

# Goulburn Valley Health QUALITY OF CARE REPORT 2006 – 2007



## Welcome

This is the first year that GV Health has produced its Quality of Care Report in the form of a newspaper insert. Your feedback on the format and the information provided is welcomed and will help to inform next year's report. To comment, please visit the GV Health website at [www.gvhealth.org.au](http://www.gvhealth.org.au) and follow the prompts.

In summary, the past 12 months have seen a record number of inpatients, outpatients and emergency department attendees treated. As well as achieving or bettering nearly all financial and performance targets, we also managed to better the majority of clinical indicators while maintaining full ACHS, pathology and aged care accreditation. The results of both the external audit of cleaning and food service standards significantly exceeded the acceptable state-wide quality levels, and the results of the external patient satisfaction survey were better than our peer group average. These and other achievements resulted in

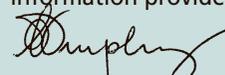
GV Health receiving a second consecutive nomination and commendation for the Premier's Award for Outstanding Regional Health Service of the Year and a further commendation for last year's Quality of Care Report. More recently the GV Building Blocks for Kids Health program was highly commended by Minister for Children and Early Childhood Development Maxine Morand as part of the Early Years Awards for 2007, with GV Health the only health service among the 22 organisations nominated.

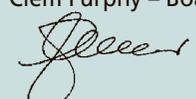
The new integrated care service delivery model, with its emphasis on "one single point of entry for co-ordinated care" became fully operational during the year, and school dental, ophthalmology and rheumatology services were introduced. The Visy Cares Centre building and the expanded Eyre Tynan emergency department were opened, funding for the Ambermere

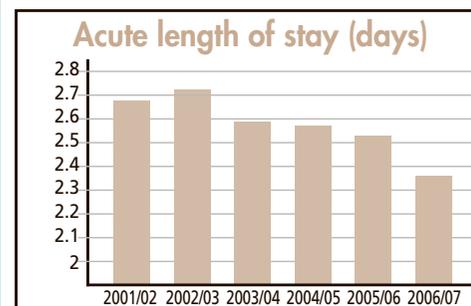
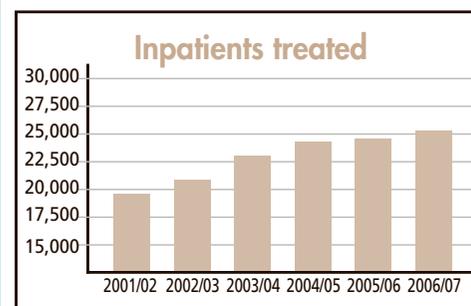
re-development and MRI were announced, the operating theatre suite and ward bathrooms were upgraded and a new CT machine acquired. A new five year Strategic Plan was also adopted following extensive consultation.

In October 2006 we farewelled two long serving board directors in Simon Furphy and Anne McCamish and since then have welcomed new board directors Dr Bridget Hsu-Hage and Noel Maughan.

Specific details of GV Health's performance and achievements over the past 12 months are included both in this report and in the Annual Financial and Performance Report for 2006/07. We trust you find the information provided informative.

  
Clem Furphy – Board of Directors, Chair

  
Greg Pullen – Chief Executive Officer



The total number of bed days has fallen while the number of inpatients treated has increased as a result of the average length of stay reducing.

**ACCREDITATION**

Regular external assessment against the latest exacting standards is a universally accepted method of checking on whether a health service is up to the mark. GV Health was awarded four years' accreditation until 12th May 2010 when last surveyed by the Australian Council on Healthcare Standards in November 2005. All four of GV Health's aged care facilities are fully compliant against each of the Commonwealth's 44 certification standards, and the GV Health pathology service is fully NATA accredited. GV Health also bettered both the minimum Food Safety Audit and Cleaning Standards required of a health service when surveyed during the year.

**THE COMMUNITY & INTEGRATED CARE DIVISION**

GV Health is the largest provider of community health services in the Hume Region. The Division comprises 150 staff and includes the Aged Assessment Team, a Dementia and Challenging Behaviour Consultant, the Rural Health Team, Community Rehabilitation, the Aboriginal Liaison Service, Alcohol and Drug Services, the Diabetes Centre, Dental Services, District Nursing, Hospital-in-the-Home, Post-Acute Care, Geriatric Evaluation & Management in the Home, Allied Health Services, Community Interlink Case Management and the Centre Against Sexual Assault (CASA).



