

ISSUED DECEMBER 2012

QUALITY OF CARE

WIN 1 of 2
12 month
EFM gym
memberships!



**BEHIND THE
TRIAGE DESK**

**BUILDING
for the future**

**A day in the life
of a refugee
health nurse**

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DISTRIBUTION

120,000 copies of Barwon Health's Quality of Care magazine are distributed through the *Geelong News* and *The Echo* and at Barwon Health's 21 sites at a cost of 32 cents per copy. An electronic version of the magazine is available to download from www.barwonhealth.org.au.

COMMUNITY FEEDBACK 2010/11

Liked:

- Stories about patients and staff
- Information on different services available
- Magazine format
- Distribution through local newspapers

Disliked:

- Cost associated with producing publication
- Only published once a year

ACCREDITATION

Health Service Accreditation - Full ACHS Accreditation
Residential Aged Care Accreditation - Full ACAA Accreditation

WHY WE PRODUCE THE QUALITY OF CARE MAGAZINE

The Quality of Care magazine is produced as part of a commitment to the State Government to increase community awareness of the safety and quality of Barwon Health's services.

ACKNOWLEDGEMENTS

Thank you to the staff, patients, former patients, clients and volunteers of Barwon Health who shared their stories and experiences.

DISCLAIMER

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



ON THE COVER

Karen refugee Tomar has adapted well to his new life in Australia. Tomar and his mother are clients of Barwon Health's Refugee Health Program.



OUR VALUES

RESPECT
COMPASSION
COMMITMENT
ACCOUNTABILITY
INNOVATION



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Welcome

Welcome to the eighth edition of Barwon Health's Quality of Care magazine, which has been published annually since 2004. The aim of this publication is to provide you and your family with information about the continued improvements in the quality and safety of services at Barwon Health.

This year, we have gathered submissions from Barwon Health's Improving Care Register, a database of improvement activities across the organisation, to illustrate some of our achievements in the last 12 months. The activities showcase initiatives focused on ensuring patients and their families have a safe and positive experience within the public healthcare system.

In 2011/12, there were significant improvements in a range of areas for Barwon Health. Most publicised are our elective surgery waiting times and emergency department off-stretcher times. These improvements are thanks to our staff's continued commitment to offering an exemplary level of care to the community.

This magazine also highlights our commitment to innovation and patient-centred care, and how this focus results in improved service delivery. 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 about this publication, there is a survey at the back for you to complete. We look forward to your feedback and encourage you to tell us what you want to read about.

Professor David Ashbridge
CEO

Dr Sarah Leach
Chair, Quality and Clinical
Governance 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 600 active 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.

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500,000 people
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600 active volunteers.



When help is a heartbeat away

A new wireless system to monitor a baby's heart rate during labour has been installed in birthing rooms at Geelong Hospital.

The new cardiotocograph (CTG) machines were installed in July 2011 and monitor a baby's heart rate using wireless and waterproof technology should continuous monitoring be required in labour.

The hospital is the first in the state to have this wireless technology available in most birthing rooms.

The unit works by measuring and tracing soundwaves of the foetal heart, the mother's heart rate and the presence of contractions. This monitoring of the baby's heart rate is displayed in the birthing room and also at the midwife's station in the Birthing Suite. A trace of the baby's heart rate is also captured electronically.

The system enables women to be mobile in labour, both in the birthing room and surrounding area. A mobile CTG unit with battery backup is also available to allow seamless monitoring between birthing suite and theatre when required.

Acting Midwifery Unit Manager Felice Dinse said the new technology gives women reassurance knowing that birthing suite staff can see their baby's heart rate and review electronic readings from a central location.

"Viewing the monitoring of a baby's heart rate from our central location allows midwives and doctors to assess the condition of the baby without entering the room each time. This allows greater privacy for women and their families during labour. The system also provides doctors and midwives with warning alerts both in the room and at the central desk location to prompt immediate review of a baby's heart rate.

Geelong Hospital is the **first hospital in Victoria** to have this wireless technology available in most birthing rooms.



Midwife Ashley Farquharson monitors first time mum Renee Willmott and her baby during the early stages of labour.

"We are also in the process of setting up wireless access to this system for on-call obstetric consultants allowing them to view an electronic trace of a baby's heart rate from any location both in and out of the hospital, to assist the doctors and midwives in the birthing suite with any trace that requires focused attention," Felice said.

"Easy access for birthing suite staff to this information improves efficiency, allowing them to focus more attention on patients and achieve the best quality of care," she added.

The new electronic CTG monitoring provides a complete clinical record of care for the mother and baby, including any documentation notes that are added by staff.

Any electronic trace can be clearly viewed on the new system for clinical audit and teaching purposes.

Giving little people big voices



Four year-old Meg Grey is like most little girls her age. She loves swimming, her favourite colour is pink and she adores her big sister Olivia. But Meg is one of more than 380,000 children in Australia with a speech disorder.

At age two, Meg's mum Sam noticed Meg's speech development wasn't progressing, and by the time she turned three, she was only saying around three to four words. Despite some people telling Sam it was something Meg would grow out of, she believed it wasn't the case and took Meg to see a specialist.

In 2011, Meg was referred to Barwon Health's new zero to six years of age speech pathology service. She was diagnosed with a speech disorder known as severe articulation impairment. This meant Meg had great difficulties creating sounds and forming sentences, despite being able to understand everything that was said to her. Her impairment was so severe that she was unable to say her own name.

Mum Sam says that Meg being unable to say her name was one of the hardest things.

"People would say to her, 'what's your name?' and unbeknown to them she couldn't say it," Sam explained.

"It was very hard for her and she would often shy away. Even saying happy birthday over the phone to her grandparents was impossible and it was heartbreaking to see Meg get frustrated because she just couldn't get it out."

So began for Meg and her mum the process of teaching her how to get her mouth around sounds.

Tyler Mahon, Speech Pathologist at Belmont Community Health Centre, said parents being actively involved in their child's speech therapy is integral.

"In therapy, it's not that I come in and try and do something magical. I try and work out with the parents their goals and then create some play-based activities that we can do with the child to progress their speech skills and training. I'm here to support the parents to practise with their child," Tyler said.

For bright-eyed Meg and her mum, therapy or 'talking games' are just a part of their daily routine, much like brushing their hair and teeth. Most days, Sam and Meg do speech exercises for between 15 to 20 minutes.

Meg's major breakthrough came just over eight months ago when Meg, for the first time, said her name.

"It was emotional for me because she hadn't been able to say it for so long," Sam said.

200+

The number of new clients seen in the first seven months of the new service



"We'd been practising for quite a while and then it just sort of clicked and she got it.

"She's come so far. When we first came, Meg couldn't get the 'G' sound out at all. She couldn't have a conversation before and now she can. I never thought we'd see the day when I'd be like, 'please be quiet', she just chats all the time now," Sam said.

For Tyler, hearing improvements in Meg's speech still amazes her.

"I get so excited every time I hear her; it's like oral gymnastics for her to move from one sound to the other. Once she got them she gets them and then they stick, it's like putting Lego back together," says Tyler.

The Barwon Health zero to six years of age speech pathology service provides screening and therapy for children prior to school entry, when speech therapy is more successful. In the first seven months of the new service, more than 200 new clients had been seen across the four community health centres.

For more information about speech pathology services, please phone 1300 715 673.

If your child has been diagnosed with a disability (e.g. Autism, Down Syndrome, ADHD) or a suspected development delay you should phone Early Childhood Intervention Services (ECIS) Intake on 1800 354 605.

Pictured: Meg Grey.

Tyler's tips

Speech Pathologist Tyler Mahon says parents should consult a speech pathologist if their child is:

- Using less than 50 words or not combining words (e.g. "more juice") by age two
- Frustrated about their speech and not able to clearly communicate their needs by talking
- Appearing to talk in sentences but cannot be understood
- Unable to understand or use sentences that most of their peers can
- Stuttering

Preventing falls

In a bid to curb the incidence of falls within the hospital, Geelong Hospital's Birdsey Wing 7 has implemented the 'red socks' project.

Simple factors such as being in an unfamiliar environment, medication and surgery mean patient falls represent a real risk in hospital. In 2001, it was estimated the health cost attributable to falls-related injury in Australia was nearly \$500 million annually, which is why preventing falls is a priority for Barwon Health.

The project in Geelong Hospital's Birdsey Wing 7, a general medicine ward with an average patient age of 65, has been in place for 12 months and involves purpose-designed socks to help identify any patient at risk of falling.

The socks feature double-sided grip so they don't twist on the foot. They keep the foot warm and can be worn over the top of thrombolytic stockings. They also grip wet surfaces and won't slide in the wet like shoes do.

Since the project commenced, no patients wearing the red socks have experienced a fall.

Feedback from the patients has so far been positive, with many enjoying the fact they can take their new socks home.

The red socks project is one of many falls prevention innovations around Barwon Health, which introduced an organisation-wide policy as part of a wider staff education campaign.

The Falls Prevention Policy was introduced in a workshop in May as part of the 2012 International Nurses Day theme of 'Closing the Gap: from evidence to action'.

The workshop engaged nurse unit managers and associate nurse unit managers to identify enablers and barriers to the successful implementation of strategies to prevent falls and harm from falls for every patient, every time, with an ongoing commitment to identifying changes that could be made to current practice and ensure strategies are in place to prevent falls.

RISK FACTORS

There are a variety of common risk factors for falling among older people.

Risk factors may be intrinsic (related to a person's behaviour or condition) or extrinsic (related to a person's environment or their interaction with the environment).

Intrinsic factors

- Increased age
- History of falls
- Chronic medical conditions (e.g. stroke, Parkinson's disease, arthritis)
- Multiple medications and specific types (e.g. psychoactive medications)
- Impaired balance and mobility
- Reduced muscle strength
- Sensory problems (e.g. impaired vision, peripheral neuropathy)
- Dizziness
- Impaired cognition
- Incontinence
- Depression
- Low levels of physical activity

Extrinsic factors

- Inappropriate footwear (such as high heels and slippers)
- Inappropriate spectacles
- Hazards inside and outside the home

Courtesy Australian Commission on Safety and Quality in Healthcare.

Did you know?

