

Northeast Health Wangaratta



Quality Account

2018-19

'Every patient, Every time'





> Our absolute commitment to supporting /providing kind, gentle and compassionate care to our patients/clients and residents is the central reason we have all chosen to work in healthcare. We understand that the commitment to kindness starts with us being kind to ourselves and looking after our own wellbeing so that we can care for others.

Our Care and Kindness Charter

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Our Vision

To be recognised leaders in rural healthcare

Our Mission

To provide healthcare that enhances the quality of life of people in Northeast Victoria

Our Values

- Caring
- Excellence
- Respect
- Integrity
- Fairness

What did you think?

All public health services in Victoria and required to provide information to our community every year. Please let us know what you thought of our Quality Account – did it improve your knowledge of NHW and the services we provide? Did it show you how we are improving what we do? Was it interesting?
Please let us what you think!
email: feedback@nhw.org.au letter: Addressed to 'Director of Performance Improvement'
PO Box 386, Wangaratta 3676

Message from the CEO and Board Chair



Jonathan Green Board Chair & Margaret Bennett Chief Executive Officer

We are delighted to introduce you to the Quality Account for Northeast Health Wangaratta (NHW), a publication that highlights our services and achievements for the 2018/2019 financial year. The Quality Account is designed to provide information about the range of services and the quality of clinical care provided and is published in conjunction with our Annual Financial Report.

NHW has enjoyed a highly successful year, delivering an extensive range of service improvements focused on safe, reliable and responsive care. We have seen increases in the number of patients treated and also the range and nature of the services being provided. There has been consistent pressure on our service that relates to our role as a specialist referral centre for North East Victoria, where ageing and chronic illness are significant drivers of clinical demand. Within this report you will see detail regarding the services we provide, the data relating to those services, what the users of our health service think of their care and also what improvements have been made.

We are delighted that a particular highlight of the 2018/19 year was the pre-election announcement by the Premier on October 29th 2018 of \$10 million in addition to the previously allocated \$23 million redevelopment funding. This will expand

the planned redevelopment and enable additional much needed infrastructure upgrades. The redevelopment will include:

- a new 12 bed Intensive Care Unit
- additional treatment spaces in the Emergency Department (ED)
- a new 8 bed Short Stay Unit in ED
- a Behavioural Assessment Room to support the safe care of patients presenting to the ED with acute mental health or drug and alcohol problems
- the establishment of a new Paediatric Unit
- additional acute medical beds

Throughout the year, planning and detailed design for the redevelopment has been undertaken in preparation for the appointment of a lead contractor by December 2019, prior to the commencement of two years building in early 2020.

We acknowledge and thank all who have supported NHW during the past year,

including the Department of Health and Human Services, NHW Board of Directors, our partner agencies, our Visiting Medical Specialists and the Executive, along with our wonderful team of 1,444 staff and 349 volunteers. We commend the Quality Account to you and have pleasure in sharing the wonderful achievements of our team during the 2018/19 year.

We continue to be absolutely focused on NHW's Vision, Mission and Values as we face the challenges and opportunities in the year ahead.



Margaret Bennett
Chief Executive Officer



Jonathan Green
Board Chair



You can download an electronic copy of the Quality Account and also the Annual Financial Report for NHW on our website: www.nhw.org.au.

Snapshot of NHW

Radiographers Ryan Gormly & Loren Gathercole



NHW is the specialist referral hospital for the Central Hume area of Northeast Victoria, serving a catchment of approximately 90,000 people. Our staff provide a wide range of clinical services to meet the healthcare needs of our community. As can be seen in the table below, we are experiencing growth in most clinical service areas with the demand placing continual pressure on our staff and the beds available for patient care. The commencement of our redevelopment, as highlighted on Page 1, will significantly relieve this pressure.

Key data – year on year	2018/19	2017/18	2016/17
Patients admitted	20,692	19,127	18,705
Patients treated in Emergency Department	26,615	25,546	24,539
Babies born	670	667	679
Outpatient attendances	26,148	24,682	21,007
Medical Imaging procedures	66,356	67,848	62,132
Rehabilitation episodes	588	540	429
CCU patients	852	754	771
Paediatric admissions	1,290	1,292	1,416
Dialysis treatments	2,364	2,356	2,543
Oncology treatments	1,934	1,922	1,736
Hospital in the Home patients	316	318	196
Rehabilitation in the Home (from Dec 2018)	52	N/A	N/A
District Nursing client visits	20,042	19,918	17,687
Palliative care patients cared for at home	198	185	164
Dental patients treated	15,600	14,938	13,699
Pharmacy scripts filled	32,556	33,104	32,002
Surgical procedures	6,704	6,518	6,369
Beds cleaned	9949	6,226	5,818



Our Clinical Services include

- Accident & Emergency
- Critical Care
- General surgery
- Orthopaedics
- Urology
- Obstetrics (maternity)
- Paediatrics – medicine and surgery
- General Medicine
- Oncology
- Renal Dialysis
- Rehabilitation
- Residential Aged Care
- Dental
- Medical Imaging
- Home Based Nursing – District Nursing, Palliative Care, Hospital in the Home
- Community Care – Allied Health, Continence, Diabetes Education, Group Therapy



NHW Board of Directors: L-R Alison Maclean, Anne Wearne, Martin Hession, Jonathan Green, Roger Barker, Cheryl Clutterbuck & Ruth Kneebone
Absent: Matt Joyce

Meet our team

Employing a team of 1444 staff and 349 volunteers, NHW is the largest employer in the Rural City of Wangaratta. These staff work across the wide range of services we offer and play a vital part in providing excellence in health care for the people who use our service each and every day.

Board of Directors

NHW has a Board of Directors that is made up of 9 members of our local community, who all offer different skills and experience to assist in the comprehensive management of our healthcare business. They are approved for appointment by the Governor-in-Council. The Board of Directors are

ultimately responsible for the performance of NHW. They delegate responsibility to the CEO, who along with our Executive Directors, are responsible for day to day operations. The Senior Executive Team work closely with department managers to ensure high standards are met and maintained.

In 2018/19 some of our key achievements have been:

- Achieving consistently high patient satisfaction levels
- Decrease in dental waiting lists by 36%
- Introducing a Rehabilitation in the Home program
- Progressing an expanded Digital ECG program
- External reviews of the Emergency Department, Critical Care Unit, Anaesthetics, and Operating Theatres to ensure we are maximising our capacity and efficiency
- Rollout of 'Omniceil' medication cabinets to all clinical areas within the hospital
- Introduction of a Middle Leadership Program for clinical staff
- Approval of 18 Research projects

The next 12 months we aim to:

- Complete a new Strategic Plan for the period of 2020 – 2025
- Commence building works for the redevelopment
- Introduce a new Patient Administration System
- Improve capacity in the Emergency Department
- Develop a master plan for Illoura Residential Aged Care
- Commence a site master plan
- Establish a multi agency approach in caring for older people in the Rural City of Wangaratta



Did you know...

NHW started a Rehabilitation in the Home (RITH) program in December 2018. RITH offers short term (usually 4 weeks) intensive rehabilitation therapy in a person's own home. To date the RITH team have provided therapy to people in Beechworth, Moyhu, Tungamah, Myrtleford, Yarrawonga, Bright and Benalla as well as Wangaratta.



'Getting to know you' functions for new staff are held regularly. We welcomed this new group in February 2019

Volunteering at NHW

Volunteers can be involved in many areas of NHW, with examples including, but not limited to:

- Community Advisory Committee
- Emergency Department liaison
- Friends of the Hospital auxiliary
- Fundraising
- Illoura lifestyle program
- Library services
- Meals on Wheels
- Palliative care

STAFF

There are a wide variety of career opportunities available at NHW, including not only patient/client based services but also non clinical roles, such as support services, maintenance, food services, finance and human resources. In 2018/19 we employed staff in the following areas:

Staff Group	n	%
Administration	171	14%
Allied Health	174	12%
Dental	30	2%
Executive	8	1%
Medical	140	6%
Nursing	694	49%
Patient Services	149	9%
Support Services	78	7%
Grand Total	1444	100%



Galen Catholic College students prepare lunch for the annual Volunteer Celebration

Volunteer Program

NHW is very proud of the 349 members of our community who annually contribute more than 36,000 hours to our services, and each year we celebrate this wonderful connection. For the past 5 years, the VCAL teachers and students at Galen Catholic College have combined their skills with our Volunteer Services Team to put together a fabulous celebration to recognise our volunteers. This partnership is part of the VCAL students' Year 12 final assessment. Students manage all aspects of this event from designing invitations and table settings, to menu, food purchasing, preparations and service on the day. Throughout this

process students get a real life experience of event planning and hospitality. *What started out 5 years ago as a lovely afternoon tea for around 100 volunteers, has evolved into a 3 course luncheon for 180.* The determination of students to put on a professional and enjoyable luncheon has resulted in a wonderful event. The overwhelming feedback from attendees has included "the students were so polite, professional and helpful", "the food was so delicious and it's hard to believe students have produced it, not an experienced chef". This is a great example of local organisations working together to achieve an outstanding outcome.

People Matter Survey 2018 - our staff said:



Each year our staff participate in a state wide satisfaction survey that is conducted by the Victorian Public Sector Commission in collaboration with the Victorian State Government. Reports are then provided to us that compare our results to other similar sized health services (peer hospitals) and also across the state. In 2018, 67% of staff available during the 2 week survey period completed the survey, an excellent response rate to provide meaningful data. Staff satisfaction in key areas was above the average of our peer health services as can be seen in the table below.

Satisfaction area	NHW 2018	Average Peer hospitals
Engagement	73%	69%
Satisfaction	77%	73%
Patient safety	77%	71%
Role clarity	93%	91%
Equal Opportunity	80%	76%
Human Rights	86%	83%
Reward and Empowerment	81%	78%



We farewelled staff from a number of senior roles throughout the 2018/19 year.

Libby Fifis : Director of Clinical Services – Nursing and Midwifery

Dr John Elcock : Director of Medical Services

Dr Leo Fogarty : Director of Obstetrics Central Hume

Pictured above are Nursing Executive with Libby Fifis: L-R Chris Gartside, Erica Anderson, Libby Fifis & Jason O’Keeffe

STAFF SAFETY

The Occupational Health & Safety (OH&S) program at NHW continually monitors the workplace to ensure a safe and healthy work environment is maintained for all staff including volunteers and contractors, patients and visitors. Reporting of incidents and hazards involving staff is encouraged and appropriate action is taken to reduce risks to staff. Actions taken to improve the safety of staff include:

- Occupational violence and aggression training delivered to 70 employees
- Purchase of an electric drive mortuary trolley
- Purchase of a bariatric bed to assist in manual handling at Illoura
- Commencement of manual handling assessment across NHW
- Upgraded our online chemical database to include risk assessments
- Purchase of new patient beds that have an electric drive to assist moving beds and patients

Aggression and Assault

The media continues to report an increasing risk to Health Care workers in terms of aggression and violence. We monitor the risk to our staff by encouraging them to report episodes where they experience physical or verbal abuse, or feel unsafe or threatened. Every effort is made to protect our staff including having security staff on site 24/7, assessing the risk to staff and taking appropriate measures to reduce the risk, having a total of 76 CCTV cameras across the site and supplying staff in high risk areas (including in the community) with duress alarms. As part of the redevelopment there will be a Behavioural Assessment Room built in the Emergency Department which will allow for the safe observation of people who attend with aggressive or violent behaviour.

Our journey towards Rainbow Tick accreditation



Delivering LGBTQIA+ education: Allison Leatham, Rainbow Tick Accreditation Project Lead & Matthew Parsons, Manager Education & Strategic Development with Rainbow Health Victoria

In 2018, the results of our People Matter survey demonstrated that we could do better in terms of equal inclusion of people who identify as Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex and Asexual plus(LGBTQIA+).

NHW is now actively working towards Rainbow Tick Accreditation, a formal set of standards that aim to improve services for LGBTQIA+ staff, volunteers, patients and visitors. There is commitment to respecting and celebrating all forms of diversity and recognising the value of unique identities and people within the community.

What have we achieved so far?

