Quality of Care Report
2008 - 2009

being there for YOU
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Vision
Leadership and Excellence in Healthcare

Mission
To deliver an accessible, inclusive and fully integrated regional health service which maximises care, compassion, individual choice and quality outcomes for all clients and patients in an environment that encourages and supports ongoing education, training and research.

Values
Our services and staff embrace the following values:

Client focus
includes individuals, families, communities, service providers and staff.

We work towards improving the health and well being of our patients, clients and community, and emphasise care and treatment options and informed choice based on adequate information. We are committed to improving access for all patients/clients and ensuring the care and services are delivered in a culturally appropriate manner.

Professional integrity
We treat all people with honesty, dignity, fairness and with respect for their rights.

Safety and quality
We are committed to providing high quality services, and a culture of continuous improvement.

Collaborative relationships
We seek to co-operate further with other human services providers to ensure better integration of services.

Accountability
We are accountable to Government and the community for quality, effectiveness and efficiency through public awareness and reporting, community participation and professional responsibility, including financial management.

Staff and volunteers
We recognise that the quality of service provided is dependent upon the way in which staff and volunteers perform their respective roles. It is therefore necessary to attract, retain, recognise and develop high quality staff and volunteers, and to ensure their continued motivation and accountability.

Knowledge and innovation
We recognise the importance of encouraging and supporting the ongoing development, education and research for our staff to ensure continued involvement and collaborative efforts promote innovation and improved care and services are delivered for our community.
Welcome to the Ballarat Health Services 2008-2009 Quality of Care Report.

Ballarat Health Services is proud to present the 2008-2009 Quality of Care Report.

This report is for you, the consumer, patient, client and carer to read about the progress of Ballarat Health Services in improving the quality of care we provide.

One of the major values of Ballarat Health Services is safety and quality. We are committed to providing high quality services and a culture of continuous improvement.

Contained within this report is information about how we listen to you about your experience within the health service, what it is we do well and what we need to improve.

Many patients, carers, community representatives and clinicians have been involved in preparing this report.

Appreciation is particularly extended to the Community Advisory Committee for its comments and contribution. The Committee comprises six community members and two members of the Board of Management. The role of the Committee is to assist Ballarat Health Services to integrate consumer and community views at all levels of the service.

A major role of the Community Advisory Committee is service reviews. This involves the Committee visiting selected services within the organisation and reviewing consumer information along with community engagement practices and strategies. Feedback is then provided to the staff within the specific service.

We look forward to hearing your opinion on this year’s Quality of Care Report and the services Ballarat Health Services provides. You are invited to complete and return the feedback form at the back of this report. Your views are vital in helping us plan future services and where we need to improve.

Ms Lynne McLennan
President
Board of Management

Mr Andrew R. Rowe
Chief Executive Officer
Involving our consumers

Community Advisory Committee
In 2005, Ballarat Health Services established the Community Advisory Committee (CAC), a sub-committee of the BHS Board of Management.

The CAC membership includes Board Members, the CEO, other senior hospital staff and six community members with broad representation and perspectives of the community.

The role of the CAC is to provide direction and leadership to increase community and consumer involvement at Ballarat Health Services.

The CAC also has an important role in advocating to the Board of Management on behalf of the community, consumers and carers.

The committee brings a community perspective to the development of priority areas and key issues to strengthen and make effective consumer and community participation at all levels of planning and delivery.

Ballarat Health Services aims to meet the needs of its community and takes seriously the responsibility under the Health Services Act to ensure effective consumer participation.

What is consumer participation?
Consumer participation is 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. (DHS-Doing it with us not for us 2006)

Community Participation Plan
The CAC has developed a Participation Plan which is reported annually to the Department of Human Services (DHS).

The Participation Plan outlines Ballarat Health Services approach to community and consumer involvement across the organisation.

The CAC is currently developing a consumer register. The aim of the consumer register is to create opportunities for community members who have an interest in health issues to participate in projects and on committees.

If you are interested in joining the consumer register, or would like further information on the CAC or consumer participation, please contact the Consumer Liaison Officer on 03 5320 4014.

Service Reviews
Over the past year, the CAC has conducted a Consumer Participation Service Review for four areas:

- Dental Services
- CASA (Centre Against Sexual Assault)
- ICU (Intensive Care Unit)
- Radiology Department

Each service review involves providing information on the service, talking to the staff and a tour of the service area.

The CAC then provides the service area manager with a comprehensive review and recommendations.
Patient Satisfaction
A customer satisfaction survey was conducted across the acute inpatient units at the Base Hospital, the Jim Gay Unit and the Inpatient Rehabilitation Program at the Queen Elizabeth Centre (QE) between October and December, 2008.

Patients were asked to rate areas of their care from “poor” to “excellent”, and were given the opportunity to write down comments. The results were overwhelmingly positive from the 409 surveys that were returned. The aim was to monitor customer satisfaction and source feedback from patients across the four elements of care:

- Communication and care - 93% of Base Hospital respondents reported satisfaction and 95% of the QE respondents reporting satisfaction.

- Timing for discharge planning - 90.7% of the Base Hospital respondents were satisfied. 100% of QE respondents were satisfied with their length of stay.

- Meals - All Base Hospital indices recorded a satisfaction of > 88%.

- Environment/Room - The cleanliness of both the room and bathrooms recorded satisfaction of >96%.

BHS participates in the Victorian Patient Satisfaction Monitor, a patient satisfaction survey run state-wide by the Department of Human Services. The results of this postal survey sent to a sample of BHS patients twice a year is compared with other similar hospitals and provides valuable insights into our patients’ experiences whilst in our services.
Providing feedback to BHS

Patients and other consumers of BHS may express any compliments, concerns, complaints or suggestions arising from their treatment without fear of discrimination. Please refer to the BHS Your Feedback Counts brochure which is displayed prominently throughout the health service. Patients are also invited to provide feedback about their hospital stay through a Consumer Feedback Survey, introduced in 2007, when they leave the hospital. Ballarat Health Services incorporates consumer feedback and community views from all of the ways in which they are received into our quality improvement processes.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff from the feedback complaints service were helpful in explaining the complaints process</td>
<td>58%</td>
<td>16%</td>
<td>21%</td>
<td>5%</td>
</tr>
<tr>
<td>The feedback/complaints process was easy to follow and understand</td>
<td>53%</td>
<td>37%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>BHS acknowledged my feedback/complaint within a satisfactory time</td>
<td>63%</td>
<td>26%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>I felt staff listened to what I had to say</td>
<td>47%</td>
<td>47%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>I was satisfied the way the feedback/complaint was handled</td>
<td>42%</td>
<td>32%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>I was satisfied with the outcome of the complaint</td>
<td>32%</td>
<td>42%</td>
<td>5%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Overview
Ballarat Health Services is the largest health service in the Grampians region and 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 kilometers. More than 224,000 people, or 4.4 per cent of the population of Victoria, live in the Grampians Region. Ballarat Health Services employs 3000 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 Ballarat Psychiatric Services. Ballarat Health Services consists of the Base Hospital, Queen Elizabeth Centre, Psychiatric Services, Residential Facilities and Community Programs, all of these operate as a single entity.

Acute Care - Base Hospital
Acute care is the provision of medical treatments and procedures for a short-term illness or health problem. BHS offers a comprehensive range of services including general medicine, cardiology, gastroenterology, paediatrics, gynecology, obstetrics, oncology, endocrine, diabetes management, theatre complex and a Perioperative Day Procedure Unit.

Sub-Acute Care
Sub-Acute care is the provision of non-emergency, long-term care, together with rehabilitation, geriatric assessment and palliative care.

Community Programs
Community care programs include, Aged Care Assessment, Extended Aged Care at Home, Hospital in the Home, Linkages and Direct2Care.

Psychiatric Care
Psychiatric Services include inpatient care, extended care, community teams and adolescent services.

