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Our Vision
Excellence in healthcare

Our Mission
To deliver accessible, integrated and positive health experiences for our people, community and region.

Our Strategic directions
• Provide Quality Healthcare – care is evidence based, safe and individually designed to achieve the best possible outcomes for patients.
• Provide a great patient experience – care is focused on the individual patient, their rights, needs and choices
• Achieve sustainability – resources are managed effectively and responsibly
• Achieve an organisation that nurtures excellence and innovation – BHS strives for a culture that is responsive to innovation and change.
• Value partnerships within our community – partnerships are nurtured and supported.

Our Values
Our services and staff embrace the following:

Compassion - fair and caring to all those we come into contact with, even during difficult times. We treat others as we would expect to be treated.

Integrity - behaving in accordance with our professional, ethical and legislative requirements. Using our resources responsibly and transparently, we are honest and trustworthy.

Respect - upholding the dignity and rights of ourselves, patients, relatives, carers, colleagues and members of the community. We value the people we work with and their work.

Excellence - striving to attain the highest standards of service delivery and clinical practice. We achieve this by acknowledging, recognising and promoting innovation, participating in continuous learning, development, training and research. We come to work to make a difference.

Teamwork - involving staff and service providers in decision making. We work in partnership with our patients, their families, carers and other health care providers.

Accountability - understanding our role in providing a safe environment for staff, patients, visitors and members of the community. We take personal responsibility to maintain the necessary skills and competencies to perform our workforce roles and encourage others to do the same. If we make mistakes, we support each other to be open about them in order to learn.

Collaboration - initiating engagement with our services and professionals both internally and externally, sharing our knowledge and experiences to build a better health system.
The Quality of Care Report is a means through which Ballarat Health Services (BHS) can inform the community about its various operations – the Base Hospital, the Queen Elizabeth Centre and our Residential Aged Care Facilities.

It is also a way for health services across Victoria to be transparent and accountable to the communities they serve.

The report contains information on standards and benchmarks and how BHS measures up against those Department of Health requirements.

It is also a summary of the activity that took place within BHS over the course of 2011-2012.

It has certainly been a busy year with some major achievements and activity.

Among those achievements are the results we have seen through our Wound Care Project.

Pressure ulcers are a significant issue in every health service. They affect the length of time a patient might have to spend in hospital and the management of wounds is important in avoiding infection.

Our Wound Care Project, a partnership with Smith & Nephew, has seen the rate of pressure ulcers (bedsores in the old terminology) fall to levels which are on par with the best in the world.

It’s taken considerable effort on the part of a dedicated Wound Care Project team, but the results have made a great difference for patients.

On a capital works front we saw some important projects completed.

Among them was our new Maternity Outpatient area on the ground floor of the Base Hospital. The new unit provides a bright, spacious area for expectant mothers coming in for antenatal and postnatal appointments.

Also completed was our new Special Care Nursery. This new facility provides a capacity to care for up to 12 babies – an expansion of the previous nursery which could accommodate eight babies - who are either premature or have some other health complication. It really is a special facility, able to provide a high level of care to some of our most vulnerable patients.

And we opened our state-of-the-art Cardiovascular Suite. This facility, which uses some of the latest imaging equipment, means that hundreds of patients who would otherwise have to travel out of the region for complex cardiovascular procedures, can now have that treatment closer to home.

So, on behalf of the Board of Management and our dedicated staff we are pleased to present the Quality of Care Report for 2011-2012.
Ballarat Health Services has been providing quality care for the Ballarat and Grampians region for 150 years. We work to improve the health and wellbeing of our patients, their families, and our community.

Ballarat Health Services is a total health care provider. That means we care for patients and the community with a comprehensive range of general and specialist care, across every key medical and healthcare discipline.

- Acute Care
- Sub-Acute Care
- Residential Care
- Community Care
- Mental Health Services
- Rehabilitation Services

Ballarat Health Services is the largest regional hospital in the Grampians region, and as such, is the principal referral hospital for the entire region, which extends from Bacchus Marsh to the South Australian border, an area of 48,000 square kilometres.

More than 230,000 people, or 4.4 per cent of the population of Victoria, live in the Grampians region. Ballarat Health Services employs 3700 staff to ensure optimum care is provided for all patients, families and visitors.

Ballarat Health Services was established on January 1, 1997, to unite and enhance three respected public health services: Queen Elizabeth Centre, Ballarat Base Hospital and Grampians Psychiatric Services.

Ballarat has a population in excess of 93,000 people and is Australia’s 20th largest city. The population of Ballarat is increasing at an annual rate of approximately one per cent.

The key services are based at two sites, the Base Hospital site and the Queen Elizabeth Centre site. Each site is located close to the central business district, with the remaining residential, day centres and community sites located throughout Ballarat.

The Base Hospital site includes the acute hospital, emergency and diagnostic services as well as adult and secure mental health beds.

The Queen Elizabeth Centre site includes the inpatient rehabilitation ward, palliative care ward, assessment ward, psycho-geriatric assessment and extended care and nursing home.

There are 13 off-site facilities in Ballarat and a number of community based mental health services in Horsham, Stawell, Ararat and Bacchus Marsh.

Significant efforts continue to be devoted to improving the quality, responsiveness and accessibility of mental health services through ensuring persons who have a mental illness, and their families are routinely provided with the range of internationally recognised evidence-based and best practice treatments proven to provide the best opportunity of recovery.

Clinicians are being supported with comprehensive training, education and professional development programs which are regularly reviewed, evaluated and assessed to ensure they achieve desired outcomes.
Community Advisory Committee

The Ballarat Health Services Community Advisory Committee (CAC) comprises six community members, Board of Management representatives, the Chief Executive Officer and other senior hospital staff. The role of the CAC is to advise the Board on opportunities to increase community and consumer involvement at Ballarat Health Services. The committee brings a community perspective to the way Ballarat Health Services works and has contributed greatly to our endeavours to meet the community’s needs and expectations. The CAC has assisted with our Consumer Participation Plan, Disability Action Plan and has driven our Consumer Participation Service Review.

We value the time and effort community members give to support our service.

Consumer participation

“Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your view, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.” Doing it with us not for us: Strategic Direction 2010-2013 Department of Health
ENCOURAGING PARTICIPATION

The *Doing it with us not for us* policy which targets the Victorian public health service system has been adopted by Ballarat Health Services. The standards contained within the policy provide a framework for involving people in decision making about the services we provide.

Ballarat Health Services is required to demonstrate a commitment to consumer, carer and community participation appropriate to its diverse communities.

Ballarat Health Services has systems to consult and involve consumers, carers and community members. These include having consumer involvement in our Board level Quality of Care committee, consumers involved in the planning of the Ballarat Regional Integrated Cancer Centre, a mental health CAC, residential aged care consumer groups, BreastScreen consumer advocates and a maternity consumer participation group.

Other initiatives include:
- **Consumer Participation Plan** – This helps us better involve the community in the health service. There are several parts to the plan, each aimed at increasing the consumer voice in conversations about current and future aspects of health care delivery. This year we have conducted training with our staff to increase knowledge about consumer participation. We also include education about consumer participation and person-centred care to all new staff in our orientation program. The plan was reviewed in 2012.

- **Disability Action Plan** – is used to improve access and amenity to our services for those with a disability. One of the initiatives from this plan has been the Communicative Access Project (see above). This is a collaborative project that has been conducted with the City of Ballarat and the BHS Speech Pathology and Social Work departments to improve services to clients who are deaf or hard of hearing.

  - The organisation builds the capacity of staff to support consumer, carer and community participation. At induction, staff attend a short presentation on consumer participation and patient-centred care. The community health liaison nurse has presented to senior staff and conducted education for managers. We provide education for CAC members as requested and assisted several CAC members to attend events that were relevant to their position.