Falls are the leading cause of injury-related hospitalisation in people aged 65 years and over, and account for 14 per cent of emergency admissions throughout Australia. It is estimated one in three people aged 65 and over may experience a fall within the next 12 months.



Since the 'red socks' project commenced, no patients wearing the red socks have experienced a fall.

FALLS DATA

Falls prevention is a national and state-wide priority, and something we report on annually. Falls are monitored on a month-to-month basis and assessments conducted for gaps in care and/or any themes to help prevent people falling.

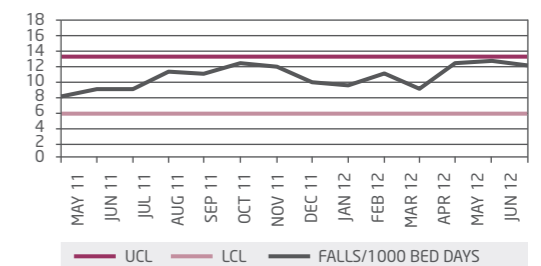
Whilst we actively promote falls safety, listening to patients' needs and input is important. We give all patients and residents the option to accept falls prevention recommendations and explain the reasons why we implement these measures by thoroughly informing them of potential falls risks.

Barwon Health also has a multi-disciplinary falls committee which works across the organisation and consists of executive representation, management from a variety of areas and medical staff. The committee looks at ways to not only reduce the number of falls, but minimise their impact as well.

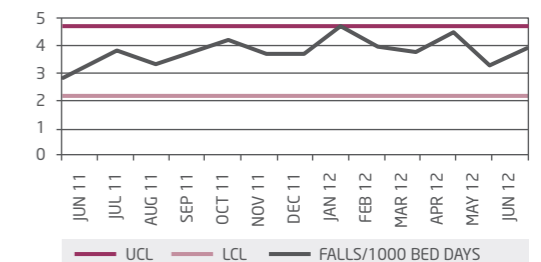
All Barwon Health staff report falls incidents to ensure there is a robust monitoring and review system to identify areas of risk or changes in care and environment.

The following graphs show that monthly reporting of fall rates within Barwon Health remain within the controls set by the organisation.

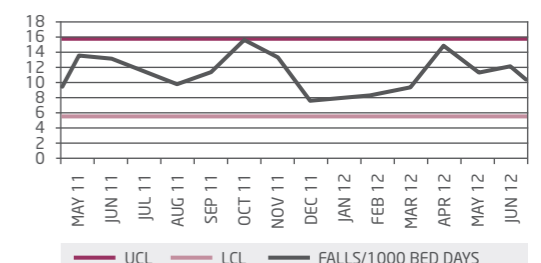
AGED CARE FALLS REPORT / 1000 BED DAYS



ACUTE / MENTAL HEALTH FALLS REPORT / 1000 BED DAYS



INPATIENT REHABILITATION CENTRE FALLS REPORT / 1000 BED DAYS





Treating teens early in life and early in illness

Anorexia nervosa is the psychiatric illness with the highest mortality rate and can have life-threatening and devastating consequences. Only a small percentage of young people with eating disorders receive the care they need.

At Barwon Health, a treatment model for young people with eating disorders is helping to reduce the number of hospitalisations and improve health outcomes.

The model, called Family-Based Treatment, is for youth with anorexia nervosa or bulimia nervosa accessing the Barwon Health Eating Disorder Service. The treatment aims to externalise the eating disorder from the young person while assisting parents to take control of their child's illness.

Psychologist and clinical coordinator at Barwon Health's Eating Disorder Service, Hollie Laver, said thanks to the introduction of the new treatment, young people are getting better at home.

"The treatment involves a family-focused approach and views recovery from eating disorders as best met by the involvement of the family who are supported to take an active role in the young person's treatment," Hollie said.

"The parents are seen as the experts of their child and before anorexia stepped into their lives they have raised and fed their children very well. So by re-feeding their child at home and sitting with their child at every meal, with support from Barwon Health, they can support their child back to health."

As part of the service, parents are encouraged to participate in Collaborative Care Skills Workshops (CCSW). The six-week workshops are designed specifically to improve carers' wellbeing, coping strategies, and problem-solving skills. In addition, the workshops aim to modify ineffective communication patterns, to educate carers about models of change as well as to teach carers the basic principles of motivational interviewing.

Geelong mum Katrina became her daughter Emily's primary carer in 2011 when they sought treatment for her anorexia nervosa. To assist with family-based treatment, Katrina and her family participated in the CCSW workshops.

Read Emily's story
over the page.

“

“The workshops were a wonderful opportunity to talk to other parents of children with eating disorders. Being able to **share our experiences with other parents** and hearing their stories was another support system, along with Emily's eating disorder team, that allowed us to learn valuable skills.”

“The workshops were a wonderful opportunity to talk to other parents of children with eating disorders. Being able to share our experiences with other parents and hearing their stories was another support system, along with Emily's eating disorder team, that allowed us to learn valuable skills,” Katrina said.

“For us as a family, the decision was easy to make as far as being Emily's primary carers. Emily did not want to go into an eating disorder inpatient clinic and we agreed that with the support from staff at Barwon Health we would look after Emily at home and be involved as closely as we could in the treatment program.

“At the very beginning we did wonder if we had the skills to look after Emily at home. But from the first treatment session and the following 12 months we were given detailed techniques and strategies to support Emily in her recovery.

“We are so proud of Emily, she is the one that has done all the hard work and shown, and continually shows, amazing strength.”

The Barwon Health Eating Disorder Service youth model offers assessment and treatment to children and young people aged up to 25 years enabling earlier and more coordinated care and treatment of eating disorders, particularly when occurring in late childhood and early adolescence. The service also offers assessment and treatment in collaboration with the Barwon Health Deakin Psychology Clinic and adult community mental health teams, for individuals aged 26 years and over.

For more information about the Barwon Health Eating Disorders Service, please phone 1300 094 187.

Pictured: Psychologist Hollie Laver.

Emily's story

Twenty-one-year-old Emily suffered from anorexia nervosa for two years. After spiralling into the lowest depths of the illness, it was Emily's parents who helped nurse her back to health. This is her story.

Anorexia was my best friend, it was the voice inside my head that controlled everything I did - my whole life revolved around it. The thought of having to eat terrified me, food became my fear and it was the enemy. I would weigh myself up to 10 times a day and if I put on 100 grams it would send me into a fit of panic and meant I wouldn't eat or drink for the rest of the day.

It got to a point where I consumed almost no food for three weeks. After a while it became very tricky because I was constantly lying to everyone around me about what I had eaten. That was the hardest part; not being truthful to the ones I loved. Because no one knew my secret, I felt alone and that no one would understand. The eating disorder fed off this and became the only one I could depend on.

My lowest point was when half my hair had fallen out, I was freezing all the time and my lips would often be blue, I also grew lanugo, which is fine hair that develops to keep you warm. I couldn't sleep because all I thought about was how to get away with not eating the next day; I found it impossible to concentrate which resulted in me having to withdraw from university. My body ached all the time, my nails became very brittle and my period stopped. I was also diagnosed with depression and anxiety.

ASKING FOR HELP

I can remember so vividly the day that everything became too much and I simply broke down. I had just had a shower and clumps and clumps of my hair had fallen out. I rang my mum and told her to come home from work, when she arrived I was crying hysterically and I told her that I hadn't eaten properly for a very long time. The voice in my head was so angry at me but I couldn't lie anymore and continue living the way I was. It was April 2011 when my mum found out and that was when she sought professional help for me.

TREATING MY ILLNESS

Initially at the eating disorder clinic we decided that I would receive individual treatment; this involved sessions with a psychologist once a week, along with visits with the psychiatrist and nutritionist. After a month I was still losing weight and it was then decided that we would try the

Maudsley (family-based) treatment program which involved my parents taking full control of every aspect of my life. Along with my treatment at Barwon Health, they worked closely with my GP, whom I saw weekly.

When we started with the Maudsley approach I absolutely hated it. I was 19 and had to surrender all control over to my parents. I remember the first family dinner we had, it was chicken and vegetables and I sat there for 20 minutes not willing to eat it. I was told that everyone would sit at the table until I had finished. I sat there with tears streaming down my face and stuffed the food into my mouth to get it over as quickly as possible. I cried for the rest of the night and spoke to no one.

My mum gave up her job so she could care for me 24 hours a day, seven days a week and my dad took three months leave from his job. My parents would wake me up early as I had to eat six meals a day and to fit in all the meals and snacks. I was consuming between 3,000 and 4,000 calories a day. In the beginning, I felt so ill from eating and suffered severe stomach pain after starving myself for such a long time. My treatment also involved me not participating in any physical activity as this would burn calories. In the first few months all I did was rest.

HEALING

If not for my amazing parents and brother, I can't think of what would have happened. I know for sure that I could not have beaten my anorexia without their love and support. I tried to fight it by myself but I couldn't do it alone. Having my parents there, especially my mum, who for practically a year I spent every minute with, helped me more than words will ever be able to explain. After I started eating again and my brain started functioning normally, things started to become easier. My psychology sessions gave me the skills and tools I needed to beat the eating disorder as well as providing the support I needed.

It's still only early days in terms of my recovery. It is an extremely long process and one that takes dedication and a lot of effort but I'm confident that I will not experience a relapse. I still have bad days but these are becoming less frequent and I know that I have people around me that I can talk to.



"I would weigh myself up to **10 times a day** and if I put on **100 grams** it would send me into a fit of panic and meant I wouldn't eat or drink for the rest of the day."

“My psychology sessions gave me the **skills and tools** I needed to beat the eating disorder as well as **providing the support** I needed.”

Compliments & complaints

At Barwon Health, we have a dedicated Consumer Liaison Department that receives and investigates compliments and complaints from the community.

Community feedback is recorded, reported and used to help shape changes in our service provision and to provide feedback to staff.

This feedback is received through several avenues including phone, mail, fax, email, through the Barwon Health website and via social media. We have also conducted a number of large scale surveys through the local newspaper.

Feedback is entered into a database and flagged to relevant staff and executive. This year, we received 382 compliments and 477 complaints.

We appreciate the time and effort people go to share their experience with us and encourage the community to continue to do this.

