Centre, Geelong Hospital Gretta Volum Centre and day beds in general wards.

"The unit cares for patients efficiently, with the majority of patients able to get back to their normal daily routine within four hours," Gail said.

Patients aren't the only ones benefiting: The service has also reduced the workload on Hospital Medical Officers.

As demand grows, it is anticipated opening times could be extended into the evening and possibly a weekend day, to help patients wishing to minimise work disruption whilst undergoing regular infusions.

**The Medical Day Stay Unit is currently open Monday to Friday 8am to 4pm.**

### *Reducing recovery time*

1. Before an operation - maintain or improve your fitness - quit smoking / alcohol, try to lose those extra kilos.
2. Ensure you are well nourished before and after your operation - eat plenty of protein to aid healing.
3. Be well informed about your operation - know what to expect.
4. After your operation, get up and moving as early as possible to prevent complications.
5. Do deep breathing and coughing exercises to prevent chest infections.

# Raising funds for our *youngest* patients



Rebecca Burton pictured here  
with her daughter Ruby

The current focus of the Geelong Hospital Appeal is the \$7.8 million children's ward redevelopment; a community funded project in partnership with the Cotton On Foundation.

Thanks to the generous support of businesses, organisations and individuals, the midway point of the Geelong Hospital Children's Ward redevelopment has been passed.

The benefits of the completed stages one and two are already noticeable. The project has created a vibrant light-filled ward with an interactive playroom, refurbished rooms with ensembles and high dependency rooms to meet the needs of Geelong's sickest children. The entire five-stage process is due to be completed in 2013.

The doctors, nurses, support staff and volunteers who work on the children's ward offer support to many families. There are 3,500 children cared for by the ward each year, therefore it is a very worthy focus for the Geelong Hospital Appeal.

Rebecca Burton shares her story about one-year-old daughter Ruby's time in hospital, suffering severe reflux and her impression of the redevelopment.

## *Ruby's story*

Ruby was born full term with no complications. We started having feeding and weight gain problems when she was about two weeks old. She wouldn't sleep for longer than 15 minutes at a time and would wake up crying and screaming.

At three weeks, a paediatrician said it was potentially reflux and cow's milk allergy. The first step was to treat the reflux to see if that made a difference. She was prescribed with acid reducing medication however there was no improvement in her behaviour or her weight gain.

At five weeks of age, she was admitted to the Geelong Hospital Children's Ward. The paediatrician changed her onto a non-cow's milk formula immediately and decided to give her system a rest in case it was inflamed due to allergy. This was done by feeding her the new formula via a nasal gastric feeding tube and she thrived. When the feeding tube was removed, her old behaviour returned and weight gain was a problem again.

After about two weeks we were told they did not think her head was growing and there could be a problem with her brain. A series of tests were conducted, including an MRI scan. The tests all came back normal.

During this time, Ruby contracted a number of infections and a lumbar puncture was conducted - as is routine in infants with fever to rule out meningitis. Extra fluid was taken during the lumbar puncture to test for rare metabolic conditions. The lumbar puncture returned a negative for meningitis but an abnormal result for a rare disorder called Glut 1, a problem with glucose transportation into the brain.



“We started our time in the old un-renovated part of the children’s ward and finished our stay in a refurbished room. The difference in the rooms is amazing, we felt like we had been moved to a different hospital”.

We were told only about 200 people in the world have the condition so a repeat test would be done before officially making the diagnosis once Ruby’s fever had passed. It took two weeks for her to be completely clear of the fever – a terrible two weeks for us and our extended family. However, when a repeat test was conducted it was thankfully normal.

At this stage we were just dealing with a feeding problem due to reflux as it was determined she was not allergic to cow’s milk. Attempts were made to remove Ruby’s nasal tube but each time she did not gain enough weight. After some training, we were discharged with Ruby on a nasal gastric feeding tube.

Ruby was in the children’s ward for five weeks and during this time we had to find someone to look after our older child Jack (3 ½ years) while we spent time at Geelong Hospital. When Jack did come to the children’s ward he loved playing in the playroom. All of the nurses, doctors and staff on the ward were fantastic and very supportive.

We started our time in the old, un-renovated part of the ward and finished our stay in a refurbished room. The difference in the rooms is amazing, we felt like we had been moved to a different hospital.

We were quite anxious about taking Ruby home with a feeding tube so to make the transition easier, and to monitor her weight gain, we were placed on the ‘Hospital in the Home’ program. This meant that one of the nurses who cared for Ruby in hospital visited us at home every day to answer

questions and weigh her. It is a fantastic program as we were at home, it made day-to-day life easier and we still had support from the Children’s Ward.

When feeding Ruby, we offered her a bottle first and then anything she didn’t have through a bottle was given to her via the nasal tube. After a few days of this, Ruby refused the bottle and was having all her feeds via the tube so she is tube-dependent. We continue to have a lot of contact with a team at the hospital, including a speech pathologist, dietician and the Home Care team from the Children’s Ward.

On a couple of occasions when Ruby has vomited her tube out of her mouth, they have even come to our house at short notice to put it back in, saving us a trip into hospital.

We recently had an attempt to wean Ruby off her feeding tube. During this time, she was on the Home Care Program, technically an inpatient of the hospital but at home. We followed a plan created by the hospital team to reduce the amount we fed her via her tube to create an appetite. We then surrounded Ruby with food to give her the opportunities to experience taste and hopefully eat and put on weight. The attempt was aborted due to weight loss. So at this point we are feeding her again via the tube, putting weight back on, ready for another weaning attempt.

Rebecca Burton



## GIVETHEGIFT SAVEALIFE



### THERE IS NO GREATER GIFT THAN THE GIFT OF GOOD HEALTH

Donate to the Geelong Hospital Appeal and support the vital services that support your community. You can make a difference today to the lives of our youngest patients. For more information contact the Barwon Health Foundation on 5260 3355.



# BLOKES

## BREAK DOWN BARRIERS

Most people know a bloke who is a little bit complacent about his health, perhaps doesn’t go to the doctor as much as he should and tends to be hesitant to seek help.