**Communicative Access Project**

Effective communication is an essential requirement in implementation of the Charter of Healthcare Rights in Victoria. Ballarat Health Services acknowledges and supports the principles of the charter and the requirement for effective communication. This is in line with the BHS mission “To deliver accessible, integrated and positive health experiences for our people, community and region.”

In Victoria, 1 in 500 people need communication aids and strategies for successful communication (Scope Vic, 2011).

Ballarat Health Services Speech Pathology and Social Work departments have been collaborating with the City of Ballarat, to improve services to clients who are deaf or hard of hearing. This collaboration includes developing a protocol for Ballarat Health Staff to follow when they encounter someone who is deaf or hard of hearing. It is aiming to ensure clients are able to access information about their health effectively, be it via AUSLAN interpreter services, telephone typewriter services or ensuring BHS staff have the resources to support clients who are deaf or hard of hearing either on the ward or as an outpatient.

Our work in developing a policy and protocols will help to ensure a consistent approach, based on best practice for our clients both within the health system and across our community.

Participation Service Review (CPSR). The review involves CAC members meeting department managers within the health service to review the way we deliver health from a consumer perspective. This process has been in place for several years. This year the CAC has reviewed our paediatrics service and waiting times in the antenatal clinic. Through each CPSR, recommendations are developed with the CAC. The recommendations are then sent to the relevant manager. The CAC monitors the implementation of these recommendations via a Recommendations Action Plan which is reviewed at each meeting.

- **Disability Action Plan** – is used to improve access and amenity to our services for those with a disability. One of the initiatives from this plan has been the Communicative Access Project (see above). This is a collaborative project that has been conducted with the City of Ballarat and the BHS Speech Pathology and Social Work departments to improve services to clients who are deaf or hard of hearing.
ENCOURAGING PARTICIPATION

Ballarat Health Services involves consumers, and, where appropriate, carers in informed decision-making about their treatment, care and well being at all stages and with appropriate support.

The acute and sub-acute setting
A consumer participation indicator (CPI) score on the Victorian Patient Satisfaction Monitor of at least 75
- The Victorian Patient Satisfaction Monitor survey is conducted every 6 months and provides us with useful data about how we compare with our peers and at state level with involving those patients who have experienced an acute admission at BHS in decision making about their care. The graph below shows our results for the last 3 surveys for the Acute (Ballarat Base Hospital) site. The Sub-Acute (Queen Elizabeth Centre) achieved a CPI of 76.1.

The Consumer Participation Rating presented above is derived from answers to questions about:
- whether patients had the opportunity to ask questions;
- did staff involve patients in making decisions;
- were staff willing to listen to patient health care problems.

The mental health setting
Numerator: the number of achievements derived from the suite of evidence for engagement
Denominator: specific areas of evidence include:
- completion of the consumer self-rated measure.
- consumers’ co-signatory on individual service plans, treatment and care plans.
- evidence of consumer held records.
Target: 75%. Achieved: 100%.

Residential aged care facilities
Numerator: the number of residents/families/carers satisfied with their involvement in decision-making about their care or treatment
A resident/relative satisfaction survey was conducted across our Residential Aged Care Services in January 2012.
Of the total, 256 or 56.6% of surveys were returned with their responses to the question about satisfaction with decision-making outlined in the graph below.

Maternity services
According to our Victorian Patient Satisfaction Survey (VPSM) 91% of our maternity patients said they were given an active say in making decisions about what happened during their labour and/or birth. This is a satisfactory result given that as the regional obstetric hospital, choice can be limited by medical emergency.
ENCOURAGING PARTICIPATION

Ballarat Health Services is required to provide consumers, and, where appropriate, carers with evidence-based, accessible information to support key decision-making along the continuum of care.

Departments within BHS create patient information brochures to assist with care. These aim to be relevant and easy to understand in line with a checklist for assessing written consumer health information. The organisation has guidelines around producing patient information and publications on our governance documentation system which is accessible to all staff. The guidelines are reviewed annually and all written patient information produced must be approved by the Governance and Risk Management Unit which assesses each publication against the 30 standards in the checklist.

Case study
The Perioperative Day Procedure Unit identified that information given to patients was messy. There was duplication, inconsistency and multiple pieces of paper given to the patients. In 2011-2012 the Unit reviewed the preoperative and postoperative information for over 50 different procedures. With input from the medical specialists and attending patients, written information given to patients was standardised and simplified, consolidating what was in numerous documents in to one procedure-specific document that is given to the patient along with the hospital patient information booklet. Feedback from medical staff and patients has been positive. As the documents are further refined and improved, more evaluation is planned.

The number of new information resources produced, revised or adopted over last year which met at least 30 of the 40 items on the checklist for assessing written consumer health information.
BHS achieved full compliance with a 100% result.

Acute and sub-acute (including maternity services)
The rate of respondents to consumer and carer surveys who rate the information as being ‘good’ to ‘excellent’.
Acute (including maternity): 82.5
Subacute: 78.1

Ballarat Health Services aims to ensure consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.

Numerator: The number of dimensions or specified activities where consumers, carers and community members are active participants
Denominator: The six dimensions or specified activities

Ballarat Health Services achieved over 75% while our Mental Health Services achieved 100% for this standard. We have consumers, carers or community members participating in:
• The Mental Health Service strategic plan;
• Service, program and community development in ventures such as the Ballarat Regional Integrated Cancer Centre, mental health and maternity services and programs.
• Quality improvement activities in the areas of the Community Advisory Committee, Breast Screen, Midwifery and Mental Health.
• Developing and monitoring feedback, complaints’ and appeals’ systems and in the review of complaints through the CAC and Quality of Care Committee who monitor the monthly complaints report.
• Quality, Mental Health, Maternity and Residential Aged Care committees;
• The development of consumer health information.

Formal consultative mechanisms with consumers and families / carers of people with a mental illness have been established through the mental health Consumer Advisory Committee and the network of Family Advisory Committees.
Working parties or project committees in our Mental Health Service have consumer and family / carer representation.
There has been ongoing engagement with consumers, Cancer Voices Australia and other health services during the design of the Ballarat Regional Integrated Cancer Centre. During the building’s design phase, two consumers were included in the Wellness Centre architectural meetings. Additionally, BHS has held two consumer workshops to identify what cancer patients, their families and carers would expect to see in the Wellness Centre.
Ballarat Health Services aims to actively contribute to building the capacity of consumers, carers and community members to participate fully and effectively.

The opportunities for consumers, carers and community members that Ballarat Health Services provides is outlined in the organisation’s Community Participation Plan, with opportunities for CAC and board members to attend local and national quality conferences and health education programs, the local service reviews and for consumers to participate in local programs.

Our mental health service orientation program includes consumer and family/carer information sessions sharing the experiences and needs of consumers and family/carers to support a sensitive collaborative model of care.

Primary Care & Population Health Advisory Committee

In 2006, Ballarat Health Services created the Primary Care & Population Health Advisory Committee (PCPHAC) to recommend to the Board of Management improved ways of delivering programs and services across BHS. The PCPHAC membership includes board members, the CEO, senior BHS staff and community members with expertise in improving people’s primary health.

Increasing understanding of healthy eating and sensible exercise across life’s ages is a current priority of this committee. The committee is examining ways in which Ballarat Health Services can better promote good nutrition and exercise to the patients, visitors and staff of Ballarat Health Services. The development of the Health Promotion Action Plan has been influenced by this work and will deliver a number of initiatives and strategies in the future.

This committee has also worked to coordinate the efforts of a number of key stakeholders in the community to develop collaborative initiatives to tackle the issue of obesity within the community. Further work is required in this area to develop achievable outcomes in this complex area.