**HIGHLIGHTS DURING THE YEAR**

**UPGRADE AND REFURBISHMENT OF THE OPERATING SUITE**

During September and October 2006 all three theatres were closed while the air intake system was replaced. During the five-week period 35 patients who would otherwise have been treated at GV Health were transferred to other hospitals, and 21 of these patients were transferred back to GV Health for care prior to discharge. Forty-four planned and 90 emergency operations were undertaken onsite in a temporary theatre, 57 procedures were performed in the temporary procedures room, 76 elective surgical operations were performed at Cobram, Kyabram or Numurkah Hospitals and seven urgent elective operations were performed at the Shepparton Private Hospital. Three new operating theatre tables were also installed. The total project cost was around \$500,000 and finished on time and on budget.

**EMERGENCY MEDICAL UNIT**

On 1st July 2006 the newly constructed eight-bed emergency medical unit (EMU) attached to the renovated and expanded emergency department opened for business. During the year 2,422 patients were treated in the EMU, which is designed to cater for patients needing to be observed for up to 48 hours. Eighty-eight per cent of these patients were able to be discharged home following treatment. On 13th July 2007 the Eyre-Tynan Emergency Department was officially dedicated and opened by Police Minister Bob Cameron and Kaye Darveniza MLC, who represented the Minister for Health.

**MEDICAL IMAGING EQUIPMENT**

During the year two significant items of medical imaging equipment were acquired, a 64 slice CT machine valued at \$1million, and a 3 Tesla MRI machine that cost \$4million to buy and install. The CT machine was self-funded, the Victorian Government funded the purchase of the MRI machine, and the Commonwealth granted the MRI licence commencing on the 24th August 2007.

**VISY CARES CENTRE**

On 26th September 2006 the then Minister for Aged Care Gavin Jennings officially opened the new integrated care service (ICS) building, re-named the Visy Cares Centre which houses GV Health's non-admitted community health services and a 12-chair dental clinic. The ground floor and part of the top floor functions as the centre for the provision of non-bed based

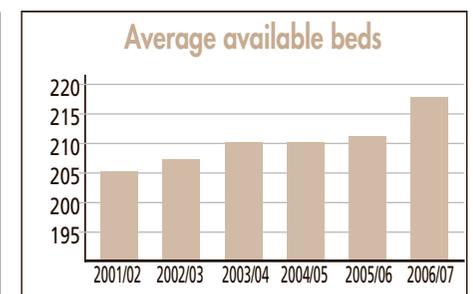
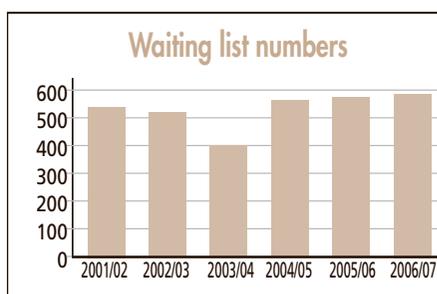
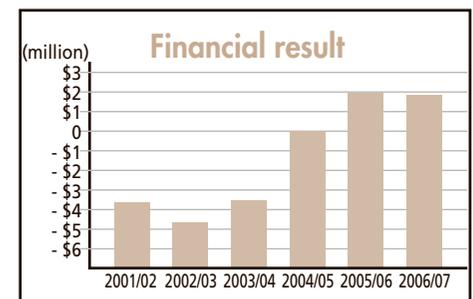
health services, and the expanded public dentistry program and the school dental program is housed upstairs. The dental service plays a major role in the education of University of Melbourne's dental students.



During the year Tatura campus nurse manager Fran Reynolds celebrated her 50th year as a nurse, having initially trained at the Austin Hospital, and is still going strong. What an effort!



The GV Hospital Auxiliary recently celebrated its 40th anniversary with a luncheon at the Carrington. Inaugural president Lorraine Riordan, honoured with a Life Governorship at the luncheon, is still an active member.





## HIGHLIGHTS DURING THE YEAR

### THE GLASSHOUSE CAFÉ & PAST GRADUATES KIOSK

On 13th October 2006 the Glasshouse Café officially opened and on the same day the Past Graduates Kiosk was named in recognition of the 21 years of voluntary service provided by former nursing staff members. This project cost \$300,000 and was self funded.

### AGED CARE SERVICES AT RUSHWORTH

On 1st July 2006 the 30-bed Waranga Aged Care Hostel merged with GV Health. This arrangement facilitated the successful submission of funding to both the Victorian and Commonwealth Governments to help construct a medical clinic in juxtaposition with the hostel, as

well as a successful application for two more aged care beds for the hostel.

### OTHER BUILDING ENHANCEMENTS

Between July and September 2006 the Mary Coram ward bathrooms were upgraded at a cost of \$500,000. On Mother's Day 2007, Mrs Betsy Taig generously donated \$400,000 in memory of her late husband Ron, to allow the special care nursery to be upgraded. This work will commence in January 2008. A new palliative care room was fitted-out, and work is under way to improve air-conditioning and to upgrade the electrical supply system at the Shepparton campus.



