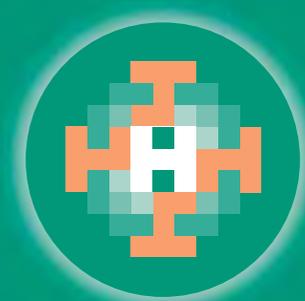


GOULBURN VALLEY HEALTH QUALITY OF CARE REPORT 2007-2008



Winner of the Premier's Award for the Regional Health Service of the Year

Caring for your community



Vision

To be the best provider of rural healthcare and education

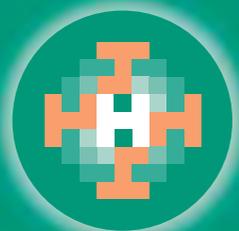
Mission

To provide coordinated services that enhance the health and well being of the community

Statement of Values

Goulburn Valley Health is committed to:

- Serving rural needs
- Integrated planning
- Continual improvement
 - Quality and safety
 - Staff development
- Responding to cultural diversity
 - Financial responsibility
 - Equity of access
 - Consumer participation



GOULBURN VALLEY
HEALTH
CARING FOR YOUR COMMUNITY

Graham St, Shepparton 3630
Ph (03) 5832 2322
www.gvhealth.org.au

Goulburn Valley Health welcomes
your feedback on this report.
Please email quality@gvhealth.org.au



OPENING – WELCOME

Goulburn Valley Health (GV Health) reports its annual performance in two separate documents. The Annual Financial and Performance Report fulfils the statutory reporting requirements to government by way of an Annual Report, and the Quality of Care Report reports on quality, risk and improvement performance matters. Both documents are presented to the Annual General Meeting and then made available to the community. In 2006-2007 GV Health produced the Quality of Care Report as a newspaper insert for the first time. This type of distribution received overwhelming support from our Consumer Consultative Committee as well as those members of our community who provided feedback. This year, distribution of the Quality of Care Report will be via the **Loving Where You Live** publication and is expected to reach more than 70,000 people.

GV Health received the Premier's Award for Regional Health Service of the Year for its performance during 2007-2008. The Showcase publication accompanying the award referred to GV Health as being the best performing regional health service in terms of financial and throughput performance, including the performance bonus it received and its emergency service and elective surgery critical performance indicator scores. The publication also highlighted self funded enhancements to the Ron Taig neonatal nursery, medical imaging department and internal and external wayfinding signage, the introduction of a single client management system for the integrated care centre and the collaborative development of two postgraduate paediatric physiotherapy training positions as well as a paediatric regional outreach program for children with cancer were also highly regarded. All staff and the community we serve can feel very proud of this outstanding achievement and the significant recognition this award affords.

Within the next 12 months the review of the Clinical Service Plan and Master Plan should be completed. Landscaping and car parking capacity for the Shepparton campus will be upgraded and extended and facilities for oncology, elective surgical admissions, specialist consulting and teaching improved over this time as well. The introduction of electronic medical scanning is also planned. Improving self-sufficiency and expanding our clinical capacity remain priorities. More information and detail about GV Health's strategic directions over the next four years can be obtained by viewing the Strategic Plan 2007-2010 document at www.gvhealth.org.au

In June 2008 we farewelled three long-serving and extremely valuable Board Directors. Graeme Jolly served for 12 years as treasurer and chair of the audit committee, Pat Moran for 10 years including time as junior vice chair, and Chris Werner for 13 years, including time as both junior vice chair and senior vice chair. All were also willing and capable contributors at a sub committee level and GV Health owes them an enormous debt of gratitude. In their place we welcome Jim Andreadis, Bryan Gurry and Rebecca Woolstencroft. We also welcomed the appointment of Noel Maughan to fill a casual Board vacancy on the 1st July 2007.

GV Health is fortunate to enjoy the collaborative work and support of all directors, staff, contractors and volunteers throughout the year. We would also like to acknowledge the assistance of the Department of Human Services both centrally and regionally, the local media, our local political representatives both state and federal, and the many community organisations and individuals who assist in so many different ways.

We trust you find this report both interesting and informative and welcome your feedback.



Clem Furphy

Chair, Board of Directors

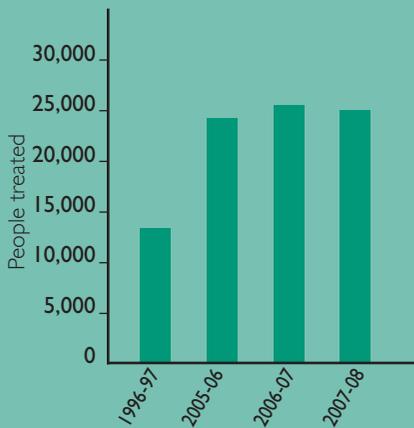


Greg Pullen

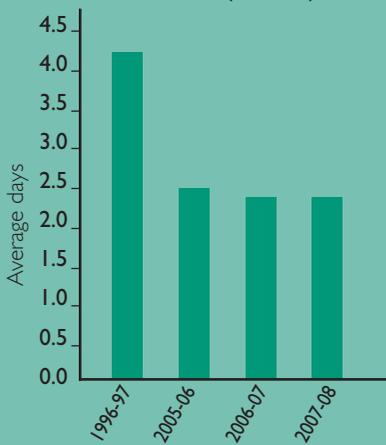
Chief Executive Officer

PERFORMANCE HIGHLIGHTS

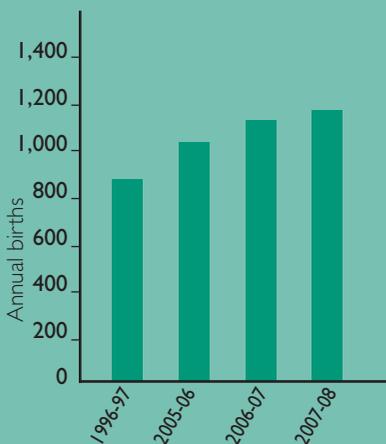
Total Inpatients Treated at GV Health



Length of Stay (Days) at GV Health (Acute)



Number of Births at GV Health



The information and statistics provided in this report highlight the continuing growth, complexity and diversity of the services that GV Health delivered during 2007-2008.

