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Welcome

Yarrawonga District Health Service
Annual & Quality of Care Report 2007/ 2008

On behalf of the staff and Board of Management, it is again a great pleasure to present the Yarrawonga District Health Service Quality of Care Report. The Quality of Care Report is a key document for reporting and explaining the services we provide to the community. The report highlights some of our achievements and celebrates the efforts of all associated with the Health Service.

The past year has been an exciting and fulfilling one for Yarrawonga District Health Service. There were many achievements throughout the organisation in 2007/08 and we hope that you enjoy reading about these throughout our report.

Congratulations to all staff on winning first prize in the Yarrawonga/Mulwala Business Excellence Awards and second prize in the Victorian Hospital Association Award. This is a wonderful recognition for our organisation and you should be proud of this achievement.

Mrs Janette Outram retired from our Board of Management during the year. We would like to acknowledge the valuable contribution Janette has made to the Health Service. We would also like to recognise all other members of the Board who donate their time.

The continuing support of auxiliary members and volunteers is invaluable to our organisation. You are a vital connection to the community and your tireless effort is appreciated by our patients, clients, their families and staff.

We would like to welcome all the new staff members who have started with us during 2007/08 and also thank for their service those members who have left during the year. To all our dedicated members of staff who continue to display the highest level of professionalism, thank you for your ongoing dedication. It is the commitment and hard work of our staff that allows us to report the successful performance and achievements.

A special mention goes to Joyce Torpy for the outstanding achievement of 40 years of continuous service. This was celebrated by over 80 current and former staff who have worked with Joyce. Congratulations on this wonderful achievement.

We would like to acknowledge those who have provided feedback regarding the design and content of the Quality of Care report. While we hope you enjoy reading this report on what we have been doing during the year we encourage you to take every opportunity to pass on your comments and feedback, both positive and negative.
Governance Framework

Corporate Governance
The Yarrawonga District Health Service Board of Directors operates under the authority of the Health Service Act. The responsibilities of the Board include, but are not limited to:

- Monitoring the performance of the Health Service.
- Developing strategic plans for the operation of the Health Service.
- Develop financial and business plans, strategies and budgets to ensure accountable and efficient provision of health services and the long term financial viability of the Health Service.
- Establishing and maintaining effective systems to ensure the health services provided meet the needs of the communities and that the views of users of health services are taken into account.

Members of the Board of Management act in a voluntary capacity and have not received any fees in the 2007/2008 year.

Board of Management

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Position</th>
<th>Meeting Attendance</th>
<th>Subcommittee Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Sterkenburg</td>
<td>President</td>
<td>91%</td>
<td>Finance, Audit, Patient Care Review, Community &amp; Cultural Advisory, Medical Consultative, Medical Appointment advisory, Planning</td>
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<tr>
<td>Pat Boucher</td>
<td>Vice President</td>
<td>91%</td>
<td>Medical Consultative, Medical Appointments &amp; Advisory</td>
</tr>
<tr>
<td>John Charles</td>
<td>Vice President</td>
<td>91%</td>
<td>Patient Care Review, Medical Consultative, Medical Appointments &amp; Advisory</td>
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<tr>
<td>Bruce Pigdon</td>
<td>Treasurer</td>
<td>100%</td>
<td>Finance, Audit, Community &amp; Cultural Advisory</td>
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<td>Andrew Spilva</td>
<td>Board Member</td>
<td>82%</td>
<td>Finance, Planning</td>
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<tr>
<td>Margaret Hauser</td>
<td>Board Member</td>
<td>91%</td>
<td>Patient Care Review, Quality &amp; Safety, Medical Consultative</td>
</tr>
<tr>
<td>Janette Outram</td>
<td>Board Member</td>
<td>33%</td>
<td>Patient Care Review, Quality &amp; Safety, Community &amp; Cultural Advisory</td>
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<tr>
<td>Graham Nowacki</td>
<td>Board Member</td>
<td>91%</td>
<td>Quality &amp; Safety</td>
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<tr>
<td>Doug Evans</td>
<td>Board Member</td>
<td>73%</td>
<td>Finance, Planning</td>
</tr>
<tr>
<td>Jennifer Dight</td>
<td>Board Member</td>
<td>91%</td>
<td>Quality &amp; Safety</td>
</tr>
<tr>
<td>John Simon</td>
<td>Board Member</td>
<td>91%</td>
<td>Finance, Audit, Patient Care Review, Planning</td>
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</tbody>
</table>

Clinical Governance
Clinical governance describes how a health service, its managers and clinicians share the responsibility and accountability for patient care. It is also about minimising risk to patients, residents and clients and continuously monitoring and improving the quality of care we provide.

The YDHS committee structure that we have in place seeks to ensure that patient safety and quality are imbedded into our organisations daily business. This in turn supports our Vision of **Caring for You**.
New Strategic Plan

During the year our Strategic Plan was reviewed. A new Plan was finalised which sets out our future over the next three years. We have kept our existing vision which is “Caring for You”.

We will achieve this vision by delivering comprehensive services, which are high quality, compassionate, efficient and accessible to our community. At Yarrawonga District Health Service we have established a set of values that provide guidance to all staff working at our Health Service.
Our Community

Catchment Area

Yarrawonga District Health Service is situated on the Murray River in Northeast Victoria, on the banks of Lake Mulwala. The many attractions in the twin towns of Yarrawonga/Mulwala are very popular with both tourists as well as retirees.

Yarrawonga catchment includes Yarrawonga, Mulwala, Bundalong and Tungamah and has a combined population of 8,932 people.

The Community We Serve

Whilst over 85% of the Yarrawonga catchment area were born in Australia and 93% speak only English at home, we acknowledge our responsibility to meet the needs of a culturally diverse community and aim to continue to improve service delivery to our culturally and linguistically diverse (CALD) community members.

Cultural & Communication Issues

During the year a complete review and update of our Cultural Resources Folder and policy has occurred with access to current and appropriate cultural reference material that is available for distribution in relevant languages as needed. Further information in the way of multilingual fact sheets relating to pregnancy and childbirth is available for staff use in the maternity unit.

Staff are trained in processes required to arrange for an interpreter to be engaged.

A survey of staff knowledge of cultural issues was undertaken following the development of the new reference material and this identified that staff dealing with culturally diverse clients were familiar with the processes to implement if required.

A Cultural Diversity Plan (which is approved by the Community and Cultural Advisory Committee), as well as Home and Community Care (HACC) Cultural Action Plan are in place to assist staff with the management of people from culturally and linguistically diverse backgrounds.

Appropriate systems are in place to assess the needs of culturally diverse residents entering our residential facilities. Residents’ individual interests, customs, beliefs, cultural and ethnic backgrounds are included on their Diversional Therapy Social and Recreational profile, which is communicated to staff through a comprehensive Care Plan. The initial assessment includes whether residents also have language difficulties and identifies whether they have specific food or drink preferences.
Consumer Participation
Yarrawonga District Health Service receives information from our consumers in a variety of ways including surveys, complaints, focus groups and residents and relatives meetings.

The current refurbishment being undertaken at Warrina Hostel, has seen the establishment of a small committee consisting of three residents and one family member who are involved in meeting weekly with the Director of Clinical Services to discuss any issues relating to the building processes and are also kept up to date with progress of the refurbishment. Details of meetings are then reported back to other residents of the facility.

