

Consumer Participation

October 9th 2006



Consumer Participation Indicators

Allow us to:

- ❑ Monitor performance against internal goals
- ❑ Identify areas for improvement
- ❑ Assess progress of strategies to improve

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- The Quality of Care report provides us with the opportunity to inform the public about how we have implemented and used these indicators

Governance

Showing the public the governing body is committed to consumer, carer and community participation?

The things you can report on

- ❑ Summary of the consumer plan
- ❑ Accreditation outcomes
 - How have you achieved a MA rating on standard 1.6 the Governing Body is committed to consumer participation.
 - 1.6.1 How input is sought from consumers, carers and the community in the delivery and evaluation of the health service

Showing there is participation in the higher levels of decision making

- Reporting on consumer, carer involvement in
 - BOD planning days.
E.g.
 - In February 2006 WGHG had a BOD planning day. Members of the Executive BOD and Community were invited to review progress on the 5 year strategic plan and set the course for the New Year. Below is a summary of the key strategies for 2005-06 and the outcomes achieved?

- Articles including what Focus groups identified for specific projects

- Articles or flow charts showing Committees membership and outcomes
 - Community Advisory Councils
- Development of Q of C report
 - Assisting with the writing, editing and formatting of the report

E.g.

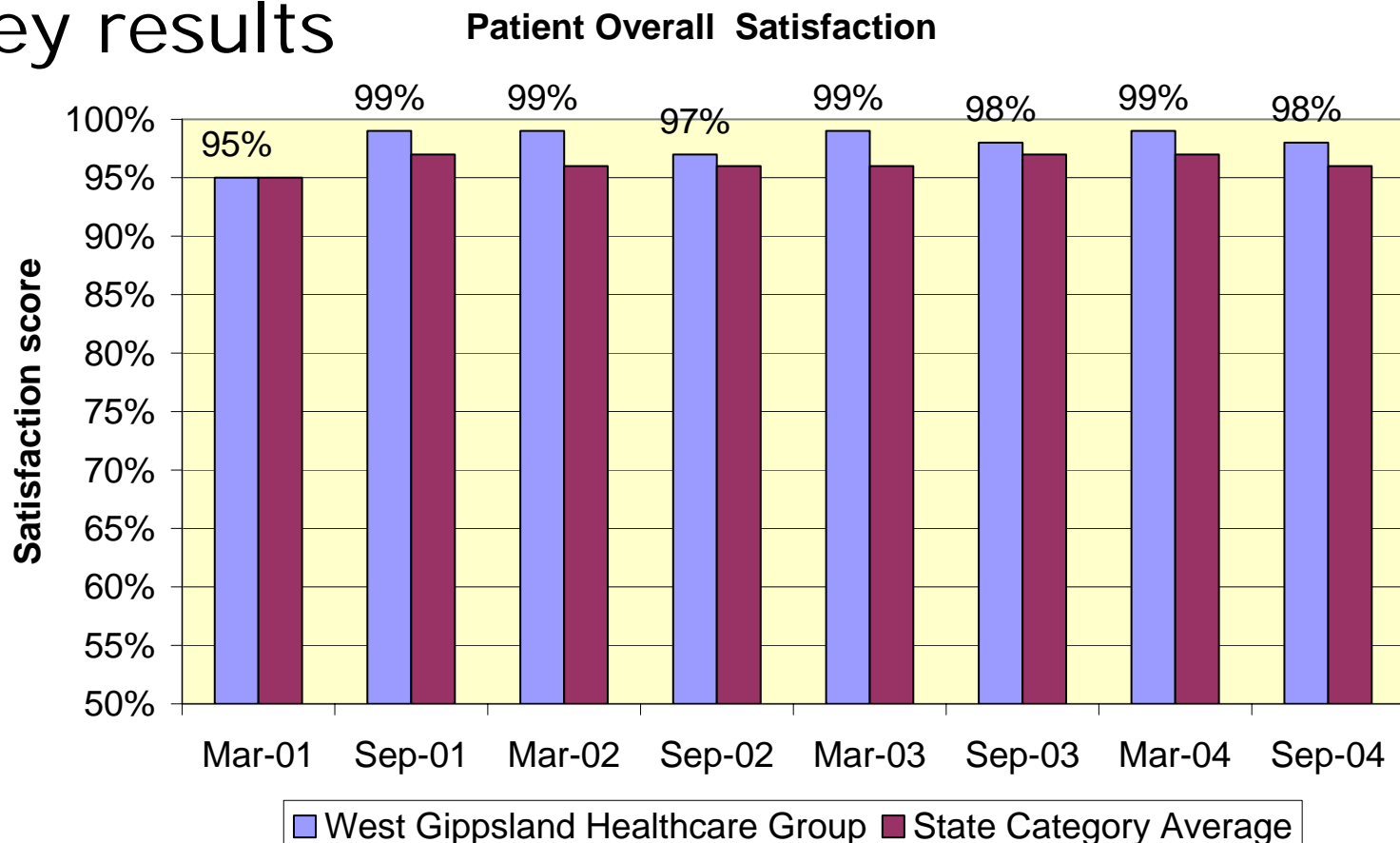
Responding to community needs.

