



ISSUE

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From The Desk of the Chief Executive officer

I write to provide an update on a number of issues confronting the organisation including:

Capital Redevelopment

I am led to believe that the gestation period of an elephant is 22 months – the longest of any land animal. I point this out as by coincidence, this has been the construction period of our new hospital which has recently been completed. All involved with the project are delighted with the quality of finishes and the standard of accommodation that is provided. Progressively over the next several weeks, we will relocate all patients into the new hospital much to the delight of not only our patients but also our hardworking staff.

The perimeter landscaping has recently commenced and once completed, will showcase our hospital which is one of the most modern and technologically advanced health services in regional Australia.

As previously advised, the official opening of the new hospital will be conducted by the Premier of Victoria the Honourable Ted Baillieu and the Minister for Health David Davis on 19 September 2011. This is a coup for the organisation to attract both the Premier and Health Minister to the official opening and I am expecting the ceremony to be a major celebratory occasion. All staff are encouraged to attend the official opening to celebrate this major milestone.

In a similar vein, the new Warrnambool Community Health construction on Koroit Street is progressing at a rapid rate with all formwork and walls in place. It is expected that this major redevelopment will be completed in mid-2012.

Volunteer Support

On 10 August 2011, I had the privilege to attend the volunteer's Annual General Meeting and to publicly thank them for their support over the past 12 month period. I also discovered that the volunteer workforce contributed over 30,000 unpaid hours which equates to over \$760,000. I therefore encourage all staff to acknowledge the work of the volunteers and to make sure that this 'workforce' is made to feel welcome and as an important component of the overall team.

2011/12 Quality and Business Plan

I write to thank all department heads for completing their Quality and Business Plans which are consolidated into divisional plans and ultimately an organisational plan to guide performance for the next 12 month period. Following receipt of the budget outcome, it is shaping up as an extremely challenging financial year with a major strategy this year attempting to maintain patient throughput within funded levels.

Keep up the good work!

JOHN F KRYGGER
Chief Executive Officer

RELOCATION OF HUMAN RESOURCES & PAY OFFICE AND DELIVERY OF TIMESHEETS

The Human Resources department and Pay Office have now been relocated to Level 1 of the new redevelopment.

All enquiries, timesheets, salary packaging information, leave forms, etc should now be delivered or directed to Level 1 (no longer to the Villiers Block).

For Nursing staff – timesheets and leave forms that have been approved by your Unit Manager may now be sent or delivered directly to the Pay Office and do not need to go via Nursing Management. (NOTE: maternity leave, extended long service leave or leave without pay applications should still be directed to Nursing Management)

PLEASE NOTE: Timesheets should be delivered to the Pay Office **as early as possible** for processing each fortnight; but (with the exception of those on call over the final weekend) **ALL should be received no later than 5pm on the second Thursday of each pay period.**

STAFF SERVICE AWARDS

The 2011 Staff Service Awards will once again be held at both the Camperdown and Warrnambool Campuses in November 2011.

At these functions, awards will be presented to members of staff reaching milestones of service with South West Healthcare as at the end of December 2011 (including what was previously Warrnambool & District Base Hospital, Corangamite Hospital Services, Corio House, South West Linen, Glenelg Psychiatric Services/Brierly Hospital and Macarthur & District Community Outreach Service).

As per past years, lists of staff eligible for service awards will be distributed over the coming months and posted for staff to check and ensure that they are correct.

Human Resources

REQUIREMENT FOR ALL STAFF TO CONFIRM EXISTING SALARY PACKAGING DETAILS

All staff currently participating in the Salary Packaging program are reminded that they are required to CAREFULLY CHECK and sign-off confirmation forms to ensure that all of their details are current and correct.

ie each staff member should as soon as practicable contact Human Resources reception staff to check and sign off that the following details are accurate and up-to-date:

- full name
- home address
- bank BSB (or 'branch') code and account numbers
- expense details and amounts

As previously advised – South West Healthcare's internal auditors have recommended stopping employee benefits or packaging until such time as these signed confirmations are received. (ie staff who do not complete this annual confirmation/ sign-off process may risk having their salary packaging payments delayed or ceased).