Patient Satisfaction
Twice a year we receive benchmarked reports on patient satisfaction through the Department of Human Services funded Victorian Patient Satisfaction Monitor Survey. We have consistently achieved above average results in patient satisfaction (Statewide) and the last report for the time period September 2007 to February 2008, indicated satisfaction with overall care at YDHS was 83% compared with the statewide average of 78%.

Part of this survey deals with how well consumers felt they were able to participate in their own care. The questions asked under this indicator are:
- The opportunity to ask questions about your condition or treatment.
- The way staff involved you in decisions about your care.
- The willingness of hospital staff to listen to your health concerns.

The graph demonstrates that YDHS maintains a high level of consumer involvement in their care, being equal to or above statewide average during 2007/08.

In light of lower than anticipated results for the “Discharge and Follow Up” Index Measure from a previous survey report (September 2006 to February 2007) a questionnaire was distributed to patients at the time of their discharge over a two month period. Twenty four surveys were returned completed and the results indicated an overall satisfaction with discharge from our hospital as 96% very satisfied, 4% fairly satisfied.

Some of the responses included:
- Being treated for my problem. My stay was great, the nursing staff were fantastic. They worked so hard to meet my and other patients’ needs. I applaud them. Thank you.
- The midwifery staff were fantastic, they all made you feel very comfortable. The food was great.
- The excellent service and care about my personal needs, and condition of health and well being, before and after surgery.
- The courtesy and friendliness were outstanding. I rate this hospital very highly. I have been in a lot worse hospitals believe me.
In addition to feedback from the acute services area, we also give residents from our residential facilities and/or their family members the opportunity to let us know what they think of the services they receive. This survey is distributed on an annual basis. The latest results indicate the level of satisfaction of some of the main areas measured.

<table>
<thead>
<tr>
<th>AREA MEASURED</th>
<th>ALLAWAH % Satisfied</th>
<th>KARANA % Satisfied</th>
<th>WARRINA % Satisfied</th>
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</thead>
<tbody>
<tr>
<td>Information Provided by Staff</td>
<td>100</td>
<td>92</td>
<td>89</td>
</tr>
<tr>
<td>Opportunity for Feedback</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Satisfaction with Complaints Process</td>
<td>100</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Activities Program</td>
<td>100</td>
<td>99</td>
<td>94</td>
</tr>
<tr>
<td>Satisfaction with Meals</td>
<td>100</td>
<td>92</td>
<td>91</td>
</tr>
</tbody>
</table>

Feedback from residents and their families from this recent survey, indicates a very positive response in relation to the additional activities included in the activities programs in each residential facility.

Special mention is made of the time and effort that Wendy Davis (Social Director) and her Diversional Therapy team put into the planning and conducting of activities for the residents.

Wendy was selected by the Board of Management as winner of the inaugural Clinical Services Achievement award, which was announced at the 2007 Annual General Meeting.

**Complaints Feedback**

YDHS provides an accessible, responsive and non-discriminatory complaint process in relation to services provided to consumers, their families and/or carers, and a supportive framework for our staff and organisation to manage expressions of dissatisfaction.

Complaints and feedback are an important part of our Quality Program. They are reported through the Patient Care Review and Quality & Safety Committees to the Board of Management and are a driver for improvement. The majority of feedback provided to YDHS is positive. (Approximately 200 complimentary cards, letters, newspaper articles and responses included in satisfaction surveys have been received.)

All consumers are informed of the availability of the complaints process through patient/resident information handbooks and notices on display throughout the facility. Complaints help us to improve the services we provide.

<table>
<thead>
<tr>
<th>COMPLAINTS &amp; VERBAL CONCERNS 2007/2008</th>
<th>JULY/AUG</th>
<th>SEPT/OCT</th>
<th>NOV/DEC</th>
<th>JAN/FEB</th>
<th>MAR/APR</th>
<th>MAY/JUN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Complaints</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Verbal Concerns</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>16</td>
</tr>
</tbody>
</table>

Improvements we have made as a result of feedback from consumers include:

- Alterations to TV antennae/cabling at Warrina Hostel to enable improved television reception at the facility.
- Provision of a new chilled dessert choice for Meals on Wheels clients.
- Restricted patient visiting hours in the Acute Services Unit to enable uninterrupted patient care and allocation of a rest period for new mothers.
Our Staff

Joyce Torpy Celebrates 40 Years at the Health Service

In what can only been described as an outstanding achievement, Joyce Torpy celebrated her 40th consecutive year of service at the Yarrawonga District Health Service. This celebration took place in a packed St Cuthbert’s Hall, which included current and past staff, board members, family and friends.

What started out as Joyce intending to help in the kitchen for a month has turned into a career that has now lasted over 40 years. When Joyce started, the Community Health Centre, Warrina Hostel and Allawah Hostel did not exist. She has seen an immense amount of change over her 40 years which has included the introduction of formal standards required for food and cleaning services.

Joyce is a very loyal and committed person who thoroughly deserves the accolades she has received on this achievement. She has done a terrific job and always places her staff, patients and clients before herself.

Clinical Services Award 2007

The Clinical Services Award was established in 2007 to acknowledge a significant achievement by a staff member in the Clinical Services Department. It is believed that the positive nature of this Award will assist in continuing to foster a culture of development and encouragement for our Staff.

The winner of this annual Award is presented with the prize of attending a Conference which has relevance to their position. The Award is decided by a panel consisting of two YDHS Board Members, one member of the YDHS Executive and a member of the Yarrawonga/Mulwala community, with the winner announced at the Annual General Meeting.

In 2007 we received seven nominations, and the decision to choose a winner was a tough one. The winner was Wendy Davis who has worked in our Aged Care facilities as a Personal Care Attendant and Weekend Activities Supervisor for some years at Allawah Hostel and Warrina Hostel, and is also the Social Activities Director at Karana. Wendy was nominated due to her overwhelming dedication and commitment to making a difference in residents’ activities and lifestyle in Aged Care. Wendy has been embraced by staff, volunteers, residents and relatives in her role and her nomination met all criteria of this Award ultimately making Wendy a very worthy winner.

Wendy said of her experience – “The Diversional Therapy Conference brought together practitioners from all over Australia who have a wealth of experience and a more dedicated group you would never find. Their enthusiasm for their chosen profession and the ideas that were so readily shared left me with a desire to implement so many new activities.
Achievements

Business Excellence Awards

Yarrawonga District Health Service was very pleased to achieve the honour of receiving first prize in the Business Excellence Awards for 2007. These awards are run by the Rotary Club of Yarrawonga Mulwala.

Yarrawonga District Health Service received the award for its promotion and maintenance of community services and programs, especially in the areas of obstetrics and aged care.

The initiatives of recruitment, upskilling and education in particular through the post graduate model for midwifery and the ongoing service expansions have all resulted in an improved accessible service for the Yarrawonga/Mulwala community. The net impact from these service enhancements has seen substantial service growth and outstanding consumer satisfaction.

The key focus of the Maternity Service of Yarrawonga District Health Service is to provide a sustainable, accessible and high quality Maternity service to the Yarrawonga/Mulwala community.

Victorian Healthcare Association Awards

The Victorian Healthcare Association (VHA) is the major peak body representing the interests of the public healthcare sector in Victoria.

VHA have annual awards that identify outstanding contributions in the field of Victorian public healthcare. During 2007/08 Yarrawonga District Health Service was delighted to be a finalist in these awards.