- 44 members of staff formally trained (including Board Directors, CEO, Executive and leadership team)

- Ongoing celebration of LGBTQIA+ events
- Establishment of NHW LGBTQIA+ Network and Advisory Group
- Launch of Wangaratta LGBTQIA+ Community of Practice

What's next?

- Change of forms to reflect diversity and inclusion
- Improving our response to reports of discrimination, homophobia and transphobia
- Focusing on feedback from consumers
- Next phase of training for Emergency Department, Community Care, Day Stay, clerical staff and leaders.
- Flying the Rainbow flag to highlight our commitment

People Matter Survey 2018 – our staff said:



Question	NHW result	Peer hospitals average
Disability is not a barrier to success in my organisation	72%	68%
Gender identity is not a barrier to success in my organisation	79%	76%

Supporting staff with disability

NHW has a Disability Action Plan which has been recently revised and updated to highlight actions to be taken over the years 2019 – 2022 to improve experience and safety for both staff and patients who have a disability.

A new position of Disability Team Leader was established in December 2018 and currently coordinates and supports six employees with a disability at NHW. Support ranges from role modelling and task modification to Payroll/Human Resource problem solving. It also:

- Offers information and liaison for prospective volunteers and staff with a disability
- Engages and maintains partnerships with local Secondary Schools and Wangaratta District Specialist School
- Provides information and support to schools on work experience/placement for students with a disability
- Plans customised, individual and accessible placements for students with a disability
- Engages and maintains partnerships with disability recruitment agencies

This role will include support for patients with a disability in the near future.



Did you know... Australian Bureau of Statistics data (2016), indicates that almost one in five Australians reported living with disability (18.3% or 4.3 million people). This includes more than 18,000 people across North East Victoria. Of those 18,000 people, almost one third had a profound or severe disability.



The Mothers and Babys Morning Tea in October 2018 was well attended, with excellent suggestions and feedback received

Patient feedback delivers the most important evaluation of our services from those who use our service. They are best placed to say if they are happy with the services they receive. Feedback is provided to us via the Victorian Health Experience Survey, complaints and compliments, by speaking directly with patients and via Community Forums. We view all feedback as an opportunity to improve services.

Complaints and Compliments

Direct feedback from consumers can be provided verbally, via mail and also electronically, and is treated in confidence. Complaints received continue to identify the need for better communication with patients and their families/carers. Effective sharing of information is essential when receiving health care and also when planning for discharge so people know how to manage their condition at home and have all the services they need. We have increased the use of patient stories to help relay how people feel about their care.

As a result of complaints we have:

- Improved the process within food services to reduce the risk of patients receiving incorrect meals
- Strengthened consent process for students attending patients
- Increased our focus on high quality basic nursing care
- Included Allied Health in the Daily Operating System so referrals are identified early
- Enhanced the variety of fillings in sandwiches available for sale in the café
- Undertaken education of staff in communication, documentation and kindness at all times

Victorian Health Experience Survey (VHES)

Throughout this report you will notice results from this ongoing, statewide survey. It provides us with patient satisfaction data that is compared to other hospitals across the state. NHW performs very well with a high level of satisfaction demonstrated, which has remained consistent over a number of years.

**OVERALL
SATISFACTION**

Jan – March
2019

97%

State
2019

92%

In 2018/19
NHW received 138
complaints, slightly
less than 144 the
previous year

Community Forums



In the past 12 months NHW has held:

- Mothers and Babies Morning tea** – held annually and highlights what new mothers think we do well and areas for improvement. Required improvements are monitored via the Women's Health Governance Committee.
- General Community Forum** – open to all community members to provide feedback on the current performance of NHW and assist with Strategic Planning 2020 - 2025

emergency care

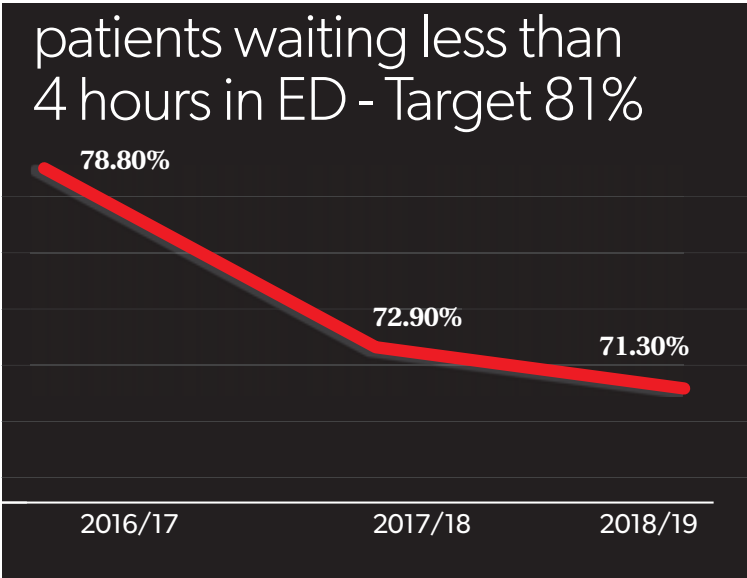
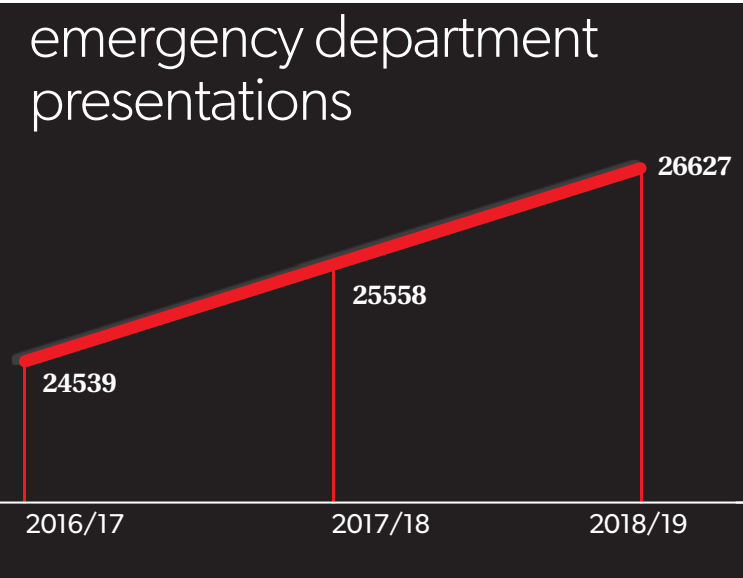


Clinical Nurse Specialist Robyn Gibson co-ordinates the patient care in ED

NHW provides 24 hour, 7 day a week service for people requiring emergency care, and is the specialist referral centre for the Central Hume Region. There are currently 15 treatment spaces, four of which are used as a Short Stay Unit where people can stay for observation and further testing for up to 24 hours.

The data shows us...

Patient numbers are increasing year on year.



An increase of 8.51% (2088 patients) can be seen over 2 years. With no extra beds or trolleys for patients, and few additional staff, there has been an increase in waiting times.

Where our ED patients come from – 2018/19

NHW provides care for communities of not only Wangaratta but also Alpine, Beechworth, Yarrawonga, Benalla and Mansfield. Predominantly the ED treats people from the Wangaratta Primary catchment as can be seen in the table.

Catchment area	Number	% of ED patients
Wangaratta	14,909	56%
Beechworth	949	4%
Benalla	3,160	12%
Mansfield Shire	821	3%
Alpine Shire	1,516	6%
Yarrawonga	1,630	6%
Other Victoria	2,290	9%
NSW	944	4%
Other	408	1.5%



Registered Nurse Olivia Schilg provides documentation in the ED

you said...



Victorian Health Experience Survey (VHES) data Jan – March 2019 shows overall satisfaction of patients in our ED was **91%**, compared to a state average of **83%**



“I would like you to pass on my appreciation of the service that I received at the ED. After a fall and a very deep laceration to my leg I was received by a very professional and caring Triage staff. After admission to the ED, which was very quick, the staff that cared for me were outstanding. My thanks go to all the staff for the terrific repairs that were made to me. Many bad comments are often made of ED's around Australia for long delays etc, but I can see how difficult these places are to manage as the workload is great”.

Whilst we do receive a lot of positive feedback about care provided in the ED, we also receive complaints. In the past year we have made improvements from these complaints in relation to communication, information provided to patients, keeping the waiting area updated and re-checking patients in the waiting room when there are long waiting times. We are also avoiding, where ever possible, sending elderly patients home at night.

We receive feedback about waiting times in the ED which are sometimes unavoidable, but we do try to see patients as quickly as possible. All patients who attend are assessed as to the urgency of their condition. Most urgent patients are seen first. Assessment of patients is called ‘triage’.

➤ To improve services we have

- Introduced a Fast Track model of care from 8am that provides senior medical support to review patients more quickly. Local GPs are working on site more often to assist with this process
- Commenced involvement in a medication trial for the treatment of acute stroke
- Undertaken an external review of processes to assist with patient flow and patient/staff experience

➤ Into the future

The redevelopment commencing in 2020 will see a rebuild of ED to expand bed capacity. This will include a new 8 bed Short Stay Unit and an additional 4 treatment spaces, as well as a Behaviour Assessment Room (see page 4).



Some of the staff caring for you in the Operating Theatre include Specialist Anaesthetist Dr Kasia Ibrahim, Theatre Technician Brendan Harrington and Specialist Anaesthetist Dr Bernadette White

The Northeast region in Victoria is fortunate to have specialist surgeons and anaesthetists based in Wangaratta who offer a wide range of surgical services including Orthopaedics, General Surgery, Gynaecology & Obstetrics, Urology, Dental & Endoscopy. We also have visiting surgeons who offer Ear, Nose and Throat and Paediatric specialty services. Some

surgery is planned (elective) and some is emergency. Elective surgery cases are admitted via our Admissions and Day Stay Unit. Patients who are undergoing major surgery or have complex medical conditions, are seen before admission at the Preadmission Clinic. These clinics are held four times a week.

The numbers

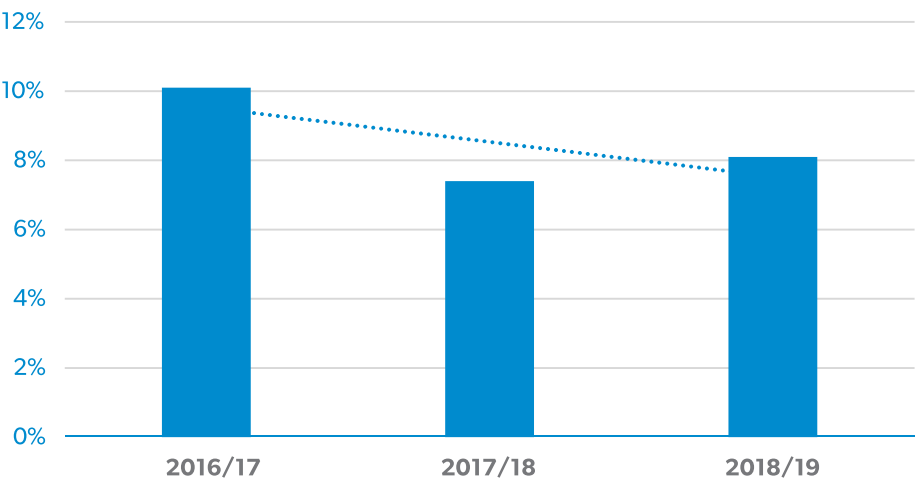
Surgery performed	2016/17	2018/19
Elective	4872	5121
Emergency	1497	1581
TOTAL operations	6,369	6,702

In the past 12 months we have received five complaints regarding surgical services. These were regarding waiting times for procedures and the cancellation of surgery.

Hospital Initiated Postponements (Cancellations)

Every effort is made not to cancel elective surgery. We understand this is both inconvenient and upsetting for our patients and their families. It also increases the workload of our staff. However cancelling surgery is sometimes unavoidable due to issues such as staff illness, equipment being unavailable or no available beds. We monitor the numbers of cancellations we make and continually work towards reducing these wherever possible.

SURGERY CANCELLED BY NHW



Waiting times

Elective surgery patients are classified according to the urgency of the required procedure, category 1 being the most urgent. When Surgeons see patients in their rooms before surgery, they prioritise how urgently the operation must be performed. Surgeons organise their own theatre lists and advise NHW theatre booking staff to organise admission. There are target times for patients to have surgery depending on their priority and our performance can be seen in the table below.