BreastScreen

Grampians BreastScreen, as part of BreastScreen Australia, is dedicated to reducing the morbidity and mortality from breast cancer through early detection. The Service has been located at the Queen Elizabeth Centre site of Ballarat Health Services since March 2009.

Grampians BreastScreen has active consumer representation with 2 representatives who review local feedback, as well as attending forums and meetings at BreastScreen Victoria. Both of the consumer representatives also volunteer at our assessment clinics, offering support to the women and their families when they are called back due to an abnormality in their screening mammogram (see Ann’s story).

Grampians BreastScreen has further consumer representation via the “Friends at BreastScreen” (FAB) group who help to promote the screening service, facilitate works such as The Lost Earring Project and assist with promotional activities. Pleasingly, Grampians BreastScreen has been working closely with BADAC (Ballarat & District Aboriginal Coop) to engage the local Aboriginal and Torres Strait Islander (ATSI) population. In the past 12 months, the screening rate for ATSI women in the region has doubled compared to the previous two years.
November 2005 was a busy time for Ballarat resident Ann Campbell.

The then Black Hill Primary School principal was mourning the recent loss of her father, Leo, while at the same time preparing for the end of term and the following school year.

So when a letter from BreastScreen arrived to remind her that she was due for a mammogram it sat on the kitchen bench for a few days.

“I nearly didn’t go but something made me think ‘just ring and make an appointment’, ” Ann recalled.

She says this was a life-saving decision.

The screen revealed Ann had breast cancer. Without the scan it is likely the cancer would have gone undetected for some time. Ann had no symptoms and no family history of breast cancer.

She had two operations, a lumpectomy and a second surgery to clear cancerous growth that had already spread to some lymph nodes.

There was also chemotherapy and radiotherapy.

The treatment was successful and Ann, who was 55 at the time of her cancer diagnosis, is now enjoying a busy retirement with husband, Alan.

Over the past seven years she has seen her three children married and the arrival of three grandchildren.

“I consider myself very fortunate,“ Ann says.

“I asked my oncologist ‘how would this have been (without having the mammogram)?’.

“His response was ‘you don’t even want to think about it’. “

Ann is now a consumer advocate for BreastScreen, a role which sees her encouraging women to use the service which is free for all women aged over 40 years.

“I always thought that once I had the time I would like to give something back to BreastScreen,” she says.
The Cultural Diversity Committee, established in June 2006, has continued to raise awareness among staff of the specific needs of people from culturally diverse backgrounds. While actual numbers in the community are relatively small compared to metropolitan Melbourne, it is vital that we ensure patients understand the information and treatment options available to them when they are patients with Ballarat Health Services.

We have continued to distribute the “Interpreter Here” signage around the health service to assist those who may require an interpreter. In addition we received a presentation by the Refugee Health Nurse from Ballarat Community Health to inform our managers of the issues and barriers faced by the newest members of our community.

Top 5 languages requiring an interpreter

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<tr>
<th>Language</th>
<th>2010-2011</th>
<th>2011-2012</th>
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<tr>
<td>Ewe</td>
<td>24</td>
<td>56</td>
</tr>
<tr>
<td>Mandarin</td>
<td>24</td>
<td>34</td>
</tr>
<tr>
<td>Greek</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Croatian</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Arabic</td>
<td>15</td>
<td>13</td>
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Aboriginal Health Taskforce

In 2005 The Aboriginal Health Taskforce was formed to create and strengthen the relationship between Ballarat Health Services and Aboriginal and Torres Strait Islander people living in the Grampians region. The inaugural Indigenous Health conference held in May 2012 highlighted the improvements in access to dental care for the ATSIC community in the Grampians region due to the culturally sensitive service offered by the BHS dental clinic. Where once these patients went to Melbourne for dental care with a waiting period of up to 3 years, they are now able to attend the family-centred service with no waiting period. Other improvements in the past 12 months include:

- Outpatient Department fail-to-attend rate has halved from 40% to 15 – 20% which is consistent with the non-indigenous rate.
- An increase in indigenous births reported at BHS with corresponding rises in antenatal attendance and referral to the BADAC maternal and child health nurse.
- The development of joint protocols between BHS Mental Health service and BADAC in order to improve access and improve the flow for referrals in to the Mental Health Service.

Future directions for the taskforce include providing education to staff in BADAC and Mental Health to improve communication and understanding. The Taskforce will continue to strive to reduce the gap between health outcomes and life expectancy for the indigenous population compared with all Australians.

Cultural Responsiveness Framework

Ballarat Health Services have developed a Cultural Responsiveness Framework that encompasses the achievements of our cultural diversity action plan and aims to improve and extend our cultural responsiveness. There are six standards for cultural responsive practice.

Organisational Effectiveness

Ballarat Health Services must demonstrate a whole-of-organisation approach to cultural responsiveness.

We do this by:

- Development of a Cultural Responsiveness Plan that addresses the six minimum standards of the framework.
- Organisation guidelines and protocols that guide staff in working with culturally and linguistically diverse (CALD) consumers.
- Monitoring of community profile and changing demographics supported by access being made available to appropriate translations and signage.
- A number of active groups that address CALD participation and input including the Community Advisory Committee, the Aboriginal taskforce and the Cultural Diversity Committees.
- Partnerships with the Ballarat Regional Multicultural Council and the Ballarat and District Aboriginal Cooperative assist the organisation to improve our cultural responsiveness by providing information and invitations to BHS staff to attend education sessions and cultural awareness events.
- The DHS Language Services Policy is implemented.
Ballarat Health Services must demonstrate leadership for cultural responsiveness.

We achieve this by having:
- An executive staff member with portfolio responsibility for cultural responsiveness and key performance Indicators against our Cultural Responsiveness Plan.
- A program of cultural training under development by our Aboriginal Health Liaison Officer with a focus on frontline staff in the first instance.

Risk Management

Ballarat Health Services provides accredited interpreters to patients who require them

- Ballarat Health Services is catering to an increasingly diverse range of people as the combination of education opportunities, economic opportunities and overseas unrest bring more people to the Ballarat region. The City of Ballarat have put in place a Migrant Attraction and Retention Program which together with the Refugee Resettlement program also increases the diversity of our community.
- Ballarat Health Services has 42 different languages recorded as a first language and we have had interpreters requested for 32 different languages in 2011-12. Our use of interpreters has risen 23% on the previous year and the main languages that interpreters are required for are from the African or Middle Eastern regions. There is a Cultural Diversity site on the BHS intranet which contains links to CALD information including written material for patients. The interpreter symbol is displayed across the health service.
- The BHS risk management process includes monitoring of CALD risks with no significant issues identified to date.
Ballarat Health Services must demonstrate inclusive practice in care planning including but not limited to: dietary, spiritual, family, attitudinal and other cultural practices.

• VPSM data indicates excellent results with no CALD related issues identified
• A process for identification and supply of meals for patients with special dietary requirements has been developed

Ballarat Health Services must involve CALD consumer, carer and community members in the planning, improvement and review of programs and services.

• The Cultural Diversity and Community Advisory committees provide a link between community groups and members of culturally and linguistically diverse (CALD) backgrounds and the Board and senior management who are developing and monitoring our service.

Ballarat Health Services provides staff at all levels with professional development opportunities to enhance their cultural responsiveness.

• The organisation-wide Cultural Diversity webpage allows all staff to access information and resources relating to cultural issues at any time. The Cultural Diversity web-page has had 104 hits since going live in January 2012.
• BHS Induction (attended by all new staff) incorporates cultural diversity training.
• The Ballarat Refugee Health Nurse discussed interpreter usage at a Senior Staff Meeting (attended by around 70 staff);
• Mental health Services use and promote the Victorian Transcultural Psychiatry Unit within their service
• New overseas medical staff are provided with resources to assist their integration into the organisation.