Our nomination was in the category of demonstrating new ways of delivering innovative healthcare and was particularly focused on the initiatives that have been introduced into our Maternity Unit to make it sustainable into the future.
Clinical Services
Our Team Your Team

The Clinical Services Team of Yarrawonga District Health Service has continued to focus on meeting our community's needs.

These needs are diverse, challenging and require a carefully structured and planned health service which is able to change and adapt to these requirements.

In delivering the service we offer, it can only be achieved through the dedication and commitment of the clinicians and staff at all levels of our Health Service.

As Director of Clinical Services, I am extremely fortunate to have a team of managers who are focussed and committed to service delivery and service improvement. Without this team our goals could not be achieved.

In reflecting our vision “Caring for You”, our commitment and focus is highlighted below.

- Our Community Health Centre to establish a “family unit’ focusing on children, adolescents and families. This has included focussed Occupational Therapy, Physiotherapy programs and for the first time the introduction of a Speech Therapist at Yarrawonga District Health Service.
- The Dialysis Service has continued to expand, now providing five permanent places and one chair for holiday patients visiting this area. Our dedicated Dialysis team are leaders in wanting to achieve and deliver more to our patients.
- Our first post graduate Midwife student graduated and our second student commenced. These students will be the backbone for the longevity of the Maternity Service of Yarrawonga District Health Service.
- The Acute Service staff continued to manage the diverse range of services including Palliative Care, Emergency Care along with extensive Medical Services.
- Our Residential Aged Care services continue to flourish and provide a home for our residents. The works being completed in Warrina currently highlight the organisations commitment to our residents.
- The Operating Theatre received major capital improvement with a new air conditioning system installed and an Operating Theatre table purchased.
- All Clinical staff throughout the organisation have received and accessed the staff development program to enhance and support their knowledge and expertise.

To our Community Partners, in particular the Auxiliaries your support has been overwhelming and we say thank you. Without this support achieving our goals ad objectives would be difficult.

In closing, I thank the Board of Management for their constant commitment and support of Clinical Services, the Medical Staff for their ongoing dedication and enthusiasm, all Clinical Management and staff who provide such an outstanding service.

Terry Welch
DIRECTOR OF CLINICAL SERVICES
Our Services to You

Acute Services
The following acute services are offered at Yarrawonga District Health Service:
- Medical
- Emergency Department
- Haemodialysis
- Operating Theatre
- Obstetric Service
- Palliative Care

Our Emergency Department

<table>
<thead>
<tr>
<th>TOTAL EMERGENCY PRESENTATIONS</th>
</tr>
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<tbody>
<tr>
<td>2003/04</td>
</tr>
<tr>
<td>1,883</td>
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</tbody>
</table>

Residential Aged Care
Yarrawonga District Health Service has three aged care facilities:
- Allawah Special Care Hostel; 30 Dementia Specific Beds (Including 1 respite Bed)
- Warrina Hostel; 28 Individual Low Care Units
- Karana; 30 High Care Beds (Including 1 Respite Bed)

Ambulatory Services
District Nursing Division
Yarrawonga District Health Service provides an extensive District Nursing Service to the community.

Community Health
The Community Health Centre has continued to provide comprehensive allied health, welfare and health promotion services. Services provided include:
- Podiatry
- Physiotherapy
- Welfare Team - Generalist Counselling, Welfare Casework and Supported Accommodation
- Dietetics
- Occupational Therapy
- Community Health Nurse
- Speech Pathology
Caring for our Patients

A Palliative Journey

Kelly's Story

I tell you these very personal details because my own experience has taught me it is possible to cope with terminal illness with the help of palliative care. When later I was able to reflect on my journey I was very pleased that I had been able to support my dad, due largely to the confidence the Palliative Care Team gave me.

My story began in March 2003 with a doctor's appointment locally in Yarrawonga followed by ultrasound then onto urology consultation in Albury and confirmation of cancer.

Then the merry-go-round began; PET scam Melbourne, surgery Peter McCallum, appointment with oncologist Albury, chemo; round and round! Then came a referral to Palliative Care. Our family became aware we were dealing with a journey that could only have one outcome.

Treatment began. Radiation, trips to Albury, dad wanted to stay in his own bed for as long as possible. Enter our great volunteer who was with us every step of the way. He offered us support, empowered us with the confidence to make difficult decisions and allowed us to discuss subjects we were all too afraid to approach, giving us peace for the journey.

The District Nursing Service from Corowa, New South Wales, attended dad during radiation for three days per week with family becoming make-shift nurses to fill in for the other days. Dad became very sick and was admitted to Yarrawonga District Health Service at the beginning of November and the volunteer was again with us every step of the way, becoming part of the team at Yarrawonga District Health Service that provided excellent care to all of us as a family unit. Our volunteer sat with dad and allowed the family to take a much needed break.

During our time at the hospital we were lucky enough to have the use of the new palliative care room, which is especially designed to assist the patient and family at the very difficult time when a loved one is dying. The room is furnished with a special electronic programmable bed, which provided dad with excellent pressure care on a continual basis and meant that he did not have to endure pain or discomfort with manual movement.

We as a family had access to the 'Quiet Room' that gave us a chance to have a break, prepare a meal or just watch a bit of TV, and still be close to dad. With the visiting of grandchildren there was a great outdoor area for them to play in or for us to get some fresh air and again dad could watch what was happening and feel part of the family. There was the provision for aromatherapy and music to make dad feel like he was at home.

I was able to stay overnight on a very comfortable couch which made up into a double bed; this was important to us. The whole concept of providing us with a homelike environment within the hospital setting has given us great peace in knowing we were able to continue to be part of dad's care until his death.

The hospital has now developed a second room that provides the same services. The nursing staff and palliative care given to us made our journey much more personal, comfortable and much less complicated. As a family we are extremely grateful to have had this service available to us.

Pictured: Jennifer Purchase, NUM Acute Services in the new Palliative Care Courtyard
Aged Care Journey

We take many journeys in life but one of the most difficult ones is the acknowledgment and the need for permanent aged care placement.

During this journey we must make note that the most important person in this decision, is the aged care client. Every journey is individual and must be treated as the need requires. Many emotions come into play with what seems a very final decision. We encounter denial, frustration, anger and a great loss of independence from both the client and family.

Most ageing people and/or their carers recognise that the individual is having difficulty with making what seemed to be the simplest of decisions. Individuals act in so many different ways and this is why we need to look at individual cases and ensure the correct pathway is taken.

The need for the aged client to have permanent placement is usually recognised with an admission to our Acute hospital. The majority of times this admission occurs is due to a fall at home, confusion, or family not coping for the care needs of the client. At this time the client is reviewed for an acute diagnosis and treated for this diagnosis in our acute facility.

During an acute admission our aged care client will come into contact with any of the following:
- Nurse Unit manager of acute unit;
- Acute nursing staff;
- Local Medical Officers,
- Allied Health Professionals; and
- Discharge Manager.

Family meetings are a regular occurrence with many staff from the acute team; input is required at this time from family and the aged client which is invaluable.

All prospective clients will need to have an assessment from the Aged Care Assessment Team in order to be listed for placement at an Aged Care Facility. This in itself can be very confusing as this team cannot assess any aged person until they are at their optimal care needs. As difficult as this is to comprehend, this is to ensure that if placement is required it is in an appropriate facility for the client.

