Our Vision
To be recognised leaders in rural healthcare

Our Mission
To provide healthcare that enhances the quality of life in people in North East Victoria

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Our Values
Caring
Excellence
Respect
Integrity
Fairness

Cover image: Laurel Bennett (Obstetrician & Gynaecologist (O&G)), Johnson Symon (Anaesthetist), Grace Reynolds (O&G Registrar), Nonni Dimoska (O&G Registrar)

NHW is very grateful for the ongoing partnership with local schools who provide us with exceptional artwork to brighten our hallways.
Welcome

We are delighted to introduce you to the Quality of Care report for Northeast Health Wangaratta (NHW), a publication that highlights our services and our achievements throughout the 2014/2015 year. This report is published in conjunction with our Annual Financial Report.

The Quality of Care report is designed to provide information to our community about the range and quality of the clinical services we provide, along with our focus on ‘Hardwiring Excellence,’ a framework that is central to NHW’s mission: To improve healthcare that enhances the quality of life of people in North East Victoria

The 2014/2015 year was certainly very busy, with increases in patient numbers seen across the organisation. A snapshot of activity is as follows:

- 22,463 patients were seen through the Emergency Department, an increase of 919 on the 2013/14 year
- 17,615 inpatients were admitted, an increase of 1,022 patients on the previous year
- 5,961 operations were performed, inclusive of 1,317 emergency cases
- 586 babies were welcomed, 16 more than the previous year
- 18,019 occasions of service were provided through our outpatient services, a 7.1% increase on the previous year
- 58,343 occasions of service through our Medical Imaging Department
- The occupancy at Illoura Residential Aged Care facility remained very high at 98%

During the year we have completed NHW’s Clinical Services Plan 2015-2020, along with the linked Strategic and Master site plans. These plans provide clear direction regarding the future service developments that will be necessary to meet growing patient demand, along with the infrastructure and building expansion that will be required over the next five years.

NHW enjoyed a year of significant achievement, and has continued to build on the Hardwiring Excellence Framework resulting in consistently high measures of patient and staff satisfaction and engagement. The effort of our staff to provide an excellent service culminated in NHW being awarded the Premier’s Regional Health Service of the Year at the Victorian Public Healthcare Awards ceremony in October 2014. We recognise and thank the exceptional work of our wonderful staff, Visiting Medical Officers (VMO’s) and also the 304 volunteers who support us in our endeavour, as you will see throughout this report.

This is the third year that NHW has distributed the Quality of Care Report through the Chronicle to over 8,000 homes in our catchment area, as well as making it readily available at NHW. We particularly thank NHW’s Community Advisory Committee for their valuable input each year, advising on content, and also ensuring an accessible ‘easy reading’ style.

We hope that you enjoy this year’s report and find it to be both interesting and informative. Once again we will be very grateful for your comments and feedback. Details of how to provide feedback are on the back cover of this report.

Thank you for your interest and your support of NHW.

Margaret Bennett
Chief Executive Officer

Brendan Schutt
Chair, Board of Management
Health Services across Australia are expected to have processes in place that allow the Board of Management, Executive, Managers and staff to monitor and improve the quality and safety of patient care. This is done by having:

- Clear and appropriate policies and procedures in place for staff to follow
- Established quality improvement and patient safety programs
- Education programs to maintain staff skills
- Complaints and customer feedback systems that lead to positive change
- Information for patients about their rights and engaging them in their care

A strongly led team effort has allowed NHW to progress towards reaching our vision of being ‘Recognised Leaders in Rural Healthcare’. Staff across the wide range of services we offer play a vital role in providing clinical excellence for the people who use our service each and every day.

The nine member skills-based honorary Board of Management at NHW is ultimately accountable to the Victorian Minister of Health. Members are appointed by the Governor-in-Council following a rigorous application and selection process. This process ensures that appointees have the experience and skill set required to provide effective leadership to our health service. In 2014/15 we were fortunate to appoint Dr Roger Barker, who had been an anaesthetist at NHW for many years. We also have an additional two members for the 2015/16 year: Lisbeth Long and Donovan Jacka.

OUR MAJOR ACHIEVEMENTS IN 2014/15

- Premier’s Award for Regional Health Service of the Year at the Victorian Public Healthcare Awards ceremony in October 2014
- Successful accreditation against the Aged Care Quality Standards, National Standards and Community Care Common Standards
- Leading the expansion of Telehealth capacity within the Hume Region
- Expanding the range of corporate and clinical support provided to partner agencies
- Recruitment of two new specialist doctors
- Successful development of new models of care including the Residential In Reach program and the implementation of the Medical Emergency Team (MET) system
- Progressing the implementation of the automated medication cabinets in clinical areas
- Achieving funding to install a new patient lift and additional patient entrance to medical imaging
- Successfully undertaking 40 ‘public in private’ orthopaedic cases to reduce the wait for surgery for major joint replacement surgery
- Establishing a new staff training system to support the management of violence and aggression in the clinical setting
- Establishing a Central Hume Graduate Midwife program
- Completion of the first stage of a refurbishment program at Illoura Residential Aged Care Facility
- Strengthening of the partnership and service planning between NHW and Gateway Health
PLANNING FOR OUR FUTURE

A particular highlight of the past year has been the development of NHW’s Strategic Plan 2015-2020, along with a linked Clinical Services Plan and the Master Site and Infrastructure Plan. Following extensive consultation with our community, partner agencies, Department of Health & Human Services, Visiting Medical Officers (VMOs) and staff, this planning framework provides clear direction to enable NHW to continue to meet the needs of our North East Victorian community.

WHAT WE WILL ACHIEVE BY 2020

- Improved access by expanding our capability and capacity to meet acute & community demand 24/7
- Provision of seamless and integrated patient care through collaboration with other health services
- Closed service gaps including services to assist our community with ‘well ageing’
- Creation of innovations in service delivery though our workforce and smarter use of information and communication technology
- Redevelopment of our core infrastructure to meet increased patient demand
- Expanded community consultation and engagement frameworks

MANAGING OUR HEALTH SERVICE

Patient care is our core business and it is vital that the Board of Management, Executive and all our staff constantly consider:

- How we are performing, particularly in relation to similar hospitals
- How we can reduce risks to staff and patients
- That legislative requirements are met
- High quality services are provided
- Community needs and expectations are met
- How we improve what we do

All Board of Management members attend a Board Quality & Safety Subcommittee meeting every month. They receive specific reports on the performance of services across NHW to ensure standards are being maintained and people have access to services they need. As part of this process, these monthly meetings now start with a visit to different departments to meet with the Department Managers and staff. This has allowed Board Members to more fully understand how these areas operate, and to speak with staff about their achievements and challenges.
NATIONAL HEALTH CARE STANDARDS

Standard 1
Governance for safety and Quality in Health Service Organisations

Standard 2
Partnering with Consumers

Standard 3
Preventing and Controlling Healthcare Associated infections

Standard 4
Medication Safety

Standard 5
Patient identification and Procedure Matching

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ACCREDITATION

NHW strives to provide safe, high quality, consumer focused care to all those who use our service. Although we continually monitor what we do ‘in house’, our services are also reviewed by external auditors on a regular basis. These external reviews are mandatory for health services and the process is called accreditation. Accreditation is a way of verifying that standards are met, data is used to measure our performance and that improvements are made in safety and quality.

Since 2012/2013 it has been a requirement for all public hospitals across Australia to undergo accreditation against the new National Standards. These standards were introduced to make sure health services were addressing areas of known risk in terms of clinical care. They also focus on the management of health services. In addition to the 10 mandatory standards, NHW choose to be assessed against an additional 5 standards to make sure all aspects of our business are reviewed by external surveyors. The 15 standards that NHW are tested against are listed to the left.

NHW is accredited by several different external organisations:

- The Australian Council on Healthcare Standards (ACHS) reviews inpatient and community services against the National Standards. NHW holds the maximum 4 year accreditation.
- Aged Care Quality Agency reviews aged care services. Illoura holds the maximum 3 year accreditation after a full accreditation survey in February 2015.
- Full accreditation was awarded at a review of home care packages, by the aged care quality agency in May 2105.
- The annual Food Safety audit was completed in our Kitchen in July 2015 with full compliance.
HARDWIRING EXCELLENCE

The Hardwiring Excellence program was introduced at NHW in 2011, and is based on work by the Studer Group from the USA. The program aims to ‘hardwire’, or embed, a set of standard practices in terms of performance and behaviour that leads to excellent patient outcomes and increased patient and staff satisfaction. This program forms the overall framework for how we perform our everyday business at NHW.

Goals of the program
1. Improve patient safety and clinical outcomes
2. Improve patient satisfaction
3. Improve staff satisfaction

To achieve these goals we:
- Commit to Excellence
- Measure the important things
- Build a culture around service
- Create and develop great leaders
- Focus on employee satisfaction
- Build individual accountabilities
- Align our expected behaviours of staff with NHW goals and values
- Communicate at all levels
- Recognise and reward success

We measure our success through our annual staff satisfaction survey and quarterly patient satisfaction results. Both these surveys compare our performance across the state and our results can be seen right. In addition, you will find many reports on how we are improving clinical care for our patients, particularly in areas such as falls and pressure injury prevention.

PATIENT SATISFACTION

In April 2014, a new system for surveying the experience of inpatients in Victorian health services was introduced by the Department of Health and Human Services (DHHS). The Victorian Health Experience Survey now sees quarterly data provided to health services and focuses on the discrete areas of Adult Inpatient, Adult Emergency, Paediatric Inpatient and Paediatric Emergency patients. In 2014/15 NHW has performed consistently well in many areas. Overall satisfaction from our most recent report (April - June 2015) show us:

- 95.5% of all adult inpatients scored their overall care as ‘good’ or ‘very good’, compared to a state average of 91.3%
- This group also scored the care and treatment they received from our nurses at 99.2% as ‘good’ or ‘very good’, compared to a state average of 96.2%

There is further data from the patient experience survey throughout this report.

STAFF SATISFACTION

A general staff satisfaction survey, People Matters, is undertaken every year and provides benchmarked data across the state. It provides our staff an anonymous opportunity to have their say about their workplace. Below are some of the result areas we believe are important and demonstrate workplace culture.

<table>
<thead>
<tr>
<th>Satisfaction area</th>
<th>NHW 2015 satisfaction</th>
<th>State average 2015 satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall job satisfaction</td>
<td>78%</td>
<td>74%</td>
</tr>
<tr>
<td>Staff view NHW as an employer of choice</td>
<td>90%</td>
<td>85%</td>
</tr>
<tr>
<td>Senior managers model the values</td>
<td>85%</td>
<td>76%</td>
</tr>
<tr>
<td>I would recommend a friend or relative to be treated as a patient here</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>Workplace wellbeing</td>
<td>85%</td>
<td>85%</td>
</tr>
</tbody>
</table>

A particular area for improvement is in workplace wellbeing programs, recognition and support for our staff. The appointment of a new position at NHW, the Director of People and Culture, in September 2015 will assist us to improve the staff well being program.