Residential and Aged Care
Residential and Aged Care facilities provided both low and high level care for permanent and respite residents.
Ballarat Health Services
Specialties & Services

- Aboriginal Hospital Liaison
- Acquired Brain Injury
- Allied Health Services:
  » Dietetics
  » Exercise Therapy
  » Occupational Therapy
  » Physiotherapy
  » Podiatry
  » Prosthetics and Orthotics
  » Psychology
  » Social Work
  » Speech Therapy
- Breast Care
- Cardiology
- Centre Against Sexual Assault (CASA)
- Chaplaincy
- Coronary Care Unit
- Cognitive Dementia and Memory Service (CDAMS)
- Community Health Services
- Community Nursing
- Community Programs including:
  » Adult Day Activity Centres
  » Aged Care Assessment Service (ACAS)
  » Allied Health Domiciliary Service
  » Commonwealth Carer Respite Centre – Carelink Centres
  » Domiciliary Care
  » Home and Community Care Services (HACC)
  » Hospital Admission Risk Program (HARP)
- Critical Care Unit
- CSSD
- Dental Services
- Diabetes Clinic
  » Diagnostic and Radiology (X-ray) Services:
    » Ultrasound
    » CT Scan
    » MRI
    » EEG
    » ECG
    » Breast Screen
- Dialysis
- Ear, Nose and Throat Surgery
- Emergency Medicine
- Endocrinology, including Diabetes Management
- Falls and Balance
- Gastroenterology
- General Medicine
- General Surgery
- Gynaecology
- Infection Control
- Intensive Care Unit and Medical Emergency Response team
- Lymphoedema
- Medical Oncology
- Neonatal
- Nephrology
- Neurology
- Maternity Services
- Operating Suite
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Outpatient Services
- Paediatric Medicine
- Perioperative Day Procedure Unit
- Pain Management
- Palliative Care
- Pharmacy
- Plastic Surgery
- Psychiatry including:
  » Child and Adolescent Mental Health Services
  » Acute Community and Inpatient Services
  » Aged Community and Inpatient Services
- Radiology
- Rehabilitation (In-patient and Out-patient)
- Residential Aged Care
- Respite Care
- Safety Link
- Smoking Cessation Clinic
- Stroke Management
- Stomal Therapy
- Thoracic Medicine
- Urological Surgery
- Wound Management
Our changing community

The Grampians region, like most regional areas, experiences a loss of young adults as they leave for both educational and employment opportunities. However our region receives a net gain of older adults and retirees.

Population changes across the Grampians region highlight the migration from the dry land farming areas of the Wimmera in the west into regional centers including Horsham and Ballarat. In addition, there is an increase of migration from metropolitan areas of Melbourne to the peri-urban areas of Bacchus Marsh and Ballan in the east, most probably due to the more affordable housing costs together with the ability to commute for employment. Although the population growth in total continues to increase, the changes in the population profile highlights an ageing population in the region consistent with the ageing of the population across the rural regions of Victoria.

The ageing population will be the single most important factor influencing demand for BHS. The demographic profile highlighted the increasing proportion of adults aged over 65 supporting the expected increase in demand for health services; particularly services that support and maintain the health of the frail elderly in the community. Projections for the resident population in the Grampians region for the period 2007-2021 highlights the continued decline of population numbers in the 0-24 year age groups and the continued increase in the age groups aged over 60 in the region.

Grampians Regional Palliative Care Team

The Grampians Regional Palliative Care Team (GRPCT) has made significant achievements in the area of palliative care during 2008/09. GRPCT recognised that there was room for improvement in the provision of information about palliative care services in the acute care sector. With funding from the Grampians Integrated Cancer Service, the team developed and introduced an information and resource booklet, consistent with National Standards, for acute sector staff. In the 12 months since the booklet was introduced there has been a 50 percent increase in referrals to the service.

In collaboration with the GRPCT has developed ‘Clinical Guidelines for the administration of Oral Chemotherapy Agents in the Community Setting’ and a brochure for patients ‘Chemotherapy Safety in the Home: A Patient Guide to Oral Chemotherapy’ – both firsts in Australia.

Direct2Care

Direct2Care is a new telephone and walk-in service centre that provides information, advice and referrals to people eligible for aged and community care services, supports and resources.

Direct2Care is a joint Australian and Victorian Government initiative and has been developed as a result of the Australian Government’s ‘The Way Forward’ strategy for developing and implementing common arrangements in community care. Ballarat Health Services Community Programs is proud to be operating one of the 9 projects funded across Australia.

Located at 907 Sturt Street Ballarat, the aim of Direct2Care is to simplify access to community based services for people in the Grampians region unsure about the services available, how to access them and what assistance they are eligible for. By phoning 1300 121 121 or visiting the shop front, people can talk to experienced staff about their care needs in the context of their particular circumstances.

Since its launch in April 2009, Direct2Care has helped people living in the community to access assistance such as home help, delivered meals, aged care assessments, carer support and advocacy support.
Safety Link Wins National Award for Quality

Safety Link, a division of Ballarat Health Services, provides a reliable and efficient 24-hour personal response service that links clients with family, friends or emergency services in times of need. The Safety Link service is designed for people who spend time alone (or with a frail partner) and may be at risk due to advanced age, ill health or a disability. The service allows clients to continue their everyday routine, safe in the knowledge that should they need to summon assistance, Safety Link will be there 24-hours a day.

Safety Link’s key processes have been mapped and their relationships clearly defined. The focus on quality and customer satisfaction is a core organisational value that is present in practically all daily activities. Regular feedback is used to continually gauge the performance of the organisation and recommend, where appropriate, changes through the Quality Management System.

Safety Link was thrilled to win the inaugural national SAI Global Systems Excellence Award. Winning against highly successful companies in the Environmental, OHS, and Integrated Management areas, is testimony to the dedication of our Management and Quality Management System Team.

The “Five Ticks” Standards Mark has a high degree of industry recognition and readily communicates to clients, suppliers and employees Safety Link’s commitment to quality.

Safety Link Personal Response Service
Phone: 1800 813 617

Smoking Cessation Clinic

Ballarat Health Services, with funding from the Grampians Integrated Cancer Services (GICS) established a Smoking Cessation Clinic in October 2008. The primary objective is to give pre admission patients, inpatients and staff access to a clinic that will support them in their endeavor to overcome their nicotine addiction.

Clinic co-coordinator Kim Knights said the clients had so far experienced great success. “The statistics have reached beyond my expectations, with 100% of clients who completed the program remaining smoke free for three months and all but one smoke free at six months. I am eagerly anticipating compiling the twelve month success rates” Kim said.

BHS medical oncologist Dr Kate Hamilton said “The clinic aims to deal with the public health issues associated with smoking including cancer, heart disease, lung disease and other chronic illnesses that affect the quality of life of smokers. It’s the sort of service we haven’t provided before and clearly it’s been beneficial. I look forward to continued success.”

The Smoking Cessation Clinic supports the Smoke Free policy of Ballarat Health Services, and currently runs on Mondays and Thursdays from the Clinical Services Department at the Queen Elizabeth Centre. For more information or to book an appointment phone Kim on 5320 6760.
**Victorian Bushfires**

The Black Saturday bushfires, one of Australia’s worst natural disasters, affected many people and the staff at Ballarat Health Services were among those who showed great compassion and generosity to the survivors. Members from across the organisation helped support the survivors and honour the victims through donations, fundraising and offers of professional services. Staff and residents contributed to the appeal by giving more than $1500 from the Allied Health Department’s casual clothes fundraising activity, $730 from Safety Link’s appeal, $274 from the WB Messer Hostel’s afternoon tea and raffle, $277 from the Social Club’s Black Friday Happy Hour and $260 after a staff member offered up his hair to be shaved by the highest charity bidder.

BHS was represented on the frontline by a number of staff who assisted fire-affected communities. This included a team of Social Workers who were stationed at the Department of Human Services’ Victorian Bushfire Case Management Service call-centre in Ballarat. Psychologists offered specialist counselling services to survivors in the state’s north west. Forensic Odontologist Dr Sher Lin Chiam, whose expertise was called upon in the wake of the 2004 tsunami, also worked with the Melbourne Coroner’s office to help identify those who died in the fires.

Our Emergency Management Manager, worked closely with the Health Incident Management Team, Patient Flow Coordinator and Department of Health Services. Dr Stephen Luke and Dr David Bruce went to the Alexandra Hospital to provide medical help to those affected by the fires.

**BHS Catering-Dedicated Distributors of Food**

BHS Catering, a business unit of Ballarat Health Services, not only provides meals for patients and residents in Ballarat but also food preparation for Meals on Wheels for the City of Ballarat, five Metropolitan Melbourne Municipalities, 14 Childcare Centres and prisons. More than 120 staff work in the kitchen and make up a team which has become recognised for quality services which have received an internationally accredited food safety award.

BHS Catering cook and prepare over 10 tonnes of food per week, 26,000 meals are plated, 4500 eggs are cracked, 2.2 tonnes of potatoes are cooked and 2,150 meals delivered daily. So how far does the food travel and how does it get to our customers across the State of Victoria. Approximately 2,400 meals are dispatched to metropolitan Melbourne and country areas every night ready for the next day. All meals and delivery vans have regular temperature checks to ensure the food is delivered to the clients at the right temperature and also ensures BHS Catering maintains food control in line with its food safety plan.
has seen the fail to attend rate decrease from around 40 percent to 15-20 percent, which is in line with mainstream clients.

More than 40 babies were born at Ballarat Health Services in the 2008/2009 year to indigenous mothers with an average of ten antenatal visits per pregnancy. This reflects an increase in Indigenous births in the past three years of 59 percent. A weekly health clinic staffed by a BHS Aboriginal Midwife, located within BADAC, and run in conjunction with the Maternal and Child Health Nurse Program managed by the City of Ballarat, continues to be very well attended by new mums and their children.