Once the decision is made to enter one of YDHS' Residential Aged Care facilities, an introduction is made to the family from the ADON Residential Care Services and the Nurse Unit Manager of the residential facility. Paperwork and an informal interview are undertaken with the family/client. At this time families are introduced to the Residential Aged Care Clerk regarding costs involved with permanent placement.

Before permanent placement, it is essential that families see the facility and have any questions answered at this time both care related and financially.

Once this part of the journey has occurred it becomes difficult as it becomes a waiting game. "How long is a piece of string?" is how I reply to the question asked by everyone which is; how long is your waiting list?

Admission to Permanent Facility

On availability of a permanent bed we have shock, happiness, sadness and denial from both client and family. This process happens so quickly, the family is contacted and accepts the bed and the move can happen in less then 24 hours.

This is part of the final journey to aged care with our now aged care resident being admitted to the Aged Care facility. Our resident is welcomed and introduced to all who may be involved in their care and to the other residents who now become an integral part of their lives.

During an aged care admission our aged care client will come into contact with any of the following:
- ADON Residential Care Services;
- Nurse Unit Manager of Aged Care Facility;
- Aged Care Clerk;
- Aged Care nursing staff;
- Diversional Therapist;
- Local Medical Officers;
- Allied Health Professionals; and
- Volunteers/Family residents meetings.

We endeavour to make this transition to the new environment as smooth and uncomplicated for both the family and the resident.
Contribution from family/resident and our aged staff who in providing the best Quality of Care allows this to occur.

This is the journey process from the Health Service prospective. We asked two families to answer five questions in relation to their journey.

1. Everyone deals with the journey in different ways and has different emotional experiences/reactions. Could you please inform us what your family encountered?
2. Did you find the information informative/helpful at this stressful time in your life? Or did you feel there were questions left unanswered.
3. Were the people that you met along the way sincere, approachable and caring?
4. When any questions arose were you satisfied?
5. Please add any general comments you have about your individual journey.

The following response was received from one of our families:

- Our journey was made extremely easy with the assistance we received from the YDHS Aged Care Clerk. Both of us were working full time and were calling in on Mum morning and night. We also would receive calls through the night when she fell out of bed; she was also becoming quite forgetful and after a nasty fall it became apparent that this was the path we had to take, so although feeling guilty about placing Mum in care it was a relief to know she would have expert assistance 24/7.
- Through conversations with the staff at YDHS not only were all our questions answered, but the information and assistance we received made the process as easy as it possibly could be at a time like this.
- We could not speak highly enough of Fiona Stevens and Berice, they made themselves available to us in the most sincere and caring way. We always knew they had Mum’s welfare at heart and they always seemed so pleased to be able to help us with anything we required re filling out forms etc.
- Questions were answered in a professional and caring manner; we were always entirely satisfied whenever we had a conversation regarding Mum.
- We feel that if anyone is placed in the position that we were, our advice is to go to the aged care facility, and ask all the questions, tell them of your concerns and feelings; you will always be welcomed and we know through our journey they are the most caring, sincere and professional people to help.
Parents praise Yarrawonga service and staff

Although her second baby was due, Angela Blight of Bundalong planned to relax on the banana lounge by Lake Mulwala on Easter Sunday watching husband Chris water ski.

But that was far from what took place because Jacinda Jean Frances Blight wanted to be around when the Easter Bunny arrived.

And Jacinda couldn’t wait until she was in the Yarrawonga District Hospital to be delivered.

It all happened in the hospital’s carpark at 1.17 am on Easter Sunday.

Weighing 3.4kg (7lb 9oz), Jacinda was the first Easter baby in regional Victoria, according to Yarrawonga District Health Service’s director clinical services Terry Welch.

Jacinda was ‘beaten’ by a bouquet of flowers – and an Easter bunny – from midwife Lorrie Lee for Angela Blight.

(Picture and story courtesy of the Yarrawonga Chronicle)

This year will see the biggest intake of new paramedics into Victoria’s Metropolitan Ambulance Service.

Welcoming the newest batch to the fold, Health Minister Daniel Andrews said a record number of 178 paramedics in this year’s recruitment group would result in the largest number of operational ambulance paramedics in Victoria’s history.

This will see total metropolitan ambulance paramedic numbers break the 1,300 barrier for the first time.

‘It is also the first recruitment group where the intake has a higher percentage of female recruits with 58 per cent being women.’

The new intake will account for more than 10 per cent of the metropolitan paramedic workforce and represents more than $11 million of yearly expenditure in recruitment, salary and training.

‘Victoria’s ambulance services are the best in Australia thanks to the work of our paramedics and funding to MAS, which has more than doubled since 1999.’

• Turn to Page 2
Health Promotion

The Community Health Centre continues to provide a range of services and health promotion activities to the Yarrawonga and District Community.

To assist with planning for the future of the Community Health Centre, a Service Plan was completed for 2006-2009 in which a number of recommendations were made. These included a re-orientation of services from an “aged focus” to include services for children, youth and families, and identified the need to explore the possibility of providing a paediatric service as gaps were identified in the provision of services to children and families, particularly those from lower socio economic disadvantaged backgrounds.

In 2007 a Community Health Nurse (Child, Youth and Family) was appointed, and this has led to increased liaison and joint programs with the local primary and secondary schools, with programs such as “Party Safe” and “Body Think” (a body image program) being run. During the year, a limited paediatric service for children aged 0 to 5 years, who are not attending school, was commenced with the appointment of a speech pathologist and occupational therapist. The Child Development Team provide screening assessments for families who have concerns about their child’s development, and provide home programs for the families to work on with their children and referral to other services as required. The service works closely with the Maternal and Child Health Nurse, local kindergartens and child care services, and in the future the Community Health Nurse will also be involved to deliver programs to kindergartens such as “Smile for Miles”.

At the same time, the Community Health Centre provides a range of allied health, welfare and community health nursing services that have been provided in the past, and will continue to be provided into the future as required.
Quality, Safety & Risk Management

Accreditation

Accreditation is a process of regular assessment that identifies whether an organisation is meeting the required performance standards and striving for continuous improvement.

Periodic Review (March 2008)

YDHS has received very positive feedback, as well as some minor recommendations, following a recent accreditation review by the survey team from the Australian Council on Healthcare Standards (ACHS).

The comprehensive review process identifies areas where we are performing strongly and achieving good results, and also enables us to focus our attention on areas that may need improvement. All previous recommendations had been actioned and were closed out. Some minor recommendations were received relating primarily to the ongoing development of initiatives already underway.

The survey team commented that they were “most impressed at the scope of quality activities being undertaken as well as management’s commitment to ensuring staff, patients/residents and all other users of the service do so, in a safe environment”.

They also noted “the commitment of Board Members who gave freely of their time during the survey, and their support of staff”.

Residential Care Services

Residential care services have received several unannounced visits by assessors throughout the year which has resulted in all three facilities being judged fully compliant with the required 44 standards. Assessors at the time of the most recent review have made several suggestions as to how improvements can be made to enhance resident’s standards of care.

Examples of some improvements that have been implemented as a result of assessors suggestions:

- Review of Diversional Therapy calendar for Karana and Warrina Hostel to cover a seven day period.
- Purchase of additional equipment items such as linen skips with each labelled appropriately.
- Enlargement of Fire Evacuation Plans to enable them to be more visible for elderly residents.
- Development of procedure for management of residents with diabetes.