We want to hear about your experience.

COMPLIMENTS

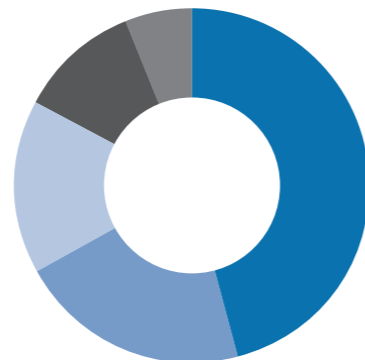
"We are new arrivals to the Geelong area and my wife and I had cause to attend your Emergency Department and then Outpatients for a follow up assessment. Please pass on our thanks and congratulations for the care and treatment that we have received. I commend you and your staff on their caring and friendly attitude at a time when one would expect them to be under pressure and very busy. It has been a pleasure (in trying circumstances) to be treated at your hospital. I for one will be a vocal supporter of the Geelong Hospital to anyone who cares to listen. Thank you."

Des, Inverleigh

"I would like to thank the staff at Baxter Maternity Services for the care prior, during and after the birth of our son. In particular I would like to thank Andy and Karen who were a wonderful support during labour and Sally who did the home visits. I would also thank all the nurses in the postnatal ward. While I cannot remember all their names they were all equally attentive, supportive and friendly. I have only positive things to say about my experiences with Barwon Health during pregnancy, birth and post care. The staff involved in these areas should be congratulated."

Jani, Geelong West

COMPLAINTS



- Treatment/clinical care 46%
- Access 21%
- Communication 16%
- Environment 11%
- Non clinical 6%

VICTORIAN PATIENT SATISFACTION MONITOR

The Victorian Patient Satisfaction Monitor (VPSM) is a formal survey sponsored by the Department of Health and results are provided twice a year. This survey benchmarks Geelong Hospital against the state's metropolitan hospitals. The following table outlines Geelong Hospital's VPSM results for 2011, with Geelong Hospital recording higher levels of patient satisfaction than its peer hospitals.

2011 VPSM RESULTS

REPORTING PERIOD	JAN -JUNE 2011		JUL - DEC 2011	
	Geelong Hospital	Peer Hospitals	Geelong Hospital	Peer Hospitals
Number of respondents	243	2310	221	2142
Overall satisfaction with care - indicates the level of satisfaction with the hospital stay	78%	75%	79%	76%
Consumer Participation - Indicates the level of satisfaction with involvement in decision making about care and treatment	80%	78%	82%	78%

Closing the gap in mental health

Barwon Health is helping improve the quality of care for Aboriginal mental health clients through the introduction of an Aboriginal Cultural Consultant.

Aboriginal Cultural Consultant and social worker Janine Cattanach works within Mental Health, Drugs and Alcohol Services to educate and support staff about culturally appropriate care for Aboriginal clients, and to provide support to clients accessing those services.

"The role is three-fold," Janine explained, "it's about capacity building with our clinical staff around cultural awareness and providing culturally appropriate care to Aboriginal people, then there is direct contact with community when people enter our service through a brief follow up, and also policy development.

"We are re-educating staff and empowering them to feel confident and comfortable in asking clients about their background and being able to be responsive to their needs."

Janine explained that through education, workshops, and other promotional materials, more Aboriginal clients within the mental health and drugs and alcohol setting are being identified each year and provided with culturally appropriate care.

"The increase in identification of Aboriginal clients is a combination of people asking the right questions and people feeling more comfortable about coming to the service."

"The increase in identification of Aboriginal clients is a combination of people asking the right questions and people feeling more comfortable about coming to the service," Janine said.

The Aboriginal community has higher prevalence rates of mental health disorders than non-Aboriginal people. However, Aboriginal people tend to seek less help than non-Aboriginal people and they also access services later rather than earlier on during illness.

Janine, whose traditional country is Woodycupaldiya in the Northern Territory, also explained the complexity of issues associated with treatment of Aboriginal clients.

"A fear of the hospital setting and racism, past and present, within the health setting can contribute to delays in requests for treatment. When people are treated badly it has such an effect that they won't return to the hospital and that is a fairly common thing," she said.

"At Barwon Health, what we're trying to do is eliminate mistrust by educating staff on the needs of Aboriginal clients and also educate them as to why it is so important to understand, acknowledge and identify Aboriginal culture."

Barwon Health's Mental Health, Drugs and Alcohol Service works with people in the community that are severely impacted by mental illness or substance disorders, and works closely with other agencies who also work with those clients. Mental Health, Drugs and Alcohol services includes an inpatient unit for people who are acutely unwell, a diverse range of community treatment teams, and a triage team that sits in the Emergency Department.



Aboriginal Cultural Consultant Janine Cattanach is helping to educate and support staff in identifying Aboriginal clients and their needs.

Toward zero waste

A smarter approach to recycling is resulting in less waste sent to landfill and less carbon being produced by Barwon Health.

Installing a composting machine onsite, selling reusable coffee cups, donating used furniture to local community service organisations and implementing a much-improved recycling system are some of the recent initiatives that have enabled the organisation to significantly reduce its landfill volume.

The Closed Loop Organics composting unit was introduced in November 2011 at the McKellar Centre and uses a combination of organic starter, heat, air flow and agitation, to reduce the material to 10 per cent of its original volume and weight within 24 hours, resulting in concentrated compost.

St Laurence Community Services collects the organic waste weekly for their nursery in Colac, where it is composted and used in plant development for eventual sale to the public.

Barwon Health now recycles as much waste as possible, including products such as:

- Polystyrene
- Pine pallets
- Batteries
- Shrink wrap and plastic bags
- Kinguard
- Printer toners and cartridges
- Fluoro tubes and light globes.

Used furniture, in particular beds from Barwon Health's Kitchener House, is now donated - where possible - to Encompass HomeStart, a local program assisting disadvantaged people in the community, while used clinical computer monitors are collected by locally-based GDP Industries who dismantle them and sell the parts.

As Waste Management Coordinator Bronwyn Aylmer explains, staff education is also a driving factor in the success of Barwon Health's recycling program.

"Our department works closely with the wards to educate nursing staff about clinical waste and what can be recycled," Bronwyn said.

"Clinical waste is our most expensive waste to dispose of, so the better segregation at source, the less cost. There is a lot of packaging being unnecessarily disposed of into this waste stream that could be diverted into recycling.

"Our waste is never going to decrease significantly, as our patient admissions rise each year, but it can be managed better," Bronwyn added.

Barwon Health is part of the Victorian Green Health Roundtable group, an independent group comprising membership of about 15 other health services in Victoria, who meet regularly and swap ideas about sustainability, new programs and what recycling initiatives have worked.



Did you know?

- Our Food Services department produces around 155kg of food waste per day. By using the Closed Loop Organics Unit, the weight reduces to 462kg of organic material produced per month, which can then be diverted from landfill.
- In the 2010/11 financial year we recycled approximately 300 tonnes of cardboard.



Volunteers: On the road to quality

Retired truckie Colin Hansen loves being behind the wheel, and for the last four years the 71-year-old has shared his love of driving with the McKellar Centre Volunteer Transport Service.

The service has been running for more than 30 years and does over 2,600km per month transporting residents and patients to appointments and day trips around Geelong, Melbourne and Ballarat.

Colin, a cancer survivor and former Barwon Health patient, is a senior driver and one of 13 on-call drivers who give up their time to support the service.

"It's really rewarding and a very fulfilling job. I get a lot of enjoyment out of it, especially when I see how happy the residents are," Colin said.

"There is so much variety to it, and we're able to give people a quality of life that they might not be able to have otherwise."

With three buses on the road, every week more than 50 residents and accompanying staff from each lodge set off to sight-see and socialise.

The service also operates an onsite shuttle vehicle, which is a customised buggy that takes residents around the 50 acre McKellar Centre site.

The service continues to expand and now has two hoist vehicles so more wheelchair bound and immobile residents can attend day trips and outings.

The hoist vehicles were purchased by the McKellar Centre Opportunity Shop in Herne Hill specifically to help residents to maintain connections with the community.

Driving around 18-20 hours a week, Colin is dedicated to the program and the people it serves.

"I've met some great people since I've been here. I love to see their faces when 'their driver' arrives and they say, 'where are we off to today Col?'; sometimes we will just head down the coast and take a scenic drive, but it's great for them to just get out and about and a pleasure for me to be able to help them do that," said Colin.

For more information on how to become a transport service volunteer, please phone 4215 6160.

Pictured (L-R): Volunteer Transport Coordinator Ron Douch and volunteers Colin Hansen, Graeme Proud and Don McDonald.

BALLARAT



2,600

The number of kilometres travelled per month transporting residents and patients

MELBOURNE

30

The number of years the service has been running

GEELONG

18-20

The number of hours 71-year-old Colin spends driving per week

Volunteers: Leading the way

Behind the doors of Geelong Hospital is what can be described as a labyrinth of corridors, lifts, stairs, exits and entrances.

It can be an overwhelming experience to navigate your way around the hospital's seven storey building and 24 wards. Thankfully, there are eight volunteers committed to helping your visit to Geelong Hospital be a smooth one.

At both the Geelong Hospital and McKellar Centre, there is an army of dedicated volunteers manning information desks at key entrance points to assist visitors and patients.

From 8.30am to 3pm, Monday to Friday, at Geelong Hospital's Bellerine Street entrance, volunteers work tirelessly to greet and welcome visitors and clients of Barwon Health.

With an average of 3,000 enquiries per month, information desk volunteers are critical in supporting Barwon Health's services.

Frank Riches, 76, has been volunteering at Geelong Hospital for more than 12 years, all of which have been spent at Geelong Hospital's main information desk.

The great-grandfather and former laboratory technician has a wealth of knowledge of the hospital. After seeing it go through many transformations and changes over the years, Frank knows his way around the building like no other.

"I remember when the information desk was just a small table with a cloth over it and having to actually go up to people to see if they needed help," Frank recalls.

"Most people that come here are sick, so helping to make their experience a little bit easier is a pleasure to do.

"One of the greatest things about this role is how many people I have met and still meet. I've recommended volunteering at Barwon Health to many people."

