Quality of Care Report
2009-2010

Working together to achieve healthier communities
Introduction

Acknowledgements

Tell Us What You Think

GIWork

Nutrition Risk Screening

Rushworth Medical Clinic Opens

Supporting Our Neonates

Improving Maternity Outcomes

"Girls on the Go!"

"Stepping Out of the Shadows"

Supportive Care for Cancer Patients

Youth Friendly Mental Health Website

"Smiles 4 Miles"

Best Practice for Stroke Survivors

Improving Access to Services

Hospital in the Home

Responding to Community Need

Improving the Patient Experience

Integrated and effective services and facilities

Caring, competent and empowered workforce

Financial responsibility

Equity of access

Consumer and community engagement.

Guiding Principles

Goulburn Valley Health is committed to:

Consumer Carer and Community Participation

Improve Aboriginal and Torres Strait Islander Health

Valued Volunteers

Responding to Cultural and Linguistic Diversity

Listening and Responding to Our Consumers

Consumer Consultative Committee

Quality and Safety

Clinical Risk Management

Clinical Governance

Skilled Staff

Pressure Ulcer Prevention

Preventing Falls

Medication Safety

Infection Control

A Clean Environment

Access to Dental Care

Accreditation

Improved Access to Clinical Records

Improving the Patient Experience

“Time Out”

Responding to Community Need

Hospital in the Home

Improving Access to Services

Best Practice for Stroke Survivors

“Smiles 4 Miles”

Youth Friendly Mental Health Website

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Best Care for Older People

“Stepping Out of the Shadows”

“Girls on the Go!”

Improving Maternity Outcomes

Supporting Our Neonates

Rushworth Medical Clinic Opens

Diabetes Centre Innovations

Nutrition Risk Screening

MlnWork

Tell Us What You Think

Distribution and Evaluation

Acknowledgements

Contents

Vision

Working together to achieve healthier communities.

Mission

In collaboration with the community, Goulburn Valley Health will continually strive to improve the quality of integrated services that achieve the best possible individual and community health outcomes.

Acknowledgement of Country

Goulburn Valley Health acknowledges the traditional owners of country throughout Australia and their continuing connection to land and community. We pay our respect to their culture and elders, both past and present.

Contents

Consumer Carer and Community Participation

Improving Aboriginal and Torres Strait Islander Health

Valued Volunteers

Responding to Cultural and Linguistic Diversity

Listening and Responding to Our Consumers

Consumer Consultative Committee

Quality and Safety

Clinical Risk Management

Clinical Governance

Skilled Staff

Pressure Ulcer Prevention

Preventing Falls

Medication Safety

Infection Control

A Clean Environment

Access to Dental Care

Accreditation

Improved Access to Clinical Records

Improving the Patient Experience

“Time Out”

Responding to Community Need

Hospital in the Home

Improving Access to Services

Best Practice for Stroke Survivors

“Smiles 4 Miles”

Youth Friendly Mental Health Website

Supportive Care for Cancer Patients

Best Care for Older People

“Stepping Out of the Shadows”

“Girls on the Go!”

Improving Maternity Outcomes

Supporting Our Neonates

Rushworth Medical Clinic Opens

Diabetes Centre Innovations

Nutrition Risk Screening

MlnWork

Tell Us What You Think

Distribution and Evaluation

Acknowledgements

Year in Review

We are pleased to present Goulburn Valley Health’s 2009/10 Annual Quality of Care Report. This report to our community highlights some of our achievements over the past year across our range of health services and settings including Shepparton, Tatura and Waranga hospitals, home and community based locations, to ensure we provide quality and safe services for our patients and the community. This is consistent with our Mission:

In collaboration with the community, Goulburn Valley Health will continually strive to improve the quality of integrated services that achieve the best possible individual and community health outcomes.

Providing safe and high quality care requires continuous monitoring and evaluation of systems, processes and outcomes, identifying opportunities for improvement, planning and taking action – we want to be sure we are doing the best we can, all of the time. Goulburn Valley Health (GV Health) is committed to listening to feedback from our patients and their families or carers wherever the setting – inpatient, outpatient or in the community to identify opportunities for improvement.

This report showcases the initiatives that demonstrate our commitment to responding to community diversity.

We hope you find this report useful and informative. We are proud of our staff, the services we provide and the many partnerships and connections we have fostered in the community. We welcome your feedback on this report (refer page 15), and more broadly, on how we might improve the quality of care and services we provide.

Artist Profile – Scott Hansen

In this year’s report, GV Health is featuring the Maninga (fish) artwork of Scott Hansen from the Yorta Yorta people. Scott has a unique way of portraying his culture by only using Victorian markings and designs in his paintings.

Scott has been exhibiting his work mainly in the Melbourne region with great success and can be contacted through Minjarra Art.

Maninga (fish) depicts a Murray Cod which is a part of the staple diet and also a totem to some people of the area. The Murray and Goulburn rivers are represented through the curved lines indicating waterways and the circles represent the communities along the river system.

This artwork was commissioned by GV Health in 2001 to support the Aboriginal Liaison program.
Improving Aboriginal and Torres Strait Islander Health

GV Health recognises that improving Aboriginal and Torres Strait Islander health is a national priority supported by governments at federal and state levels. GV Health contributes to this commitment at the local level by addressing key result areas of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program. Key result areas include:

- Developing and maintaining relationships with relevant Aboriginal organisations and communities
- Ensuring all staff are aware and respectful of Aboriginal culture
- Developing effective discharge planning policies for Aboriginal patients to ensure continuity of care between hospital and community care
- Developing effective referral pathways to community and primary care services that cater for the diverse needs of Aboriginal patients.

Relationship with Aboriginal Communities (or Working in Partnership)

GV Health works with Rumbalara Aboriginal Cooperative to improve health outcomes for Aboriginal and Torres Strait Islander people. This commitment is documented in a Partnership Agreement and is overseen by the Aboriginal Health Taskforce. Established in 1998, the Taskforce includes board members and senior staff from both organisations, Aboriginal Liaison Officers (ALOs) and elders from the local community.

GV Health staff have contributed to the development of the Hume Closing the Gap Health Plan and are participating in work groups to implement the plan over the next four years.

Culturally Aware Staff

All new staff at GV Health receive a cross-cultural awareness information session, an introduction to the role of the ALOs, and a visit to the Minya Barmah room as part of their orientation program.

GV Health participates in events of significance to the local Aboriginal community including National Aboriginal and Islander Day of Celebration (NAIDOC) week. An honour board was launched this year recognising the contribution of ALOs who have served GV Health and their community since the ALO program commenced in 1982.

Discharge Planning

Aboriginal Liaison Officers in mental health, home and community care and the hospital setting provide culturally appropriate care. ALOs participate in discharge planning and assist in linking patients to Aboriginal and non-Aboriginal services for discharge support and follow up care.