An onsite accreditation visit of our three residential facilities will be undertaken during November/December 2008.

Medical Imaging Services

Under new legislation diagnostic imaging services must be carried out at an accredited facility, which will allow patients to still be able to claim Medicare benefits. The first step of the process involves YDHS being registered for Accreditation with an approved accreditor. The Australian Council on Healthcare Standards was selected as we are already members of this organisation. Registration took place during June 2008. The next step will be to formally apply for accreditation and submit documentation in support of compliance with standards and the third step will involve an onsite assessment within the next two years.
Monitoring Quality, Safety & Risk
What do we do to make our hospital safe?

- We have commitment from the Board and the Chief Executive and expect senior clinical managers to help ensure and take responsibility for patient safety.
- We work to create a culture in which everyone is conscious of patient and staff safety, looking for workable solutions.
- We promote reporting and review of any incidents or near misses and patient/resident complaints/comments that may occur.
- We measure our clinical performance and compare it to other hospitals.
- We identify our risks - what we need to do to improve patient safety, by looking at incidents, complaints and reviews of clinical practice.
- We provide education, support and back up to nurses and midwives while they develop their skills and expertise.

Managing Risks Organisation Wide

Clinical Risk

Limited Adverse Events Screening Program
YDHS participates in the statewide clinical risk management program for small rural hospitals called Limited Adverse Events Screening (LAOS). This program examines clinical incidents (de-identified) through a panel of General Practitioners providing advice back to health services on how we could improve the way we do things. During the past year 45 records (which met specific criteria) were forwarded for review from our health service.

Recommendations received from the review process are tabled at the YDHS Clinical Review Committee and issues relevant to YDHS are addressed.

Action taken as a result of the review process was Anticoagulant Management in relation to anti embolic stocking (stockings worn to prevent blood clots) policy and review of current Warfarin (Blood thinning medication) Management Guidelines

Non Clinical Risk
We have a system for identifying non clinical risks in the workplace. The Environmental Risk Management or Hazard Control process identifies all possible situations where people may be exposed to injury or illness arising from sources such as:
- Poor workplace design.
- Hazardous tasks being performed in the workplace.
- Incorrect installation, use of, service or repair of equipment in the workplace.
- People being exposed to hazardous substances, processes or environment.

Improvements Resulting from Completed Risk Assessments
- Purchase of Portable trolleys to carry bulky items (Administration & District Nursing Service).
- Purchase of Six mobile lounge/dining chairs for residents (Allawah Hostel).
- Purchase of Improved medical records storage system (Health Information Department).
- Establishment of designated stores room in old hospital building.
- Alteration to signage at Emergency Department entrance.
- Installation of glass windows in doors of Nurses Station (Acute Unit).

Emergency Management (Code Brown Plan)
During the year a Working Group was established to develop a plan in response to an external emergency (disaster) situation.

Code Brown is a hospital emergency response code to deal with any external incident that threatens to overwhelm or disrupt health service capabilities.

This usually involves a major incident which presents a serious threat to the health of the community, disruption to service, or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance services or health authorities.

The Code Brown plan is a formal record of agreed management roles, responsibilities, strategies, systems and arrangements to implement at short notice at the time an incident occurs.

A Pandemic Influenza Response Plan has also been developed and incorporated into the YDHS Code Brown Plan.

Once finalised, staff training will be undertaken to ensure all key personnel are familiar with their roles and responsibilities should an emergency event occur.
Credentialing & Staff Competencies

Credentialing of staff is a key clinical governance issue. To be able to provide high quality, safe care requires our health professionals to have the right credentials, training and support. The employment of qualified and competent medical practitioners, nurses and allied health staff is supported by a credentialing system to verify academic qualifications and professional registration. We need to ensure that our workforce maintains the appropriate minimum standards and competencies.

What is Credentialing?
Credentialing of clinical staff is the administrative process for validating their qualifications, skills, experience and competencies. The credentialing process will cover issues such as:
- current registration;
- post-graduate qualifications;
- re-certification;
- verification of licences;
- certificates of insurance; and
- police checks.

The process of credentialing is vital to not only our organisation it is also critical that our clients, patients, residents and the general public are assured that all our health professionals are appropriately qualified, experienced and registered to practice before commencing their duties.

Medical Appointments & Credentialing
All medical practitioners who have independent responsibility for patient care and who are appointed to Yarrawonga District Health Service must be appropriately credentialed before they commence work.

Yarrawonga District Health Service has established a joint Credentialing and Privileging Committee with Cobram District Hospital. The membership of this committee comprises an obstetrician, surgeon and GP representatives from both Yarrawonga and Cobram. This committee is chaired by our Director of Medical Services, Dr Jack Best. The credentialing and appointments process is consistent with the policy and guidelines recommended by the Department of Human Services. Medical staff are appointed for terms of between one year and three years.

Nursing
The Clinical Services Competency Program has seen a reassessment of our program. The competency program is now aimed at all areas within the organisation and identifies organisation wide, clinical and unit specific competencies. With our ongoing participation with the Hume Region Nurse Educators Group we continue to access online competency packages that are utilised as tools and assessment to complement our internal programs.

We continue to provide clinical competencies in Basic Life Support, No Lift, Medication, Fire and Emergency and Infection Prevention and Control and Occupational Health and Safety. We have 24 of our senior staff in the acute unit Advanced Life Support competent. Medication competencies and No Lift have been scheduled throughout the year. Our yearly education calendar complements the ongoing competency program.

Again Pragmatic Training has been successful with obtaining funding to deliver Certificate IV in Leisure and Lifestyle and Certificate IV in Aged Care on site at YDHS.

We continue the partnership with Wodonga TAFE and Moira Healthcare Alliance to run the Division 2 RN course and the Medication Endorsement Course for Registered Nurses Division 2 at YDHS. Our Graduate Nurse program has been a success with the graduate from 2007 currently completing her Midwifery Post graduate studies as part of our graduate midwife program. The graduate midwife from 2007 has successfully completed her studies. We have two Nurse Graduates for 2008 and plan a similar number for 2009.

Allied Health and Welfare Staff Competencies
The Yarrawonga District Health Service Community Health Centre ensures that both allied health and welfare staff are provided with access to professional development opportunities specific to their discipline/unit, that meet the professional development requirements for annual professional registration with their relevant registration board and/or association. All staff are also encouraged to attend external professional supervision/mentoring on a regular basis.

The competency program also includes internal core competencies training in the areas of basic life support, infection control, occupational health and safety and fire evacuation and extinguisher training (Emergency Management) on an annual basis.
Quality Measures

Falls Prevention, Management & Monitoring

Falls pose one of the greatest risks to older patients. The increased risk of falls in older persons is due to a number of factors including low blood pressure when standing, reduced muscle tone and poor balance, failing eyesight, poor nutrition and vitamin deficiencies, dizziness, slower reflexes and medication.

Initiatives to Reduce Falls

All patients/residents on admission to YDHS are assessed for their potential to fall. Those identified as having a high or medium risk of falling, have specific strategies put in place to reduce this risk.

Strategies to prevent falls can include:
- using beds which can be lowered to the floor;
- a review of the patient's/resident's medical condition and treatment;
- specialist assessment;
- patient/resident education;
- use of equipment such as concave mattresses, hip protectors, bed mat alarms and activated room alarms;
- ensuring appropriate footwear, eyewear is used;
- availability of walking aids, such as frames; and
- placing patient close to the nurses' station for additional visual monitoring (when possible).