With regard to acute care, 23,591 patients were treated, a similar number to last year but with higher complexity. Acute services finished the year utilising 15,026 WIES, 3.3% more than the previous year. During the year the average acute length of stay increased marginally from 2.36 days to 2.40 days.

Also during the year 774 rehabilitation, geriatric evaluation and management, palliative care and nursing home type patients were treated, as were 356 mental health patients and eight lithotripsy patients. In total, 24,729 patients were treated during 2007-2008 compared to the 25,069 treated last year. Birthing numbers increased marginally from 1,135 last year to 1,174 this year.

All Category 1 elective surgery patients were treated within the required 30 days and 67% of Category 2 patients were treated within 90 days. This is equal to or better than last year. The waiting list at the end of June 2008 was only 486, 101 less than the 587 recorded at the 30th June 2007.

In the emergency department (ED), all Category 1 patients requiring immediate care were so treated, 67% of all Category 2 patients were attended to within the required ten minutes and 83% of Category 3 patients within 30 minutes. There were 35,853 ED attendances during the year, with the more urgent cases (Categories 1, 2

and 3) increasing by 2% and the less urgent Category 4 and 5 cases (commonly referred to as GP type attendances) reducing by 5%. The number of patients with an ED length of stay greater than 24 hours reduced from 164 during 2005-2006 to 61 this year, up on the 36 last year because of increased acuity. 79% of those patients requiring a bed were found one within eight hours.

With regard to non-admitted patients, outpatient occasions of service increased from 112,632 to 130,520, a significant 15.9% increase. Other occasions of service, which includes community health, mental health, drug and alcohol, sexual assault, post-acute care, district nursing and rural allied health team visits increased by a similarly impressive 15.2%, up from 110,886 to 127,716. The number of dental occasions of service also increased by 15.2%, up from 15,600 to 17,970.

The result from continuing operations (the DHS funding line) was a surplus of \$2.434m. This compares to a surplus of \$1.799m last year; \$1.963m the year before and \$0.319m the year before that. It is generally agreed that to replace vital medical and other equipment without having to rely on external funding sources requires a surplus equivalent to 2% of operating income. The result this year, as in the past two years, came close to meeting this criterion. After taking into account specific and capital purpose income and depreciation, the net result for the year was a surplus of \$9.382m, assisted by capital funding received to purchase an MRI machine and to renovate the Ambergmere campus.





service continues to be NATA accredited and the medical imaging service is to be reviewed in 2009. An external dental audit report reads "... this is probably the highest level of infection control I have observed in Australia."

The largest external review is undertaken by the Australian Council on Healthcare Standards (ACHS). In March 2008, GV Health underwent an ACHS Periodic Review where a survey team was on site to review GV Health against predetermined standards in mandatory criteria. GV Health received excellent results in all areas. The survey team congratulated GV Health staff on "the effort that they have put into all of their services to ensure that they are safe and suitable for the requirements of the communities which they serve. The changes and improvements since the last EQulP event are witness to an organisation that has a collegial approach to ensuring that its service meets the standards required to ensure that clients receive a high standard of health care."

GV Health continues to be fully accredited in all areas and receive congratulatory reports by external reviewers.

New Facilities

The newly constructed MRI suite incorporating the *Three Tesla MRI machine* was officially opened by Minister Andrews on 12th October 2007. This facility now ensures local access to this advanced imaging technology. The newly refurbished Ron Taig neonatal nursery was opened by Mrs. Betsy Taig during the year. While it was necessary to reduce the number of neonatal cots in the nursery during the renovations, only one baby needed to be transferred as a result of the reduced capacity. During the year Minister Neville visited to officially open the newly refurbished and extended Ambermere mental health campus. This redevelopment allows for a consolidated range of community based mental health services. Planning to construct a GP medical clinic at Rushworth is under way, and this facility should be operational by September 2009. Renovations to the Grutzner House psycho-geriatric facility and Waranga aged care facilities will be finalised in September 2008. Capacity at Grutzner will be increased to 25 beds with the additions to the facility, and important accommodation will be provided for older consumers who require a short-term acute admission.

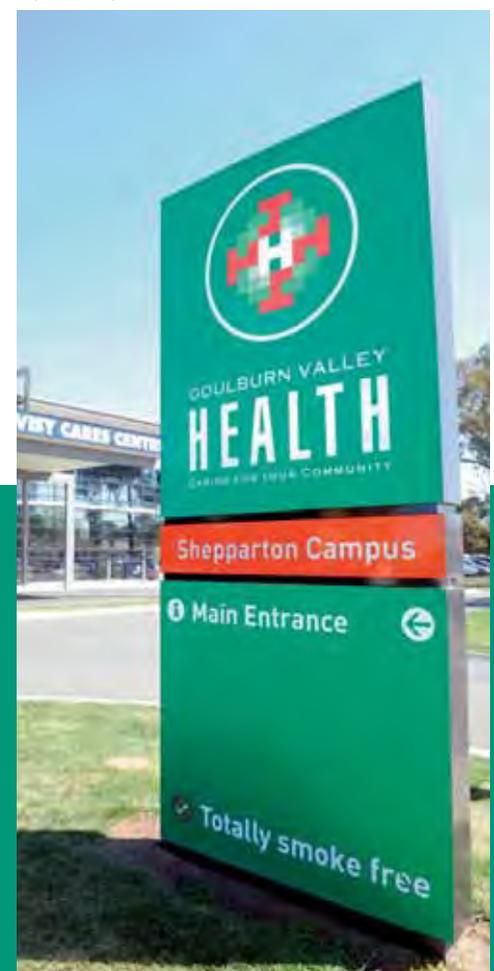
External Reviews

GV Health has regular external reviews undertaken by a variety of agencies who are able to critically examine performance and provide feedback and recommendations. The results of the external audit of cleaning standards conducted at GV Health during 2007 showed a score of 100% at Tatura, 96% at Rushworth and 96% at Shepparton, all well above the acceptable statewide quality level of 85%. This audit is conducted annually and demonstrates the excellent state of cleanliness of our hospitals.