Primary Care Referrals

A range of visiting services are provided to Rumbalara Aboriginal Health Service including diabetes, continence, mental health and midwifery services.

“Medicine Bowl”, an Aboriginal Men’s Health Promotion project, commenced with the Goulburn River Clans Men’s Group in July 2009. Medicine Bowl involves GV Health staff joining in with the men’s group on a regular basis to “have a yarn” about health concerns.

- Aboriginal and/or Torres Strait Islander people made up 4.01% of all admissions to hospital this year (slightly less than the 4.23% result from last year), and 5.38% of emergency department presentations.
- The Minya Barmah room was opened in 1999 and provides a culturally sensitive place for Aboriginal patients and their family members to meet. Minya Barmah means spiritual meeting place in local Yorta Yorta language.
- The Gana N Burri, which means mother and baby in Yorta Yorta, provides a culturally welcoming environment for the Aboriginal community.
- The Mental Health Inpatient Unit Wanyarra, means “new beginning” in Yorta Yorta.
- The Aboriginal Volunteer Visiting Program involves elders and members of the local Aboriginal community visiting Aboriginal patients at GV Health.

Valued Volunteers

Volunteers and the services they provide are invaluable in assisting GV Health to provide a quality service to consumers.

Our volunteers are involved in a variety of roles within the hospital and in the community. The volunteers help by welcoming patients and visitors and assist in directing them within the hospital. They also maintain the ‘Hazel Griffiths’ garden outside the Oncology Unit. The volunteers raise funds for GV Health by selling raffle tickets and participating in Auxiliary activities including organising and hosting special events. The volunteers support ‘Hospital Sunday’ in Tatura and make craft items or chop wood for raffles such as the wood trailer raffle in Rushworth. It is important to note that Rushworth is celebrating its 50th year as an Auxiliary.

It would be impossible to individually name all our volunteers but they are all valued and appreciated.

If you would like more information about volunteering please contact Carmel Johnson on 5832 2192.

Volunteer Profile – Lorraine Riordan

Lorraine Riordan has been working as a highly respected and valued volunteer at GV Health for over 50 years and is a founding member and inaugural President of GV Health’s Hospital Auxiliary.

The Auxiliary has been a part of the organisation and Lorraine’s life for over 42 years and prior to its beginnings she volunteered at the hospital with her husband Kevin, who was the longest serving Board Member at GV Health with 52 years service.

Today, Lorraine continues her dedicated and productive work for GV Health and is highly respected amongst her peers, staff and by the organisation for all her efforts and dedication to GV Health.

GV Health congratulates Lorraine Riordan on being recognised and winning the Regional Individual Achievement Award as part of the 2010 Minister for Health Volunteers Awards. Lorraine received her award in May of this year from The Hon Mr Daniel Andrews MP, Minister for Health, at an event held at the Great Hall Parliament House Melbourne.
Responding to Cultural and Linguistic Diversity

The Goulburn Valley’s cultural and linguistic diversity includes communities established as a result of migration following the Second World War, primarily from Southern European countries such as Italy and Greece. Many Arabic speaking people from Iran, Iraq, and Kuwait have settled in the region since the late 1990s. More recent settlement includes families from Afghanistan, the Democratic Republic of the Congo and Sudan. In meeting the needs of this diverse community, GV Health is guided by standards outlined in the Cultural Responsiveness Framework introduced by the Department of Health in 2010.

Organisational Commitment

A three year Cultural Diversity Plan for GV Health was adopted in August 2008, reflecting the organisation’s commitment to the needs of our diverse community. The plan is coordinated by GV Health’s Cultural Diversity Committee.

Leadership

GV Health is represented on the Victorian Refugee Health Network and on the Goulburn Valley Regional Settlement Committee. At the local level, GV Health coordinates a local Refugee Health Network. Involvement in these networks aims to improve local access to refugee health services, and coordination between health and settlement service providers.

Language Services

Information on country of birth, language spoken at home, and interpreter need is collected on admission to GV Health services. This data identified 43 language groups spoken at home, and interpreter need is slightly less than the 2,228 recorded last year.

Inclusive Practice

Translated publications help our staff communicate effectively with patients who are not proficient in English. This means patients can more easily participate in planning their care and make informed choices about treatment options. New publications translated this year include:

- Infant Hepatitis B immunisation information in 11 languages
- District Nursing brochures in 5 languages.

Translated information is also provided through the Health Translations Directory website at www.healthtranslations.vic.gov.au

Working in Partnership

GV Health together with the Ethnic Council of Shepparton delivered the “Girls on the Go!” Program. This program was offered to young women of diverse backgrounds and provides a holistic approach to health and wellbeing (refer to article on page 12).

Professional Development

A range of information and training is provided to assist staff to work effectively with patients with diverse language and cultural needs. This includes information provided for new staff as part of the monthly orientation program, attendance at workshops and conferences, and a dedicated “Cultural Diversity” site on GV Health’s intranet. Area Mental Health Service staff attended a series of workshops provided by the Victorian Transcultural Psychiatry Unit on “Culturally competent mental health service provision for a multicultural society”. Other training included the Diversity in Health conference in June 2010, and workshops provided through the Centre for Ethnicity, Culture and Health training calendar.

Listening and Responding to Our Consumers

GV Health’s Consumer Participation Plan 2009/2011 focuses on encouraging consumer participation, improving access to consumer information, increasing consumer involvement in reporting to the community and better utilisation of consumer feedback to improve the quality of care and services.

GV Health encourages consumers to be involved in their health care and believes empowering consumers to provide feedback on their experience is essential for the continual improvement of our services.

Consumers and carers are informed about their rights and responsibilities via the Patient Charter brochure and receive the “10 tips for safer healthcare” brochure in their admission packs. Consumers are also provided consumer information brochures about relevant services, clinical treatments or conditions. The Consumer Consultative Committee has been developing consumer posters which will encourage and empower consumers to ask their health care professionals questions.

Consumers can feedback their comments, suggestions or concerns by participating in a consumer committee or focus group, completing a compliments/complaints brochure (available through the hospital or on GV Health website www.gvhealth.org.au) or a consumer survey.
Listening and Responding to Our Consumers (Continued)

The Victorian Patient Satisfaction Monitor (VPSM) is a consumer survey which is circulated to our consumers every three months and monthly for our aged care residents. The results are evaluated, fed back at governance and consumer meetings and key themes are identified for improvement.

If we are unable to address some concerns immediately, for example a building or facility deficiency, these are placed on a register for medium and long term planning.

GV Health’s patient satisfaction rate was 75% in 2009/2010 compared to the previous survey result of 72%. This exceeds the Department of Health’s target of 73%. However this is a lower result when compared to peer hospitals’ rate of 78%. Improving patient satisfaction is an area of focus for GV Health to improve in 2010/2011.