## Did you know?

In the last 10 years the number of emergency department presentations has increased from 21,336 to 36,079.

## SERVICE ENHANCEMENTS

### • Rheumatology

In late March 2007 GV Health recruited a rheumatologist from England. In the first 6 months he was able to treat 322 new and 372 review patients.

### • Ophthalmology

An innovative arrangement with the Shepparton Private Hospital has allowed GV Health to reintroduce cataract surgery into Shepparton after an absence of 13 years. Each year, 100 patients will be able to be treated locally rather than have to travel to Melbourne.

### • Waiting List

Over the past 10 years the number of acute patients treated at GV Health has nearly doubled while the elective surgical waiting list has actually reduced. Over the past 12 months the number of surgical patients treated increased by 407 while the waiting list only went up by seven. Part of the reason for this is that physiotherapists, in collaboration with the orthopaedic surgeons and the rheumatologist, have been successfully treating low acuity orthopaedic patients using non invasive means.

### • Paediatric Integrated Cancer Service

Since September 2006 GV Health has been collaborating with the Royal Children's Hospital to allow local children with cancer to be treated in Shepparton rather than have to travel to Melbourne. It is anticipated that up to 15 families a year will benefit from this service.

### • Diabetes Services

Nurse Gloria Kilmartin was endorsed by the Nurses Board of Victoria as the state's first diabetes nurse practitioner.

### • Mental Health Services

A region wide early psychosis service auspiced by GV Health was established in March 2007. All 16 to 25-year-olds triaged in the region will now be screened for first episode psychosis, as early detection assists treatment.

### • CASA

On the 2nd July 2007 an out of hour's crisis care service for adult victims and survivors was established by GV Health with DHS support.

### • Haemodialysis

An expansion in chair numbers now allows 21 patients to be dialysed each week.

### • Emergency Department

Nurse Carol Davis was endorsed by the Nurses Board of Victoria as one of the first ED nurse practitioners.

### • Home Nursing Services

31,505 district nursing visits were made during the year and 491 patients were managed by the Hospital in the Home (HITH) program.

### • Library Services

5,568 books were loaned during the year, 34% more than last year, an indicator of increased student workload.

### • Disease Management

A "Happy Hearts" supported education and exercise group for those patients suffering from chronic heart failure, has been established.

### • Paediatric Services

During the year there were 2,240 admissions for 3,667 days at an average length of stay of 1.64 days.

### • Outpatient Services

During the year GV Health participated in the DHS Outpatients Patient Flow Collaborative; the aim was to improve access by improving the triage of referrals to fracture, orthopaedic or musculoskeletal clinic. Positive outcomes include the development of standardised referral and management criteria, a reduction in the orthopaedic "failure to attend" rate from 21% to 9% and an increase in patients able to be discharged from 13% in July 2006 to 34% in May 2007. There has also been a fourfold reduction in the time it takes for a patient to receive an orthopaedic appointment.

### • Orthopaedic surgery

During the year a surgeon with a special interest in back surgery was appointed.

### • Rushworth Campus

Rushworth is now utilising a high-care respite bed, and two senior medical officers from GV Health visit regularly to support inpatient care. A business case to construct a medical clinic was successfully completed.

### • Tatura campus

A weekly clinic for patients from Murchison, Rushworth and Tatura suffering from chronic heart and lung disease has been established, and changes to the scope of practice for Division 3 nurses has meant that those with medication endorsement are now able to administer medication to their patients or residents.



## IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

### • Partnerships with Aboriginal organisations

GV Health works in partnership with the local Aboriginal community through the Aboriginal Health Taskforce, established in 1998 with membership from GV Health, the Rumbalara Aboriginal Cooperative and elders from the local community. The Taskforce is an important forum and works on agreed priorities to improve health outcomes for local Aboriginal people. This year the Third Health Outcomes Agreement was negotiated and signed by GV Health and the Rumbalara Aboriginal Cooperative. GV Health provides the Minya Barmah quiet room and the Gana 'n' Burri birthing suite as culturally welcoming environments for Aboriginal people.

### • Cross-cultural training

The need to train frontline staff in the correct identification of Aboriginal and Torres Strait Islander patients has been a high priority. All new staff are provided with a cross-cultural awareness information session, an introduction to the role of the Aboriginal Liaison Officer program and a visit to the Minya Barmah Room as part of the orientation program.