During the year the health service also achieved 100% compliance with the 24 food service standards following an external food safety audit, a result rarely achieved by a health service of GV Health's size and complexity.

All four aged care facilities remain fully compliant with each of the Commonwealth's 44 aged care standards. All agencies have had unannounced support visits during the year, which is part of the process. All sites have excelled in meeting the required standards.

Individual departments and services are also reviewed. GV Health's pathology



Did you know?

GV Health has introduced new wayfinding signage that provides better directional information for clients and visitors at all campus locations.

CONSUMER CARER AND COMMUNITY PARTICIPATION

IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS (ICAP)

Responding to Aboriginal Australians

The Goulburn Valley region is home to approximately 6,000 Aboriginal people, one of the largest populations of indigenous people in rural Victoria. GV Health is committed to working in partnership with Rumbalara Aboriginal Co-operative. This commitment is documented in a Partnership Agreement between the two organisations. The third three year Partnership Agreement between the two organisations was signed during NAIDOC week in July 2007.

Working in Partnership

GV Health and Rumbalara Aboriginal Co-operative formed the Aboriginal Health Taskforce in 1998. The taskforce includes board members, chief executive officers and senior staff from both organisations, and elders from the local community. The commitment of both organisations, and of Aunty Frances Matthyssen and Aunty Gwen Atkinson as founding members of the Taskforce, was acknowledged in presentations made during NAIDOC week activities in July 2008.

The Taskforce determines agreed priorities to improve health outcomes. These priorities are identified in an annual Health Outcomes Action Plan and include key result areas identified in the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program.

Developing and maintaining relationships with relevant Aboriginal organisations and communities

This is achieved through the Aboriginal

Health Taskforce and Partnership Agreement between GV Health and Rumbalara Aboriginal Co-operative. Reports from bi-monthly meetings of the Taskforce are a standing item on GV Health's Board of Directors Patient Care Review Committee meetings.

Ensuring all staff are aware and respectful of Aboriginal culture

Staff members responsible for receiving and admitting patients are trained to ask the question, "Are you of Aboriginal or Torres Strait Islander origin?" An audit in 2007 confirmed a compliance rate of 100% for correct identification of Aboriginal and Torres Strait Islander patients. Posters and a brochure were produced and distributed during the year to support staff and inform patients of the importance of asking this question.

Cultural tours to locations of significance to the local Aboriginal community were provided by the Aboriginal Liaison Officers (ALOs) for several GV Health staff and student groups. All new staff at GV Health receive a cross-cultural awareness information session, an introduction to the role of the Aboriginal Liaison Officers, and a visit to the Minya Barmah room as part of their orientation program.

The Aboriginal Volunteer Visiting program commenced two years ago and involves elders and members of the local Aboriginal community.

Developing effective discharge planning policies for Aboriginal patients

GV Health's Hospital ALOs play a key role in assisting staff to provide culturally

appropriate care and ensuring that patients are linked to appropriate community services on discharge. The Hospital ALO visits Aboriginal patients who are admitted to hospital to identify their cultural support needs. This could include contacting family members or liaising with medical and nursing staff to advise on the services needed after discharge from hospital.

Developing effective primary care referral policies that cater for the diverse needs of Aboriginal patients

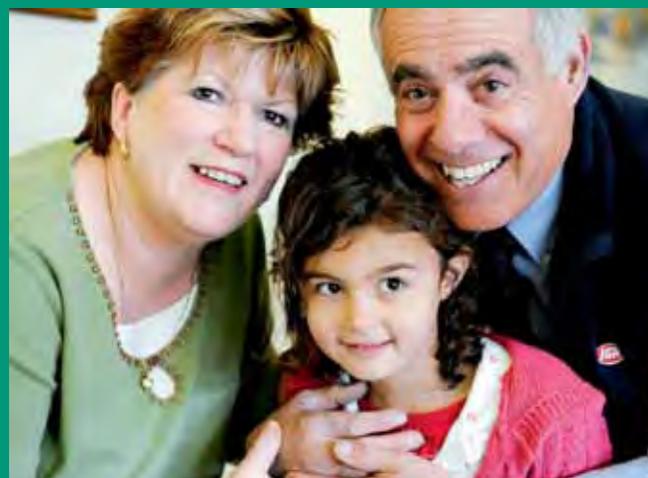
The Hospital Aboriginal Liaison Officer (HALO) provides liaison and support services to Aboriginal patients admitted to the Shepparton hospital campus, and where requested, to Aboriginal patients attending the emergency department or outpatient appointments.

In addition to the Hospital, Aboriginal Liaison Officers (ALO) also work in Mental Health and Home and Community Care Services. The Mental Health Aboriginal Liaison Officer works within GV Area Mental Health Service to provide support to Aboriginal patients requiring mental health services, and works closely with the Woongi Emotional and Spiritual Healing Team at Rumbalara.

DOING IT WITH US NOT FOR US

GV Health's Consumer Consultative Committee (CCC) was established in 2005 following extensive consultation. The CCC has a key role in ensuring that GV Health meets the requirements of the "Doing It With Us Not For Us" policy.

The committee has been involved in a state wide review of consumer advisory committees during the year. This external





evaluation noted that the GV Health CCC has "a high degree of compliance with the DHS guidelines in respect of accountability and reporting".

The committee has responsibility for the detail in the GV Health Consumer Participation Plan and ensures that this is regularly reviewed and evaluated. The committee has also developed a set of performance indicators to monitor how effectively it functions.

The CCC Chair is a member of the GV Health Quality and Risk Management Committee and this provides an opportunity for reporting and ensuring consumer views are included in decisions that may impact on clinical care. During the year two members of the CCC provided valuable input into the GV Health working party that undertook the review of wayfinding signage.