As part of a larger quality improvement initiative, complaints were analysed in relation to continence themes. This analysis highlighted issues in relation to delays in assistance to non-ambulant patients getting to the toilet, discharge planning issues and the need for continence management planning. Improvements planned for the coming year include the development of practice guidelines, the use of continence products to support clinical decision making, patient screening and staff education.

Examples of Compliments

- The doctor was warm and reassuring and took great pains to talk to me in simple terms, without resorting to too much medical jargon.... It was wonderful to talk with a doctor who seemed not only competent but also a genuinely nice person.
- On the day of my surgery I was attended by smiling, cheery staff from my initial admission through to the Day Procedure Unit through to the theatre, recovery and on to the surgical ward. I found each individual staff member that I came into contact with to be extremely professional, timely and reassuring.
- The doctor’s wealth of knowledge together with his obvious compassion was exemplary.

Examples of Our Responses to Consumer Feedback

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Actions taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are cramped and uncomfortable conditions with back to back seating in the consulting suites.....causing head to head bumping with the person behind you.</td>
<td>Cushioned seating was purchased and rearranged for patient comfort.</td>
</tr>
<tr>
<td>I have no toiletries due to an emergency admission.</td>
<td>Following consultation with the Country Women’s Association patients now receive donated toliery packs.</td>
</tr>
<tr>
<td>The Post Acute Care Team had not been to visit.</td>
<td>The Post Acute Care referral process was reviewed and improved.</td>
</tr>
</tbody>
</table>

Consumer Consultative Committee

The Consumer Consultative Committee (CCC) works with the GV Health Board and staff to provide consumer, carer and community perspectives on their journey with GV Health. This dialogue ensures GV Health is able to plan and implement quality and safety improvements and effective approaches to informing the community about issues which affect them.

Over the past year CCC members have:

- Been involved in preparing an information brochure to inform the community of the role of the consumer within GV Health and how the Goulburn Valley community members can apply to be a member of the CCC.
- Listened to presentations on the benefits of having a Medical Power of Attorney and on various services available at or through GV Health. These include GV Primary Care Partnership, Paediatric Physiotherapy Training, GV Area Mental Health Service, the role of the Aboriginal Liaison Officers at GV Health, Goulburn Valley Diabetes Centre, Fire Safety at GV Health, Pharmacy Services at GV Health, the role of the McGrath Foundation Nurses, and the Hospital in the Home Program.
- Undertaken a significant project to advise members of the community of their entitlement to be informed, to encourage them to ask questions about health care providers and to assist consumers to better understand their care and treatment.
- Represented GV Health at a number of conferences over the reporting period, including the Australasian Quality in Health Care Conference in Sydney and the Department of Health Consumer Conference in Melbourne. These conferences provide information on consumer and carer involvement within the health system.
- Served on other GV Health committees including Primary Care and Population Health, National Health and Medical Research Council Ethics Committee, Quality and Risk Management Committee, Signage Committee and Car Parking Committee while also taking an active role in the strategic planning of GV Health.

If you wish to become a CCC member please contact Resource Officer Margo Koskelainen, on 5832 2703 or email margo.koskelainen@gvhealth.org.au

Power of Attorney (Medical)

An Enduring Power of Attorney is a legal document where you nominate a person to take care of your medical affairs when you are unable to. The best time to appoint a power of attorney (medical treatment) is when you are well and can discuss your health, wellbeing and treatment wishes with the person/body nominated. You or your nominated power of attorney should bring your medical enduring Power of Attorney when you present for medical care.

Further information
http://www.publicadvocate.vic.gov.au

Members of the Consumer Consultative Committee.
Risk management and quality improvement are terms often used to describe the actions taken by GV Health to make the environment safer for everybody. Clinical risk management describes the systems and processes that are put in place by GV Health to promote and support a safer environment and continually improve the patient experience through patient and family focused care.

Some examples of the activities GV Health undertake include: review and analysis of reported incidents and hazards, root cause analysis, patient case reviews, audits and process mapping. This helps GV Health to identify areas within our organisation where we can make a safer environment for all. This could be through orientation and education strategies, equipment purchasing, policy and procedure review and workforce planning.

As part of the incident reporting system, GV Health identified the need to purchase additional equipment to support our aim of continually improving patient care. This has included anaesthetic monitoring machines, balloon dilators (for oesophageal procedures), an endoscopic water injector (gastrointestinal procedures) as well as automated medication dispensing machines. This new equipment, supported by education and training programs, will continue GV Health’s commitment to improving safety.

There were 2,477 incidents reported in 2009/2010 which is a decrease from 2008/2009 where 2,657 incidents were reported. Of the 2009/2010 incidents, adverse (serious) patient events remained at less than 3%. There were no sentinel (very serious) events reported 2009/2010 compared to 4 (0.15%) reported in 2008/2009.

Clinical Governance

All health care organisations have a system and ‘clinical governance’ structure which directs how they provide and manage the delivery of safe and quality patient care, whether that be planning and decision making at the bedside, at committee meetings or at the Board of Directors’ meetings.

At GV Health, the Patient Care Review Committee is charged with the responsibility to ensure that our planning and decision making at all levels has supported the provision of a safe environment for patient care.

With the assistance of an external consultant, Dr Heather Wellington, GV Health has been reviewing its governance structure, responsibilities, strategies, processes and activities to ensure it aligns with the Victorian Clinical Governance Policy Framework. This work will continue over the coming year 2010/2011.

Clinical Governance can be defined as:

The system by which the governing body, managers and clinicians, share the responsibility and are held accountable for patient care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care.

(Australian Council on Healthcare Standards 2004)

Skilled Staff

It is important that the services GV Health provide in the hospital and community are being delivered by staff qualified to provide that care. GV Health undertakes a credentialling process to ensure the staff who deliver care have the skills, experience and qualifications required to do so.

The appointment of medical, nursing and allied health staff is undertaken through a comprehensive process known as ‘credentialling’. Staff are required to demonstrate evidence of their qualifications and competence to perform certain procedures or work in specialist areas such as surgery, intensive care, midwifery and paediatrics for example.

By ensuring GV Health employs qualified, competent and skilful staff to deliver care, we are continually striving to keep our health services safe.

Pressure Ulcer Prevention

The chances of acquiring a pressure ulcer are increased when people are ill and admitted to hospital. Pressure ulcers can result in a longer hospital stay and prevention is a high priority for GV Health.

Resources have been allocated which have embedded prevention management into daily practice.