### • Discharge planning

During 2006/07 4.2% of inpatients, (1,057) identified themselves as being of Aboriginal and Torres Strait Islander descent. This is up from 3% last year. There were 2,058 emergency department presentations, representing 5.7% of total, also up from 4.9%

last year. Both increases are the result of a concerted effort to more accurately collect this information rather than increased usage. GV Health employs four Aboriginal Liaison Officers (two in the acute, one in the mental health and one in the community program) who liaise with Aboriginal

patients from the time of admission to post-discharge.

### • Referral arrangements

To support staff in providing appropriate referrals for Aboriginal patients, GV Health's community and inpatient referral directory has been updated to include information on health programs and support services provided by the Rumbalara Aboriginal Cooperative. After training and orientation, the first participants in the Aboriginal Hospital Visitor Program commenced duty during the year.

During the year staff from the Rumbalara Dental Clinic attended the GV Health dental clinic for training and mentorship.

### Did you know?

The number of acute patients treated has increased in the last 10 years from 12,660 to 23,882.

The total number of inpatients treated has also increased from 13,545 to 25,069.



## EXTENDING OUR REGIONAL ROLE

### • Dental Services

In order to prevent the closure of the only dental service in Cobram, GV Health worked with Cobram Hospital to provide staff, support and mentorship. Since commencement in January 2007 the number of patients treated has increased by 50%.

### • Pathology Services

On the 4th September 2006, following an external review that focused on economies of scale, GV Health took on the pathology business formerly run by Echuca Hospital. On 19th October 2006 Echuca Pathology received 3 years NATA accreditation.

### • Mental Health

A Mental Health Pathways worker has been employed in conjunction with Mental Illness Fellowship Victoria to reduce the episodes of inpatient admissions caused by homelessness.

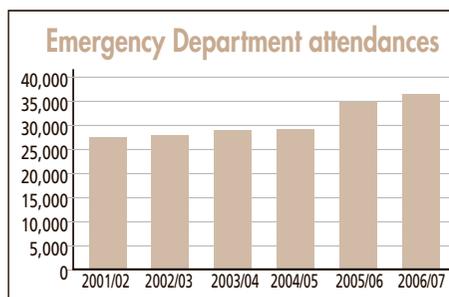
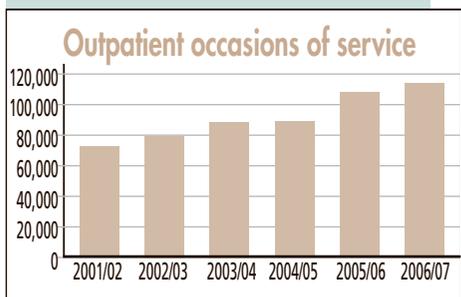
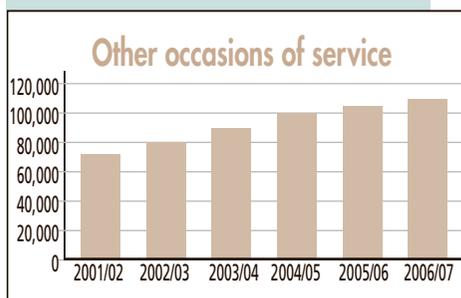
### • Retaining Surgical Services in District Hospitals

GV Health is co-ordinating a review to determine the supports necessary

to allow same day surgery to be performed on behalf of GV Health at Cobram, Echuca, Kyabram, Numurkah and Rochester hospitals.

### • Alternative Models of Care

GV Health and Mental Illness Fellowship Victoria (MIFV) have an agreement whereby MIFV look after many low-care mental health clients of GV Health. By June of next year these clients will be accommodated in purpose-built facilities located on the Ambermere site. This innovative arrangement, together with a greater focus on non-institutional care has meant there has been a reduction in inpatient mental health numbers at GV Health over the past decade.



## GOULBURN VALLEY HEALTH CULTURAL DIVERSITY PLAN

This plan was adopted by the Board of Directors in July 2006.

### Understanding clients and their needs

During 2006/07 GV Health has:

- Co-ordinated a planning process to create the 2007/08 Cultural Diversity Plan;
- Ensured that service planning and development is informed by up-to-date data.
- Worked with the Wongi Emotional and Spiritual Healing Team at Rumbalara to improve access for Aboriginal mental health clients.

### Partnerships with multicultural and ethno-specific services

During 2006/07 GV Health has:

- Liaised with the Ethic Council of Shepparton and District to promote access and the participation of culturally and linguistically diverse (CALD) community members, in particular Arabic, Albanian and Turkish-speaking women, in child health promotion and early intervention programs.
- Continued its representation on the Regional Settlement Planning Committee.
- Provided leadership to the health sub-committee of the Regional

Humanitarian Pilot Project which assists local health services to respond to the health needs of recently arrived refugee families from Africa.