Our plans for 2012/13 include a staff survey to determine the nationality of our staff team to ensure we are also developing initiatives to match their needs as well as those of our patients and visitors. In addition a number of our managers are scheduled to attend leadership training to further develop our understanding and knowledge related to our Aboriginal and Torres Strait Islander community members.
Safe and effective care for patients is the ultimate goal of all health services. Clinical Governance is the name we give to the systems by which everyone in a health service works together and keeps one another accountable for providing this. Until 2009, Victoria didn’t have a co-ordinated approach to help health services plan and develop their ability to deliver patient focussed, high quality care. A significant step forward in ensuring quality and safety across all Victorian hospitals was the development in 2009 of the Victorian Clinical Governance Policy Framework.

In 2010 we undertook a gap analysis at Ballarat using the framework and this identified our strengths as well as provided guidance in identifying the areas we need to work on. A work plan was developed and we will continue to work on this throughout 2011. This action plan is being closely monitored by the key quality and risk focused committees in the health service and is supported by our Governance and Risk Management Unit.

Some of the things we have achieved already within the first 12 months include:
• Greater involvement of consumers in management committees – this has included adding a community member of our Community Advisory Committee to our Quality Care Committee and a consumer member has just started attending the women’s and children’s Clinical Governance Committee. This builds on the good work in consumer and family engagement that the mental health area has worked on so hard for a number of years.
• A staff survey that included some key safety culture questions. This survey gives us a good picture of how our staff view reporting of adverse events and these are managed and discussed in their unit among teams.
• Findings of investigations into serious adverse events and serious consumer complaints are reported to the Community Advisory Committee to ensure transparency and accountability for acting on the things the health service has learned from the investigations.
• Steady improvement in the quality and consistency of the consumer information developed at Ballarat through greater involvement of the consumer liaison team and the communications manager and consumer reviewers.

Work is already under way and will continue into the next year in relation to:
• The development of reports that will be provided through all levels of the health service that will help the management team and the Board of Management know that safe and high quality care is being provided across the health service or will flag areas of concern that need closer investigation
• Further development of a coordinated auditing program that is a way of checking that correct policies and processes that have been designed to improve safety are being followed
• Improving the clinical handover process and other forms of communication between clinical teams
• Introduction of regular and frequent Patient Safety Walkrounds which involves members of the executive team and the Governance and Risk Management unit visiting various areas of the hospital, meeting with the staff and patients there and having a conversation specifically about patient safety and quality of care. The aim of the Walkrounds are to identify together the things we are proud of and the areas for improvement.
• Exploring our involvement in a statewide safety culture survey which will allow comparison of the culture/climate in our health service to other like services around the state.

Throughout 2011/2012 our Governance and Risk Management Unit has been providing education on dealing with complaints and difficult situations. The sessions cover issues around how to respond to people when they are having trouble and are presenting in an upset or angry manner, managing complaints and looking after yourself when facing a difficult situation.

The feedback from these sessions has been very positive with 94% of participants stating they now have the confidence to incorporate what they learned into everyday practice.
Accreditation is a process that health services use to ensure that they deliver high quality and evidence-based safe care to their consumers. Ballarat Health Services (BHS) has continued to maintain and extend accreditation programs across all our services which demonstrates our commitment to quality and continuous improvement.

BHS uses a number of accreditation agencies and standards to ensure that all opportunities for improvement within the health service are identified. Accreditation has been successfully obtained for new services as they are established. New accreditation opportunities have been identified for existing services and current accreditation has been maintained across the organisation as appropriate.

Services within BHS that have obtained accreditation status include:
- World Health Organisation (WHO) Baby Friendly Hospital Accreditation was achieved in 2011
- Grampians Breastscreen service successfully achieved full and highest level accreditation in 2011
- The entire organisation was awarded ongoing 4 year accreditation against the ACHS EQuIP 4 standards October 2010
- BHS Mental Health services were surveyed at the same time and achieved ongoing accreditation against the National Mental Health Standards.
- 8 out of 10 Residential Aged Care Facilities successfully underwent accreditation in May and June 2012, with all facilities now fully accredited.
- Safety link has achieved ISO accreditation which is an international accreditation process.
- BHS Catering services has been accredited under the HACCP scheme which is also an international accreditation process.
- The Radiology Department was successfully accredited as part of the newly introduced Diagnostic Imaging Accreditation Scheme – stage 2 in May 2012.

The Australian Commission on Safety and Quality in Health Care has developed a set of 10 National Standards in Health Care which all health services will required to be accredited against starting January 2013. Ballarat Health Services will transition to these standards when we are next due for accreditation and this will provide more exciting opportunities for improvement for our health service.
Management of risk is an integral part of providing quality and safe care to our patients, clients and residents. Risks are anything that may prevent us from achieving our organisational and strategic goals.

At Ballarat Health Services we have a risk management framework that helps us identify and manage risks. Staff are encouraged to report their concerns if they identify a risk in the workplace. The process involves reporting identified risks onto our electronic risk register or incident management system. Risks and adverse events are then communicated through all levels of management and to various committees and working groups. Actions are taken by management to reduce or stop serious incidents and risks. We investigate and learn from incidents or adverse events to prevent them recurring.

We provide training to all staff in all departments to be able to identify risks and adverse events and respond to them.

Clinical risk management is an approach to improving the quality and safe delivery of health care by:
- placing special emphasis on identifying circumstances that put patients at risk of harm; and,
- acting to prevent or control those risks (Department of Health Victoria website)

At Ballarat Health Services we have set up local systems to monitor and manage the risks and incidents that can affect patient safety.

Adverse incident management
Ballarat Health Services has long recognised the importance of identifying and managing adverse incidents that can occur during healthcare. If we can gain an understanding of the type, frequency and severity of clinical incidents, we can identify things that can be done in future to prevent these incidents happening.

Each month we report at senior management and board level the major types of incident that have happened across the organisation. At a national and state level, adverse incident monitoring and management is becoming a significant part of how we measure the quality of care delivered to those who we care for.

We now use the Victorian Health Incident Monitoring database to collect information about the incidents that occur across the organisation. Data is also collected on what contributes to an incident happening, what prevention strategies were in place before an incident and what has been done to prevent a particular incident recurring. These contributing factors and prevention strategies will be analysed and the lessons learned will be shared across the state. This will complement the analysis that is already done at the local level.
Falls prevention
The World Health Organisation, as well as national and local bodies recognise falls as being an important safety issue. A patient or resident who falls can suffer injury at the time of the fall or their existing illness may be complicated. With the elderly and unwell, this can mean losing function and confidence and subsequently a loss in quality of life.

Ballarat Health Services monitors falls across each site. Falls resulting in moderate to severe injury are reported at Executive and Board level. In the residential aged care setting a falls group comprising a representative from each facility reviews falls and strategies to prevent them on a monthly basis. The Sub acute wards have had challenges in managing falls and a project has been under way introducing changes to the way we assess and document falls risk and prevention strategies, trialling a bed alarm system and introduction of the volunteer diversional therapy program for patients at risk of falls. BHS are also participating in a sub acute falls benchmarking program that is being coordinated by Eastern Health.

In the Base Hospital falls are the focus for a project being run through Monash University. The project which is called 6-pack falls prevention began in September 2011 and will take two and a half years to complete. Twenty-four wards from six acute hospitals in Victoria, New South Wales and Queensland have been recruited to participate in the program. The aim of the study is to compare an evidence-based falls prevention program - the 6-Pack - to current standard falls prevention practice in acute hospitals.