To support this practice, GV Health uses an interdisciplinary team approach so that many people from different areas work together in preventing pressure ulcers. This interdisciplinary team includes a nurse consultant in wound management, a podiatrist, doctors, nurses and allied health staff directly involved in the patients care. The occurrence of pressure ulcers are reported and monitored by the use of the Pressure Ulcer Point Prevalence Survey (PUPPS). The most recent 2010 PUPPS result indicates an 8.6% rate which is an improvement compared to the same period in 2009 (16%). This is the best result since PUPPS commenced in 2003 (16.4%). This information enables GV Health to target minimisation strategies including staff education programs.

Australian Council of Healthcare Standards (ACHS) Accreditation Surveyors’ Comments

February 2010

Pressure ulcer prevention commences on admission, including patients admitted through the Emergency Department and continues throughout the patient stay.
Preventing Falls

The chance of having a fall can increase due to illness, medications or unfamiliar surroundings and therefore falls prevention remains a key focus for GV Health.

Following a falls assessment on admission, prevention strategies are put in place that will help to reduce the number of falls as well as minimising harm to the patient should a fall occur. If the risk of having a fall changes during the time in hospital, hostel or nursing home, the prevention strategies are re-evaluated.

The introduction of the ‘Invisa Beam’, an electronic monitoring device that alerts staff when a patient moves from their bed, is one strategy used for patients who are at risk of falls and try to get out of bed unassisted. Other strategies include Hi-Low beds, lifting machines, adjustable chairs, hip protectors, head protectors and non-slip mats, but this list is not exhaustive. All building works consider the floor surface and colour for trip and slip hazards, and grab rails are installed throughout GV Health bathroom and toilet facilities.

Reported falls are reviewed and evaluated to assist GV Health identify any trends in the causes of falls.

Of the 544 falls reported in 2009/2010, 3.9% resulted in an adverse (serious) event. This year GV Health added an injury sustained outcome to our falls incident reporting. This enabled better reporting of fall injuries and subsequent identification of harmful outcomes related to falls.

Medication Safety

Administering medications safely to patients during their time at GV Health, and on their return home, is an important part of our Clinical Risk Management Strategy.

GV Health are always looking for ways to improve medication safety and our systems, so when medication errors occur they are reported on the incident management system and analysed for trends. This helps to identify where, how and why errors are occurring, and assists with allocating resources to reduce further errors. During the 2009/2010, 276 medication errors were reported including 5 (1.8%) adverse (serious) events. This is an increase compared to the 234 medication errors reported in 2008/2009 which included 3 (1.3%) adverse events.

During the last 12 months, in shared initiatives with the state government to help reduce medication errors, GV Health has undertaken increased awareness and education programs for certain high risk medicines. This has included a review of prescribing, dispensing and administration procedures and storage facilities.

Other measures for increasing medication safety include education programs which ensure nurses administering drugs have successfully completed regular competency tests, and young doctors are supported by senior medical staff in the assessment of a patient’s condition and prescribing the appropriate drugs to manage their illness.

Ward pharmacists check medication charts daily to ensure the correct strength, dose, time and route of administration for the medications that have been prescribed.

Consumer Medication Information leaflets are prepared by GV Health’s Pharmacy Department and given to patients with their discharge medications to ensure they understand why they are on medication, how to take and store them correctly.

Following an evaluation of the reported incidents last year, GV Health recently purchased automated medication dispensing machines. These were implemented in the Surgical and Midwifery Units and the Emergency Department. It is anticipated that these machines will reduce the likelihood of medication error and increase efficiencies in restocking. Regular audits will be undertaken over the next 12 months to measure the effectiveness of this initiative.

Infection Control

During illness or after an operation our bodies natural defences are weakened and infection may become a complication causing patient pain and suffering. GV Health Infection Control Program aims to prevent the spread of bacteria and viruses within the hospital facilities and reduce the likelihood of infection.

GV Health staff, with the support of the Infection Control Program, are continually on alert to recognise and identify patients with infections and utilise the following strategies to reduce the likelihood of them occurring:

- Hand hygiene
- Watching for infection
- Monitoring our practices
- Staff immunisation.

Patients undergoing hip and knee replacements are monitored for signs of infection up to 12 months post surgery. Infection rates are investigated to identify and treat any potential trends or problem areas.

Infections in our aged care facilities are also monitored. The early identification of infections such as gastroenteritis can help prevent the spread of the disease. Restricting residents’ movement in the home will assist this.

Reporting infection data to the Department of Health has enabled GV Health to identify trends in infection rates and types, provide opportunities to review, and if required, take action for improvement. Recent practice improvements include:

- A change in the type of skin preparation used before surgery
- The introduction of a skin seal prior to incision
- The restriction of staff numbers in theatre and
- The restriction of theatre dress outside theatre.

A comment from an external consultant following the review of sterilisation infection control practices in the Dental Department:

This pleasing result reflects on the commitment of both GV Health management and staff in providing the highest level of quality service and safe, effective patient care and are to be commended.

Hand Hygiene

Hand hygiene is a powerful defence against infection at home and in the hospital. Contaminated hands can act as a vehicle for spreading germs.

At GV Health we use two methods of hand hygiene – hand washing and alcohol hand rub. Hand washing should occur if the hands are visibly soiled or staff are preparing for a special type of procedure such as putting in an IV. However, alcohol hand rubs are becoming very popular, are effective if hands are not visually soiled and will kill the germs on the skin without the use of water.

To monitor staff hand hygiene practices we observe staff in key clinical areas and report our hand hygiene compliance rates back to the staff, relevant committees and the Department of Health. GV Health has consistently achieved above the 60% target rate set by the Department of Health. However, this target rate has now been raised to above 65%.

Sometimes our staff become very busy and you may not see them perform hand hygiene. If you are worried, please feel free to remind staff.
A Clean Environment

The hospital environment can harbour germs which cause infection, making it exceptionally important that cleaning practices are of a high standard.

GV Health is proud of its track record with cleaning and since the introduction of Victorian Department of Health (DoH) Cleaning Standards, our hospital has achieved significantly greater results than the acceptable quality levels for each external audit.

Three external cleaning audits are completed per year with the most recent results below. In addition to the external audit, GV Health has an extensive internal daily cleaning auditing program.

<table>
<thead>
<tr>
<th>Campus</th>
<th>Result</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shepparton</td>
<td>95.1%</td>
<td>85% – 90%</td>
</tr>
<tr>
<td>Tatura</td>
<td>99.8%</td>
<td>85%</td>
</tr>
<tr>
<td>Waranga</td>
<td>90.4%</td>
<td>85%</td>
</tr>
</tbody>
</table>

This table shows GV Health exceeds the acceptable Department of Health standards.

Dr. James Noeky and Leonie Young use the endomicroscope to magnify the view during a patient’s root filling procedure.

Further work is required over the next year to improve outcomes where our results did not compare favourably with regional and/or state benchmarks. This may require further review of patient data and contributing factors such as smoking, ethnicity, language barriers and age.