3,000

The average number of enquiries to our information desks per month

Information desk volunteers direct visitors to wards, direct customers to services and facilities, book taxis for patients/visitors as required, issue parking permits, receive allied health equipment returns and arrange and receive flower/gift deliveries from local florists, and much more.

For more information about volunteering at Barwon Health, please visit www.barwonhealth.org.au or phone 4215 8918.

A snapshot of the McKellar Rehab Gym

The McKellar Centre's Community Rehabilitation Physiotherapy Gym opened in October 2006 as part of the \$13.8 million Community Rehabilitation Centre (CRC), which was the largest of its type in regional Victoria at the time.

The specially-equipped gym is used to rehabilitate around 4,200 clients a year centre by physiotherapists. It is the primary treatment space for a team of 10 physios, and is also used by Prosthetics and Orthotics staff.

The services in the gym are delivered by a multidisciplinary team, provided to people with a variety of conditions, including inpatient and outpatients.

The specialist equipment within the gym helps staff direct care and tailor rehabilitation programs for clients.

Ever wanted to know what all the equipment does? Read on.

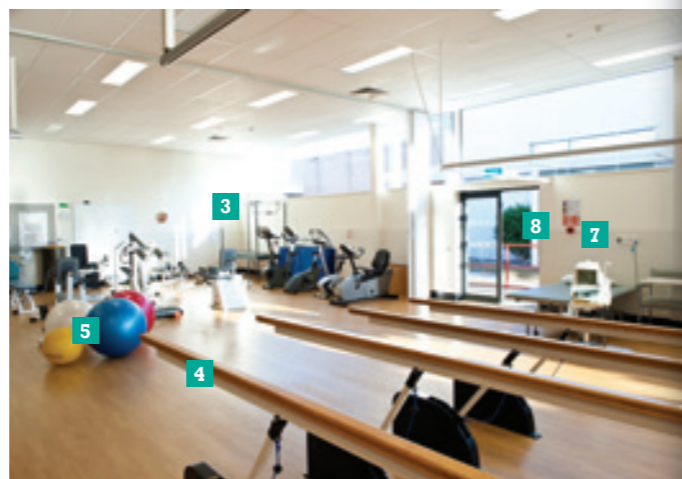
1 GAITRITE ELECTRONIC WALKWAY SYSTEM

The 'GAITRite Mat' measures distance and time aspects of walking. There are multiple sensors within the mat giving physios information about the way a client walks. The physio can then monitor walking symmetry, variability and therapy outcomes.



4,200

The approximate number of clients a year that are rehabilitated using this specially-equipped gym.



2 NEUROCOM BALANCE MASTER

The NeuroCom Balance Master uses a sensored force platform to perform a large number of assessments of balance, including sensory organisation, voluntary and involuntary motor control. Physios can then compare results to the average population and monitor progress and treatment effect over time.

The 'Invision System' is an attachment to the NeuroCom Balance Master and allows physios to assess and monitor complex patients with vestibular disorders, traumatic brain injuries and chronic neurological conditions.

3 PILATES REFORMER & TRAPEZE TABLE

Pilates focuses on improving the functioning of postural muscles which have to work gently but almost constantly to give our bodies support and control. The reformer and the trapeze table help target these muscles and use gravity, resistive springs and body weight to gently challenge control and stability.

4 RAILS

These act as a support and help give clients stability. They are used for strengthening, balance and walking, including helping amputees learn to walk again.

5 FIT BALLS

These durable rubber balls come in different sizes to suit different client needs. They are used for core strengthening, and whole body strength. They can be used to encourage correct posture while seated and assist in the management of back pain.

6 OVERHEAD TRACKING HOIST SYSTEM

With a maximum weight capacity of 200kg, the overhead hoist tracking system can be used with any patient who requires assistance with transfers or learning to walk again. The patient is placed in a harness and attached to the hoist system under supervision. The tracking system can also be used to transfer patients who cannot do this independently. It can also be used to assist clients who are undergoing treadmill training.

7 REAL-TIME ULTRASOUND

Using soundwave technology to provide real-time imaging of the stabilising muscles of the spine, this machine allows physios and their clients to 'look' at the muscles inside their body. Clients with chronic pain, recovering from back surgery or fractures use this machine for core stability assessment and treatment, as it provides important feedback on how well they are performing their exercises.

8 MOBILITY GARDEN

This garden features steps, ramps and rails for clients and their carers to practice mobility and balance tasks commonly encountered in everyday life.

Client Profile

NAME / SAM ROBINSON

AGE / 13

SUBURB / CORIO



How did you come to use the rehabilitation facilities here at the McKellar Centre?

In February 2011, I was diagnosed with a primary bone cancer called osteosarcoma. Treatment for osteosarcoma is both chemotherapy and also surgical removal of the cancer. So in May last year, about a third of the way through my chemotherapy, I had the surgery. The surgery was a big success but I now have one leg shorter than the other and my knee doesn't bend very well compared to a normal leg, which is why at the end of my chemotherapy treatment, the Royal Children's Hospital sent me to the physiotherapists at the McKellar Centre.

How long have you been in rehabilitation and how is it helping you?

I have now been in rehab since January 2012. The first four appointments were in my home where John, the physio from the McKellar Centre, came to see me and then when I was a bit stronger, I started going to the Rehab gym for my appointments with Matt and now Jane.

In January when I first started having rehab, I had not walked for almost a year so the physios have helped me to learn to walk again and get my knee to bend a bit more. They have given me many strength, balance and stretch exercises to do this. They have also taught me how to walk properly using a built-up shoe made especially for my short leg.

Rehab is helping me so much because in January I was using a wheelchair all the time, then I learnt to use the crutches to walk as my legs got stronger and now, I am hardly using the crutches at all.

What is the main piece of equipment, if any, you use in rehabilitation?

I have used so many pieces of equipment such as balancing plates, balancing pillows and balancing machines, rehabilitation bars, all kinds of balls, stairs inside the rehabilitation gym and also outside in the centre gardens, treadmills, physio benches, the pool, measured distance markers up and down the corridors, stop-watches and even protractors to measure the angle of my knee bend.

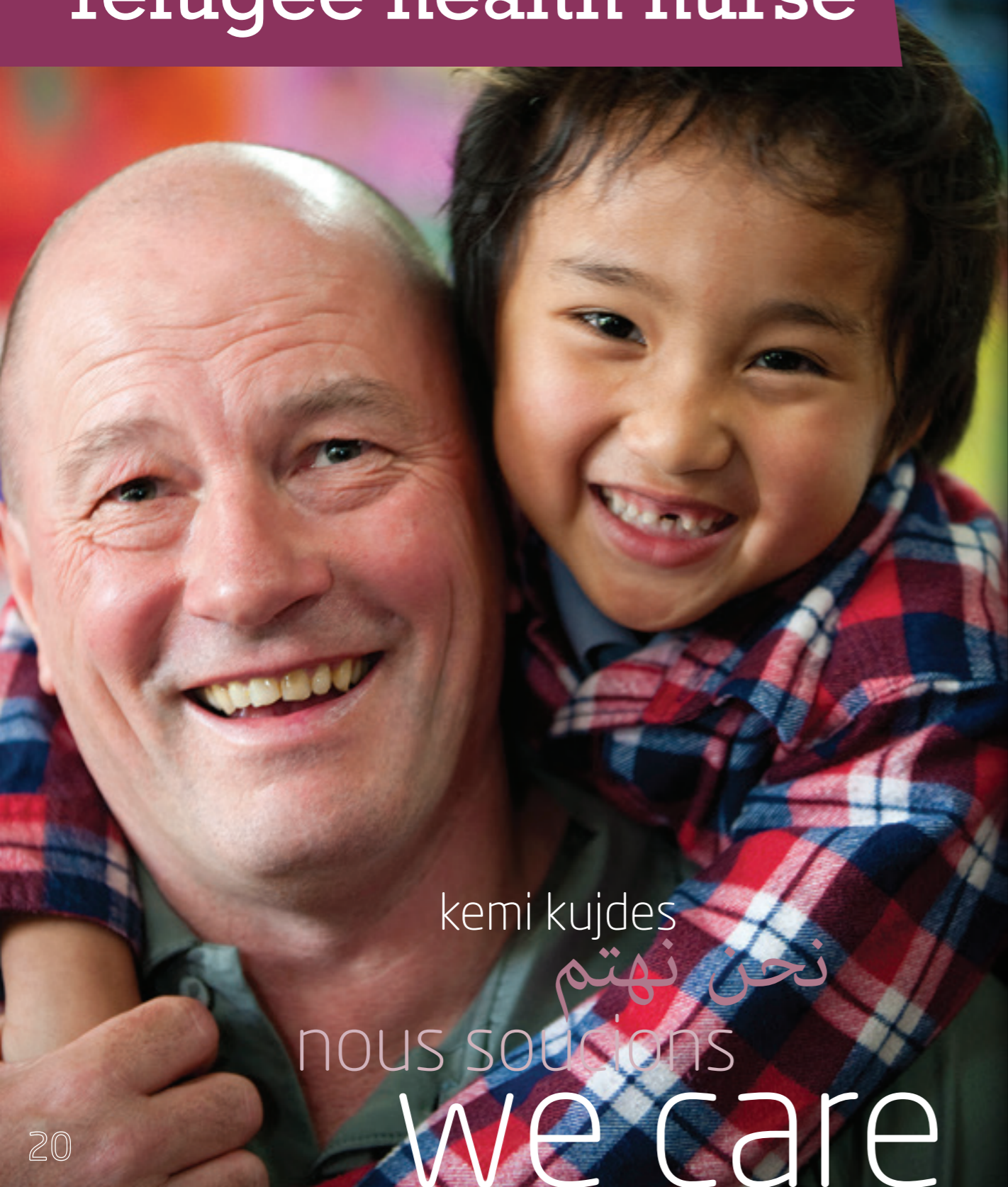
What sort of treatment are you receiving?

A combination of physiotherapy and hydrotherapy. I was also offered an occupational therapist, who would come to my home and my school to help me get around.

What are you most looking forward to being able to do once you finish rehabilitation?

Run, kick a ball a big distance and hopefully even play a little bit of footy with my friends at school.