- During 2005-2006 a review of WGHG services showed there was a delay in the availability of podiatry services. Waiting time to see a podiatrist during 2004-2005 was approximately four months.
- In response, WGHG implemented an innovative team based program

1.6.2 How consumers/patients are informed of their rights and responsibilities.

E.g.

Survey results



Commentary to go with the graphs

E.g.

- The WGHG achieved results significantly higher than the category average in these areas:
- Between 86 and 91 patients responded in the following categories and gave WGHG a 99-100% rating on:
- The results of the monitor also showed areas where WGHG can improve performance. These were:

Accountability

- Reporting to the community on
- Quality and safety processes and monitoring.
- The community what to know their health service is safe and provides a high quality of care
- How good is our service compared to others.
- What are the waiting times for services. What are we doing about improving them.
- Our plans for consumer participation

Healthcare and Treatment

- Reporting on consumer/carer participation in clinical care.
- Satisfaction surveys
- Processes for developing written health
- Care pathways
- How consumers are provided with information on care delivery options and what is likely to happen to them.

E.g.

- Article on the services available, improvements made to services and how consumers have been informed.

The Central West Gippsland 'Foothold On Safety' Falls Prevention project has completed its second year, with WGHG as its lead agency.

This year

- ◆ The Tai Chi for balance program has expanded to six sites: Drouin, Trafalgar, Warragul, Moe, Morwell and Traralgon
- ◆ The project worked in partnership with other stakeholders in supporting the Baw Baw Active Community project with the goal of providing improved access to physical activities in the Baw Baw area
- ◆ Awareness raising of falls as a problem continued with several local newspaper articles published, radio interviews, talks on fall prevention at local clubs and groups and traveling road show information sessions held in towns across the shire

Evaluation showed the Tai Chi for balance program is sustainable in the home environment. A survey of 38 patients completing the program showed

- ◆ 87% had practiced the Tai Chi at home
- ◆ 95% intend to continue to practice the Tai Chi at home
- ◆ 92% rated the Home Practice Manual as useful to very useful

- ◆ Collaboration with the WGHG Emergency Department to promote falls risk assessment and implement strategies to address medium and long term risk factors
- ◆ A referral pathway has been introduced in partnership with Rural Ambulance Victoria area 8 to offer screening and assessment for people who have had a fall but have not been transported to hospital
- ◆ In partnership with the Department of Human Services (Victoria) the project continued to offer education on preventing falls to local people working with older adults

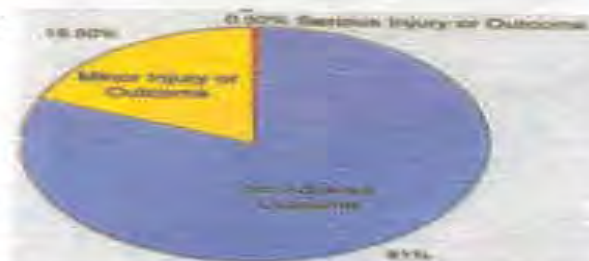
Patients rate improvements to their well being after participating in Tai Chi for balance