A local initiative called Blokes Day Out is making men look differently at their health and challenge what it means to be a ‘bloke’.

Blokes Day Out is a family festival incorporating a week’s worth of activities that engage men and boys in the Barwon region to learn about their health and wellbeing.

Facilitated by Barwon Health and supported widely by local businesses, agencies and grassroots community groups, the event has been held in Geelong for the past two years.

Throughout the week, men are given opportunities to learn about aspects of their health, including physical health, mental health and social connectivity which include family and friend support networks and community involvement.

Peter Kelly, Blokes Day Out coordinator and health promotion officer at Barwon Health, said the event was originally about celebrating fatherhood.

“After much discussion with the team, we realised the theme was much broader – it was about boys’ and men’s health and wellbeing,” Peter explained.

“There has been a deliberate attempt to expand blokes’ understanding of health and see it as a key driver in all aspects of men’s lives whether it be family, work, or play.

“The desire for us, as men, to be seen as strong, not show weakness and look as though we are totally under control, still underpins many things we do – knowingly or not.

“Things are starting to change with many blokes now questioning that image and understanding that our health, wellbeing and relationships are critical to a full and rewarding life. This means that men need to be more open in asking for and receiving advice, help and services.”

Noel Read is a member of the Blokes Day Out working party representing Vision Australia. Noel, who was touched by tragedy and sought help to cope with loss, knows the importance of accessing services available to men.

“Blokes Day Out encourages men to talk about their health, family friends and connections. It’s providing options on where people can seek help or assistance,” Noel said.

“Typically guys learn more from doing things; they talk more when they’re doing things and Blokes Day Out provides this kind of opportunity.”

Blokes Day Out Coordinator  
Peter Kelly

**BLOKES DAY OUT**  
runs from 3 March to 1 April, 2012.

For more information about Blokes Day Out, visit [www.barwonhealth.org.au](http://www.barwonhealth.org.au)



Noel and Jenny Read



## A lifetime in between *Noel's story*

Driving home from work and seeing plumes of dust from the street meant one thing: Noel Read's son Leon was tearing up the front yard on his motorised buggy.

Fifty three-year-old Noel, a senior recreational development worker at Vision Australia, lives in Connewarre with his wife Jenny, a kindergarten teacher. They raised three children together.

Leon, their middle child, passed away in 2007 at the tender age of 18.

Noel knew that his journey through loss, and the impact this had on his family, required professional support to help understand his grief.

"There is a beginning and an end, and a lifetime in between. For some, the end comes earlier than expected," Noel quotes.

"Grief is like rapid waves and eventually they start to spread. I now understand grief as a part of daily life, it's four years since Leon passed and I think about him every day."

Nicknamed 'Explorer Boy' as a toddler for his curious nature, like most children, Leon learnt to ride a bike at a young age but things such as tying his shoe laces were first accomplished in his teens. Leon was diagnosed with a mild intellectual disability at the age of six.

"As a teenager Leon developed a love of music. He was an air-guitar champion," Noel remembers.

After saving up enough money, Leon was eventually able to buy a real guitar. A slight hand tremor brought on by situations that required significant concentration would disappear when he played. He was 'at one with the guitar', according to Noel.

Although it had its challenges, life was good for the Read family.

Until Leon unexpectedly started complaining of stomach pains, neither the Reads nor anyone else knew he was about to face his toughest battle yet.

"As a parent, you kick yourself and question everything you did," Noel said.

"Leon never said anything was wrong, until he fell so ill that we took him into emergency at Geelong Hospital. We took him in at 6am and by 6pm that evening, he had every test under the sun."

Leon was diagnosed with primary bowel cancer which had spread throughout his young body.

"In three months we had one nine-day stay at home. It was beautiful, just amazing," Noel said.

"A kind of maternal instinct switched on and anything he needed, any noise, whisper... anything, I was there. Sometimes he just wanted to talk and we would."

Leon was brave throughout his fight; it was only towards the end when he became frightened.

"He wanted me to be strong," cried Noel.

"You try and make everyday something special; he amazed everyone with his strength."

"We went back to the hospital for palliative care and Jenny and I slept in the room with him. At 6am on 11 July when we woke, he had passed away. We all said our goodbyes...and cut a lock off his hair."

Noel knew that he needed help to cope after the loss of Leon.

"Loss impacts on the way you deal with people and the way they deal with you. People can learn how to say, 'I'm sorry for your loss' but nobody can ever understand what it feels like - it's something I can't describe: when there is a missing piece in your family."

Soon after Leon's passing, Noel sought counselling with a clinical health psychologist at the McKellar Centre. He relayed the importance of seeking help, rather than trying to bottle things up.

"I was really struggling. If I hadn't pursued counselling and support I know I would have been a spiralling mess," Noel said.

"Using what services are available around you is so important and seeking those services is the biggest step.

"One of the last things Leon and I did was collect timber from an old shed that was being pulled down. I've used that timber to build a sculpture in memory of Leon.

"Sculpting is another thing that became quite therapeutic, and was a lot better than smashing things around the shed!"

Noel Read knows the importance of accessing services available to men

# Dialysis goes *green*

Healthcare therapies put huge stress on environmental resources and haemodialysis is no exception.

Haemodialysis, the method for removing waste products from the blood when the kidneys fail, uses a lot of water and power.

After successfully introducing an onsite water recycling system, which reuses up to 100,000 litres of water a week, Barwon Health introduced solar-assisted haemodialysis in July 2010. Thanks to funding from Fresenius Medical Care, 18 solar panels were installed on the roof of the four-unit home haemodialysis training and support facility.

By adding this clean and renewable energy as its power source, the facility has become the world's first true 'green dialysis' program, helping to reduce the overall carbon footprint of dialysis.

The array of panels captures six hours of solar exposure per day and the energy that is generated provides 80 per cent of the requirement to power the four haemodialysis machines and related equipment. The benefit is certainly seen on the power bill, with an 80 per cent saving in power costs.