CHANGES TO TIMING OF REIMBURSEMENTS FOR MEAL ENTERTAINMENT & ACCOMMODATION/VENUE HIRE BENEFITS

The "Meal Entertainment" and "Venue/ Accommodation Hire" areas of South West Healthcare's Employee Assistance and Benefits Program are continuing to be well supported and the processes are working effectively.

All staff participating in the meal entertainment benefit scheme should have been issued with a copy of the "Salary Packaging & Benefits Information and Guidelines for Staff" and have signed a statement that they have read, understood and will fully comply with these conditions. (Copies of these guidelines, application, deduction, claim forms, etc are available from the Pay Office).

Staff are also reminded that:

- the NAB Visa Debit card should be utilised wherever possible (rather than obtaining a receipt for reimbursement)
- all transactions MUST be over \$15, used at a business with an eat in facility (NOT merely a take away, home delivery or a home catered function); and be more than a simple snack. a valid tax invoice or receipt MUST be kept for all transactions. ie a receipt detailing either the individual items or type of meals, drinks, etc purchased or at least a clear indication that the purchase was a meal and associated drinks. (This means NOT just the covering Visa docket) This requirement is not only for reimbursement purposes BUT ALSO when using the NAB Visa Debit card.

South West Healthcare staff may be subjected to random audits of card statements, whereby participating staff will be required to produce their previous monthly statements and also all detailed receipts for transactions appearing on that statement.

ADO & ANNUAL LEAVE BALANCES

All Department Heads and staff should continue to monitor leave credits to ensure that they are correct and - most importantly - that all leave balances or accruals (Annual Leave, ADOs and Long Service

Leave) are not excessive. Staff should not usually have more than 12 hrs of ADO or one year of annual Leave credits. Any person with excessive leave (more than 24 hrs ADO or > 18 months annual leave accrual) should immediately discuss this with their line manager & put in place a plan to take this leave as soon as practicable. Human Resources staff are available on request to assist with such planning.

AS ADVISED IN THE PREVIOUS NEWSLETTER - staff are reminded that claims for reimbursement of meals or holiday accommodation will now only be processed on a quarterly basis in September, December, February and May. (ie reimbursement claims can still be actioned with payments/deductions made over multiple pay periods, but such claims will only be processed or commenced four (4) times per annum).

It is intended that the majority of expenditure will be via the NAB Visa (debit) card, and reimbursements should be the exception.

NEW STAFF ACCESS and ID/NAME BADGES

As part of the Warrnambool campus' capital redevelopment process; and also as a result of South West Healthcare's (SWH's) new logo/ branding strategy etc; all staff should now have been issued with a new ID or Name Badge.

The new ID/name badges include each employee's:

- **first or christian name** as per the payroll system record (unless you specify an alternative **or preferred name**)
- **surname**
- **job or position title** (as advised and approved by their Dept and/or Div Head)
- a **colour photograph** (to be taken by Human Resources staff)

along with:

- the new SWH logo or brand
- the emergency response codes in full colour on the reverse side.

In some cases, these ID badges will also include a microchip which is coded to allow security access to certain areas of the new "Timor Street Block" building as appropriate for the particular position or employee.

Any staff who have not had their photograph taken should do so as soon as possible.

Please contact Human Resources Reception on ext 44155 should you require any further information or clarification in relation to these ID badges.

2011 "People Matter" STAFF SURVEYS

We had a fantastic response to our request for all staff to complete the 2011 "People Matter" Staff Survey; with over 400 staff participating.

Detailed results from these surveys are expected to be available in the near future. They will be distributed to divisional/department heads via printed reports and formal presentations; and subsequently to interested employees via normal staff meetings and future newsletters/memos.

Thank you again to all staff who participated and took the time to provide this important feedback!

Warrnambool Community Health

NAIDOC Day

NAIDOC (National Aborigines and Islanders Day Observance Committee) celebrations were held on Thursday 7 July 2011 behind Warrnambool Community Health from mid morning to early afternoon.

NAIDOC Day celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander people. The National NAIDOC Theme for the 2011 NAIDOC Week celebrations was 'Change: the next step is ours'.

Activities and presentations held on the day included traditional dancing, a balloon release, free lunch and music featuring Lee Morgan and band 'The Last Resorts' and Skye Taikato.



Lismore Community Health

We have good news on the GP front with Dr Darren Loo providing service 2-days per week, this has increased service from 1.5 days and already the 2 days are being filled.

