Quality of Care
Albury Wodonga Health Report 2015

MAKING THE RIGHT CHOICES ABOUT YOUR MEDICINES

SAFE USE OF BLOOD

SERVICE DELIVERY

HELPING YOU STAY ON YOUR FEET

IDENTIFICATION

WORKFORCE PLANNING AND MANAGEMENT

CORPORATE SYSTEM AND SAFETY

HANDBING OVER PATIENT INFORMATION

INFORMATION MANAGEMENT PATIENTS COME FIRST

CHANGES IN YOUR HEALTH CONDITION

STOP PRESSURE INJURIES

PROVISION OF CARE HELPING YOU STAY ON YOUR FEET

HANDING OVER PATIENT INFORMATION

PARTNERING WITH CONSUMERS

IDENTIFICATION KEEPING YOU GERM FREE

CORPORATE SYSTEM AND SAFETY

ALBURY WODONGA HEALTH

Albury Wodonga Health
Our Regional Health Service

Albury Wodonga Health is unique. Established in 2009 it is the first cross border public health service in Australia. It operates under an agreement between New South Wales and Victorian governments to provide one of the largest regional health care services between the two states’ capital cities.

Why we produce the Quality of Care Report

Each year Albury Wodonga Health (AWH) produces the Quality of Care Report to inform the community about the measures we take to ensure that the services we provide are of a high standard. This year’s report was produced with the assistance of a working group consisting of the following staff and community members.

- Lynnette Ford (Director of Clinical Governance)
- Taylor Ogilvie (Clinical Governance Administrative Assistant)
- Angela Wood (Quality Coordinator)
- Jennifer Manwaring (Project Manager, NEBMHS)
- Robyn Luty (Senior Cross Campus Administration Manager)
- Maria Berry (Community Advisory Committee Representative)
- Robyn Raine (Community Representative)

Design
Snap Printing

Distribution
This report is available in printed and electronic format. Printed copies can be collected from one of our many reception areas across AWH services.


Electronic copies of the report have been distributed to local community groups and health services across the region.
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On behalf of Albury Wodonga Health, we are pleased to present the 2014-15 Quality of Care Report.

This year’s report highlights our consumer’s experiences within our health service, how their wellbeing has improved as a result of the care received and the work we have done to ensure they are receiving the right care, in the right place, at the right time in the right quantity from the right people.

We set high governance standards for service delivery. The Board and Executive reformed the AWH organisational structure to enhance service provision. In conjunction with this process the overarching governance system was realigned to strengthen support of safety and quality. During 2014/15, the 2015-2018 Strategic Plan “Health without Borders” was developed. The plan has three strategic themes - Reliability, Reconfiguration and Regional Citizenship - which will be delivered through our key areas of Safety, Quality, Delivery, People and Cost. The strategic planning process involved extensive consultation with our regional partners, the local community and business groups.

As part of our governance standard we measure key performance indicators set by the Victorian Department of Health and Human Services (DHHS) and against the National Safety and Quality in Healthcare Standards.

We developed models of care and master plans. The $65M Albury Wodonga Regional Cancer Centre (AWRCC) is beginning to take its iconic shape on the grounds of the Albury Hospital. Significant work is being undertaken behind the scenes to progress the operational model for the centre.

A purpose built Parents and Babies Unit welcomed their first client in April 2015. The $960,000 project was built near the AWH Maternity Unit on the Wodonga Campus and includes new office and consulting facilities within. Additionally on the Wodonga Campus the refurbishment of the Rehabilitation Ward, to be opened in September 2015, has prompted a review of the rehabilitation model of care.

The Mental Health Prevention and Recovery Centre, also known as Jarrah Retreat commenced operations in 2014 through an alliance with Life without Barriers. The 10 bed facility provides care for mental health clients and support integration back into the community life.

The Palliative Care Service Development Plan was initiated throughout 2015 and is aimed at improving the integration and coordination of services.

We took our community engagement framework to a new level. In March 2015, the Community Engagement Framework was endorsed by the Board of Directors. The framework defines the role of the Community Advisory and Person Centred Care Steering Committees. The final piece to the engagement framework was the establishment of the consumer register. The register allows consumers to nominate their areas of interest and helps us engage with the right people to enhance our services. There are many ways we engage our consumers from committee participation, documentation review, and survey completion to name a few.

Our valued volunteers continue to provide assistance to patients, visitors and staff in a variety of ways. From our concierge service to the Meal-time Mates program, a smiling face and helping hand are never far away.

Quality and Safety are our highest priority. The “Health without Borders” Strategic Plan invigorates AWH with a new purpose of‘Safe, Reliable, Responsive Patient Care’. To achieve our purpose we build on our strategic themes of reliability, reconfiguration and regional citizenship through the enabling key focus areas of Safety, Quality, Delivery, People and Cost. By embedding these five key areas into our systems and language, we ensure these areas are prioritised and measured in all areas of our business.

We have strengthened reporting mechanisms for ‘near misses’, incident reporting and investigations. The
data captured during these processes allows us to undertake root cause investigations that lead to the implementation of remedial strategies and solutions. Coupled with feedback from our consumers about their experience, we are continually highlighted to areas for improvement.

Accreditation by the Australian Council on Healthcare Standards (ACHS) is further assurance for our community that we are performing to nationally set healthcare standards. In November 2014, ACHS conducted a desk top audit and awarded AWH ongoing accreditation for a following 12 months. During 2014-15 we undertook an organisation wide self-assessment process against the EQuIP National standards to highlight gaps to address prior to our on-site organisational wide survey assessment in November 2015.

**Delivering safe, reliable, & responsive patient care.**
A significant amount of work has been undertaken to improve patient flow throughout the organisation. We established a Transit Lounge with six cubicles for patients as they wait for discharge or transfer, allowing better utilisation of our ward beds. Six surgical beds have been designated within the Maternity Unit for female post-operative patients. We have increased the frequency of daily bed management meetings from one to three per day to manage bed allocations across all our facilities. This has helped us to better understand our demand and capacity to appropriately allocate required resources and ensure smoother journey for our patients.

The Community Rehabilitation Centre in Wodonga has implemented a single admission process enabling Wodonga residents’ access to multiple community based services through one point of entry.

**Engaging our people through a supportive environment.**
Our people are our most valuable resource. We have a comprehensive professional development program that includes evidence based practices, skills-based training and e-learning modules. During the 2014-15 year we introduced standards based training sessions.

AWH has forged strong partnerships with local universities offering health care undergraduate and graduate programs. Our large medical, nursing and allied health student placement program has grown considerably in recent years.

We would like to thank all the consumers and staff that contributed the content, time and resources to the report. This Quality of Care Report is only a snapshot of the great work we do at AWH. We hope you enjoy reading the stories shared with us during each person's journey with our service.
A Volunteer’s Journey

I became a volunteer member of the Community Advisory Committee (CAC) in 2013. After being a carer for my Mum before she passed away, I realised I needed to use the experience of our journey together in a positive way to help others. My interest in participating in health and community involvement grew. My first stepping stone before becoming a CAC member was as a participant in the DVD “Best Care for Older People in Hospital - The Patient Experience” which was developed through the partnership of Alfred Health, Real Time Health and the Department of Health. This was launched in 2013 to promote the “Best Care for Older People Everywhere - Toolkit”.

My role has grown and I have continued to branch out with Albury Wodonga Health. Over the last 12 months I have had the opportunity to work in the area of Quality and Safety. I was a participant in the working group on privacy and confidentiality. This gave me the opportunity to work alongside hospital management and staff who have welcomed my participation and input into this working party.

When you start looking at privacy there are so many areas to be considered. Examples are access, security and release of patient information, use of photography and mobile devices and many more. My role as a consumer was to assist with the review of the Patient Information

It’s better when we work together

Apart from the odd doctor’s check-up or visiting someone in hospital, I had not had much contact with the health system until the birth of our first child. I had complications during birth and my son suffered a brain injury and was diagnosed with cerebral palsy (spastic quadriplegia).

Over the years we have had to seek a lot of medical treatment. We are known as “frequent flyers”! We found that many health professionals, although caring, were unable to understand the complexity of our son’s disability. We found the more we worked together with the health professionals the better the outcome was, not only for our son but, for everyone involved.

We began working with some metropolitan hospitals offering advice on the difficulties experienced by families travelling long distances to receive care. Again, we saw firsthand the positive outcomes achieved by working with the health care providers. It was for this reason that I was excited to join Albury Wodonga Health’s (AWH) Community Advisory Committee (CAC).

The CAC provided me with insight into the operational issues faced by health organisations. Despite these barriers it was very clear that AWH staff strive to get the best outcome for their patients. It was very rewarding being part of a team of dedicated staff and consumers committed to education about the importance of consumer involvement.

After five years with the CAC I stepped down and joined AWH’s Consumer Register. I am now part of a team working on the Model of Care for Rehabilitation, an area which I am passionate about. Again, I am looking forward to working with AWH management, staff and consumers to improve the services.

Robin Raine
A Carer’s Story

I first became aware of Adult Mental Health when my daughter, Amy, was referred to them by our family doctor. She was having a psychotic episode and needed to be admitted to the Kerferd Unit in Wangaratta. Amy was later diagnosed with Schizophrenia.

That was thirteen years ago. We as a family had no idea what was happening or what the future was going to be. The staff at Adult Mental Health took us under their wing and have provided guidance and support ever since. We were always treated with tolerance and respect and when things were chaotic; they were there for me and my family.

The Adult Mental Health team encouraged us to seek further education about my daughter’s illness. The information we were given about mental illness was wonderful, as was the companionship we received from parents in a similar position to ours. Our carer consultant was a shining light for me and my family. We have so much respect for all the staff at Adult Mental Health.

Amy is now a caring and responsible mother to her 8 year old son, works part time as a hairdresser, is a Joey Leader, manages her own home and is a wonderful daughter. Recovery is possible even when living with Schizophrenia.

Victoria Jones

Brochure on privacy. I did this firstly by reading the brochure followed by many hours of research. I needed to make sure the brochure was easy to read, not too long and user friendly. How many times do we pick up brochures that are either hard to understand or have just too much to read?

I began my research by looking at Human Rights, the Privacy Act 2000, National Privacy Principles and other websites on the Internet. Now this may sound quite daunting or perhaps even boring to many but once I started reading I truly could not stop. It opened my eyes to a whole new appreciation of the time and effort that goes into protecting people’s privacy.