With electricity costs set to double in the next three to five years, the return on investment would be approximately 10 years.

As Barwon Health Director of Renal Services, Prof John Agar, explains: "Dialysis is the most water and power hungry of any individual medical therapy.

"A single patient treatment normally uses at least 400 litres of water, 6kWh of electricity and generates 2.5kg of infectious waste.

"With cheap and simple recycling practices, we now save and reuse the majority of the water required by the dialysis process, while our solar program will generate an ongoing grid-reimbursement income for the dialysis service.

"With an expected lifespan of 30 years, free power and an income stream should accrue in the second and third operative decades.

"The ramifications of this are huge. If our project proves successful - and so far it has - then Fresenius intend to roll-out solar power for their dialysis units around Australia and even the world, modelled on our system," Prof Agar said.

"It's an exciting project to alleviate the heavy carbon impact on the environment."

Professor John Agar and his team have developed a world first with the solar-assisted haemodialysis project



# MEDENOTES: A portal to your *health*

A ground-breaking development at Barwon Health is putting healthcare back into the control of patients.

Medenotes is a user-friendly initiative that gives patients secure internet access to their Barwon Health medical history.

The free program is currently exclusive to Barwon Health patients and allows personal online access to summary information from hospital stays including discharge summaries, ECGs, blood test results, scans and emergency department presentations.

Founder of Medenotes, Dr Charlie Corke, explained that having a Medenotes account means people can ensure that vital medical information is not missed.

"Keeping your own medical information can be very important and through this system, people can have their records available when ever they need medical care outside of Barwon Health," Dr Corke said.

Once registered, Medenotes sends your important medical records from Barwon Health to a secure internet account that you control. Medenotes can be accessed from any location and, with your permission, any GP or health specialist can view your files.

Users can upload their own documents into their Medenotes account including legal documents such as a Medical Power of Attorney.

There is an optional emergency card that provides access for medical staff to your record in an emergency. The card can be kept in your wallet and in an emergency medical staff can scratch off a security scratch strip to reveal a unique access code. Quickly having access to your medical information could be life saving.

In 2010, Sarah Farnham, aged 32, developed a deep vein thrombosis in her leg that lead to a severe pulmonary embolism.

The life-threatening illness meant Sarah required treatment in the Geelong Hospital Intensive Care Unit and was later placed on the long term warfarin treatment to thin her blood.

People who take warfarin require regular blood testing in order to maintain the correct dosage.

Soon after her illness Sarah was introduced to Medenotes, which now helps her have instant access to ongoing treatment results.

"The frequency of blood tests and the need to know my INR levels (the international measure for the thinness of blood) in order to take the right daily amount of warfarin, means that I have a constant need to be contacted by the pathology lab and local GP," she said.

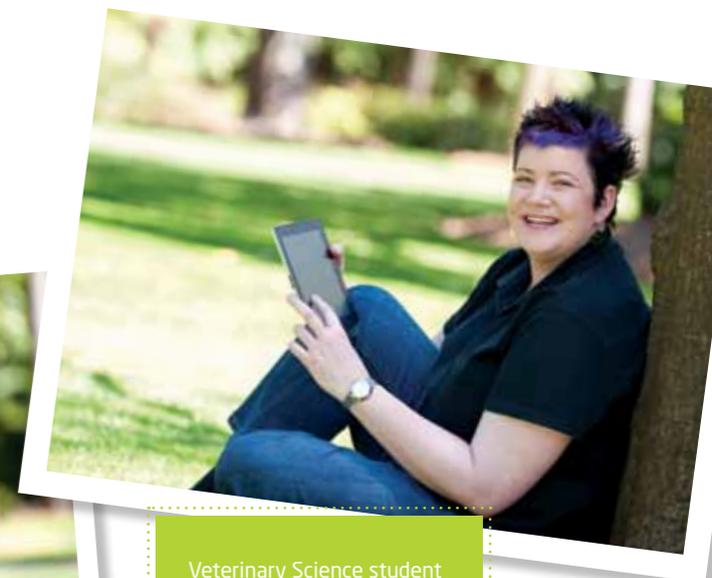
"Medenotes has almost immediate results of blood tests and can provide a guide as to the trends in my INR levels. It also provides many other test results and medical information which I have used as a summary for new treating doctors in order for them to have an immediate overview of my health.

"Having all the information you may need at your fingertips whenever you need it is really useful, it puts me in control and I like that. Medenotes is, of course, no substitute for medical direction and care but is wonderful in providing information in times when it may not be possible to get immediate responses from doctors" she said.

For more information about Medenotes, please visit [www.medenotes.com.au](http://www.medenotes.com.au)



Veterinary Science student Sarah Farnham



# McKellar injects *right model* into clinic

SEVEN-YEAR-OLD ZAC QUARRELL WAS  
DIAGNOSED WITH CEREBRAL PALSY ONLY  
MONTHS BEFORE HIS SECOND BIRTHDAY.



As a toddler, Zac's mum Tanya could see that his development was significantly different to that of his older siblings who all began walking at 10 months old. Young Zac didn't take his first steps until he was 17 months old.

Cerebral palsy is a condition caused by an injury to the brain before, during or after birth and is one of the most common physical disabilities in childhood.

After being diagnosed as having mild cerebral palsy, Zac showed difficulty with his speech and coordination of the right side of his body. Muscle spasms in his right leg meant he was unable to straighten his foot which made walking difficult.

To help control the spasms in his leg and regain movement of his foot, Zac began treatment with botulinum toxin, more commonly known as botox.

Botulinum toxin has been used in Australia to treat children with cerebral palsy since 1994 and Barwon Health's McKellar Centre has the first regional botulinum toxin clinic in Victoria.

When injected into the muscle, the botulinum toxin temporarily paralyses the nerves that are causing the muscles to involuntarily contract and spasm.

For Zac, the injections used in conjunction with specialist treatments such as casting and physical therapy, meant his right side coordination improved significantly.

"The first time he had the botox was amazing, immediately his foot was able to straighten," mum Tanya said.