- Liaised with the Ethnic Council of Shepparton and District to develop an information kit for GV Health staff detailing the resources and services available to CALD consumers and carers.

### Culturally diverse workforce

During 2006/07 GV Health has:

- Continued to provide support for international medical, nursing and allied health graduates recruited from overseas.
- Promoted GV Health as an employee of choice for international graduates.
- Utilised the expertise of the CEO of the Ethnic Council of Shepparton and District, a GV Health Board Director, to better understand the needs of our culturally diverse workforce.

### Using language services to best effect

During 2006/07 GV Health has:

- Reviewed its language services policies and procedures.
- Undertaken an evaluation trial of alternative providers of interpreter services.
- Developed an electronic interpreter booking calendar that improves efficiency and co-ordination of the central booking office and reconciles interpreting costs.

- Improved the consistency of practice and staff confidence in identifying the need for and the use of professional language services.
- Improved staff and consumer access to translated consumer health information for the promotion of access to the health translations online directory.
- Utilised interpreter services on 1,572 occasions and in 32 languages. Last year the figures were 1,272 in 30 languages. The most commonly used languages were Arabic (872 occasions), Turkish (195), Dari/Persian (148) and Albanian (106).
- Spent \$110,000 on interpreting services assisting CALD clients.

### Encouraging participation in decision making

GV Health has:

- Reviewed relevant policies and procedures related to responding effectively to language and the cultural needs of patients.
- Expanded membership of the Language and Cultural Diversity Committee to include wider representation from CALD groups.
- Strengthened linkages with CALD consultative networks within the community to better inform culturally sensitive service development and planning.
- Monitored consumer feed-back to identify areas for improvement.

### Promoting the benefits of a multicultural Victoria

GV Health has:

- Participated in community events and activities that promote multicultural Victoria, including the FestiNova multicultural festival in Shepparton.
- Conducted a multicultural luncheon involving staff from 22 countries to celebrate the diverse cultural ethnicity of GV Health staff.
- Devised an innovative recruitment, education and mentoring program for international medical graduates; 93% of junior medical staff and 50% of senior medical staff are international medical graduates.
- Been awarded a Certificate of Appreciation by the Department of Immigration and Multicultural Affairs on the 30/01/07 for its contribution towards the successful settlement of refugee families in Shepparton as part of Australia's first Regional Humanitarian Settlement Pilot Project.



## Did you know?

1,135 babies were born in 2006/07 in GV Health birthing facilities, 91 more than the previous year and 239 more than in 1996/97.



## CONSUMER, CARER AND COMMUNITY PARTICIPATION

### DOING IT WITH US, NOT FOR US

- GV Health meets the ACHS accreditation standards associated with consumer, carer and community participation.
- There are consumers, carers and community members on key governance and clinical governance structures.
- A Community Consultative Committee (CCC) is established and functions in accordance with Section 239 of the Health Services Act.
- The Quality of Care Report outlines quality and safety performance and systems in the key areas that affect community consumers and carer populations.
- A Community Participation Plan has been developed and progress is reported annually to DHS.
- Consumer participation and decision-making about care and treatment

are assessed according to the Victorian Patient Satisfaction Monitors (VPSM) Consumer Participation requirements.

- Appropriate information is available to enable consumers and carers to choose to share in decision-making about their care.
- Consumers are encouraged to provide feedback to inform improvement. Feedback mechanisms include satisfaction surveys, complaints management and consumer suggestions. A statewide patient satisfaction survey, the VPSM, is regularly conducted by DHS. Responses are compared to previous results for both GV Health and peer hospitals and are

aggregated into seven indices.

It is pleasing to report that the most recent results for GV Health indicate an overall care index of 80, one above the previous score and two above the peer category average. For each index GV Health either exceeded or equalled the category average (access and admissions 78 compared to 76; patient information 84 to 83; treatment and related information 81 to 79; complaints management 80 to 80; physical environment 77 to 75 and discharge and follow-up 78 to 76).

### QUALITY & SAFETY

A total of 197 complaints were received during the year, and of these 30 remained outstanding at the 30th June. Last year there were 145 complaints lodged and 16 outstanding at year's end.

GV Health uses an integrated incident reporting system that captures all incident data across all services and campuses, and during the year this was converted to a web-based version. Data is aggregated so trends can be determined; the key areas monitored include falls, medication errors, needle stick injuries and incidents of aggression. The total number of reported incidents during the year was 1,942 significantly above the 1,598 reported last year, the result of an active education strategy to encourage reporting.