The outcome for me on this working party was one of complete satisfaction. I was contributing to a very important area and helping our hospital in a way I never imagined. I was supported by others in the working party and they were very interested in my opinion throughout and encouraged my participation. So I thank all of those people who worked extra hours outside of their normal time to give me this opportunity to learn and participate. I encourage others not to be afraid of stepping outside of their comfort zone. Put your hand up to volunteer and don’t be afraid to participate. It is truly a very rewarding experience!

Maria Berry

Maria Berry & Robin Raine

Carmel Mulcahy (Mental Health Carer Consultant) and Victoria Jones, Amy’s Mother
The Hume Bank City2City RunWalk for Albury Wodonga Health is a volunteer-run event that celebrates and raises funds for our cross-border health service. All proceeds raised go directly to Albury Wodonga Health (AWH). This community event is organised by a local committee of 9 passionate and dedicated volunteers and is generously supported by local businesses. The course is run on the major roads from Albury to Wodonga reflecting the cross-border nature of our Health Service.

The inaugural Hume Bank City2City RunWalk for Albury Wodonga Health (AWH) was held in February 2015 with proceeds going to the AWH cardiac services. There were 3,507 entrants from across the region, highlighting the community’s passion for the health service. Participants could either walk or run the course enabling people of all fitness abilities to take part.

There were musical performances and entertainment along the course creating a festival atmosphere. Members of Albury Wodonga Health’s Community Advisory Committee had also set up an information stand. They handed out information about AWH services and ways in which people in the community can be involved in the life of our health service as volunteers and consumer representatives.
It is well known that Aboriginal people experience poorer health and lower life expectancy than the general community and often have more acute and complex health issues. The Improving Care for Aboriginal Patients (ICAP) program was established in 2004 by the Department of Health to assist hospitals to work towards improving outcomes for Aboriginal people. The Program has four (4) objectives. Outlined below are our achievements during 2014-15.

### Objective 1: Engagement and partnerships.
Albury Wodonga Health has continued to work towards strengthening partnerships. The first Memorandum of Understanding (MOU) was signed in 2008 between Mungabareena Aboriginal Corporation and Wodonga Regional Health Service to work towards the objectives of the ICAP program. This was the beginning of the Albury Wodonga Aboriginal Health Reference Group, meeting every second month. It has recently extended to include representation from Gateway Health, Albury Wodonga Aboriginal Health Service, Hume Medicare Local and Murrumbidgee Local Health District. In 2015 we now have a MOU between all members of the Reference Group and an Albury Wodonga Aboriginal Strategic Health Plan that assists with improving the health outcomes for Aboriginal and Torres Strait Islander people.

### Objective 2: Organisational development.
Commitment to improving Aboriginal health outcomes is reflected through our Albury Wodonga Aboriginal Strategic Health Plan and Action Plan.

### Objective 3: Workforce development.
Funding has been obtained to implement our Aboriginal Employment Plan, in line with Karreeta Yirramboi. Education has been provided to staff who ask ‘Are you of Aboriginal or Torres Strait Islander origin?’ Three staff members have completed further training in Dental and Aboriginal Primary Health Care.

### Objective 4: Systems of care.
Systems are in place to identify Aboriginal patients and any chronic or complex care needs they may have. The information is used to strengthen patient care. Aboriginal patients with a chronic illness or who have left the emergency department before care is completed are followed up by our Aboriginal Health Transition Officer.

### Why do we ask patients if they are of Aboriginal or Torres Strait Islander origin?

You will notice that when you attend Albury Wodonga Health emergency departments or are admitted to hospital, you will be asked a number of questions including ‘Are you Aboriginal or Torres Strait Islander origin’

Everybody is asked this question. You are not being singled out. To ensure that we get this information correct we need to ask and let you answer for yourself; we cannot guess.

Your answer is important to us so we can tailor your health care to your needs. There are 2 important reasons. First, the de-identified data is collected and transmitted to the government so it can improve health service planning. All your information is protected by the Privacy Act.

The second reason is that if you identify as Aboriginal or Torres Strait Islander origin you are welcome to speak with our Aboriginal Hospital Liaison Officer or our Aboriginal Health Transition Officer. They can help with information about Aboriginal specific health services.
One of the highlights that outline the success of the Koolin Balit Aboriginal Health Workforce training grants within Albury Wodonga Health (AWH) are the partnerships that have developed between our Aboriginal Services Team, the Clinical Education Team and other disciplines within AWH including Allied Health. These links have been vital in providing the opportunity to work in collaboration with each discipline and ensuring the success of these partnerships.

I can reflect upon many positive experiences, but the most satisfying account would definitely have been the opportunity to attend the simulated practical and theory based clinical supervision workshops within Albury Wodonga Health.

During my attendance at various workshops, I was able to introduce myself not only as a student, but also as our hospital’s Aboriginal Health Transition Officer; therefore raising awareness of my role (and our Aboriginal Services Team) within the mainstream / healthcare. It was an amazing opportunity to be able to share my knowledge of the Aboriginal and Torres Strait Islander culture and Aboriginal Community Controlled Organisations (ACCHO’s) service providers within our region.

You could say that I was actually providing some cultural safety training while exchanging ideas within the simulated workshops and there were some occasions when I felt quite privileged that some of these sessions were actually altered to include Indigenous scenarios.

Conversely, I also acquired knowledge from fellow students in each of their areas of study and endeavouring to meet the needs of clients/patients.

I was able to develop a good rapport with fellow non-Indigenous students that were also studying in their chosen profession; most studying physiotherapy, occupational therapy, speech therapy, allied health assistant and social work.

These opportunities allowed me to network with other students and potentially break down any barriers that may somewhat impact on the delivery of services to prospective Aboriginal and/or Torres Strait Islander clients/patients within the healthcare system.

In closing, the training grant was a big success and the key components proved to be within the areas of partnerships, raising awareness of indigenous status within mainstream healthcare, acquiring knowledge from other discipline areas, breaking down barriers and creating pathways. All of these, I believe, were the foundations of such a success.
A need was recognised by Albury Wodonga Health to assist Aboriginal and Torres Strait Islander (ATSI) families throughout pregnancy, during their hospital stay and following discharge. Linda, AWH’s newly appointed Maternity Indigenous Support Midwife, offers support and guidance to expectant mothers and their families.

Linda works closely with Albury Wodonga Aboriginal Health Service (AWAHS), Gateway Medical Centre and Tristar Medical group to connect expectant ATSI mothers to hospital antenatal services. Linda follows the mother’s journey through pregnancy and labour, and she is often available to assist during delivery. She offers mothers and their families support and education on newborn care during their stay on the Maternity Ward.

Following discharge, engagement with AWAHS and Mungabareena Aboriginal Corporation ensures new mothers have access to a range of services including transport, medical and cleaning services.

Another important aspect of Linda’s role is to provide education and advice to AWH maternity staff on issues specific to ATSI mothers. The higher level of understanding achieved through this education results in a higher level of care afforded to both the mother and child.

Did you know? There were 70 Aboriginal and Torres Strait Islander babies born at AWH in 2014-2015.

Tyla’s Story

My name is Tyla, I’m currently a dental assistant at Albury Wodonga Health Dental Clinic and a Koolin Balit study grant has given me the opportunity to study for a Certificate IV in Dental Assisting at RMIT University in Melbourne.

As this course has progressed I have obtained new skills and further developed old ones, including managing culturally diverse patients, being able to take radiographs and giving oral hygiene instruction to name just a few. I’m also gaining confidence in the clinic and taking on more responsibility, training to be an in-charge nurse and helping out with the stores ordering portfolio. This Dental Assisting course has cemented my interest in continuing my career in the dental field and I’m motivated to continue studying and one day becoming an Oral Health Therapist.
Cultural Responsiveness

Given the cultural and linguistic diversity of our population, it is necessary for health care services to ensure access to and provision of quality health care for the whole population. The six standards for Cultural Responsiveness (below) were developed in 2010 by the Department of Health to assist health care services to improve and extend cultural responsiveness performance.

1. A whole organisation approach to cultural responsiveness is demonstrated
Cultural responsiveness is demonstrated through the approval and implementation of the Community Engagement Framework 2015. The Health Literacy Plan 2015-2017 and the Patient Information Strategy 2015 are also in place to build capacity for the delivery of information to the community.

2. Leadership for cultural responsiveness is demonstrated by the health service
Albury Wodonga Health (AWH) is a lead agency on the Albury Wodonga Aboriginal Health Reference Group. AWH is also a member of the Multi-Cultural Interagency Network.

3. Accredited interpreters are provided to patients who require one
Access to the Victorian Interpreting and Translating Service is available. The availability of the service has been promoted amongst staff through education.

4. Inclusive practice in care planning is demonstrated, including but not limited to dietary, spiritual, family, attitudinal, and other cultural practices
On presentation to an AWH facility particular details are obtained from patients, including information of spiritual and cultural requirements. Care planning is undertaken in partnership with the patient and/or carer and is evaluated to ensure patient centred care is delivered and that this care meets the needs of the culturally and linguistically diverse (CALD).

5. CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis
AWH has a memorandum of understanding with a number of community based cultural groups and services.

6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness
Professional development is provided to staff to enhance cultural responsiveness across the organisation, including “Ask the Question” training and promotion and a Patient Centred Care E-Learning Package.

After attending a meeting with a complainant about our Interpreter Services, Albury Wodonga Health identified how we can further improve Interpreter Services.

This provided us with the opportunity to review our current Policy and Procedure and tighten the arrangement with the Victorian Interpreting and Translating Services (VITS) to provide services to both campuses. We also reminded our staff how to access the Interpreter Service so it is readily available for people whose first language is not English.

The complainant had some great ideas about how we could work more closely with our local refugee communities to understand their needs. A representative from Albury Wodonga Health is now a member of the Multi-Cultural Interagency Network. Our involvement in the Network has enabled us to gain greater insight into the needs of our non-English speaking communities, and opportunities to strengthen inter-agency collaboration to support them.

One way in which we can help our new refugees is to demystify the healthcare environment. We plan to host guided tours of the hospitals for refugees and immigrants.
Since 2011, Albury Community Health Centre (ACHC) has partnered with Albury Wodonga Aboriginal Health Service (AWAHS) to deliver speech pathology services for Aboriginal and Torres Strait Islander children. A speech pathology service was established at the Koori Kindermanna preschool. In 2015, the service, provided by the ACHS Speech Pathologist Edwina Ventress, increased from 1 day a week to 2 days a week. The service has become an integral part of the partnership that continues to build. The success of this model led to the development of a similar service providing Diabetes Education at AWAHS.