A day in the life of a refugee health nurse



kemi kujdes

نحن نهتم

nous soucions

we care

Navigating a health service can be complicated at the best of times, but imagine trying to do it in a foreign country, and in a language you don't understand.

Karen refugee Mae La Win Hser spent more than 20 years in a Thai refugee camp before relocating to Australia with her young family in 2007. With four active kids, it wasn't long before she needed to access the local health service in Geelong, whether it was for immunisation information, getting help when her son fell off his bike and knocked his teeth, or for her youngest son Tomar's asthma and hand operation.

For Chris Johnston, a nurse in Barwon Health's Refugee Health Program, understanding and supporting refugees in the community is his primary focus. As a nurse, Chris supports refugees as they access health care for the first time.

Chris has developed a close bond with young Tomar after first meeting him as a "tiny little fella" in a pram and has watched his progress in adjusting to primary school life and rapidly learning English.

Tomar is one of many refugee families who Chris helps navigate the health service. Here, Chris gives us an insight into his role:

"We have between 800-1,000 refugees and asylum seekers in Geelong, and the majority come from countries such as Burma, Afghanistan, Democratic Republic of Congo, Sudan, and Pakistan. Some people have spent up to 20 years in refugee camps and often still have family back in their home countries or at refugee camps who they are concerned about.

Part of my role is trying to assist refugees and asylum seekers with navigating the healthcare system. There are instances where clients have multiple appointments throughout Barwon Health which can all be located at

different sites so it can be difficult for them to initially physically locate where each of their appointments are. Secondly, understanding and contributing to the discussions in relation to their appointment, with the aid of an interpreter, is the next challenge. This may be further exacerbated due to their cultural background, as they may be quite hesitant about asking questions regarding their healthcare.

There are a range of new experiences which can add anxiety or confusion to the wider experience. For example, families visiting Geelong Hospital may have never been in a lift before or on an examination bench - add in motion sickness from the car trip into their appointment to this experience, and it can be very overwhelming.

Through my interactions with them I need to gain a sense of trust and safety, which takes time. I visit many families in their homes, which is preferable, as I am able to capture a more holistic understanding of their circumstances and issues by observing them in this environment. At their homes, they show me photos of their previous life and photos of missing or deceased family members. It also gives me a good sense of how they are going with our westernised food supply and how they managing their lives on a daily basis.

Our team works hard to educate staff about particular community groups and the languages they may speak. Where appropriate and necessary, I point out significant cultural practices staff need to be aware of. We also work closely with services involved in the settlement process such as Diversitat, Glastonbury and GP practices.

Despite the many hardships and some truly horrific experiences many refugees and asylum seekers have experienced, they value a smile, joke, handshake and a non-judgmental approach. I hope through my early interactions with them, a sense of trust and safety can be established, which will hopefully play a role in improving their health outcomes and ultimately improve their quality of life."

Pictured: Chris Johnston and Tomar Hser.

Interpreting care

Our region is culturally diverse with one of the highest refugee populations in the state. This brings 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.

In 2011/12, the Refugee Health Nurse Program assisted over 100 newly arrived refugees who have settled in the Geelong region. We also had more than 5,300 requests for interpreters.

NUMBER OF INTERPRETER BOOKINGS FOR NEW AND EMERGING LANGUAGES

NEW LANGUAGE	INTERPRETERS 2011/12	INTERPRETERS 2010/11	INTERPRETERS 2009/10
Karen (Burmese)	1175	1077	1053
Mandarin	238	193	175
Nuer	101	200	144
Kiswahili (or French)	203	187	0
Arabic	95	144	130
Dinka	72	66	81
Albanian	25	36	20

Emergency
Phone

Family-initiated MET calls: encouraging patient-carer involvement

Following a review of Barwon Health's Medical Emergency Team (MET) calls within the Children's Ward, a recommendation was made for the consideration of family-initiated MET calls.

MET call processes for staff are recognised as best practice for hospital and emergency response and extending this to include family and consumer-initiated MET calls is an enhancement of this process, helping to avoid potentially life threatening delays for deteriorating patients.

The process was implemented in August 2012, based on similar systems in place at the Royal Children's Hospital in Melbourne and local health district hospitals across NSW. It enables carers and patients in Geelong Hospital's Children's Ward to follow steps and contact the MET via an internal Barwon Health phone if they notice a deteriorating change in their loved one. Flowcharts on ward walls guide them through the process.

Executive Director of Medical Services, Felicity Topp, said the new process encourages patient-carer involvement, which has proven clinical benefits.

"Empowering patients and their carers to share their medical concerns with our staff helps improve patient care," Felicity said.

"We understand you know yourself or your loved ones best, which is why we introduced this communication process to help consumers share their concerns with us.

"Partnering with patients and carers not only provides an additional safety net to avoid critical delays, it also enables consumers to call for help if they know something's still not right after a staff assessment.

"An evaluation six months into our pilot on the Children's Ward will determine how effective it has been.

"Once the process is successfully underway in the Children's Ward, a decision will be made as to the benefit of rolling it out to all clinical areas at Geelong Hospital and the McKellar Centre," Felicity said.

Pictured: Felicity Topp.

Research

Research is vital to improving clinical care and practice.

Barwon Health has a growing research program and the Office for Research and the Human Ethics Committee is responsible for ensuring that all research at Barwon Health meets guidelines for safety, quality and ethical conduct.

Improvement and applied research projects assist in shaping service delivery and making quality improvements. The table on the right shows the number of studies that were undertaken in the 2011/12 financial year. Eighty-seven of those were quality improvement studies.

RESEARCH TYPE	NUMBER OF STUDIES
New treatments and medicines	368
Quality improvement	87
Patterns and predictors of disease (epidemiology)	49
Exploring perceptions/knowledge (qualitative research)	25
Other	6

Case study

In 2011/12 Barwon Health and Barwon Medicare Local conducted a study asking the question: *Why do patients with less urgent conditions choose to use the emergency department (ED)?*

Recently, Geelong Hospital's ED has had a growing number of less urgent presentations. Over the past four years, patient numbers have increased by almost 10 per cent each year. The aim of this study was to understand the drivers of increasing demand at the ED, including investigation of why less urgent patients choose to present. The study addressed the following key questions:

- Is the increase in presentations greater than population growth in the region?
- What reasons do people give and what factors influence their choice to use the ED instead of a General Practitioner (GP) both during business hours and after hours?
- What barriers do people identify accessing primary care service in the community?

To answer these questions a combination of data types were analysed. This involved a patient questionnaire, which investigated reasons for attending the ED, analysis

of the past three years of ED presentations and analysing demographic data from the catchment region.

The study found the increase in presentations was far greater than population growth in the region, while five key themes which influenced a respondent's decision to present to the ED emerged:

1. A sense that a patient's condition was urgent and required immediate treatment
2. Convenience of ED services along with perceived complexity of needs
3. Availability as well as awareness of alternatives
4. Cost and socio-economic disadvantage
5. Children, adolescents and young adults with unique characteristics and service needs were key demand drivers amongst less urgent patients.

Barwon Health and Barwon Medicare Local completed this research in partnership. The two organisations are using the results to help develop strategies to try and help educate the community about the use of the ED for emergency conditions as well raising awareness about after hours GP services.

bmi
barwon medical imaging

A division of Barwon Health



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WHY CHOOSE BMI?

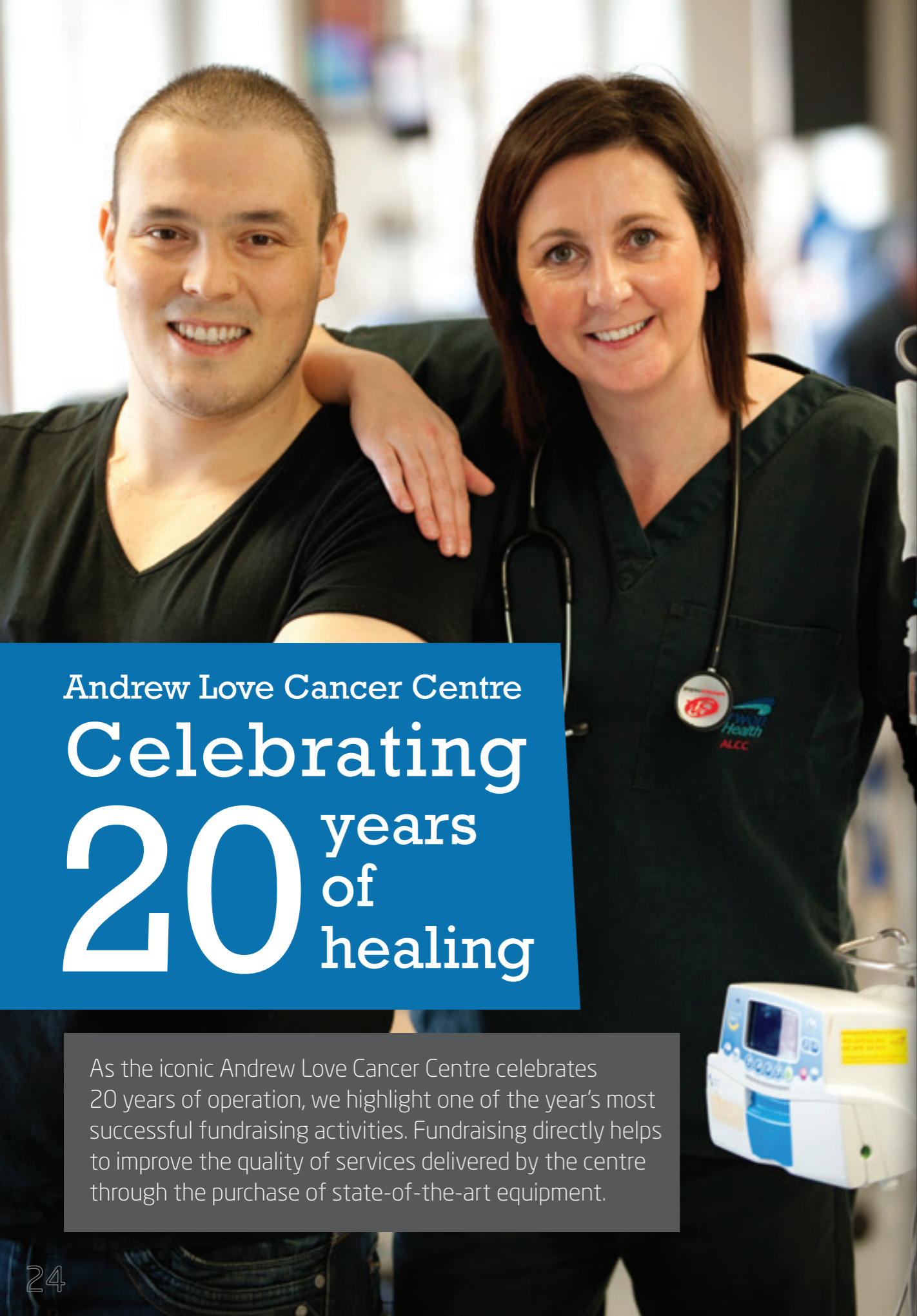
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Andrew Love Cancer Centre
Celebrating
20 years
 of
healing

As the iconic Andrew Love Cancer Centre celebrates 20 years of operation, we highlight one of the year's most successful fundraising activities. Fundraising directly helps to improve the quality of services delivered by the centre through the purchase of state-of-the-art equipment.