- ◆ 92% improvement in confidence with balance
- ◆ 58% improvement in fitness
- ◆ 60% improvement in strength
- ◆ 84% improvement in flexibility
- ◆ 95% improvement in general well being
- ◆ 91% reported that they would regularly attend a class if offered in their area

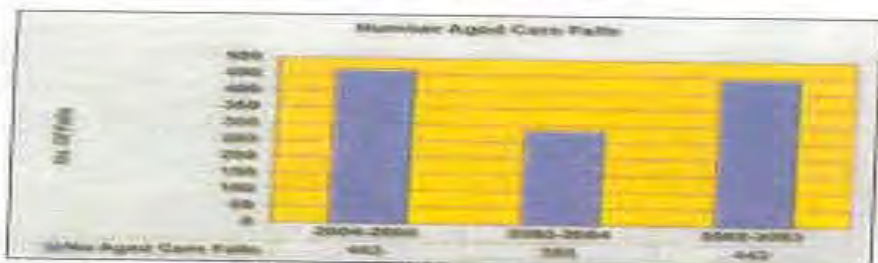


Outcome for falls that occurred in hospital

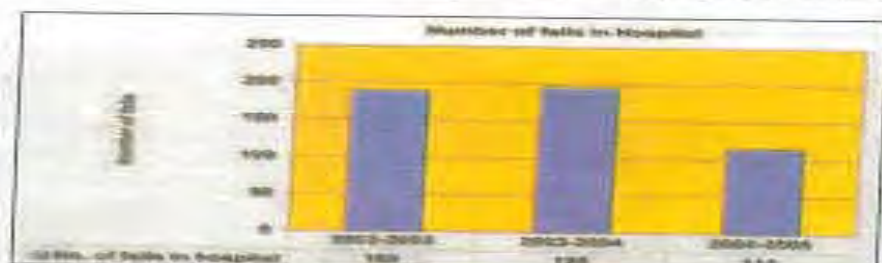
Our aim is to minimise risk of injury through interventions such as the wearing of hip protectors, knee pads and head protectors. The increase in incidence in aged care is due to a small number of residents who frequently fall or are found on the floor and are registered though they are wearing protective devices.



Outcome for falls that occurred in the Aged Care facilities



Number of Aged Care falls



Number of falls in hospital

Lessening the

risk of falls

Falls don't just
Have you had a fall

West Gippsland Healthcare Group has successfully implemented the Victorian Quality Council's Minimising the Risk of Falls and Falls Injuries Guidelines for Acute and Residential care. The guidelines provide a model and identify resources needed to support falls prevention activity both in hospital and in residential care settings. All ward areas have introduced the program with 80% of nursing staff having completed the education component of the package.

A risk screening tool has been incorporated in the Emergency Department Assessment Process for all patients that present that are over 65 years of age or are deemed at risk. The in-patient Assessment and Discharge Form has been revised to include the risk screening tool and risk assessment tool. This screening is carried out on all in-patients, then if required a further assessment is commenced to determine the type of strategies required to be put in place to lessen the risk of falls.

Some of these strategies include the use of appropriate footwear and eyewear, the use of mobility aids, high low beds and hip protectors. In the unfortunate event that a fall does occur, the WGHG has now introduced a standardised approach to the management of the patient after a fall. The flow chart for this treatment protocol is displayed in all areas. Patients being discharged into the community from the Emergency Department are also now referred to different community resources which can help prevent falls in the home.

For more information contact: Central West Gippsland Falls Prevention

Phone (03) 5633 1977. Email: fallsprev@wghg.com.au

Here are some factors that may increase the chance of fall

- Do any apply to you?

- | | |
|--|---|
| <input type="checkbox"/> I have fallen in the past 12 months | <input type="checkbox"/> I have a fear of falling |
| <input type="checkbox"/> I have osteoporosis | <input type="checkbox"/> My balance is not very good |
| <input type="checkbox"/> I suffer from dizziness | <input type="checkbox"/> I am not very active |
| <input type="checkbox"/> My health has got worse recently | <input type="checkbox"/> I have trouble remembering things |
| <input type="checkbox"/> I take three or more medications | <input type="checkbox"/> I take anxiety or sleeping tablets |

**If you ticked any of these boxes you may wish to speak to your Doctor or
Community Health Centre Staff about ways to reduce your chances of falling**



□ Outcomes of complaints

E.g.