CULTURAL DIVERSITY

Responding to Cultural and Linguistic Diversity

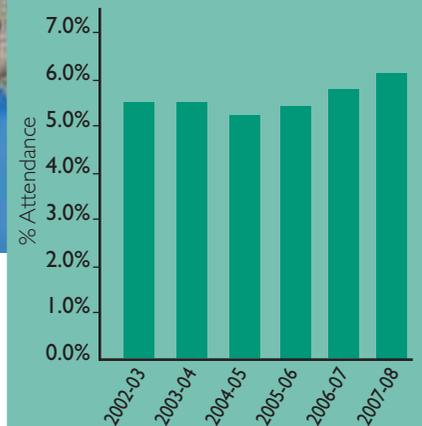
Cultural and linguistic diversity of the Goulburn Valley includes communities established as a result of migration following the Second World War, primarily from Southern European countries such as Italy and Greece, as well as many Arabic-speaking settlers from Iran, Iraq, and Kuwait and more

recently from countries such as Afghanistan, the Democratic Republic of the Congo and Sudan.

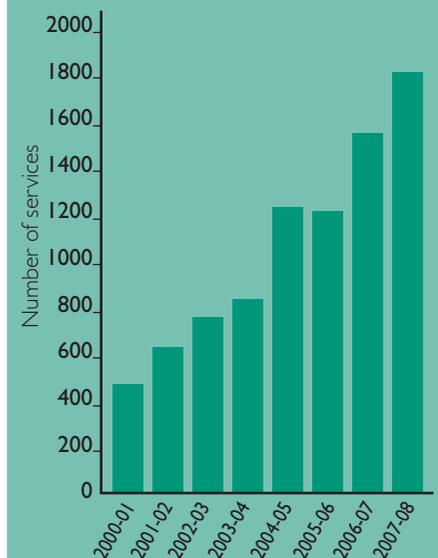
GV Health has a Cultural Diversity Plan in place to guide the organisation in responding to the health needs of these established and emerging communities. This plan is coordinated by GV Health's Cultural Diversity Committee and aims to ensure that service planning is informed by understanding the needs of culturally and linguistically diverse patients and communities. GV Health is represented on the Victorian Refugee Health Network and locally on the Goulburn Valley Regional Settlement Committee and its health sub-committee.

The use of interpreter services at GV Health reflects the regions diversity. Interpreter services were provided on 1,832 occasions in 34 languages this year compared to 30 languages last year and 21 the year before. Arabic, Turkish, Albanian, Dari, Italian, Kiswahili and Punjabi were the main languages requiring interpreters. Telephone interpreter bookings increased this year to 477 (26%), primarily to meet the need for languages where interpreters are not readily available to attend face to face appointments. This includes languages such as Cantonese, Dinka, Farsi, Vietnamese, and Hazaraghi.

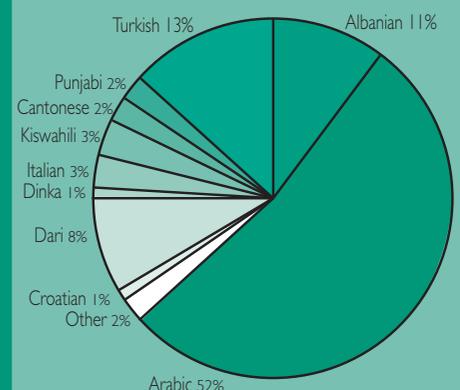
% Aboriginal & Torres Strait Emergency Department Attendances



Interpreter Services at GV Health



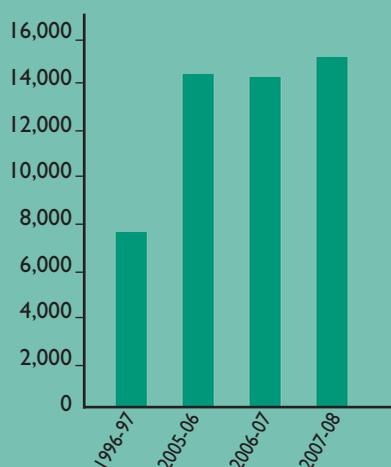
Interpreter Services at GV Health Top Ten Languages 2007-2008



Did you know?

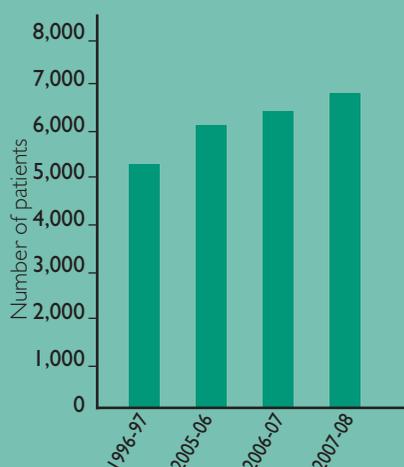
The Minya Barmah room at GV Health was opened in 1999 (Minya Barmah means spiritual meeting place in local Yorta Yorta language). Local elders advised on artwork and furnishing of the room to provide a comfortable and culturally sensitive place for Aboriginal patients and their family members to meet. Generally open between 8am and 8pm each day, the room is also used after hours to provide a meeting place for family members of critically ill Aboriginal patients.

Weighted Inlier Equivalent Separations (WIES) Utilised at GV Health



*WIES is a measure of total acute inpatient workload

Surgical Patients Treated at GV Health



What do patients say about GV Health?

What were the best things about your stay in hospital?

- Quality care and attention of the hospital staff.
- Clear explanations of everything that staff were doing and why.
- Fantastic nurses, midwives and obstetrician.
- They fixed the problem, and showed care for what they did.
- Good attention and professionalism.
- Everything was carried out with great dignity.
- I was treated like a friend rather than a patient by all the staff.

QUALITY AND SAFETY

INFECTION CONTROL AND CLEANING

Prevention and control of health care associated infection (HAI) is a key element of patient safety and it is the responsibility of all GV Health staff who care for patients and residents.