Joint protocols have been developed between BHS Psychiatric Services and BADAC. These protocols will assist in providing guidance for BADAC staff to access BHS Psychiatric Services and improve the flow for referrals. It is also planned to provide significant education to staff from both organisations to further improve communication and understanding.

Environmental Services
Our Multicultural Staff

The Environmental Services Department has a culturally diverse work force. Current employees include a group of six students studying for various careers—nursing, mining engineering, hospitality management, accounting and information technology. During their time with Ballarat Health Services these multiskilled employees have worked in many areas and departments including Catering, Theatre, Emergency Department and the acute wards.

Robin Thomas, Mobin Olasa, Vijay Ravi and Leo Payyapilly are all from India. They have gained valuable experience with Ballarat Health Services. Additionally they have brought a variety of skills to Ballarat Health Services, while they further their studies.

Jayne Campbell and Brendon Gray have been working with BHS for quite some time and both have now gone back to school studying nursing. The Department has a strong team approach towards service delivery, customer service and standards. Our student group is part of a larger team who keep our hospital clean. Other services include:- orderlies, mail distribution, food services, waste management, pest control, sanitary services, sewing, medical gases and labour services.

Cultural Diversity Committee

Ballarat Health Services established the Cultural Diversity Committee in 2006 to ensure care and services are provided in a culturally sensitive and appropriate manner for all people from culturally and linguistically diverse (CALD) backgrounds. The committee provides regular reports to the Executive and Board members of BHS and includes links with multicultural groups within the community.

Representatives of Ballarat Health Services are on a number of community committees and work with the City of Ballarat to ensure individuals and families choosing to move to Ballarat receive a smooth transition into our community. This involvement in the community has enabled BHS to develop a better understanding of the cultural needs of all members of our community. The increased use of interpreter services across the health service has continued as has the use of translation cards to further assist in providing appropriate care to our community.

Aboriginal Health Taskforce

The Partnership Agreement and the Aboriginal Health Taskforce continue planning to improve access and reduce barriers for the Aboriginal community to help reduce the gap between health outcomes and life expectancy compared with all Australians.

BHS together with the Ballarat And District Aboriginal Co-operative (BADAC) health clinic implemented an initiative to ensure clients attend their Outpatient Department appointments at BHS. This collaboration

The World Comes to Children’s Ward

The world has become a little smaller for staff of the Paediatric and Adolescent Unit after international nursing students converged on the Unit for their first experience of Australian Paediatric nursing. The students have come from China, Korea, Japan, India and Malaysia and are in Australia to complete a bridging course through Aquinas College University (ACU) Melbourne with a view to practicing nursing in Australia.

Students in photo left to right - Brendan Gray, Mobin Olasa, Leo Payyapilly, Robin Thomas and Vijay Ravi. (Jayne Campbell absent).
Clinical Governance

Clinical Governance is a term given to the framework healthcare organisations have in place to ensure continuous improvement in the safety and quality of care. At Ballarat Health Services we achieve this by working with our staff and patients to create an environment of shared responsibility and accountability for the quality of care we provide. Our clinical governance framework consists of the following components:

- **Consumer participation** which recognises the need for consumers to be involved and engaged in their healthcare and their local health service. To achieve this we have a Community Advisory Committee, Cultural Diversity Committee and the Maternity Consumer Participation Forum, all of whom have consumer members who work with the staff to improve the services we provide.

- **Clinical Effectiveness** which is ensuring the right care is provided to the right patient at the right time in the right way by the right clinician. We have many ways that we monitor and evaluate our effectiveness including external evaluation through accreditation processes, monitoring of clinical indicators and undertaking of clinical audits and reviews. Many of these are presented throughout this report.

- **Effective Workforce** we have systems in place to ensure that staff employed at our health service have appropriate skills, qualifications and experience to provide safe high quality care. Some of these include:
  - Credentialing and scope of practice
  - Clinical practice and education programs
  - Mandatory competencies for staff working in clinical areas
  - Support for staff undertaking post-graduate qualifications

- **Risk Management** involves managing clinical risk to patients as part of the broader organisational risk management program.

**What Is Risk Management?**
Risk management is a systematic way of working out what might stop us achieving our goals and putting actions in place to prevent that from happening. At Ballarat Health Services our goal is to offer best possible care and good results for every patient within the region. The factors that potentially prevent us from achieving this are our risks.

**Who identifies risks at BHS?**
All levels of staff and committees at Ballarat Health Services are involved in identifying and managing risks. Staff members work with their managers to identify risks that affect their areas and these are managed effectively or fed to more senior managers who are also identifying risks as part of their role. They continue to feed any risks they can’t manage to their directors and executives. The serious risks and action plans to manage these are reported regularly to the Board of Management.

**How do we identify our risks?**
There are many sources of information used to help identify our risks. These include review and monitoring of incidents and complaints, patient satisfaction results, audits of clinical records and safety audits, alerts from other organisations and the Department of Human Services and findings from coroner’s reports. (see diagram)

**How do we identify our risks?**

![Diagram showing how risks are identified]

- Reports from other organisations
- Staff Participation in risk workshops
- Accreditation Surveys
- Analysis of insurance claims
- OH&S Audits
- Clinical Audits & case review
- Incident Reporting
- Root Cause Analysis Investigations
- Patient feedback: surveys & complaints
- External Audits & reviews
- How we identify our risks
- How we identify our risks
- Staff Participation in risk workshops
- Accreditation Surveys
- Analysis of insurance claims
- OH&S Audits
- Clinical Audits & case review
- Incident Reporting
- Root Cause Analysis Investigations
- Patient feedback: surveys & complaints
- External Audits & reviews
- How we identify our risks

**What are some of the risks?**
BHS’s risk register covers a number of key areas including recruitment, funding and patient safety. We constantly monitor incidents that affect patients, and examples of those incidents are shown in the graph on the opposite page. It is important for us to identify trends so the data can be referred to specific working groups established to improve care and practice in relation to specific high-risk areas.

An example of monitoring of incidents that present the highest risk to our patients is the graph opposite. We review the reports of things going wrong regularly, watch for trends and refer the data on to the specific working groups set up to improve care and practice in relation to their specific high risk areas.
What have been some of the risk management achievements?

Our significant achievements in 2008/09 include the ongoing development of the risk register and incident reporting database and the training of more staff to conduct root cause analysis investigations.

Our achievement of a ‘good’ rating for the Risk Management Framework Review, which is conducted every three years by the Victorian Managed Insurance Authority (VMIA), means that our risk managed processes are designed and operating effectively.

The VMIA also provided recommendations we are currently working through, which include:

- Further enhancement of the risk register;
- A review of position descriptions and terms of reference (TOR);
- The further update and improvement of relevant policies and protocols as our risk management framework continues to develop; and
- Ongoing tailoring of risk, training for each stakeholder group.
Accreditation

Accreditation is a process that health services use to ensure they deliver high quality, evidence-based and safe care to their patients.

The Australian Council on Healthcare Standards (ACHS) is the external organisation that conducts the accreditation process, and sets out the Evaluation and Quality Improvement Program (EQuIP) which Ballarat Health Services utilises to assist it in its quality improvement programs.

BHS underwent a Periodic Review survey in February, 2009, with ongoing accreditation confirmed until full Organisational Wide Review in 2010.

The Periodic Review forms an integral part of the overall four year accreditation cycle.

It ensures ongoing review, reporting and evaluation of the 11 recommendations from the 2006 survey, and supports comprehensive review and evaluation of 14 mandatory criteria as set out by the ACHS.

During Periodic Review, the ACHS surveyors also assessed BHS against Home and Community Care (HACC) standards and assessed Grampians Psychiatric Services.

BHS received two EA* ratings, one for Patient Care Evaluation and one for Safe Practice and Environment, and achieved MA** rating for the other 12 criteria.

We received recommendations which will now guide improvement programs around the areas of infection control, medical record storage and the development of performance indicators around the areas of incident and complaints management.

The following table outlines all of the accreditation process that we have in place across the health service and the current status of each.

(*EA = extensive achievement requiring evidence of benchmarking, **MA=moderate achievement requiring evidence of evaluation).