COMPLAINTS MANAGEMENT

All complaints received at NHW are treated seriously and are investigated thoroughly. In 2014/2015 we have seen an increase in the number of complaints received and this can be partially attributed to use of the feedback link on our website – more people are now emailing us with their thoughts. Although we have received more complaints, the number of serious complaints has not increased. We are pleased people provide feedback as it gives us the opportunity to improve. In the last 12 months some of the improvements made from complaints can be seen in the table below:

<table>
<thead>
<tr>
<th>Complaint issue</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Privacy at the Emergency Department triage desk</td>
<td>Changed configuration of seats introduced sound padding to ceilings</td>
</tr>
<tr>
<td>Distance to walk to Medical Imaging from front foyer</td>
<td>New doorway being constructed which will minimize distance</td>
</tr>
<tr>
<td>Lack of WiFi for Dialysis patients</td>
<td>WiFi now in place for both Oncology and Dialysis patients</td>
</tr>
<tr>
<td>Difficulty accessing the front entrance and disabled parking</td>
<td>New pedestrian crossing and traffic island at front entrance and increased disabled parking</td>
</tr>
</tbody>
</table>
Partnering with consumers

To meet this National Standard we must include consumers in their care and have a health service that is responsive to the community’s input and needs.

COMMUNITY ADVISORY COMMITTEE

NHW has an active Community Advisory Committee that meets over lunch, usually every month, and provides a valuable link between NHW and the general community. Our staff consult with this group regarding services provided and the committee members provide information to NHW about community views and needs. In particular, this committee is strongly involved in ensuring information provided to patients and their families is easy to read and understand.

In the past 12 months the Community Advisory Committee has:

- Assisted in the production of the annual Quality of Care report
- Highlighted the need for improved access to Medical Imaging – a new entrance is currently being built
- Assisted in the development of Home Care Package information for clients
- Reviewed a new ‘Surgical passport’ for use by patients as part of a Clinical Redesign project
- Assisted with wording for a range of brochures including nutrition, food brought into hospital, falls prevention and blood transfusion

COMMUNITY PARTICIPATION FRAMEWORK 2015 - 2020

NHW is the specialist referral hospital for the Central Hume Region of Victoria and is the largest employer in the Rural City of Wangaratta. As an organisation providing health care for the community of Wangaratta and its surrounds, we aim to involve the community across our broad range of services, using different levels of participation. A new Community Participation Framework has been developed for 2015 – 2020 in line with our strategic and clinical services’ plans. The aim is to encourage people of the Rural City of Wangaratta to take greater ownership of their own healthcare and improve the general health of our community by becoming partners in healthcare. Over the next 12 months some of the actions we will take include:

- Fully embedding the bedside handover process to increase patient/family involvement where possible
- Ensuring all people are asked if they are Aboriginal or Torres Strait Islander on admission
- Improving the use of interpreter services, where required, for all procedures undertaken at NHW
- Developing digital media for use on patient TVs/NHW website regarding
  - Patient safety tips
  - General information
- Increasing the use of Patient Experience Trackers (PET)
- Building on the patient story program to receive more detailed feedback on the standard of patient care

FRIENDS OF THE HOSPITAL

This year the Friends of the Hospital Auxiliary raised its largest amount on record of $44,319.96. This money will go towards purchasing much needed medical equipment for NHW.
COMMUNICATION BOARDS

A major part of the Hardwiring Excellence program at NHW is making sure we have very clear communication. This includes connecting staff, patients and families through clear communication and consultation and becoming greater partners in healthcare.

Assisting this process, Communication Boards are now in place in ward areas. These boards have been introduced for the patient’s benefit – to provide them with information about discharge, any tests or procedures they may be having as well as giving them the opportunity to write down questions they may have for staff. Families can also use these boards for asking questions, as they may not be present during doctors’ rounds. Boards are updated with the bedside handover process and involve the patient. Feedback from patients to date has been very positive.

COMMUNITY FORUMS

Every year NHW aims to host a number of forums that allow our community members to attend and have their say about what they like and what they think could be improved within our health service. These forums are externally facilitated by the Regional Development Company to encourage openness by participants. In the past 12 months we have hosted three community forums – one general forum as well as two forums for patients who had attended Thomas Hogan Rehabilitation Centre and the Community Care Centre respectively.

Some of the suggestions offered by community members at the general forum were:

- Consider the use of community based ‘pit stops’/clinics to smaller rural areas that have lost GP services in their local community
- Improve the timely transfer of patients (both in and out of tertiary facilities)
- Continue to broaden the use of telehealth:
  - For elderly people who may not drive
  - For appointments eg: Melbourne Specialists
- Strengthen our efforts to maintain staff and patient safety with the increasing drug problems and associated health promotion in this area
- Increase community knowledge about the large range of services at NHW, through facebook/website/single catchy photos and captions in the Chronicle that grab attention
- Increase the number of beds to meet the need of the community
- Prioritise healthy ageing
- Focus on screening for family violence
- Use the triage room in the Emergency Department for privacy
- Provide planned discharge so it is not so rushed
- Introduce chronic pain, sleep and wound care clinics
- Improve discharge information (written) for patients

Many of these suggestions have been incorporated into operational plans for further action. All will certainly be considered regarding our ability to improve in these areas.

PATIENT STORIES

A patient story project was undertaken in 2015, designed to help us better understand a patient’s feelings as they navigate the complex health care system. The idea was to provide hospital staff with a better understanding of what matters to patients, and therefore how we can make their stay less stressful and provide better outcomes through service improvement.

We were fortunate to have the assistance of an Australian Catholic University student, Dominique Stebnyckyj for this project. Dominique is completing the final year of a Bachelor of Arts, majoring in Business Studies and minoring in Sociology and Philosophy. As part of her course, Dominique spent 106 voluntary hours in the Medical, Surgical and Rehabilitation wards speaking with patients and listening to their experiences. This information was then compiled into cumulative data and also a number of actual patient stories from each area. Within this report we have included patient stories for your interest.

Into the future…

We plan to introduce the use of patient stories into our complaints process, to personalise this more for our staff and improve learning.
HELPING OUR STAFF AND COMMUNITY

308 volunteers from our community are helping our staff to provide care and services to those people requiring help from NHW. Volunteer Evelyn asked some of our other volunteers three questions about volunteering. This is what she found out.

**Geoff Allen**

*Why do you volunteer for NHW?*
I'm a local person, and after I retired I wanted to give something back to the community. Initially I was involved in Meals to You, then someone suggested volunteering in the wards. I went to Thomas Hogan and I love it. There are so many fantastic people there and the patients and staff are always bubbly and welcoming.

*What do you get from volunteering?*
I get fulfillment and enjoyment. We have been able to organise Happy Hour on a Friday afternoon which has been very successful, particularly as a lot of the patients here have no visitors because they are from out of town or other reasons. They prefer to just sit and chat and occasionally; some will read poetry or tell their life stories. It's always very interesting.

*Best moment so far?*
I really can't single out a best moment because I enjoy everything I do there.

**Margaret Redmond**

*Why do you volunteer for NHW?*
I enjoy it. I've been doing Meals on Wheels for more than 40 years and I have had wonderful partners who make the role very enjoyable.

*What do you get from volunteering?*
Meeting people, all the lovely people we deliver meals to, who are always so happy to see us. Also, I'm too old to volunteer anywhere else, aren't I? [Margaret is 93 years young]

*Best moment so far?*
My partners. They have all been wonderful. They only left Meals on Wheels because they left Wangaratta, and every new partner has been lovely.

**Geoff Allen (right) with fellow volunteer Maureen Blades hosting a very enjoyable Friday afternoon Happy Hour for patients in our Thomas Hogan Rehabilitation Centre**

**Jason Tan (volunteer) with Maree Delaney (Nurse Unit Manager- Thomas Hogan Rehabilitation Centre)**

**Jason Tan**

*Why do you volunteer for NHW?*
NHW is one of the biggest employers in town and there is often articles about the organisation in the Chronicle. I'm new to town and wanted an opportunity to meet more people and become involved in the local community.

*What do you get from volunteering?*
Meeting new people. I feel good when people remember me from week to week and they are happy to see me.

*Best moment so far?*
Recently took my first patient outside for a wheelchair walk. It was a lovely day and she really enjoyed it, and appreciated it as she has no family living locally.
Infection Prevention and Control

To meet this National Standard we must prevent patients from acquiring preventable infections in hospital and manage them appropriately when they occur.

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

DON’T HOLD BACK, GET THE FLU VAC!

Maintaining immunity in health care workers helps prevent the transmission of diseases that can be prevented by vaccination. We believe that as the largest employer in Wangaratta, caring for up to approximately 60,000 people across our services every year, we have a community obligation to provide a healthy workforce who are at low risk of passing on infection. The annual program of Influenza Vaccination is one way of achieving this obligation, by having as many staff as possible immunised to help prevent the spread of disease. In 2015 NHW has achieve a fabulous result in terms of staff numbers vaccinated, as can be seen below.

STAFF IMMUNISATION ACHIEVEMENT

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>78%</td>
</tr>
<tr>
<td>2014</td>
<td>84%</td>
</tr>
<tr>
<td>2015</td>
<td>89%</td>
</tr>
</tbody>
</table>

Each year the DHHS sets a target for health services to achieve in terms of vaccination rates for staff and in 2015 this target was 75%.

These great results followed an innovative campaign by the Infection Prevention & Control Team who built on the campaign of 2014 using:

- A catchy DVD, featuring Executive and staff members based on the long running Jeep advertisements to the song ‘Don’t hold back’. This was promoted at staff forums and was available via the hospital intranet.
- A ‘pop up immunisation shop’ was created in the cafeteria to enable easy accessibility for staff, strategically timed to cover the broad range of morning and afternoon tea times to capture different staff groups.
- A ‘Roving Immunisation Cart’ was employed to enable Infection Prevention & Control staff to move around the organisation and seek out staff who may not necessarily read emails, attend forums or even get to the cafeteria.
- Increased numbers of certified immunizers, with night nursing supervisors trained to capture those working overnight.

IT’S OK TO ASK!

Hand washing is the single most effective way of preventing the spread of infection in hospitals. NHW has an ongoing Hand Hygiene Program that provides education and regularly monitors our compliance with hand hygiene practices amongst our staff. Our Hand Hygiene Coordinator checks that staff observed during audit periods use the 5 moments of Hand Hygiene. Reports are provided to the DHHS on a quarterly basis.

To raise awareness for patients and encourage them to observe that staff wash their hands or use hand rub, banners have been created. They feature senior medical and nursing staff and are placed in prominent positions for maximum impact.
RESISTANCE TO ANTIBIOTICS

Antimicrobial resistance is the ability of a microorganism (like bacteria, viruses and parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against it. This means that these medical treatments become ineffective and there may be no alternative treatment available that can treat the illness. Infections persist and may have serious results and may spread to others.

Antibiotic management programs are a key strategy in preventing the emergence of antibiotic resistance and decreasing preventable hospital acquired infections (HAI’s). An antimicrobial stewardship program aims to change antimicrobial prescribing by doctors to reduce unnecessary use and promote the use of agents less likely to select resistant bacteria. This program has been developed in line with National Treatment Guidelines and our performance is evaluated regularly. NHW participates in an annual National Comparative Benchmarking Survey that looks at how well we prescribe antibiotics. As can be seen in the 2015 graph below, our doctors perform very well in terms of following these guidelines when compared with state averages.