Zac and his family would previously have to travel more than two hours to attend lead-up and follow-up appointments.

"Being able to access the service in Geelong has been a great change. It is less stressful on my other children who I would previously have to arrange babysitters for and pick-ups from school," Tanya said.

"It creates less of a waiting game and Zac is able to attend school in the morning before he has a clinic appointment."

Dr Therese Clark, who is the regional Victorian Paediatric Rehabilitation coordinator, said the clinic provided a streamlined approach for treatment of children with cerebral palsy.

"Previously patients would have to travel to Melbourne for treatment. These appointments, along with the many other appointments can be difficult for families to manage and coordinate. The travel time, time away from other family/children was seen to be one of the main concerns.

"Having the clinic established in Geelong means it is now easier for local families to have one central point of contact and access coordinated care.

"We use a model of care that reflects the right time and the right location so we can make sure we have a practical, coordinated service for parents and children. It's also about getting the sequence of intervention right."

Thanks to the results of botulinum toxin treatment and specialist therapy, Zac's family's proudest moment came in October 2011 when Zac played in his first Milo cricket competition.

"It was wonderful to see him out there, he was glowing," Tanya said.

Botulinum toxin treatment has also shown to delay and in some cases prevent the need for surgical intervention in children with cerebral palsy.

**For more information about this service, please phone 5279 2730.**

## *Did you know?*

- As well as being a residential aged care facility, the McKellar Centre has one of Australia's best and most comprehensive inpatient and community rehabilitation services.
- Nearly 100 young people aged under 18 years were seen by the Paediatric Rehabilitation Team at the McKellar Centre between July 2010 and July 2011.
- One third of these young people have an acquired brain injury (ABI), another third have cerebral palsy.



# planning your future health

Just as you would organise your will, so should you have your wishes about future health treatment made known.

Advance Care Planning is a process - similar to a living will - whereby a patient, in consultation with health professionals and family members, makes decisions about their future healthcare, should they become incapable of making their own medical decisions. This includes the appointment of a surrogate decision maker such as an Enduring Power of Attorney - Medical Treatment.

Around the world, Advance Care Planning is gaining prominence as people recognise the importance of patient autonomy and the right to have their medical treatment wishes known.

The program assists individuals to express their values, goals and wishes in a plan which can guide treatment if they are acutely unwell and have lost decision-making capacity. Barwon Health is one of eight health services in Victoria which offers the free program.

Advance Care Planning improves the quality of the experience for patients, their carers and family, when end-of-life wishes are known and respected. Research has shown Advance Care Planning improves end-of-life care and patient and family satisfaction, while reducing stress, anxiety and depression in surviving relatives.

"Without a plan, the default practice is to provide medical interventions, this may or may not be what an individual wants so it's ideal to have the individual's expressed preferences documented," explains Jill Mann, Coordinator for Barwon Health's Respecting Patient Choices® program.

"Timely decision making prior to a health crisis reduces the burden for the family, ensures person-centred care and encourages autonomy and self-determination.

"Having an Advance Care Plan is not necessarily about death, but living well and with dignity," Jill said. "People participate in the program so they can make their own medical decisions while they're able to and not leave it up to others. It also ensures family and care providers have the same information reducing possible conflict or disagreement about end of life care."

One person who knows all too well the importance of having an Advance Care Plan is Point Lonsdale resident Elizabeth Thomas.

Elizabeth's husband Barry died of cancer in 2008.

"Barry's greatest wish was to not die in hospital," Elizabeth said.

"We saw the information about Advance Care Planning around the hospital and asked staff about it. Prior to this, we hadn't heard of it.

"Every family member had a copy of Barry's plan, as well as Palliative Care and hospital staff, so everyone knew what his wishes were. It gave me confidence and strength when the time came: I already had the plan and knew I could go along with his wishes," she said.

"Barry having a plan meant everyone was on the same page. We were all united about what was to happen; it was so good that we didn't have to discuss it. You can't argue when the person has said what they want.

"Seeing how helpful it was, I thought I should do a plan for myself while I'm still well and able to express my wishes. Everyone that's important has a copy of the plan - my three children, my GP and Geelong Hospital."

Based on her own experience, Elizabeth has also recommended the plan to friends. "Do it while you're well, there are no age criteria," she urged.

**For more information, contact the Respecting Patient Choices® office on 5226 7006 or via [rpcoffice@barwonhealth.org.au](mailto:rpcoffice@barwonhealth.org.au)**



Elizabeth chats with Program Coordinator Jill Mann about Advance Care Planning

## Planning ahead

If you're thinking about an Advance Care Plan, consider the following points:

- Think about the values that are important in your life.
- Think about your current health and possible future health problems.
- Think about what you would want from future medical care.
- Talk to your family and your doctor about these issues.

# VOLUNTEERS

*there until the end*

Barwon Health has more than 1,000 registered volunteers. Each volunteer supports Barwon Health in the daily operation of a dynamic health service.

The variety of volunteer experience available is vast but there are some areas in which specialist training is required. One of these areas is palliative care.

Palliative care provides treatment and support for people living with a terminal illness. It focuses on supporting the person who has the illness, as well as their relatives and friends.

Dedicated volunteers play a vital role in the palliative care team.

Their varied personal experiences with life and loss help them share a level of compassion and understanding needed by patients and families during difficult times.

Palliative care volunteers provide more than 280 hours of service each month and receive 30 hours of training on their way to becoming a palliative care volunteer.

Volunteers are given specialist education about palliative care, illnesses and their symptoms, spirituality, loss and grief, and death and dying.

Sarah Paisley coordinates the palliative care volunteers and explained the importance of their contribution to the ward.

"Volunteers relieve staff workloads and provide a lot of companionship and comfort for families, they do so much in such a short space of time," Sarah said.

"They provide hand and foot massage therapy, which is a relaxation technique - they receive special training to do it. They also give patients manicures, provide front of desk support, and they operate a happy hour trolley once a week.

"Things run smoothly when they're around; they are an integral part of the multidisciplinary team in palliative care. Volunteers are seen as very important and it's often mentioned by staff. They're all respected and included: a real team."