<table>
<thead>
<tr>
<th>Type of Accreditation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged Care Standards Accreditation Agency (ACSAA).</td>
<td>Successful review 2009 for 10 sites with three year accreditation being granted to nine sites, and a 10th site being granted two year accreditation. The 11th Aged care site achieved full accreditation in 2007.</td>
</tr>
<tr>
<td>National Mental Health.</td>
<td>BHS Psychiatric services achieved full four year accreditation in 2006, with ongoing accreditation confirmed by the Periodic Review in February, 2009.</td>
</tr>
<tr>
<td>Home and Community Care (HACC).</td>
<td>Successful review in February, 2009, with four-year accreditation status granted.</td>
</tr>
<tr>
<td>Baby Friendly Hospital Initiative.</td>
<td>Currently preparing for the accreditation process.</td>
</tr>
</tbody>
</table>
Preventing Pressure Ulcers

Pressure Ulcers, or bed sores, are a common problem in hospitals, and are recognised internationally as one of the five most common causes of harm to patients. Patients at greatest risk of developing pressure ulcers are those who are frail, elderly or immobile for long periods of time. Many of the patients treated at Ballarat Health Services and almost all of those who live in our residential facilities meet these criteria.

This graph shows the percentage of patients who have had a skin risk assessment completed at the Base Hospital and QEC sub acute sites. The Braden risk assessment tool is used across the organisation with the average risk assessment completion rate for the acute and sub acute sites being 89 percent. This is an increase from the 74 percent completion rate reported in the previous survey.

BHS residential services completed a PUPPS (Pressure Ulcer Point Prevalence) in the second quarter of 2009 to be reported to DHS as part of the Residential Aged Care Services requirements.

This graph shows the percentage of patients who have had a skin risk assessment completed at the Base Hospital and QEC sub acute sites. The Braden risk assessment tool is used across the organisation with the average risk assessment completion rate for the acute and sub acute sites being 89 percent. This is an increase from the 74 percent completion rate reported in the previous survey.

BHS residential services completed a PUPPS (Pressure Ulcer Point Prevalence) in the second quarter of 2009 to be reported to DHS as part of the Residential Aged Care Services requirements.

The Skin Integrity Working Group is an organisation-wide harm minimisation group that presents evidence based strategies to support staff in managing patient’s skin. The accuracy of skin assessments and early intervention with pressure relieving mattresses for those at risk has been identified as areas where action is needed.
Using Medications Safely
Safe and appropriate use of medicine is critical to ensuring patient safety in hospitals and Ballarat Health Services monitors and addresses medication safety in a number of ways.

Using a centralized reporting management system, we are able to identify ways our processes can be improved in order to reduce errors with medication.

In 2008, medication errors included incidents where medications were not administered at the correct time.

Changes were made to the medication chart by highlighting the frequency section in order to prompt staff to include all times of administration, not just the first dose.

Early data suggests that this change is making a difference.

To reduce the risk of medication errors in Residential Services, a division one registered nurse checks each medication delivered to a residential facility from a community pharmacy.

This checking process has increased the number of medication incidents reported from our residential care facilities (see graph).

However, almost 30 per cent of these incidents are detected by the nurse before medication is given to a resident.

We rate these occasions as ‘near misses,’ investigate the cause and take steps to reduce or eliminate the chance of them occurring again.

In 2008, BHS participated in the Quality Use of Medicines Self Assessment initiative, a web-based program developed by the Clinical Excellence Commission to assist hospitals develop safer medication systems.

Once a hospital reviews its medications safety, it is compared to other similar hospitals across Australia. The self-assessment highlights areas for improvement and we have a Safe Medications Group developing an action plan in response to the feedback.

BHS will repeat the self-assessment in November, 2009, and continue our hard work in this area.
Falls monitoring and prevention

Preventing patient/resident falls is another major safety concern for Ballarat Health Services. Patient falls are a challenging issue especially with the ageing population. One in two older people in residential care fall at least once a year and serious injury is sustained in 10 percent of these falls. Falls prevention strategies at BHS focus on:

- timely assessment;
- referrals for intervention where needed; and
- reporting and evaluation.

Peer group comparison for second half of 2008

Falls data is collected at BHS and benchmarked against our peers from 29 other health services. Our inpatient falls are slightly higher than that of our peer health services as seen in the graph below. However, when patients fall, they are less likely to be hurt or require intervention than at peer health services (graph 2). This is a reflection of the many strategies in place to prevent serious injury, such as hip protectors and Lo-Lo beds. Strategies and action plans are currently in place to reduce our inpatient falls and we expect that we will show significant improvement in the following year.

Research

A study was commenced in July, 2008, to explore current practices around falls assessment and prevention in the sub-acute setting. The study is due for completion in December, 2009. An interim report has made recommendations for the implementation of a pilot program for falls management in sub-acute services at BHS, in particular exploring interventions for patients with cognitive impairment.

Residential

Overall fall rates for residential have remained stable with good individualised care planning in place around falls minimisation.

<table>
<thead>
<tr>
<th>Residential Falls per 1000 bed days</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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<tr>
<td>2007/2008</td>
<td>16.8</td>
<td>8.2</td>
<td>8.4</td>
<td>10.3</td>
<td>9.4</td>
<td>11.9</td>
<td>11.4</td>
<td>10.2</td>
<td>8.7</td>
<td>8.6</td>
<td>7.7</td>
<td>11.1</td>
</tr>
<tr>
<td>2008/2009</td>
<td>12.1</td>
<td>9.2</td>
<td>8.7</td>
<td>11.1</td>
<td>9.8</td>
<td>8.5</td>
<td>11.22</td>
<td>11.8</td>
<td>8.4</td>
<td>11.8</td>
<td>10.4</td>
<td>10.7</td>
</tr>
</tbody>
</table>
Preventing and Controlling Infections

Infection Control impacts on all aspects of health care delivery. A dedicated infection control committee and Infection Control Nurse Consultants have responsibility for all aspects of infection control, including staff education, development and review of policies and procedures, monitoring infection control issues to reduce the risk of infection and reporting to the infection control committee. Hand hygiene is one of the simplest, most effective methods of preventing hospital-acquired infections.

Influenza continues to affect many people throughout the winter months. To help prevent the spread of the flu, BHS offers all staff and volunteers the annual flu vaccine free of charge. The uptake rates have improved in 2009 following education and the introduction of a mobile flu vaccine service in 2009. Vaccinations rose from 1399 (43.7%) in 2008 to 1490, or 46.5 per cent of employees, in 2009.

Prevention and control of Healthcare Associated Infection (HAI) is a key element of patient safety and it is the responsibility of all BHS staff that care for patients and residents. Although not all hospital acquired infections are preventable, BHS staff work hard to reduce the rate of these events. The comprehensive infection prevention and control program implemented by BHS is evaluated externally through the DHS, ACHS and Aged Care accreditation process.

Monitoring infections

Since November, 2004, BHS has participated in a surveillance system established by the Victorian Department of Human Services (DHS), Nosocomial Infection Surveillance System (VICNISS). This involves collecting data on key targeted surgical groups and reporting this information and any associated adverse events to the coordinating centre in Melbourne. Data is then compared and hospitals are advised of their results. BHS has received excellent results with these indicators. However, we still have room for improvement regarding antibiotic timing with surgery. Strategies to improve this include education and tabling of reports at surgical forums.

The VICNISS Type one indicators monitored at BHS include:

- Surgical site infections following bowel surgery
- Surgical site infections following hip and knee surgery
- Blood stream infections associated with the use of central lines in the Intensive Care Unit
- Haemodialysis surveillance
- The results for these indicators were within the expected limits for our health service.

Infections within the BHS Residential Facilities are monitored. This is assisted by the use of an electronic reporting system that quickly identifies any infection outbreaks. In addition, BHS participates annually in a regional point prevalence survey to identify the number of infections in aged care facilities on a particular day. BHS low infection rates compares favorably with other residential care facilities.

Hand Hygiene

Hand hygiene, which is the use of an alcohol based hand rub to clean your hands, is an effective method of preventing transmission of infections such as Methicillin-Resistant Staphylococcus Aureus (MRSA). Hand hygiene limits infections moving from patient to patient. Most of the MRSA (‘golden staph’) infections seen at BHS have been acquired either in the community or at other hospitals and there has been no transmission of infection within our hospital detected. A key performance indicator for hospitals is to maintain a hand hygiene rate greater than 55 percent and BHS has been able to easily exceed this DHS target with an overall hand hygiene compliance rate of 90.54 percent from the most recent hand hygiene audits. With the support of Hand Hygiene Victoria BHS has recently been incorporated in to the mandatory competency program, an online learning package that is completed by all staff annually.
Sharps injuries and blood and body fluid exposures
Staff maybe exposed to blood borne infections through needle stick injuries or body fluid splashes. BHS has measures in place to prevent and treat these types of staff injuries. Exposure management is an identified risk and one in which BHS is constantly striving to ensure that exposures are kept to a minimum. To date no blood borne viruses have been transmitted to staff. Safety needles and syringes have been introduced for use within BHS to add to our extensive number of safety devices already in use.