A CLEAN ENVIRONMENT

Our latest results for external cleaning audit on 5th August 2015 show a high level of achievement, typically well above benchmark standards:

- **Very high risk areas**
  - e.g. Operating Theatres, Critical Care unit, Central Sterilising Services Department
  - 95%

- **High risk areas**
  - e.g. Emergency Department, nursing units
  - 93%

- **Overall score**
  - 94%

- **Moderate risk areas**
  - e.g. Medical Imaging, waiting rooms
  - 94%

IMPROVING IV LINE CARE

Over the past year we have introduced the ‘IV start pack’. These packs are designed to standardize the products and preparation used when inserting intravenous (IV) cannula’s in patients. IV cannulation is a technique in which a tube is placed inside a vein to provide access, commonly referred to as a ‘drip’. When a patient is in hospital it is often necessary to have an IV cannula inserted to allow the administration of fluids, medications, antibiotics and chemotherapy. It also allows blood tests to be taken.

It is vital that the IV cannula is inserted using Aseptic Non Touch Technique and the skin is cleansed with an antiseptic agent. It is also important that the cannula is appropriately secured to minimize the risk of introducing bugs into the bloodstream. We have introduced a documentation plan that standardizes the way we care for IV cannula’s once they are inserted, and this includes removing it as soon as possible once it is no longer needed.

We closely monitor for bloodstream infections (BSI) across NHW so they can be treated appropriately as soon as possible. When bacteria enter the bloodstream it is very serious and can make you very unwell. For this reason we report our blood stream infections at a national level so we can compare infection rates with other hospitals. During the past year our rate of 1.3 was well below the National Standard of 2 per 10,000 bed days.

5 MOMENTS OF HAND HYGIENE

1. **Before patient contact**
2. **Before a procedure**
3. **After a procedure or body fluid exposure risk**
4. **After patient contact**
5. **After contact with patient surroundings**

NATIONAL ANTIBIOTIC PRESCRIBING SURVEY RESULTS 2014

- **NHW RESULTS**
  - Compliant with guidelines
  - Noncompliant with guidelines

- **NATIONAL AVERAGE**
  - Other

Compliant with guidelines: 20%
Noncompliant with guidelines: 80%
Other: 0%
Medication Safety
To meet this National Standard we must ensure our clinicians safely prescribe, dispense and administer appropriate medicines to informed patients and carers.

PHARMACY INTERN
After completing his Bachelor of Pharmacy, Mat Bol joined NHW in early 2015 to begin his pharmacy internship. The internship is an essential part of every pharmacist’s career, as graduates must work under the supervision of a pharmacist for a year, prior to sitting further exams and becoming registered. During his internship Mat performs all the activities that our pharmacists undertake, fine-tuning his skills and applying his knowledge. One skill unique to pharmacists is the preparation of pharmaceuticals for an individual patient, known as extemporaneous dispensing or compounding. NHW Pharmacy Department is excited to provide Mat with the opportunity to gain experience in all areas of pharmacy practice during 2015, and expects to employ an intern pharmacist each year for the next 3 years.

AUTOMATED MEDICATION CABINETS
Medication management will be improved at NHW with the roll out of new Automated Medication Cabinets (AMC) into ward areas which commenced in June 2015 following extensive education. The Emergency Department was the first area to ‘go live’. These cabinets are computerized drug storage devices specifically designed for hospitals. They allow medications to be stored and dispensed near the point of care, whilst controlling and tracking drugs.

The ‘Omnicell’ cabinets purchased by NHW have been voted the best in the world by clinical staff and they are used in leading US Hospitals such as the Harvard Medical Centre. Fingerprint technology allows a high level of access security and once access to the cabinet is granted, a simple touch screen is used to access drugs required. There are many advantages to this new system, and just some of these include:

- Patients will have medications constantly available, even at night when the pharmacy is closed
- No waiting for drugs as the stock will never run out – the cabinets automatically notify pharmacy when stock is getting low
- More nursing time available for looking after patients, by reducing the amount of time two nurses currently spend manually counting Controlled Drugs each shift
- Different medications in similar packaging are put in different places in the machine to ensure it’s easy to choose the right one. Flashing lights also indicate correct drugs to choose
- A first dose is available for use in less time, as a bigger range of drugs are now stored on the ward

An extensive education process has been undertaken in all areas where the cabinets have been introduced and the roll out will continue into 2015/2016.

Monitoring how safely we prescribe, dispense and administer medication is a key component of the patient safety program at NHW. Strict processes are in place to ensure the safest possible outcomes for our patients. Our staff report errors that occur in medication prescribing and administration. Each reported event is investigated to see if we can improve our processes to reduce the likelihood of them happening again.

Medication administration errors:

No serious patient injuries were caused by drug errors.
To meet the National Standard for Patient Identification and Procedure Matching we must identify individual patients clearly, use these identifiers when transferring care and match patients with their intended care. Clinical Handover must have processes for effective handover in place and include the patients and carers in these processes.

Patient Identification & Clinical Handover

The correct identification of patients, clients and residents in health care organisations is a very important first safety step when someone first arrives for care. This identification process then continues throughout the patient’s stay to make sure the correct patient receives the correct treatment. Our staff must confirm the identity of a patient by using:

- Three approved identifiers – name, date of birth and hospital number
- Asking the patient to state their full name and date of birth and checking this against the patient identification band or documentation before any treatment, therapy or service is provided.

We regularly audit that patients in hospital are wearing correct ID bands and results have shown instances where patients have not had an ID band in place. The main reason is because the bands have been removed for procedures, or have been removed by the patient. As a result:

- There is ongoing education of staff regarding importance of replacing bands and making sure identification is confirmed before providing treatment such as medication administration
- An ID band printer has been installed in Critical Care, so now all inpatient areas have their own printers
- In April 2014 a process change was made so all patients now have two bands in place before they enter theatre suites, this is particularly important as patients under anaesthetic are not able to identify themselves.

Surgical Safety Checklist

A surgical safety checklist based on world health organisation has been introduced by NHW. It is primarily a tool to improve verbal communication among the surgical team to improve patient safety. It is signed off at three points:

- Before the patient is anaesthetised
- Before skin incision
- Before the patient leaves the operating room

Patient identity, procedure, signed consent, allergies and equipment checks form part of these checks.

Clinical Handover

The accurate transfer of patient information between health professionals ensures that a patient follows the management planned for the best clinical outcomes. Handover of care occurs at many points: between nursing and medical shift changeovers, between health services, between different health professionals and even between different departments within our health service. It is important that patients have clear written management plans and documentation in place but it is also important that verbal handover of care occurs.

In particular with nursing staff, handover of care occurs at the bedside and should involve the patient in the conversation. Regular audits are undertaken and reported back to staff, and a consistent theme was that verbal information provided was good, there have been inconsistencies with staff performing safety checks, introducing themselves properly and involving the patient.

As a result, our Education and Research Unit are leading an ongoing training process for nurses in ward areas to make sure a standard process is followed in the handover of patient care. Posters have been developed to prompt staff and assist with this process.

8 steps to a safer handover

1. Patient details
2. Allergies
3. All medications
4. Investigations
5. Operations
6. Equipment
7. Consent
8. Communication
Blood and Blood Products

To meet this National Standard we must make sure patients receive blood transfusions appropriately and safely.

BLOOD MANAGEMENT

A blood transfusion is when blood (or a part of the blood) is administered into the blood stream of another person. The blood is provided to health care services from the Red Cross Blood bank after it is given by blood donors. Blood transfusions can save lives, but they can also present a risk to our patients if not properly managed.

NHW has a transfusion trainer who works in close consultation with Dorevitch Pathology (located on site) to ensure best practices in blood management are achieved.

MAKING EVERY VALUABLE DROP COUNT

A major state-wide priority across the state of Victoria and NHW in 2014/2015 has been making sure that there is minimal or no wastage of precious red blood cells that are donated by our community. We understand that blood is a precious resource, and have introduced changes to our practice to make sure every drop possible goes to improving the wellbeing of our patients. To reduce the likelihood of blood waste we have:

• Ensured better control of blood products through improved tracking of each blood bag. An example is making sure blood with a shorter expiry is used first.
• Raised staff awareness through education, particularly regarding the ordering of blood and blood products.
• Introduced a single unit transfusion policy for non-urgent blood use. This is in line with the National Blood Authority Guidelines. Instead of ordering multiple bags (or units) of blood, only single bags are ordered and there is a clinical review after each unit so blood is not given unnecessarily. If the patient still needs more blood it is ordered.
• Ensured patients do not have blood ordered for operations, ‘just in case’ it is needed.

There is always a supply of spare blood kept in the blood fridge in the operating theatre – O Negative blood, the universal donor – that is suitable for use in all patients. This blood can be safely used in case of emergency.

TESTING OUR PROCEDURES

A medical emergency that can happen in hospitals is when a patient is losing a lot of blood and needs this replaced rapidly. The transfusion of more than 4 units of blood in 4 hours is known as a massive transfusion and NHW has a specific procedure in place to guide staff in how to manage this situation. In 2015 our Education Team started using simulation to see how staff respond to these situations and provide the opportunity for learning.

This process commenced in the Emergency Department and involved doctors, nurses and Dorevitch Pathology staff. The exercise highlighted to staff that there is a designated procedure to be followed for patients requiring massive blood transfusions and how this should be used. It was useful in helping staff understand the role of all staff required in this type of emergency scenario. Refinements will be made to this process and further simulations will be conducted in Critical Care, Midwifery and Theatre.

CONSENTING TO BLOOD TRANSFUSION

If you are a patient in hospital and require a blood transfusion, you will be asked to sign a specific consent form for that procedure. Doctors will explain the expected benefits but also the risks of transfusion to you. You will also be provided with written information about blood transfusion.

Education of staff has been ongoing to ensure consent is obtained from patients before transfusion. Audits of signed consent have shown a large improvement, from 73% completion in June 2013 to 96% in December 2014.

KEEPING BLOOD SAFE

In December 2014 NHW installed a new purpose-specific blood fridge which replaced a fridge that had been in place for 35 years. This new fridge provides a continuous graph of temperature, and is alarmed and monitored constantly. Each blood bag has its own compartment to allow the most ideal storage temperature. With the new fridge an infrared system was introduced which now ensures 100% tracking of all blood products.

Pictured: Mary Rinaudo, Transfusion Trainer, with the new blood storage fridge.
Preventing & Managing Pressure Injuries

To meet this National Standard we must have a system in place to prevent pressure injuries and effectively manage the injuries when they do occur.

There are different stages of pressure injuries which is important to note, not all are large sores or wounds. In fact, redness of the skin is classified at a stage 1 pressure injury as the damage to the tissue is starting.

A pressure injury is defined as an injury caused by unrelieved pressure, resulting in damage of the skin and underlying tissue. They are commonly known as pressure sores or bed sores and are mainly caused by unrelieved pressure on the skin. Pressure Injuries are most commonly found over bony areas, such as the hips or heels, and are an internationally recognised patient safety problem. Pressure injuries are largely preventable.