The 6-Pack project is a targeted nurse-delivered program. The nurse assesses a patient’s falls risk using a simple assessment tool and delivers six nurse-lead interventions for high falls risk patients. Effective fall prevention programs are required if falls are to be reduced. Participation in the project shows a proactive approach towards reducing the number of falls and importantly fall related injuries which account for 38% of all patient incidents. Involvement in the project has allowed us to gain detailed insight into our current falls prevention practice and this can be benchmarked against other hospitals participating. Staff have gained skills in effective falls prevention through partnering with some of Australia’s top falls prevention researchers and clinicians with ongoing support through the 6-Pack project team.

Medication Safety
Medicines are the most common treatment used in healthcare. Because they are so commonly used, medicines are associated with a higher incidence of errors and adverse events.
At Ballarat Health Services we encourage staff to report incidents involving medicines so that we can find a way to prevent them happening again in the future. We are working towards standardising the processes around the use of medications and have put in place standard labelling for injectable medicines which is part of a national safety initiative.

In order to manage incidents where the medicine frequency prescribed differs from the actual medicine administration time, we are encouraging prescribers to complete the prescription by writing in the administration times. Previously this had been left to the first person who administered the medication and they would only write in the time that they were giving the medication rather than all the times that the medication was to be administered per day.

The graph demonstrates that of the medications inappropriately administered, the frequency incidents were up to a third of incidents in the acute, sub acute and mental health areas. The incident rate has fallen since the policy for prescribers to complete the administration times was introduced in 2012.
Preventing and Controlling the Risk of Infection

Hospital-acquired infections are a major safety problem and are associated with causing physical and emotional suffering for patients. Ballarat Health Services Infection Prevention and Control Unit coordinates a comprehensive program aimed at keeping our patients safe during their hospital stay. We participate in a statewide program to monitor patients for infections following surgery, including hip and knee replacement, and caesarian sections.

In 2011/12 we performed 146 hip replacement operations, with two ‘deep infections’ recorded; there was also one ‘deep infection’ recorded from 98 knee replacement operations. These figures are below the state average. Despite this, we continue to work collaboratively with the orthopaedic team to continually improve care and minimise risks for our patients ensuring that they have the best possible outcomes.

We have been monitoring bloodstream infections caused by staphylococcus aureus (golden staph) since January 2010 as part of a statewide program. At times our rate has been higher than other hospitals but by identifying opportunities for improvement and trends we have seen a considerable decrease in the number of these infections to below the national benchmark. Some of the initiatives include:

- Standardisation of the IV line pack
- Standardisation of the dressing used on IV lines
- Changing skin preparation solution to meet current guidelines.

We also look at bloodstream infections caused by intravenous lines (central) in the Intensive Care Unit (ICU). The intravenous line-associated blood stream infections in our ICU are zero and below the state average compared to other hospitals. This rate has been consistent for the past eight years and an outstanding effort by staff work who work hard to ensure that it continues.

Hand hygiene

Ballarat Health Services continues to recognise hand hygiene as the most effective method of reducing hospital acquired infections in our patients. We do this by either hand washing or by using an alcohol-based hand rub.

To ensure we have a high level of staff compliance with hand hygiene, three times per year, the Infection Prevention and Control Unit team observe staff across Ballarat Health Services performing hand hygiene within the clinical units. We report these results to Hand Hygiene Australia. We have achieved a compliance rate of more than 65% on a continual basis. Our current hand hygiene compliance rate is 76.7% but we know that we can do better and our aim is to increase this by 10% over the next 12 months.

A fantastic initiative has seen ‘pink hand hygiene stations’ placed throughout the hospital. These stations act as an ongoing reminder to staff and visitors the importance of good hand hygiene.

Sharps injuries, blood and body fluid exposures at BHS

To protect staff and patients, we have introduced safety needles for use within BHS. These devices help prevent injuries to staff like needle stick injuries. This measure is in addition to many other safety devices already in use. Exposure management is an identified risk and one which BHS is constantly striving to ensure is kept to a minimum.
Blood management

Over the past 10 years blood transfusion practice has seen many changes. Best practice initiatives are undertaken to ensure hospitals abide by current guidelines so that patients are transfused only when absolutely necessary, thereby saving a limited resource for those who need it most.

Because it has been recognised internationally that errors can occur at the bedside, documentation is an important aspect to patient safety. Documentation must accurately record a patient’s blood transfusion history and indications for use of the blood product. Additionally, patients and carers should be informed about the risks and benefits of using blood products, be provided with written information and undertake informed consent prior to a transfusion proceeding.

The documentation process has been monitored closely this year. Over four months from March to June 2012, our Transfusion Nurse reviewed 25% of the number of patients who received a blood transfusion. A total of 74 histories were examined. The graph shows that there is room for improvement in our documentation processes and after the information is shared with staff, ongoing review will be undertaken to monitor progress.

With an intensive education program and frequent monitoring we have achieved excellent outcomes in pressure ulcer reduction. The table below provides a comparative summary of key indicators before and after the program implementation. These data have been presented at national and international conferences and we have other organisations expressing interest in adopting the program.

<table>
<thead>
<tr>
<th>Pressure ulcer prevalence (%)</th>
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<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>BHS - total</td>
</tr>
<tr>
<td>Acute</td>
</tr>
<tr>
<td>Sub Acute</td>
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<tr>
<td>Residential</td>
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The outcomes for our patients with the introduction of this program has meant a safer and more comfortable stay at BHS.

Pressure ulcer management

Pressure ulcers are a national (and international) patient safety problem and are considered a leading indicator to the quality of wound care provision by a health care organisation.

Ballarat Health Services has collaborated with clinicians from Canada and a wound care company in a program to improve patient outcomes by implementing best practices in wound care through:

- Early recognition of patients at risk of pressure injury;
- Reduction of the number of episodes of pressure ulcer;
- Reduction in the severity of pressure ulcers;
- Reduction in the frequency of dressing changes and
- Improved wound healing time.

The outcomes for our patients with the introduction of this program have included:

- Improved wound healing time.
- Reduction in the severity of pressure ulcers;
- Reduction of the number of episodes of pressure ulcer;
- Early recognition of patients at risk of pressure injury;
Keeping it clean
Residential Services has a number of quality systems in place to ensure that we have a clean and safe environment:
• BHS Residential Services cleaning manual
• Qualified Victorian cleaning standards auditors
• Regular cleaning audits
• Infection Control training

Background
BHS has a schedule of six-monthly internal cleaning audits for our Residential Care Services areas. In 2006 we introduced cleaning audits across all Residential areas. Internal cleaning auditing methods and a BHS cleaning standards manual were designed with outcomes referenced from Cleaning Standards for Victorian Public Hospitals and this informs the BHS cleaning procedures.

It is clear that cleaning standards provide a way to meet our needs. Cleaning standards have clear outcome statements that can be used as performance indicators and benchmarking.

The cleaning standards aim to improve quality health services provision by ensuring that all risks involving cleaning are identified and managed in an appropriate manner.

Service provider
Residential cleaning services are fully provided and managed in-house by BHS staff.

Outcomes
To encourage innovative and efficient cleaning practices, the Victorian cleaning standards focus on outcomes, not methods. This means that the suitability or unsuitability of different methods can be measured by assessing the outcomes of their use.