What Happens If You Need A Blood Transfusion
From July, 2008, to June, 2009, 2818 units of blood or blood products were transfused at Ballarat Health Services. Australia has one of the safest blood supplies in the world, but there is always the risk that a patient may have an adverse reaction to a blood transfusion. In order to keep patients safe when they need blood, we make sure staff are working according to our best practice guidelines. An example of this is the careful watch we keep on how often patients are given blood overnight. This practice may expose patients to unnecessary risk because there are less staff available compared to daytime to monitor patients and manage complications. Also, the patient receiving the blood is prevented from sleeping and may be less alert to recognise if something is not quite right.

During April, 2009, every transfusion that was given overnight was examined to identify if the transfusion was needed to be given urgently or whether it could have waited until morning. A total of 27 patients received a blood transfusion overnight, two thirds of which were necessary or appropriate because the patient was in an area such as the Intensive Care Unit, Emergency Department or Theatre where the transfusion could be easily monitored. The results of this audit have been distributed to medical and nursing staff and our Transfusion Nurse and Transfusion Committee will continue to monitor the number of transfusions that are given overnight. A new e-learning package on transfusion has been introduced this year for all staff involved with the blood transfusion process including medical, nursing and ancillary staff. This will ensure our staff have the most current level of knowledge to safely manage the care of patients receiving blood products of any kind.

Occupational Health and Safety and Injury Management
The Occupational Health and Safety and Injury Management (OHS/IM) department is dedicated to ensuring that Ballarat Health Services is a safe place for staff, patients, clients, residents and visitors by developing strategies for ensuring a process of continuous improvement for OHS is in place. The OHS/IM department helps assist other departments with risk assessments, investigation and identifying suitable controls to improve safety and is a resource for safety advice and information. The OHS/IM department assists employees with the management of either their work or non-work related injuries. The OHS/IM staff members attend meetings with various groups in the organisation including safety meetings, management meetings as well as individual contacts.
Residential Services

Ballarat Health Services residential aged care service consist of 11 separate residential facilities that accommodate 496 residents. All facilities are accredited with the ACHS. The type of services provided includes both low and high level care on a respite or permanent basis in an environment that helps to promote a sense of wellbeing. Ballarat Health Services is committed to providing a quality aged care service and welcomes feedback from residents and families at every opportunity to assist us to improve the services.

WB Messer Hostel

WB Messer Hostel has 45 single rooms with their own ensuites. It is divided into four houses which have their own private lounge or dining room. WB Messer also has a lovely activities room which is used on a daily basis to provide large group activities and smaller intimate activities. The hostel has recently completed a change in staff profile which now includes a skill mix of Division two medication endorsed staff working every evening to assist with the medication management and increased care needs as they arise. There has also been an increase in Registered Nurses Division one hours to allow for continuity of care.

The Hostel has 45 residents who are assessed as low level care on admission by the Aged Care Assessment Service (ACAS). Once a person has been assessed by ACAS for low level care an appointment is made with the residential waiting list coordinator, who will assist the person and their family and friends with information on suitable facilities within Ballarat Health Services. After this, an appointment is made at the Hostel and a tour and question time is arranged to showcase the facility.

The staff at WB Messer have developed care plans for all their residents who have a history of chest pain. All residents with existing chest pain plans were reviewed, a letter was drafted and a plan sheet sent to the residents GP. The GP then completed the plan sheet and returned it to the hostel. The staff then developed and implemented new up-to-date plans for the residents which enabled staff to deliver chest pain care as directed by the GP and in a calm manner. This has resulted in a reduction of residents needing to be transport to the Emergency Department at the Base Hospital.
Marlene Beasy

Your Experience
Resident Story

It had been raining whilst Marlene Beasy was visiting her mother in a local hostel. When Marlene arrived home she slipped on the wet concrete at her front door and hurt herself. A kind neighbour assisted Marlene. After spending sometime in hospital and then at the Queen Elizabeth Centre Marlene realised it would not be safe for her to return home as she lived alone. This is when Marlene’s journey began. Marlene was assessed as needing low level care and temporarily went to the same Hostel that her mother was living at. “Mum’s name was down for WB Messer but she wouldn’t go there without me, so two weeks later we both moved to WB Messer Hostel” Marlene said. Marlene’s aunt was also a resident at WB Messer.

“The staff are all good, we play Bingo and cards and I go shopping” Marlene said. It was after moving to WB Messer that Marlene went to a Salvation Army service that was held at the hostel. “After attending a service in the activities room I was asked if I would like to attend the Norman Street Church. I did and I haven’t stopped since!” she said.

Marlene was interested in joining the Salvation Army. “You had to do an 11 week course. If I wanted to be anything I wanted to be a soldier!” Marlene completed her training and has been a soldier for almost two years.

“I go around to the Salvation Army Thrift shop and make the cups of tea for the people coming in. I enjoy going there, they are like family”.

“I like living at WB Messer, I don’t have to worry about cooking, cleaning or gardening”. Marlene has been living at the hostel for about 7 years.
Residents & Families Information Booklet

Ballarat Health Services has 496 residents living across 11 facilities. The original information booklet was reviewed and re-developed for the residents and their families. The aim of the information booklet is to provide a wide range of relevant and up to date information enabling residents and/or families to be well informed, assist them if they had any further enquires and to inform potential residents of the health care and services available. An emphasis has been placed on promoting and respecting resident’s rights as individuals to enable them and/or their representatives to make decisions about their own health and lifestyle.

Throughout the process of revamping the information booklet, consumer input continued from the early stages to the point of completion. Consumer feedback during the process did assist to ensure that the information provided to residents and family members would be of the nature required and presented in an appropriate style. This involved encouraging feedback on any aspect of the booklet including its content, presentation of information or the need for inclusion of other information. The booklet while outlining the range of accommodation available, presents an overview of the care and services provided across the residential aged care service. The booklet can be viewed online at http://www.bhs.org.au/files/

Improving Our Residents Lifestyle

Gardening Program

In late 2008 it was observed that there were a few residents that wanted to participate in something different than the usual activities conducted in the Geoffrey Cutter Nursing Home. The Lifestyle coordinator consulted widely with the residents and the general theme was “When I was at home I spent most of my time in the garden”.

Geoffrey Cutter Centre is located next to Eureka Village Hostel and in the grounds there is a hot house, water tank and some gardening equipment. As most of the residents were in wheelchairs and have limited ability to walk a custom made gardening table was needed. The local Bunnings store offered to donate the materials and a customer demonstrator from the store built the table to the residents specifications in his own time.

The program initially commenced with six residents planting up herb gardens. There were pots of parsley, chives, coriander and beetroot. The residents watched with interest and carefully tended these pots until such time as they could pick the herbs. The herbs were integrated into the nursing home cooking program where they made herb scones.

In February, 2009, a joint program with Eureka Village Hostel, Geoffrey Cutter Nursing Home and the YMCA was started. Every fortnight volunteers from the YMCA community and support groups attend between two and four hours at a time. The volunteers worked with the residents from both the facilities and this added depth to the initial gardening program. A sensory garden has been commenced in the dementia unit at the Geoffrey Cutter Centre and a similar garden will be commenced in Eureka Village Hostel in the near future.
Woodworking Group
Over the last couple of years activity staff members at James Thomas Court have actively promoted the woodworking program to all residents. Attendance is voluntary and residents are eager to participate. The group is held on Wednesday afternoons and has increased to Friday afternoons once a month due to demand.

Some residents require individual assistance, whilst some residents require setting up, observation and only occasional assistance. The activity program is individualised for residents, with the resident deciding how much they wish to participate. Some residents will undertake a complete project, others may wish to sand, paint or assemble an item.

Residents also choose what they wish to make and who they are going to give it too. The group has produced work for themselves, family members, local kindergartens and even an animal aid centre. One resident made and assembled a toy truck to keep in her room for when her great grandchildren visit, whilst a 91 year old resident has made a dozen wooden plaques of various types as a legacy for her grandchildren. Many residents make plaques for family members as gifts and the feedback from family has been overwhelmingly positive.

An 80 year old retired builder, with assistance from the team, is currently making shelves for co residents for their rooms, and all residents are participating in making wooden items for local children at kindergartens such as workable cranes, horse’s, chairs, trucks and blocks. The residents take pride in their craftsmanship and are thrilled with the response when they deliver the items to the kinder and also at letters written by the children. The woodworking group also socialises at a local venue one evening every three months and discusses their next projects.
Psychiatric Services has continued to work towards its strategic objective of providing a recovery orientated mental health service able to routinely provide and deliver to its clients the comprehensive range of internationally recognised evidence-based and ‘best practice’ treatments. These treatments have been demonstrated to achieve the best possible health outcomes for persons with a mental illness, their families, and the community, within a family inclusive context.

Results during the 2008/09 period have shown a significant improvement in key performance indicators, with an increasingly reduced bed occupancy rate in the acute inpatient units, lower relapse rates, increased recovery rates, and lower re-establishment rates for persons with a mental illness.