TOM GIVES CHEERS TO DRY JULY

The birth of your first child is a stressful and exciting time for any first time parent. However, this experience turned into tragedy for 28-year-old Tom Sutherland when he was diagnosed with cancer just one week after his son was born.

Tom was a healthy, active young man who had been dealing with the normal sleep deprivation and joy of bringing home a newborn when he received the devastating news he had acute lymphoblastic leukaemia (ALL), a form of leukaemia.

Tom, who was living interstate at the time, had been complaining of night sweats, constant headaches and bone pain for about a month before he went to the doctors. A blood test confirmed the cancer in January 2012. The day after his diagnosis, Tom and his young family were on a plane to Victoria to receive treatment at the Andrew Love Cancer Centre and to be close to his extended family in Colac.

The diagnosis has turned Tom's world upside down. He stopped working, playing sport, and socialising. Every day he is reminded of his illness by symptoms of fatigue, nausea, muscle soreness, mood swings and the mountains of medication required to treat his illness.

In July 2012, the Barwon Health Foundation urged the Geelong community to take a month off booze to raise funds to support locals, like Tom, living with cancer.

In the first year of the event, Dry July raised an amazing \$97,000 to help make a positive difference to the lives of adults living with cancer, with the proceeds going towards purchasing items and equipment for the Andrew Love Cancer Centre.

Every year, the centre cares for over 20,000 cancer patients from the Geelong and Western Victoria region. In one year alone, the centre will administer 2,757 courses of chemotherapy, and treat 1,376 new patients with radiation.

Tom supported the event as the 2012 Dry July Ambassador, sharing his story to help promote the event.

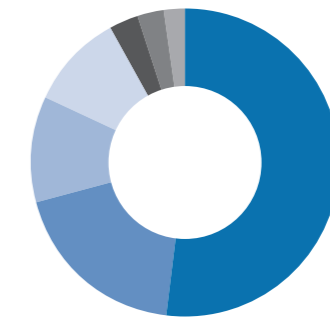
Tom says his experience has been extremely positive, despite the circumstances.

"It was quite daunting on my first visit to the Andrew Love Cancer Centre. I felt I didn't belong there and I didn't feel sick, not to mention I was so nervous about what was going to be my new world for a very long time," Tom said.

"I would be there three to five times a week; it could be for a couple of hours or even up to eight hours. But the nurses, doctors, pharmacists, receptionists, social workers, counsellors and volunteers have just been so good to my family and I."

Pictured: Tom Sutherland and nurse Sofia Del Giudice.

DONATION INCOME DISTRIBUTION 2011-2012



- Cotton On Foundation Children's Ward Redevelopment
- Other Barwon Health Services
- Andrew Love & Cancer Services
- Renal
- Community & Mental Health Services
- Research
- McKellar Centre & Aged Care Services

**CANCER AFTER CARE GROUP GEELONG
 - 34 YEARS OF CARING**

As Andrew Love Cancer Centre celebrates its 20 year anniversary in 2012, the Cancer After Care Group can take pride in knowing that this milestone wouldn't be celebrated without their dedication and support over the past 34 years.

The Cancer After Care Group Geelong was formed in 1978 by Lesely Myhill, who was prompted by the need for support for local patients who had experienced surgery or treatment for cancer.

The group soon began providing transport for patients attending Melbourne for treatment and a meeting place where cancer sufferers and their families could share their experiences and support one another.

Through strong lobbying, the Cancer After Care Group Geelong were instrumental in rallying support for the iconic Andrew Love Cancer Centre which was established in 1992.

Over the years the group have also continued supporting the Andrew Love Cancer Centre, providing the funds for a second Linear Accelerator, a research assistant and the funds for RapidArc Therapy along with a large number of other pieces of equipment.



For more information about donating to the Andrew Love Cancer Centre, or any of Barwon Health's services, please phone (03) 4215 8900 or visit www.geelonghospitalappeal.com.au

Register and help shape your health service



When it comes to our services, we're always looking for input and feedback from the public. We recognise that while our staff are experts in the technical aspects of care, our community are the experts about themselves and what is important to them. Collaborating improves the safety and quality of the care we provide.

In the past year, retiree Barry Breguet has been a consumer representative on a number of different projects including the Barwon Health website redevelopment and reviewing patient admission documentation.

For more information on how to become a member of the Consumer Representative Register, please phone 4215 1247.


Pictured: Barry Breguet.

How we're connecting with you

Barwon Health is at the forefront of new technology and social media. Through media such as Facebook and Twitter, Barwon Health is forging strong connections with the Geelong community.

Social media has become vital in the way we connect and communicate with our staff, patients and stakeholders. We're excited to share our stories with you and to read about your experiences with Barwon Health through these forums.

If you would like to connect with us, like us on Facebook or follow us on Twitter. You can also join us on LinkedIn for the latest job information.

 www.facebook.com/barwonhealth

 www.twitter.com/barwonhealth

 www.linkedin.com/company/barwon-health

In 2011, Barwon Health developed its Consumer Representative Register to help develop meaningful consumer relationships.

How it works:

1. The register records the details of trained volunteer consumer representatives
2. Staff identify activities, this could mean helping to develop patient information, participating in focus groups, or serving on committees
3. Registered members are then best-matched with appropriate projects.

Head of Consumer Centred Care, Lisa-Jane Moody, said anybody can provide Barwon Health with feedback at any time, but consumer representatives will receive training and support to enable them to be directly involved in the planning, development and evaluation of our service.

"Like all volunteering at Barwon Health, it is important to match the person and their interests to the project. The register is designed to help us achieve that match," Lisa-Jane said.

Hand hygiene Clean hands save lives

Did you know there can be more than 50,000 different types of bacteria on a person's hands at any one time?

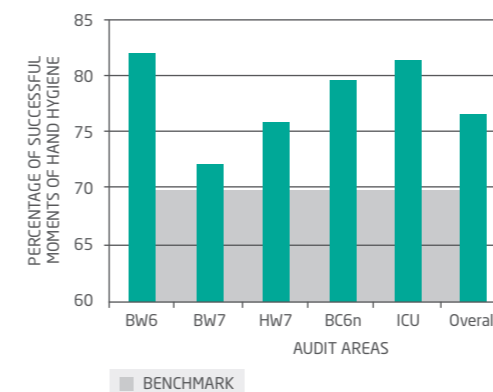
With this in mind, it is no surprise that in conjunction with best-practice cleaning standards, effective hand hygiene is critical in helping to reduce the risk of infection within healthcare settings.

Everyone has a role to play in stopping the spread of infection, including staff, patients and visitors to Barwon Health. The most effective method to improve hand hygiene is to use the pink alcohol based hand rubs located across Barwon Health sites.

Each year, we audit our efficiency in the effective use of hand hygiene. This year, we exceeded the 70 per cent compliance set by the Department of Health in most areas and had an overall compliance of 76.7 per cent.

Whilst we are above the national benchmark, there is always room for improvement and we continue to offer education opportunities to staff and patients.

HAND HYGIENE AUDIT RESULTS JULY 2012



You can help prevent the spread of infection by using hand hygiene:

1. When entering and exiting the hospital or community health centre
2. After going to the toilet or blowing your nose
3. After handling/patting animals
4. After smoking
5. When your hands are visibly dirty.

Immunisation

Barwon Health encourages all healthcare workers to participate in the annual influenza vaccination program, and offers the vaccine to anyone who wishes to prevent getting influenza.

Influenza, also known as the flu, can cause significant illness in vulnerable people, such as those with low-immunities and the elderly.

This year, over 62 per cent of Barwon Health staff had their influenza shot - more than 3,200 staff. We also offer all residents in our Residential Aged Care the vaccination program with more than 90 per cent uptake of flu shots.

WHY ARE FLU SHOTS SO IMPORTANT FOR HEALTHCARE WORKERS?

- They help prevent spread of the disease to those people under their care
- They help prevent personal inconvenience and illness
- They help prevent unnecessary disruption to the health care system during influenza outbreaks.





Reaching out to those in need

Barwon Health has established a program which aims to reduce the need for avoidable transfer of aged care residents to the Emergency Department (ED).

In what can be a stressful experience for residents, the Residential In Reach Program offers an alternative to an ED presentation by providing timely and appropriate care in the residential aged care facility.

If a resident is acutely unwell and their regular GP is unavailable or unable to attend within a short timeframe, the resident may be sent to ED. The In Reach Program offers an alternative by providing short-term intervention to residents who are at risk of being sent to the ED.

The program is available to 12 residential aged care facilities throughout the Geelong area.

The Residential In Reach Program team comprises a mix of GPs with a special interest in aged care, and a nurse practitioner candidate.

The program works by having a Residential In Reach GP rostered on from 8am - 6pm Monday to Friday and 8am - 12pm Saturday. The GP can provide advice over the phone and also attend the resident at their aged care facility. After hours, the service is provided through the locum service.

