



Northeast Health Wangaratta

Quality Account
2015-2016



Our Vision

To be recognised leaders in rural healthcare

Our Mission

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

Our Values

- Caring
- Excellence
- Respect
- Integrity
- Fairness



STAFF PROFILE

Amanda Earnshaw:
Creative Services

Working in Creative Services gives me the exciting opportunity to be involved in the presentation of initiatives that demonstrate NHW’s innovation and commitment to be leaders in rural healthcare.

In the 11 years that I have worked at NHW I have had the privilege of working with staff from many disciplines on a diverse spectrum of projects.

CONTENTS

A new life begins page 2

Watch us Grow page 6

Into Adulthood page 9

Older and Wiser..... page 16

Our Team page 22

Our Community page 27

Providing a Safe Service page 30

Recognising Staff Excellence page 37

Front cover: Dr Robert Krones, Consultant Physician & Dr Kim Yeoh, Medical Registrar, discuss patient care

Back Cover: Food Services Staff: Tristan Doolan, Ros O’Shanassy and Robyn Landgren

CAREER PROFILE

Creative Services

Each year Creative Services are central in providing the design and creative work behind this report. Other elements of her role include assisting staff with posters for presentation at conferences and around the organisation, preparing patient information and marketing materials, administration of the intranet and assisting with NHW’s online presence.

We hope that you enjoy sharing with us our achievements of the past year. Feedback from the community following last year’s report was very positive and we again welcome your comments.

Please see inside the back cover for details on providing your opinion.

Thank you to North East Photography and Matt Grant Photography for allowing us to use their images in this report.



The Board of Management, Executive and Senior Managers welcome you to this years Quality Account.

It is with great pleasure that we present Northeast Health Wangaratta's Quality Account to the consumers of the services we provide, their carers, our partner agencies and the broader community we serve across northeast Victoria. Every year public health services across Victoria are required to produce a report such as this, with the purpose of improving the community's understanding of the services provided, and the improvements in quality, safety and performance that have been made over the past 12 months.

We are delighted to report on a successful year that has seen a record number of patients treated, a range of innovative projects progressed and a further strengthening of our partnership arrangements with a range of health services and other agencies.

This year our Quality Account focuses on the wide range of services that we provide through all stages of the cycle of life: from birth to end of life care. It also highlights some of the departments and teams that work more broadly across our organisation to support patient care and improve quality and safety. Whilst it is not possible to include every aspect of the health care services we provide, we have chosen a broad cross section to represent our service delivery. Within the report we more closely examine the actions that have been taken to improve during a very busy year.

We recognise that without our wonderful team of dedicated staff we would not be able to deliver a health service that currently shows a self-sufficiency rate at an outstanding 83.29%. Self-sufficiency reflects our ability to meet the needs of patients within our catchment without the need to travel to another health care service for care. In this year's report we also highlight a number of career and staff profiles that outline just some of the possible careers within a regional health services and also why our staff enjoy what they do.

A snapshot summary of the activity for the 2015-16 year shows:

- We admitted 18,946 patients to our wards; 1,331 more than the previous year
- 23,396 patients were treated in our Emergency Department; an increase of 933 from 2014-15
- 6,170 patients had their surgery undertaken at NHW, a 3.51% increase on the previous year
- We welcomed 609 babies; 23 more than 2014-15
- 2,550 occasions of service were provided through the Orthopaedic fracture clinic
- 59,834 occasions of service provided through our Medical Imaging department, a 2.5% growth on the previous year

On behalf of the Board of Management, we acknowledge and thank all who have supported NHW during the 2015-16 year including the Department of Health and Human Services, our partner agencies, Visiting Medical Officers (VMOs), our Executive team and all our staff and volunteers.

We continue to be absolutely focused on our Vision, Mission and Values as we face the challenges and opportunities in 2016-17 and beyond.