Key improvements across the service have included:

- A consolidation of the community based model of integrated mental health care that has facilitated a more accessible, effective, efficient and accountable service.
- Increased participation of consumers, carers and the community in the planning, delivery and evaluation of our services through the establishment and development of Family Advisory Committees in Horsham, Ararat, and Ballarat, Consumer Advisory Committees in Horsham and Ballarat, an Indigenous Family Advisory Committee, and a Youth Advisory Network.
- A strengthening of engagement with, and collaboration with, the primary care network highlighted by the development and implementation of a ‘Working and Caring Together’ shared care protocol between General Practitioners and the Psychiatric Services.
- The establishment of a Neuropsychiatry Clinic in Ballarat.
- The selection of Ballarat Health Services as the regional/rural site for the Department of Human Services Mental Health & Drugs Branch $3 million Child & Youth Mental Health Service Redesign Demonstration Project.
- The continued success of the CAMHS and Schools Working Together (CAST) Project.
- The implementation of the Research Development Committee to foster and support meaningful research in the area of Psychiatry across the service.
- The continuation of the Internal Clinical Audit Program to ensure the continual clinical review of all service elements within Psychiatry to facilitate ongoing service delivery improvement.

Psychiatric Services has been fortunate to receive a $5.5 million grant from the Department of Human Services to renovate, remodel, and refurbish our Adult Acute Inpatient Unit located at the Ballarat Base Hospital site. After considerable planning these works are scheduled to commence in August, 2009 and, when completed will provide an environment from which to provide a health care service that will be significantly more appropriate than the one that has been previously available to our clients and their families.
**Accessible and responsible care**

**Waiting for surgery**

Ballarat Health Services performed 10,821 operations for the 2008/09 financial year. Of these, 2,767 were emergency procedures and 8,054 were elective procedures or cases removed from the elective surgery waiting lists. Like most public hospitals, BHS is experiencing increasing patient demand. However, we endeavor to treat patients waiting for elective surgery in a timely manner.

- **Category 1 – Urgent** - admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it might become an emergency.
- **Category 2 - Semi-urgent** – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability that is not likely to deteriorate quickly or become an emergency.
- **Category 3 - Non-urgent** – admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability that is unlikely to deteriorate quickly or become an emergency. It is desirable that these patients be admitted within 365 days.

These time frames are calculated on ‘ready for care’ days and ‘not ready for care’ days. For example if a patient is unwell, on holidays, or their condition has changed requiring further workup or consultation etc. then these days do not count in the overall calculation. Further pressure is created on both bed availability and waiting lists by the urgent / semi-urgent cases.

<table>
<thead>
<tr>
<th></th>
<th>2005/06</th>
<th>2006/07</th>
<th>2007/08</th>
<th>2008/09</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1: Urgent Admissions</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Category 2: Semi-Urgent Admission</strong></td>
<td>78%</td>
<td>96%</td>
<td>88.54%</td>
<td>72.81%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Category 3: Non-Urgent Admission</strong></td>
<td>92%</td>
<td>83%</td>
<td>84.3%</td>
<td>73.9%</td>
<td>86%</td>
</tr>
<tr>
<td>Number of patients on the Elective Surgery Waiting List</td>
<td>1,239</td>
<td>1,140</td>
<td>1,017</td>
<td>1,311</td>
<td>1,250</td>
</tr>
</tbody>
</table>
Improving Our Outpatient Services

The Ballarat Health Services Outpatients Service is committed to the delivery of a flexible, coordinated and high quality Outpatients Service.

We do everything we can to ensure the most urgent appointments are seen within an appropriate timeframe. To help achieve this, a risk audit was conducted on 51 referrals received from general practitioners during 2008/09.

The intention of this audit was to assess if there was adequate information included in the referral for the Outpatient Department to make an informed decision regarding the eligibility, acceptance, assessment and prioritisation of the referral. As a result, BHS is working in partnership with local general practitioners to the Standardised Statewide Referral Form, which provides all the required information.

The allocation of urgency is a clinical responsibility and in line with clinical guidelines developed for individual specialties. Referrals are triaged as either urgent (one-two weeks) or appointment required within 30 days, 90 days or 365 days.

Ballarat Health Services has received funding for a new pilot project—Patient Focus Booking.

Patient Focus Booking takes the approach of giving patients input into the scheduling of their specialist clinic appointments. BHS has previously made specialist clinic bookings at the time of referral. Under the pilot project patients will now be advised of a waiting time for their appointment, and then staff will contact them six weeks before the due date. This system allows the patient and the clinic to agree on a mutually convenient appointment time and gives the patient greater choice. Urgent patients are clinically prioritised to by-pass this system and will be seen first.

The Osteoarthritis Hip and Knee Service (OAHKS) has been running in outpatients since July, 2008, and has DHS funding to continue for further 12 months. Arthritis affects one in six Australians, or almost 3.4 million people and a large percentage of patients on waiting lists have not had any conservative management. There is evidence to show that conservative management for people with early to moderate-stage arthritis will get significant value out of the exercise. The OAHKS has reviewed over 450 patients through audits and surveys with 240 patients attending the clinic. The Service monitors the condition of patients waiting for an orthopaedic outpatient review or those on the orthopaedic elective surgery waiting list, and aims to manage the patient appropriately.
## Emergency Department

The Ballarat Health Services Emergency Department provides 24 hour a day, seven days a week emergency medical care for both public and private patients. The Emergency Department is located on the ground floor at the Base Hospital, and can be accessed via Mair Street. Patients are seen in order of priority rather than arrival using the national triage scale:

- **Category 1** – resuscitation- seen immediately
- **Category 2** – emergency- seen within 10 minutes
- **Category 3** – urgent – seen within 30 minutes
- **Category 4** - semi-urgent – seen within an hour
- **Category 5** – non-urgent- seen within two hours

The Emergency Department is staffed by approximately 30 EFT medical staff, ranging from Emergency Physicians, Senior Medical Officers, ACEM accredited emergency trainees (registrars), and hospital medical officers and approximately 60 EFT of nursing staff. The Emergency Department also has clerical staff, health information staff, physiotherapist, care coordinators and patient service assistants.

### Length of Stay in the Emergency Department

<table>
<thead>
<tr>
<th></th>
<th>2005/06</th>
<th>2006/07</th>
<th>2007/08</th>
<th>2008/09</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-admitted patients seen within 4 hours</td>
<td>90%</td>
<td>89%</td>
<td>87.94%</td>
<td>89.28%</td>
<td>80%</td>
</tr>
<tr>
<td>Admitted to ward within 8 hours</td>
<td>85%</td>
<td>80%</td>
<td>80.0%</td>
<td>77.88%</td>
<td>80%</td>
</tr>
<tr>
<td>Length of stay in ED of more then 24 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Number of ED attendances</td>
<td>40,062</td>
<td>40,027</td>
<td>43,192</td>
<td>46,676</td>
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Dental Services
The first full year of management of the public dental clinic has provided many successes and challenges for Ballarat Health Services. When BHS assumed the management of the clinic it had a significantly long waiting time for general care, well outside the minimum standards adapted from the National Oral Health Plan for access to care for adults.

The number of people waiting for routine dental care numbered more than 4,200 individuals. Whilst emergency patients are seen immediately, either in the clinic or through the private sector using vouchers, the numbers of individuals waiting for care was excessive. To ensure all clients currently registered on the dental waiting list were still eligible for dental care a telephone audit was conducted in March, 2009. As a result of this audit the waiting list was reduced by more than 1,000 individuals. Although there are still a significant number of people on the waiting list the recruitment of additional staff and the arrival of additional dental chairs will greatly increase throughput in the future.

A single surgery dental van was provided in December 2008 to enable a pilot project to commence providing dental care for the Indigenous community. The location of the dental van on the Ballarat and District Aboriginal Co-operative campus has enabled dental care to be provided in a culturally sensitive and appropriate manner ensuring a good response from this community. The dental van has been provided by Dental Health Services Victoria and is staffed by BHS dental clinic staff. Operating on a part time basis, this service has provided care to more than 70 members of the Indigenous community with approximately 25 individuals completing their dental care.

Ballarat Health Services was delighted to take ownership of a re-locatable dental clinic in April, 2009 which is located within the grounds of Yuille Park Community College. This clinic commenced operations in early July 2009 and it is anticipated the clinic will significantly improve access for residents in this area and also reduce the pressure on the public dental clinic located on the Base Hospital site. Ballarat Health Services would also like to recognise the ongoing support of the private dental sector in achieving the results to date. Without their ongoing support we would not have achieved the results so far.