There are nine clinical sentinel event categories where reporting to DHS is mandatory. These are:

- Procedures involving the wrong patient or body part;
- Suicide in an acute, mental health or aged care unit;
- Retained instruments or other material after surgery requiring re-operation or a further surgical procedure;
- Intra-vascular gas embolism resulting in death or neurological damage;
- A haemolytic blood transfusion reaction resulting from ABO incompatibility;
- Medication error leading to the death of a patient reasonably believed to be due to the incorrect administration of drugs;
- Maternal death or serious morbidity associated with labour or delivery;

- An infant discharged to the wrong family;
- Any other catastrophic event.

GV Health reported one event after a death following a suicide attempt during the year. The event was comprehensively investigated by way of root cause analysis in order to reduce the likelihood of a reoccurrence.

### INFECTION CONTROL

During the year GV Health achieved excellent results in the Victorian Nosocomial Infection Surveillance System (VICNISS) Review. All the VICNISS type 1 indicators for the Shepparton campus are monitored. These are:

- Bloodstream infections occurring following a procedure associated with the use of central lines in Intensive Care Unit;
- Surgical site infections following Caesarean Section;
- Surgical site infections following bowel surgery;
- Surgery sites infections following hip and knee replacement surgery.

All results for these measures were with the expected scores for our health service.

VICNISS Type 2 indicators are measured at Tatura and Waranga to measure resistant organism infections (commonly known as MRSA). GV Health also achieved excellent results with these indicators.

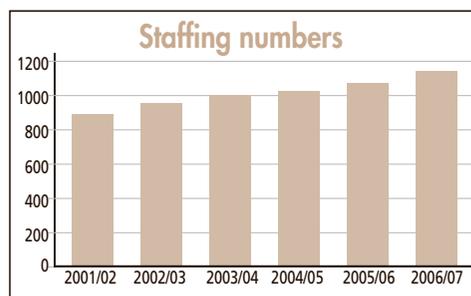
Staphylococcus Aureus is a germ that has developed resistance to many of the antibiotics available, and is widely known as methacillin resistant staphylococcus Aureus (MRSA). MRSA affects patients with a lowered resistance to germs. A Hand Hygiene Project was implemented at GV Health to improve the rate of hand-washing, as it has been demonstrated that improving hand hygiene decreases the number of MRSA infections. The project has included education, auditing of hand-washing and the introduction of new hand-hygiene products, in particular an alcohol-based hand rub which is freely available throughout the hospital. GV Health patients and visitors can contribute to reducing the spread of infection by regularly washing their hands. Compliance 12 months post implementation is three times better than pre-implementation. The latest review indicated a 48% hand hygiene compliance rate and the aspirational target is 55%. Hand hygiene quizzes (and small rewards) are used to inform, educate and remind staff about the importance of hand washing.



### Did you know?

6,427 surgical patients were treated in 2006/07, an increase of 948 since 1996/97.

Surgical elective waiting list numbers have fallen from 840 in 1996/97 to 587 in 2006/07.



## CONSUMER, CARER AND COMMUNITY PARTICIPATION

### CLEANING STANDARDS

GV Health continues to achieve excellent results in the DHS cleaning audit. The overall score for the Shepparton campus during 2006/07 was 96.8% - better than the 94.9% achieved last year and significantly above the acceptable statewide pass level of 85%, Waranga scored 99.3% and Tatura 99.4%. The next review will be conducted in March 2008.

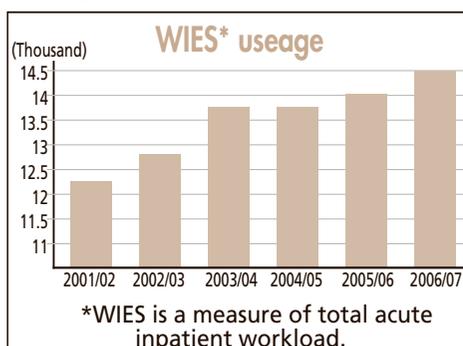
### MEDICATION ERRORS

Medication administration is a common source of error in hospitals. A concerted effort was made during the year to encourage the reporting of all medication errors and during the year 470 incidents were reported, compared to 268 last year.

The five rights of medication administration are:

- Right patient – where the patient is correctly identified and their name and UR number match the labelled medication chart.
- Right drug – where the drug is checked off against the chart, the order is correct and legible and drug interactions, allergies and side-effects are taken into account.
- Right dose – the dose of the drug is appropriate for the patient's age, weight and overall condition.
- Right time – the administration of the dosage is delivered within acceptable time parameters.
- Right route – delivered as prescribed either through the mouth, vagina or rectum, or injected directly by needle.