Although not all HAIs are preventable, GV Health staff work hard to reduce the rate of these events. The comprehensive infection prevention and control program implemented by GV Health is evaluated externally through the ACHS and Aged Care accreditation process. At the periodic review in March ACHS surveyors noted, "the organisation provides dedicated hours for infection control, hand hygiene and immunisation practitioners and this is a clear demonstration of the commitment provided by management to resourcing these important functions."

Monitoring infections

Since November 2003, GV Health has been participating in a surveillance system established by the Victorian Government, Victorian Nosocomial Infection Surveillance System (VICNISS). This involves collecting data on key infections and reporting to the coordinating centre in Melbourne. Data is then compared and hospitals are advised of their results. GV Health has received excellent results with these indicators. GV Health plans to expand its surveillance activity to include infections in our haemodialysis unit.

In GV Health's aged care facilities infections are monitored. This activity quickly identifies any infection outbreaks. In addition, GV Health participates annually

in a regional point prevalence survey to identify the number of infections in aged care facilities. GV Health's low infection rate compares favourably with other facilities.

GV Health performs 12 monthly audits to evaluate compliance to Australian Standards, guidelines and best practice.

The audit program covers area such as:

- Waste management
- Clinical practice
- Linen services
- Storage of sterile stock
- Hand hygiene compliance

The results of the audits are provided to the relevant staff and action plans are developed to address deficient areas.

Hand Hygiene

The Victorian Quality Council (VQC) statewide Hand Hygiene Project of 2006-2007 had significant success in reducing Methicillin-Resistant Staphylococcus Aureus (MRSA) rates. The project promoted hand hygiene (the use of an alcoholic hand rub or washing your hands) as an effective method of preventing transmission of infections.

The Department of Human Services (DHS) acknowledged the great success of the project and has since implemented a strategy to maintain the hand hygiene compliance rates within public hospitals. A key performance indicator for hospitals is to maintain a hand hygiene rate greater than 55%.

Goulburn Valley Health has been able to easily exceed the DHS target of 55% with an overall hand hygiene compliance rate of 65.3% in the first audit for the 2008-2009 financial year.





Signage is strategically placed around each campus to encourage visitors to contribute to reducing the spread of infection by using the pink alcohol hand rub or washing their hands.

Immunisation

Staff in a hospital may be exposed to and transmit vaccine preventable diseases. GV Health provides an immunisation service to staff. This service is growing to meet the demands of our increasing staff numbers.

To date 2008, GV Health's influenza immunisation program has resulted in nearly 50% of staff being vaccinated as part of the health service's program. This is an increase from previous years.

FALLS MONITORING AND PREVENTION

The monitoring and prevention of falls remains a key focus for GV Health. Strategies have been implemented to reduce the number of falls as well as reducing the risk of injuries should a fall occur.

Falls prevention is targeted as part of the GV Health recruitment and orientation process. This ensures that all staff have an understanding of GV Health's commitment.

Ongoing education ensures all fall related incidents are documented, monitored, reviewed and evaluated. All falls are registered in GV Health's incident reporting system, RiskMan. Each month reports are collated and reviewed.

GV Health has introduced the Invisa Beam (as seen on *Inventors*), an electronic monitoring device that alerts staff when an "at risk" patient moves from their bed. This was trialed last year and proved to be of great assistance to staff in assisting in the prevention of falls. GV Health has now purchased six for the ward areas.

Adjustable chairs were purchased for the emergency department to ensure all patients have access to the appropriate height required. Hi-Low beds were also purchased.

Strategies to reduce the risk of falls are included in all building works, such as consideration of floor surfaces, trip hazards and wall and floor colour.

The fall rate remains consistent with the previous year. Monitoring is undertaken as a rate per bed days to allow for varying patient activity. GV Health's rate of falls is 0.58 per 100 bed days.

PRESSURE WOUND MONITORING AND PREVENTION

A pressure ulcer, also known as a pressure sore or bed sore, is an area of skin that has been damaged due to unrelieved pressure. The skin is at greatest risk of breaking down in areas where weight is borne for long periods at a time, the most common being heels and buttock / sacrum. All patients with reduced mobility are at risk of developing a pressure ulcer.

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 is a break that reveals the bone or tendon or is necrotic. The most common stage of ulcer seen in 2007-2008 was Category 1. By educating staff, GV Health's wound management consultant ensures that patient's wounds are being assessed and dressed appropriately.

GV Health pressure ulcer point prevalence surveys show a decrease in pressure wounds of 16% from 20/06/07 to 18/02/08, indicating that in 2007-2008 the incidence and impact of pressure ulcers has been minimised through the pressure ulcer prevention and management strategy.



Did you know?

GV Health undertakes monitoring of

- Hip and knee surgical site infection
- Caesarean surgical site infection
- Blood stream infections associated with central line in ICU
- Blood stream infection
- Resistant organism infections
- Deep wound infections

At the Shepparton Campus under the VICNISS program and
At Tatura and Waranga campuses under the VICNISS program.

QUALITY AND SAFETY

DENTAL SERVICES

Goulburn Valley (GV) Dental Service incorporates the Community Dental, Early Childhood Oral Health, Youth Dental and the School Dental Programs.

GV Dental has continued in 2008 to build on the Integrated Model adopted in 2007. The integrated service has ensured a smooth transition for clients moving from one program to another. The service has continued with the rotation of University of Melbourne fifth year dental students who, under supervision, work with clients.

A range of indicators are monitored in the dental service.

Restorative Retreatment within six months. Goulburn Valley Dental Service over this period treated 5,795 individual teeth and within the following six months 280 teeth were required to be retreated, which equated to 4.8% of the total. This compares favourably to the regional and state figures of 4.6% and 5.1% respectively.

Repeat emergency care within 28 days under the same course of care. During the year, 3,674 emergency dental services were performed, 356 patients required retreatment within 28 days, which is 6.6% of the total. While this is higher than regional and state figures, 6.3% and 5.5%, it may be indicative of a conservative approach in attempting to ensure the tooth remains viable for the patient.