A key objective at NHW is to reduce our incidence of pressure injuries occurring when patients are in hospital. We are very much focused on prevention. There is a comprehensive pressure injury prevention program coordinated by a multi-disciplinary working group. This group is committed to:

- preventing pressure injuries
- managing them well when they do occur
- preventing injuries from becoming worse if patients are admitted with them

The working group is comprised of nursing, physiotherapy, occupational therapy and dietetic staff. Many factors contribute to the development of a pressure injury so it is vital for all disciplines of staff to be involved.

To evaluate the effectiveness of NHW’s pressure injury prevention program, audits are undertaken by staff to identify areas for improvement. An annual Pressure Ulcer Point Prevalence Survey (PUPPS) is completed for all consenting patients, residents and community clients. It determines how many patients/residents/clients have a pressure injury on that particular day, as well as other important information relating to equipment, documentation and best practice care.

Once a month staff review the care of patients who been identified as having a pressure injury, whether they developed the pressure injury at NHW or were admitted with them. Any issues identified through these audits are discussed at the working group, results reported to staff and improvements implemented.

ACHIEVEMENTS OF PRESSURE INJURY PREVENTION

- Number of patients developing a pressure injury in our care decreased from 126 to 84
- Purchase of specialised mattresses and cushions
- 88 staff have completed pressure injury prevention education in 2014/2015
- Continued reviews of patients with pressure injuries
- Increased involvement of Dieticians in review of patients with pressure injuries
- Completion of the annual mattress audit to ensure all patients and residents are nursed on high quality pressure reducing mattresses to aid in the prevention of pressure injuries – mattresses that are not intact or are compromised are tagged for replacement.
- Replacement of pressure reducing foam mattresses as identified during mattress audits
- Additional specialised air mattresses have been purchased and cushions for when patients sit out of bed. As well as owning equipment, there is a consignment/hiring system in place which ensures that specialised mattresses and cushions are always available for patients and residents.

NUTRITION

Compromised nutritional status such as unintentional weight loss, vitamin deficiency, protein energy malnutrition and dehydration are known risk factors for pressure injury development. Other nutrition-related risk factors associated with increased risk of pressure ulcers include low body mass index (BMI), reduced food intake and impaired ability to eat independently. Dieticians at NHW play a pivotal role in the prevention and management of pressure injuries by assessing and managing patient’s nutritional status.

<table>
<thead>
<tr>
<th>ILLOURA'S PUPPS RESULTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents with a pressure injury on day of survey</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2012</td>
</tr>
<tr>
<td>2013</td>
</tr>
</tbody>
</table>
Recognising and Responding to Clinical Deterioration

To meet this National Standard we must ensure patients’ worsening condition is recognised quickly with appropriate action taken.

INTRODUCTION OF MEDICAL EMERGENCY TEAMS

On the 4th May, 2015 NHW moved to a Medical Emergency Team (MET) rapid response system. This new system provides NHW staff with additional emergency assistance &/or advice to effectively manage patients who are noted to be deteriorating. Although there was a previous system in place, this new process ensures appropriate medical staff attend the patient, including the doctors that are accountable for that patient. A MET call is made if the patient’s temperature, heart rate, blood pressure, oxygen saturations and a number of other measures fall outside an acceptable range.

Since its introduction there has been very good uptake by our staff:

- May: 25
- June: 26
- July: 32

In July, Medical Officers at minimum of Registrar level attended in 100% of cases, as did nurses from Critical Care. None of the patients that were seen by the MET Team deteriorated further to require a ‘Code Blue’ (medical emergency) call.

75% of these patients remained in the ward, with only 15% requiring transfer to Critical Care for further care. 10% were transferred to a ward with increased assessment and management capabilities.

PATIENT AND FAMILY LED ESCALATION OF CARE

At the same time as the MET call was implemented, the hospital also introduced a system that now enables patients, their families or carers to raise concerns about clinical deterioration, care or treatment, if they feel ward staff are not taking action they feel is required. These concerns are made directly to an Assistant Director of Nursing (ADON), who will then review the patient. It is important to note that the ADONs are independent of the team who is providing care directly to the patient. The ADON is capable of assessing the patient, undertaking initial treatment and escalating care as appropriate (MET team if required). There has been roughly one patient, family, carer activation per month since the introduction of this system.
MOCK CODE BLUE

Mock Code Blue events are simulated sessions where a patient (manikin) will deteriorate and die somewhere in the hospital, requiring activation of our rapid response system and emergency resuscitation. The intention is to replicate “real life” situations. The mock code blue is announced over the public address system as “Mock Code Blue”, and an area description so staff know where to attend. In 2015 we increased education and research capacity to now include a simulation faculty that has the capacity to remote video feed these events for the purpose of feedback and facilitated debrief. These sessions are NOT recorded in order to protect participant privacy.

We have been conducting formalised mock code blue education at Northeast Health Wangaratta since 2011. In 2015 we have successfully completed 4 mock code blue events to date, with the intention of conducting another 4 before the end of the year.

The broad objectives of our Mock Code Blue events are:

- To examine leadership and team work within the emergency team context, from both a medical and nursing perspective
- To test organisational code blue response systems

We asked staff who attended a medical ward code blue simulation what they thought about the training.

![Image of medical staff during a Mock Code Blue event]

93% of participants believe the session improved their understanding of team work within the resuscitation team.

CASE PRESENTATIONS

In 2015 we commenced Critical Care Unit case presentations with support from our Visiting Medical Officers. In March we offered a case presentation regarding the management of a complicated heart attack, with expert opinion provided by Dr Verena Veth.

In May we presented an Advanced Life Support Simulation. Our target audience were anaesthetic and medical registrars, and nurses from the Critical Care Unit and Emergency Department. Six attendees participated in the simulated scenario while the session was streamed into another room for the other participants to observe. After the completion of the scenario a facilitated debrief conducted by Dr Andrew Haughton concluded the session.

ADVANCE CARE PLANNING

If you became seriously ill or had a serious accident, and were unable to make decisions about your care, what sort of medical treatment would you want? Who would you want to make decisions for you about your medical treatment?

Advance care planning can assist your family to make the right choices about your medical treatment if you are unable to make these decisions yourself. It is important for people to discuss their wishes with their loved ones, but also to document these in an Advance Care Plan. When families and health professionals know they are making medical decisions according to your wishes, much of the burden of decision-making can be lessened.

NHW has an Advance Care Planning program in place and we encourage everyone to complete an Advance Care Plan. A survey of 130 staff has been undertaken in late 2014 which showed:

- 100% believe the Advance Care Planning program for end of life care is valuable
- 88% found the documents for use at NHW to be understandable
- 54% discuss Advance Care Planning with patients
- 61% staff felt that e-learning with some face to face component would be the best education for staff

As a result of this survey, e-learning modules are being developed to improve the education for our staff.
Preventing Falls and Harm from Falls

To meet this National Standard we must have systems in place to prevent patient falls and minimise harm from falls.

Falls prevention is a major focus at NHW to keep patients safe. Many falls can be prevented and on staff work with patients to increase their knowledge about falls prevention both in hospital and in their home environment. To do this, we have recently updated the brochures and information sheets that are provided to patients. The Falls Prevention brochure is available in Italian & provides information for patients and carers about falls prevention in hospital and at home.

ASSESSING FALLS RISK

Patients admitted to NHW have their falls risk assessed by nursing staff using a falls risk assessment tool or staff’s clinical judgment. The appropriate interventions and referrals are made and the falls prevention plan for each patient is developed in consultation with the patient and/or carer. In 2015, a falls risk assessment tool was also introduced into Community so that all Home and Community Care Clients are now assessed for their falls risk. When staff identify risk factors for individual clients, they now have falls prevention information sheets specific to that risk to provide to clients, addressing areas such as poor vision, footwear and home safety.

APRIL ‘NO FALLS’ MONTH

Educating staff and community members is a major part of falls prevention so as well as providing information sheets/brochures to patients, NHW conducts an annual falls prevention month in April. 2015 saw a successful ‘April Falls Month’ with displays in ward areas and the Community Care Centre. The front foyer had an eye catching display to highlight the many falls risk factors and falls prevention information sheets were available for the community.

Falls prevention education was provided for staff with approximately 100 staff members attending. An e-learning falls prevention package was launched for nursing staff with 200 staff members completing this during April.

### NUMBER OF FALLS per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>454</td>
</tr>
<tr>
<td>2011/12</td>
<td>458</td>
</tr>
<tr>
<td>2012/13</td>
<td>485</td>
</tr>
<tr>
<td>2013/14</td>
<td>382</td>
</tr>
<tr>
<td>2014/15</td>
<td>380</td>
</tr>
</tbody>
</table>
Your regional award winning health service.

**Reception staff**
provide a friendly welcome to our organisation.

**Medical, Nursing and Allied Health Staff**
cared for 17,615 inpatients, in 2014/15.

**Medical Imaging**
has seen refurbishment of reception and waiting areas and has performed 58,343 procedures in 2014/15.

**The Supply Department**
not only keeps NHW stocked with the 1,752 product lines. It also provides stores to 45 other regional health care providers.

**Friends of the Hospital**
donated $44,319 to NHW for the purchase of much needed medical equipment.

**Volunteers**
have provided over 18,000 hours of valuable assistance to our staff.

**The Finance Team**
continue to provide financial support to a number of district hospitals.

2014 Premier’s Health Service of the Year
Northeast Health Wangaratta was awarded the Premier’s Award for Regional Health Service of the Year in November 2014.

District Nurses saw a total of 1,143 clients in the last 12 months.

Illoura Residential Aged Care staff provide a home like environment and excellent lifestyle program for 62 residents.

Food Services staff prepare approximately 1,000 meals each day.

Environmental Services staff provide a clean environment for patients to maintain our low infection rates.

Facilities and Maintenance have assisted with upgrade of Theatre air conditioning, 2 new out patient clinic rooms and a new dental chair.

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Service Delivery

SURGICAL SERVICES

WAITING FOR TREATMENT

Non Emergency patients who require surgery and community services are often placed on waiting lists and treatment is scheduled according to urgency. NHW staff monitor waiting lists to make sure we are treating patients as efficiently and fairly as possible.

ELECTIVE SURGERY

Elective surgery patients are classified according to the urgency required for the procedure, category 1 being the most urgent. Surgeons prioritise patients in terms of clinical urgency after they have consulted with and assessed the patient.

<table>
<thead>
<tr>
<th>Surgical Priority rating</th>
<th>Time to be treated</th>
<th>NHW</th>
<th>DHHS Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1 – urgent</td>
<td>Within 30 days</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Category 2 – semi urgent</td>
<td>Within 90 days</td>
<td>95.3%</td>
<td>88%</td>
</tr>
<tr>
<td>Category 3 – non urgent</td>
<td>Within 365 days</td>
<td>92.6%</td>
<td>97%</td>
</tr>
</tbody>
</table>

We perform better than DHHS targets for treating patients in categories 1 and 2.

NHW has a surgical waitlist committee that meets every week to carefully manage the times patients are waiting for surgery. As can be seen in the above table, we did not meet targets for non urgent patients waiting for procedures which are mainly orthopaedic patients. Every effort is made to see patients within recommended times and this will continue to be closely monitored.