We also welcome our new physiotherapist Nerida Leeman. Nerida works in private practice in Camperdown and is here 2 days per month. Nerida is able to see more clients each day as her travel time is less than clinicians travelling from Warrnambool.

We are also seeing an increase in bookings for our Dietitian and diabetic educator.

Optical services are a new service to our catchment and the community are taking the opportunity to receive assessments and glasses at a competitive cost.

Nursing, both on and off-site continue to provide a daily service.

The Lismore Primary School Community Garden is now structurally finished and planting out will occur this term to coincide with the school curriculum. The Lismore Garden Club and Adult Day Activity Program are on stand-by for this event. The chook pen built by the senior students at Derrinallum is now next to the garden.

A stress management program has just been completed and this will be followed by assertiveness training and sleep hygiene.

Later this year we are planning a men's health evening in conjunction with Child & Family Services in Ballarat and some healthy cooking sessions for parents of school-aged children, to compliment our community garden activities.

Manifold Place Community Health

Manifold Place was successful in receiving two Corangamite Shire Community Grants. One will be used for a Women's Health Forum later in the year. This forum will be a collaborative effort between Manifold Place, Robinson Street Medical Clinic and Camperdown Clinic with health professional and motivational speakers. The second grant will assist in the funding of the Camperdown Community Christmas Lunch, a bigger and better function following last year's very successful event.

'Managing your life and illness' was the catch cry in July/August, the aim to achieve an optimal life balance especially within the limitations of an illness. To facilitate lifestyle change three programs have been presented - Stress Management Program presented by the Manifold Place Counsellor and Primary Care Nurse, Leap Forward For Life a self management program for newly diagnosed Type 2 Diabetics and those diagnosed with IGT, and finally Steps to Wellbeing a self management program for those with any chronic illness.

A past participant in the Steps to Wellbeing program successfully trained in the Stanford model and is now co-facilitating the program as a peer leader. Well done Rhonda.

Stephanie Bruce has joined us as the new HARP Coordinator replacing Amanda Quinlivan who has joined the HARP team at Warrnambool Community Health as a Care Coordinator.

Barbara O'Neill, our administration assistant, has decided to retire and spend time with her husband, family and multitude of grandchildren.

In August, the updated Chronic Conditions Service Referral Pathways will be distributed to all hospitals, community health centres, medical clinics, practise nurses and managers throughout Corangamite Shire (except Beaufort). These will provide a revised list of services and programs to all using this tool.

Macarthur Community Health

During the last couple of weeks in July, a steady stream of men who had taken part in our Primary and Community Services Divisions "Healthy Hearts Program" which began in March 2008, returned to our Health Centre to be reassessed to see whether the program has had any long term benefits.

The aim of the initial Healthy Hearts program was to screen participants (Men 35-55) for risk factors associated with heart disease, and then over a period of 4 weeks educate them about heart disease and ways that they can reduce their risk. They were then able to develop an action plan of how they would change their lifestyle to prevent heart disease. The men were then reassessed at 3, 6 and 12 months to see how they were going.

In bringing them back for reassessment after 2 years, we hope to demonstrate that the program has had some long term benefits in improving the health and ultimate risk of heart disease in the men that completed the program.

During the reassessment, each participant had their physical parameters remeasured such as weight, waist and hip circumference, blood pressure and pulse as well as a finger prick blood test to measure cholesterol and blood glucose levels. Comparison of these findings are then made to those of the initial program to see if participants had shown continued improvement indicating a long-term health benefit.

Results from the initial Healthy Hearts program did show health benefits within 1 year of completing the program, and findings from our research has received interest from other healthcare agencies who are keen to implement the Healthy Hearts program in their communities.

Although the original Healthy Hearts program was only for men as they were seen to have a greater risk of heart disease than women, I am pleased to say that we are close to launching a new improved Healthy Hearts program that will include women as well as men.

Cleaning of the Environment:

There is more and more evidence to support the fact that hospitals that are not clean have higher rates of infections! Patients contaminate their environment within 24 hours as they touch articles such as TV remotes, light switches, toilet doors, nurse call systems.

If the patient happens to be colonised with a multi resistant organism that organism will be found on many surfaces, that is why the 5 Moments of Hand Hygiene is important. If we touch the patient's environment we can pick up the patients bacteria and take it with us to the tea room, the office, the phone or home. Remember many patients may be colonised with a MRO and we are not aware of it.