Many medication errors are the result of incorrect or inadequate documentation and this has led to the introduction of a National Inpatient Medication Chart (NIMC). Studies have shown that standardisation can help reduce errors and therefore improve patient safety. The NIMC has been designed so that doctors can use generic rather than brand names when writing medication orders to avoid confusion, as some brand names are quite similar. The NIMC was introduced at GV Health in January 2007 to coincide with the commencement of a new intern roster.



### FALLS MONITORING & PREVENTION

Falls in hospitals can have significant consequences and are therefore documented, reviewed and closely analysed. There has been a decrease in the number of falls reported through the incident reporting system for the third year in a row. This year there were 376, the year before 404 and the year prior to that, 438.

GV Health is currently trialling a new product, the Invisa Beam, an electronic monitoring device that alerts staff when an "at risk" patient moves from their bed.

### PRESSURE WOUND MONITORING & PREVENTION

When patients are immobile for long periods of time, skin pressure injuries such as ulcers can result. The skin on weight-bearing areas such as shoulders, hips and heels are at the greatest risk of breaking down, particularly when patients are elderly and bed-ridden. GV Health has a proactive approach to pressure sore prevention that includes assessment on admission and the provision of special equipment and bedding, dietary supplements and getting patients up and about as soon as possible. GV Health has participated in the Statewide Prevalence Ulcer Point Prevalence Survey for the past three years and our results have been consistently better than the state average. A wound management consultant is available for pressure wound management advice and a combination of auditing, surveillance, the provision of consumer information, staff education and screening tools helps to prevent and treat pressure wounds.

The acuity of those being admitted to hospital is increasing. Snapshots of admitted patients on the 27/10/06 and 25/06/07 indicated a 9% increase in those with some degree of pressure soreness, necessitating additional vigilance. Pressure ulcers are graded according to severity – category 1 involves reddening of the skin, category 2 a skin break or blister, category 3, a break to the second layer of skin, and category 4, a break to the bone or tendon. Category 4 ulcers are quite rare – this year we had three and last year six.

### CLINICAL INDICATORS FOR DENTAL SERVICES

On 1st July 2006 all community and school dental services within the Goulburn sub-catchment were integrated to form the Goulburn Valley Dental

Service. As a result, all public dental work, no matter what the age of the patient, can now be performed from the one venue, the newly constructed 12-chair clinic located on the top floor of GV Health's Integrated Care Service (the Visy Cares Centre).

Clinical Indicators:

- Restorative re-treatment within six months – 239 out of 4,574 clients required re-treatment within six months, 5.2% of total. The regional and state figures are 5% and 5.3% respectively.
- Repeat emergency care within 28 days under the same course of care – during the year 3,165 emergency dental services were performed. 238 patients re-presented for treatment within 28 days, 7.5% of total, higher than both the regional and state averages of 6.4% and 5.1%, but indicative of the clinic's important role as a teaching facility for fifth year dental students and first year dental graduates.
- Unplanned return within seven days subsequent to extraction – there were 2,368 extractions during 2006/07, for which there were 48 unplanned returns, 2% of total. This is higher than the regional and state figures of 1.6% and 1.3%, however the return rate decreased to 1.2% in the June 2007 quarter, indicating a higher compliance by patients with their post-extraction care.
- Endodontic re-treatment within six months – 54 teeth were root-filled during the period in question and no patient needed repeat treatment. This compares to the regional and state averages of 0% and 0.4%.
- Endodontic re-treatment within 12 months by extraction – during 2006/07 63 teeth were endodontically treated and only one required extraction. This represents 1.6% of total, and compares to the regional and state rates of 1.2% and 1.5%.
- Denture remakes within 12 months – during 2006/07 seven of the 299 dentures inserted the previous year had to be remade, equivalent to 2.3%. This compares to the regional and state averages of 2.3% and 3.7%.
- Apprentice Trainee of the Year – congratulations are extended to apprentice dental technician Kylie Valentine, who won the Apprentice Trainee Award category at the recent Shepparton Chamber of Commerce Business Service and Excellence awards.



## A PATIENTS STORY Extract from Shepparton News, March 15, 2007.



For many of us, going to hospital is something we endure rather than enjoy. But the team at Goulburn Valley Base Hospital work hard to make the visits of thousands of people each year as painless as possible. The hospital and one of its recent patients let The News chart the progress of one woman's visit, Bianca Hall reports.

Roslyn Thorsen has undergone 11 major operations in the past 10 years.

"I've had my feet reconstructed, and then I had my left shoulder replaced," she said.

"I had my right knee replaced seven years ago, my left hip replaced five years ago, my neck fused four years ago

and my left knee replaced four years ago in November.