At an individual level, the number of children receiving therapy has increased; but there is a bigger picture.

Closing the Gap aims to resolve indigenous disadvantage. By promoting play, early literacy and ear health, the speech pathology service enables parents to get their children ready for preschool and school. The speech pathology service also plays a key role by participating in NAIDOC week, Indigenous Literacy Day and ATSI Children’s Day.

Other initiatives include

- Progressive development of a multi-disciplinary approach to working with at risk families
- Early assessments of children where Autism Spectrum Disorder is suspected, which enables timely treatment
- Trialling a hearing assessment programme with ACHC Nurse Audiometrist
- An Allied Health Assistant who carries out therapy programmes and supports preschool and school staff; introducing the concept of MESSY PLAY in community events.

Testimonials

David, CEO AWAHS says “creating the partnership has allowed AWAHS to fulfill a service gap for the community. The partnership that has developed over time has been rewarding for all involved.”

Edwina, AWAHS and ACHC Speech Pathologist believes “the creation of the AWAHS partnership has opened up the Speech Pathology door to many families who may not have ever come to a mainstream service. I knew when I started, that I had to give it time to be seen as part of the AWAHS team. When I was out in a preschool and a kid called out, ‘Hey, I know you. You’re my talking doctor!’ I knew, at least I was on the right track.”

Marijke, ACHC Community Speech Pathologist said “it wasn’t until I was invited up to a NAIDOC week event that I realised how large and more importantly, how active the Aboriginal and Torres Strait islander community is in Albury Wodonga.”

“Because Edwina was up at AWAHS,” said Leticia, mother of Kaeleb (6 years), “it was really easy for me to get into see her to get an assessment done on Kaeleb. Sometimes I’d come up and see her at AWAHS, sometimes she’d meet me at the school where I work. It helped me out that her service was flexible.”

Danny, Manager of Albury Community Health says “working together to achieve common goals really delivers positive outcomes for people in our communities”
Community Services

Albury Wodonga Health provides a range of allied health and nursing services for people living in Albury, Wodonga and surrounding areas. Services include speech pathology, podiatry, physiotherapy, dietetics and diabetes education.

Diabetes: Carb Counting

What is Carb Counting? For those who suffer from diabetes it can be a valuable way to help them understand how to maintain a better lifestyle while living with this condition.

Due to changes in diabetes technology in recent years, Carbohydrate Counting has again resurfaced as an excellent management tool for diabetics. Carbohydrate or “carb” counting is a method of calculating grams of carbohydrate consumed in meals and snacks. Foods that contain carbs have the greatest effects on blood glucose compared to foods that contain protein or fat.

Counting carbs is not an easy skill. It requires:

- Knowledge of which foods contain carbs and which do not
- Knowledge of how much carbohydrate is found in a standard serve of food, and what a standard serve looks like
- Ability to read and comprehend nutrition labels on foods
- Good mathematical ability to perform calculations to determine carb content.

To assist people to meet the challenge of “counting carbs”, Charles Sturt University Dietetics Students (during their AWH Community Health Placement in 2014) developed a helpful resource tool. This pictorial resource was easily understood by clients without the need for learning food lists or performing complicated calculations.

It is beneficial for those with diabetes to have a good working knowledge of counting carbohydrates consumed as they can program this information into insulin pumps or smart glucometers and thus obtain an optimal insulin dose.

Since the introduction of the Carb Counting resource, AWH Diabetes Educators have seen a much greater understanding of carb counting and a marked improvement in glycaemic control, along with some very positive feedback from clients.

For more information, please visit our Diabetes Education section on the AWH website:

Older Persons Mental Health Service (OPMHS) is a community-based mental health service for people aged 65 years and over. Referrals are initiated by General Practitioners, and staff work collaboratively to ensure a coordinated care approach. As many of the people staff visit have co-existing medical conditions, a Nurse Practitioner specialising in conditions associated with ageing is part of the team. The Service includes a clinician who provides support and advice to carers where a person with dementia exhibits challenging behaviours.

The Healthy & Wise Program is offered across the North East and Albury region. The program has been designed to explore and discuss the multiple influences upon health. Topics are dedicated to a health domain across physical, emotional, social, financial, legal and spiritual needs. Exploring in partnership supports participants’ understanding of the interconnection of physical and mental health, and assists the navigation of service systems. The nine sessions provide up-to-date information about health-related concerns, key strategies for self-management, service guidance and opportunities for discussion. Pivotal to the program’s success is the collaborative program delivery, with partners ranging across health providers and health teams, community services, legal and financial services, recreational and social groups. As well, participants enjoy the benefits of sharing life wisdom and experiences in a supportive atmosphere.

The best approach to healthy and positive ageing is recognising the need to prevent or reduce the experience of depression, anxiety and stress which can often go under-recognised, untreated or devalued in the lives of older people. The participants overwhelmingly agree that this program is widely effective and addresses the multiple issues that impact wellbeing and gives hope for a positive future.

Testimonials

“it’s a wonderfully enriching program, so informative, positive and enjoyable......
This is for everyone no matter what walk of life......
It opens up new opportunities and new ways of thinking, making a real difference.”

“I never knew this (service) existed or what options were available, or how to access them, as they are needed to stay independent, active and connected.”

“It was very thought provoking and many new friendships were made.”

“So much amazing sharing and learning from other’s life experiences too.”

Photo courtesy of Murray PHN
In late 2014 the Victorian Department of Health and Human Services released the Victorian Community Health Practice Indicators (CHPIs). The CHPIs comprise 22 indicators that enable Community Health Services to measure key practices that make up the service users’ journey. Key components of the journey include:

- Access and Initial Contact
- Initial Needs Identification
- Assessment
- Care Planning and Implementation
- Monitoring and Review
- Transition and Exit

The views of consumers and carers involved in focus group activities were taken into account when the indicators were created. The indicators have been designed to strengthen the culture and practices of continuous quality improvement (CQI).

The survey is designed to give both the Department of Health and the individual services useful baseline information to find out what areas of the service are working well and which areas need further attention.

The results of our first survey show that we have strong processes and practices in place for:

- Intake procedures and response to referrals
- Support for clients needing interpreters
- Communication back to the patient's doctor
- Complaint acknowledgement and feedback
- Client satisfaction with involvement in care, and that their care had helped them manage their problem.

Quality improvement activities we started include:

- Exploring the redesign of electronic documentation of client care plans and diabetes results. The aim of this is to reduce the number of times and places staff are required to enter information into client records.
- The redesign of podiatry assessment forms to incorporate questions on drug reactions which was previously recorded in the client's progress notes.

We look forward to participating in the CHPIs survey next year with an improved performance scorecard.
Albury Wodonga Health has entered into a service delivery partnership with the not-for-profit organisation, Life Without Barriers, to deliver a new residential prevention and recovery care service. This service offers support for people experiencing mental health distress or recovering from mental illness within our mental health service catchment area.

This service, called Jarrah Retreat, provides a much needed and long sought after service option for people with mental illness whose treatment is better suited to intensive and short-term care, and support in a residential setting.

The model of care utilises the principles of recovery, promotion of hope and self-determination, mixing clinical, psychosocial and other supports to assist every individual’s recovery from a first episode or relapse of mental illness.

Community engagement

Community engagement in the Jarrah Retreat project was a vital part of the service development plan. A strategy to inform and engage the neighbourhood about Jarrah Retreat was developed early in the project. This strategy was developed to work with our neighbours and address any concerns they may have had, particularly in relation to the proposed building and the nature of service to be provided.

A neighbourhood letter drop and door knock were conducted and to our delight, the neighbours were all very positive in their responses and acceptance of Jarrah Retreat.

The local milk bar proprietors allowed the building plans and a fact sheet to be posted up on their shop window for all to see. This seemed to be particularly appreciated with many people taking time to view the plans.

Jarrah retreat operating in partnership

Day to day management of Jarrah Retreat is provided by Life Without Barriers who bring expertise in delivering recovery-oriented psychosocial care. The Program Manager has been appointed and will assist with selecting a skilled team, support their training needs, and ensure opportunities for their continuing professional development. They will work alongside Jarrah Retreat clients to provide targeted recovery-oriented assessment and support to facilitate people achieving their goals.

North East and Border Mental Health Service (NEBMHS) provides clinical governance and specialist clinical mental healthcare to Jarrah Retreat clients. Jarrah Retreat offers a range of shared activities, such as:

- Participation in referral and allocation meetings
- Working with individuals to develop support plans
- Supporting exit process for people leaving the retreat
- Ensuring appropriate transition plans are developed and include connection with ongoing clinical support as required.
The AWH Board of Directors and senior executives play an important role in planning and reviewing integrated governance systems that help to safeguard and improve the safety and quality of healthcare. Board members received education about their governance role and were given copies of the Guide to the National Safety and Quality Health Service Standards for health service organisation boards published by the Australian Commission on Safety and Quality in Health Care (April 2015).

The Quality Committee (sub-committee of the Board of Directors) meets bimonthly to ensure that consistent endeavour is applied across the organisation to deliver safe, appropriate and effective healthcare.

In 2014-2015, we met or exceeded all the safety and quality performance indicators set by the Victorian Department of Health and Human Services. Our results are displayed in the table below.