The discharge cleaning of rooms must be done properly, studies done in the US last year found VRE and MRSA in rooms for up to 1 month after the patient had been discharged when cleaning was not performed correctly.

Staff Health Clinic News:

Please Note:
The Staff Health Clinic will change location to Level 2, Timor Street Building in upcoming weeks.

You will still book your appointments on pH: 5563 1433.

Infection Control

UPDATE ON SURVIELLANCE AROUND THE REGION:

By Dr Deb Friedman

Bairnsdale Ulcer:

2011 has seen an increase in the number of cases of Mycobacterium ulcerans infection being diagnosed. Most affected patients reside on the Bellarine peninsula, but some have had a very brief visit to the region which is adequate for exposure. GPs in our region are becoming very skilled at suspecting typical M.ulcerans lesions & sending off swabs for PCR testing. The

infectious diseases department at Barwon Health continues to follow a large cohort of affected patients and study the optimal modes of therapy.

Chlamydia:

Rates of Chlamydia continue to rise both in the greater Geelong region and throughout Victoria. Many patients have no symptoms, therefore, testing among at risk young sexually active people, and treatment of partners cannot be over-emphasised.

Update on Diphtheria:

A Queensland woman died from diphtheria in April 2011. She contracted the disease from a friend who had returned from travel to Papua New Guinea. The woman was unimmunised.

There have been no reported cases of laryngeal diphtheria in Australia since 1991–92, when 23 cases and one death were reported in the Northern Territory, mainly in Aboriginal adults. But, there remains a potential for re-emergence of epidemic disease inadequately immunised populations.

Previously vaccinated adults should have a booster every 10 years to maintain immunity. The ideal vaccine to use is dTpA (for example Boostrix), as the inclusion of pertussis is important. Adults who have never been immunised need 3 doses of dT at a minimum of 4 week intervals with a booster after 10 years.

Although there has been a vaccination program in Australia since the 1950s, immunity can wane among older adults, leaving them with a lack of protective immunity. In addition, unimmunised people are not uncommon in the population. This recent case is a reminder that people travelling overseas to developing countries where diphtheria is endemic should ensure their vaccinations are up to date for even routine vaccine preventable conditions.

Annual figures of healthcare associated infections in Australia are as follows:

- 200,000 healthcare associated infections annually.
- 12,000 bloodstream infections associated with healthcare.
- 7000 *Staphylococcus aureus* bloodstream infections.
- 17–29% patients with healthcare associated infections die in hospital.
- 2 million extra bed days

Since 1950 we have relied on antibiotics to “control” infections. As bacteria continue to develop resistance to antibiotics the effectiveness of these drugs had been dramatically reduced.

Now more than ever prevention is the key!



Redesigning Care - News Around the Wards:

WOW:

With more wards shifting into their new homes the Well Organised Ward (WOW) principles are being put to good use with the setting up of the standardised colour coding and ensuring stock placement to maximise efficiency.

Admission & Discharge:

Medical and Camperdown Acute ward are working through the Admission & Discharge module program. They have developed a standardised process for an admission and are currently trialling this as a tool for staff. This helps new and casual staff know what to do, plus helps track progress of the admission especially if a patient is admitted out of hours and some things need following up on the next shift.

Another part of this work has focused on using the electronic Patient Status At a Glance (e-PSAG) boards to maximise patient flow. We have visited every GP Clinic to go through the e-PSAG boards and update the GPs on how they can use the boards to identify risks and facilitate discharge planning. Now staff on the wards need to ensure that the Expected Discharge Date (EDD) is assessed daily with the doctors to achieve timely and effective discharge planning.

Is it working? Yes our Average Length of Stay (ALOS) is reducing across the wards and is more in tune with the Victorian ALOS now. This work helps with our progress towards meeting the 4-hour ED length of stay and elective surgery targets – so keep up the great work!

Handover:

Rehab and ICU are currently working through the Handover Module program to assess the best way forward to doing their handovers that works for staff and patients/families. Both of these areas have or are in the future, increasing in bed numbers which has prompted them to review their current handover processes to maximise safety and efficiency.