Continuity of Care
Discharge planning starts on, or even before, a patient’s admission to Ballarat Health Services. This enables patients and their family members and carers the opportunity to plan their potential needs for when they are discharged home. Discharge planning is the quality link between hospitals, community-based services, non-government organisations, families and carers. Discharge planning includes:

- Completing a Discharge Risk Screen
- Estimating the date of discharge
- Flagging contact with health professionals
- Communication with other health professionals
- Evaluation and monitoring

Not everyone’s discharge needs are the same and careful consideration regarding the possibility of additional requirements is given to:

- Patients with a disability
- Patients with dementia
- Patients from remote and rural areas
- Patients from culturally and linguistically diverse backgrounds
- Patients who may be socially isolated

Discharge planning involves a multi disciplinary team approach including medical, nursing, allied health, pharmacy, GPs and administration staff. The utilisation of the Transit Lounge and Medi Hotel has been able to assist with timely and seamless discharges for our patients.
Our staff and volunteers

Centre for Nursing & Health Education

The Centre for Nursing & Health Education (CNHE) is responsible for the provision of training and development of staff across Ballarat Health Services. The Centre conducts over 500 education programs in any one year which includes continuing education programs, professional development, clinical updates on current and emerging issues and the provision of workshops, distance education and short courses.

The CNHE has dedicated Clinical Nurse Educators for Aged Care in conjunction with CNHE team members who conduct education programs and provide support for all nursing staff and students at all residential sites. This enables residential care staff to be trained and skilled in the latest nursing care practices and procedures and continual maintenance of their clinical competence. One key area of staff training during 2008-09 was the mandatory reporting of elder abuse and the rights and responsibilities of nursing staff in regard to this issue. A specialised education program was established and run in all residential sites and is an ongoing program for all new and existing staff. The safety and protection of residents in our residential facilities is of paramount importance in ensuring residents are provided with a safe and secure environment to live.

In 2008 a Graduate Nurse Program for Division two nurses was developed by the CNHE for nurses aspiring to work in residential care. This innovative program is one of the few that exists within the state. Newly graduated nurses are accepted into the six month program and work in three dedicated residential areas to introduce them to nursing in such facilities. They are supported by the Clinical Nurse Educator-Division two Programs as well as the Co-ordinator of Graduate Nurses. They also participate in a mentoring program which was also introduced in 2008 to assist newly graduated nurses in adapting to the workforce and provide reassurance and guidance from an experienced nursing mentor. The Centre continues to strive to achieve their vision to be recognised as a centre of learning excellence in nursing and health related education that meets the ongoing needs of Ballarat Health Services staff and the wider health care community both nationally and internationally.
Karin Franck
Medical Education Officer

Karin has a very diverse work background which started more than twenty years ago in South Africa. Since then Karin has held various roles as educator, trainer, facilitator, advisor, consultant, project manager and manager. Karin’s vocational strong points are change management, organisation development/business transition management, performance management and development, small business management and project management.

Karin has built up her ‘tool box’ of knowledge and skills through tertiary education, internal and external training, in-house training by international consultants and personal experience. Karin gained international experience in the mining, electricity supply, insurance, government and non-government sectors. Karin has also successfully managed her own business in Tasmania, and was the Tasmanian Small Business Champion for 2007 and 2008 in her category before joining Ballarat Health Services in February, 2009, as the Medical Education Officer.

Karin’s current role focuses primarily on facilitating the ongoing education of pre-vocational doctors. Karin also works with the senior medical staff responsible for the supervision and education of the junior doctors. A further responsibility is to assist the Medical Clinical Educator with the International Medical Graduates’ Assessment, Up-skilling and Support program. The key focus areas are pre-employment assessment and support, orientation, assistance with AMC Exams, education and training programs and workplace based assessment.

“I enjoy and thrive on the challenges of the role. The support and empowerment I receive from Medical Services is unparalleled which has made my time in this role very enjoyable and rewarding!” Karin said.
Chaplaincy Services

Every week across Ballarat Health Services hundreds of patients' and residents' spiritual needs are being met by the chaplains and chaplaincy visitors who make up the Ballarat Health Services Pastoral Care Program. Chaplains are nominated by their faith community and are interviewed by the program coordinator, undergo a police check and attend one of the new-staff induction sessions. Not all chaplains are clergy but all are trained to listen and be supportive. The program tries to ensure that any patient or resident who wants to see a chaplain is able to do so.

Patients and residents bring with them a wide range of spiritual backgrounds, from the more usual Catholic or Anglican, to the less common like Islam or Wiccan. In addition they bring a wide range of spiritual concerns, not all of which are related to their medical situation. The Base Hospital has a chapel and a prayer room which are located next to Dorovich Pathology and are accessible from the covered walkway that leads to the Drummond Street car park.
Don has developed a nationally recognised Code Brown plan that has been aligned to state-wide emergency response protocols. The Chemical, Biological and Radiological (CBR) plan has greatly enhanced BHS’ response to Code Brown incidents.

Helen Mahar, a Linkages administration staff member has recently played a pivotal role in assisting with the changes to the management of the programs. Helen researched and developed processes to facilitate the change while conducting great client focus and dealing with complex issues.

Jeni Burton, Manager and Margaret Hine, Program Assistant of The Aids and Equipment Program team received the award for their outstanding success with the program. Jeni and Margaret successfully tendered and won a statewide contract for a vehicle modification scheme worth about $1 million.

Dentist Sher-Lin Chiam has developed and trialed a dental trauma checklist for colleagues, implemented and scheduled regular clinician meetings to provide mentoring and development for staff, and attends the BHS head/neck cancer group. Sher-Lin utilised her skills as a forensic odontologist to assist with the identification of victims for the Coroner’s Office.

After a gas smell at WB Messer, Sue Hall, manager and her staff evacuated 20 elderly residents before the fire brigade arrived. The recognition form said Sue’s effort was a shining example of how to manage an incident, lead a team and safely evacuate residents. “It was safe, efficient and very well thought through,” the form said.

The quick thinking of Patrick McCabe, Environmental Services team member, ensured that a potentially dangerous fire was placed under control quickly and efficiently. Pat proactively followed up a burning plastic smell, made significant effort to identify the source of the smell, located a large bin fire, notified switchboard and then successfully extinguished the fire ensuring the safety of Ballarat Health Services staff, visitors and patients.

Hailey House personal care attendants Jeanette Morrison and Arezoo Keshavarz cut power to a boiling water unit after discovering it was on fire. They followed their safety procedures to remove power from the unit and ensure the well-being of the 60 residents asleep at the time. Engineering responded to the fire and gave Jeanette and Arezoo glowing praise in the incident report.

Keryn Featherstone is a Allied Health Assistant at the Jim Gay Unit. Keryn has implemented an approach of identifying patients’ interests and tailoring activities to tap into those interests including enhancing the outdoor garden area, daily newspaper readings and discussion groups, themed days e.g Easter celebrations, St Patrick’s day and guests ‘presenters’ including musicians and a steam engine enthusiasts.

Staff Recognition Program
Ballarat Health Services Staff Recognition Program was established to recognise and encourage outstanding contribution or special achievement. Each month a committee considers the nominations and agrees on one staff member or area for the prestigious award.
Eyres House Planned Activity Groups (PAGs) program assistant Chris Cuy organised staff, friends and clients to knit an endless supply of slippers and hats for BHS residential facility residents after getting the idea from a magazine.

PAGs Manager Jan Stewart said the project helped keep residents warm during the winter months, and had been adopted within the PAGs as a regular activity.

Danelle Klein and Inga Hutchison-Reid received the June award for their outstanding customer service skills, service delivery and development, implementation and evaluation of new or improved work practices on 2 North.

Carole Seiler worked around the clock during an outbreak of gastro at a nursing home. Carole supported the other staff and maintained the staff morale during this time. Carole did not take a day off until all of the residents had fully recovered.

Volunteers
Ballarat Health Services has approximately 170 volunteers aged between 18 and 80 years.

Volunteers are integral to Ballarat Health Services by providing invaluable support to the range of programs we offer to the community with a combined average of approximately 39,000 hours of service each year. Our volunteers have a diverse background and generally want to give something back to a service that has helped them or a family member in the past and also to get more involved with the community. There are many areas that our volunteers assist including working with allied health staff, assisting in day centres, hostels, nursing homes, acute care, and dialysis.
The Ballarat Health Services Foundation's purpose is to provide facilities and equipment at Ballarat Health Services, our community’s most valuable and vital health care facility. The BHS Foundation welcomes bequests and donations which it invests and, with the income from these investments, funds the purchase of equipment at the Base Hospital and Queen Elizabeth Centre. Recently the Foundation has provided funds for the special care nursery, dialysis unit, operating theatres, oncology, resuscitation equipment, intensive care, paediatrics, emergency, radiology, prosthetics and aged care.