The results from the clinical indicators are outlined against regional and state rates:

- In 2009 calendar year, GVDS treated 9,819 individual teeth of which 508 (5.2%) teeth required Restorative retreatment within six months (regional 4.8%, state 5.1%).
- In 2009/2010 financial year there were 4,170 emergency services. Of these, 272 (6.5%) patients required Repeat emergency care within 28 days under the same course of care. This is higher than regional and state rates (5.9% and 5.3% respectively) and reflects GVDS conservative approach in attempting to save the tooth in the first instance which may then require further treatment.
- In 2009/2010 financial year there were 2,876 extractions. Of these, 73 (2.5%) had Unplanned return within seven days subsequent to extraction (regional 2.4% and state 1.0%).
- In 2009 calendar year, a total of 63 teeth were endodontically (root filled). None of these required Endodontic (root fill) retreatment within six months – repeat endodontic treatment.
- In 2008/2009 financial year a total of 64 teeth were endodontically treated. Of these four (6.3%) teeth required Endodontic (root fill) retreatment within 12 months by extraction (regional 4.5% and state 2.0%). Please note that some patients make the choice to extract the tooth rather than continue with treatment.

Access to Dental Care

The Goulburn Valley Dental Service (GVDS) continues to experience rises in activity each year. In 2008/2009 a total of 9,214 patients attended the GVDS which included 18,245 individual visits and 63,563 overall treatments.

To measure the quality of our treatment services, GVDS report clinical indicators to Dental Health Services Victoria based on the Australian Council of Health Care Standards (ACHS) Oral Health indicators.

Compared to last year, GVDS has improved in the clinical indicator sets listed below which reflects a commitment to providing a quality service:

- Restorative retreatment within six months
- Repeat emergency care within 28 days under the same course of care
- Endodontic (root fill) retreatment within six months – repeat endodontic treatment.

- In 2008/2009 financial year, of the 576 dentures inserted in the previous year, 12 (2.1%) required Denture remakes within 12 months (regional 3.1% and state 1.5%).

Note: Clinical indicators that compare data between six to 12 months have a lag time which accounts for all data not being in the 2009/2010 collection time frame.

Aged Care

As part of identifying and responding to those within the community who have limited access to dental care and resources, GVDS developed a program to address the needs for aged care. Dental staff now visit and treat residents in their aged care residential facility. The feedback from clients, their families and aged care staff has been positive.

Accreditation

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes designed and developed by health care professionals for health care services. It is public recognition that a health care organisation is achieving the requirements of national health care standards. The standards are designed to assist organisations in their quest to continually improve their health service.

Earlier this year, seven surveyors from the Australian Council on Healthcare Standards (ACHS) Accreditation assessed GV Health’s services, including an In-depth Mental Health review and the Home and Community Care (HACC) review. The surveyors analysed our services against best practice standards using a variety of methods such as observing practice and service delivery, reviewing patient and staff files, reviewing patient feedback, outcome and performance data, and interviewing patients and staff.

The overall result was of a high standard which included scoring 19.5 out of a possible score of 20 for the HACC survey and achieving ‘extensive achievements’ in four standards: ‘Care of Dying’, ‘Consumer Involvement’, ‘Infection Control’ and ‘Quality Improvement’. The surveyors were impressed with the organisations quality improvement culture and our innovative mental health services in a rural area. For example, the Prevention and Recovery Care (PARC) program provides clinical treatment and short term residential support, averting acute hospital admission and facilitating early discharge from hospital (refer MIWork – Peter’s Story page 15).

GV Health received many positive comments from the surveyors, some of which are highlighted throughout this report.

Further work is required in some areas such as improvements to: the Morbidity and Mortality Review, Mental Health triage decisions for those patients not admitted and some wayfinding signage.

GV Health proudly displays its ACHS Accreditation certificates in various areas throughout the organisation demonstrating commitment to excellence and continuing focus on safety, quality and performance.
Improved Access to Clinical Records

The Health Information Service at GV Health manages over 350,000 clinical records. Each time a patient has contact with GV Health information is added to these records. This significant number of records created ongoing issues with storage, access, tracking and retrieval.

In order to address these issues, GV Health introduced the 3M Scanned Clinical Record in 2008, and was the first site in Australia to adopt the 3M system.

This digital system means that at each point of care (units, clinics etc), forms are printed with the patient details included. These are used to document patient care and no labels with the patient details are included. These are scanned and quality checked, these documents are available for viewing 24 hours a day by authorised users on any computer in the health service. This has reduced the number of lost paperwork or missing records.

Strict guidelines and monitoring ensure only authorised staff have access to the clinical record. The system is audited to ensure privacy and confidentiality obligations are met.

The module for dictation, transcription and electronic signature was introduced in 2010. This module allows clinicians to dictate letters, and reports directly into the clinical record through a voicemike at the computer or over the telephone. This voice file is then embedded in the patient’s record and available to users until the letter is typed. Once typed, the letter can be signed by the clinician (electronically) and then printed in Health Information Services for distribution. This process has improved access to dictated letters and a more timely turnaround for dictation.

Improving the Patient Experience

Improving the patient experience of healthcare through patient centred care is a statewide initiative funded by the Department of Health. One of the ways in which we look to improving the delivery of care is listening to the patient tell us about their experience or journey through GV Health.

Since being established in 2009, the Innovation and Improvement Unit staff have listened to patients, who were able to tell us the best things about their journey and in what areas we could have improved this journey.

Being able to integrate the patients and/or carers/families’ perspective of how well GV Health staff, systems and processes are delivering care, provides an invaluable insight into the strengths and weaknesses of the way we currently do things. This enables GV Health to focus on improving the things that are important to patients during their journey.

In addition to patient stories, staff feedback, ‘mapping’ of existing processes and data analysis have contributed to identifying where we could improve our surgical services. For example, reducing the number of occasions when patients have their surgical booking cancelled or postponed at short notice.

Following any improvement initiative, the patient and carer experience is evaluated again.

This process ensures that GV Health is listening and responding to consumers’ needs, continuing to allocate the right resources in the best place to build better systems for patients, carers and staff.

A Patient’s Experience

The only occasion when I was a bit frustrated was when I wanted a blanket….but the other nurse nearby was looking on and was watching me, but they didn’t offer any help. I thought that maybe they can only look after their own patients.
Hospital in the Home

Hospital in the home (HITH) is the provision of hospital care in the comfort of the patient's own home, or other suitable environment. The program operates a dual model of care in which a medical case manager, either a community General Practitioner (GP) or a hospital appointed doctor manages the patient's care and nursing staff provide treatment.

Suitable patients can elect to have their care provided at home by HITH and receive the same treatment as an inpatient would in hospital. Patients may be able to receive all their hospital care in HITH or they may have a stay in hospital then receive HITH in the latter part of their treatment.