As part of this work Rehab are also developing a template for the patient bed boards (at the foot end of the beds). Patient/family and staff input has been gathered for the types of information they would find useful on these boards with priorities so far:

- Day and date
- Names of staff caring for them
- Phone number of that bed
- Space for messages from family/visitors
- Patient rehab timetable so patients, family and staff can work around these sessions
- Expected Discharge Date



Measuring and Reporting:

Wards involved in the redesign work are now more used to taking ownership of measuring their own performance, discussing it at ward level and using it to identify areas done well and areas that could be improved. These indicators cover areas such as patient satisfaction, patient safety, patient or equipment flow, staff satisfaction and sick leave.

We are now in the process of looking at the best ways to building this reporting at the next level up so wards can share their experiences and learn from each other. A trial of a monthly report at Nursing Management meeting will be commenced.

Acute Pain Working Group

South West Healthcare recently participated in Australia's 1st National Pain Week, 24-30 July.

Throughout the week the opportunity was given to staff to discuss the recently released 'Acute Pain Assessment, Measurement and Management Policy'. The policy has been the work of the Acute Pain Working Group.

The Working Group has diversified over the last 12 months- our working group is made up of nurses from the ward areas who are looking after patients and looking after the patient's pain.

Our Objective:

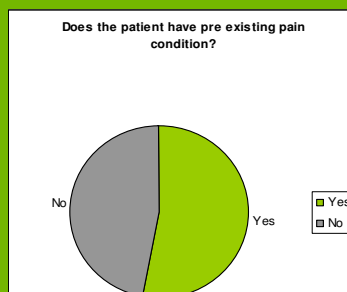
To provide guidelines for the safe and effective "assessment, management and evaluation" of pain in the clinical setting.

To assist us to do this we meet monthly and look at what we are doing and how we care for different types of pain; we started off looking at Pain after an operation but soon discovered that there is a fine line between pain after an operation and pain that can be ongoing. We have developed Guidelines; these allow us to standardise the care we offer and mean that nurses are talking the same language from shift to shift. It can be very confusing for a patient to be asked the same question ten different ways.

A recent audit conducted by clinical staff shows that just under 50% of our patients admitted for Bowel Surgery have a pre existing pain condition.

Using these results we can look at ways to flag these patients in pre admission and develop pain management plans for the post operative phase, in turn improving the outcome for these patients & working towards a positive patient experience.

Ingrid Wynd, Quality Unit-Project Worker



Education Department

UPCOMING STUDY DAYS

- 2 day workshop on Care of the Deteriorating patient organised for October 4 & 5, at Flying Horse, some places still available.
- Culture Works half day workshop for managers on 13 or 14 October at Proudfoots.
- NGT & PEG Management 8 November Frank Lodge Conference Centre

SOLLE

BLS theory now available and a clinical demonstration is still required to be signed off. This demonstration can occur at orientation, Nursing Professional Development Day or at ward level.

Attendance at Nursing Professional Development Day now being recorded on SOLLE. Slowly working through this process, especially for the earlier months of 2011



CLINICAL PLACEMENT NETWORK

Health Workforce Australia and Department of Health are driving this initiative to increase undergraduate placements for all undergraduate health students in 2012. Impact for clinical staff will be more students in the clinical environments.

<http://www.hwa.gov.au/work-programs/clinical-training-reform/clinical-training-placements>

South West Healthcare is one of the test sites involved in the multilateral negotiations for nursing undergraduate placements for 2011.

South West Healthcare has registered an expression of interest to be involved in the IT management pilot.

The above website provides information on this work.

MEDICATION COURSE: ENROLLED NURSES

Commencing in October, medication course for over 35 enrolled nurses in the local district will commence. Further funding is being sought for enrolled nurses who are medication endorsed and want to up skill to IV administration. Submissions for this funding close 19 September 2011.

Star-beat Choir

STAR-beat Choir has been in the studio once again, recording their highly anticipated second production "Share the Beat".

Following the success of their 2009 album, "Thank You for the Music", STAR-beat were keen to extend themselves with some original recordings. The title track was written by STAR-beat and recorded with Phil Heuzenroeder (Bi-polar Bears), and as usual, the recording includes a reworking of some familiar favorites (Don't Worry, Be Happy, Rockin' Robin, and "Lean on Me" among the highlights).