The cleaning standards are designed to focus users’ attention on the outcome or output sought, rather than the method by which it is achieved. i.e. minimum required standard of 85%. Each room audited has 15 elements that are inspected as follows:

• building elements – external features, fire exits, stairwells, walls, skirtings, ceilings, windows, doors, hard floors, soft floors, ducts, grills and vents;
• fixture elements – electrical elements, furnishings and appliances, pantry fixtures and appliances, toilets and bathroom fixtures;
• equipment elements – patient equipment, cleaning equipment; and,
• environmental elements – general tidiness, odour control.
Residential Services cleaning audits April 2012
In April, 2012 all our Residential Services facilities (28 areas) had internal cleaning audits conducted by Ballarat Health Services qualified Victorian Cleaning Standards auditors. The purpose of the audits is to provide an indication of cleaning standards across all the BHS residential sites.
Random samples of all functional areas were audited at each house or complex.
The audit showed an overall Residential Services average of 94.34% compliance with cleaning standards. The auditors commented that overall the facilities were very well presented and all areas were to be congratulated on excellent cleaning results.
Through the audit system, we can identify and rectify areas of non-compliance in a timely manner. Not only are the audits conducted, but the reporting process is in place to ensure any action required will be addressed and reported to ensure the Executive Staff and Board of Management are fully aware of any issues.
**KEEPING OUR PATIENTS SAFE**

BHS has introduced a number of changes over the past 12 months to improve patient handling activities and practices. These changes have lead to improved and safer outcomes for staff, patients and residents.

The changes have included a complete review of the training provided and equipment used in assisting patients and residents with the daily mobility needs. A patient handling program (the No Lift Program) was introduced to the organisation and a No Lift Coordinator employed to manage the program. Each department was asked to nominate a staff member as a No Lift Trainer for their area with many departments now having two or more trainers. The role of the workplace trainer is to provide support, training and updates to staff on the various patient lifting equipment and lifting techniques used in these activities. The workplace trainers are provided with training and support as well from the No Lift coordinator and also the opportunity to attend an annual one day workshop to refresh their skills and knowledge.

BHS also conducted a review of the patient handling equipment and was able to upgrade all patient handling equipment across the organisation. Ballarat Health Services also provides manual handling training to non-clinical staff both in a face-to-face format as well as an online training program.

The result of these changes and improvements has been a significant decrease in the number of workplace injuries and workers compensation claims associated with manual handling activities.

BHS will continue to review these activities and make changes in line with its focus on continuous improvement in all areas of staff safety and patient care.
BHS Catering
BHS Catering is a business unit of Ballarat Health Services, providing meals for public patients and residents within Ballarat Health Services. The service also has a number of contracts providing Meals on Wheels for the City of Ballarat, three large metropolitan Melbourne municipalities, childcare centres and correctional remand centres throughout metropolitan Melbourne and country Victoria. With more than 100 dedicated staff the team has become recognised for outstanding quality service with an internationally accredited food safety standard being awarded.

Safety Link
Safety Link is a 24-hour personal alarm call response service that links clients with family, friends or emergency services in times of need. The service is designed for people who may be at risk due to age, ill-health or a disability and comprises a personal alarm connected through the existing telephone system to highly trained staff at the Safety Link Monitoring Centre.

Safety Link helps maintain clients’ independence and recognises its successes are due to the dedicated employees who provide a personal and caring service. The year 2011-2012 included continued re-evaluation of key processes and strategies within Safety Link operations. The resignation and appointment of a new General Manager; continued improvements in key areas delivering efficiencies while a new strategic focus on specific markets helped achieve financial goals for the year. The next financial year will see the rollout of new products and services designed to further improve the customer experience: A new program, Safety Link Assist, will provide a broader product range and support carers at home and in residential services, disability services and lone workers.

Safety Link will increase investment in research and development to ensure sustainability and growth with the rollout of the NBN.

Eureka Linen
Eureka linen is acknowledged as a leading quality provider of linen and laundry services to hospitals, nursing homes, hostels, medical clinics, and day procedure centres across the Grampians region. Eureka Linen provides rental linen to healthcare organisations from Birchip to Bacchus Marsh. Ballarat Health Services, St John of God hospitals in Ballarat and Geelong and more recently Loddon Linen Service in Bendigo are Eureka Linen’s largest clients.

The acquisition of the Loddon Linen service created employment for an additional 32 part-time employees in the Ballarat area. Currently we have an equivalent full time staff of 76. Following the acquisition of the Loddon Linen Service customers our weekly processing of soiled linen is in excess of 73 tonnes on one shift.

Eureka Linen provides state of the art technology laundry equipment in processing customer linen requirements and has focused in recent years on being proactive with water saving initiatives and care for the environment.

State-Wide Equipment Program (SWEP)
SWEP provides people who have a permanent or long-term disability with subsidised aids, equipment, oxygen and continence and vehicle and home modifications.

SWEP aims to enhance the independence and safety of people with a disability in their own home, facilitate their participation in the community and support families and carers.

SWEP is a suite of programs funded by the Department of Human Services and administered by Ballarat Health Services.

SWEP incorporates the following programs:
• Aids and Equipment Program (A&EP)
• Supported Accommodation Equipment Assistance Scheme (SAEAS)
• Domiciliary Oxygen Program (DOP)
• Continence Aids (CA)
• Vehicle Modification Scheme (VMSS)
The management of the public dental clinic continues to provide many successes and challenges for Ballarat Health Services. In July 2011 the dental service commenced operations under a new funding formula. As a result, patients experiencing pain are able to access the clinic more readily.

A significant highlight and development for dental services in Ballarat is the planning and scoping for the new dental facility which will consist of twenty chairs including ten teaching chairs, a first for the Ballarat and the Grampians region. Planning for this facility is well underway with a proposed completion date in 2013.

When BHS assumed the management of the clinic it had a significantly long waiting time for dental care requiring general anaesthesia to be provided. This is predominantly offered to very young children with significant dental need and adults with special needs or complex medical conditions. The waiting time had stretched to almost two years but as a result of significant effort by the entire dental team the numbers have now been significantly reduced as has the waiting time for general care. Emergency patients are assessed as soon as they contact the clinic and are offered care in the clinic, usually on the same day, or within a few days if their dental need is less urgent.

A single surgery dental van provided by Dental Health Services Victoria and staffed by BHS dental clinic staff is located in Sebastopol. This outreach service enables the Sebastopol community easier access to dental care. Initially this focused on the students of Phoenix Community College but has now expanded to the wider community.

Ballarat Health Services has continued to offer dental services from the re-locatable dental clinic situated within the grounds of Yuille Park Community College. This clinic commenced operations in July 2009 and has significantly improved access for residents in the Wendouree area and continues to reduce the pressure on the public dental clinic located on the Base Hospital site. The dental team consists of dentists, dental and oral health therapists, dental prosthetist, dental assistants and administrative support. A successful recruitment campaign has seen the number of clinical staff increase to ensure the available dental chairs are fully utilised.
Maria Rosenberg knows the difference a well-fitting set of dentures can make.

Earlier this year she received new dentures after a series of visits to the BHS Dental Service where she was cared for by dental prosthetist, Ryan Davies (pictured at right).

Maria found the experience a positive one and wrote a card to Ryan and his colleagues to let them know how her new teeth had improved her outlook on life.

“Having lived through war, Maria says she is very appreciative of Australia, the plentiful food and wide, open spaces.

“The Netherlands is like one big city, every five minutes you will come to a city.”

Maria’s life has been an adventurous journey.

The oldest of 12 children, she endured World War II in her home country, The Netherlands, before immigrating to Australia in July 1954. Her first two years in Australia were spent in Brisbane. Then she was joined by her parents, who decided to move to Ballarat because they felt the climate would be more like that of their former home.

Maria became known in Ballarat through the radio program “International Potpourri”, which she hosted for 14 years.

Maria Rosenberg today and (inset) around the time she left The Netherlands.
Stage II Capital Works – Maternity Services

New facilities built to cater for the needs of families accessing Maternity Services have been very much welcomed this year. The number of families accessing maternity services has grown considerably over the past decade and continues to grow; so much so that we had significantly out-grown our space. Included in the capital works program was the development of a new purpose-built Maternity Outpatient Unit and Special Care Nursery.