Monitoring of Falls

Fall incidents are continuously monitored and investigated at YDHS using data entered onto the RiskMan database incident recording system.

Our three residential facilities are managing falls as per “Best Practice Guidelines for Australian Hospitals and Residential Aged Care Facilities”.

The 4 key components of Best Practice Guidelines are:
- Implementation of standard falls prevention strategies.
- Identification of falls risk.
- Implementation of intervention targeting these risks to prevent falls.
- Prevention of injury to those who do fall.

KARANA ‘High Care’ Residential Facility

All falls at YDHS are forwarded for comparison through external benchmarking groups.

It is pleasing to note that resident falls in Allawah Hostel have been reduced by nearly 50% over a 12 month period (comparison between 2006 & 2007).

A Falls Management Working Group has been established and will be working towards establishing Best Practice Principles in the acute setting during the next 12 months.

KARANA RESIDENT FALL RATES 2007/2008

<table>
<thead>
<tr>
<th>Per 1000 Occupied Resident Bed Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul to Sep 07</td>
</tr>
<tr>
<td>YDHS</td>
</tr>
</tbody>
</table>

Quality of Care Report 2006 / 2007 • Page 19
Infection Control, Cleaning & Food Safety

Reducing the Risk of Infection
The aim of Infection Control is to protect the patient, the healthcare worker, visitors and others within the health care environment from infection. This is achieved through the identification and reduction of risks from infections within the healthcare setting.

Hand Hygiene Update
Since the launch of the Hand Hygiene Program in 2006, our efforts have been directed towards the challenge of sustaining this culture change through ensuring that staff, continue to improve their compliance with hand hygiene.

Our sustainability plan has included:
- Continuing to audit the hand hygiene practices of our staff as well as completion of written competencies - 88.9% of clinical staff in the acute services area are deemed competent, which is well above the compliance benchmark level of 55% and 75% of clinical staff across our three Residential facilities have completed written hand hygiene competencies.
- Installation of alcohol-based hand rub dispensers at entrance ways to our residential facilities and acute services unit, to enable easy access for visitors to use to assist in reducing the spread of infection (these are combined with those already freely available within each facility).

2007 Infection Prevention & Control Compliance Audit
An audit was undertaken which included all areas of the health service. The audit assessed both organisational and clinical processes in the following areas:
- Clinical & Related Waste Management
- Design and Maintenance
- Environmental Cleaning & Spills Management
- Food Services
- Hand Hygiene
- Linen Management
- Personal Protection Equipment
- Reprocessing Instruments & Equipment
- Occupational Exposure
- Infectious Diseases Risk Management
- Sharps Management
- Radiology

YDHS achieved an excellent result from this audit with a combined audit compliance score of 97%.

Maintaining a Clean Environment
A clean hospital plays a part in maintaining a low risk environment for acquiring infections. Cleanliness at Yarrawonga District Health Service is regularly audited to ensure Australian standards, guidelines and regulations are met. Results over recent years have remained at a consistently high level.

Graph demonstrates our ability to consistently rate higher than the statewide minimum (Acceptable Quality Level).

The Overall Hospital Score includes Very High Risk Areas (eg. Operating Suite), and High & Moderate Risk Areas (eg. Emergency Department, Labour Wards, Dialysis, Wards, Public Areas).
Our External Cleaning Audit results that were benchmarked with other like sized facilities in the region during the past year, indicate that YDHS has achieved one of the highest scores in comparison to the other facilities in all the risk areas examined.

Internal cleaning audits are completed monthly with results indicating that the standard is maintained well above the accepted 85% level.

<table>
<thead>
<tr>
<th>Cleanliness of:</th>
<th>YDHS</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showers &amp; Toilets</td>
<td>98%</td>
<td>92%</td>
</tr>
<tr>
<td>Rooms</td>
<td>98%</td>
<td>95%</td>
</tr>
</tbody>
</table>


Serving Up Food Safely
Every year our food services department participates in an external audit which measures our compliance with food safety standards.

Three “minor” recommendations for improvement relating to maintenance and documentation were identified during the external audit in May and have been addressed.

<table>
<thead>
<tr>
<th>Patient Satisfaction with Meals Results September 2007 to February 2008 Victorian Patient Satisfaction Monitor Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Quality of Food</td>
</tr>
<tr>
<td>Quantity of Food</td>
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</table>

Wound Prevention, Monitoring & Management
Pressure Ulcers & Wound Management
A pressure ulcer is an area of skin that breaks down when you stay in one position for too long without shifting your weight. This has been recognised as a serious patient safety issue which is mostly preventable.

YDHS remains committed to reducing the risk of pressure ulcers through appropriate screening at the time of the patient’s/resident’s admission and ongoing assessment throughout their stay.

The use of pressure reducing support surfaces and equipment that relieves pressure on the main body points for those patients identified as having a risk of developing a pressure ulcer are implemented at the time of admission or during their stay.

Acute Services
During 2007/2008, ten patients were admitted with pressure ulcers and two developed them during their stay at YDHS. Several of these patients were admitted for palliative care and had limited mobility, poor nutritional status and were significantly unwell.

Pressure ulcers in our acute unit are now reported externally for benchmarking purposes. Results for the last half of 2007 for inpatients who develop a pressure ulcer during their stay indicate that YDHS is equal with like sized health facilities and comparable to statewide average. No pressure ulcers developed during the first half of 2008.

All patients in the acute services unit are provided with information about pressure ulcers and prevention strategies, which includes changing position frequently, keeping skin and bedding dry and informing staff of any soreness over a bony area or reddened, blistered or broken skin.

Residential Care
Our residential facilities are involved in the Residential Aged Care Indicator program which was introduced by the Department of Human Services in July 2006. Pressure Ulcers are one of the indicators monitored as part of this program to ensure standards are being met and maintained.

Pressure ulcers are graded according to severity as follows:
- Stage 1; involves reddening of the skin
- Stage 2; a skin break or blister can be seen
- Stage 3; a break to the second layer is noticed. None were reported in Karana during the year.
- Stage 4; a break to the bone or tendon has occurred. These are quite rare and none have been reported at YDHS this year.
### Pressure Ulcer Rates % (Per 1000 Occupied Bed Days)

<table>
<thead>
<tr>
<th>Area</th>
<th>Stage 1 Pressure Ulcer Rate</th>
<th>Stage 2 Pressure Ulcer Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>July-Sept 08</td>
<td>Oct-Dec 08</td>
</tr>
<tr>
<td></td>
<td>Jan-Mar 08</td>
<td>Apr-Jun 08</td>
</tr>
<tr>
<td></td>
<td>Jul-Sept 08</td>
<td>Oct-Dec 08</td>
</tr>
<tr>
<td></td>
<td>Jan-Mar 08</td>
<td>Apr-Jun 08</td>
</tr>
<tr>
<td>Karana</td>
<td>0.76</td>
<td>0.38</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1.53</td>
</tr>
<tr>
<td></td>
<td>1.15</td>
<td>0.38</td>
</tr>
<tr>
<td></td>
<td>0.37</td>
<td>0</td>
</tr>
<tr>
<td>Statewide High Care Rates</td>
<td>1.15</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>0.91</td>
<td>0.95</td>
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<tr>
<td></td>
<td>0.63</td>
<td>0.67</td>
</tr>
<tr>
<td></td>
<td>0.64</td>
<td>0.62</td>
</tr>
</tbody>
</table>

**District Nursing Service**

New and innovative wound management treatments are continually being developed. District Nursing staff regularly care for Hospital In The Home patients who quite often require specialised management of their wounds. Five staff members have undertaken training in the application of VAC (Vacuum Assisted Closure) Therapy. This therapy uses a vacuum or negative pressure system to help speed up wound healing. Another method of wound healing involves the use of dressings that contain silver particles. This type of dressing can be used for wounds that are slow healing or are infected and difficult to heal even after patients have been prescribed antibiotics. Nursing staff report a high success rate of wound healing with this type of dressing.