Currently the Foundation is engaged with the Spread Our Wings appeal to raise funds for equipment in the new and expanded Emergency Department. Government provides funds for the core costs of Ballarat Health Services but through the BHS Foundation bequests and local philanthropy can make a real difference by funding equipment and facilities to support our medical and nursing staff to provide optimum care. For information about the BHS Foundation and Ballarat Health Services please contact the Foundation Office. Telephone 53204093 or by email foundation@bhs.org.au
Nothing beats the gift of giving for 90-year-old Bill Verdoorn.

For the last 30 years, the former Linton grocer has generously donated $10 every three months to the Ballarat Health Services Foundation. “I don’t smoke, I don’t gamble and I don’t drink. I think it’s been a good thing and I intend to keep it going as long as I can,” Bill said. Bill’s connection with BHS goes back to the late 1970s when he broke his back after falling from a ladder. Miraculously, he did not require surgery but spent six weeks recovering from his injuries in the Base Hospital. “All the doctors and nurses who helped me were very friendly and helpful; nothing was ever too much trouble,” Bill said.

“You wouldn’t think that people could look after you so well. I’ll never forget that, you know.”

Far from finding his convalescence a bore, Bill passed the time with the help of staff who delivered his daily newspaper. “I’d never been sick before, but I knew I couldn’t do anything and I couldn’t walk. They all helped me and I was very happy; I always got lots of visits, too,” he said.

Bill was born in Holland in 1918, three days before the end of World War I and during the time of the Spanish Flu. “Twenty million people in Europe passed away, including my mother. Someone visited her who had the sickness and, if you got it, you were gone three days later.”

Bill later moved to Australia in 1955. He said he enjoyed supporting the BHS Foundation because it was a worthy cause. “I like helping people who might not be as fortunate as me. I don’t know why that is – it’s just the person I am. I like to be helpful if I can,” he said.
Improve Patient Outcomes

Improving Care for Older People

The council of Australian Governments, Long Stay Older Patients initiative is a four-year statewide project that focuses on improving care for older people over the age of 65, with the aim of reducing functional decline while admitted to an acute hospital. The project is facilitated by the Department of Human Services. A trial project is in progress on one acute ward at the Base hospital site where strategies have been put in place to ensure that older people are having better assessments and screening done while inpatients, receive more timely referrals to allied health clinicians and improvements are being made to discharge processes. Through these processes staff aim to practice Person Centered Care by ensuring that patients and their carers are involved in decision making and care planning throughout the admission.

A “Best Care of Older People Everywhere” toolkit developed during the project will support nursing and allied health staff to achieve these objectives and provides latest evidence based practice in the care of older people. It is expected that with these project goals in place that older people can return home with a similar or better level of functioning than before their admission and possibly lower the risk of re-admission. This ward trial will continue until June 30, 2010.

Preventing Blood Clots

When you are admitted to hospital you may be at a higher risk of developing a blood clot. These clots can occur in the leg or pelvis and can travel to the lungs. Blood clots are a major cause of hospital deaths. The Internal Medicine Services of Ballarat Health Services conducted a hospital wide audit of patients to identify those at a higher risk of developing a blood clot whilst they were in hospital and the clot risk reduction treatment they received.

Each patient underwent a risk assessment which rates them for their risk of developing a blood clot. A patient’s medical history is also taken into account when the risk assessment is done. Preventative measures are then implemented depending on the patients level of risk. These measures include having injections that thin the blood, wearing compression stockings on the legs and encourage patients to move around. The need for clot prevention was highlighted on the inpatient medication charts supported by staff education sessions highlighting the importance of helping to prevent patients from getting blood clots.

An audit was conducted before the changes were put in place, and then again after the changes. There was a significant increase in the number of patients who had a blood clot risk assessment done and then commenced the relevant preventative measures. Auditing and education is ongoing.

Before & After changes
Redesigning Care
The Redesigning Care project was established in January 2009 and there are currently three project facilitators undertaking areas of work within the day oncology, medical and surgical patient journeys. The redesign project uses a systematic approach to analyse and improve processes around patient care, with the aim of increasing service quality and efficiency and reducing activities that do not add value for patient care. One way of doing this is through process mapping. This involves following a patient for a period of time during their stay to understand their experiences while undergoing care at Ballarat Health Services. This highlights the patient experience and demand for services along the way, enabling us to make more informed decisions and enhance quality and safety.

All patients within the day oncology, medical and surgical service may notice or have been involved in improvement to those areas. A simple step that has already been implemented in the surgical redesign project is the transfer of a patient from the Perioperative Day Procedure Unit to the theatre suites at a set time rather than waiting for a call. This has improved theatre start time by eliminating a time consuming step in the process. Our patient’s opinions are highly valued by the redesign team and are needed to ensure improvements are patient focused. If you would like to be involved in the redesign process or have any questions or suggestions please call 5320 6634 to speak to a member of the team.

Helping to prevent strokes
Last year 102 people were seen at Ballarat Health Services after a Transient Ischaemic Attack (TIA) or “mini-stroke”. A TIA occurs when the blood supply to the brain is interrupted, causing the same symptoms as a stroke except that the symptoms quickly resolve. A TIA is often a warning that the person is at risk of having a stroke, with approximately 20% of people suffering a stroke within 3 months of the TIA. After a TIA, the risk of stroke can be reduced by rapid assessment and medical or surgical management. In 2008, the management of people with TIA at BHS was measured against best practice international guidelines. As a result of the audit, BHS has established a new guideline for management of patients with TIA in the Emergency Department that includes an assessment of risk of future stroke. The risk assessment will assist in the identification of patients who should be admitted for urgent assessment and medical management. A rapid-access TIA clinic run by neurologists with expertise in stroke prevention has also been established. The TIA clinic will ensure that all patients are seen by a specialist in less than 72 hours after their TIA so that the tests to identify the cause of the stroke can be completed and treatments to prevent stroke are started. In the future, the effectiveness of the new model for managing people with TIA at BHS will be evaluated and new guidelines for patients who are admitted with TIA will be developed. BHS will work with local General Practitioners to establish a consistent model for the management of people with TIA in the region and new processes will be established to ensure patients who need hospital based neurologist stroke care or may require surgery to prevent stroke are seen quickly.
Tailoring Dialysis Services to meet patient needs
The Ballarat Health Services Dialysis Unit first opened in 1984 and is committed to provide optimal care to clients with both acute and chronic renal disease, striving for reliable, efficient haemodialysis treatment and making a positive difference to the quality of their lives.

The Regional Home Dialysis link nurse is an exciting new position that was developed by Melbourne Health Home Dialysis Service in October 2008. The link nurse role provides support to patients who have chosen to have their dialysis treatment in their own home.

An example of the success of this new role is a patient who used to need to have her dialysis in the dialysis clinic. This patient had been struggling to be able to attend the clinic for her required routine involving her haemodialysis treatment. This lead to her general condition deteriorating. This patient then commenced having her peritoneal dialysis at her home with the support of the new link nurse. This has lead to an improvement in her general wellbeing and health by having more flexibility, independence and control.

Physiotherapy Service
The Physiotherapy service provides a diverse range of physiotherapy services across acute inpatient/outpatient, rehabilitation, aged care assessment, community and residential aged care settings. Currently there are 24 Physiotherapists with an equivalent full-time staff of nineteen clinicians. Each equivalent full-time position delivers over 1,000 hours of direct client contact per year.

The Ballarat Health Services physiotherapists deliver:
- 4,500 hours of care per year to patients admitted to the Ballarat Base Hospital
- 6,500 hours of care per year to Outpatient Services
- 4,000 hours of care per year for inpatient rehabilitation services.

The Physiotherapy Service has seen an increasing involvement in the Emergency Department and in physiotherapy led outpatient clinics to assist in timely management of patients referred for joint replacement surgery or for assessment of back conditions. Physiotherapists also participate in a number of multidisciplinary clinics to assist people with mobility and balance problems, continence issues and Lymphodema. Physiotherapists are also involved in programs to assist families to manage children newly diagnosed with asthma and to provide advice and assistance to older members of the community who have experienced repeated falls.
This Quality of Care report has been provided in a new format in an attempt to inform our community about Ballarat Health Services. We hope you have enjoyed receiving your copy of this report and we would really like to hear what you think about what is included in this report.

Please take a few moments to give us your thoughts and opinions about this report.

Thank You for your feedback.

Are you interested in receiving further information on consumer participation within BHS? .......................................................................................................................................... 
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Is there other information or comments you would like us to consider in future reports? ...................................................................................................................................... 
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If you would like specific information on any services provided by Ballarat Health Services, please complete this section:

Contact details: ........................................................................................................ 
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Area of interest: ........................................................................................................ 
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Thank you for taking the time to complete this form. Your views are very important to BHS and your comments are appreciated.

Please complete, detach and post this page to:
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