Registered Nurse in ADSU Jo Strano checks the temperature of patient Pina Arcuri

Surgical Priority rating	Time to be treated	NHW achievement	DHHS Target
Category 1 – urgent	Within 30 days	100%	100%
Category 2 – semi urgent	Within 90 days	92.2%	88%
Category 3 – non urgent	Within 365 days	95.2%	97%

Victorian Patient Experience Survey Results (January – March 2019)

Question	NHW	State	Peer
How did you feel about the length of time you were on the waiting list before your admission to hospital?	95% positive	82%	88%
Did you receive sufficient information about your hospital stay?	92% positive	80%	91%

“I would like to express our sincere thanks to your staff for the manner in which they treated not only our son, but my wife and I throughout the whole surgery process. The manner in which your staff made us feel was outstanding. Nothing was too much trouble, and their friendly, cheerful attitude was very much appreciated at a time where we were understandably apprehensive regarding our son’s operation”.

Surgical Services Redesign

During the 2018/19 year there has been an extensive review of surgical services undertaken by an external consultant who has worked closely with staff to improve operating theatre efficiency and use. The goals of the redesign were to:

- Reduce after hours surgery to less than 10%
- Achieve Elective Surgery Wait List targets
- Improve patient safety and staff wellbeing

Recommended strategies to achieve these goals have been developed and were implemented in July 2019. They included:

- A new operating schedule with an extra 5 afternoon, fully staffed operating sessions for emergency surgery
- Rostering shifts on Sundays and Public Holidays for theatre and sterilising department staff to reduce overtime and improve staff wellbeing
- Increasing numbers on call and on weekends to improve emergency case scheduling and workflow
- Daily ‘huddles’ in each operating theatre to improve patient care planning, workflow and efficient management of the theatre session

Extra checking

As a result of a serious incident which occurred to a patient during surgery who was taking an anticoagulant (blood thinning) medication, a review of the documentation on admission, the handover to theatre staff, and during the ‘time out’ process inside the theatre before surgery commences is being undertaken so this doesn’t happen again. Before you have surgery, please make sure you advise our staff if you are taking blood thinning medications.

Medical and Surgical care

The Medical and Surgical general wards care for patients who require treatment and stabilisation of surgical and non surgical conditions and require overnight care. The Surgical Ward has the capacity for 25 patients and cares for patients after operative procedures. The Medical Ward has 29 beds and cares for patients who often have complex clinical conditions such as respiratory and cardiac illnesses.

The top 5 reasons for admission in the Medical Ward

1. Respiratory Infections

2. Stroke

3. Septicaemia

4. Chronic Obstructive Pulmonary Disease (COPD)

5. Heart arrhythmias



Nurse Unit Manager Sally Arthur, patient Jeanette Smith and Physiotherapist Kristen Smale promote Ending PJ Paralysis



The Surgical Ward at NHW participated in the Safer Care Victoria ‘End PJ Paralysis’ Project during 2018/19. This was a state-wide project that aims to encourage patients to “Get up, Get Dressed and Get Moving” to reduce the risk of functional decline whilst in hospital. The ‘End PJ Paralysis’ project is based on an original campaign from the

United Kingdom that saw great patient outcomes such as a reduction in patient falls, pressure injuries and the length of time a patient spent in hospital. While sometimes it is necessary to wear a hospital gown, it can be a common misconception that this gown needs to be worn for the full hospital stay. Patients who are admitted to the Surgical Ward

are now asked to bring in loose fitting clothing and non-slip footwear for their hospital stay. When the medical staff are happy, the nursing and allied health staff will assist patients to get dressed, sit out of bed for meals and walk around the ward. Results have been pleasing and we will now look to expand to other areas of NHW.

Project outcomes

	Baseline Data (Nov 18 - Jan 19)	Project Evaluation (Feb - July 19)	Change
% of patient who sat out of bed for lunch each day	57%	70%	↑ 13%
% of patient that mobilised each day	78%	85%	↑ 10%
% of patient that were dressed each day (out of their gowns)	62.5%	72%	↑ 9.5%

Involving patients in their care

Research has shown that involving patients in their own healthcare promotes faster recovery and better health. We continue to work towards better involvement through the use of specific tactics and the education of staff. At NHW, patients are involved in their care through:

- **Bedside Handover** - where the change of shift information between nursing staff is done at the bedside and the patient is included in the conversation wherever possible.
- **Communication Boards** - Beside all inpatient beds, these boards are designed to provide patients and their families with information about their care and contain a space for questions so staff can provide answers.
- **Goal setting** - in particular in longer term clinical care areas such as Rehabilitation and outpatient therapies currently, goals of care are set in consultation with the patient.



University of Melbourne student Sercheng Ng checks the vital signs of patient Helen Patterson

Victorian Healthcare Experience Survey data (Jan- Mar 2019) for adult inpatients show that we need to strengthen our involvement of patients in their care.

Question	NHW	State	Peer
Were you involved as much as you wanted to be in decisions about your care and treatment?	63%	63%	72%

To assist in achieving this improvement there has been the appointment of an internal coach to drive the consistent use of the above tactics so we involve patients and their families on every admission.

Stronger supervision increasing safety

April 2018 saw the introduction of an Increased Observation Area within the Medical ward. The 4 bed room was established to provide increased safety and comprehensive care to people with cognitive impairment and frailty. It is part of a group of

strategies employed to better manage vulnerable people within the organisation. As part of the evaluation of these strategies, NHW have been measuring how well we diagnose and manage patients experiencing delirium during

their hospital stay. The data shows us that while there are more patients being diagnosed with delirium, the average length of stay is reducing. **We believe this is a result of better awareness, and more consistent management of these patients.**

Into the future

Due to patient demand, there is often the need for medical patients to be cared for in the surgical ward which we know is not ideal. The redevelopment of NHW will see the creation of additional medical beds which should greatly assist accommodation of patients in their own specialty area to increase patient safety.



Patient Margaret Hill & Critical Care Registered Nurse Rhonda Bennett

More seriously unwell patients at NHW are cared for in our 8 bed Critical Care Unit. This unit is overseen by Consultant Medical Staff and is staffed with experienced Registered Nurses who all have Critical Care and Advanced Life Support qualifications. Specialist support is provided to CCU from Intensive Care Physicians from Albury Wodonga Health.

Data shows us:



We treated
852

patients in 2018/19

compared to **754** patients
in 2017/18

- **692** (81%) of these patients were **EMERGENCY ADMISSIONS**
- **160** (19%) of these patients were **PLANNED ADMISSIONS**

The average length of stay for our patients was **4.6 DAYS**

The top reason for admission to CCU was **Acute Myocardial Infarction (AMI)**



ESCALATING CARE

The patient escalation of care process at NHW is a two tiered rapid response system. This includes the use of two different types of emergency calls to ensure urgent care is provided to a patient whose condition is getting worse. We assist staff to recognise deteriorating patients by using colour coded observation charts which clearly highlight when additional treatment is needed and from who.

Medical Emergency Team [MET] responses are called for patients whose condition may be getting worse and need medical review quickly. Doctors from the treating medical specialty attend along with critical care nursing staff. **Code Blue** responses are called for very serious medical emergencies

such as respiratory and cardiac arrests. Doctors from the treating medical team, anaesthetics, the Medical Registrar and Critical care nursing staff attend. In addition, if a patient or their family are concerned that their condition is getting worse and they need urgent medical review, they are able to escalate their concerns to the Nursing Supervisor who can organise any necessary reviews.

In 2018/19 there were:



502
Met calls

146
Code Blue
Calls

Midline IV access

In 2017/18, a project was undertaken which allowed specially trained Critical Care nurses to insert midlines into a vein in the upper arm using ultrasound. Midlines are like an IV cannula but are longer and the major benefit is that they can remain in place for up to 30 days. As a result, patients can have IV access that can remain in place for their entire admission, rather than needing many IV lines replaced during their treatment if they require long term medications such as antibiotics. Outcomes of this ongoing services are:

- **Over 140 midlines inserted** • **88% successful insertion on first attempt**
- **No infections recorded** • **298 IV insertions prevented**

INTO THE FUTURE

The increasing need for critical care will be assisted with a new 12 bed, purpose built unit that will be located above the existing Medical Imaging department. This will not only increase beds by 4 but will be strategically located close to the ED, Imaging Services and Operating Theatres



Doctor Okey Dokey (Left) & Doctor Popoff brightened the day of Archie McAllister when they visited the Paediatric Unit in June 2019

NHW cares for people of all ages – from babies to the elderly. Babies and children are provided clinical treatment in the Emergency Department, Paediatric Ward, Special Care Nursery and in non inpatient areas including outpatient clinics and therapy specialties such as Speech Pathology and Diabetes Education.

Victorian Patient Experience Survey Results (January – March 2019)

Question	NHW	State	Peer
Did you receive sufficient information about your child’s condition and treatment?	77%	70%	66%
Did staff caring for your child explain things in a way you could understand?	95%	92%	91%
Were you involved in decisions about your child’s condition and treatment?	85%	73%	71%

There are always areas for improvement and we continue to work on waiting room comfort, car parking and making sure we check the condition of children waiting before being seen by a doctor in the ED

Special Care Nursery (SCN)

Changes were made in the operation of the SCN in 2018/19, designed to improve continuity and safer care of babies. We have employed additional Registered Nurses with specialist training to manage the SCN, rather than relying mainly on midwives. These staff are experts in SCN nursing and are able to provide current evidence-based care and advice. They also take a leading role in directing the day-to-day management and future planning of the SCN. As a result of this change, there is greater consistency and continuity of care for the babies and advice to parents. A volunteer program has also commenced. Volunteers come to the

SCN and cuddle babies whose parents, for one reason or another, are unable to provide the needed contact. The program is proving successful for both the babies and the volunteers. Into the future we are considering:

- Training Enrolled Nurses to provide secondary support in the SCN
- Expanding the role of the SCN specialist nurses to provide neo-natal resuscitation training to midwives and obstetric staff
- Developing a graduate nurse rotation program in conjunction with the Paediatric team.

Paediatric Rapid Review Clinic

A new Paediatric Rapid Review Clinic was trailled from April 2018 and became an official outpatient clinic in January 2019. There are now two clinic sessions seeing children twice a week in the Community Care Centre. There have been four staff trained to assist in the clinics and there are strong links with the Diabetes Educators who attend dedicated sessions every month. Previously children were seen in the paediatric ward which was not suitable for outpatient reviews and was an unstructured process.

- The benefits of these clinics are:
- Reduced ward reviews which has decreased ward pressure
 - An appropriate and more professional review space
 - Positive financial impact on finance as we now receive appropriate funding for services provided
 - Improved pre admission paperwork

Diabetes Educators have assisted 7 children with newly diagnosed Type 1 diabetes during 2018/19

Maternity Services

NHW provides maternity services that are made up of both inpatient beds and outpatient services for new mothers. There are currently 6 maternity inpatient beds, 6 Special Care Nursery cots and 4 labour wards. Antenatal care includes antenatal clinics and classes. In addition, Midwifery Group Practice (formerly the Community Midwife Program) provides expectant mothers with the option of midwife care during pregnancy, labour, birth and following discharge from hospital. This program provides the opportunity for women to develop a strong rapport with their midwife before their baby is born. Following discharge from hospital, women can access the lactation clinic to receive assistance in establishing successful breastfeeding. Home visits from midwives can be provided if required and there is access to the Perinatal Mental Health Service, a service of Albury Wodonga Health but located on site at NHW.

Midwife Helen Scales checks baby Harry Meyland



Perinatal data

Victorian Perinatal Services Performance Indicators are collected from health services across the State via Safer Care Victoria. They highlight the performance of maternity services and look at measures relating to the quality of maternity care. Data is collected around:

- Women attending their first antenatal visit by 12 weeks
- Stopping smoking in pregnancy
- Maternal Immunisation
- Monitoring foetal growth and movements
- Ensuring that women have been provided with early access to Midwifery Care at their local maternity service
- Discussing breastfeeding and the benefits of breastfeeding

Two indicators in particular indicate the quality of obstetric services and are important to monitor.