### Medication Management

**YDHS has policies and procedures in place to ensure medications are administered according to appropriate legislative and professional standards.** Medication related incidents are a common source of error in healthcare. Most incidents do not result in patient harm, but show that we need to improve how medication is prescribed and given. YDHS records and monitors medication incidents. The analysis of these incidents is one of the ways used to maintain patient safety. The Medication Safety and Compliance Committee which meets bi-monthly is responsible for reviewing medication related incidents and any recommendations on policy are reported to the Board of Management through the Patient Care Review Committee.

#### Medication Incident Types 2007/2008

It is particularly important to note that no major events occurred or any that required medical intervention or transfer to a larger hospital.

Clinical staff who administer medication are required annually to complete:

- an online medication competency test (Registered Nurse Division 1 and Medication Endorsed Registered Nurse Division 2);
- a Medication Administration competency package (Personal Care Assistants working in Residential Facilities); and
- a Webster Pack competency test (Medication Endorsed Registered Nurse Division 2).

**Key Improvements that have occurred in organisation wide Medication Safety include:**

- Establishment of a combined Medication Safety & Compliance Committee which includes both Acute and Residential Services.
- Regular Medication Reviews by accredited Community Pharmacist for individual residents in our Residential Facilities.
- Implementation of Standing Orders for Emergency Drug Administration which will allow approved Division 1 Registered Nurses to initiate specific treatment protocols where a medical Officer is not immediately available when attending a clinical emergency in the Acute Unit or Emergency Department.
- Implementation of computerised prescribing system for residential facilities.
Community Support

The Health Service is fortunate to receive overwhelming support from its community. Following we would like to highlight this support in appreciation.

Equipment Enhancement Appeal Update

This major initiative commenced in 2004/05 and money raised has been utilised to replace outdated equipment, provide additional equipment in high demand areas, introduce new technology, improve patient comfort and maintain the current services we provide.

Some of the equipment purchased during 2007/2008 includes:

- Theatre Tourniquet
- Examination Lights
- Medical Records Compactus

Donations

The Board of Management and staff are most grateful for the support they receive from our community and beyond. Donations, as well as many gifts, goods, services and support. The local community continues to show their understanding of the importance of our mission through their very generous support.

Yarrawonga District Health Service is grateful for the continuing financial support of its community, and donations are an added means of support. Through donations our valued supporters give the financial assistance needed to provide our vital services. Your generosity and caring will contribute greatly to the services we provide to our community.

G R & M G Browning
A & F Cooper
Four Winds Thai Restaurant
clubmulwala
Friends of the Health Centre
Friends of Warrina
Mary Elizabeth Muller Estate
Mt Gwynne Ladies Hospital Auxiliary
Mulwala & District Services Club Men’s Bowls Club
Mulwala Ladies Hospital Auxiliary
Mulwala Water Ski Club
Brendan Oldaker
Ritchies IGA
R N & M E Scales
Silverwoods Golf Day

Sisters of Mercy
Tungamah Hospital Auxiliary
Uniting Church
Wangaratta Greyhound Racing Club
Yarrawonga & Border Country Women’s Association
Yarrawonga & Border Golf Club
Yarrawonga & Border Golf Club Bowls
Yarrawonga Bowling Club
Yarrawonga Caravan Park Committee
Yarrawonga Cancer Support Group
Yarrawonga Foodbank Auxiliary
Yarrawonga Hospital Ladies Auxiliary
Yarrawonga Mulwala Arthritis Self Help Group
Yarrawonga Open Heart Surgery
Yarrawonga Mulwala RSL Women’s Auxiliary
Our Fantastic Volunteers & Auxiliaries

We extend our gratitude to the commitment of the many volunteers and auxiliary members of the Yarrawonga District Health Service. These individuals and groups give freely of their time and resources to make a significant contribution to our organisation. The commitment that these people make reflects the Health Service’s goal of providing the best healthcare possible for our community. It is through their support that our patients, residents and clients received additional services, equipment and facilities. To all we are very much appreciative.

Yarrawonga Hospital Ladies Auxiliary

President Adele Church

Owing to the decline of membership our Auxiliary was not able to hold as many fundraising events. We went into recess last July and August, as both President and Secretary were away.

We welcome Joan Bond to our Auxiliary, and hopefully new members will join this year.

The basket of Chocolate Easter Eggs raffle donated by Peter and Teena Kyriaken was again very popular. Jan McKenzie donated her 51st beautifully dressed doll. Mr Berthum made and donated two much admired hall side tables. Members also donated groceries for the Show Hamper raffle.

A very big thank you to all for the donations for our raffles.

Eileen Currie opened her home for morning viewing of interesting memorabilia. The garden was also admired. Eileen and Bruce have now moved to a house in the township of Mulwala; we wish them well, and many thanks for the numerous Garden Parties held at their lovely garden over the past years.

My best wishes to our members and their families who have had health problems over the past twelve months; we trust the coming year will see an improvement for you all.

It is my pleasure on behalf of all our members to present to the Health Service a donation of $3,800.00.

Thank you again to all members for their hard work and support over the past year.

Last July we purchased a television for the Karana residents. Some activity books were also donated in memory of our past members.

Our three monthly visits to the residents of Karana continued with Christmas gifts distributed in December.

Some members attended the meetings arranged by Yarrawonga District Health Service regarding the dwindling numbers of members of all auxiliaries. We thank them for their interest and opportunity to discuss this problem.

Due to Lesley and Colin Campbell retiring to Yarrawonga, we had to say farewell to Lesley who has been such a wonderful member for many years.

We thank Pat and Steve for their support and for having a collection box in their store.

My thanks to May and all members of our Auxiliary for all their hard work and support during the year.

Mulwala Hospital Auxiliary

President Joan Harding

It gives me much pleasure in presenting our annual report for 2007/2008. We are still working as usual by having card days with small raffles.

For our major raffle we would like to thank the Mulwala Ski Club for their generous donation of a $100 gift voucher. Thank you also to P Sully of Foodworks who donated a voucher to the value of $30 for another of our raffles.

Other raffles included Easter Eggs, Mother’s and Father’s Days, for which members are always very generous with their donations for prizes.

I would like to say a big thank you to all our members for their hard work and support over the past year.

We have done very well this year to have raised a total of $1,300.00 for the Health Service.
Friends of the Health Centre  
President Elizabeth Hasler  
With pleasure that I once again present the Annual Report for ‘The Friends’ who have done a marvellous job over the last twelve months. We welcomed some new members into our group and we are always looking for new members.

We held our Annual ‘Spring Fashion Parade’ at clubmulwala on 15 October 2007; once again a great success, raising nearly $3,000. This was made possible by the hard work and support of the Friends, Fashion Houses, staff of the Community Health Centre clubmulwala, Material Girls and those individual members of the community who offered their time and services.