Case study 1

75-year-old Neville was a resident at a low-care residential aged care facility and fell whilst standing at the reception counter at the facility, resulting in a laceration above his right eyebrow.

There was no loss of consciousness after the fall. Neville's regular GP was called and was unavailable. The In Reach GP was called and the case discussed over the phone, before the In Reach GP attended the aged care facility. On examination, Neville was stable, alert and co-operative. His laceration was sutured and dressing applied, avoiding an unnecessary trip to the ED.

Case study 2

John was referred to the nurse practitioner candidate as he was having difficulty with pain management secondary to a toe ulcer. John's GP had prescribed appropriate medication, however the nurses were concerned with the pain he was experiencing when his dressings were being changed.

The nurse practitioner candidate worked collaboratively with John's GP and developed a plan for an appropriate breakthrough medication dose and time of administration to cover pain related to dressings, positioning of the resident's foot at night and liaison with a wound consultant and podiatrist for advice regarding ulcer management. John experienced marked improvement in comfort during wound care and positional changes.

Currently the program is trialling the nurse practitioner candidate within Barwon Health aged care facilities only. The nurse works collaboratively with the program GPs, residents' regular GPs and aged care facility staff.

Twelve months after being implemented, a program review identified that residents may benefit from a proactive approach to assist with the prevention of ED presentations, particularly after hours.

The aim is to prevent residents potentially being sent to ED after hours if they are deteriorating, by forward planning with staff, GPs and residents in hours. Residents who are deteriorating are able to be identified in the electronic documentation system by means of a referral trigger and report generated to the nurse practitioner. This process facilitates timely assessment and planning for residents, in collaboration with aged care facility staff and their regular GP.

The nurse practitioner candidate also has a significant role in clinical leadership working closely with RACF staff to further develop and refine clinical nursing assessment, planning and timely and appropriate nursing interventions.

Pictured: Nurse Practitioner Candidate Helen Newell, who works closely with a team of GPs, and Wallace Lodge resident Gerda Schanssema.

Clinical Governance

Clinical governance is about ensuring that the right things happen to patients and that there is a system to monitor and evaluate the safety and quality of health care.

To ensure clinical governance is managed, the Barwon Health Board has appointed a Quality and Clinical Governance Committee. Among its membership are four Board Directors, doctors, executive, clinical managers and an expert community representative. The committee works to ensure that there is accountability for the safety and quality of health care within the organisation.

85%

The percentage of required clinical governance activities that Barwon Health currently meets

In 2011/12, Barwon Health reviewed its approach to clinical governance and quality of care, identifying an accountability framework to ensure that care is effective, safe and person-centred. Reviewing Barwon Health's clinical governance activities against the Australian Safety and Quality Framework for Health Care and activity checklist has highlighted that Barwon Health currently meets 85 per cent of the required clinical governance activities.

Behind the triage desk

On average, the Geelong Hospital Emergency Department (ED) sees more than 160 people each day. This makes it one of the busiest Emergency Departments in Victoria.

When a person arrives at the ED, emergency care begins when they see the triage nurse located at the triage desk. Acting Nurse Unit Manager and triage nurse, Lisa Course, explains the process of triage and its role in patient care.

"In Australian hospitals today, the aim of triage is to prioritise care for patients presenting to emergency departments. Our job is to ensure patients receive the appropriate attention in a suitable location, with the degree of urgency required."

Triage is carried out by specialised triage nurses and all Barwon Health triage nurses undertake competencies and attend study days to fine tune the art of triage. Part of this training includes the triage nursing assessment. The assessment involves an interview process and may involve taking observations such as pulse rate and temperature. First aid is also often carried out.

After the assessment, the Australasian Triage Scale is used to allocate a category to the patient on a scale from one to five. Category one patients have immediate life threatening concerns and need to be seen immediately. In contrast, category five patients have less urgent needs and can safely wait to be seen by a clinician. The process of triage is ongoing so that it may respond to the changing condition or needs of a patient. Patients are always encouraged to alert staff to any changes in their condition while waiting.

As a triage nurse, critical thinking is required during the triage process and making sure I obtain all the information required and thinking about the needs of the patient is something I enjoy. You get to hear and see some really interesting things.

The most challenging aspect of the role is when multiple patients arrive at the same time. Patients usually arrive in clusters rather than nicely dispersed throughout the day. You need to be on your toes to make sure there isn't someone who is desperately ill patiently waiting in line because the sickest patients don't always arrive by ambulance and are often quietly waiting their turn."

Lisa Course (pictured).

CATEGORY 1

patients have immediate, life-threatening concerns and need to be seen immediately.



"You need to be on your toes to make sure there isn't someone who is desperately ill patiently waiting in line, because the sickest patients don't always arrive by ambulance and are often quietly waiting their turn."

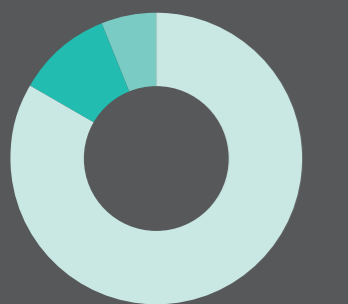


Medication Safety

Our Medication Safety Committee oversees efforts to prevent and reduce medication errors and respond to medication safety alerts issued by state, national and international bodies.

Thorough checking of processes and procedures means that most medication errors are detected and corrected before they reach the patient. There are very few medication errors that result in a serious impact on patients.

The chart below details the breakdown of medication errors for the 2011/2012 year.



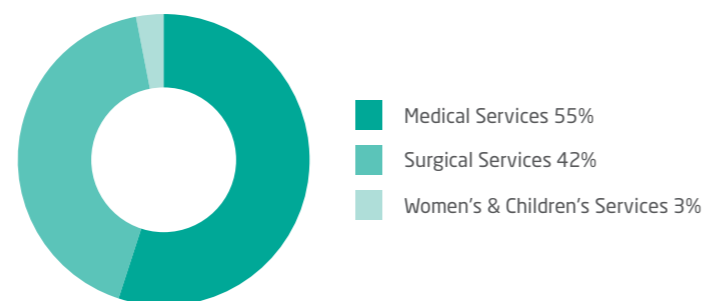
- Administration/treatment 83.5%
- Dispensing/receipt 10.5%
- Prescription/order/decision 6.0%

Safe use of blood and blood products

The safe use of blood and blood products is part of the new national safety and quality health care standards that hospitals are measured against. Transfusion services at Barwon Health aligned the management of the use of blood and blood products against this in 2011/12.

The Australian Red Cross Blood Service provides blood to Barwon Health patients that may require it during their treatment or surgery. The following chart is a snapshot of where blood was administered at Barwon Health during 2011/12. Overall we administer blood products to approximately 250 patients, with an average of 920 products per month.

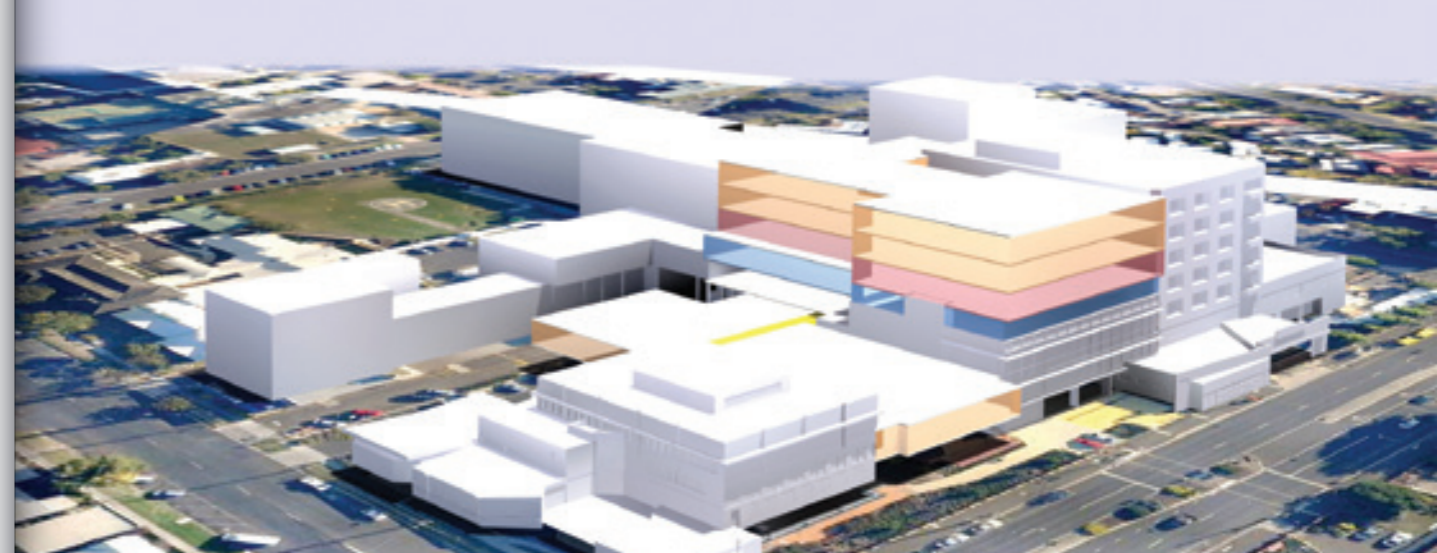
SNAPSHOT OF BLOOD USE 2011/12



Blood product use and safety is supported by a hospital blood and blood products committee and transfusion service team. These committees are responsible for:

- Monitoring usage and avoidable wastage of this precious community resource
- Ensuring appropriate and safe use of blood products through education and implementation of national guidelines
- 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 through an informed consent process.

We encourage patients to be actively involved in their transfusion process. Informed consent for non-urgent transfusions is a process where the risks and benefits of the blood product treatment are discussed by clinical staff with patients. This process is a mandatory requirement for all non-urgent blood products.



Building for the future

Barwon Health is constantly evolving, not only in the way we deliver care and in the services we provide, but in the changing shapes of our buildings. Currently, we have a number of major capital works developments in progress. With more capital works projects on the way such as the state-of-the-art Cancer Wellness Centre, here is a snapshot of the status of some of our current projects.