1. **Percentage of full term babies (without congenital abnormalities) who are considered in poor condition shortly after birth**
2. **Percentage of babies with severe foetal growth restriction (<2500g) delivered at 40 or more weeks**

	DHHS target	NHW
Rate of single term babies without birth anomalies with APGAR score <7 to 5 minutes	<1.4%	1.4%
Rate of severe foetal growth restriction (FGR) in singlet pregnancy undelivered by 40 weeks	<28.6%	0.0%

Whilst we meet targets in these indicators, there has been a focus on babies born with low APGAR scores (in poor condition). All births at NHW are reviewed weekly at a multidisciplinary audit. As a result we have reviewed practice around induction of labour, use of medications to induce labour and monitoring of babies during labour.

Midwifery Group Practice (MGP)

MGP, formally Community Midwife Program, has the capacity to care for 160 women per year throughout the antenatal, intrapartum and postpartum periods. Each woman is assigned a primary midwife to oversee her care and to be her main point of contact throughout her pregnancy. Midwives work together within the team to provide a 24 hour, 7 day per week on call service to all of the women in their care. MGP works collaboratively with the Obstetric Medical

Specialists, ward based midwives, Perinatal Mental Health Service, Lactation Clinic and Allied Health professionals to provide individualised, best practice and evidence based care to every woman and family. Development of Midwifery Group Practice Guidelines, which clearly outline women suitable to be seen through this program, have been recently developed to ensure the safest care is provided to every mother and baby.



Did you know...

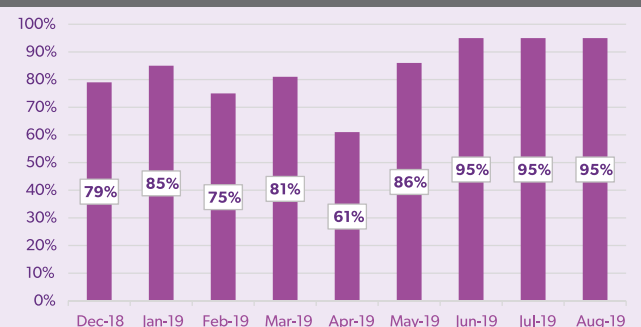
The Community Midwife Program celebrated 20 years practice in November 2018 with a community celebration, attended by Board members, NHW Executive, obstetricians, midwives past and present (including all four of the original CMP team) as well as past, present and future clients of the service

Maternity Immunisation Project

Although many cases of influenza (flu) are mild, for some people it can be severe and life threatening. Influenza is a serious disease for pregnant women, the foetus, and newborn babies. In addition, whooping cough vaccination during pregnancy is the most effective way for young babies to be protected.

To improve the uptake of immunisation against influenza and whooping cough, immunization at antenatal clinics commenced in April 2019. Women are now offered Flu Vaccinations anytime during their pregnancy at NHW, and whooping cough vaccinations are offered to all women over 20 weeks pregnancy. Improvement in vaccination rates can be seen in the graph.

RATE OF WOMEN VACCINATED FOR INFLUENZA



MANAGING INFLUENZA WITH A BABY AT HOME

What are the symptoms of the flu?

- fever or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness).

The flu is an illness that usually lasts for 5-7 days.

What if I get the flu?

- keep breastfeeding
- control your temperature with paracetamol
- see your GP early if flu symptoms develop.

Your doctor will advise you on treatment options, including antiviral medications.

What if someone in my family gets the flu?

- keep them away from the baby if possible
- wash your hands thoroughly before touching your baby.

What if my baby gets the flu?

- keep breastfeeding
- your baby needs to be urgently assessed by a doctor
- keep your baby away from other people, especially other babies, children and pregnant women.

FURTHER INFORMATION AND CONTACTS

ACT	02 6205 2300
NSW	1300 066 055
NT	08 8922 8044
QLD	13 HEALTH (13 43 25 84)
SA	1300 232 272
TAS	1800 671 738
VIC	1300 882 008
WA	08 9321 1312

NATIONAL IMMUNISATION PROGRAM
www.health.gov.au/immunisation

NATIONAL CENTRE FOR IMMUNISATION RESEARCH AND SURVEILLANCE
www.ncirs.edu.au/provider-resources/ncirs-fact-sheets/

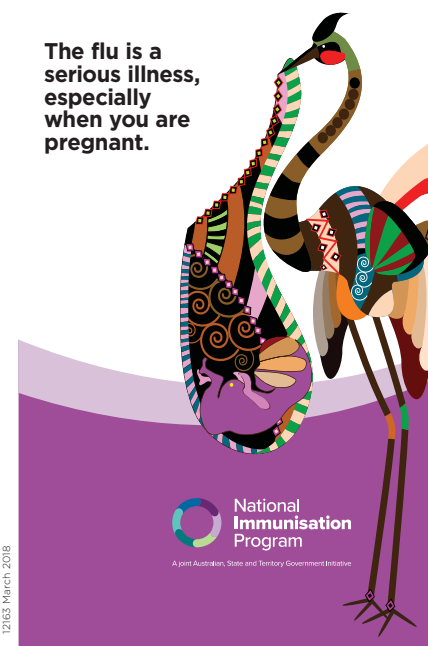
Ask your doctor, specialist, nurse or midwife about getting your free, seasonal flu vaccination today.

Vaccinate against flu - protect your baby too is based on a resource developed by NSW Ministry of Health

All information in this publication is correct as at March 2018

VACCINATE AGAINST FLU. PROTECT YOUR BABY TOO.

The flu is a serious illness, especially when you are pregnant.



National Immunisation Program
A joint Australian, State and Territory Government Initiative



The midwifery unit supports graduate programs and clinical placement to both Doctor of Medicine students and Registered Nursing /Midwifery and Allied Health students. Students are able to gain experience in birthing suite, special care nursery, operating theatre (for caesarean sections), antenatal and lactation clinics, postnatal care and domiciliary services . This enables students to demonstrate the skills and knowledge gained in their university study in a supported and supervised environment, building their clinical competence and capability.



Providing expert care: Dr Penny Smith, Rehabilitation Physician and Clinical Director of Subacute Care and Specialist Geriatrician, Dr Lakshmi Dhakal

The Thomas Hogan Rehabilitation Centre (THRC) provides specialist rehabilitation, geriatric evaluation management and also some acute medical care. It supports people to achieve their independence through specific and intensive therapy programs. Staff work with patients and their families to ensure the therapy provided is suitable for their needs and enhances recovery so that they can return home as soon as possible. If patients are unable to return home, then appropriate ongoing care is organised involving family and community services.

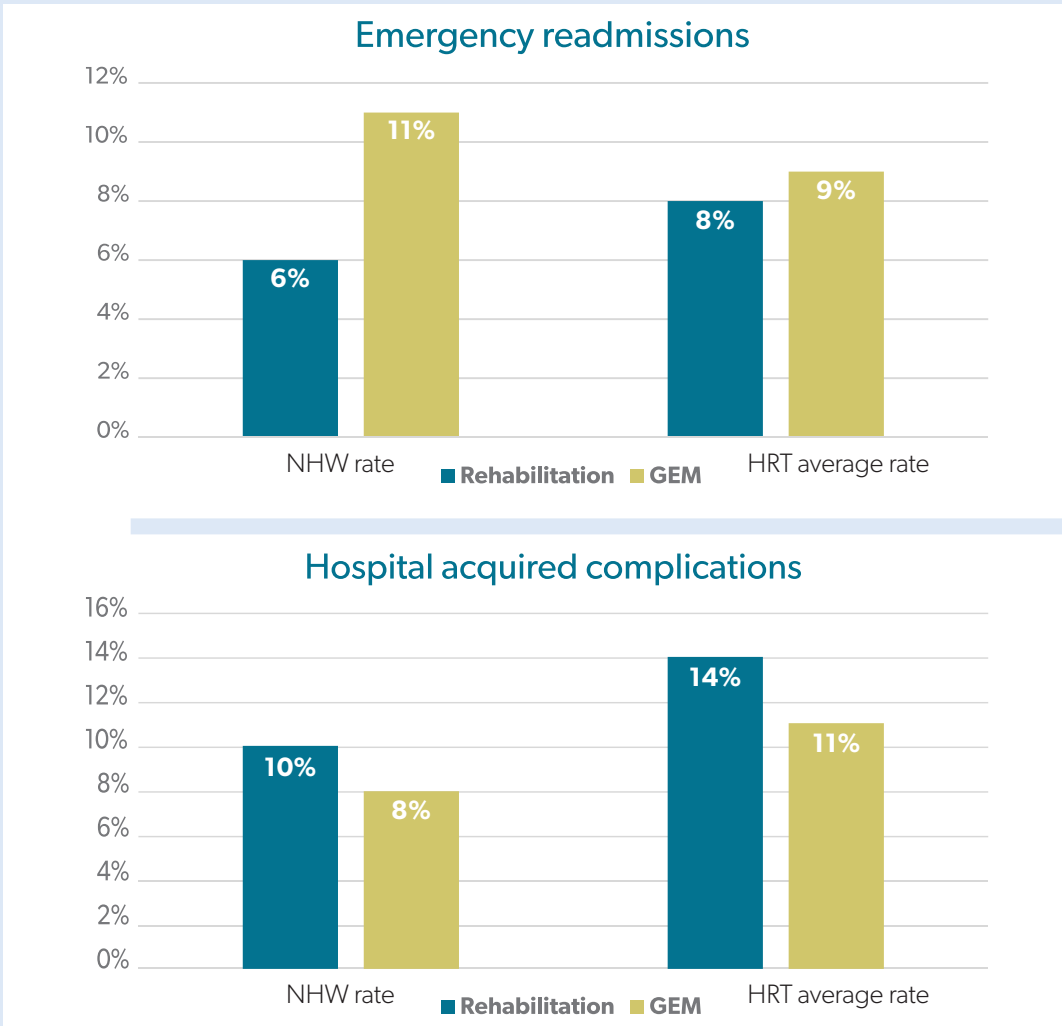


A total of 690 patients were treated in THRC in 2018/19.

The average length of stay was 13.4 days.

Health Roundtable

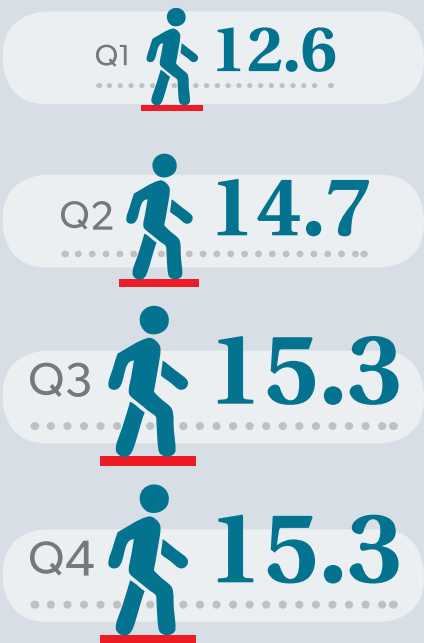
NHW participates in Health Roundtable, which allows us to compare our data against other health services in Australia and New Zealand. It provides data such as length of stay, complication rates, and readmission rates specifically for Rehabilitation and Geriatric Evaluation Management (GEM) programs. Data is reviewed at the Subacute Governance Committee and is usually favourable, but further investigation is undertaken if required. **Research is about to be undertaken to further examine the reasons for readmission of GEM patients, as or rates were higher an HRT average rates.**



Functional Independence

All patients who enter the rehabilitation program at NHW have a Functional Independence Measure (FIM) undertaken on admission to the program. This measure looks at the persons physical functioning, for example eating, grooming, dressing and how well they are able to walk, and also their cognitive ability such as comprehension, memory and problem solving. This provides a baseline and assists staff in determining a goal directed care plan so they are able to make improvements to improve their quality of life. At completion of the rehabilitation program another FIM measure is taken to determine how effective therapy and treatment has been. As can be seen in the graph below, there has been sustained improvement in the FIM score of patients over the past 12 months, indicating that there has been improvement in therapy outcomes.