Our Mother’s Day Hamper competition was a success, thanks to the effort of all our valuable volunteers.

This year our fundraising efforts have purchased:
• 20 fabric stacking chairs and 10 Kingston chairs for the program room;
• 8 comfortable chairs for the reception area; and
• a mobile pivoting whiteboard, electronic labeller and a foot model for the podiatrist;

all costing approximately $4,500.

We are now preparing for our next ‘Spring Fashion Parade’ to be held at clubmulwala on Monday 13 October 2008. Please put the date in your diary and we look forward to another great event.

In closing, I would like to thank all the office staff at the Community Health Centre for their support, together with Kathy Van Driel (Program Manager). Thanks also to go Wendy Phillips; our Vice President/Treasurer.

I am grateful for the support and hard work that the Friends have put in over the year; well done to all!

I would like to take this opportunity to wish the incoming committee all the very best for 2008/2009 as they strive to raise money for our Community Health Centre.

Friends of Warrina  
President Villa Nowacki  
Our committee has had another very successful year due to the continued support of many people at Yarrawonga District Health Service, as well as the wider community.

We have found that local residents of Yarrawonga/Mulwala and district have a very high regard for Warrina Hostel and the Friends of Warrina are always supported very generously in any fundraising event.

Our Warrina staff, under the leadership of Judy Tont, are always helpful with suggestions and ideas for purchases to enhance the comfort and wellbeing of the residents.

I would like to thank the residents of Warrina very much for their interest in attending monthly meetings as well as the afternoon teas and other fundraising activities. They are always tolerant when their home is invaded twice a year by about one hundred visitors for the ‘Cuppa for Cancer’ morning tea in May and the morning tea and stall in September. It is pleasing to see the residents participating with a handicraft staff of their own as well as contributing items to include in the Lioness Club Exhibit at the annual Yarrawonga Show.

The Friends of Warrina once more have worked very hard in all our fundraising endeavours and I thank them very much for their support and cheerful willingness in selling raffle tickets through all kinds of weather.

Through their endeavours we have raised money to purchase: five sets of six colourful place mats for the dining room, thirty mattress protectors, forty coveralls for residents, individual birthday and Christmas presents, an annual donation of $100 to purchase wool and material for the residents’ craft group, as well as a donation to the Breast Cancer Association. Once the proposed alterations to Warrina Hostel are complete, I am sure we will have another list of things to be purchased.

Secretary, Gloria Little and Treasurer Judi Lagstrom are to be thanked for carrying out their roles so efficiently, as well as the committee members who have taken on various areas of responsibility during the year.

We have all worked together once more with great enthusiasm to make Warrina a very pleasant and comfortable home for all our residents. Thank you all very much.
### Terms & Abbreviations Used in Our Report

#### Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>An examination of an activity or of documentation to check whether things are being done as expected.</td>
</tr>
<tr>
<td>Benchmarking</td>
<td>When one organisation compares its performance, systems and practices with other organisations and uses the information gained to make improvements.</td>
</tr>
<tr>
<td>Community</td>
<td>The population served by the health service.</td>
</tr>
<tr>
<td>Competency</td>
<td>People are considered to be competent when they are able to apply their knowledge and skills to successfully complete work activities in a range of situations and environments, in accordance with the standard of performance expected in the workplace.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>The collection and examination of information to identify the outcome or result of an activity, intervention or service.</td>
</tr>
<tr>
<td>Indicator</td>
<td>A measurable occurrence that demonstrates the extent to which a service is doing what is expected.</td>
</tr>
<tr>
<td>Monitor</td>
<td>To check, observe, measure or record the progress of an activity, action or system on a regular basis in order to identify change.</td>
</tr>
<tr>
<td>Pragmatic Training</td>
<td>Pragmatic Training is a leading staff education and training centre for key services sectors. Pragmatic Training provides a unique, industry-specific range of educational programs and services that benefit organisations and individuals.</td>
</tr>
<tr>
<td>Residential Facility</td>
<td>Aged Care Facility, ie. Karana, Allawah &amp; Warrina Hostels.</td>
</tr>
<tr>
<td>Risk Management</td>
<td>An approach to improving safety and achieving optimal outcomes for consumers, carers and staff by identifying factors and circumstances that put people at risk of harm and then acting to prevent or minimise avoidable risks.</td>
</tr>
</tbody>
</table>

#### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YDHS</td>
<td>Yarrawonga District Health Service</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>LDR</td>
<td>Labour Delivery Room</td>
</tr>
<tr>
<td>EQuIP</td>
<td>Evaluation and Quality Improvement Program</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GPET</td>
<td>General Practice Education and Training</td>
</tr>
</tbody>
</table>
If not claimed within 7 days
please return to
Yarrawonga District Health Service
33 Piper Street, Yarrawonga 3730
TELL US WHAT YOU THINK

We would like to know what you think of our 2007/2008 Annual Quality of Care Report. Your feedback will help us to make improvements to next year's report.

1. Overall, how would you rate the report? (Please Tick)
   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good
   - [ ] Acceptable
   - [ ] Bad
   - [ ] Very Bad

2. What sections did you find most interesting?
   - ________________________________________________________________
   - ________________________________________________________________
   - ________________________________________________________________

3. What sections did you find least interesting?
   - ________________________________________________________________
   - ________________________________________________________________
   - ________________________________________________________________

4. Is there anything you would like included or clarified about our service?
   - ________________________________________________________________
   - ________________________________________________________________
   - ________________________________________________________________

5. Any other comments?
   - ________________________________________________________________
   - ________________________________________________________________
   - ________________________________________________________________

THANK YOU FOR READING OUR REPORT

To return this Survey Simply Fold, Secure and Post (Prepaid Reply)
Evaluation of the 2006/2007 Quality of Care Report
Last years report has been evaluated by both the Department of Human Services Assessment Panel for the Quality of Care Reporting Awards, with feedback also sought from YDHS staff, community members and consumer groups. Feedback from the panel was generally very positive with limited suggestions for improving the next report. Feedback from consumers indicated that the content was made more interesting by including patient experiences.

Distribution
Our Annual & Quality of Care report is forwarded to the Department of Health, State Library, regional health services and distributed throughout our facility including the Community Health Centre. Annual General Meeting attendees receive a copy as well as copies are provided to Local Medical Clinics, Neighbourhood House, Medical Associations such as ANF, VHIA, Health Agencies in the Shire and local government authorities. Reports are freely available for those who request a copy.

If you would like a copy of the report please contact:
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Email: sofie.halouko@ydhs.hume.org.au

Clinical Services Administration Assistant
Mrs Wendy Ralph
Telephone: (03) 5743 8139
Email: wendy.ralph@ydhs.hume.org.au

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Yarrawonga Community Health Centre
Piper Street, Yarrawonga Vic 3730
Telephone: (03) 5743 8500 Fax: (03) 5743 1426

Karana
Hume Street, Yarrawonga Vic 3730
Telephone: (03) 5743 8138 Fax: (03) 5744 1961

Allawah Special Care Hostel
Hume Street, Yarrawonga Vic 3730
Telephone: (03) 5743 8191 Fax: (03) 5744 1961

Warrina Hostel
Cnr Piper & Hume Streets, Yarrawonga Vic 3730
Telephone: (03) 5744 1203 Fax: (03) 5744 2896