In response to complaints we have

- Provided in-service education for staff in the emergency department on pregnancy testing of women with abdominal pain and psychological support of women who have had miscarriages.
- Strengthened the role of the nursing coordinators to inform the Director of Nursing and Director of Medical Services if there is an unusual delay in transferring patients for ongoing care.
- Reviewed emergency department protocols for the management of paediatric patients.

The Jackson's Track Story and it's impact.







Quality of Care News

Report to the Community

2004

**WEST
GIPPSLAND
HEALTHCARE
GROUP**

Welcome to our third annual Quality of Care Report

Our thanks to those in the community who provided us with feedback on last year's report. We value your comments. Thanks also to our staff, visiting medical specialists, members of the Community Advisory Council and members of the Jackson's Track Aboriginal Community who contributed to the preparation of this report.

Accreditation

In October 2003 WGHG underwent an organisation-wide accreditation survey by the Australian Council on Healthcare Services as part of an ongoing process to ensure WGHG meets standards and provides a quality service.

The result was that WGHG was awarded the full four years accreditation and had its rating upgraded to an Extensive Achievement (EA) rating. This is a significant achievement as the survey was conducted under the newest version of the accreditation process which is considered, by the industry, as much more difficult to pass.

When advised of our successful accreditation WGHG was the only hospital nationally to have achieved an Extensive Achievement rating for overall improving performance.

The Aged Care residential facilities, Coonda Lodge and Andrews House, had their support visit in December 2003 from The Aged Care Standards Agency following their three-year accreditation awarded in August 2002. The support visits for both facilities were very positive with no recommendations from the agency. Ongoing improvement in quality programs and projects were clearly demonstrated, reflecting the commitment of the facilities to the accreditation process for aged care.



**WEST GIPPSLAND
HEALTHCARE GROUP**
Caring for our Community

Building Relationships with the Aboriginal Community



Above: Dot Mullet, the Aboriginal Hospital Liaison Officer for West Gippsland Healthcare Group, is making a difference as a go-between for the aboriginal community and health services.

"I open the door slowly and try to sneak in. I look at the floor. It doesn't look back. If I'm really quiet like a wallaby no one might notice me. But it doesn't work. I still feel them. As soon as I open the door, all their eyes on me. A black woman in a white place.

I sit in the corner next to the window and hope the doctor won't take long. I don't know how long I can stand feeling their eyes staring at me, judging me.

It had taken me weeks to be brave enough to see the doctor. I had hoped the ulcer would go away, after-all it didn't hurt. But it didn't go away, it just kept getting bigger and now it was hard to stop the oozing through the bandages. The doctor had said I had diabetes and I needed to see her often, but it was hard.

She had warned me about losing feeling in my feet. But it was easier to put up with that than go to the doctors. I felt so out of place.

Since the Jackson's Track Community came to town along with members of other aboriginal communities outside the area, they have struggled with being separated and not being accepted into the broader community.

In the past health services expected people to come to them and seek out the services they require. But this approach has not worked for the Aboriginal Community. As a consequence, many health problems which could have been avoided were allowed to advance or deteriorate unchecked. West Gippsland Healthcare Group (WGHG) realised we needed to reach out and help the aboriginal community to access our services earlier.

It might be a slow process but our Community Services team lead by Dot Mullet, the Aboriginal Hospital Liaison

Officer, is slowly building a relationship between WGHG and the Aboriginal Community.

It started with providing staff with education at a Cultural Awareness Day organised through Dot Mullet. From there, a luncheon with members of the Aboriginal Community and Community Services staff was arranged.

Using informal get-togethers, Dot is introducing the Community Services staff to members of the Aboriginal Community so they can get to know the staff, and it's starting to work. For the first time we are beginning to see a small trickle of people coming to us for help in areas such as counselling and diabetes. It's only a small beginning, but we are hoping the word will spread.



Jackson's Track in the 1950s.

In a recent visit, Parliamentary Secretary Daniel Andrews, recognised the work WGHG was doing as a unique model to help bridge the gap between acute and community-based services and the aboriginal population.