**For more information about palliative care volunteers, please phone 5279 2424.**



## *Support*

### **NORM**

Sixty-three-year-old retiree, Norm Hobbs has volunteered at Barwon Health for nearly two years.

His wife Sandra passed away five years ago at the McKellar Centre and was his inspiration for becoming a palliative care volunteer.

While his wife was a patient, Norm saw a need for volunteer support on the ward.

"It was such a busy place. The phone was always ringing and I could see families needed someone dedicated to showing them around," Norm said.

"I love being a volunteer, the help I provide is mostly to the families and whether it be me taking newspapers to them or having a chat, you can see how your presence helps.

"Although it has its sad moments, it's good to feel as though you're helping."



Their varied personal experiences with life and loss help these volunteers share a level of compassion and understanding needed by patients and families during difficult times.



## *Care*

### **VAL**

Val McCarthy, aged 63, has been a palliative care volunteer for more than two years.

Val went through the loss of several close friends and during this time helped care for them.

"I thought 'I can do this, I know how to talk to people at end of life,'" Val explains.

"It is such a rewarding thing to do and whatever you give out you get back... twice over!

"I provide hand and foot massages to patients; it encourages relaxation and also provides an opportunity to talk about how they're feeling. Patients are very appreciative of this. We extend this service to close relatives who are often very stressed, it provides a release for them.

"It's a wonderful thing when a person accepts what is happening. There is emotion in this type of role and you learn how to care for them."



## *Companionship*

### **ROGER**

Roger Verschuren, aged 71, has been volunteering for Barwon Health for more than 10 years.

Roger is a community palliative care volunteer and visits the homes of palliative care clients. Roger helps clients with shopping, general household assistance and provides companionship.

"My mother-in-law had a terminal illness and seeing what they do at home I thought I could fill in somewhere, for a few hours. It helps a lot," Roger said.

Roger is also involved in hand massage.

"For some clients it helps to relax their hands and get better movement out of them.

"Volunteering is very rewarding, there is great satisfaction in it and they appreciate it."

# VOLUNTEERS

## easing your emergency stay

The Geelong Hospital Emergency Department is one of the busiest in the state.

On average, over 150 people attend the Emergency Department for treatment each day.

Thankfully, more than 50 volunteers are providing valued support to staff, patients and families seven days a week.

To ease the journey of patients in the Emergency Department, volunteers are committed to supporting the department for 12 hours each day.

Pat Hickford has been the shift coordinator for emergency department volunteers for more than eight years and said that volunteers felt quite special about their roles.

"The volunteers are very dedicated and loyal, and many combine volunteer work with paid employment or study," she said.

"The staff is also very supportive of the role of volunteers; doctors and patients feel a lot calmer when volunteers are around."

Dianne Tobias, a retired kindergarten teacher and Jill Gow, a retired nurse, volunteer in the Emergency Department.

Dianne explains how much she enjoys being able to meet new people and help out as a volunteer.

"Often people are in the Emergency Department for a long time so it's nice for them to have a friendly face to chat to. It's especially nice for people with children who may need some help," she said.

Emergency Department volunteers have multiple tasks, from providing non-medical assistance to nursing and administrative staff, to providing emotional support to patients during the waiting period and if requested during patient treatment.

### *Become a volunteer*

Interested in finding out more? Phone 5260 3036 for information about volunteering at the Geelong Hospital Emergency Department.

Retired kindergarten teacher  
Dianne Tobias and retired nurse  
Jill Gow

## Program hits a *high note*

### Brazilian music is reinvigorating clients of Barwon Health's Belmont day program.

It's all part of the Department of Health's Active Service model and Well For Life program, which has seen music and dance added to the Belmont program's module and clients, it seems, couldn't be happier.

Well for Life supports older people's participation in their community and improves nutritional, physical and emotional wellbeing. It is offered at Barwon Health's four day programs: Belmont, Norlane, Torquay and Anglesea.

A collaborative partnership has been developed with Bluebird Foundation, a not-for-profit association dedicated to making quality arts programs accessible for all, whereby an arts practitioner works closely with each day program to plan their arts module.

The introduction of the arts activities into the day programs has resulted in clients developing and maintaining their skills in woodwork, art, design, musical knowledge, percussion, singing, sculpture and dance. Since April 2011, clients and staff at the Belmont day program have been taking Brazilian percussion and dance sessions, including making the instruments.

An instrument maker spent a day with clients making the woodwork percussion instruments, which are specially



Long-term program participants Jack and Beatrice Orr

crafted without screws or nails and can be used by people with arthritis.

"It's been really rewarding, the clients are enjoying the practice and learning about the patterns of percussion, while discovering a new culture at the same time," said Kerrie Mawdsley, team leader of the Belmont day program.

"The first part of the workshop involved making the instruments, the second part was with the music practitioner, learning Brazilian music and percussive beats and the third aspect has been making sashes and scarves for clients to wear at the Christmas concert. It's involving all clients at different points," she explained.

"It's good for their emotional and physical wellbeing, it makes a huge difference," Kerrie said, "Sometimes they'll add a conga line and dancing to their practice!"

The Belmont day program caters for over 80 people a week. Clients range in age from 50 up to 98 years and comprise people who live independently in the community and come to the day program for social support and to give their carers respite.

"The day programs are a good introduction into the pathway of getting assistance, the first step in the door of aged care," Kerrie said.

**For further information regarding the day programs Coordinated by our Community Health and Rehabilitation teams at Belmont, Norlane, Anglesea and Torquay phone 1300 715 673.**



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Refugees Anter Titit, Lay Lay Nweh and Nyachieng Gach helped create the diversity artwork at Corio Community Health Centre



# EMBRACING our cultural diversity



More than 1,200 refugees call Geelong home and due to housing affordability and availability of services, Corio and Norlane are where the majority are living.

In fact, Corio and Norlane now lay claim to being the biggest rural settlement areas in Victoria for refugees.