Margaret Bennett

Margaret Bennett
Chief Executive Officer

Brendan Schutt

Brendan Schutt
Board Chairperson

A NEW LIFE BEGINS

NHW offers a comprehensive range of services to care for women and their partners during pregnancy, childbirth and during the period of time following birth. We provide antenatal clinics, antenatal classes, a Community Midwife Program (CMP), inpatient antenatal, birth and postnatal care, Special Care Nursery facilities, domiciliary (at home) care and lactation services. We have 5 Obstetricians and Gynecologists who work with a team of qualified midwives, led by a Manager of Maternity Services who commenced in August 2015. We also support training for two doctors in this field.

Before women attend NHW for any care, they need a referral made to us by their GP. When information arrives the woman has a one hour appointment with a midwife to complete details about her health and pregnancy. At this time women are provided with information about their pregnancy and the services that we offer.

There are two options for pregnancy care available at NHW – one is management through the antenatal clinic and the other is via CMP.

ANTENATAL CLINIC

Antenatal clinics at NHW are held twice a week and care for women from the beginning of their pregnancy until birth. Whilst women who are booked to have their baby at NHW are seen in the clinic, we encourage them wherever possible to have some visits with their GP under a shared care arrangement. Consultant Obstetricians are always present at antenatal clinics. In 2015-16 our antenatal clinics saw 2,760 women.

There has been a working group established to oversee all antenatal services, to help streamline processes and improve patient care. A current focus is working towards improving referral processes. In the past 12 months there have been 2 new cardiotocography (CTG) machines purchased for use in the clinics, improving the quality of monitoring unborn babies.

COMMUNITY MIDWIFE PROGRAM (CMP)

CMP offers women an alternative to shared care and is operated by a team of midwives who provide care through pregnancy, during labour and birth and, in a more limited capacity, after birth. The benefits of this midwife led program is that women can develop a relationship with the midwives who care for them throughout their pregnancy journey. There is one midwife from the team who is the primary midwife and another assigned as backup in case the primary is unavailable for any reason.

ANTENATAL CLASSES

Midwives at NHW conduct childbirth and parenting classes throughout the year, around every 4-6 weeks. These classes provide information about:

- how to prepare for the birth of your baby
- what to expect during labour and birth
- what to expect in hospital
- how to breastfeed
- what to expect during early parenthood

Classes have now increased from 4 to 6 hours to ensure content is not rushed and all the necessary information is provided. To improve the surroundings and increase the number of couples able to participate, the location of classes has changed so ten couples can now attend rather than six. Not all women having babies at NHW will attend our classes: if they are travelling from an outlying town they have the option of attending classes in their local area if they are available.



DATA SHOWS US...

2013-14 Victorian Perinatal Services Performance Indicators show NHW as a low performing hospital regarding women attending their first antenatal visit within the first 12 weeks of pregnancy. Our rate was 13% against an average of 22%.

Staff are now asking women when they have seen their GP at the time of booking and this date is recorded as the first visit. Previously the first visit at the NHW antenatal clinic was the date entered. We anticipate with more accurate data recording our performance will increase significantly in following reports.



Our Dental Clinic provided pregnancy screenings throughout the year on antenatal clinic days and during Dental Health Week, where the focus was on Women's Oral Health.

INPATIENT CARE

NHW is a Level 4 maternity service meaning we can accept births 34 weeks and over. For pregnancies that fall outside this range, new mothers are transported to higher level facilities to ensure the safe delivery of their babies.

In the past 12 months there have been a number of improvements to enhance patient care in inpatient maternity services:

- A 'Code Green' procedure is now in place to improve patient safety in obstetric emergencies. It quickly makes sure all the appropriate people attend the scene as a matter of urgency and theatre is made available for emergency caesarean where necessary
- Maternal and newborn observation and response charts are now in place to assist in identifying patient deterioration
- Improvement to the safe storage of expressed breastmilk
- Introduction of a larger and improved medication fridge
- Introduction of patient controlled epidural analgesia to allow the patient to more effectively manage their pain

The Special Care Nursery can care for babies at 34 weeks who require additional care and support prior to discharge home. Some of the conditions cared for include prematurity and jaundice.