CLINICAL REDESIGN

The Redesigning Hospital Care Program is committed to improving the patient’s journey. In the last 12 months, one of the projects has focused on reviewing the process within the newly refurbished Admission and Discharge Unit. Problem solving methodology has been used to address issues related to access, efficiency and service quality. This program has been funded and supported by the Department of Health and there have been many positive outcomes from this project already:

- Anaesthetic Clinics have now been combined with the relevant surgical, orthopaedic or gynecology clinics. This means that patients who are having planned surgery only need to attend one clinic not two which is especially helpful for patients travelling from out of town.
- Patient fasting requirements have changed and patients are now required to fast for significantly less time than they previously did. In line with the Australian and New Zealand College of Anaesthetist fasting guidelines, patients can now continue to have up to 200 mls of fluid per hour up to 2 hours prior to the procedure. No food is consumed for 6 hours prior. Reduced fasting times have been shown to improve patient outcomes.
- Streamlined procedures for patients having flexible cystoscopy surgery (looking into the bladder). The admission process for this simple procedure, which does not require anaesthetic, has been simplified and patients are admitted and discharged after their procedures in 30 – 40 minutes. In the past a full admission was required and patients would remain in hospital for 2-3 hours.
- New patient information for preadmission clinic has been developed.
- Functional changes to improve staff access to patient food and drinks and patient information, including condensing 7 different patient file storage areas into 1.

We’re hearing you....

The Victorian Health Experience Survey data shows that our ED patients think we need:

- More hand gels and washes available for patients and visitors
- Increased numbers of chairs in the waiting room

We will look to improve satisfaction in these two areas.
EMERGENCY TREATMENT

NHW provides 24 hour, 7 day a week service for people requiring emergency care. All patients who attend the Emergency Department are assessed by a senior nurse trained in triage, which is a system used to prioritise patients in terms of the severity of the condition. Category 1 patients are the most serious and require immediate treatment, whereas category 5 patients have non urgent conditions. The triage process determines the order in which patients are treated. Target times for treatment are allocated by the DHHS for the more serious categories 1, 2 + 3 and we continually monitor our performance in relation to these targets.

<table>
<thead>
<tr>
<th>Category</th>
<th>Time from arrival to treatment</th>
<th>NHW 13/14</th>
<th>NHW 14/15</th>
<th>DHHS Target</th>
<th>Patient numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediately</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>94</td>
</tr>
<tr>
<td>2</td>
<td>10 minutes</td>
<td>80%</td>
<td>94%</td>
<td>80%</td>
<td>1,794</td>
</tr>
<tr>
<td>3</td>
<td>30 minutes</td>
<td>72%</td>
<td>87%</td>
<td>75%</td>
<td>7,144</td>
</tr>
<tr>
<td>4</td>
<td>60 minutes</td>
<td>73%</td>
<td>86%</td>
<td>60%</td>
<td>10,261</td>
</tr>
<tr>
<td>5</td>
<td>120 minutes</td>
<td>91%</td>
<td>97%</td>
<td>60%</td>
<td>2,491</td>
</tr>
</tbody>
</table>

As can be seen, a huge improvement can be seen in performance against targets in the past 12 months. This is despite the fact that there were 919 more patients seen in the more serious 1-3 categories. There have been a number of initiatives that have helped to improve our performance.

All public hospital Emergency Departments aim to assess and treat patients, and have them discharged from the department within four hours. Discharge can mean to home, transfer to another health care facility or admitted to NHW. It is important to note that we do not discharge patients home simply to meet these targets and we monitor data such as readmissions and patient complaints to try and ensure this does not happen. The process however has improved our focus on efficiency and moving patients more quickly for tests and further assessment.

We have to report our achievement against this four hour target to the DHHS. We have improved our score from 71% in 2013/2014 to 78% in 2014/2015, despite seeing larger numbers and sicker patients.

Improving care

The introduction of a specific trolley to help medical staff with difficult intubation (when a patient needs a tube inserted to help them breathe) has been helpful in standardising processes across NHW. Initially introduced in the operating theatre and led by Dr Andrew Haughton, Anaesthetist, the specifics are based on the Australian and New Zealand College of Anaesthetists guideline on airway equipment.

• Each drawer contains the equipment for one step in the process.
• Failure at each level progresses to the next drawer.

Education of staff regarding the new system has occurred and this trolley will also be introduced to Critical Care.

Better knowledge of the department

Every day at 8am and wherever possible at 4pm, all clinical staff have a ‘scrum’ at the central staff base to look at allocation of patients and provide information and updates about particular issues within the department or requirements for the shift. This improvement in communication has assisted in the functioning of the department.

‘Board Rounds’

Every 2 hours the Senior Doctor and nurse in charge meet at the patient whiteboard to discuss patient status and any issues with patient care to ensure wherever possible there are no avoidable delays in patient management.

Fast track of non urgent GP type patients

This process is used for patients who would usually see a GP. They are assessed along with all patients on arrival, but then are seen within the ED itself but not in a cubicle. They are provided a chair and assessed and given advice, scripts and referrals for further care. One of the Emergency Doctors is given this area specifically to look after. This has meant that more urgent patients can use cubicles and be seen more quickly by other doctors.

Rapid Assessment

Senior doctor now perform rapid assessments on patients arriving via ambulance which makes the planned care of those patients faster. Data provided to NHW from ambulance Victoria (April figures) shows that NHW recorded the best average ‘off stretcher’ time in the Hume Region – 9.5 minutes.
DENTAL SERVICE

IMPROVING DENTAL HEALTH

During the 2014/15 period, the dental service has continued to expand with the addition of another chair bringing the total number of chairs available to 9 over the 2 sites. This additional chair will enable the clinic to offer a wider range of services with the addition of a private practice. Another exciting addition is the new mobile dental van. The more remote areas of our community will now have access to dental treatment which in the past has been made difficult by distance. The dental van will also be used to visit aged care facilities in the Hume region and beyond.

The waiting list for dental services remains steady with regular removals from the list to both general and denture patients. Dental clinicians have been kept busy providing treatment to older children who are now eligible through the Child Dental Benefits Scheme to use our services free of charge.

TRAINING AND SUPPORT

One of the school-based trainee dental assistants completed her Certificate III in Dental Assisting earlier in 2015 and is now a permanent member of staff giving weight to the benefits of the traineeship (see page 31). The Oral Health Graduate Year Program continued in 2015 and once again the service has employed a new graduate who provides both dental therapy and hygiene to patients. Other staff to provide mentoring and support to the new graduate and they experience their entry into the workforce in a supported manner. As part of this program new graduates undertake a compulsory research project and the focus this year has been Improving Oral Health Among Adolescents in Northeast Victoria. Unfortunately this valuable program will cease at the end of 2015 due to a lack of funding.

This year saw the introduction of clinical peer support. As part of this initiative, 2 clinical cases are presented on a monthly basis for clinical discussion. This has proved to be a valuable learning experience, particularly for the younger and less experienced members of the clinical team. The case reviews provide insight into how services and skills can be improved, providing a conduit for continual improvement.

Above: NHW’s Dental team look after themselves by limbering up each morning before commencing patient care.

SMILES FOR MILES

Smiles 4 Miles is an initiative of Dental Health Services Victoria who works in partnership with locally based public dental clinics like NHW to improve the oral health of children, their families, early childhood staff and the wider community. The program is based on the World Health Organisation’s Health Promoting Schools Framework and is delivered mainly in kindergartens.

The Smiles 4 Miles Program at NHW continues in the local community with 11 kindergartens now participating in an awards program focussing on the “Eat Well”, “Drink Well” and “Clean Well” messages. The program assists to develop and strengthen partnerships for oral health promotion.

Earlier this year the Dental Service in partnership with the Ante Natal Clinic began a pregnancy dental screening program. This enables timely and convenient dental examinations and advice for women when they attend their ante natal appointments. A volunteer is situated in the combined outpatient clinic/dental waiting area and they engage with women as they wait for their ante natal appointments. At this time they are provided with information about the dental service and brochures providing information on oral health during pregnancy. The dental staff often see these patients in-between scheduled appointments to save them an extra trip. The screening program has seen an increase of 58% attendance for this priority group of patients. It also provides a wonderful opportunity to promote the service for other children and family members.

NHW’s Dental Clinic now has an OPG x-ray machine installed which provides accurate diagnosis on the spot, enabling care to proceed at the time of appointment. This has reduced the number of visits required by patients.
REDESIGNING HOSPITAL CARE

NHW Oncology Day Unit is currently undertaking a DHHS funded project to improve the care provided to patients who have cancer and other diseases requiring day admission for treatment. NHW joins 7 other regional & metropolitan hospitals in the project, including Goulburn Valley Health & The Royal Children’s Hospital. As part of the process, all hospitals assess their current performance and identify possible areas for improvement. It provides an opportunity to gather and present findings, share lessons learnt and provide support for all involved.

As part of the initial assessment, data was collected about the actual time patients spend in the NHW Oncology Day Unit. Staff were able to identify areas for improvement which would reduce this time, including having patients arrive on time for scheduled treatment and having earlier preparation and availability of medications & chemotherapy.

Timely arrivals
Over the last 4 months, Oncology staff have put strategies in place to encourage patients to arrive on time, allowing staff to manage their growing workload more efficiently. They have:

• Changed the way patients are booked for their appointments,
• Increased prompting patients about the time of their appointment
• Written the appointment time beside the patients name when they arrive for their treatment

These simple changes have all contributed to the 10% increase in the number of patients arriving on time. This has allowed staff to better plan their day, decreasing the delay in care for all patients.

Availability of drugs for treatment
Working closely with NHW Pharmacy, the Oncology Unit has also been able to reduce the average time patients spend waiting for pre-medications. Through a change in just one process, staff have been able to reduce the average waiting time from 92 minutes in March to 0 minutes in September, an exceptional improvement.

The addition of medications, in particular a 15 minute iron infusion (for patients with anaemia), to the medications kept in the oncology unit has had a positive impact on waiting times. Previously patients would wait an average of 42 minutes to start their iron infusions. Recent data shows that the unit can now treat and discharge the patient home in under 35 minutes.

The changes made have had a wonderful impact on our patients and are only the beginning. The project completion date is in February, and there are further improvements planned that will assist our staff to continue to provide the wonderful care they do for their incredible patients.
In May 2013, NHW was provided with funding by the State Government to introduce an Emergency Department (ED) Telehealth service in a “hub and spoke model” across the Hume Region. It has allowed patients presenting to Urgent Care Centres in district health services to access face to face medical consultation at NHW via videoconferencing. Telehealth has saved patients driving outside their local community for urgent medical care after hours, and has given General Practitioners (GPs) in those communities a bit more sleep overnight. Over 330 patients have now been referred to the NHW Emergency Department telehealth service; 240 of these have been in the last year.

Patients who are critically unwell do not use the telehealth service - they are seen directly by GPs and / or are transferred to larger hospitals by ambulance. Just recently, direct video-conference links to Air Ambulance in Melbourne have been established, providing nurses and GPs in Hume health services with emergency specialist support in the management of patients who are waiting for require urgent transfer.