Most commonly, the refugees are Karen and Afghan, with up to 20 Afghans and up to three Karen families arriving in Geelong each month. Add this to the older European migrant population of Geelong's northern suburbs and you have a diverse mix.

Staff at Corio Community Health Centre decided to celebrate this vibrant multiculturalism by running a community arts project during Diversity Week in March 2011.

The project was made possible by funding from the Victorian Multicultural Commission and linked in with the Freedom From Discrimination health promotion strategy, which celebrates diversity and equity for all members of the community.

Seventeen community members from the northern suburbs of Geelong joined forces to paint a beautiful piece of artwork celebrating cultural diversity, which was unveiled during Diversity Week and now takes pride of place in the waiting room area at Corio Community Health Centre.

The arts project aimed to create a welcoming environment for service users, whilst increasing local awareness of cultural diversity in the northern suburbs.

Sudanese refugee Anter Titit came to Australia in 2007 with his wife and three young children and has lived in Geelong for the past year. Anter played a major role in the arts project, recruiting the community members for the painting.

"I was interested in the project because it was about bringing people together," Anter said, "However the project was not only about integration of different people from the various cultural backgrounds but also comprehensive inclusion for all people in Corio and Norlane.

"The most important thing for the people involved was the awareness of inclusiveness and that all individuals have the same rights in the community. They can easily understand that 'people make a difference when they are together'.

"What impressed me most about being involved was the understanding I got from different people, from various cultures and their world views."

Lauren Farnsworth from Corio Community Health Centre said the artwork promotes social inclusion and challenges discrimination, which is an important part of improving the health and wellbeing of the entire community.

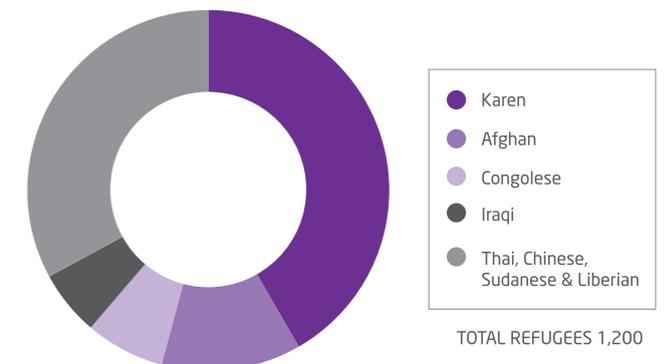
The health centre is one of many vital services accessed by refugees in Geelong's northern suburbs.

"Health services are terribly inadequate in most refugee camps, and many refugees experience poor health as a result. Experiences of torture and trauma, malnutrition and infectious diseases can have lasting effects on the health and wellbeing of refugees many years after their arrival in Australia.

Rapid transitions in dietary and lifestyle habits following resettlement can also lead to the development of chronic diseases such as type 2 diabetes and cardiovascular disease. This is becoming more evident amongst refugees who have been settled in Australia for some time," Lauren explained.

The Corio Community Health Centre works closely with Diversitat to link in with other essential services such as nutrition education, employment and English speaking programs.

## A snapshot of our newest community members - approximate



TOTAL REFUGEES 1,200



Manager Claire Geldard says midwives leave a significant impact on families

# midwives delivering the right care

Birth is usually a wonderful, fulfilling experience for families however medical complications during birth can be life-changing and devastating.

To reduce complications, the Maternity Services team at Barwon Health is leading the way with a new system that is proven to optimise birthing outcomes in emergency situations.

The Maternity Rapid Response system, known as MatRAP, was introduced into the Geelong Hospital's Birthing Suite in 2010.

MatRAP enhances the management of abnormal and emergency maternity events to create the safest possible outcome for mothers and their babies.

Situations that may require the MatRAP system to be implemented include labours that do not progress, abnormal positioning of the baby, unusually high blood pressure or haemorrhaging.

A defined set of abnormal and emergency situations was identified that required timely communication and escalation to a specialist team.

Midwives were a pivotal factor in the development of the new system through early notification and expert midwifery knowledge.

Claire Geldard, manager of Barwon Health's Pregnancy and Birthing Services, explains that for families having a child, the midwife plays a major role in the birth of their child.

"Midwives leave a lasting and significant impact on a family," Claire said.

"Midwives care for women at various stages of motherhood including pregnancy, antenatal, labour, birth, and postnatal care.

"The MatRAP system effectively escalates an emergency situation to the appropriate midwifery and medical staff who will make a clinically appropriate plan to ensure the safest outcome for a mother and her child."

The new system is taught to staff through in-service training. It is also proving to be successful in educating junior doctors who are starting their obstetric medicine training, with guidance from senior doctors available.

The MatRAP process has been shared with a number of health services both at state and national levels.

**For more information about Maternity Services, please phone 5260 3359.**



## Preparing for birth

Here are some basic tips for expectant mothers to assist in being fit, healthy and prepared for birth:

- Participate in regular gentle exercise like walking or swimming.
- Enrol in pregnancy fitness classes and learn about exercising your pelvic floor and abdominal muscles.
- Pregnancy is a time of great change in your life, and it is normal to experience a range of emotions. Talk to your doctor or midwife if you need emotional support.
- Do not smoke. If you smoke, seek help to stop or cut down on the number of cigarettes you smoke. Talk to your doctor/midwife about how to quit.
- Do not drink alcohol.
- Look after your teeth. Poor oral health in pregnant women can contribute to lower birth weight and premature births and increases the risk of early dental decay in children.
- Always wear a seatbelt, no matter what stage of pregnancy. The seat belt should be positioned 'above the bump', and 'below the bump'.
- Make the most of your pregnancy visits. Pregnancy is an opportunity to learn more about your health, your body and the health care system - so don't be afraid to ask questions, or ask your doctor/midwife for more information about something you don't understand.



# MONITORING *quality of care*

Consumer participation is a significant component of our strategic goal of ensuring a positive healthcare experience for our community. Making this experience positive involves constantly monitoring and assessing how we do things.