Some of the more common conditions managed by the GV Health HITH program include infectious diseases (skin, bone or lung infections) which are managed with intravenous antibiotics. HITH also provides anticoagulation management (thinning the blood) for patients before and after surgery, newly diagnosed atrial fibrillation, deep vein thrombosis and pulmonary embolus.

GV Health’s commitment to providing this type of patient care in the community is supported by service agreements with nine rural health services. This allows for most clients who live within a 100km radius of GV Health to be admitted to this program.

The GV Health HITH program was recently benchmarked against all metropolitan and regional HITH programs in the state of Victoria in 2009.

GV Health was ranked as the number one hospital outside metropolitan Melbourne and number two for the whole state for the highest percentage of patients admitted to the service for more than one night. This means less stress on our hospital for beds and more patients being able to stay in their homes to receive treatment.

Improving Access to Services

GV Health has implemented an electronic information application which has significantly improved the flow of information between GV Health and General Practitioners (GPs). This implementation allows GPs to receive automatic email notification of when their patients are admitted to and discharged from hospital, or attend the Emergency Department (ED). It also emails notification of appointments and when patients are put on the outpatient waiting list.

There were 32,532 presentations to the GV Health ED in 2009/2010. These presentations were triaged into categories according to a national standard. The triage categories, 1, 2, 3, 4 or 5 reflect the seriousness of the presentation with Category 1 being the most serious. To measure efficiency against this standard, time frames from triage to admit to ED have been nominated by the Department of Health.

GV Health recorded very good compliance with time frames for these categories. Of the 32,532 presentations, 8,166 (26%) patients were admitted to a bed in GV Health and a further 1,868 patients went to theatre from the ED. This represents 24% of all cases that went to the theatre at GV Health. Of the 8,166 patients that were admitted, only 17 (<1%) had to stay in the ED longer than 24 hours waiting for a bed. This is a significant improvement from the previous 12 months when 81 people waited in the ED for longer than 24 hours. Across GV Health the average length of patient stay is 5.17 days, and almost half of all patients (46%) were able to be discharged by midday. It is important that patients are able to be discharged before midday as this allows the patients waiting in the ED and those booked for elective surgery to be admitted to a bed.

Best Practice for Stroke Survivors

During 2009/2010, GV Health Emergency Department saw 177 presentations of stroke and 86 presentations of TIA (transient ischaemic attack). GV Health, with funding from the Department of Health, have committed resources to improve stroke services for people in the Goulburn Valley community and surrounding areas. To support this commitment, GV Health has employed a Victorian Stroke Clinical Network Facilitator who will guide the improvement strategies in line with national recommendations to provide best practice care for stroke survivors.

Research shows that stroke patients have better outcomes when treated in a dedicated stroke unit or by stroke teams. These models of care involve a skilled team of medical, nursing and allied health staff who work collaboratively to facilitate early recovery. GV Health is working towards providing care based on these models which will deliver best practice as well as better outcomes for patients. Listening to stroke patients’ experience of care has been an important part of GV Health’s stroke strategy.

TIA or brain attack is a medical emergency and the patient is at increased risk of having a stroke. GV Health has developed a strategy to admit patients who have had a TIA to have further investigations in the hospital setting. This also allows early intervention to help prevent a stroke occurring by reducing risk factors and providing secondary prevention through appropriate medication and lifestyle changes.
**Youth Friendly Mental Health Website**

The website has been designed to reduce the delay in receiving effective treatment for young people experiencing a psychosis for the first time. The Hume Region Early Psychosis Service (HumeREPS) commenced in Shepparton in 2005 as part of a Youth Early Psychosis initiative funded by the Victorian State Government.

Decreasing the delay involves increasing awareness about early psychosis, monitoring young people at risk of developing a psychosis, providing assertive outreach to young people aged 16 to 25, recovering from a first experience of a psychotic illness and supporting their families, friends and other service providers.

Young people in the Hume Region are faced with numerous barriers to service which include isolation, poor transport and lack of specialised youth mental health services.

With the goal of enhancing mental health literacy among young people, families and service providers in the Hume region, a youth friendly website was developed. The website has been live since November 2009 and initial feedback has been excellent.

The website http://www.humereps.org.au was funded by the Department of Health Hume Region, and uses stories to improve mental health literacy while connecting young people to local youth services. The website also links to resources from other reputable services both in Australia and overseas.

The website is the start of what HumeREPS hope to develop into a ‘Youth E’ Mental Health Service for at risk young people.

**Supportive Care for Cancer Patients**

Goulburn Valley Health is the lead agency for the Hume Region Integrated Cancer Service (Hume RICS). Hume RICS supports work being undertaken in a number of key areas to improve the services provided for patients with cancer.

The Cancer Services Framework for Victoria identified variation in practice and supportive care as key areas for improvement in the delivery of cancer services. In response, the Ministerial Taskforce for Cancer developed the Patient Management Framework to provide a consistent approach to care management and intervention of supportive care needs.

In October 2009, a supportive care meeting was held and a team was established to discuss the supportive care needs of patients with cancer attending GV Health. Earlier this year, the supportive model of care was formalised, and now all patients with cancer are referred immediately to the supportive team which includes Oncology Unit staff, a dietitian, social worker, and if appropriate a hospice nurse. This has resulted in more timely intervention from services that may not have been accessed until much later in the patient journey.

People affected by cancer are often reluctant to tell hospital staff about their supportive care needs unless they are actually asked. One person affected by cancer stated that “No matter how much people say they are okay, they are not”.

Since its inception, 400 patients have been discussed. The outcomes are communicated to all relevant health professionals and filed in the patient’s clinical record. This has led to improved assessments and referrals to support the individual’s care needs such as supporting young families, interventions by social workers, decreasing anxieties and provision of nutritious diets.

Staff have also found the meetings beneficial as they provide opportunities for learning and peer support.

Assessing the individual needs and providing access to appropriate supportive care services is critical to helping people affected by cancer to manage their illness, treatment and recovery.
The toolkit – Best Care for Older People

Everywhere – has been a key outcome of our Improving Care for Older People project. Funded by the Council of Australian Government, the resource is based on best practice evidence, and was developed to assist clinical staff identify and minimise functional decline among older people. The toolkit spans 10 key areas:

- Person centred care
- Assessment
- Skin integrity
- Continence
- Mobility
- Nutrition
- Delirium
- Dementia
- Depression
- Medication.

GV Health and partner agencies took part in an extensive consultation and development process to develop and field test the toolkit’s components across the patient’s continuum of care. As a result of this work, a website link to the Best Care of Older People Everywhere – the toolkit was launched.