This year a full evaluation of the ED Telehealth project was undertaken by the University of Melbourne. It showed the service is highly accepted by both patients and clinicians, and indicates ED Telehealth has:

- improved patient access to urgent care
- supported the continuity of urgent care
- positively impacted on responsiveness of care to patients’ needs
- delivered urgent medical care that is safe and effective
- provided a sustainable model for the delivery of urgent care

Currently the NHW hub and spoke model of ED telehealth is being duplicated at Goulburn Valley Health to provide ED telehealth to Urgent Care Centres in their catchment and Northern Health to provide service to Urgent Care Centres at Kilmore and Seymour.

Telehealth is all about preventing travel, and a regional approach has been taken to develop other telehealth services beyond the ED. Videoconference links have been created for:

- Mental health assessment for patients living outside regional centres
- Hospital In The Home for patients living outside regional centres (in progress)
- Inpatient and outpatient rehabilitation
- Residential In Reach (in progress)
- High Risk Foot service

The Telehealth future for the Hume region is exciting with the rollout of the National Broadband Network and use of ‘cloud’ technology. Greater internet bandwidth to residential areas will allow expansion of high quality video-conferencing to patient devices at home, along with improved compatibility of all devices in the near future.

NHW is currently nine months into the Victorian Stroke Telehealth (VST project) which involves nine regional health services and is being led by Occupational Therapist, Lisa Peters. The VST project uses video-conferencing to provide 24 hour access to Stroke Neurologists who offer advice on stroke care, management and transfer. The last 12 months have seen huge advancements made in stroke care with endovascular clot retrieval becoming best practice for people with certain acute ischemic strokes. The VST project has allowed our catchment population to be assessed for and potentially transferred to Melbourne to undergo this exciting new treatment. NHW has consulted with RMH based neurologists for 11 patients over the last 3 months alone.
IMPROVING CARE FOR STROKE PATIENTS

In 2014, as an initiative by the Victorian Stroke Clinical Network, Thomas Hogan Rehabilitation Centre (THRC) of NHW formed a partnership with the Caulfield Hospital to optimise regional stroke care through the use of Telehealth. The collaboration was successful resulting in the formation of the THRC Interdisciplinary Leadership Group and recruitment to a Project Coordinator. The purpose of the project coordinator and leadership group was to continue the quality improvement activities in THRC. One of the first initiatives by the Interdisciplinary Leadership Group was to implement a stroke-cluster room in THRC. NHW admits and/or treats over 100 patients who have either had a stroke or TIA. The National Stroke Foundation (NSF) in 2010 recommended that stroke units are the optimal way to assess, treat and manage patients after they have had a stroke. The aim of the stroke cluster room in THRC was to:

• locate patients in a geographically discrete room
• provide comprehensive and ongoing assessments
• provide patients with a coordinated multidisciplinary team
• promote early mobilisation and avoid of bed-rest
• provide patients with staff who have a special interest and skills in the management of stroke

The stroke cluster room was implemented early in 2015 with positive outcomes identified for staff and patients. Overall, evaluation demonstrated staff’s confidence when caring for a patient with a stroke, recognising patient deterioration and belief in the stroke cluster room had improved. Patients were also very satisfied with the room. An audit against the National Stroke Foundation Guidelines looked at what THRC was doing as a team before and then after stroke cluster room. Results demonstrated that the THRC team have changed their practice significantly to comply with the evidenced based clinical guidelines. We have also identified nine improvement actions to work towards to increase our compliance with the NSF. Due to the success of the stroke cluster room, THRC are now working towards a step down room for patients after stroke who are no longer in the ‘at risk’ phase of their acute recovery. This project has been invaluable in providing evidence based quality care to our patients.

MOBILITY GARDEN OPENS

The Mobility Garden Project at the Community Care Centre was officially opened on March 11th 2015 by CEO Margaret Bennett. This garden was created in a partnership between NHW’s Community Care Centre and Goulburn Ovens Institute of TAFE. Horticulture students were involved in the design and creation of the garden. This lovely new outdoor area:

• Provides a safe and accessible outdoor area for clients, families and carers to engage in therapeutic and rehabilitation tasks using similar terrains and access points that clients may need to negotiate within the community
• Provides quiet areas for counselling and one to one therapy sessions
• Has an edible garden which promotes healthy eating and activities of daily living
• Has an outdoor area that is inviting for clients
PHYSIOTHERAPY-LED SPIROMETRY SERVICE

In 2014, a physiotherapy-led inpatient spirometry service was implemented at NHW. Chronic Obstructive Pulmonary Disease (COPD) is recognised as one of the top three preventable hospital admissions for people over 65 years living in the Hume Region. Spirometry is a form of lung function testing. Clinical guidelines include spirometry as part of the diagnosis and management of Chronic Obstructive Pulmonary Disease (COPD). Previously, testing was performed offsite. Introduction of an inpatient spirometry service has enhanced care of patients admitted with acute respiratory conditions by enabling prompt diagnosis and management.

In its first year of operation, spirometry testing increased by 300% compared to the previous year. In addition to the patient benefits, the service has resulted in financial benefits due to stopping offsite costs and improving patient coding. The successful outcomes of this service were collated by Dr. Brooke Winzer (Senior Physiotherapist) and Mark Tamaray (Clinical Leader – Physiotherapy) and were accepted for publication and presentation at the 13th National Rural Health Conference, held in Darwin this year.

FOOD SERVICES

The past 12 months has seen a huge improvement in the quality of food provided at NHW. Previously in patient satisfaction surveys, food was an area where we scored poorly however significant changes in the kitchen have resulted in NHW exceeding state averages quite significantly in a number of areas as can be seen in the graphs. To achieve these results, some of the actions taken to improve services include:

- A new local meat supplier
- Introduction of a new 28 day cycle menu
- Maintenance and building on very good working relationships with local suppliers
- Change in ward kitchen staff duties allowing staff to exceed patient expectations

FOOD QUALITY

<table>
<thead>
<tr>
<th></th>
<th>NHW JUNE 2014</th>
<th>NHW JUNE 2015</th>
<th>STATE AVERAGE 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>81%</td>
<td>82%</td>
<td>68%</td>
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FOOD SUITABLE FOR DIETARY NEEDS

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<tr>
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<th>STATE AVERAGE 2015</th>
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<tr>
<td>Suitable</td>
<td>79%</td>
<td>87%</td>
<td>76%</td>
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</table>

ENOUGH HELP RECEIVED

<table>
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<tr>
<th></th>
<th>NHW JUNE 2014</th>
<th>NHW JUNE 2015</th>
<th>STATE AVERAGE 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help Received</td>
<td>71%</td>
<td>91%</td>
<td>74%</td>
</tr>
</tbody>
</table>

ABOVE DATA BASED ON GOOD/VERY GOOD RATINGS FROM RESPONDENTS IN VICTORIAN PATIENT SATISFACTION MONITOR

PATIENT STORY

A 64 year old patient, was admitted into the Emergency Department after experiencing chest pains one afternoon. He had previously had heart attacks and suspected that the symptoms he was experiencing were similar to previous episodes. Before moving into the medical ward, the patient was placed into the Critical Care Unit (CCU) to be monitored and cared for.

During admission, the patient felt he was given sufficient information regarding his admission. He clarified that all information given was familiar and not new, as he had been down this road before.

A positive emphasis that this patient placed on clinical care was that he had regular visits from his specialist doctor and that nursing staff checked on his wellbeing very regularly. When familiar nurses came for a shift changeover they would always say ‘hello’, and new staff would always introduce themselves.

He finds the communication boards very useful as they provide a general understanding of what is happening for the day.
CULTURAL DIVERSITY

Sakina Babia is the Aboriginal Health Liaison Officer (AHLO) at NHW. This position was originally funded under the Hume Region ‘Closing the Health Gap’ client journey project, and is now working under ‘Koolin Balit’, the Victorian Government Strategic Directions for Aboriginal Health funded by the Victorian Department of Health. The Aboriginal Liaison Transition Officer supports Aboriginal and Torres Strait Islander people to link with Hospital, Community Health and Primary Care services and provides education and guidance to NHW staff on matters relating to Aboriginal and Torres Strait Islander culture and health. In the Rural City of Wangaratta 1.2% of the population has an indigenous background.

Sakina achieves this by:
- Being a cultural link between patients who identify as Aboriginal or Torres Strait Islander and hospital staff/service providers
- Assisting clients to navigate the health and community sector
- Working with clients to share knowledge about the importance of follow-up appointments and programs
- Providing advice to clients regarding transport options, where possible to improve access and attendance at follow-up appointments
- Working with existing services to facilitate visits from Aboriginal Community Controlled Health Organisations for specific health needs, for example smoking cessation and alcohol management
- Actively promoting culturally appropriate care for Aboriginal or Torres Strait Islander patients who present or attend NHW

In the previous 12 months to July 1 2015 there were 385 people who presented to the emergency department and identified as being Aboriginal or Torres Strait Islander, resulting in 162 inpatient admissions. Of these people, 215 were followed up by the AHLTO, over 338 contacts. Others were unable to be contacted via phone, and letters were sent to them to determine if they required any further assistance or had further health care needs.

PATIENT STORY

Jane* was admitted to NHW and had surgical procedure on her breast. Jane had complications with infection following her surgery which resulted in an admission to our Hospital in the Home Program. Nursing staff would come on a regular basis and change her dressings. The AHLTO was supporting Jane through this time and has remained involved over a period of 8 months providing emotional support, helping Jane to navigate health services and assisting staff to understand Jane’s culture. She provided regular contact with Jane whilst she was an inpatient on several occasions. Jane was linked with a GP and she also joined an art program, recently having her artwork placed on exhibition. Jane is now attending medical appointments independently, is healthier, more confident and has recently offered to volunteer in the Emergency Department to assist other Aboriginal and Torres Strait Islander people on their health journey.

*name changed for privacy

Identify and be DEADLY

An Aboriginal Health, Liaison Transition Officer (AHLO) provides follow up to Aboriginal and/or Torres Strait Islander people who:
- Attend the Emergency Department at Northeast Health Wangaratta.
- Are admitted to any ward at Northeast Health Wangaratta.
- Require support and/or assistance with a referral and follow up care to other community services, or just to have a yarn.

Sakina Babia, AHLTO
Phone: (03) 5722 5817
Pager: 357
Monday to Thursday
9am until 1pm

Northeast Health Wangaratta
PROMOTING AND ASSISTING BETTER HEALTH IN TIMOR LESTE

Lesley Lewis, Hume Region Infection Control Consultant based at NHW, represented NHW on a collaborative project between NHW, Rotary Club of Appin Park and Rural City of Wangaratta Friends of Lacluta working in an isolated village in Timor Leste.

Health outcomes from the project included:

- Hand washing education for healthcare workers (on the clinic veranda using buckets of water).
- Painting the reception and main corridor of the health clinic. The first words from one of the senior doctors the next morning with “diak, Diak DIAK” (which means good, Good, GOOD).
- Purchase of and installation of fluorescent lights and starters in the health clinic and birthing centre as 80% of them were blown and not working. The team had to make a step ladder to fit them.
- Purchase and installation of toilet to replace the only (smashed) patient toilet in the clinic.
- Repair of 2 hand basins. The clinic has 8 handbasins and not one worked (missing parts, no running water, drain pipes broken off at the wall).
- Parts and pipes to repair of 2 hand basins. The clinic has 8 handbasins and none were in working order (missing parts, no running water, missing drain pipes).