Average FIM Improvement Rehabilitation Patients



Adrian Holloway, Allied Health Assistant, helps a rehabilitation patient improve function

Teleneuropsychology in stroke rehabilitation

Following a stroke, individuals commonly experience changes in their mood, cognition and behaviour. These changes can affect rehabilitation potential and outcomes. Psychological care after stroke is as essential as physical rehabilitation, helping people with stroke and their families manage the impact of the stroke on their lives. The National Stroke Audit Rehabilitation Services Report 2018 highlighted the widespread lack of psychological care after stroke. It is estimated that less than half of stroke survivors nationally receive neuropsychological services. At NHW we currently have

minimal access to neuropsychology services which is common in regional areas. The Thomas Hogan Rehabilitation Centre were successful in receiving a twelve month funded project to implement a neuropsychology service 1 day per week via telehealth technology. The aim of this Safer Care Victoria initiative is to increase patient access to neuropsychological services and clinicians to education and training for managing cognitive, behavioural and mood changes following a stroke.

Did you know:

There has been the introduction of a specific Neurological Circuit Group, to improve strength, confidence and mobility, every day in the Rehabilitation Gymnasium for 1 ½ hours.

residential aged care

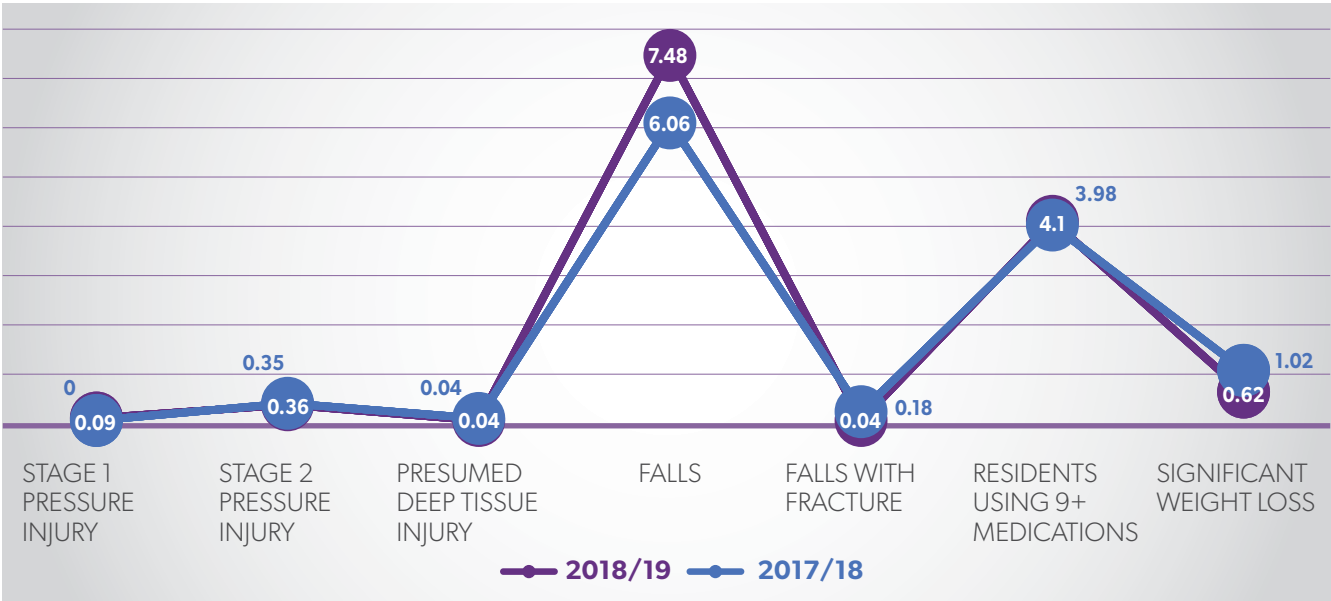
The Illoura craft group had their wall hanging art piece, “Assemblage of Threads”, on display at the Wangaratta ‘Stitched Up’ Festival. They won the People’s Choice Award.

Illoura is a 72 bed Residential Aged Care Facility that offers an exceptional standard of care for the frail aged and people affected by dementia. The facilities at Illoura are bright and airy and all have garden views. It is staffed with Registered and Enrolled Nurses who provide 24/7 care for our residents, along with the rest of the team who assist with daily activities such as lifestyle, laundry, cleaning and food services.



The data shows us

Public Sector Residential Aged Care (PSRAC) data is collected across the State. Benchmarked reports that compare our performance with others are provided quarterly by the Department of Health and Human Services to assist us monitor the quality and safety of care provided.



The above graph demonstrates Illoura’s performance against the PSRAC data. There have been no episodes of resident restraint, or stage 3, 4 or unstageable pressure injuries, so this data has not been included. We continue to focus on the prevention of falls, medication management and reducing the amount of unplanned weight loss.

Texture modified diets

On the background of resident complaints and clinical incidents, and to assist with unplanned weight loss, an audit and analysis of the Texture Modified Diets (such as pureed and minced/moist diets) provided at Illoura was conducted in late 2018. As a result, pre-prepared, moulded meals were

introduced in January 2019 to ensure consistent safe textures and more appealing meal provision for our residents. Clinical incidents and complaints have since reduced markedly, while residents on these diets now consume approximately one and a half times more of their meals than previously.



Ten year old Harvey O’Keeffe enjoys the interaction with residents at Illoura and is regularly on site helping out. He is pictured going for a short walk with resident Rose, with permission from staff, providing both company and safety. Other ways young people connect at Illoura is with lifestyle activities, assisting with meals as meal time buddies and visiting through schools such as Galen College and Boorinya.

Improvements in medication management


The visiting Pharmacist for Illoura reviews resident medications regularly. There is a current focus on decreasing antipsychotic medication. To assist in raising awareness of the use of these drugs she is now a member of the Medication Advisory Committee for the Hume Region. There is also education being provided by our Infection Prevention Consultant on Antimicrobial Stewardship, with a reduction in antibiotic prescribing.

Resident Led Meetings

Resident led meetings commenced in 2019. These now popular monthly meetings are chaired by a resident or family member, independent of staff. Agendas and minutes are sent out each month and family and residents are able to add to the agenda. Residents discuss topics of their choice, make suggestions relating to care and services, discuss quality improvements and give feedback.

Resident Satisfaction

Resident satisfaction surveys are formally conducted at Illoura every year and the feedback received assists our staff in making improvements to meet the needs of residents. There was a 70% return rate for the 2019 survey, which can be completed by the resident or their relatives. Results were very pleasing as can be seen in the table below:



Did you know...

Henry McCormick, Year 12 student at Galen catholic College, produced a U-tube promotional clip of Illoura. Henry is the son of Allison McCormick, a longstanding member of our nursing staff.

<https://www.youtube.com/watch?v=ozYcq2u94EY>

Question	Percent satisfied
Do staff treat you / your relative with respect?	98%
Do you/ your relative feel safe at Illoura?	93%
Do staff meet your healthcare needs?	100%
Do staff follow up when you raise things with them?	85%
Do staff explain things to you?	83%
Do you like the food?	64%



CELEBRATION

Jessie Ellis celebrated her 100th Birthday with around 100 family, friends, residents and staff in attendance. During the celebration she was presented with a letter from the Queen.

Errors in healthcare can cause harm and suffering to patients and stress to their relatives. They also waste valuable resources and can be a cause of stress, anxiety and burnout to staff. To improve patient safety and identify areas of clinical risk, NHW:

- Monitors clinical incidents reported by staff
 - Reviews Medical Records of all deaths, unplanned returns to theatre, lengths of stay greater than 21 days, unplanned returns to hospital and any other histories referred by clinical staff
 - Uses patient feedback to identify areas for improvement
 - Routinely observes clinical indicator data
- Data collected from incident reporting in 2018/19 has indicated a need to maintain our focus on falls prevention, medication safety, pressure injury prevention and aggression and assault minimisation.

Second year Graduate Nurse Steph Vonthien checks blood with Kerrin Elliott, Clinical Nurse Consultant - Oncology



MANAGING ADVERSE EVENTS

Adverse events are unplanned events that result in harm to patients. All incidents resulting in serious harm undergo a multidisciplinary clinical incident review to improve practice wherever possible to prevent recurrence. Process and system changes as a result of these reviews in 2018/19 have included:

- Re energising the inpatient falls prevention program with an increased emphasis on hourly patient rounding, bedside handover and use of communication boards
- Introduction of a new clinical assessment and care plan to identify risk to patients on admission and actions taken to reduce risks
- Improved monitoring of ketones – Insulin/Blood glucose chart updated, ketones management cards for staff introduced with reportable limits, education and visual prompts on the ketone monitoring machine
- Illoura falls prevention focus – Staff wearing pagers at all times, more robust process of checking bed alarms, introducing a rest time for residents and rounding with intent

Sentinel events

Sentinel events are serious, infrequently occurring events that cause (or could have caused) significant harm to a patient. All sentinel events are reported to the Department of Health & Human Services and have a detailed Root Cause Analysis performed. NHW reported two sentinel events reported in 2018/19. There were a number of learnings from these events which included:

- Improving escalation processes
- Improvement of the identification and management of blood thinning medication in surgery
- Review of the bed allocation process and changes to the bed allocation policy
- Additional education regarding the consistent calling of Medical Emergency Teams

Patient safety culture

A culture that allows staff to report concerns about patient safety is essential to ensure incidents are reported, we learn from errors and that staff are encouraged, not penalised, for reporting. The People Matter Survey 2018 demonstrated that NHW staff were positive about our culture of patient safety, as can be seen in the following table.

Question	Peer group average	NHW
Staff with an overall positive response to safety and culture questions	71%	77%*
I am encouraged by my colleagues to report any patient safety concerns I may have	82%	87%
Patient care errors are handled appropriately in my work area	73%	78%
My suggestions about patient safety would be acted upon if I expressed them to my manager	74%	80%*
The culture in my work area makes it easy to learn from the errors of others	69%	71%
Management is driving us to be a safety-centred organisation	73%	81%*
The health service does a good job in training new and existing staff	61%	68%
Trainees in my work area makes it easy to learn from the errors of others	68%	71%
I would recommend a friend or relative to be treated as a patient here	72%	85%*

*highest score in peer group



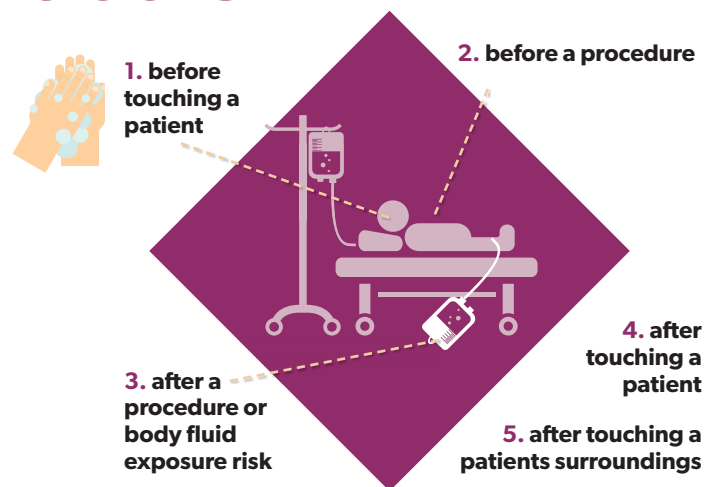
Karen Hough (L) Staff Health Nurse, and Kim Comensoli, Infection Prevention & Control Consultant, actively promote the importance of Flu vaccination

Preventing infection

Infection prevention and control practice aims to reduce the development of resistant organisms or disease and minimize the risk of transmission. As there is no single cause of infection, there is no single solution to preventing infections. NHW staff practice a range of strategies to provide the safest care to our patients, staff and visitors.

Hand Hygiene

Hand washing is the most effective way of preventing the spread of infection in hospitals and all staff are expected to follow the **5 moments of hand hygiene (see diagram)**. The Hand Hygiene Program at NHW provides staff education and regularly monitors how well we are performing in this area. Our 2018/19 compliance rate was 85% against a state target of 80%.



Central Line Associated Blood Stream Infections

Patients who are very unwell will often have a central line in place. This device is a long fine tube with one or more openings at each end to deliver fluid or medications. Sometimes they become infected. It is a requirement to report these infections to the Department of Health. No central line blood stream infections have occurred in 2018/19.