The Maternity Outpatient Unit is now situated on the ground floor of the Henry Bolte Wing and comprises 10 consulting rooms (including an ultrasound room), breast feeding day-stay, private interview room and work areas and office accommodation for maternity services staff. It is a welcoming, vibrant and functional space that is readily accessible for our new mums-to-be and their families.

The Special Care Nursery has moved to the Level 5 West Wing of the Henry Bolte building and is a state-of-the-art facility purpose-built for High Level II Neonatal Special Care. The facility is fitted out with 12 cot spaces (including one isolation room), two resuscitation bays, private interview room and a family room. The space formerly occupied by the Special Care Nursery has been remodeled to accommodate two parent accommodation rooms and a labour ward triage facility.

A sunny partnership

Ballarat Health Services entered into an agreement with Central Victoria Solar City to implement an investment of $500,000 for solar panels, electric cars and energy efficient upgrades for the Ballarat Regional Integrated Cancer Centre, Queen Elizabeth Centre and the Base Hospital site. The focus being to:

1. Showcase best practices in Solar Efficiency
2. Demonstrate benefits of energy efficiency and renewable technology
3. Provide ongoing feedback relating to applied technologies
4. Educate the community

The specific projects include the provision and installation of a 35kW photovoltaic array on the roof of the Ballarat Regional Integrated Cancer Centre (BRICC) and a 25kW photovoltaic array on the roof of the Queen Elizabeth Centre, with the intention that the array is to be interlinked to the hospital building management system in order to allow ongoing review of performance and demonstrate application. The hospital building management system is a software package which provides energy output and input from the solar roof panels and measures temperatures within buildings. Key personnel such as doctors and nurses are able to log in and change temperature.

The purchase and installation of two ‘Solar Car Shelters’ at the Base Hospital Site and Queen Elizabeth Centre will demonstrate the benefit of providing shading and solar electricity generation. The car shelters are to be constructed to include solar photovoltaic panels to shade the vehicles from the...
summer heat, weather and also generate electricity to power electric cars. They include a plug-in point for connection to electric vehicles and give parking priority to Electric cars. Two electric Mitsubishi i-Miev cars were purchased to demonstrate the use of the solar energy generated from the Green Car Shelter.

The retrofitting of solar hot water systems at several BHS sites is demonstrating the benefits of solar thermal power. These systems include ‘evacuated tubes’ which capture the sun’s energy to heat water, which is piped to a water storage system and provides domestic hot water preheating.

**IMPROVING OUR SERVICES**

**Futures Committee**

Ballarat Health Services considers far more than the ‘bricks and mortar’ required into the future. BHS also considers the impact and opportunities resulting from developments in technology, medical trends, workforce development and importantly the needs & expectations of the community. The BHS Futures Committee established by the Board of Management enables a diverse range of staff to be actively involved in planning for the future. The Committee advises the Board of Management on improving patient outcomes by implementing effective and efficient innovative practice.

In 2011 environmental sustainability and its impact on the fabric of BHS together with the impact of climate change on the members of our community have been the focus. This has led discussions at Futures meetings since then along with how BHS can embrace and implement initiatives to enhance sustainability across all elements of the health service. The rapid pace of change in the area of information technology is also on the agenda ensuring BHS is considering the how and what technological initiatives will provide the greatest benefit to our staff, patients and visitors.

**Cardiovascular Suite Opening**

In late 2011 Ballarat Health Services completed construction of the Cardiovascular Suite (CVS) and commenced on-site cardiac catheterisation services. The new hybrid suite provides interventional cardiology, radiology and vascular procedures in a state-of-the-art, purpose-built facility. This has enabled BHS to respond to demand for these services within the Grampians region and improve access for regional patients.

The project enlisted support from a broad team of staff members, including a dedicated project officer from the redesign team, to ensure a smooth transition to the new service.

Detailed plans were carried out for all elements of the service including equipment, information technology and staff training. This culminated in a full simulation to test every aspect of patient care as well as the logistical and communication processes. The strength of this approach was noted by the Interventional Council of the Cardiac Society of Australia and New Zealand who credentialled the lab in March 2012.

Since opening, over 850 patients have undergone various procedures in the new facility. In June 2012 the CVS began performing Percutaneous Coronary Interventions (PCI) which treats patients with more severe heart conditions by rapidly restoring blood flow to blocked arteries.
Ballarat Health Services ensures its services are provided by competent health professionals and medical clinicians. All medical staff are credentialled via the processes managed by the Medical Services Credentialling Committee, with scope of practice defined through the Medical Appointments Advisory Committee. This is all coordinated through the office of the Executive Director of Medical Services. The Allied Health Credentialling Committee is responsible for Allied Health credentialling and appointments.

All General Practioners (GPs) who attend residents in RACS have been credentialled as part of our GP liaison initiative. They have been provides with a RAC ‘Working Together’ manual. All nursing staff, allied health staff, engineering staff, dental and security staff hold current registration. Police checks and relevant working with children checks are also undertaken.

As well as mandatory competencies within the organisation - fire and safety, manual handling, basic life support/advanced life support, nursing staff must comply with other competencies relative to their area of expertise to safely and competently practice within the organisation. These include management of epidural and patient controlled analgesia devices, intravenous insertion, arterial blood gas sampling, Hickman’s catheter, and blood transfusion Performance review is conducted yearly with staff within the organisation.

General Practitioner Liaison, GP Credentialling in RACFs
The Ballarat GP Liaison Unit and the BHS Medical Services Directorate implemented credentialling for GPs working within BHS Residential Aged Care Facilities.

As part of the credentialling process the GPLU worked closely with the Grampians Medicare Local and other key clinicians in the public sector to develop the ‘Working Together in Residential Aged Care Manual – a Practical Guide for GPs, Staff and Practice Nurses’. The purpose of the manual is to provide strategies and guidance to both Residential Aged Care Facilities and to GPs with the aim of providing more efficient healthcare delivery to residents.

A team approach and effective communication channels between all healthcare providers is essential in the provision of high quality medical care within Residential Aged Care Facilities.

Antenatal Shared Care
For the second year the GPLU and Grampians Medicare Local held an Antenatal shared care event at BHS. The night was very successful with over 80 GPs, Registrars, Specialists, Practice Nurses and Maternity staff attending. Several GPs from Horsham and Maryborough also attended. Key note speakers included Dr Christine Tippett, Dr Elizabeth Farrell and several Ballarat Gynaecologists. As feedback from the event was very encouraging, future events are planned.

Improved Wound Outcomes
Ballarat Health Services in partnership with Nursing Practice Solutions and Smith & Nephew embarked on the implementation of a proactive Wound Care Improvement Program. The program follows a proven methodology introduced in Toronto Ontario, focusing on the delivery of best practice wound care.

Using an initial benchmark assessment of the organisation’s needs, Ballarat Health Services has used appropriate interventions to create and sustain best practice wound care for all patients. A competency-based education curriculum was developed and delivered across the organisation. This, together with a focus on advanced products, policies and procedures and on the application of consistent preventative measures has resulted in extraordinary achievements.

A reduction in the number of daily dressing changes from 1364 down to 77 dressings a week, an 11% to 6% change in organisational pressure ulcer point prevalence and an improvement in the products used in the prevention and treatment of wounds are all documented accomplishments.

Annual savings to treat pressure ulcers have been estimated at $2,655,469 with 3,709 bed days gained per year. Audits have highlighted increased staff knowledge and competency.