Unplanned return within seven days subsequent to extraction. There were 2,659 extraction episodes during 2007-2008, of which there were 54 unplanned returns. This was 2% of the total, higher than the regional and state figures of 1.6% and 1.3%.

In order to try to decrease this figure, a new post extraction information brochure has been designed for patients with greater emphasis on not smoking, which can be one of the major causes of post extraction pain, infection and bleeding.

Endodontic retreatment within six months – repeat endo treatment. Over the year 70 teeth were root-filled and no teeth required repeat treatment. This compares well to the regional and state averages of 0% and 0.8%.

Endodontic retreatment within 12 months by extraction. In the 2007-2008 year, 49 teeth were endodontically treated, with only two teeth requiring extraction. This is 4.1% of the total, similar to the regional and state figures of 4.3% and 2.3%. These figures can be higher than expected because a patient may choose to extract the tooth rather than continue with treatment.

Denture remakes within 12 months. During 2007-2008, of the 328 dentures inserted in the previous year, eight needed remaking (representing 2.4%). This compares favourably to the regional and state averages of 2.9% and 3.7%.

CLINICAL GOVERNANCE

Clinical Governance refers to the formal structure put in place to monitor the various measures of quality and safety. At GV Health the Patient Care Review Committee (PCRC) has responsibility for the maintenance of quality and reduction of risk. This group comprises all Board members, the Executive staff, the Risk Manager and the Quality Manager. The PCRC receives reports and recommendations

from the Quality and Risk Management Committee, which in turn monitors the four core function committees. These committees address quality improvement in the provision of safe environments for care, quality clinical care, effective human resources and information management.

The Continuum of Care Committee monitors quality improvement activities across nine clinical streams of care. These streams of care include emergency medicine, general medical, surgical, women's health, child and adolescent health, extended care, community care, mental health and aged care. Each of these streams of care is supported by a quality committee, which monitors quality indicators and standards.

The involvement of nursing, medical and allied health staff in quality committees fosters a cooperative learning environment where staff are encouraged to continually improve clinical practice. Regular reporting through the quality committee structure ensures that Board responsibility for making clinical governance decisions is fully informed.

COMPLAINTS

A total of 174 complaints were received during the year – a slight decrease from the previous year. At the end of June, 23 complaints remained outstanding. GV Health recognises client feedback is an important method of monitoring its service and complaints are a regular report to the Patient Care Review Committee to allow monitoring the Board of Directors. During the year GV Health's Consumer Consultative Committee (CCC) reviewed the organisation-wide publication

Did you know?

- In Victoria, falls are the leading cause of injury among older people. One in three people over 65 and one in two people over 80 suffer a fall at least once a year.
- Your eyes help you see obstacles, judge steps and keep your balance, but from the age of 40, your eyesight gradually worsens and this can lead to an increased risk of falling. Regular eyesight checks are recommended.
- According to data released by the Australia Bureau of Statistics, one in four Australians will be aged 65 and over by 2056.





Compliments, Comments or Concerns. This ensures it remains a document that is well used by consumers to provide GV Health with feedback.

RISK MANAGEMENT

The introduction of the web-based integrated incident and risk reporting system across all services and campuses has enhanced the timelines in which incidents are logged onto the system and referred to the appropriate managers for review and action. GV Health promotes a "just" approach to incident reporting, which encourages staff to report incidents in a positive manner-subsequently rates of reported incidents have swelled. This, and changes to classifications in the reporting system, has led to an overall increase in the total number of reported incidents during the year to 2,533.

Trends are determined by evaluating the data; this identifies common issues with incidents and informs GV Health of where and when patients and staff may be at risk, identifies education needs, equipment purchasing strategies, preventative measures and policy review requirements.

GV Health participates in reporting sentinel

events to DHS as part of a statewide reporting system. There are nine sentinel event categories. 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 or near miss of any of the above or catastrophic events.

GV Health has reported three sentinel events during the year. All events were thoroughly investigated using root cause analysis to determine ways in which GV Health could minimise the chances of the incidents recurring.

Emergency Department Average Waiting Times

Target	2007-08 Actual
Cat 1 (immediately)	Nil minutes
Cat 2 (within 10 mins)	10 minutes
Cat 3 (within 30 mins)	21 minutes
Cat 4 (within 60 mins)	43 minutes
Cat 5 (within 120 mins)	44 minutes

Definitions

Category 1 applies to a patient requiring resuscitation and treatment within 1 minute of arrival.

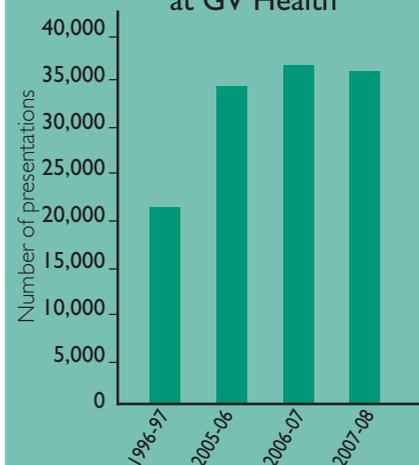
Category 2 is an emergency with a recommended time for treatment within ten minutes.

Category 3 is an urgent situation that requires treatment within 30 minutes.

Category 4 is a semi-urgent case that needs attention within one hour.

Category 5 cases are non-urgent cases requiring treatment within two hours.

Number of Emergency Department Presentations at GV Health



What do patients say about GV Health?

What were the worst things about your stay in hospital?

- The noise from other patients.
- Sick elderly patients calling out in the night.
- Not much sleep.
- Listening to the abuse of other patients to hospital staff.
- Timing. It was Christmas but that couldn't be helped.



Did you know?

- Hotel Services at GV Health prepared 297,205 meals in 2007-2008.
- During the year GV Health kitchen staff used 93,240 eggs, 382,250 slices of bread and 13,316 kgs of peeled potatoes.

What do patients say about GV Health?