### Safety & Quality Performance

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Target</th>
<th>2014 -15 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT EXPERIENCE AND OUTCOMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victorian Health Experience Survey</td>
<td>Full compliance</td>
<td>Full compliance</td>
</tr>
<tr>
<td>Healthcare Associated Infection Surveillance</td>
<td>No outliers</td>
<td>No outliers</td>
</tr>
<tr>
<td>ICU central line associated blood stream infections (ICU CLABSI)</td>
<td>No outliers</td>
<td>No outliers</td>
</tr>
<tr>
<td>SAB rate per occupied bed days</td>
<td>&lt;2/10,000</td>
<td>0.4</td>
</tr>
<tr>
<td>Maternity – Percentage of women with prearranged postnatal home care</td>
<td>100</td>
<td>99.88</td>
</tr>
<tr>
<td>Mental Health – 28 day readmission rate</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Mental Health – Post discharge follow up rate</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Mental Health – Seclusion rate per occupied bed days</td>
<td>&lt;15/1,000</td>
<td>4</td>
</tr>
<tr>
<td><strong>GOVERNANCE, LEADERSHIP &amp; CULTURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Safety Culture</td>
<td>80</td>
<td>83</td>
</tr>
<tr>
<td><strong>SAFETY AND QUALITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Service accreditation</td>
<td>Full Compliance</td>
<td>Full Compliance</td>
</tr>
<tr>
<td>Residential aged care accreditation</td>
<td>Full Compliance</td>
<td>Full Compliance</td>
</tr>
<tr>
<td>Cleaning Standard</td>
<td>Full Compliance</td>
<td>Achieved</td>
</tr>
<tr>
<td>Hand Hygiene (rate) – quarter 2</td>
<td>75</td>
<td>82</td>
</tr>
<tr>
<td>Hand Hygiene (rate) – quarter 3</td>
<td>77</td>
<td>85</td>
</tr>
<tr>
<td>Hand Hygiene (rate) – quarter 4</td>
<td>80</td>
<td>81</td>
</tr>
</tbody>
</table>
During 2014, Albury Wodonga Health (AWH) provided clinical placements to 555 students, 102 allied health students and 452 nursing students. AWH supervisors, educators and preceptors are committed to facilitating a variety of learning opportunities for students to ensure that overall competence and a high quality learning experience is achieved.

One of the learning opportunities delivered at AWH is Inter-Professional Education (IPE). IPE is internationally recognised to be a key strategy for the current and future health workforce to ensure, safe, high quality, client-centred service (World Health Organisation, 2010). IPE occurs when two or more healthcare professionals learn from, with and about each other to enable effective collaboration and ultimately improve patient health outcomes (Sinclair et al 2006).

In 2014 AWH staff and Undergraduate Facilitators from Nursing and Allied Health attended IPE sessions and workshops conducted by lecturers from Charles Sturt University, Curtain University and University of Toronto. Since then the Undergraduate team has developed a number of Inter-Professional Learning (IPL) opportunities at AWH.

Once a week students (nursing and allied health) are encouraged by their facilitators to attend an hour long IPL education session. The aims of this program are to share and understand different health care professional roles, practice teamwork, demonstrate inter-professional communication and ultimately learn how to contribute to best practice in the healthcare setting. The opportunity to work together on simulated and real case studies also allows students to develop an understanding of the roles of other health professionals and to discuss ways they may work together to optimise patient health outcomes.

As IPL is not part of formal assessment the students are more relaxed. They often comment that they feel able to explore and question without judgement.

The IPL sessions are extremely popular with students and on post-placement survey often receive comments like:

“I loved the chats – they provided such a balance to the week. The student services were invaluable”

“Tutes were very informative and a great welcoming environment for students”

“Very useful to have these sessions and learn about other disciplines in a comfortable environment”

IPL will continue to be an important part of clinical placement at AWH and in 2015 research is being conducted as part of a CSU Honours project to explore the impact of IPL on the clinical decision making of the students. Ideally this will demonstrate that not only are these sessions enjoyable for all but that they contribute to valuable student learning and skills to provide high quality patient centred care.
A New Pathway for Supporting End of Life Care

At Albury Wodonga Health (AWH) we understand that every person has the right to have access to a high level of care at every stage of their life. In order to better support people who are the end stages of life, we developed the “Pathway for Supporting End of Life Care – Adult” to guide staff through the challenges of providing respectful and quality end of life care. The document was developed on evidence-based models of care and recognises that all the disciplines, from doctors and nurses to allied health professionals and pastoral care staff, have the privilege of caring for someone at the end of their life.

The Pathway is a comprehensive guide to caring for people at the end of their life. There are mandatory criteria for commencement of the Pathway, which are assessed by a medical officer. To go on the Pathway, the following criteria must be met.

- The patient has been comprehensively assessed to be dying, with death anticipated.
- All treatable, reversible causes for deterioration have been considered.

Competitive Bidding Success for Elective Surgery

In 2014-2015 Albury Wodonga Health (AWH) was successful in receiving $3 million additional funding from the Department of Health for a program to help reduce the surgical waiting list. The program enabled AWH to perform additional surgical procedures including cholecystectomies, septoplasties, inguinal hernia repairs, total hip replacements and total knee replacements. This surgery was conducted by AWH at both the Albury and Wodonga Hospitals.

An extra 289 surgical cases were performed under this program. In addition to these surgical procedures we have also been able to complete 337 extra cataract procedures at the Albury Day Surgery Unit.

This means that we have been able to reduce the surgical waiting list and patients have received their surgery much sooner than expected. A further benefit for patients who had a joint replacement has been a reduction in the time needed to stay in hospital. The average length of stay for these patients was 6.5 days but this was reduced to 4-5 days with no adverse outcomes.

When a patient is placed on the elective surgical waiting list they are allocated a category depending on the urgency of the surgery. There are set national targets for the time patients are on the waiting list which varies depending on the category to which they have been allocated. With the implementation of this program AWH have been able
to improve the number of patients who received their surgery within the target time.

The target time for category 2 patients who were admitted in time improved by 17% and for category 3 patients this improved by 10%.

The graph shows the type and number of additional surgical procedures carried out.

**Shorter Stays in Emergency Departments**

Albury Wodonga Health has made a concerted effort since January to ensure that no patient stays in either Albury or Wodonga Emergency Departments for more than 24 hours. This target is in-line with national performance standards. The results achieved have been outstanding.

In 2014 there were 389 patients who stayed longer than 24 hours until the end of August. In 2015 (January to June) there have been a total of only 6.

This is much more than a massive turn around in numbers; it also equates to a massive improvement in patient focus and care. More patients are commencing care in an appropriate environment and in an appropriate time frame.

The effort required to achieve this has not been isolated to the Emergency Departments but has required the combined efforts of staff across all clinical and support areas.
The PAR Clinic began at Albury Wodonga Health in June 2014. This clinic, led by an Advanced Musculoskeletal Physiotherapist (AMP), is co-located with the fracture clinic to allow access to the orthopaedic team.

Best practice for patients who have had a total hip or knee replacement suggests they have regular reviews. Because there is a high demand for specialist orthopaedic appointments, having timely follow up appointments can sometimes be difficult. The PAR Clinic is able to provide more timely follow up appointments, and reduce the demand on the doctors enabling them to treat acutely unwell patients.

The physiotherapists at the clinic assess the patient’s progress, identify any complications and work with other health care professionals if required. Although there is a low rate of complications with this type of surgery, the number of emergency admissions to hospital can be reduced if they are detected and managed early.

Since the introduction of the PAR Clinic the number of visits to the Emergency Department has reduced.

Of the 83 people that had a total hip or knee replacement performed in the 9 months of 2013, 26% had no follow-up organised or documented on discharge. 69% had an appointment with their GP, and the remaining 5% of patients were followed up in the Emergency Department, fracture clinic and hospital in the home.

In the 9 months between July 2014 and March 2015, 103 people attended the PAR Clinic following a total hip or knee replacement.

- 86% of referred patients attended their 2 week wound review (14% cancelled or did not attend for varying reasons)
- 100% had a progress letter written to their surgeons and GP’s
- 100% met their recommended review points according to the standards.

Patient satisfaction with the service has been extremely high and since its implementation there have been significantly fewer ED presentations from this patient group.

A 72 year old lady had a total knee replacement performed before the PAR clinic had started and she had no follow up appointment arranged as her surgeon had retired. About 6 months after her operation she came into the Emergency Department as her knee had become painful. She was seen in the PAR Clinic where the physiotherapist conducted a thorough assessment and reviewed the lady’s x-rays. The physiotherapist found that the pain was due to a problem with the lady’s muscle strength. She was given some specific exercises and referred to an outpatient physiotherapist to continue. Within the next 2 months the lady was able to say her pain had gone. The PAR physiotherapist was able to assess that lady, rule out any more serious complications and provide the appropriate treatment.
Albury Wodonga Health provides high quality, person centred care based on the very best evidence of good practice. A number of our services are assessed and accredited by external agencies which is a transparent way of demonstrating that we meet internationally and nationally recognised healthcare standards and we are continuously improving the safety and quality of our services.

Albury Wodonga Health is accredited by the Australian Council on Healthcare Standards (ACHS), an independent not-for-profit organisation whose purpose is to ensure all our services provide quality, safe care to the required standard.

We subscribe to the EQuIPNational program which has 15 standards. EQuIPNational has two (2) sections. The first section has ten (10) standards belonging to the National Safety and Quality Health Service Standards released by the Australian Commission on Safety and Quality in Healthcare in January 2013. The second section has 5 ACHS standards which address clinical services and delivery of care and other corporate functions.

In November 2014, AWH was assessed by the ACHS as part of our annual review cycle. We passed the desk top review of our self-assessment report and our accreditation status continues until 20 February 2016. In addition to our organisation-wide accreditation program EQuIPNational, some of our services participate in other types of accreditation programs. Some of these are described in the table below.

<table>
<thead>
<tr>
<th>Accreditation Program</th>
<th>Directorate</th>
<th>Accreditation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQuIPNational</td>
<td>Organisation wide</td>
<td>Accredited until 20 February 2016</td>
</tr>
<tr>
<td>Community Common Care Standards</td>
<td>Clinical and Community Services – Home and Community Care</td>
<td>Accredited since 7 November 2013. In transition to new program</td>
</tr>
<tr>
<td>Aged Care Standards – Blackwood Cottage</td>
<td>North East and Border Mental Health Service</td>
<td>Accredited to 6th December 2016</td>
</tr>
<tr>
<td>North East Border Mental Health Service</td>
<td>North East and Border Mental Health Service</td>
<td>Accredited until 20 February 2016</td>
</tr>
<tr>
<td>Disability Standards</td>
<td>Clinical and Community Services</td>
<td>Accredited to 11 February 2016</td>
</tr>
<tr>
<td>Post Graduate Medical Training Council</td>
<td>Medical Services and Clinical Governance</td>
<td>Accredited to November 2016</td>
</tr>
<tr>
<td>Quality in Practice - Medical Imaging Accreditation</td>
<td>Medical Services and Clinical Governance</td>
<td>Accredited to 29 June 2016</td>
</tr>
</tbody>
</table>

In addition to our organisation-wide accreditation program EQuIPNational, some of our services participate in other types of accreditation programs. Some of these are described in the table above.
We aim to look after you and keep you safe during your stay in hospital.