To further the work of the project and the resources within the toolkit, a Best Care for Older People ‘Expo’ educational activity was utilised as a training and awareness initiative for staff. This activity has been evaluated as an effective method of informing staff and improving the care of older people with respect to the 10 key areas. These areas have been identified as being most at risk of functional decline when an older person has an increased length of stay in hospital. The Expo provided positive written and verbal feedback and demonstrated an increase in staff awareness of the needs of our elders in the inpatient hospital setting.

Stepping Out of the Shadows

Stepping out of the Shadows, a project aimed at reducing the stigma and dispelling cultural myths and fears surrounding mental illness in Culturally and Linguistically Diverse (CALD) communities, has been successful in building relationships between clinical staff and refugee communities.

A joint initiative between Multicultural Mental Health Australia, Action on Disabilities, Goulburn Valley Area Mental Health Service (GVAMHS) and the Shepparton Ethnic Council, the project provided training to representatives from the local Congolese, Sudanese, Iraqi and Afghani communities to become community trainers.

A Primary Mental Health clinician was the expert trainer for the project who assisted between two and five members of each community become proficient trainers in providing education sessions to their communities. The participants explored stigma and how this impacted them as a community, and helped identify what services and assistance they required to ensure easy access to healthcare.

A total of 14 education packages were delivered by community trainers with 306 participants completing the packages. All communities involved were engaged and very enthusiastic about their participation. This has taken time, commitment, flexibility, the building of trust and working together as a team.

Challenges identified for the community trainers included difficulty in understanding organisational and financial processes, time management, and communication methods. Because of this, a project coordinator was employed to support the organisational components of the sessions in partnership with the community trainers.

The project is being evaluated nationally with the Goulburn Valley project being held up as a gold standard for the nationwide roll out.

Locally, the success of the project has been evidenced in the feedback from the communities. They have identified the need for further education for themselves, and that others from their communities have had the opportunity to “not miss out”.

The success of the project has led to the development of a CALD liaison position within the Goulburn Valley Area Mental Health Service to continue building upon these relationships with clinical staff members and the communities. This will ensure that the issues identified through the project can be addressed via improved clinical care pathways, early intervention and a shared understanding of mental health issues for refugee health and wellbeing.

Girls on the Go! – a Program to Promote Healthy Lifestyle Choices

Designed to promote a holistic approach to health and wellbeing within young women, “Girls on the Go!” was delivered as part of the GV Health’s Integrated Health Promotion Plan. The program, aimed to promote positive body image and healthy eating patterns, and build self esteem in young women, covered topics including nutrition, personal safety and awareness, and participation in sport and recreation. “Girls on the Go!” was established by the Greater Dandenong Community Health Service Youth Program to empower young women to be actively involved in the planning and implementation of the activities they feel will best benefit them.

The Health Promotion Department of GV Health, in partnership with the Ethnic Council Shepparton, ran the “Girls on the Go!” program in Term 2 of the 2010 school holidays.

Feedback from participants and staff from the Ethnic Council was extremely positive, and results from the evaluation showed an increase in knowledge gained about important health topics covered. One of the most valuable aspects of the program as reported by participants was the new friendships formed during the program.

Planning for further implementation of “Girls on the Go!” within the local area is currently underway.

Zinab Bakal and Hajer Muftin enjoyed the “Girls on the Go!” program. Photo courtesy of Shepparton News.
Improving Maternity Outcomes

The Maternity Services of GV Health are committed to providing quality, evidence based, individualised and responsive care to the women who come to us to birth.

We are proud of the latest set of Maternity Performance Indicators, released by the Department of Health, which show that our service is performing better than the state average in almost all areas assessed. These performance figures are released annually and compare the performance of each maternity service in Victoria. Results from the Maternity Performance Indicators show GV Health Maternity Service has:

- A caesarean section rate better than the state average
- A lower rate of induction of labour than the state average, and thus less unnecessary intervention in labour
- All women experiencing preterm labour received important medication to help preterm babies survive
- For women birthing after 32 weeks gestation we have the third best survival figures in the state
- Our rate of referral to Domiciliary Services which help new mothers after delivery is one of the best in the state
- Our Antenatal Clinic waiting times are also better than the state average.

These results are a significant improvement on our figures of five years ago and reflect a commitment to providing a quality service.

As we take the service forward, there are always new challenges in our commitment to ensure the best perinatal outcomes. The western world is in the grip of an obesity epidemic. Sixty two percent of pregnant women seen though our Antenatal/Midwives clinics are overweight or obese.

Being overweight or obese is associated with many perinatal complications including:
- Prolonged labour
- Increased caesarean section rate
- Failed vaginal birth after previous caesarean
- Longer stay in hospital
- Congenital abnormalities
- Diabetes in pregnancy.

Supporting Our Neonates

It has been a busy year for the Neonatal Nursery with 342 babies requiring special care. This is an increase from the 256 babies in the previous year with approximately 50% born prematurely and requiring care for various lengths of time, usually until the date they were due to be born. The recent introduction of short term respiratory support (Continuous Positive Airway Pressure – CPAP) allows GV Health to support premature babies at GV Health.

Babies born prior to 32 weeks gestation are transferred to a tertiary hospital for ongoing management. Every effort is made to transfer the mother prior to birth but if this is not possible, the baby is transferred by the Newborn Emergency Transport Service (NETS).

Because of the generosity of the Goulburn Valley public and the fundraising efforts of 3SR ‘Give me Five for Kids’ appeal, GV Health has been able to purchase a state of the art neonatal ventilator to provide respiratory support to critically ill babies prior to transfer. We thank the community for this ongoing support.

Weight gain during pregnancy is the focus of our strategy. We have commenced weighing pregnant women at key visits in an attempt to raise the awareness of weight gain during the pregnancy, and to offer advice and support to minimise weight gain in those women who are already overweight or obese.

Rushworth Medical Clinic Opens

The long-awaited Rushworth and District Community Medical Clinic was officially opened on Monday 21 December 2009 by the Federal Minister for Indigenous Health, Rural and Regional Health and Regional Services The Hon Warren Snowdon MP.

The new clinic, located adjacent to the Waranga Aged Care Hostel, provides accommodation for at least two general practitioners, and consists of two medical consulting rooms, a treatment room, reception and waiting areas, storage and facilities for the disposal of medical waste. The Rushworth and District Community Medical Clinic is occupied by Rushworth Primary Health, an offshoot of the Elmore General Practice, and is eventually expected to provide a wide range of community health services.

Opening of the new Rushworth and District Community Medical Clinic by Federal Minister for Indigenous Health, Rural and Regional Health and Regional Services, The Hon Warren Snowdon MP. Resident of Waranga Aged Care Hostel, Mrs Elaine Barber. Director of Nursing/Manager Waranga Campus, Anne McEvoy. Chair, Board of Directors GV Health, Clem Furphy. Photos courtesy of Waranga News.
Diabetes Centre Innovations

Established in 1985, the GV Diabetes Centre provides clinical care and education, consultancy and support to inpatient, outpatient and small communities in the shires of Strathbogie, Moira and Greater Shepparton and is expanding regionally into Southern New South Wales.