Kerry Carter with baby Hugh in Special Care Nursery



SAFETY SOLUTION

To improve safety there has been upgraded security in the Special Care Nursery restricting entry to swipe card access.



609 BABIES

WERE BORN AT NHW
DURING 2015-16

THIS INCLUDED 20 SETS OF TWINS



THANK YOU

A generous donation by the ZONTA club saw the purchase of two oxygen saturation monitors and a temporal thermometer for use in maternity to accurately observe clinical condition.



DATA SHOWS US...

Our birthing services have seen a decrease in the numbers of third and fourth degree soft tissue (perineal) tears (Victorian Perinatal Services Performance Indicators 2013-14). In 2011 our rate was 8% which was higher than average. An education program for midwives was undertaken and a much more 'hands on' approach introduced as standard practice. Pleasingly we have now seen a reduction to 3%.



Sarah & Audrey McDermott (centre) with Lactation Consultants Cate Gemmill & Lisa Hernan

LACTATION CLINIC

After discharge, sometimes new mothers need additional assistance to continue breastfeeding their baby. NHW has lactation consultants who staff the lactation clinic which operates 5 days a week.

In 2015 the Lactation Clinic had its highest number of clients in a calendar year and overall it has seen a 60% increase in numbers over the past 5 years, with 862 women attending in 2015. Of these attendances, 87% of babies were born at NHW.

The Lactation Clinic provides ongoing assistance with breastfeeding, offers a smooth transition from inpatient care to home and continues to provide support to new mothers. It allows early discharge from hospital, without compromising patient safety or outcomes.

As well as a very high satisfaction rate from women who use the service, figures from the Maternal and Child Health Annual Report 2015 show that Wangaratta has the highest rate of breastfeeding on discharge and then at 6 months when compared to surrounding Local Government Areas.

Breastfeeding rates

	Wangaratta	Greater Shepparton	Wodonga
On discharge	94%	90%	89%
3 months	58%	56%	56%
6 months	44%	41%	43%



A patient's perspective

I just wanted to say a massive THANK YOU for all your help, support and guidance over the past few months, not only with my breastfeeding but all things baby, as well as my emotional and mental health / wellbeing.

For me coming to lactation clinic was an outlet where I not only felt extremely supported but also safe and relaxed because I knew all my questions (and there were a lot) would be respectfully answered and I would always be in great company with the other mums and most of all, you beautiful ladies! Our community is so very lucky to have this service available with such amazing and knowledgeable women running it.

I feel I would have been extremely lost if it wasn't for you all during such a hard and vulnerable time in my life.

Four months on now, and not so little Audrey is thriving and we have breastfeeding down pat.

I cannot thank you all enough for everything.

Sarah and Audrey McDermott

COMMENTS FROM MANSFIELD

Leo is a highly respected Obstetrician and Gynaecologist, who for many years provided a specialist Gynaecological surgery and consulting service in Mansfield. He also continues, with his team in Wangaratta, to provide telephone support and advice as needed.

He is now the most senior Obstetrician in the North East, and with his understanding of our service is perfectly placed to provide Clinical Governance support to our service here. We are very pleased to have Leo's support for our Maternity Unit, and the ongoing support from the obstetric and paediatric staff at NHW, our regional referral hospital.

**Will Twycross,
General Practitioner / Obstetrician,
Mansfield**

Mansfield is a community that is very fortunate to have access to specialist Obstetric services at Northeast Health Wangaratta so that travel to tertiary centres in Melbourne is only necessary when the most highly specialised care is needed.

The way the Mansfield District Hospital Obstetric service is able to be maintained is through GP commitment and the commitment of our specialist consultant Dr. Leo Fogarty. As our consultant, he plays an incredibly important part to the sustainability of our service and the value it holds in our rural community.

His role in skills transfer, up-skilling, consultation, quality assurance and ongoing support for our doctors and midwives is paramount to ensuring all staff are up-to-date with the latest developments in medications and obstetric techniques and by supporting their full scope of practice.