What could the hospital do to improve the care and services it provides to better meet the needs of patients?

- For me they did all they could in the circumstances and I have found this to be the norm whenever it has been necessary for me to attend the hospital.
- My needs were all cheerfully met, with as much promptness as busy staff could manage.
- I was very happy with my stay.
- Waiting time if anything.
- Considering the pressure on staff, I cannot complain at all.

IMPROVING THE CONTINUITY OF CARE

All services at GV Health are continually working towards improving the care for patients and in particular ensuring that care is appropriate, delivered in a timely manner and in the best possible setting. These are a few examples of how we improve the continuity of care for GV Health patients.

PAEDIATRIC INTEGRATED CANCER CARE SERVICE

The Paediatric Integrated Cancer Service (PICS) initiative is part of the DHS state-wide cancer reform. A key outcome is to develop partnerships with regional and rural health services to improve access to paediatric cancer services.

GV Health and the Royal Children's Hospital Children's Cancer Centre have been working in collaboration to develop systems that allow children and adolescents with cancer to access cancer care closer to home.

GV Health was targeted as the first regional service in Victoria to develop a collaborative shared care service model with PICS, with the aim to then replicate the initiative in other health services across Victoria. The program provides:

- Better coordinated care and management of children and adolescents with cancer in a regional setting.
- Consistent clinical practices across services.
- Access to a range of learning opportunities for professional health staff.
- Greater access to paediatric oncology related resources for both health professionals and families.
- Improved support systems for GV Health

staff and families.

These all have the benefit of improving coordination and streamlining care for the patients and their families. Significantly, the reduced need to travel to Melbourne for treatment, decreased both costs and disruption to family life.

Currently 16 clients are actively accessing the service, 37 clients have used the service and three outreach outpatient clinics have been conducted.

This PICS initiative is now recognised as core business within the paediatric services at GV Health.

ORTHOPAEDIC WAITING LIST (OWL) PROJECT

Currently GV Health Specialist Consulting Suites (SCS) receives on average 100-120 new orthopaedic referrals per fortnight, with a capacity to see approximately 35 new patients a fortnight. Over half of the orthopaedic referrals are for hip and knee problems.

During 2007-2008 the number of orthopaedic surgical patients treated increased by 407, while the waiting list only increased by seven. Part of the reason for this was that physiotherapists, in collaboration with orthopaedic surgeons, had been successfully treating low acuity orthopaedic patients using non-invasive means.

The success of this initiative has led to the commencement of the OWL project. The project focuses on orthopaedic patients with osteoarthritis of the hip and/or knee, helping them manage their condition while waiting for surgery.

Did you know?

- GV Health's emergency department (ED) is known as the Eyre Tynan Emergency Department, in honour of police officers Damian Eyre and Steven Tynan. The Blue Ribbon Foundation has committed \$250,000 for the purchase of medical equipment for the ED.





part of the Paediatric Integrated Cancer Service (PICS) initiative.

Madison spends time at GV Health for her regular blood tests and treatments, which are now much easier because they do not involve an early morning departure and three hour drive before they start. Madison's mother also finds there is more support from family and friends available because of the local care. "Madison can be at GV Health and we can still have our normal family routine of after school activities, travel time and costs are reduced and treatments

become much more bearable for us all," says Madison's mum. "By having less trips to Melbourne it makes those times when we do need to travel more bearable." The family has also formed strong relationships with the staff at GV Health and feel they can ring and speak with someone local at any time. These are all issues that are so important when a family member has chronic disease.

Madison's treatment is likely to continue until 2010 and she has a very good prognosis. She and her family will spend as much of this time as they can at GV Health where Dr. Andy (Paediatrician) and Dr. Cat (Play Therapist), and all the staff at GV Health provide care and support. As Madison's mother says, "Madison calls GV Health *the good hospital*, and I agree."

This project is being managed by a clinical nurse who has developed a monitoring and prioritisation tool to identify those in greatest need and ensure they are seen as soon as possible. The hip and knee questionnaire contains 11 questions developed to enable a score to be calculated which is then combined with a physiotherapist and nurse assessment. The overall assessment accurately categorises the urgency with which patients need to be seen, and in the meantime, treatment strategies can be put in place to assist the patient such as physiotherapy assessment at the new twice-weekly osteoarthritis knee and hip clinic, with referrals for hydrotherapy and dietician consultation if required.

Patients remain in contact and receive a questionnaire every six months. Patients in need can be fast tracked, and others may improve their symptoms

MADISON'S STORY

Madison is a bright and cheeky four year old who developed a simple rash in 2007. Consultation with a Paediatrician at GV Health led to the shock diagnosis of Acute Lymphoblastic Leukaemia (ALL).

Many trips to Melbourne for Madison, her parents and two siblings have followed. This involves chemotherapy at Royal Children's Hospital and visits to the Oncologist. Madison's family usually took the long drive down and back to Melbourne in a single day for each of these visits, in an attempt to minimise disruption to family life.

Once the initial treatment was completed, Madison has been able to continue her care at GV Health as



IMPROVING THE CONTINUITY OF CARE

to a point where they no longer need a surgical consult. Patients have been 100% compliant in returning their questionnaires, and satisfaction levels are high with patients eager to commence management strategies.

TRANSITION CARE PROGRAM

The Transition Care Program (TCP) offers low-level therapy and support allowing older people to continue their recovery out of hospital, usually while appropriate long term care is arranged. The program is a joint Victorian – Commonwealth Government program established under the Aged Care Act 1997.

Following assessment by the Aged Care Assessment Service (ACAS) patients can receive allied health services such as Physiotherapy and Occupational Therapy, as well as Care Coordination services. This allows patients who would previously remain in hospital to receive continuing therapy in an aged care setting or their home. Most patients remain on the program for six to eight weeks, but this can be extended to 12 weeks.

GV Health commenced the TCP with three residential places and four community places in July 2007. This was increased in May 2008 to six residential places and nine community places. GV Health currently has TCP residential places for patients at Mercy Health and Aged Care in Shepparton.