Healthcare associated infections

Blood stream infections can also be caused by *Staphylococcus aureus* (often referred to as "Golden Staph"). These infections can be acquired in the community or can be associated with health care. NHW has had no blood stream infections in 2018/19.

Blood Stream infections are prevented by:



- Ensuring Aseptic Non Touch Technique are always used
- Using an IV starter kit when inserting IVs
- Using the Peripheral IV cannulation chart when an IV is inserted
- Using thorough Hand Hygiene before and after insertion
- Using Sterile gloves are recommended
- Scrub the hub of the IV cannula with an antiseptic wipe prior to access

Healthcare Workers Influenza Campaign

Each year the Infection Prevention and Control Team very actively campaign to achieve the highest workforce influenza vaccination rate possible. We recognise the importance of influenza vaccination in protecting our staff, their families and the patients we care for. In 2019 NHW was recognised by VICNISS and the Department of Health and Human Services for its excellent vaccination rate of **96.3%** which was the second highest score in Victoria for hospitals with 800 – 2999 staff. In 2012 our workforce vaccination rate was 60.3%



Dental Nurse, Tahlia Davis (L) assists Oral Health Therapist, Candace O’Keefe, provide dental treatment

The CCC at NHW is located on Clark Street and is home to non-inpatient clinical services such as the Dental and Outpatient clinics, Allied Health individual and group therapy and specialist nursing services such as Continence and Diabetes Education. Services are provided Monday to Friday.

Using feedback to improve our performance

Like inpatient and emergency services, the Victorian Healthcare Experience Survey (VHES) provides the opportunity for clients using our Community Health services to participate between October and December each year. Results of the survey in 2018 showed 95% of clients were satisfied with their overall experience, compared to a state rate of 96% and peer health services at 97% overall experience.

Feedback Postcards

In 2018, VHES results showed that only 51% of clients using Community Health knew how to make a complaint. As a result, we have now introduced feedback post boxes in the main waiting area with postcards available for clients to complete. They are used for both positive and negative comments and the uptake of use has been pleasing, with predominantly positive feedback.

Other areas of identified areas of improvement from the 2018 survey included:

Areas identified for improvement	NHW positive score	State average	Actions taken / planned
TRANSPORTATION FACILITIES (EG: CAR PARKING)	53%	74%	Working with staff to ensure client parking is not used by staff. This has improved access significantly
IT WAS EASY TO MAKE AN APPOINTMENT	73%	71%	Implemented STAT process (see further information on page 25)
THE COMMUNITY HEALTH AREA WAS CLEAN	71%	81%	Collaborating with support services around frequency of cleaning and targeting peak traffic periods
ONE HEALTH WORKER WILL SAY ONE THING ABOUT THEIR ISSUE OR CARE AND ANOTHER WILL SAY SOMETHING DIFFERENT	59%	78%	Developing case conferences so the entire team are united regarding patient goals and treatments. Care plans are also being implemented

There were also very positive results in the following important areas:

- 97% rated reception staff being polite and helpful
- 94% reported they felt physically safe at the health service
- 97% reported health workers introduced themselves and their role
- 100% reported that the health serviced referred the client to other health services to help improve their health and wellbeing

Specific and Timely Appointments for Triage (STAT)

A new process for triaging appointments for clients in Community Health has been introduced, using the STAT system developed by Eastern Health. Patients are allocated appointments to match staff availability in a more timely manner rather than placing them on wait lists. The aims of introducing STAT were to:

- Reduce waiting lists
- Prevent client deterioration while waiting
- Create clarity around the expectation of staff workload

Rollout commenced in February 2019 and the results have been positive:



Group therapy classes help people improve their strength and mobility

Before STAT introduction	After STAT introduction
25% OF CLIENTS REJECTED APPOINTMENTS	13% OF CLIENTS REJECTED APPOINTMENTS
AVERAGE WAITING TIME OVER 3 MONTHS	AVERAGE WAITING TIME BETWEEN 0-3 WEEKS
WAITING LIST IN PLACE	NO WAITING LIST IN PLACE

Review of therapy programs

Therapy groups within the CCC have been reviewed and changes made to meet evidence based practice, increase client access, maximise staff capacity and create partnership with local services. There have been changes made to a number of services including:

Parkinson’s group: Large numbers of clients and there were safety risks identified. The program was split into low and high risk patients and clear participation criteria developed. This has resulted in increased consumer satisfaction, reduction in staff stress and greater provision of care.

Community Exercise Group (CEG): Increasing numbers with no capacity to increase staffing. NHW have worked with Gateway Health to develop a CEG. Current clients were supported with successful transition to the new program.

Dental Services improving access

In 2017 the NHW Dental Service commenced the trial of a new model of care in collaboration with Dental Health Services Victoria, and what was a trial has become standard practice within the service. The model of care is very much focused on preventive care and was introduced because of our growing waiting lists, demand for service and the needs of our community. Staff continue to monitor performance and results are impressive, as can be seen in the following tables:

Service and waiting list data	2016-17	2017-18	2018-2019
Individuals treated	152	641	1,149
Appointments	203	755	1,355

Oral Health Educator	2016-17	2017-18	2018-2019
Individuals treated	7,534	7,895	7,410
Appointments	14,564	16,502	15,671
People on W/L	3,439	2,649	2,221

Preventative treatments	2016	2017	2018
Fluoride	1,508	969	1,163
Diet Advice	53	149	592
Oral Hygiene	1,231	1,484	1,902
Fissure Seal	2,403	1,169	1,609



Did you know...
 NHW dental services
 average close to
 2,000 new people
 registering with the
 service each year



Illoura's School based trainees 2019 (L – R) Violet Bishop, Rachael Fisher, Chloe Ludwigh and Taylor Nicklaus

NHW has a major focus on supporting and growing both current and future workforce through ongoing education programs. In 2018/19 our Education and Research staff supported:

- 54 work experience students from 12 different high schools including local, regional and metropolitan
- 2440 participants to attend 241 sessions during SMART Time education sessions including clinical and non clinical topics
- 1926 people to participate in 99 workshops that covered a range of topics

- including Advanced Life Support, Pain Management, Foetal Surveillance and Health Assessments of the Older Person
- 6 Allied Health Staff to present at the North East & Goulburn Valley Allied Health Conference
- The development and implementation of a Middle Leadership Program undertaken by 74 staff
- Clinical and non-clinical school based traineeships (approx. 8-10 participants each year), work experience (approx. 70-80 local students per year) and

structured work placement programs (approx. 15 students per year)

- A 'Shadow the Medical Intern' program for local Year 11 and 12 students (approx. 10 students per year)
- Placement in clinical areas for up to 22 local Vocational Education Training in Schools (VETiS) students annually who are undertaking studies in Certificate 3 in Allied Health Assistance/Certificate 3 in Health Services Assistance
- The facilitation of strategic career pathways forums

Alpine Leadership Program

Each year NHW supports leaders and emerging leaders to participate in the Alpine Valleys Community Leadership program which is open to all industries, not only health. It is a program that develops personal leadership skills and also creates a valuable network of professional and community contacts. In 2018 two of our leaders, Hayden Sharp and Jodie Finlayson completed the course. A mentoring program is being established at NHW to utilise the knowledge and skills of Alpine Valley Community Leadership Program graduates to assist emerging leaders.

People Matter Survey 2018 - our staff said:



Question	NHW result	Peer hospitals
This health service does a good job of training new and existing staff	68%	61%
Trainees in my discipline are adequately supervised	70%*	62%

*Highest result in state



Did you know: NHW employs up to four graduating Year 12 students each year who are seeking a GAP year locally. Over the summer we also employ up to four local university students seeking four weeks work in various administration focused cadetships

A comprehensive Professional Development Program is an integral part of the Graduate Nurse Program, with Graduates attending up to seven study days throughout their 12-month program. Professional development topics include:

- **Mental health & well-being**
- **Pain management**
- **Peripherally Inserted Central Catheters(PICC)**
- **Recognising & responding to the deteriorating patient**



Leadership Program

A Middle Level Leadership training program has been developed and implemented at NHW as part of our commitment to creating and developing great leaders. Research strongly shows the link between organisational leadership that drives a positive culture and patient outcomes. The program has now been delivered to nursing and allied health teams over the last twelve months. The 12 week program consists of face to face sessions, individual coaching, self-reflection and evaluation. Department Managers play an important role to help to embed the skills learnt once the program is complete. The program examines workplace challenges and plans improvements

that focus on developing role clarity, consistency and influence quality patient outcomes and experience. Results of the program have been positive:

- Many participants continue to engage the course coordinator for coaching after completion of the course
- Evidence of increased team commitment to driving leadership meetings and purposeful communication
- Better understanding of expectations, aligning with unit managers, operational and strategic plans
- Engagement in quality improvement initiatives, including establishment of a new nursing care model that provides greater responsiveness to patient needs.

Research

During the year, we were successfully able to grow and mature our research program with the employment of a Research Development and Governance Officer. A local Research Advisory Service was established, and increased the clarity of research governance procedures at NHW. 18 research projects were approved with the support of our newly formed Research Committee and 10 presentations were made at various health conferences nationally. NHW has collaborated with a range of partners to conduct research. These include The University of Melbourne, Charles Sturt University, Deakin University, The Cancer Council, Monash University, Queensland University of Technology, The Victorian Department of Health and Human Services, the Murray Primary Health Network, the University of Tasmania and even as far afield as Uppsala University in Sweden.



CLINICAL TRIALS

NHW has been excited to secure funding from the Department of Health and Human Services for a new Clinical Trial Research Support Service. This service will help bring clinical trials to regional patients where in the past, access to clinical trials has mainly been available through Metropolitan Health Services. Clinical Trials are the study of new drugs or medical devices, and are essential for the development of new treatments. In the future we hope to be able to offer a range of clinical trials as a part of our clinical treatment options for our patients.

Midwifery

The NHW Midwifery Unit is committed to supporting education and training to grow the future workforce by providing clinical placement to both Doctor of Medicine, undergraduate degree Registered Nursing and Midwifery and Allied Health professional students. Students are provided experience in birthing suite, Special Care Nursery, Operating Theatre for caesarean sections, Antenatal and Lactation clinics as well as postnatal care and domiciliary services. This enables students to apply the skills and knowledge gained in their university study in a supported and supervised environment, building their clinical competence and capability. The Midwifery Unit also partners with a number of Universities to provide education pathways for qualified registered nurses and midwives who are interested in undertaking midwifery and Special Care Nursery postgraduate study. For secondary school students interested in a career in health care there is also the opportunity for supervised work experience.

medical imaging & pharmacy

The Pharmacy Department at NHW is open Monday to Friday 8 am until 5.30pm, and Saturdays from 10am until 1pm. It is also open on public holidays from 10am until 2pm. Staff ensure medication needs of patients across the organisation are met and that medication safety is maintained – from prescription to administration, dispensing and storage. The provision of information on discharge, both written and verbal, for patients on multiple medications is also a priority. Pharmacy presence is now routine in all ward areas including Maternity, Day Stay, Emergency Department, Hospital in the Home and Pre-admission Clinic.

Pharmacist Amanda Corso at work in the Pharmacy Dispensary



Improvements to medication safety

Medication Management Plans

We do not have enough Pharmacists to see every patient, but every effort is made to review medications of 'high risk' patients. High risk patients are those that are over 65 years of age, taking 5 or more medications, taking high risk medications such as drugs for blood clots, diabetes, pain or cancer, has poor eyesight / hearing or lives alone.

Medication Management Plans are completed by Pharmacists and provide a comprehensive review of medications taken by 'high risk' patients admitted to NHW. Review provides an extra set of eyes on medications ordered whilst a patient is in hospital, and Pharmacists can work with doctors to make sure medications ordered are appropriate and combinations of drugs do not cause harm.

The number of medication management plans has risen from 250 per month in 2016-17 to now over 500 per month in 2018/19.

Safe Storage

In 2019, Pharmacy completed the roll-out of 'Omniceil' automated medication cabinets into Thomas Hogan Rehabilitation, Paediatrics and Maternity wards. Omnicell machines improve medication security, tracking and stock management and are now installed in all overnight inpatient wards.