Staffed by a team of health workers including medical officers, two diabetes nurse practitioners, credentialled diabetes educators, psychologist, dietitian, podiatrists and allied health assistants, the Diabetes Centre clinicians provide a unique service, unlike any other in Victoria. This service offers 24 hour emergency clinical advice through the diabetes centre, outreach clinics and home care, preventing hospital admission. In addition, clinical care provided by a diabetes nurse practitioner to small rural towns within the region, allows for increased access for people with diabetes who might be hampered by mobility or travel.

The GV Diabetes Centre continues to develop in order to meet the growing needs of the northern region of Victoria, and is now one of only 17 nationally accredited diabetes centres in rural Australia.

The following new innovative clinics have been developed over the 2009/2010 reporting period:

- **Young Person’s Diabetes/Transition Clinic.** At a time of difficulty during adolescence, young people with diabetes require specialist teams to assist with the transition to adult care.
- **Insulin Pump Clinic.** For clients who have unstable (type 1) diabetes requiring access to specialist medical, nursing and dietetic clinical care. This service allows for people with type 1 diabetes, who require insulin pumps, to be commenced and supported in the Goulburn Valley. This prevents unnecessary travel and overnight stays at major metropolitan centres.
- **GV Health High Risk Foot Clinic.** People with unstable diabetes are at major risk of amputation due to poor peripheral circulation in the lower limbs. Every person with diabetes attending GV Health, either as an inpatient or outpatient, is screened by allied health assistants to determine whether further clinical management is required on an ongoing basis. This weekly clinic, staffed by podiatrists, has access to medical, nursing and dietetic care as required and has resulted in a radical reduction of advanced complications for those people at risk.

Diabetes affects approximately 6,000 people in the Goulburn Valley (Diabetes Australia Victoria), with one in four (40,000) of the regional population having either pre diabetes or diabetes. Diabetes is very costly both personally and to the public health system, with around $50m spent annually in our region on diabetes management.

**Nutrition Risk Screening**

Everybody needs the right balance of nutrients to maintain good health. If the balance is not right, especially for older people admitted to hospital, there is a higher risk of ill health. Over the last 12 months, GV Health has implemented a number of initiatives to identify nutrition risk and identify areas to improve patient nutrition.

Over a three month trial period, all patients in GV Health’s Rehabilitation Unit were screened by a health assistant for their nutrition risk. Each patient was asked a standard set of questions to determine if they have experienced recent loss of weight or appetite. If a nutrition risk was identified, a referral was made to a dietitian for further assessment and treatment.

A nutrition risk screening tool was also implemented in the Oncology Unit to identify patients at high nutrition risk.

During the three month trial, 36 dietetic referrals were received. Of these, one third were considered a very high nutrition risk and were prioritised for assessment and follow up. The nutrition screening tool improved efficiencies in referrals and the dietitians’ work load.

A recent audit undertaken in the Medical and Surgical Units assessed whether the current admission system was able to identify patients as a nutrition risk. Of the 78 patients audited over four days, nearly half were identified as a nutrition risk. Of those, only half (54%) had been referred to a dietitian for assessment.

Results of this audit indicated the need to improve identification of nutrition risk by staff. A number of strategies to address this gap will be trialled over the next year including regular inservices, revising admission documents and referral pathways, and ideally increasing the use of allied health assistants to screen patients for nutrition risk on the acute wards.

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Tell Us What You Think

Your opinion is important to GV Health, so please tell us what you think of this report. Our aim is to produce a report that is interesting, user friendly and meets the needs of the community. Your feedback will help us continually improve the design and contents of future reports.

Please email your feedback to tricia.beasley@gvhealth.org.au or ring 5832 2740.

Feedback from last year contributed to a revamp of the report design this year. This has included the following improvements: addition of a falls article, enlarging the report and font size, use of minimal colour and avoiding a strong background colour, which makes the report easier to read.

The overall design and distribution objectives of this report were to:

• Ensure cost effectiveness by using a newspaper size and style with minimal colour
• Circulate via local and regional newspapers to broaden the distribution

Distribution and Evaluation

Over thirty one thousand copies of this publication will be distributed as a lift out in seven local and regional newspapers.

There will be additional folded publications mailed out and delivered by community workers to primary care and community organisations to ensure that the report is broadly distributed in our diverse community.

Acknowledgements

We thank the following committee members and staff who helped in the development of this report:

• The many GV Health staff and teams who coordinated or were involved in the quality improvement activities and initiatives showcased in this report
• Consumer Consultative Committee
• Aboriginal Liaison Officers
• Clinical Data Analysts.

MIWork – Peter’s Story

My name is Peter and I am a paranoid schizophrenic and have been since 2004.

I was diagnosed in Wanyarra Psychiatric Facility in Shepparton in November 2008.

Prior to being interred in hospital, I had been living out of my car and had been homeless for nearly a year. During this time I lived in a caravan park and ended up living in a tent in a national park. I continued living this way until my voices got so bad I went to the Police in an effort to get some help.

The police treated me very well and they drove me to the Crisis Assessment and Treatment Team (CATT) and I was then taken by ambulance to the Inpatient unit. I was kept in the unit for approximately six or seven weeks before being moved to Prevention and Recovery Care (PARC).

It’s a very good place and the staff there are excellent.

I was then approached by Gillian Anderson, a representative of Worktrainers, who eventually found me some work at Target as the meet and greet person. I worked there for about four months and then I became a bit stressed as the crowds in the shop increased for Christmas.

I went back to PARC again for a few weeks. When I was feeling better, Gillian again found me employment at Woodbine Gardens and Advanced Tree Nursery very close to home.

I had previously worked for many years in horticulture, so this is the ideal job for me.

When I completed three months work with some financial assistance, Mary, the owner, decided to employ me permanently. I am very happy about this as Mary is a lovely lady and I enjoy the work very much.

I know that I could relapse at any time and end up in PARC again. I could lose my job as a result of this, and that is the one thing I definitely don’t want to happen.

MIWork

MIWork is a joint initiative project designed to address the employment needs for people with a mental illness.

In partnership with Worktrainers Ltd, Disability Services and Employment Services Provider, the Mental Illness Fellowship Victoria and Goulburn Valley Area Mental Health Service (GVAMHS), MIWork provides assistance to consumers with active employment opportunities, social inclusion and community engagement while actively building on partnerships between organisations which are consumer focused.

Peter at Woodbine Gardens and Advanced Tree Nursery. Photo courtesy Barrie Lindsay of Nathalia Printers.
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