STAR-beat will launch their CD during Mental Health Week, and all are invited to attend the launch at the OEC conference centre (SW TAFE), Timor Street, Warrnambool from 2pm - 3.30pm on 12 October 2011.

CDs will be available for purchase for \$5.00 or available from iTunes following the launch.

STAR-beat would like to extend a hearty thank you to WDEA charitable trust, Jonathan Cox, NOISE music studios Adam B Metal, Phil Heuzenroeder & Bi-polar Bears, Robyn Sharrock, and the Participation Team at South West Healthcare.

Mental Health Nurse Leadership Group

You are invited to the Launch of the Warrnambool Mental Health Services (MHS) Nurse Leadership Group.

The Nurse Leadership Group is where Mental Health (MH) nurses can engage in collegial conversation and attend a forum to discuss and improve MH Nursing Standards and Practices; Professional Development; Education & Training; Clinical Supervision; Academic Study & Research; MH Nurse workforce within our MHS.

The Launch is on Tuesday 30th August 2.30pm - 3.30pm in the Conference room in Ward 9.

There will be a short presentation and an opportunity to sign up to an Activity Group.

The Nurse Leadership Group plans to meet monthly to share information and progress Activity Groups. To function efficiently the Nurse Leadership Group requires a quorum of committed (MH) Nurses. The Nurse Leadership quorum will be invited to regular meetings to ensure the Groups success.

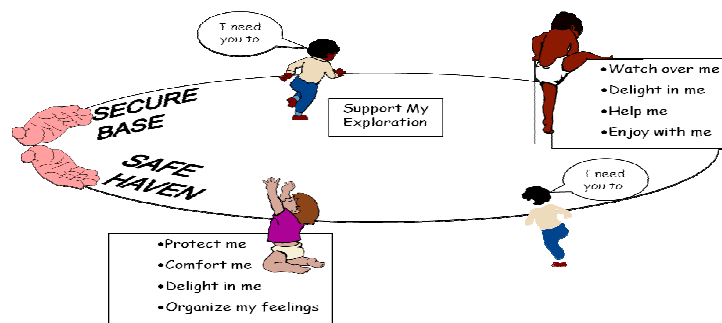
The Nurse Leadership Group is calling for interested MH nurses who want to participate in organising the MH Nurses Bigger Day Out, Tuesday 29th November 2010. This event was very successful last year and we have been successful in obtaining some funding for this event. We have a number of exciting speakers already confirmed. This is a great opportunity to learn event organisational skills and participate in a best practice MH Nurses Forum.

Adele Morrison, Senior Psychiatric Nurse/Executive Officer

Child & Adolescent Mental Health Services

The Circle of Security (COS) Parenting Group Intervention

The COS model is an attachment-based early intervention method designed to help caregivers provide a secure base/safe haven for their children. COS is designed to give parents a secure base from which to learn about the attachment needs of their children and explore their own internal obstacles to meeting those needs. COS helps parents to develop relationship capacities rather than learn techniques to manage their children's behaviours. COS aims to: *Improve parents observational and inferential skills; facilitate empathy- a shift in focus from children's behaviour to their inferred emotional needs; and to facilitate a shift from "my child wants attention" to "my child wants connection"*. The program is suitable for children up until primary school age.



Indicators that this group may be suitable for you:

- **If you are experiencing difficulties with parenting a child up to 12 years of age.**
- **Not feeling confident with your parenting approach**
- **If you are concerned regarding the quality of your parent-child relationship**
- **Child displays concerning behaviour- internalising or externalising**

CAMHS are offering current AMHS/PMHT clients an opportunity to participate in the next COS group to be rolled out in October 2011. The group will commence the 10th October 2011. Clients can participate in this group without being registered with CAMHS. FaPMI are able to provide support to parents in attending the group via petrol vouchers, child care or any other support required to facilitate attendance.

CAMHS are currently seeking expressions of interest from AMHS/PMHT clinicians who may have clients appropriate for the COS group. Please contact Rachel Robertson (robertson@swh.net.au) or Jodi Radley (jradley@swh.net.au) with expressions of interest or further questions.

Please also consider the relevance of the CAMHS infant mental health program for 0-3 year olds. If you are working with a client who has an infant please consider a referral to the CAMHS team if you have concerns for the infant-caregiver relationship (attachment) or any other concern for the parent or infant.



Caption:
STAR-beat Choir celebrates their follow-up album.