**Patients Come First**
- We aim to give you the right treatment at the right time in the right place by the right people.
- If you have any concerns please speak to the staff who are looking after you. If you are still not satisfied ask to speak to the Manager.
- Interpreters will be arranged for patients who don’t speak or understand English.
- Tell staff if you have any special needs or allergies.

**Making the Right Choices About Your Medicines**
- Medicines are an important part of your treatment!
  - The pharmacist will ask you which medicines you take at home, either prescribed by your doctor, or from your local pharmacy or health store.
  - Let staff know if you have any allergies or reactions to any medicines.
  - You will be given written information about your medicines before you leave hospital.

**Changes in Your Health Condition**
- Staff are trained in noticing changes in patients' health but you can help by letting staff know:
  - If you do not feel well.
  - If you think your condition has deteriorated.
  - If you think that something has been missed. If you are still concerned, please ask for a REACH brochure.

**Safe Use of Blood**
- You will be asked to give consent and correctly identify yourself if you are required to have a blood transfusion.
- Inform staff if you have had any problems with blood products in the past.
- You will be given written information on the risks/benefits of blood transfusions. If staff forget please ask for this.

**Identification**
- Your identification (ID) helps us give you the right care.
- Always wear your ID band and make sure the information on the band is correct.
- Staff members will check your ID before giving you medication or before you undergo any tests or procedures.
- Alert a staff member if you have a problem with your ID band.
- Ask who your nurse is for each shift and if you are not sure, please ask the staff their name if they forget to tell you.

**We need to know what you need to know**
- Your identification (ID) helps us give you the right care.
- Always wear your ID band and make sure the information on the band is correct.
- Staff members will check your ID before giving you medication or before you undergo any tests or procedures.
- Alert a staff member if you have a problem with your ID band.
- Ask who your nurse is for each shift and if you are not sure, please ask the staff their name if they forget to tell you.

**Stop Pressure Injuries**
- A pressure injury may also be called a 'bedsore'. It involves damage to skin and may also affect the muscle and bone. When you are lying in bed or sitting in a chair for a long time you may become sore.
- What you can do to help stop pressure injuries:
  - Keep moving - change your sitting or lying position as much as possible.
  - Keep weight off bony parts of your body.
  - Don’t lie on a sore if you already have one.
  - Keep skin clean and moisturised.
  - Eat a healthy balanced diet.
  - Advise staff if you have any skin areas you are concerned about.

Patients in hospital receive care from nursing, medical and allied health staff. Clinical handover involves the sharing of information between staff involved in your care.

You can expect that staff will update you and involve you in handover information on a regular basis so that you know what is going on and your healthcare needs are met.

This is a good time for you or your family to ask any questions you may have about your care.
Germs can be spread by hands even when they look clean so hand washing or using a hand sanitizer can help to prevent the spread of infection in hospital. Visitors who are unwell with illnesses such as colds, stomach bugs or rashes should not visit patients.

**Falling over is the main cause of injury in hospital. Falls can cause serious injury and disability.**

**What you can do to help:**

- Make sure you can reach your call bell and press it when you need help.
- Ensure the light is on when needed so you can see clearly.
- Wear supportive non-slip shoes or socks.
- If you use a frame/walking stick, glasses/hearing aids, always have them with you.
- If you need to get out of bed, alert your nurse by using your call bell.
- Make sure you know where the toilet is.

A pressure injury may also be called a 'bedsore'. It involves damage to skin and may also affect the muscle and bone. When you are lying in bed or sitting in a chair for a long time you may become sore.

**What you can do to help stop pressure injuries:**

- Keep moving - change your sitting or lying position as much as possible.
- Keep weight off bony parts of your body.
- Don’t lie on a sore if you already have one.
- Keep skin clean and moisturised.
- Eat a healthy balanced diet.
- Advise staff if you have any skin areas you are concerned about.

**Handing over patient information**

Patients in hospital receive care from nursing, medical and allied health staff. Clinical handover involves the sharing of information between staff involved in your care.

You can expect that staff will update you and involve you in handover information on a regular basis so that you know what is going on and your healthcare needs are met.

This is a good time for you or your family to ask any questions you may have about your care.
Albury Wodonga Health (AWH) values the feedback we receive from patients, their families or carers and members of our community. Feedback is inclusive of complaints, compliments, comments or suggestions.

Consumers have a right to complain and seek a response that addresses their concerns. We strongly encourage anyone with a concern to raise it as soon as possible with the staff caring for them. If the matter remains unresolved after these efforts we encourage contact via email, online feedback, mail or telephone or Compliment, Concern or Complaint cards which are located across AWH services. AWH enables the consumer to raise their concerns in a way that suits them and consumers have the option of remaining anonymous.

Staff are receptive to feedback and complaints and understand the link between patient experience and opportunities to initiate service improvements. We aim to promote customer satisfaction.

Complaints are reviewed and analysed to help inform decision making or identify ways service can be improved.

We aim to acknowledge a complaint within 5 working days and provide a response within 28 working days to the complainant addressing their concerns.

AWH received 256 complaints in 2014-2015. There were 31,951 inpatients in our hospitals and mental health services in this period. This means less than 1% of our admitted patients made complaints.

From these complaints we were able to initiate a number of service improvements.

<table>
<thead>
<tr>
<th>What you told us</th>
<th>What we did</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty accessing available Interpreter Services</td>
<td>Representatives from AWH attended a meeting with a local GP to discuss access to Interpreter Services, it was identified that there were gaps in our service delivery. Opportunities for improvement were identified and steps have been initiated to improve consumer access to Interpreter Services.</td>
</tr>
<tr>
<td>Lack of laundry facilities for patients</td>
<td>We raised the issue at the senior nurses forum; Included information in our staff newsletter about local laundry services available for patients and noted inclusion of information as part of our new patient information strategy.</td>
</tr>
<tr>
<td>A parent’s experience in Rehabilitation Ward</td>
<td>Implementation of a new patient alarm system in the Rehabilitation Ward.</td>
</tr>
<tr>
<td>A child’s experience in Emergency Department</td>
<td>Changed a current work practice as a direct result of the feedback provided to ensure patient safety.</td>
</tr>
<tr>
<td>Letter received from a patient’s parent about the state of the gardens</td>
<td>Changed a current work practice as a direct result of the feedback provided to ensure patient safety.</td>
</tr>
</tbody>
</table>
The Victorian Healthcare Experience Survey (VHES) is a state-wide survey of public patients’ healthcare experiences. The VHES questionnaires are posted to a randomly selected group of eligible patients or carers in the month following their hospital discharge or ED attendance.

This focus on the health care experience of patients and family members is very relevant to us, as we use this information to assist in the implementation of initiatives to improve patient flow, reduce waiting times in ED, increase rates of elective surgery, and improve discharge processes.

We have received the results of 3 surveys covering the period July 2014 to March 2015 and the overall results for each survey are very pleasing. The patients at the Albury campus rated their overall hospital experience as either ‘very good’ or ‘good’ between 82% and 93% of the time. Those patients at the Wodonga campus rated their overall hospital experience as either ‘very good’ or ‘good’ between 96% and 97% of the time.

Improvements in the scores have been seen in a number of aspects of care. For example, adult inpatients believed that they were given sufficient information about their condition and treatment and also given information in their own language.

The survey provides the patients with an opportunity to comment on how they think we could improve our care and services as well as the opportunity to say what we do well or not so well.

We have had some reassuring comments from the respondents with a particular focus on the care and attitude of staff. Here are just two of the many comments:

“I was very impressed with everyone that looked after me. The doctors, the nurses, all domestic staff. The hospital was spotless and everyone that I had contact with treated me with the utmost respect. I thank all concerned.”

“We also received the following comment from a patient who said:

“I was admitted at 8.30am in day surgery so I had fasted from midnight but I was not operated on until 2.30pm so perhaps a later attendance time would have been better as I could have been doing things at home instead of sitting around. Other than that no problems.”

In response, our staff recently carried out a study of the length of time patients have to be without food and fluids while waiting to have their surgical procedure. While some patients were able to come in at a time closer to their scheduled procedure others were given a fixed time first thing in the morning regardless of the planned time for their procedure. They found that some patients have to go without food or fluids for a considerable time while they waited to have their surgery as can be seen in the graph below.

This work is still in the early stages and further discussions are anticipated with consumers, medical and nursing staff in an effort to address consumer concerns.
A People Matter staff survey was conducted at AWH in July 2014 with a total participation rate of 30%.

The survey asked staff to rate their satisfaction based on what they had experienced or observed.

Based on staff feedback in the survey, our Executive Team has since identified 5 priority areas which we will continue to work on over the next 12 months.

**What we do well**

I provide help and support to other people in my workgroup

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
</table>

I have the ability to work on my own initiative.

84% of surveyed staff **agreed**

Already we have made the following improvements:

- **Leadership and Management Development**
  The organisational structure was refreshed to make it more functional. There were no job cuts, and our reporting lines are more transparent.

- **Employee Engagement**
  The CEO Communication Portal was created and regular CEO Forums are held for managers and staff. These are great for communicating important messages and responding to staff questions. Workplace Health and Safety Consultative Committees are better organised now, and staff actively participate in meetings and are involved in staff safety initiatives.

- **Communication**
  We adopted a new approach to systems thinking to drive improved integration and networking. A regular collaborative meeting was established at which directors and executives talk and plan together so information can be optimally shared across all our services.

- **Change Management**
  Deployment of the new *Health without Borders Strategic Plan 2015 -18* brings in new goals to meet. New models of care for rehabilitation and palliative care were developed which clarify staff roles and responsibilities.

- **Preventing Bullying & Harassment**
  We developed and implemented a bullying and harassment policy and procedure including a robust complaints handling process. The message that bullying behaviour is unacceptable is reinforced at staff orientation sessions and through the mandatory training program.
At AWH we have a risk register and processes for identifying, reporting and managing our clinical and corporate risks. We promote a culture of patient safety whereby clinicians and staff are encouraged to speak up about things that pose a risk for patients and visitors, so that we can take action to reduce hazards and risks.

Sometimes mistakes are made, and when this happens, there is an investigation and the incident is reported. By reporting our incidents and near misses we get a better understanding of adverse trends, which we address with appropriate and effective solutions that prevent re-occurrence. We refer to these collective efforts aimed at reducing risks and errors as our “patient safety” culture.