To further improve security regarding medication storage, swipe card access has been introduced for all medication storage rooms across the hospital, to ensure only authorised staff have access to medicines.



MEDICAL IMAGING

The Medical Imaging department at NHW provides a valuable service to patients in hospital, people attending the Emergency Department and also the community. Services provided include x-rays, ultrasounds, CT and MRI scans as well as mammography in partnership with Breast Screen Victoria.

2018-19 Total Presentations = 66,356
with a monthly average of 5,530 presentations

Radiography Training

NHW once again hosted the Monash University GP Radiography Training program. On completion of this course, 8 GP's were issued with a licence that now allows them to perform limited radiographic procedures in rural and remote locations. Our Medical Imaging department are very supportive of this training program and in 2019 candidates travelled from Mt Beauty, Bright, Mansfield, East Gippsland and even Tasmania to participate. When the course began in 2001, GP's had to travel to Melbourne for this training, however given the success of the course at NHW, Monash University intends to continue to work locally with our highly skilled Radiographers. Following this intensive training, GP's are able to apply their skills at various remote locations including Mount Hotham & Falls Creek.

Into the future

Pharmacy will be installing the first MediTech Controlled Substances Manager in Australia, an electronic machine controlling all drug of addiction medications. This machine will allow electronic tracking to further improve accountability and management of these medicines, which are at high risk of abuse.



THE PHARMACY INTERN PROGRAM IS IN ITS THIRD YEAR WITH A PASS RATE AND RETENTION RATE AT 100%. THIS MEANS THAT OUR TRAINED YOUNG PHARMACISTS ARE REMAINING AT NHW

Did you know:

Australian Bureau of Statistics data (2016) shows the Rural City of Wangaratta has a population of 28,213. The overall population is less diverse in terms of ethnicity when compared to the Victorian average. The data shows that the population for the Rural City of Wangaratta is predominantly Australian born. 1.6 % of the primary population is indigenous, lower than the state average of 2.8%.

There are only a small percentage of people who are non English speaking, however it is important that NHW has processes in place to meet the needs of all people who use our service. In particular we need to be sure that medical procedures and treatments are well explained, and there is good understanding and respect shown for the cultural diversity that exists, which can improve health outcomes.



Aboriginal Health Service Development Officer, Anita Cooper, with some of the art work on display throughout NHW

Interpreter services

NHW is committed to culturally inclusive care to ensure all patients have the opportunity to live life well. Understanding basic health information and services is important for people to make informed decisions. Details taken from patients on admission to our service indicates that in 2018/19, there were 15 patients admitted to hospital who stated they required an interpreter. In cases such as this NHW has access to interpreter services via the Victorian Telephone Interpreter Service (VTIS) which assist our communication with people who have different communication and language needs.

Aboriginal and Torres Strait Islander (ATSI) inclusion

NHW sees Aboriginal Health as everyone's responsibility. Key to this is working with all staff across the organisation to create a culturally appropriate service for Aboriginal patients accessing health care. In the last year we have employed a new Aboriginal Health Service Development Officer who commenced in March 2019. This revised position aims to provide support for the ATSI community by assisting people through their healthcare journey whilst in hospital and, most importantly, ensuring there is adequate follow up and services in place after discharge to optimise health outcomes.

What we are focusing on at NHW are:

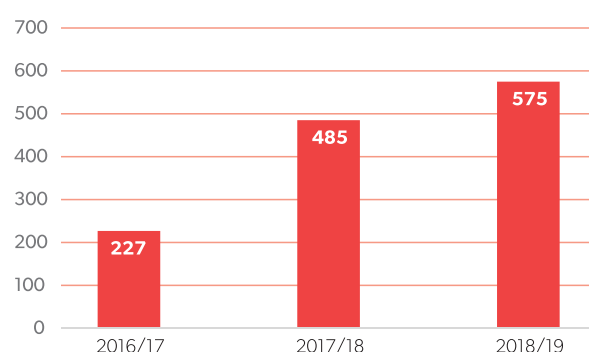
- Asking the Question - 'Do you identify as ATSI?'
- Training staff
- Developing a Reconciliation Action Plan
- Building strong partnerships with other health services

Achievements in the past four months have included:

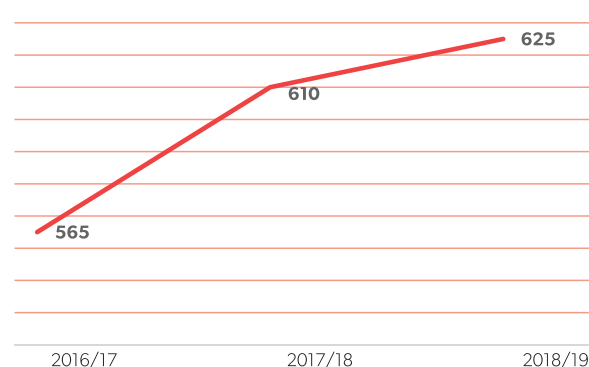
- A relationship meeting with Aboriginal Elders & community members, Executive & Board members, senior leaders & Aboriginal staff
- Celebration of NAIDOC week, with the introduction of staff profiles of those who identify as ATSI to raise staff awareness
- Sponsoring the Proud and Deadly Awards, which received 140 nominations

Our focus on 'Asking the Question' on arrival to NHW has resulted in increases in numbers as can be seen in the graphs.

ATSI DISCHARGES FROM HOSPITAL



ATSI ED PRESENTATIONS





HITH nurses (L to R) Deanne Ryan, Tania Vickery, Susan Christie and Marika Vanstekelenburg wishing recent HITH patient Mr Ivan Wood a happy 101st Birthday

The clinical care of people in their own home has historically been provided by nursing staff. Home based nursing services that include District Nursing, Hospital in the Home and Palliative Care remain important services that are valued by our community. In the past year, however, we have seen the introduction of Rehabilitation in the Home, with care also provided by Allied Health Professionals.

Hospital in the Home (HITH)

HITH services provide acute care in the person's home and is an alternative to care within the hospital. Depending on the condition being treated, it is better for patients and decreases the risk of hospital acquired infection as well as assisting with beds available for acutely unwell patients in hospital.

NHW has had a HITH program in place for 24 years, having been part of the initial pilot program rolled out by the state government in 1994. The program has grown significantly both in patient numbers and in the types of patients treated over that time, and is proud to deliver care to a patient population with an enormous age range. HITH staff have recently had the privilege of admitting a 100-year-old gentleman and a one week old baby on the same day. In the case of the baby, it meant he could go home safely and sooner from the Special Care Nursery provided with intensive support. For our centurion, his admission to HITH meant a complete

avoidance of ward-based care. He was happy to return home to his residential aged care facility where he was successfully treated for pneumonia and has since celebrated his 101st birthday.

A SNAPSHOT OF DATA DEMONSTRATES 5.6% OF ALL PATIENTS HAVING AN OVERNIGHT ADMISSION TO NHW HAVE HAD A HITH COMPONENT TO THEIR CARE. IN THE PAST TWELVE MONTHS 332 PATIENTS HAVE BEEN ADMITTED TO HITH, ACCOUNTING FOR A TOTAL OF 2521 BED DAYS.



Midwife Janine Keast attending a Hospital In The Home visit with one week old Jack Wright and his parents Andrew Wright and Madoka Katami

Rehabilitation in the Home

Rehabilitation in the Home, also known as RITH, commenced at NHW in December 2018.

RITH offers short term (usually 4 weeks) intensive, multidisciplinary rehabilitation therapy in a person's own home focusing on achieving the clients goals and reducing the time spent in hospital.

From December 2018 to June 2019 there have been 52 clients who have received treatment as part of the RITH program.

The RITH team have provided therapy to clients in their own home in Bright, Beechworth, Moyhu, Tungamah, Myrtleford, Mansfield, Yarrawonga, Springhurst and Benalla as well as within Wangaratta.

Clients with a multitude of conditions can benefit from the RITH program, with the team treating clients post orthopaedic surgery, brain surgery, stroke, falls, deconditioning and clients with pulmonary conditions.



Physiotherapist Ashlee Martin puts client Arnold Buzimkic through his rehabilitation program at home

A client's perspective

Joan was a participant in the RITH program for 3 weeks following her discharge home from hospital. Joan received regular home visits from the RITH multidisciplinary team. These included appointments with a Physiotherapist, Occupational Therapist, Social Worker, Nurse, Dietitian, Allied Health Assistant and Rehabilitation Physician. The RITH program assisted Joan to improve her mobility and get back to doing activities which mattered to her.

Joan's feedback on the RITH program was overwhelmingly positive. 'The program kept me going. I really enjoyed the program including the encouragement I received from all the staff'. When asked how she most benefitted from the program, Joan indicated, 'I was able to walk again, I was able to cook again, my confidence increased. Being able to walk again was my biggest achievement.'

District Nursing Service (DNS)

DNS at NHW provide clinical care for those people who require assistance with their health care at home, Hospital in the Home patients and Palliative Care clients. They also support outpatient services such as surgical outpatients, fracture clinic and telehealth clinics. The service is provided 7 days a week between 8am and 9pm.

IMPROVING GOAL DIRECTED CARE PLANNING AT NHW

A project was undertaken in 2018/19 to improve goal directed care planning within the District Nursing Service. The project aimed to promote consumer driven care whilst educating nursing staff about the importance of helping their clients to set personal health goals. Following completion of the project there was an increase in client satisfaction, as well as demonstrated involvement with goal directed care plans.

Following the success of this project, the Department of Health and Human Services initiated and funded the development of a short film featuring NHW staff and clients. This is now used as an example for other Community Health Service Providers of a wellness and reablement approach within a District Nursing service.

Palliative Care

Palliative care is a specialist community based service that provides clinical and emotional support to people in the East Hume and Alpine catchment areas. The team is made up of Nursing and Social Work staff who support clients on their palliative journey. They also assist families in the loss and grief process following bereavement. A Palliative Care Physician visits NHW each month to provide additional support and review in a clinical setting.

An important aspect in caring for people who have a terminal illness is meeting their wishes regarding their place of death, and our staff try wherever possible to meet these wishes. Of the 140 patients who died on the palliative care program in 2018-19, 60% of patients died at the place of their choice whether that be home or hospital.

VOLUNTARY ASSISTED DYING

Around 70 health workers from the region attended a forum at NHW on 22 February which introduced the new Voluntary Assisted Dying Legislation which came into effect in Victoria from June 19th 2019.

The workshop was delivered by the Victorian Healthcare Association on behalf of the Department of Health and Human Services.

Voluntary Assisted Dying is a process where an individual who is at the end of their life and suffering, may choose the timing and manner of their death, after following steps set out in Victorian law. The law means that a person may be assisted by a doctor to access a substance to end their life at a time of their choice. The steps involved in the process ensure the person's decision is voluntary and provides clear guidance for how doctors can lawfully support the person in their choice. There are also a strict protections to make sure that voluntary dying is safely implemented and monitored in Victoria. NHW has an agreed policy and process in place for Voluntary Assisted Dying.

The Safer Care Victoria (SCV) Improvement and Innovation Program aims to embed a culture of continuous improvement across Victorian Health Services. There are 32 Victorian hospitals involved with the program. NHW has an Improvement and Innovation Advisor, supported by SCV, who:

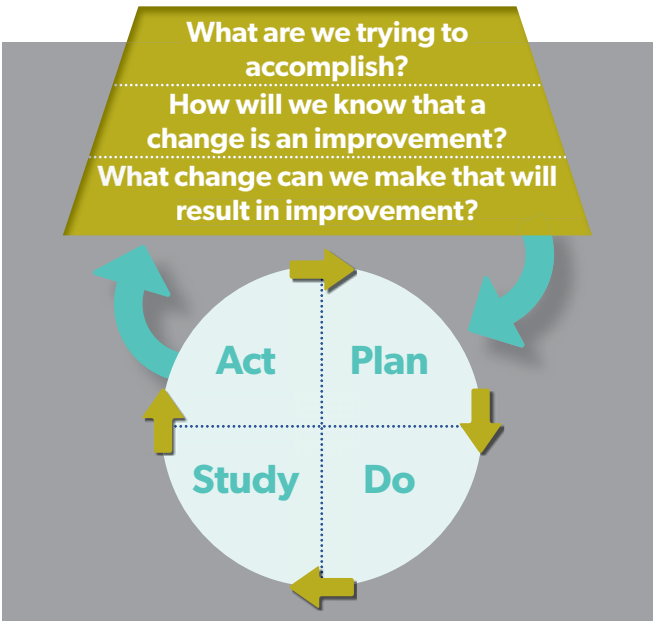
- Supports the implementation of Better Care Victoria and SCV programs
- Supports improvement and innovation across NHW by coaching and educating staff

NHW has adopted the quality improvement process endorsed by the Institute for Healthcare Improvement and Safer Care Victoria. This format is encouraged with all improvements to ensure they are evaluated and can be sustained.