The purchase of materials and parts was made possible through the generosity of NHW employee fundraising initiatives and the project has made a significant difference to the people of Lacluta.
RESIDENTIAL IN REACH

The Residential In Reach service at NHW is a program that has been introduced in the Central Hume region, which includes the Rural City of Wangaratta, Benalla, Alpine and Mansfield Shires. It provides hospital type care, where appropriate and safe, to people living in Residential Aged Care Services (RACS).

The aims of the program are to:

- Improve access to care in the resident’s home during an acute illness
- Improve the quality of care for the resident
- Reduce the need for the resident to be transferred to the ED, which can be stressful for the resident

Residential in Reach services were introduced to a number of Metropolitan and Regional health services in 2006, with positive outcomes for both RACS and acute health care services. The DHHS provided NHW with funding to introduce the program, and in January 2014 a project was commenced, facilitated by the Older Persons Nurse Practitioner Deanne Burge. Deanne, with the support of GPs and NHW doctors, is now able to visit people in their RACS and provide care where they live, in appropriate circumstances. In many cases this prevents the need for residents to travel to the hospital ED for assessment and treatment. Now with ongoing funding, the Residential In Reach Program has continued to grow, with another Nurse Practitioner candidate commencing training in 2015.

Referrals to the service are usually made by staff of the residential aged care facilities or the GP and can only be accepted when these people along with the care recipient and/or their representative consent to accept the services provided by Residential In Reach. The Residential In Reach service is not intended to replace the care usually provided by the Aged Care facility or the residents doctor.

The Residential In Reach service also has the added benefit to the Aged Care staff through education and skills improvement. The nursing staff of the Residential In Reach service are able to provide an added education component which is responsive to the needs of each individual Residential Aged Care Service. It currently operates during business hours, our aim is to expand the service hours with a view to provide a 7 day a week service for out of hours assistance.

An example of the Residential In Reach Programs success is through the story of a resident who had presented to the ED 12 times in the previous year prior to entering the aged care facility. Though collaboration between the facility and the Nurse Practitioner, there was not a single attendance to the ED since his admission to Aged Care.
ILLOURA RESIDENTIAL AGED CARE

Illoura, which means ‘a peaceful place’ is NHW’s 62 bed Residential Aged Care facility that is located in College Street Wangaratta. Although Illoura is located away from the hospital it is governed by the Board of Management and Executive as are all services at NHW. Continual improvement and monitoring ensures optimal care is provided to our elderly and frail in a homelike environment.

MINI THE KITTEN

There has been an addition to the Illoura family with Mini the Kitten coming to live with us. Mini is a delightful cat who loves the attention of all the residents. Mini can often be found sitting on laps, happily wandering the wings and living areas and welcoming everyone while she stops for a pat. Mini also loves to cuddle up on resident’s beds as they rest together. We are grateful to the resident who suggested an Illoura cat and even helped choose the kitten, she has fitted in beautifully.

CLINICAL CARE

All publicly funded aged care facilities in Victoria are required to submit data every three months regarding the clinical care of residents. Our staff collect data surrounding resident falls, injuries from falls, pressure injuries, restraint weight loss and whether residents are on nine or more medications. This data is then compared to state averages. Below are our most recent results:

<table>
<thead>
<tr>
<th>Indicator of care</th>
<th>NHW</th>
<th>State average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure injuries stage 1</td>
<td>0</td>
<td>0.38</td>
</tr>
<tr>
<td>Pressure injuries stage 2</td>
<td>0.91</td>
<td>0.44</td>
</tr>
<tr>
<td>Pressure injuries stage 3</td>
<td>0</td>
<td>0.05</td>
</tr>
<tr>
<td>Pressure injuries stage 4</td>
<td>0</td>
<td>0.03</td>
</tr>
<tr>
<td>Falls</td>
<td>5.45</td>
<td>7.57</td>
</tr>
<tr>
<td>Falls related fractures</td>
<td>0.18</td>
<td>0.17</td>
</tr>
<tr>
<td>Intent to restrain</td>
<td>0</td>
<td>0.65</td>
</tr>
<tr>
<td>Physical restraint devices</td>
<td>0</td>
<td>0.56</td>
</tr>
<tr>
<td>9 or more medicines</td>
<td>3.45</td>
<td>4.61</td>
</tr>
<tr>
<td>Weight loss over 3 kg</td>
<td>0.73</td>
<td>0.98</td>
</tr>
<tr>
<td>Unplanned weight loss</td>
<td>2.54</td>
<td>0.79</td>
</tr>
</tbody>
</table>

As well as this quarterly information, our staff also review every individual incident at the time it occurs, such as falls or pressure injuries that may develop. In the past 12 months falls rates have reduced with the introduction of ‘resident rounding’ where nursing staff are routinely checking and making sure their needs are met every hour. As can be seen, our rates of unplanned weight loss remain higher than the state, however investigation has shown these residents have not lost large amounts of weight each month and it has not impacted on their health and wellbeing.

Staff will continue to review each individual case to manage these residents carefully.

NEW GARDEN & SHADE

Illoura new shaded area is getting plenty use with residents and family spending time outside enjoying the spring weather. The widened paths have made it easier for wheelchair access through the grounds of Illoura.

The colour red was chosen after a recommendation for Alzimers Australia who suggested red as it’s the last colour people with Dementia see. It has proven to be a great choice as it brightens up the landscape and staff have had compliments from our residents and even people who live in the surrounding area. The garden under the shade is full of flowers and statues of little critters including a koala, kangaroo, deer and ducks.

‘ILLOOURAVISION’

With all the hype of Australia being represented at Eurovision for the first time, Illoura residents joined in the excitement with our own ‘IllouraVision’ contest. There was a real buzz in the air as approximately 20 residents joined us from St Catherine’s for the “IllouraVision”. The competition was led by Choir Master Ruth Mitchell, with many solo and group performances. Our brave choristers, dressed up in smart sashes, and their “back up” singers impressed all those present with confident renditions of some old favorite tunes. Everyone stayed a delicious afternoon tea which was prepared by a group of Illoura residents.

Above: Helena Parnwell (Illoura resident) watches on with joy as Mini has a stretch before taking a rest on her bed.
Illoura is successfully participating in a clinical school-based traineeship program, providing two year 11 students with a School-Based Traineeship through ATEL and GOTAFE. Tayla Bigham and Keisha Sandford have taken the opportunity to complete an entry-level traineeship, Certificate III in Aged Care, while remaining at secondary school. The students have been very busy completing theory components through GOTAFE and attending Illoura once a week for paid practical placement.

This is the first year Illoura has taken part in the Clinical school-based traineeship program and the students have made a valuable contribution as part of the Illoura team. As the girls complete their Certificate III studies, we are hoping they will take on employment at Illoura. We look forward to taking part in the program next year with two new students.

Pictured: Caragh Butler (Practice Development Officer), student 1, student 2 and Douglas Wain (Director of Nursing- Illoura)

NORTH EAST VICTORIAN HEALTH CAREERS FORUM

On May 6th, 145 secondary students from across the region attended the North East Victorian Health Careers Forum held at the Wangaratta Performing Arts Centre. The students came from secondary schools in Wangaratta and also from Beechworth, Bright, Myrtleford, Yarrawonga, Rutherglen and Benalla.

This annual forum is the result of ongoing collaboration between the Rural City of Wangaratta, DHHS (Hume Region), NE TRACKS LLEN, Northeast Health Wangaratta, GOTAFE, The Centre and Wangaratta High School. It is the fifth year that these organisations have worked together to host the forum, which has been very well received by students and teachers.

The forum aims to bring a ‘hands on’ approach to informing secondary school students about the many diverse career opportunities available in rural health today. Information was provided by a fantastic range of presenters including Surgeons, GPs, Speech Pathologists, Paramedics, Exercise Physiologists, Mental Health Nurses, Registered Nurses, Midwives, Social workers, Radiologists, Aged Care practitioners and Dietitians.

Pictured: Di Ward, NHW Undergraduate & School Based program Coordinator, with second year VETiS students helping out at the North East Victorian Health Careers Forum.

CADETSHIPS

During 2014-15 NHW offered three paid cadetships to work at NHW over the summer for eight weeks in our Health Information, Emergency/Medical Imaging and Rehabilitation areas.

The NHW Cadetship Program aims to provide young local people, who are studying a health related course full time at a tertiary institution, practical experience in their field of study, while retaining connections in regional Victoria. It is hoped that through this experience they may consider returning in the future, and address employment needs, as well as contributing to their personal medium to long term skill requirements.

Pictured: Dr Ward, NHW Undergraduate & School Based program Coordinator, with second year VETiS students helping out at the North East Victorian Health Careers Forum.
NEW ELECTRICIAN

Rochelle Sanders commenced work at NHW in December 2014 and joined what has historically been a predominantly male profession at NHW. Rochelle came from completing her electrical apprenticeship at Uncle Toby’s to further her experience in the electrical trades.

Whilst completing her apprenticeship, she won the Victorian 3rd year apprentice of the year award and has since been diligently studying in her favoured field of Mechatronics. Mechatronics is a combination of robotics, pneumatics and electronics.

Rochelle will be attending the Victorian state skills challenge in Melbourne in September/October 2015. When she succeeds there she will move onto the National titles and then the world skills championships – we have every confidence in her ability!

RURAL CRITICAL CARE

Registered Nurses have the opportunity to gain qualifications in Emergency / Critical Care Nursing without having to travel to larger or Metropolitan Centres. Affiliated with the University of Melbourne’s Postgraduate Certificate or Diploma of Nursing Practice, the Rural Critical Care course supports Registered Nurses to advance their skills in these specialised areas, supported by a dedicated lecturer/course Coordinator. Most recent graduates are pictured above.

Did you know...

NHW employs 1,197 staff

GAP YEAR STUDENTS

2015 is the first year NHW has offered positions for 2014 Year 12 graduates undertaking a GAP year before starting university in 2016. Three positions were made available. Joining us were Adrienne Murphy (Education & Research), Rachelle Gambold (Illoura) and Dylan Landgren (Food Services).
TAYLAH’S STORY

Since commencing at NHW I have been fortunate enough to have experienced a wonderful team environment and expanded my skills and abilities within the dental setting. I have appreciated the opportunity and seek to continually work on my acquired skill set to provide excellence in service. In summary the time that I have spent in the industry thus far has provided a wonderful platform into the workforce, and a solid foundation for the rest of my career.

In 2012 I struggled for ideas when it came to career choices. I had no idea what I wanted to pursue. It was then I decided to take on a VET in schools (VETiS) program in Certificate III in Health Services Assistance & Certificate III in Allied Health. This allowed me to expand my opportunities as I was lucky enough to visit a few preferred areas such as lactation clinic, rehabilitation, paediatrics ward and dental. At the conclusion of these, I set my mind on dental assisting.