New documentation protocols and tools for patients with and without wounds and the creation of a culture of professional development and leadership have provided improved patient safety with an overall decrease in the risk of developing pressure ulcers.
Advance Care Planning Project in Residential Aged Care Facilities

A number of Residential Aged Care Facilities including James Thomas Hostel, Eureka Village Hostel, Hailey House Hostel and WB Messer Hostel were successful in their application for inclusion in the statewide Advance Care Planning Project.

Advance care planning is concerned with supporting residents to think about and plan preferences for their current and future healthcare. The process helps provide direction about what medical treatment each resident/patient would want to receive if they became unable to speak for themselves.

In considering any such health care decision, consultation with the individual’s doctor, family members and other significant people is of paramount importance. This involves discussions about the loved one’s appropriate medical care, life sustaining treatments, transfer to hospital and end-of-life wishes. The emphasis is on ensuring a resident’s future care wishes are known, documented and respected, should he or she become incapable of participating in medical treatment decisions at a time when such decisions may need to be made.

Unfortunately, residents often do not have the opportunity to speak to their families or doctors about what is important to them or what medical treatment they want in the future. Discussions with residents and their families about future treatments can be challenging and are very emotional.

The aim of the program is for staff involved in the advanced care planning program to assist in initiating these advanced care planning discussions with residents, family members and medical staff. In assisting individuals to consider possible situations they may face, residents and family on having completed an advanced care plan have expressed a sense of relief and reassurance that their wishes will be respected at a time when they may not be able to communicate them due to a sudden or increasing decline of health.

The introduction of the advance care planning program in the Ballarat Health Services Residential Aged Care service has been extremely beneficial having provided the opportunity to:

• have conversations between residents and significant people in their lives about their values, beliefs and goals in life, with consideration given to their current health, and what medical treatments they would or would not want in the future;
• document resident’s wishes and enable them to be followed in a respectful manner;
• improve quality of care, facilitate resident self determination, reduce unwanted medical treatments or hospitalisation; and,
• provide a system that empowers residents to say, ahead of time, what they want.

The implementation of advanced care plans which sincerely reflect residents’ wishes and help provide health care in their best interest and in accordance with their wishes, will ensure the goal of respecting each resident’s choices at this time of life are achieved.
Before Peter Hastie had turned two his parents, Ian and Elizabeth, began to worry about their son’s development. Peter did not crawl, walk or talk at the expected ages.

While he was still pre-school age, in the early 1970s, Ian and Elizabeth took Peter to see a paediatrician in Melbourne, who provided them with a blunt diagnosis and advised them not to concern themselves with him and put him into care. They ignored the advice.

“He was my son and mine to look after,” Elizabeth said.

Peter’s difficulties were added to by severe epilepsy, which caused him to have major seizures.

As he got older his parents appreciated that every developmental milestone reached – walking, talking - was a gigantic leap for Peter.

“He was a very active and mobile child – always running about, never walking,” Ian said.

Elizabeth and Ian cared for Peter at home until he was 21, at which point he moved into a Community Residential Unit.

Both Ian and Elizabeth were teachers and Peter would come home during school holidays and most weekends.

“We didn’t plan for the CRU but we were told that if we didn’t take it we might not get a place. It was an agonizing decision to make,” Elizabeth said.

“Years later we were glad we made it but it was not easy at the time.”

Over the years the seizures, while largely controlled with medication, have taken a toll on Peter. Now 44, he is not as mobile or communicative as he once was.

In June, 2010, Ian and Elizabeth, now in their 70s, decided the time was right for Peter to move into high level residential care.

Peter is now a resident of Jack Lonsdale Lodge, a Ballarat Health Services acute care facility.

On occasions seizures have resulted in visits to hospital for Peter. Recently, this included a stint in intensive care.

In mid-2012 Elizabeth and Ian began to have discussions with Jack Lonsdale staff about an Advance Care Plan that would allow for medical care to be provided in the lodge, rather than in a hospital.

So in consultation with staff and Peter’s GP they drew up a plan that allowed for intravenous rehydration and the administering of antibiotics to occur, where medically appropriate, at Jack Lonsdale.

The Advance Care Plan has brought a degree of reassurance for Ian and Elizabeth. They know Peter finds it unsettling to be moved to hospital and in the past he has lost weight while in a hospital environment.

“It’s nice to know they can handle everything here (at Jack Lonsdale Lodge) – but we have stressed that if it can’t be handled here then Peter should go to hospital,” Ian said.

This year, for the first time in many years, Ian and Elizabeth enjoyed an uninterrupted holiday, knowing that in the event Peter required medical intervention, a plan was in place.

“We had a month in Queensland. It was a really good rest, we felt comfortable because we knew things were being handled the way we would want them to be,” Ian said.
Volunteer Meal Assistance
Malnutrition is a serious concern for elderly hospitalised patients. It affects between 20% and 50% of all medical and surgical patients admitted to hospital.

Reasons for this decline in nutritional status may include: poor appetite and disinterest in food, the variety of food options available, problems with dental health, difficulty with manipulating cutlery and accessing food, lack of feeding assistance and encouragement, the amount of food packaging, difficulties with chewing and swallowing, gastrointestinal upsets, poor absorption, depression and dementia.

Research has shown a meal assistance program where trained volunteers assist with meals for nutritionally vulnerable patients improves nutritional intake.

The COAG Long Stay Older Patient (LSOP) project conducted a pilot of the Volunteer Meal Assistance Program (VMAP) on the Inpatient Rehabilitation Program (IRP) at Ballarat Health Services from December 2011 to May 2012. Through the provision of formal training of volunteers to provide meal assistance for patients, the program aimed to maximise food intake and ensure patient safety while eating. This pilot was an important step in providing evidence-based best practice for the nutritional care of patients in sub-acute services at BHS.

The pilot VMAP was well accepted by the staff, volunteers and patients and was extended to the acute site and implemented on the 4 North ward in May 2012. The program has 12 volunteers covering lunch and three dinner meals on IRP, and 4 volunteers covering three lunch periods on 4 North. The VMAP will be extended to additional acute and sub-acute wards over the period August 2012 to March 2013.

The LSOP toolkit for staff
The LSOP project generally aims to minimise functional decline and adverse events during an acute stay in hospital. A key outcome of the initiative is the development and launch of an evidence-based implementation resource tool kit known as "Best care for older people everywhere ".

The toolkit is comprised of evidence-based tools and resources that drive to improve clinical practice across 11 domains. These domains are:
- person-centred care,
- assessment,
- mobility,
- vigour and self care,
- nutrition,
- cognition,
- delirium,
- dementia,
- depression,
- continence,
- medication and
- skin integrity.

The toolkit is now available to all staff on all computers. Otherwise the toolkit can be accessed via: www.health.vic.gov.au/older/toolkit

In 2011-2012 as part of the project, we have improved toilet and shower signage, refurbished sunrooms and purchased multiple items of equipment for our acute wards. Staff and patients can now enjoy an improved hospital environment making their stay in hospital safer and more comfortable.

During the remainder of 2012, the focus of this project will be on the roll-out of the Person Experience Trackers (PETS), these electronic devices will collect feedback on patient experiences during their hospital stay and discharge planning from BHS. This valuable feedback will assist us to further enhance improved patient centred care experiences and improve our discharge planning of older people from BHS.

Additional implementation of the toolkit later in the year will continue to improve our patient outcomes and provide them with optimal level of care, decreasing their risk of functional decline and the time they need to stay in hospital.
Feedback

We hope you enjoyed reading the Ballarat Health Services Quality of Care Report for 2011-2012.

We would like to hear any feedback you have about the report.

Please contact us via the website www.bhs.org.au and go to feedback to send us your comments.

You can also contact us by telephone on (03) 5320 4014 or by mail:

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