Even the Tooth Fairy attends level 3 DOS during Dental Health Week!

Model for Improvement



Improving Patient flow with DOS

Introduced in June 2018, the Daily Operating System (DOS) is now firmly embedded in everyday management of NHW. It involves getting the right people in the room to discuss patient movement, staffing and organisational issues that are proving difficult to manage. Initially involving only two tiers, the system now has four, all at different levels of NHW. The demonstrated outcomes of DOS have been improved communication and understanding of hospital operations across the clinical and non clinical workforce and it has assisted with patient flow. This has been very helpful under many times of significant bed pressure. Many health services in the Central Hume area now also use DOS, following implementation at NHW. We are now looking to introduce a regional DOS to further improve patient flow.

TEIR	0	1	2	3
Time	3pm – 3.15pm	7.30am -8.30am	8.30am -8.45am	9.45am -10.00am
Staff present	Assistant Director of Nursing, Operational Directors of Nursing, Pharmacy	Nurse Managers & ward meeting	Operational Directors of Nursing, Nurse Managers	Leadership Team & Executive
Discussion	Discharge planning and Patient Flow	Patient flow Issues for escalation, staffing	Patient flow Staffing Escalation of unresolved issues	Planning issues Patient flow Escalation of difficult issues to provide solutions



Acute Care Coordinators Sue Box (L) and Rebecca Read are decreasing the readmission of complex patients to NHW

Reducing readmission of complex patients

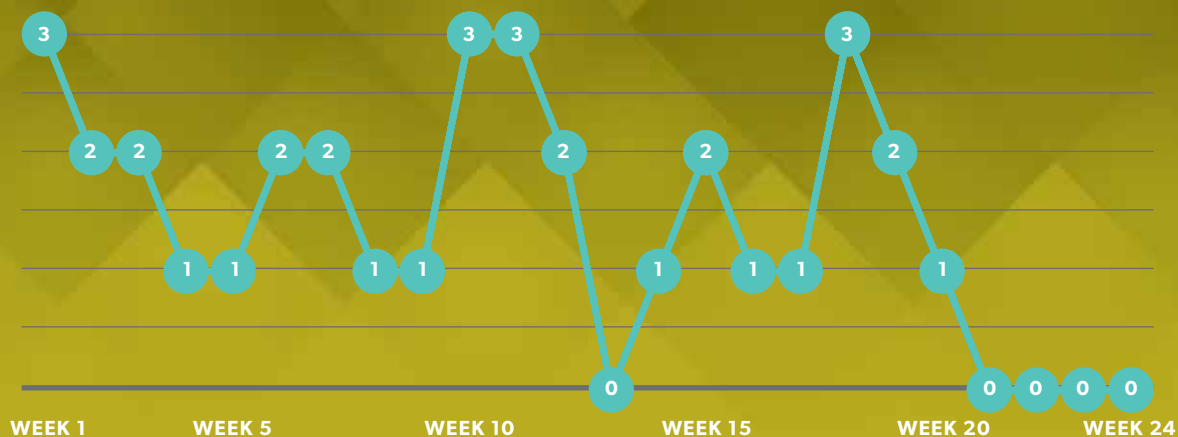
An excellent example of improving patient outcomes was achieved by the Acute Care Coordinators (ACC), who aimed to reduce unplanned representation and readmission of patients discharged home by ACC. A target of 50% reduction within 3 months was set.

Baseline data showed that on average, 35% of patients discharged home by ACC staff re-presented to hospital or were readmitted within 28 days. Two changes were made surrounding the discharge of this patient group.

1. All patients managed by the ACC were seen on day of discharge
2. Introduction of follow up phone calls for all patients managed by the ACC

Results demonstrated that 3 months after introduction of these two changes, readmissions and re-presentations had decreased from 35% to 20%. Although the aim of 50% was not met, the team achieved a decrease of 43% which is a very sound improvement.

UNPLANNED RE-ADMISSIONS TO HOSPITAL



Accreditation

The primary aim of the National Safety and Quality Health Service Standards and the Aged Care Quality Standards is to protect the public from harm and improve the quality of healthcare. 2018/19 saw the introduction of new standards for both aged care and acute/community services. The standards describe the level of care that should be provided by health services and Residential Aged Care Facilities across Australia and the systems that are needed to deliver this care.

External review of our achievement against these standards is done via a process of accreditation. This process verifies that standards are met, that we use data to measure our

performance and that necessary improvements are made to improve what we do. There are two main accreditation organisations we use to assess our performance:

- **The Australian Council on Healthcare Standards (ACHS)** - Acute inpatient and community services. NHW holds full accreditation until our next accreditation survey to be held in October 2020
- **Australian Aged Care Quality Agency** - Aged care services. Illoura is accredited until May 2021, and we expect a planned visit in January/February 2021. There are also unannounced visits that occur each year to ensure expected standards of care are maintained



Keeping the hospital well supplied are L-R Greg Handley, John Mann and Gap Year student Ella McCarthy

Non clinical or corporate services are a vital part of our health service. Whilst not involved in direct patient care, they provide support and essential functions to ensure the organisation functions effectively and efficiently. Non-clinical services provide a wide range of career opportunities and include:

- Food Services
- Environmental Services
- Supply
- Facilities and Maintenance
- Health Information
- Finance
- Information technology
- Human Resources
- Education & Research

Food Services

Our Food Service staff prepare and deliver meals to inpatients, residential aged care and also into the community. Staff produce just over 1000 meals a day – offering variety, nutrition and meeting special dietary requirements where needed.



In the past 12 months, food services have worked closely with dietetic staff to better manage food allergies. Improvements have been made with the introduction of Red Trays to alert staff of allergies, as well as expansion of Food Monitor hours to improved accuracy with meal production

Food safety

At NHW food and beverages are produced and distributed to all people in a safe manner, meeting legislated safety standards. Correct food preparation and storage are vital to reducing the risk and spread of illness which can involve serious bacteria such as salmonella which causes food poisoning. Every year our kitchen undergoes a Food Safety Audit by external auditors to check our compliance with safety standards against the Food Act 1984 and the Australia and New Zealand Food Standards Codes. We received 100% compliance at the most recent Food Safety Audit in June 2019.



Did you know...

We employed two apprentice chefs through ATEL. This provides an excellent learning opportunity and may also assist with staffing our services into the future as there are state shortages of Trade Qualified Chefs.

Support Services

Our Support Services Team is made up of Patient Service Assistants, Porters, Orderlies, general cleaners and equipment staff who contribute to a clean and patient/resident focused service.

Appropriate and high quality cleaning is of utmost importance in the prevention and spread of infection in hospitals. In particular there is a strong focus on areas of very high and high risk, in our patient care areas.

To ensure our cleaning meets required standards, checks are undertaken by our own supervisory staff and also by external auditors. We have recently introduced 'Clinell' Universal Wipes that are used for cleaning and disinfecting surfaces and shared patient equipment such as shower chairs, blood pressure machines, patient bathrooms and bedrooms. This is part of our 'clean between' program. The wipes are effective against infectious bacteria and spores found in hospital.



Support Services staff members Cecilia McKenzie and Kean Ballard are always happy to assist

We do audits on our cleaned equipment using an 'invisible pen' and ultra violet light to ensure the most commonly touched areas are free from germs, ensuring a safe and

clean environment for our patients and staff. Easy to read reports, such as the example below, are produced from the audits so we can monitor how well areas are cleaned.

Example of a Clinell Cleaning Report: it makes results easy for staff to read.



Information Management

Information Management is essential to health care delivery and it consists of client and corporate data, and uses technologies such as the computer networks, telephone systems, pagers, internal and external communications channels, information storage, servers and wireless networks. Health Information (medical records) and data analytics also form part of the information management service at NHW.

There have been some exciting developments during 2018/19. In particular:

- Receiving approval and funding to implement a new **Patient Administration System (PAS)** for NHW and a number of small rural health services, which will update the significantly outdated model currently in use. It will provide a much better integrated system with many more functions that will enhance efficiency and patient safety.
- Progressing the expansion of the **Digital ECG service**, previously established with Alpine Health. This will be rolled out to Yarrawonga Health, Benalla Health, Mansfield District Hospital and Beechworth Health Service. Emergency doctors and specialist physicians at Wangaratta read digital ECGs of patients at rural hospitals in the Central Hume region and can provide advice to start treatment early.



Did you know...
ECGs are heart traces used in the diagnosis of heart conditions including heart attack



Doing the right thing: Kim Trujillo, Dialysis Clinical Nurse Specialist, recycles plastic in the Dialysis Unit

Environmental sustainability

Committed to reducing the negative impact on our environment, NHW is a member of 'Global Green' and 'Healthy Hospitals' who provide extensive information regarding initiatives and ideas for improving our sustainability practices. We have an Environmental Management Plan which is overseen by an Environmental Sustainability Committee. We consistently look at new and innovative ways to:

- Conserve energy, water and wastewater disposal
- Minimise and, where possible, eliminate the use of harmful substances
- Ensure the correct and safe disposal of all substances
- Reduce waste generation through reduction, re-use and recycling
- Minimise noise, visual and odour pollution
- Address environmental concerns in all planning and landscaping decisions

- In 2018/19 we have:
- Introduced disposable paper medicine cups for dispensing tablets
 - All Pathology Lab lighting has been upgraded to LED, halving their electricity usage
 - New staff are now provided with a re-usable water bottle and coffee cup at orientation
 - Improved insulation in the roof of the Rehabilitation Unit

Infrastructure Improvements

The Facilities and Maintenance department have assisted with and completed the following improvements to the buildings and infrastructure over the past 12 months.

• New Nurse Call system	(\$360,000)	• Central Heating and Hot Water Boiler	(\$355,000)
• New Sterilisers and Washers and CSSD Building Works		• Pathology Cooling Tower	(\$300,000)
• New Generator at Illoura		• Emergency Warning Intercommunication System (EWIS)	(\$770,000)
• Additional Clinic Space and Office in Community Care		• Swipe Cards and Fixed and Portable Duress Alarms	(Approx. \$250,000)
• Fire Service, Tanks and Pumps	(\$509,000)		
• Stage 2 of fire sprinkler system	(\$770,000)		

staff excellence awards

Each year we celebrate the achievements of our staff at an awards ceremony which was held at the Wangaratta Turf Club on March 14th 2019. As well as congratulating the many staff who received academic qualifications, we also award staff who are outstanding in the service they provide as part of their employment at NHW.

1. Award for Excellence in Customer Service and kindness
Allison Martin



2. Award for Excellence in Leadership
Carolyn Hannon



3. Award for Excellence in Corporate Services
Michelle Kelly & Ms Melissa Johns



4. Rebecca Weir - Director of Clinical Services, Nursing and Midwifery (left) with Kate Finnigan
Award for Excellence in Nursing & Midwifery - W B Richardson

5. Leaders of the Future Award
Amanda Wangman



6. Award for Research
Dr Johann De Witt Oosthuizen



7. Award for Excellence in Aged Care - Charles Neal
Kirsty Bowers (absent) & Kate Ivey (pictured)



8. Award for Excellence in Medical Services
Matthew Byrne



9. Award for Excellence in Allied Health - Science
Melissa Tweedale



10. Award for Excellence in Women's & Children's Health
Sally Timmins



11. Kim Bennetts - Director of Corporate Services (middle) with Award for Excellence in Support Services Nathan Campbell & Phyllis Baldwin

ABSENT: Award for Excellence in Allied Health - Therapy Sarah Coles



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