Staff were asked in the People Matter survey to respond to questions about the organisation’s patient safety culture. The overall score for the section on Patient Safety was 83%, 1% higher than the 2013 survey.

One of the best indicators for quality is whether or not people recommend a service to others. We were pleased to note that 86% of our staff said they would recommend a friend or relative to be treated as a patient at AWH.

The Board of Directors, Executive team and senior staff demonstrate strong leadership in promoting the patient safety culture. It was pleasing to see the survey results which showed we are going in the right direction.

93% of staff said they were encouraged by colleagues to report any patient safety concerns they may have and 84% agreed that management is driving a safety-centred organisation.

When mistakes happen, 89% of staff said these are handled appropriately in their work area. Eighty-six percent (86%) of staff said that when they make suggestions about improving patient safety or quality of care, others listen to their ideas and respond positively.

In response to the staff feedback, we have developed improvement strategies and will continue to work on these over the next 12 months.

- A new enterprise risk framework was developed for corporate and clinical risks.
- Our policies and procedures on the reporting and management of clinical incidents and complaints were updated.
- We set a strategic direction to increase the reporting of “near misses” so we can learn from them and avoid similar problems in the future.
- We included more information about patient safety and patient experience in staff orientation programs.
- The Clinical Governance Unit provided more staff training in reporting and managing near misses, incidents and complaints, and developed a customised patient safety training program for non-clinical staff.
- We conducted an organisational self-assessment against the National Safety and Quality Health Service Standards and took action to address problems that became apparent.

**What we do well**

I am encouraged to report any patient safety concerns

93% of surveyed staff agreed
Blood: We don’t waste a drop!

Did you know? 1 in 3 people will need a blood transfusion / blood product in their lifetime.

Therefore, blood donation is vital!

There are no replacements for many of the blood products produced through blood donation, so without donors many lives would be lost and life for some would not be sustainable. These values have been communicated as part of the waste reduction awareness campaign driven by the National Blood Authority to all personnel involved in handling and using blood products.

Albury Wodonga Health maintains a committee of professionals that ensure blood products are managed safely and in line with the National Safety & Quality Health Service Standards. Strict handling and storage requirements and balancing supply and demand are all daily activities carried out to ensure blood products are safe and maintain their quality. This is all carried out to guarantee we don’t waste a drop!

Avoiding blood wastage has been a strong focus at Albury Wodonga Health for the past 3 years. In 2014 a waste target of less than 4% by December 2014 was set. Not only was this target achieved, but was exceeded, with an overall red blood cell waste reduction from 6.1% to just 0.7%. In June 2015, Albury Wodonga Health and Dorevitch Pathology were formally recognised for this achievement, receiving a National Blood Authority Award for excellence in red blood cell waste reduction.

Dr Jeanette Young – Chief Health Officer, Queensland Health
Jane Howell - Clinical Nurse Consultant, Patient Blood Management, Albury Wodonga Health
Leigh McJames – General Manager, National Blood Authority
Albury Wodonga Health (AWH) expect all their staff to complete a training module on hand hygiene every year. The organisation also conducts checks to see if staff are actually washing their hands at the appropriate times. The results of these checks are monitored by the Department of Health who have set targets which the organisation are expected to achieve.

The graph below shows the percentage of AWH staff who complied with the standards for hand hygiene with the targets set by the Department of Health.

Hand hygiene practices have been universally poor among health care workers for a number of reasons. When staff are busy they are less likely to wash their hands as often as they need to. They may not think they need to if their hands do not appear dirty although bugs are there even if they can’t be seen. Some staff have experienced problems with skin irritation from frequent washing with soap and water.

There are particular times when staff must wash their hands. These are called the 5 Moments of Hand Hygiene. They are:

1. Before touching a patient
2. Before any procedure
3. After body/fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

As hand hygiene is so important we encourage all our visitors to use the antimicrobial hand rub products to help prevent infections being brought into the health facilities. The hand rub products can be found in a number of locations around our facilities.
Influenza (Flu) is an extremely contagious virus. It spreads easily from person to person through infected droplets in the air or from contaminated surfaces. It is more severe than the common cold and is particularly serious for people in high risk groups; all people over 65 years old, pregnant women, Aboriginal and Torres Strait Islanders over 15 years old and people with a medical condition that puts them at risk of complications.

Healthcare workers are at risk not only of getting flu but also passing it on to the patients in their care. It is very important for healthcare workers to have an annual vaccination as it has been shown that it is the most efficient way of preventing flu infection and reducing the exposure to vulnerable patients. The Victorian Department of Health set a target for all health services that at least 75% of staff will have a flu vaccination each year.

In order to improve the compliance rate with the Department of Health target Albury Wodonga Health recruited additional AWH nurse immunisers to increase the availability of the vaccination to staff.

Before giving the vaccinations a survey was conducted which showed that staff would like further information and education but more importantly they wanted to be able to have the vaccination in their own work areas. As a result there was more promotion of the vaccination including screen savers & a flu movie. Staff were also able to receive their vaccinations in their own workplace areas. This has enabled more staff to be vaccinated.

In 2015 we improved our compliance rate. 77% of staff received a flu vaccination.

Our CEO, Susan O’Neill, sets an example for flu vaccinations

AWH offers the flu vaccination to all staff every year. In 2014, 59% of our staff had a flu vaccination.
Albury Wodonga Health (AWH) is committed to providing high quality mental health services to adults, adolescents and children. People with a mental illness require a safe, protective and healing environment to aid in their recovery.

The emphasis on safety in the mental healthcare setting has led the Victorian Department of Health and Human Services to introduce a framework, “Providing a safe environment for all”, for the reduction of restrictive practices and the introduction of “Safewards” aimed at reducing conflict.

AWH follows the core principles outlined in the “Providing a safe environment for all” which state that restrictive interventions, such as seclusion, must only be used after all less restrictive options have been considered and found to be unsuitable. These principles are in place to protect the health and safety of all people using mental health services. We aim to reduce as much as possible the use of seclusion. Indeed, some months have reported ‘0’ (zero) seclusions.

The practice of secluding people for safety occurs for the briefest possible period of time. The secluded person’s wellbeing is strictly monitored and anytime seclusion occurs it is reported to the Department of Health and Human Services and the Chief Psychiatrist. Seclusion rate better practice targets are recommended as part of the framework, and in 2013 this number was reduced from 20 seclusions per 1000 occupied bed days to 15 seclusions per 1000 occupied bed days.

The graph below illustrates our performance against this measure.

Kerferd Unit, located at Wangaratta, is an inpatient mental health service. Kerferd is one of seven mental health units in Victoria to implement the Safewards model for the reduction of conflict within mental health settings. The model attempts to address the causes of behaviour in staff and patients that may result in harm, such as violence, self-harm or absconding and reduce the likelihood of these occurring.

Residential Aged Care Quality Indicators

At the Beechworth Residential Aged Care Unit over a 6 month period

- There were 28 residents surveyed for pressure injuries and no incidence of pressure injury stages 1 to 4 was found.
- Eleven (11) falls occurred without fractures being sustained.
- There were no episodes of residents being physically restrained.
- From 28 medication charts there were 17 residents who received 9 or more medications which include the use of vitamins, creams and eye drops.
- Five (5) of the 28 residents experienced unplanned weight loss over 3 consecutive months.
Smiles 4 Miles

Modern day dentistry is about prevention and education, educating children from young ages about oral hygiene and dental health and embedding life-long healthy habits, dispelling previous generation’s fear of visiting the dentist.

Albury Wodonga Health Dental Service was given the opportunity to coordinate Smiles 4 Miles in our Local Government Areas (Alpine, Indigo, Wodonga, Tawong). Smiles 4 Miles is a program that runs in kindergartens and educates staff, children and families about the importance of the 3 key messages ‘eat well’ ‘clean well’ and ‘drink well’. 26 centres registered with an estimated figure of 1,300 children participating, providing every family with information about dental health and how to access our dental service.

We are endeavouring to approach dental care by promoting prevention and ensuring that our patients are provided with oral health education to maintain their dental care well after their visit at the dental service.

The following Clinical Indicator report shows data for teeth that have been re-treated within 6 months of initial restoration. This indicator looks at retrospective data. This data measures the proportion of teeth requiring retreatment on the same client and tooth within a 6 month period after the initial restorative treatment. The measure applies to patients under 18 years of age as at the month the initial treatment is provided. The data represents the restorative re-treatment data for children under an emergency course of care.

Dental Quality and Safety Indicators
The Albury Wodonga Health Dental Clinic conducts regular cleaning and sterilisation audits. The results of a recent cleaning audit conducted in June showed a score of 94.4, which is well above the Acceptable Quality Level (AQL) of 85. The audit of compliance with the AWH Hand Hygiene Policy showed that 100% of clinical staff were compliant.

<table>
<thead>
<tr>
<th></th>
<th>Agency</th>
<th>Region</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>No. of teeth treated - child</td>
<td>170</td>
<td>682</td>
<td>8620</td>
</tr>
<tr>
<td>No. of teeth re treated</td>
<td>17</td>
<td>77</td>
<td>897</td>
</tr>
<tr>
<td>% re treated</td>
<td>10%</td>
<td>11.3%</td>
<td>10.4%</td>
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</table>
Dental Outreach

The last 12 months for the Albury Wodonga Health Dental Service has been focused upon implementing our outreach services and working with community groups and priority access groups with limited access to dental care.

Our priority access groups are:
- Child or young person in residential care
- Youth justice client in custodial care
- Indigenous person
- Asylum seeker
- Refugee
- Mental Health client
- Intellectually disabled client
- Homeless person
- Eligible pregnant woman

With the funding Albury Wodonga Health Dental Services received for participation in the Australian Information Technology Engineering Centre (AITEC) Graduate Program we were able to purchase outreach dental equipment that has enabled us to provide care to these priority groups in their own facilities.

The focus for this year has been on Belvoir Special School, and with fantastic results! We successfully completed screenings on 52 junior year students. For families with a child/children where there is an intellectual and/or physical disability an appointment with the dentist can be traumatic and cause distressing behaviours. Being able to offer dental screenings in an environment that is already familiar and safe to families is extremely beneficial in reducing anxiety related behaviours. Parents/guardians of the children attending the screenings were invited to attend the session, this enabled us to talk to the parents about each child’s specific oral health needs.