In 2013 I no longer continued the VETiS program and applied for a school based apprenticeship in the dental service at NWH. After several meetings and interviews I was accepted and pursued my dental training over duration of 12 months in conjunction with Bendigo TAFE.

I thoroughly enjoyed my training as I gained extra skills that I can take with me anywhere I go, and the outstanding support that I received was well appreciated.

I am now fully qualified and recently became a full-time member of the dental team.

FAREWELL LONGSTANDING MEDICAL STAFF

NHW said a fond farewell to two respected and long serving medical consultants in 2015. Dr Colin Pearce (Obstetrician and Gynaecologist) and Dr Robin Sharpe (Anaesthetist) retired after a combined 53 years at NHW.

MEDICAL WORKFORCE

We are very proud to have forty five Junior Medical Officers working in all areas of the hospital meeting the needs of the community. As they consolidate their training they are supported and mentored by our experienced Senior Medical Officers and Visiting Medical Officers (VMOs) from all speciality areas. Recruitment of VMOs to the specialty fields of Obstetrics & Gynaecology and Anaesthetics during this time has complemented our existing VMO workforce which has expanded to around sixty.

Strong relationships with the Murray to the Mountains (M2M) Intern Program has created a pathway for junior staff to complete two years of training at NHW before entering specialist training at a tertiary hospital or within the Hume Region with Bogong GP Training. In 2015 NHW has welcomed graduates from the University of Melbourne-Rural Clinical School and anticipate continued growth over the coming years.

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Information Management

To meet this standard we need to demonstrate improvement and practice excellence in health records management, corporate records management, information technology and how we collect and store information.

QLIKVIEW

The NHW Health Information Services (HIS) Department implemented a new Business Intelligence reporting tool called QlikView in the last 12 months, to replace three antiquated and disparate reporting systems.

QlikView is being used successfully by leading Health services such as Melbourne Health, as it allows a vast improvement in flexibility for displaying information, which lies at the heart of being able to explore and understand data.

The first reporting application deployed to members of the Leadership Team was an organisational scorecard, used to monitor NHW’s Statement of Priorities. These include Key Performance Indicators (KPIs) for Emergency Department, Elective Surgery, and Inpatient activity.

The implementation of QlikView has improved access to information and data quality, and with increased user engagement should also lead to improvements in patient care and organisational performance.

The development of applications in QlikView is an ongoing journey for Health Information Services by working with staff, and understanding the ways in which information is collected, and how it can be reported.

Below: Data produced by Qlikview (data shown is an example only)

FREEDOM OF INFORMATION

The Victorian Freedom of Information Act gives people the right to request documents held by public hospitals and there are strict processes in place to protect privacy. People request copies of their medical records for many reasons and in the 2014/2015 financial year we had 461 requests for records. There was only one occasion where records were not provided due to lack of appropriate authority.

As we process so many requests, and with changes to the Freedom of Information Act, we organised an external review of our processes to be undertaken by Health Legal in September 2014. The purpose was to review our current processes and ensure we met all legal requirements.

Overall it was reported that:

- Our processes were clear and considered
- There was a high level of awareness of the application process
- Staff working in Freedom of Information had a good understanding of who can access files and confidentiality
- Record keeping was thorough and orderly

Changes made as a result of the review were:

- Enhancements to the letter that is sent to applicants regarding their Freedom of Information Requests
- Clarification of the signoff process

NHW produces a document called ‘What happens to information about me’. It explains to patients and their families why we collect the information we do and how we protect their information and privacy. You can view and download this document from our website: nhw.hume.org.au.
**OCCUPATIONAL HEALTH AND SAFETY**

NHW has a comprehensive staff safety program in place, with a number of active Health Service Representatives who attend OHS meetings on behalf of their colleagues to report issues and provide feedback to their departments. Identified hazards to staff health and safety are discussed at monthly meetings.

In 2014/2015 there have been a number of improvements made to reduce risk and improve staff wellbeing:

- Addition of another ‘Gazunda’ to assist staff safe movement of beds
- Purchase of a Bariatric bed to help staff manage patients and reducing the risk of staff injury
- New cupboards and benches in the CT scanning room (Medical Imaging) so benches are now at an appropriate height
- Improved storage of gas cylinders in the Emergency Department
- Introduction of morning exercises in the Dental Clinic so all staff start the day with gentle stretching before seeing clients
- Trial of physical and mental wellbeing program from ‘Blue Earth’

**MOVAIT**

In conjunction with the Code Grey, a new training program for staff in managing aggression and violence has been introduced at NHW. The program is called MOVAIT and was developed by Barwon Health. It has been adapted for use at our health care service and is a combination of theory and practical techniques staff can use to ‘break away’ from aggressive situations.

In 2014/15 there were 84 episodes of violence towards our staff, an increase of 20 from 2013/14.

NHW has 5 trainers that assist in training staff and act as a resource across all areas of NHW. Training has started with staff that are expected to attend Code Grey events as first responders. It will then extend to high risk areas such as ED, Maternity and Paediatrics. We will look to eventually train all staff across NHW. To date in 2015 there have been 154 staff trained in MOVAIT.

**NEW EMERGENCY RESPONSE**

‘Code Grey’ is the latest in the list of Emergency Codes used at NHW. Emergency codes are in place to ensure the correct staff attend at the required place quickly, depending on the situation.Codes have historically included:

- **RED: Fire / Smoke**
- **BLUE: Medical Emergency**
- **BLACK: Personal Threat**
- **BROWN: External Emergency**
- **PURPLE: Bomb Threat**
- **ORANGE: Evacuation**
- **YELLOW: Internal Emergency**

Code Grey is an organisational response to the prevention and management of clinical aggression. Staff that have had the appropriate training will attend a Code Grey call and try to ‘de-escalate’ an aggressive situation.

Code Grey procedures are based on the Department of Health and Human Services standard for Code Grey and:

- ensure patients are treated safely, with dignity and with clinical needs met
- reduce the risk of serious injury to patients and staff
- ensure staff follow a standard process to a potential threat

The Code Grey developed at NHW meets the needs and abilities of our organisation to respond safely and appropriately to threat, providing support for our valuable staff. Full implementation of this code will occur early in late 2015 once all the response team staff have been trained.

Code Black, which calls for police assistance in more serious and armed aggression, will remain in place.

**NO SMOKING**

New bans related to the Tobacco Amendment Act 2014, commenced on 13 April 2015. These bans prohibit smoking within the grounds of, and at and within four metres of an entrance to public hospitals, registered community health centres and certain Victorian Government buildings.

NHW has had a ‘no smoking’ policy in place since 2011 which has prohibited smoking on site. The change at the hospital will see an increased restriction on smoking, to within 4 metres of all entrances. Improved signage on footpaths helps notify people of these new restrictions so they do not risk a $147 fine that may be imposed by inspectors.
Crucial to improving the quality of our patient care is our capacity to ask research questions specific to our rural context and our community population profile. Our staff have led or been team members in seventeen local research endeavours over the past twelve months. Our research projects are diverse and cover areas such as anaesthesia, general medicine, general surgery, rehabilitation, emergency and maternity care.

Research team members include senior clinicians across multiple disciplines, post graduate students at masters and honours levels, and our Rural Clinical School medical students. Some examples of the research conducted in the past 12 months include:

- Investigation into best practice in post Emergency Department discharge management of chest pain
- Perinatal mental health of new mothers and fathers
- Poly pharmacy (multiple medications) in older persons
- Predicting pancreatitis after ERCP
- Safety of sedation during endoscopy
- Physiotherapy neuromuscular electrical stimulation after total knee replacement

In collaboration with large research organisations such as the Florey Institute and the Victorian Cardiac Clinical network, NHW is contributing important rural data to national registries on stroke and cardiac disease.

WAITING FOR CARE

An example of NHW research being disseminated in the field of rural health include a paper from members of our surgical team: ‘Waiting for definitive care: An analysis of elapsed time from decision to surgery or transfer in a rural centre’ by Hannah Dobson, Weranja Ranasinghe, Matthew Hong, Liliana Bray, Manivannan Sathveegarajah, Fatima Vally and Francis J. Miller. This study was led by Mr Frank Miller and published in the Australian Journal of Rural Health.

The study focused on 649 general surgical patients admitted via the Emergency Department at NHW between January 2011 and March 2013 undergoing operative management or transfer to a tertiary centre using appendicectomy as a benchmark for determining wait times. The study reported that 246 appendicectomies were performed with a median time from decision to operate to theatre of 3 hours, and a total length of stay of 43 hours.

Two hundred and seventy-two procedures (43%) were performed out-of-hours, including 48% of appendicectomies. Median time from decision making to transfer was 10 hours with transfer for trauma patients less likely to be delayed when compared with urgent non-trauma patients. The study concluded that even in the absence of a strict four-hour rule program and a dedicated emergency surgical unit, main outcome measures appear to be comparatively efficient. However, the duration for transfer of patients is suboptimal because of the lack of established pathways for urgent non-trauma transfer from rural centres and bed availability in tertiary hospitals. This is important information in the planning of our services and provides valuable data when negotiating improved access for our patients needing transfer to metropolitan centres.

IMPROVING CARE OF CHEST TRAUMA PATIENTS

This study was undertaken by a multi-disciplinary team including representatives from Physiotherapy, Critical Care, Emergency Department, Acute Pain Service, and Education & Research. The study was led by Dr Brooke Winzer, who works as a senior Physiotherapist at NHW and also as an Honorary Clinical Lecturer & Senior Research Assistant at The University of Melbourne.

The team performed a retrospective review of patient files from April 2012 to June 2013. Patients were included if they had been admitted to NHW with multiple fractured ribs or fractured sternums. The audits showed that although patients with significant chest trauma did not present to our health care service frequently, when they did, they were of a serious nature. It was thought that admission to the Critical Care Unit and earlier referral to Physiotherapy and the Acute Pain Service would benefit these high risk patients by optimising their lung function.

As a result, a chest trauma care pathway has been developed with input from Medical experts and introduced for use across NHW which assists staff in clinical decision making, helping to standardise a high level of care provided and improve patient outcomes.
The Annual Staff Excellence Awards were held on March 11th 2015 at the Wangaratta Performing Arts Centre. These awards are a celebration of staff academic achievement and also service excellence. The major achievement award winners were:

1. Excellence in Operational Services
   Victoria Law

2. Excellence in Allied Health
   Kangkai Douangphosay

3. Charles Neal Aged Care Award
   Christine Behm

4. WB Richardson Award for Excellence in Nursing & Midwifery
   Jodie Moore

5. Excellence in Paediatrics
   Dr Peter Dewez

6. Excellence in Medicine
   Dr Leo Fogarty

7. Leader of the Future Awards
   Brooke Ivone & Dr Khatijah Khalilur Rahman

8. Excellence in Leadership
   Jason O’Keeffe
Feedback

Please let us know what you think of this report, or of our service at any time by:

Letter
Chief Executive Officer
PO Box 386
Wangaratta 3676

Telephone
Speak with the Performance Improvement Manager by calling:
(03) 5722 5482

In Person
Meet with the Performance Improvement Manager, make an appointment on:
(03) 5722 5482

Email
feedback@nhw.hume.org.au

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