"Then there was my right wrist, which was fused three years ago, the knuckles in my right hand were replaced two years ago, and in my left hand the knuckles were replaced 18 months ago.

"The thumb in my right hand was fused 12 months ago, and my ankle was replaced three weeks ago."

But the ongoing surgeries are better than the alternative.

Mrs Thorsen has suffered from chronic rheumatoid arthritis since she was just 20.

Mrs Thorsen has cheerfully endured ongoing pain and operations during 25 years as her connective tissue slowly disappeared – leaving no cushioning between the joint bones.

For some, the seemingly endless operations could be harrowing.

But Mrs Thorsen almost looks forward to them.

"I don't stay for long," she laughed.

"I just think about how good it's going to be afterwards because it hurts so much before you go (for surgery), and I just stay very positive."

Perhaps in response to 25 years of illness, Mrs Thorsen has a healthy

interest in the workings of the human body and an almost clinical interest in how her doctors have treated her arthritis.

She chooses to have a spinal tap rather than general anaesthetic during surgeries, and watches the interactions between medical staff.

Asked what having the condition feels like, she doesn't hesitate.

"You just haven't got the movement you normally have," she said.

"It aches, it really aches and there's a lot of fluid. Before I had my knees done, they used to blow up like footballs."

Mrs Thorsen estimates she has been on more than 30 medications in 25 years, including seven years of gold injections.

But when the pain of bone grinding on bone becomes overwhelming, she returns to Goulburn Valley Base Hospital and her usual orthopaedic surgeon Ian Critchley.

Mr Critchley is a tall man with quick eyes, long hands and 17 year's experience as a surgeon at the hospital, after training in England and Adelaide.

He performs about 1000 operations each year and knows Mrs Thorsen well, having operated on her feet and hands, as well as her ankle three weeks ago.

Fellow surgeon David Chew



operated on her knees.

Mr Critchley said the rapidity with which the operation was completed was necessary.

"We do the operation under a tourniquet, so we need to move quickly because we can't restrict blood flow for too long a time," Mr Critchley said.

It took a team led by Mr Critchley just one hour and 10 minutes to turn Mrs Thorsen's life around.

## IMPROVEMENT TARGETS OVER THE NEXT 12 MONTHS

- **Car parking** – A business case to extend and improve current facilities is being prepared.

- **Signage** – The Consumer Consultative Committee has highlighted the need to improve way-finding around GV Health, and signage changes will be introduced, with the assistance of an external consultant, during 2007/08.

- **Ambermere** – Work on 20 additional low-care units and accommodation for outreach staff is under way and will be finished by May 2008. The Ambermere homestead is being restored to close to its original condition.

- **Oncology** – Increasing demand means more space is needed. An expansion is planned and is likely to be self funded.

- **Rushworth** – With funding of about \$600,000 confirmed, work on the Rushworth Medical Clinic will begin.

- **Special Care Nursery** – Renovations will commence in January 2008.

- **Smoke Free** – Tobacco is the major contributor to more than 20,000 deaths each year from cancer, heart disease and chronic obstructive pulmonary disease. 50% of smokers will die prematurely from a tobacco related illness, and the average loss of life expectancy is between 20 to 25 years. The board of directors has decided to take a proactive health prevention stance and has declared that as from 1st January 2008 all GV Health campuses will become smoke free. Strategies to assist patients, visitors and staff to adapt to these new circumstances are currently being developed.

- **Clinical Accommodation** – More patients means that more clinicians are needed, so the board has agreed to self fund a demountable building to house salaried staff.

- **Clinical Training** – With more medical students and interns expected at GV Health, DHS has allocated \$500,000 to improve teaching and training facilities, and design work will commence in early 2008.

- **Improving communication regarding outpatient appointments**

– Now the new referral manual is in use, it is planned to improve communication with both referring GPs and the patients themselves so that both appointment dates and

appointment outcomes are available more quickly.

- **Clinical Service Plan (CSP)** – It is 4 years since the CSP was put together and a lot has happened since then. It is planned to review the document during 2007/08. Building on the successful introduction of the integrated care service delivery model, which focuses on interdisciplinary care and a single point of entry, is likely to be a major focus.

Improvements in emergency department average waiting times			
	1996/97	2005/06	2006/07
Cat 1 (immediately)	Nil	Nil	Nil
Cat 2 (within 10 min)	Not measured	6 minutes	6 minutes
Cat 3 (within 30 min)	Not measured	17 minutes	15 minutes
Cat 4 (within 60 min)	Not measured	33 minutes	29 minutes
Cat 5 (within 120 min)	Not measured	37 minutes	33 minutes