Consumer Story

Esther Ball and her husband Roy found Albury Wodonga Health Dental Service after having to wait around 5 years on a waitlist at another dental service. Esther said ‘We only had to spend 12 months on a waitlist, unlike the 5 years we have spent on other dental service waitlists. We were very pleased with the care we have received from Albury Wodonga Health Dental and the La Trobe Dental Students we have been seeing. They are very friendly and thorough in their treatment, and they always try their best. Dental care can be very expensive and unaffordable for people, Albury Wodonga Health Dental Services provides dental treatment to people who cannot always afford it’.

Albury Wodonga Health Quality of Care Report 2015 | 35
Almost everyone will experience an open wound at some point throughout their life. Most open wounds are minor and can be treated at home, but sometimes these wounds are reoccurring, become infected or fail to heal. Long term wounds can affect the client’s life emotionally, mentally, physically and socially, leading to increased treatment paths and costs.

An 85 year old District Nursing Service (DNS) client was referred to the service for treatment of chronic bilateral lower leg ulcers. The client was originally treated at home by DNS but the home environment presented hazards for staff. The client stated that she was “house bound” and expressed feelings that she “felt depressed and claustrophobic”. The option of the Wound Treatment Room was offered as an alternative environment for her wound care. She received care by the DNS staff in conjunction with a podiatrist.

It also meant she could attend at a time that suited her. It was noted by the staff and by the client that her state of mind improved - “Coming into the treatment room gave me a purpose to get out of the house.”

The wound quickly improved and was monitored effectively by photography.

The wound healed within the AWMA (Australian Wound Management Association) recommended wound healing timelines. The client stated that the DNS staff “cured me”.

A need was recognised by Albury Wodonga Health to improve wound care services throughout the community. The Multidisciplinary Wound Treatment Room was opened on 2 January 2015 (located at 56 Vermont Street, Wodonga) and provides optimal wound care in order to maximise quality of life. This includes any issues that may impact on our client’s health including nutrition, illness, co-morbidities, infection and environment.

Case Study

An 85 year old District Nursing Service (DNS) client was referred to the service for treatment of chronic bilateral lower leg ulcers.

The client was originally treated at home by DNS but the home environment presented hazards for staff. The client stated that she was “house bound” and expressed feelings that she “felt depressed and claustrophobic”.

The option of the Wound Treatment Room was offered as an alternative environment for her wound care. She received care by the DNS staff in conjunction with a podiatrist.
Noela was diagnosed with a condition known as oxygen dependent idiopathic pulmonary fibrosis in May 2014. This severe progressive condition which causes stiffening of the lungs makes breathing extremely difficult. The person finds themself short of breath even with the slightest effort.

It was diagnosed by a Respiratory Physician when she had a lung biopsy at RPA Sydney. At this time, Noela needed 2 litres of oxygen for 17 hours a day to help her breathe and monthly trips to Sydney for her ongoing care. There is no cure for the condition yet and in very severe cases a lung transplant is recommended.

In July 2014 Noela was referred by her General Practitioner to the Albury Community Rehabilitation Centre (CRC) for Pulmonary Rehabilitation. She was bought to the first session by her husband, in a wheelchair, half an hour early so she would be settled prior to the other participants attending. However, she was not well enough to take part in the group exercise session. We decided that Noela would feel more comfortable having her treatment at home. A home visit by the CRC Exercise Physiologist (EP) was organised and a home exercise program designed to improve her strength and endurance.

Noela was regularly visited in her home by the EP so her program could be reviewed and progressed. During a review, Noela mentioned being uncomfortable when sitting as her loss of weight was putting pressure on her ‘tail bone’. The CRC Occupational Therapist (OT) attended the next visit to organise a suitable cushion.

Both the EP and OT made home visits to encourage the use of the exercise program and check the suitability of the home environment to the needs of Noela. Over time she was finding it harder to do the exercise program and was becoming more reliant on the wheel chair to get around. It was clear that she required a lung transplant. Prior to going onto the lung transplant list, there were numerous appointments to check that she didn’t have any infections and that her heart was healthy.

In April 2015 a phone call from the OT at St Vincent’s Hospital, Sydney alerted the CRC team to the news that Noela had failed the frailty test and was too deconditioned to stay on the lung transplant list! She was told that she had one month to get stronger before being retested to determine if she would be placed back on the list.

In July 2015, the EP sent the report on Noela’s progress to Sydney. In the initial assessment at St Vincent’s Hospital Noela hadn’t been able to walk and now she could manage to walk 48 metres. Her weight had increased a little and the strength in her hands had improved.

After this visit to St Vincent’s, Noela was put back on the lung transplant list but encouraged to continue the regime of three sessions at CRC a week. This continued until August 2015 when at 2am one morning she and her husband received a phone call from St Vincent’s informing them to be on the plane at 6am as a suitable donor had been found. The following day, CRC were informed by the family that Noela had successfully had both lungs replaced.

Currently Noela and her husband are staying in Sydney, close to the hospital, for 3 months while she is reviewed and attends rehabilitation four days a week. She is progressing well and putting on weight.

She is also determined to keep up with her exercises and has bought herself new exercise gear and runners. She is really enjoying rediscovering life, simple pleasures and stopping to “smell the roses.” There are so many things she would like to do now; read books to her grandchildren, take walks along the beach, organise her house and the list goes on.

Noela and her husband are forever grateful for the donation she received and would like to encourage us all to consider going on the organ donation list.
In 2015 the Albury Wodonga Health Elective Services Access Unit (ESAU) had a name change (from ‘Surgery’ to ‘Services’) to better reflect the surgical and non-surgical patient access to AWH being organised by this unit. It provides access for patients requiring a medical procedure, which essentially encompasses any type of medication infusion, blood or blood products transfusion or venesection. This is usually for patients who have a chronic long term illness and require ongoing regular treatment over a long period of time.

Patients receive their treatment at either the Albury or Wodonga Day Procedure Unit after being referred by a specialist. We recognised we could improve the experience of patients and the coordination of their care by implementing a Clinical Liaison Nurse model of care.

The Clinical Liaison Nurse for Medical Procedures role is responsible for coordinating the pre-procedure care of the patients including scheduling their bookings, making sure they have given informed consent, organising their infusions or blood products, and working with the specialists. The focus is on helping the patient arrive on the day of their procedure with everything organised and ensuring they have certainty about their next booking. This also means the staff in the Day Procedure Unit can safely deliver the care the patient needs on the day without having to worry about trying to organise medications, documentation, consents or forward appointments.

The Clinical Liaison Nurse also works with the specialists and their staff to make sure the patient has appointments and reviews as necessary.

**Chris’s Story**

Mr Chris Beard has a long term illness which means he has to receive regular monthly medication infusions. He also has to have regular appointments with a variety of health care providers, both locally and in Melbourne. This means he has to make and keep many appointments. Chris has found the Clinical Liaison Nurse for Medical Procedures has made the process much easier. He feels having only the one person as a central contact “who knows me and my condition” helps immensely and “takes the pressure off”.

Chris says the system AWH has now is fantastic, and the Clinical Liaison Nurse makes the process run much more smoothly. Chris feels having the Clinical Liaison Nurse doing all the “chasing up” with appointments, paperwork and medications means he has the opportunity to live a more “normal life”. Chris also likes the personal touch where the Clinical Liaison Nurse has a good appreciation of what he needs. He can change appointments if he needs to and it all happens with one phone call.

Chris also has praise for the Day Procedure Unit at Wodonga which is where he receives his treatments. He says he has complete trust in both the Clinical Liaison Nurse and the Day Procedure staff. He believes he always gets good care and the staff make sure he has enough to eat and drink. Chris finds the Day Procedure nurses calm and caring. Overall Chris feels the care he receives across AWH as a whole has improved his quality of life.
Supporting parents and supporting children is a shared responsibility and a focus of the Victorian Government.

Supporting parents to provide a nurturing, safe and positive home environment in which to raise their children is the key focus of all effective child and family service systems. Coordination of service delivery is paramount to ensure the individual needs of the families and children are met.

Albury Wodonga Health Maternity Services takes a collaborative approach to ensure women, children and their families in the area are well supported. The Maternity care planning team aim to identify and protect vulnerable babies, children, young people and mothers at risk of harm or neglect.

Prevention and early intervention is the focus and promotes more positive outcomes. The programs and services offered include Social Work, Aboriginal Health Support, Antenatal Classes, Fit for Birth Classes, Perinatal Emotional Health Program and the Parents and Babies Service. A care plan is developed for every mother.

The Maternity Unit also participates in interagency planning meetings to ensure the appropriate support is given to vulnerable mothers early in their pregnancy. Where necessary, mothers and their families can be supported by other agencies including Gateway Community Health, youth services, Mungabareena Aboriginal Corporation, child protection and Albury Wodonga Aboriginal Health Service. These services aim to build family resilience and parenting capacity to reduce and prevent the need for further specialist or tertiary level services. They also ensure child well-being issues are addressed early and effectively. Vulnerable children and their families need access to a range of high quality, flexible, culturally appropriate and responsive early parenting support services that are delivered by qualified and experienced staff with knowledge of early childhood development. It is now clear that services must work in partnership with families for long enough periods of time to make a real difference in a child's life and to support the family to make sustainable and permanent changes for the better.

The Parents and Babies Unit was opened in April 2015. It provided 450 occasions of service each month in 2014-15. Put in a different way, 225 parents and their babies visited or contacted the service each month. Programs and support offered by the Service include feeding support, parenting advice, sleep and settling programs, educational programs, emotional support and assessment and young mothers groups.

In a new initiative, the Women’s and Children's Service has agreed to collaborate with the Tresillian Family Care Centres to provide contemporary innovative parenting and child support programs at the Parents and Babies Service.
After having a baby, some women may develop mood swings or the baby blues in the week after birth. This feeling usually passes within a day or two. However, for around one (1) in seven (7) women, postnatal depression (PND) is severe or prolonged. Symptoms of depression can interfere with normal day to day routines including caring for and bonding with the newborn baby.

Albury Wodonga Health (AWH) together with Wodonga City Council and Carer Assist developed the Getting Ahead of Post Natal Depression Working Group (GAPNDWG). The GAPNDWG holds group sessions, the aims of which are to help women who have experienced PND make the transition to parenthood and support the early parent-infant relationship.