Monitoring takes many forms, with a focus on quality and safety, and includes ensuring we have a well trained work force, with the end result being a caring and safe environment for our community.

Through a strong and effective governance system, we are able to ensure full accreditation across all services and sites.

### Listening to our consumers

Consumer feedback is vital for us to grow as a health service. Feedback we receive is collated and reported upon and is a trigger for us to assess areas of need. Feedback is received through focus groups, surveys, feedback cards and letters from consumers. More recently, we have seen an increase in the use of social media such as Facebook and Twitter as a forum for feedback. In 2010/11, we received a total of 421 complaints, as seen in the table below.

The following table shows the number of complaints made over the past three financial years.

	JUL - SEPT	OCT - DEC	JAN - MAR	APR - JUN	ANNUAL TOTAL
2008/09	136	93	80	88	410
2009/10	89	87	89	128	393
2010/11	123	88	106	104	421

We also conduct a more formal survey called the Victorian Patient Satisfaction Monitor (VPSM). This survey is sponsored by the Department of Health and results are provided twice a year. This survey benchmarks Geelong Hospital against 12 metropolitan hospitals. The following table outlines Geelong Hospital's VPSM results for the 2010/11 financial year, with Geelong Hospital recording higher levels of patient satisfaction than its peer hospitals.

### 2010/11 VPSM results

REPORTING PERIOD	JUL - DEC 2010		JAN - JUN 2011	
	GEELONG HOSPITAL	PEER HOSPITALS	GEELONG HOSPITAL	PEER HOSPITALS
Number of Respondents	201	2145	243	2310
Overall Satisfaction with care - indicates overall satisfaction with the hospital stay	77%	74%	78%	75%
Consumer Participation - indicates the level of satisfaction with involvement in making decision about care and treatment	80%	77%	80%	78%
Discharge Information - indicates the level of satisfaction with the written information provided about how to manage care and recovery at home	77%	73%	76%	74%

### Working with a culturally diverse community

Our region is culturally diverse with one of the highest refugee populations in the state. This brings with it challenges in how we communicate with communities who have English as a second language. The diversity of our population is reflected in the number of requests for interpreters we receive, particularly for new and emerging languages.

The following table shows there were 5,732 requests for interpreters in 2010/11, increasing by 28% on the previous year.

Table 1 Total number of interpreters provided for new and emerging languages

TIME PERIOD	NUMBER OF INTERPRETERS REQUESTED	NUMBER OF VARIANCE ON PREVIOUS YEAR	% OF VARIANCE ON PREVIOUS YEAR
July 06 - June 07	3,024	+569	19%
July 07 - June 08	3,383	+359	11%
July 08 - June 09	4,083	+700	20%
July 09 - June 10	4,458	+375	9%
July 10 - June 11	5,732	+1,274	28%

Table 2 Number of bookings for new and emerging languages

NEW LANGUAGE	INTERPRETERS BOOKED 10/11	INTERPRETERS BOOKED 09/10	INTERPRETERS BOOKED 08/09	INTERPRETERS BOOKED 07/06
Karen (Burmese)	1077	1053	823	84
Mandarin	193	175	79	81
Nuer	200	144	174	83
Kiswahili	187	0	0	0
Arabic	144	130	40	0
Dinka	66	81	129	48
Albanian	36	20	24	37

### IMPROVING CARE FOR ABORIGINAL & TORRES STRAIT ISLANDER PATIENTS

Our 2010/15 Strategic Plan has a strong emphasis on partnerships. The way Barwon Health works with and supports the Wathaurong Co-operative is an example of a successful partnership. Barwon Health has strong links with the traditional landowners in the Barwon region, providing support on a clinical level and employing one of their Elders as an Aboriginal Health Liaison Officer (AHLO).

By working in this way we are able to make sure that the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered.

The AHLO provides resources and secondary consultation to staff of Barwon Health to ensure they are culturally aware of the needs of Aboriginal people.

## PREVENTING FALLS AND HARM FROM FALLS

One in every three people aged 65 and over may experience a fall within the next 12 months.

Falling is a normal part of ageing but there a number of risk factors that may contribute to having a fall. These factors are related to a person's health, their environment and the activities they do. The more risk factors that can be reduced or eliminated, the less likely a person is to fall.

Some steps taken by Barwon Health to minimise the risk of falling include:

- Screening and assessing all patients for falls risk
- Educating and discussing falls risk with all staff, patients and their carers
- Recording fall screening, assessment and interventions
- Establishing each patients mobility status and ensuring the mobile patient can mobilise safely
- Identifying falls risk patients by using falls risk stickers
- Making the environment safe
- Reviewing the need and appropriateness of high-risk medications including: sedatives, antidepressants, antipsychotics, central acting pain relief.

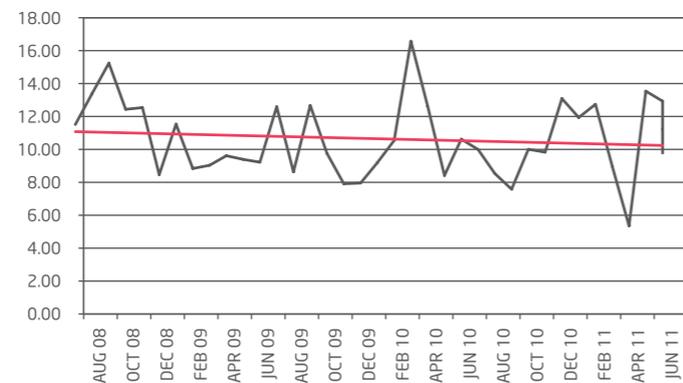
The tables on this page show measures put in place have contributed to a steady decline in the incidences of falls across Barwon Health, including the hospital and McKellar Centre Rehabilitation and Aged Care facilities. Falls prevention is a national and state-wide priority and, as a consequence, is something we have to report on annually.

If you need support or advice on available aids or on reducing your risk of falling, contact one of our community health centres on 1300 715 673.