OUTPATIENTS DEPARTMENT REDEVELOPMENT

The old Red Cross blood bank building on Bellerine Street is being redeveloped to form a comprehensive outpatients clinic, known as the Outpatients Annexe. The expanded site will be used as an extension to current outpatient services provided from the main hospital site. The projected time of completion for this project is late 2012.

BUDGET: \$9M

COTTON ON FOUNDATION CHILDREN'S WARD REDEVELOPMENT

The redevelopment of the Children's Ward, in partnership with Cotton On Foundation and funded by the Geelong community, has involved a five stage project over three years. The objectives of the project were to provide updated facilities that would create an environment that would be pleasing to children and adolescents alike and a ward that promotes good health and recovery that suits the needs of patients, parents and staff.

Each bedroom has had an ensuite added, where previously a common bathroom was shared by patients on the ward. A dedicated isolation room has been created as well as a new nurse's station and redeveloped play area. A purpose built pharmacy has been added, along with a dedicated day oncology treatment room. New staff and parent amenities have been established and a redeveloped outdoor playground is in the planning stages for completion by the end of this year.

BUDGET: \$7.3M

RELOCATION OF THE BELMONT COMMUNITY REHABILITATION CENTRE

The Commonwealth government has provided funding to build a new Community Rehabilitation Centre (CRC) next to the Belmont Community Health Centre (CHC) on Reynolds Road. The project involves the construction of a new facility joined directly by a linkway to the existing CHC. The construction also includes an outdoor mobility garden located between the new and existing buildings. Part of the project will include a remodelled reception for the site creating easier access and patient flow. This new site will replace the old Belmont CRC on Settlement Road. It is due for completion in late 2012.

BUDGET: \$4.5M

NEW 24 BED INTENSIVE CARE UNIT (ICU)

The ICU construction is predominantly a new building rising seven levels and adjoining the existing Heath Wing and theatre complex on level four. The new floor plate will extend over the existing Emergency Department building. The foot print for all floors will be approximately 2,000 square metres which is significantly larger than most ward spaces. This will increase the size of the existing ICU cubicles and allow for greater consultation, training and patient flow. The new ICU will also include dedicated isolation rooms across two pods.

BUDGET: \$34.9M

Pictured: An artist's impression of Barwon Health after further capital works developments.

Supporting the cancer journey



A new tool to screen cancer patients for psychological distress is changing the way supportive care is provided to patients in the Barwon South West region.

The self-assessment tool, known as the 'Distress Thermometer', was implemented by Barwon South Western Regional Integrated Cancer Service (BSWRICS) at the Andrew Love Cancer Centre in the radiotherapy department and the chemotherapy day unit in 2010.

The tool identifies the need for supportive care services early in the patient's cancer journey. So far, more than 800 patients have been screened.

As part of the project, a Supportive Care Team was established, which has grown to become a weekly multidisciplinary meeting facilitated by BSWRICS and chaired by Barwon Health's McGrath Breast Care Nurse. The team comprises health professionals from social work, pastoral care, nursing and, more recently, psychology and palliative care as well as a Cancer Link Nurse.

Supportive Care project manager Melinda Williams said to support the introduction of the screening tool, BSWRICS collaborated with Barwon Health's Palliative Care and Cancer Services to provide Andrew Love Cancer Centre patients access to a psychologist. The psychologist works across both Palliative Care and Cancer Services.



Pictured: Cancer survivor Zara White with Supportive Care project manager Melinda Williams.

In 2011, Melinda completed a thesis around patients' perceptions of the Distress Thermometer.

"The research was undertaken with Dr Arlene Walker as part of my Graduate Diploma of Psychology through Deakin University and, in collaboration with Barwon Health Cancer Services, included qualitative interviews of cancer patients that utilised the Distress Thermometer and accessed our supportive care services.

"The study found that referral to supportive care services early in the cancer trajectory resulted in decreased distress levels in cancer patients and a better sense of coping overall.

"The Distress Thermometer was also considered an easier and more efficient method of communicating concerns to the doctors. Supportive care services such as social work, psychology and the cancer nurse coordinator were found to play a vital role in the emotional support of these cancer patients. The main advantage perceived though the case studies was someone to talk to," Melinda said.

Wauron Ponds resident Zara White, a breast cancer survivor and mother of two, completed the Distress Thermometer when she first attended the Andrew Love Cancer Centre for chemotherapy treatment in 2011. Zara said the Distress Thermometer enabled her to identify and communicate her concerns.

"The Distress Thermometer helped alert me to the areas where I needed more support," she said.

"The way in which the emotional concerns were listed on the screening tool as feelings made it easier for me to identify my concerns. I felt it directly facilitated a referral to the psychologist and the McGrath Breast Care Nurse. It also meant I was linked into the 'Look Good Feel Better' program and the Lymphoedema Clinic.

"The McGrath Breast Care Nurse provided me with emotional support and information which allayed my concerns.

"Other services like the Lymphoedema Clinic and education sessions on wigs and makeup empowered me to take care of myself.

"Having direct access to the psychologist through the Andrew Love Cancer Centre played an important role in helping me to cope better with my cancer journey. The psychologist was familiar with notions surrounding palliative care and other issues which meant I did not need to explain my story again. Completing the tool made me feel like the staff cared about the way I was feeling and what I was going through."

QUALITY OF CARE

Readers' survey

WIN 1 of 2
12 month
EFM gym
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 2013. All winners will be notified by telephone.

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

Poor 1 2 3 4 5 Excellent

comment _____

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

Poor 1 2 3 4 5 Excellent

comment _____

3. Did you like the magazine format?

Yes No Indifferent

comment _____

4. Did you find the articles to be - ?

1 2 3 4 5
Too Technical Very Interesting

comment _____

continued overleaf...

5. The report gave me a better understanding about the healthcare services Barwon Health provides:

1 2 3 4 5
Strongly Disagree Strongly Agree

comment _____

6. Did you like the magazine being distributed inside the Geelong News/Echo?

Yes No

7. Can you please tell us about yourself, I am a:

- Patient of Barwon Health
- Relative/Carer of a Barwon Health patient
- Health professional
- Other

8. Please tick the age range that applies to you:

< 20 21-30 31-40 41-50 51-60 60+

9. Can you please tell us which suburb/town you live in?



10. Do you have any suggestions for improving this magazine?

comment _____

11. Are you interested in being a part of a community committee that is committed to improving Barwon Health's services?

Yes (include contact details) No

Name _____
Address _____

Postcode _____
Phone _____
Email _____

Please remember to include your name and telephone number to be eligible to win one of two EFM gym memberships.

***Memberships are for 12 months.**

Post to:

Communications & Marketing Department
Barwon Health
Reply Paid 281
Geelong VIC 3220

Thank you.

HOSPITAL SERVICES

GEELONG HOSPITAL - Bellerine Street, Geelong

General enquiries	4215 0000
Emergency Department	4215 0100
Aboriginal Health	4215 0769
Admissions	4215 1298
Andrew Love Cancer Centre	4215 2700
Barwon Medical Imaging	4215 0300
Barwon Paediatric Bereavement	4215 3352
Consumer Liaison	4215 1250
Cardiology (Geelong)	4215 0000
Diabetes Referral Centre	4215 1550
Dialysis Unit	4215 3600
Gretta Volum Centre	4215 2841
Home Referral Service	4215 1530
Hospital in the Home	4215 1530
Maternity Services	4215 2060
Outpatients	4215 1396
Palliative Care	4215 5700
Perioperative Service	4215 1627
Pharmacy	4215 1582
Pregnancy Advice	4215 0758
Social Work	4215 0758
Waiting List Service	4215 1624
Veterans Liaison	4215 0000

AGED CARE

General enquiries	4215 5200
Alan David Lodge	4215 6500
Blakiston Lodge	4215 5241
Percy Baxter Lodges	4215 5892
Wallace Lodge	4215 6190
Barwon Regional Aged Care Assessment Services	4215 5611
Opportunity Shop - 9 Minerva Road, Herne Hill	5222 6179

REHABILITATION SERVICES

MCKELLAR CENTRE, 45-95 Ballarat Road, North Geelong

General enquiries	4215 5200
McKellar Inpatient Rehabilitation Centre	4215 5200
McKellar Community Rehabilitation Centre	4215 5201
McKellar Hydrotherapy Centre	4215 5851
Belmont Community Rehabilitation Centre	4215 7000

COMMUNITY HEALTH CENTRES

Anglesea - 11 McMillan Street	4215 6700
Belmont - 1-17 Reynolds Road	4215 6800
Corio - 2 Gellibrand Street	4215 7100
Newcomb - 104 -108 Bellarine Highway	4215 7520
Torquay - 100 Surfcoast Highway	4215 7800

COMMUNITY HEALTH SERVICES

Carer Respite & Carelink Services	1800 052 222
Hospital Admission Risk Program	4215 7401
Immunisation Service	4215 6962
Paediatric & Adolescent Support	4215 8600
Day programs	
Anglesea	4215 6720
Belmont	4215 7049
Norlane, 2 Wendover Ave	4215 7300
Torquay	4215 7935

Dental services

Belmont	4215 6972
Corio	4215 7240
Newcomb	4215 7620

Community Nursing

1300 715 673

Belmont
Corio
Newcomb

MENTAL HEALTH, DRUG & ALCOHOL SERVICES

24 Hour Crisis Line	1300 094 187
Aged Care Psychiatry	4215 5720
Community Rehabilitation Facility Barwon Heads Road, Belmont	4215 8101
Drug & Alcohol Services	4215 8700
Needle & Syringe Program (Freecall)	1800 196 850
Prevention & Recovery Care Program	4215 8101
Swanston Centre	4215 2531
Youth Mental Health, Drug & Alcohol Services	1300 094 187

Community Mental Health Teams

Corio	4215 7201
Surfcoast	4215 7850
Bellarine	4215 7661
Colac Clinic, 13 Dennis Street	1300 763 254 or 5260 3260
Child & Adolescent Mental Health	1300 094 187
Geelong West Clinic	4215 6881
headspace Barwon @ Jigsaw	4215 8301
Families where a parent has a mental illness	5222 6911

BARWON HEALTH FOUNDATION

4215 8900

BARWON HEALTH VOLUNTEER SERVICES

4215 8919

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