The group sessions deliver research based information and empower parents by building parenting skills and assist to develop social networks across the community. The three ten session programs held during 2014 were very well received by participants.

“I was anxious about attending at first, but being in a supportive environment really helped me to get the most out of the program”.

“Because I feel better about myself, I’m able to be more available and loving with my baby”.

“I noticed an improvement in my mood after a couple of sessions and I became stronger over time”.

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“I noticed an improvement in my mood after a couple of sessions and I became stronger over time”.

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Many people ask ‘What is HARP and what do they do?’ HARP stands for Hospital Admissions Risk Program. People are referred to the service if they are at high risk of presenting or representing to hospital.

The aim of HARP is to coordinate the care for people who have had at least one admission to hospital with chronic conditions such as chronic obstructive pulmonary disease (COPD), congestive cardiac failure (CCF), or diabetes and who would like to participate in the program in order to improve their ability to manage their own health.

The emphasis is on helping the clients to improve the management of their chronic health condition so that they can improve their quality of life and enjoy a healthier lifestyle, and reduce the number of admissions to hospital.

Many of the clients have other chronic health conditions, such as depression, anxiety, obesity, hypertension or arthritis. The graph below shows the 10 most common conditions experienced by HARP clients in 2014-15.

Each client is allocated a Care Coordinator who supports them by teaching them about their condition, helping them with medical appointments and referrals to appropriate services.

Care Coordinators also encourage the clients to look after their general health including diet and exercise. After the Care Coordinator has assessed the client they develop a plan together focusing on the client’s specific health needs. A client may stay with HARP for 2 months to 2 years depending on their need.
In August 2014 Wodonga HARP noticed that 26% of their clients had been on the program longer than 1 year and this was a higher percentage than other areas of Victoria. The graph below shows the length of time the HARP clients spent on the program during 2014 - 2015.

So staff decided to look at what they might do to improve future results. They introduced long-term client case reviews to help the care coordinators develop new plans to assist the clients to become more independent when managing their health.

These reviews helped to determine the level of care the client required, and help to maintain patient-centred care when planning the client’s discharge from the program. They have been very successful, and since their introduction the length of time that clients need to stay with HARP has reduced. The graph below shows the percentage of clients who had been a HARP client for more than 12 months.

With greater care planning and input HARP has managed to significantly reduce the length of time clients spend on the program without compromising the individual outcomes achieved by clients.

These achievements include improving diabetic control, providing better understanding of their health & medical conditions, effective programs to quit smoking, engaging better with medical services, attending programs such as pulmonary rehabilitation and community groups, improving their overall health, thus reducing or eliminating the need to be admitted to hospital.
Over a period of 10 years, a young 43 year old man had attended Wodonga Emergency Department or had been admitted to the hospital 4 - 5 times every year. This led to a total of 83 days in the hospital, with a number of them in the High Dependency Unit. As well as putting a strain on this young man’s lifestyle and general well being, it was also a significant cost to Albury Wodonga Health.

He was referred to HARP.

HARP worked with him and his partner for two years. During this time he only attended the hospital 4 times and was admitted for a total of 7 days. In 2014 he was not admitted at all.

So how did HARP work to support him?

A number of services were involved, not just HARP. These included the District Nursing Service, Allied Health, General Practitioners and Specialists. However, HARP’s role was significant in coordinating his care and communicating information between all the services involved (including 2 GPs, 8 Specialists and a Psychologist).

HARP spent time attending appointments with the client, helping him to inform his doctor of what symptoms he was experiencing and what other service providers were doing. They also spent time teaching him about his health and helping him to value it. In total, over a 2 year period HARP spent 80 hours with him as well as many hours liaising with service providers and ensuring that everyone was working on the same page.

The good news……this man is no longer a HARP client! He now has a coordinated approach to managing his health and he is receiving greater support from his GP practice. This valuable work of HARP had helped to turn a young man’s life around, giving him greater quality of life and health.

Improving Access to Specialist Clinics

For approximately 10 years, Albury Wodonga Health has run an intake/Single Point of Entry (SPE) office for the community programs and specialist clinics at the Wodonga Campus. This had traditionally been done by clinical staff (Allied Health Professionals or Nurses) who also have responsibilities for treating other clients.

Over the past few years, the number of referrals waiting to be processed has increased due to a steady rise in the volume of referrals. A target was set to reflect that referrals should be processed within 5 working days but this could not be achieved. It was not possible to increase the clinical staff hours in the intake office as this would mean they had less time to see their other clients.

In 2014, in order to solve the problem, a dedicated administration position was established and training provided to the administration staff who would occupy this role. An intake screening tool was developed to standardise the process. As a result of these changes the number of referrals waiting to be processed dropped from 800 to 200!

An electronic system was introduced recently, to reduce some of the manual administration processes. This helped to further decrease the number of referrals waiting to be processed from 200 to 50 - 60. At this point the target was achieved with 100% of referrals being processed within 5 working days.

With the changes made to this process, client access and outcomes have been improved as follows:

- Referrals are acknowledged the same day that the referral is received in the Intake office.
- Referrals are processed within 5 working days.
- Communication between AWH clinicians, the people referring and the clients has improved.
- Administration processes have been improved which has saved valuable administration resources and time.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACHS</td>
<td>Australian Council of Healthcare Standards.</td>
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<tr>
<td>Acute</td>
<td>Brief and severe.</td>
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<tr>
<td>Acute Care</td>
<td>Providing emergency services and general medical and surgical treatment for acute disorders rather than long-term residential care for chronic illness.</td>
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<tr>
<td>Allied Health</td>
<td>A group of health-care services, such as occupational therapy, speech pathology and physiotherapy, provided by appropriately qualified professionals.</td>
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<tr>
<td>AWAHS</td>
<td>Albury Wodonga Aboriginal Health Service.</td>
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<tr>
<td>AWH</td>
<td>Albury Wodonga Health.</td>
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<tr>
<td>Cardiomyopathy</td>
<td>Any disease of the heart muscle, leading to decreased function: usually of unknown cause.</td>
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<tr>
<td>Carers</td>
<td>Paid or unpaid people, including families and friends providing care to consumers.</td>
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<tr>
<td>Community Advisory Committee (CAC)</td>
<td>An advisory committee to the Board and one way in which we actively involve community members in improving the services we provide.</td>
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<tr>
<td>Community Care Units</td>
<td>Residential rehabilitation facilities for people with a serious mental health issue.</td>
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<tr>
<td>Consumer</td>
<td>People who are current or potential users of our services.</td>
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<tr>
<td>Continuity of Care</td>
<td>Uninterrupted health care for a condition from the time of first contact to the point of resolution or long-term maintenance.</td>
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<tr>
<td>Dialysis</td>
<td>A process of filtering and removing waste products from the bloodstream.</td>
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<tr>
<td>Endoscopy</td>
<td>Visual examination of interior structures of the body with an endoscope.</td>
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<tr>
<td>ENT</td>
<td>Ear, Nose and Throat.</td>
</tr>
<tr>
<td>Formulary</td>
<td>A book listing pharmaceutical substances and formulas for making medicinal preparations.</td>
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<tr>
<td>GI</td>
<td>Gastro Intestinal.</td>
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<tr>
<td>GIT</td>
<td>Gastro Intestinal Tract.</td>
</tr>
<tr>
<td>Inpatient</td>
<td>Someone who requires an overnight stay at the hospital.</td>
</tr>
<tr>
<td>Maternity</td>
<td>The care of women at childbirth and their newborn babies.</td>
</tr>
<tr>
<td>Midwifery</td>
<td>The practice of assisting at childbirth.</td>
</tr>
<tr>
<td>NAIDOC</td>
<td>National Aborigines and Islanders Day Observance Committee</td>
</tr>
<tr>
<td>NSQHCS</td>
<td>National Safety &amp; Quality Health Service Standards.</td>
</tr>
<tr>
<td>Oncology</td>
<td>Medical care of people with cancer.</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Medical care of the eyes.</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>A medical specialty concerned with the skeletal system, especially the extremities and the spine, and associated structures, such as muscles and ligaments.</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Medical care of children.</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>An approach to health care that is concerned primarily with attending to physical and emotional comfort rather than effecting a cure.</td>
</tr>
<tr>
<td>PAR</td>
<td>Physiotherapy Arthroplasty.</td>
</tr>
<tr>
<td>Participation</td>
<td>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.</td>
</tr>
<tr>
<td>Pathology</td>
<td>The study of disease by the use of laboratory tests and methods.</td>
</tr>
<tr>
<td>Renal</td>
<td>The kidneys.</td>
</tr>
<tr>
<td>Sub Acute Care</td>
<td>At its simplest, sub-acute care is about goal oriented (and in many instances time-limited) interventions aimed at assessing and managing often complex conditions to maximise independence and quality of life for people with disabling conditions.</td>
</tr>
<tr>
<td>Surgicentre</td>
<td>A place where minor or ‘same day’ surgical procedures are performed.</td>
</tr>
<tr>
<td>Thrombolysis</td>
<td>Dissolution of a blood clot / thrombus.</td>
</tr>
</tbody>
</table>
We rely on your feedback to ensure the Quality of Care Report continues to provide the information you want about the safety and quality of our health services.

Please complete the feedback form below and either:
- Post to: Albury Wodonga Health, Clinical Governance Unit, PO Box 326, Albury, NSW, 2640.
- Return in person to any AWH reception point.

1. What did you think of the information in this report?
   Poor 1 2 3 4 5 Excellent
   Comment ________________________________

2. What did you think of the presentation of this report?
   Poor 1 2 3 4 5 Excellent
   Comment ________________________________

3. Did you like the magazine format?
   Yes   No   Indifferent

4. Did you find the articles to be:
   Not Interesting 1 2 3 4 5 Very Interesting

5. The report gave me a better understanding about the healthcare services Albury Wodonga Health provides:
   Strongly Disagree 1 2 3 4 5 Strongly Agree

6. Please tick the age range that applies to you:
   < 20 21-30 31-40 41-50 51-60 60+

7. Would you please tell us which suburb / town / rural area you live in?
   __________________________________________

8. Do you have any suggestions for improving this report?
   What would you like to see more of?
   What would you like to see less of?
   __________________________________________
   __________________________________________
   __________________________________________

9. Are you interested in being a part of a committee preparing next year’s Albury Wodonga Health Quality of Care Report?
   O Yes (include contact details)   O No
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