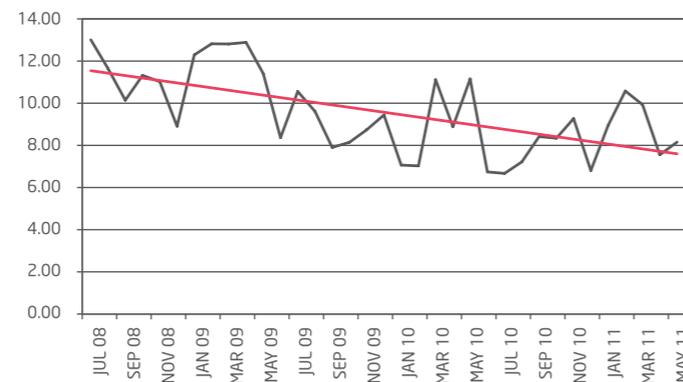
Falls/1000 Occupied Bed Days: Acute Care Services



Falls/1000 Occupied Bed Days: Sub-Acute Services



Falls/1000 Occupied Bed Days: Aged Care Services



## INFECTION PREVENTION

Evidence has proven that the tactics we employ to stop the spread of infection are working. Throughout all our sites we have installed hand hygiene stands and new signage to remind staff and community members that we all have a role to play in stopping the spread of infection.

There is a required compliance of 65% set by the Department of Health and our audit figures show we are well above this level, as shown in the following table.

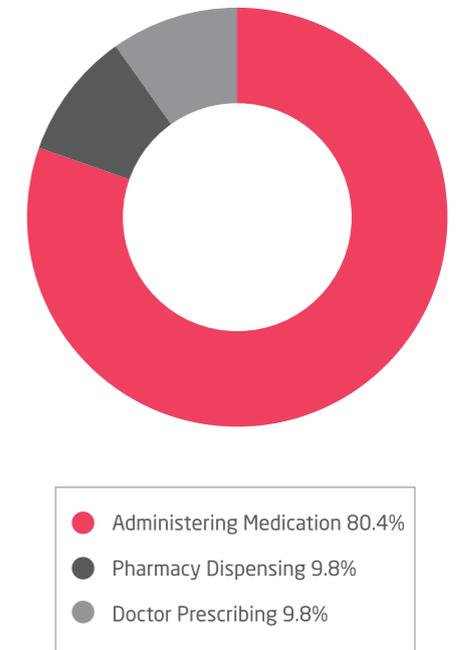
Hand hygiene Audit Results July 2011



## MEDICATION SAFETY

There are very few medication errors that result in a serious impact on patients. Our Medication Safety Monitoring Committee oversees efforts to prevent and reduce medication errors and respond to medication safety alerts issued by state, national and international bodies.

The chart below details the breakdown of medication errors for the 2010/2011 year.



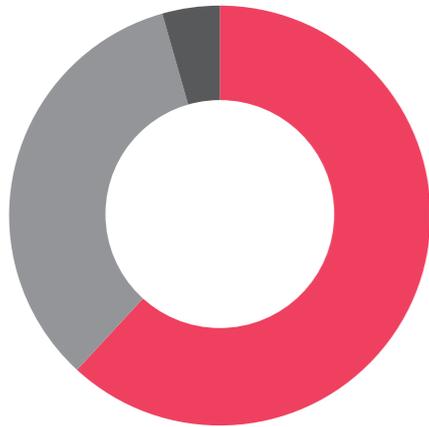
The community has a big role to play in hand hygiene compliance and we have been consistently supported in spreading the word about how important hand hygiene is by the local media. The media has regularly published stories to help increase awareness at key times throughout the year when viruses such as colds and flu and gastroenteritis are prevalent.



## BLOOD PRODUCTS

Blood donations save lives. The community voluntarily donates blood through the Australian Red Cross Blood Service, providing blood to Barwon Health patients who may require it during cancer treatment, trauma or major surgery. The following chart is a snapshot of where blood was administered at Barwon Health during February 2010. Overall we administer an average of 900 products each month to approximately 200 patients.

Snapshot of blood use 2010 /11



- Surgical Services 62%
- Medical Services 34%
- Women's & Children's Services 4%

Blood product safety is overseen by a transfusion team, which includes transfusion nurse clinical consultants, haematologists and pathology blood bank scientists. The transfusion team is supported by a hospital transfusion committee and is responsible for:

- monitoring usage and wastage of this precious community resource
- ensuring appropriate and safe use of blood products through education
- monitoring and investigation of adverse events
- policy and guideline development for clinical staff
- promoting effective communication of the risks and benefits of transfusion to consumers of blood and blood products

Positive patient identification involves staff asking you; 'Tell me your full name?' and 'What is your birth date?' and is a vital part of transfusion safety to make sure the right patient gets the right blood product. Patients are encouraged to be actively involved in this identification check with Barwon Health staff.

## RESEARCH

Research is a vital part of improving clinical care and Barwon Health has a growing research program. The Office for Research and the Human Research Ethics Committee is responsible for overseeing that research at Barwon Health meets guidelines for safety, quality and ethical conduct.

Currently over 400 studies at Barwon Health are evaluating new medications, devices and ways we care for people.

The table below shows the number of studies that were undertaken in the 2010/11 period. More than 344 clinical research/trials were focused on studying new types of treatments and medicines.

RESEARCH TYPE	NUMBER OF STUDIES (%)
New treatments and medicines (Clinical research/trials)	344 (70%)
Quality improvement	66 (14%)
Patterns and predictors of disease (Epidemiology)	50 (10%)
Exploring perceptions/knowledge (Qualitative studies)	13 (3%)
Other	15 (3%)

The community plays an important part in research through participation. Patients may be asked to complete a survey or to participate in a study of a new treatment. The type of involvement is clearly explained along with the risks and benefits.

# QUALITY *of care*

## READERS' SURVEY

WIN 1 of 2  
12 month  
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memberships!



### tell us what you think

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 \$1,320 each) from EFM!** Simply return this questionnaire by 1 March 2012. 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 3. Did you like the magazine format?

Yes  No  Indifferent

comment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Poor  1  2  3  4  5 Excellent

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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