Clients who have participated in the TCP have expressed how much the program has improved their confidence and appreciate the additional support which has assisted them in their recovery.

IMPROVEMENTS IN MENTAL HEALTH SERVICES

The most recent improvements to the Goulburn Valley Area Mental Health Services (GVAMHS) have a direct link to the past, with the redevelopment of the old Ambermere Psychiatric Unit.

This is now a multi-purpose facility providing accommodation for people with mental illness, as well as the Centre for Older Persons Health. The bed-based services on this site showcase a unique partnership between the Mental Illness Fellowship Victoria and GVAMHS and bring together services for treatment, recovery and rehabilitation in a community setting. The services include a Prevention and Recovery Care (PARC) unit designed to provide accommodation for people with deteriorating mental illness and keep them out of hospital. The PARC unit is also used to provide intensive support as part of the patient's recovery, preparing them for community living.

In addition the site has ten beds providing medium to long term accommodation,

clinical care and rehabilitation for people unable to use other community residential options. This Specialist Residential Rehabilitation Program (SRRP) has also accessed additional clinical hours to provide for an increasingly complex range of consumers.

A GREAT WORKFORCE

PAEDIATRIC PHYSIOTHERAPY SERVICE

Timely and accessible paediatric physiotherapy services for rural children and their families in the Goulburn Valley have improved with the development of an innovative program funded by the Hugh Williamson Foundation and the Goulburn Valley Base Hospital Foundation.

The program has seen the commencement of two new postgraduate paediatric physiotherapy training positions in collaboration with GV Health, local paediatric services, the University of Melbourne and the Royal Children's Hospital. A consultative approach between health, education and disability services, has enabled two rural physiotherapists to be appointed to a paediatric training program, commencing in January 2008 for a 12 month period.

This is the first time that a collaboration of agencies responsible for the delivery of physiotherapy services to children has occurred in regional Victoria. Patient, parent and health professional satisfaction have improved with this unique partnership. The result is improved availability of local physiotherapy services for children, thereby



Did you know?

- Every second year GV Health has a Hospital Fair which brings together supporters of the health service, staff and community members. The fair is held at the Graham Street campus and raises funds for GV Health and its services.



reducing the need for families to travel to Melbourne to receive rehabilitation and physiotherapy treatment. This program recognises that children recover best in their own environment with their family. The training program is a successful recruitment and retention model with the aim of improving rural physiotherapy workforce shortages.

THE DENTAL WORKFORCE

Dental Therapists provide treatment under general anaesthetic. Dental Therapists are able to treat patients aged up to 18 years old and, under prescription of a dentist, to 25 years old. Historically this has been done solely in a surgery. With integration of the School Dental Service into GV Health the option of providing care under a general anaesthetic (GA) became a possibility.

A training program was set up with approval from Dental Practice Board of Victoria to educate Dental Therapists on pre and post-operative care of a patient, the treatment actually taking place in the patient's mouth was no different to current practice.

Dental Therapists have expanded their role with GV Health; the dentists were no longer solely relied on to undertake clinical work under GA. This provides more flexibility to the dental team and uses staff skills where they are most valuable. During the year 53 procedures were undertaken under GA, 15 (28%) of these were performed by Dental Therapists.

EDUCATION AND TRAINING

GV Health has a strong focus on education and is primarily affiliated with the University of Melbourne's School of Rural Health located opposite the Graham Street campus. Practical education activities in the Clinical Skills laboratory are particularly beneficial for medical students. GV Health has a well-developed program for education of medical interns and international medical graduates. Nursing education is coordinated by the Centre for Nursing Practice Education and Research (CNPEN). This year CNPER has had a strong focus on extending online theoretical tutorials, learning packages and tutorials.



Outstanding Contribution to Rural Communities – Dr Peter Eastaugh

Well-known Paediatrician Dr. Peter Eastaugh, was recognised as a winner of the 2008 Victorian Rural Doctors' Awards in the Outstanding Contribution to Rural Communities category. The award citation particularly noted his leadership in difficult areas such as forensic paediatrics and child abuse prevention.

Peter's local teaching has been phenomenal. Students come away from experiences with Peter wanting to do paediatrics. He is also a role model in his delivery of Problem Based Learning (PBL) scenarios. Peter not only teaches best practices and lifelong learning, he demonstrates his commitment to these professional standards. In 2006, he completed a Masters of Medical Science in Epidemiology.

Just as importantly, Peter's national leadership and ethic of excellence and lifelong learning show commitment beyond the day-to-day local business. He has been a member of many state and Rural Australian College of Physicians (RACP) committees and has led strategic plans, volunteered as a mentor for rural registrars, served on the Workforce Committee for the RACP and served as chair of several committees.

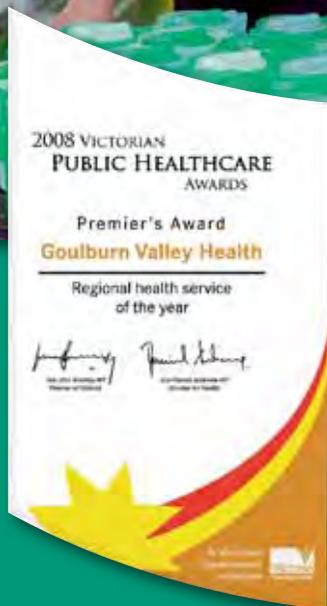
Peter has made an outstanding contribution to the growth of GV Health, to rural patients and students, and has been a tireless advocate for rural issues in his impressive career.

Congratulations Dr. Peter Eastaugh.



Did you know?

- Grand Rounds are held every week at the University of Melbourne. These are well attended by students and staff and demonstrate the excellent collaboration between GV Health and the University of Melbourne.



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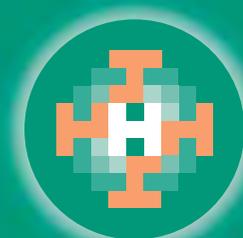
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GOULBURN VALLEY
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