It is a tremendous benefit to have Dr Fogarty work so closely with our whole Obstetric Unit and understand first hand the resources, geography and environment in which we work. We are very grateful to have him on our team.

**Michelle Meyer,
Nurse Unit Manager, Maternity
Services
Mansfield District Hospital**



Dr Will Twycross and Michelle Meyer



STAFF PROFILE

Leo Fogarty: Obstetrician & Gynaecologist

I have worked at NHW for the last 31 years and have seen many improvements over this time. We now have more specialist medical staff – numbers have increased from two to five specialist obstetricians in 2016.

In 2012 I undertook the role of Sub-Regional Director of Clinical Governance in Obstetrics for the Central Hume to provide specialist advice and support to smaller district hospitals. This is helping to assist in the safe and consistent care of women across the region.

In this role I enjoy my regular contact with the regional GP obstetricians and midwives.



DID YOU KNOW...

The role of Sub-Regional Director of Clinical Governance in Obstetrics was an initiative of NHW, with the aim of supporting the smaller health services of Benalla, Mansfield and Yarrawonga in their provision of obstetric services. It has assisted in providing a streamlined approach to the delivery and review of care, improving patient safety.

WATCH US GROW

NHW offers a range of services that cater specifically to the needs of children. These include treatment in the Emergency Department, inpatient care for medical conditions and surgical management, allied health services such as speech pathology and physiotherapy, diabetes education and dental care.

INPATIENT CARE

Our paediatric care team includes four consultant paediatricians supported by specialist nursing staff. In the past 12 months NHW has been very fortunate in recruiting a new paediatrician to the paediatric medical team, Dr Patrick Stark.



Paediatricians Dr Terry Stubberfield and Dr Niroshini Perera, with Registrars Dr Phillipa McSwiney & Dr Sarah Tarrant. Not Featured: Dr Patrick Stark & Dr Shiranthini Perera.

We are continually measuring what we do and improving our care of children. In the last 12 months we have:

- Started a specific Paediatric Clinical Governance Committee to review clinical performance and ensure optimal patient safety
- Introduced an observation and response chart, similar to those used for adults. If vital signs like heart rate or temperature fall outside certain parameters, appropriate review is triggered. This is a big improvement in safety
- Reviewed the admission criteria for Special Care Nursery

CHILDREN CAN FALL IN HOSPITAL TOO

Every child admitted to the Paediatric ward has falls risks assessed using the 'Humpty Dumpty' Falls Risk Assessment Tool. They are classified as either low or high risk and staff are prompted with appropriate strategies they can put in place to reduce the risk of falls occurring. Parents and carers play a major role also in falls prevention whilst children are in hospital, so staff discuss falls risk with them. An information flyer with specific tips to keep children safe in hospital is available. In the past year there was only one fall recorded for children at NHW.

IN 2015-16 THERE WERE

1,193

ADMISSIONS TO THE
PAEDIATRIC WARD

THE TOP 5 REASONS
FOR ADMISSION:

- 1 ASTHMA
- 2 BRONCHIOLITIS
- 3 UPPER RESPIRATORY TRACT INFECTION
- 4 TONSILLITIS
- 5 CROUP

CARE IN THE EMERGENCY DEPARTMENT

In 2015-16 our staff cared for 4,596 children under the age of 16 in the Emergency Department. 19% of these children were admitted to hospital for further care. Our paediatric staff provide education to Emergency Department staff every month to enhance their skills in this specialised area.



THANK YOU

Woolworths together with Leo Lions and the Vine Hotel provided a generous donation which allowed the purchase of two parent's sofa beds so parents can sleep over with children in hospital.

IMPROVING ACCESS TO THERAPY

The Community Health Speech Pathology Service provides assessment and intervention to children from birth to school age, and adults over 18 years. The service is in high community demand, as swallowing and communication are essential to maintain a person's social, educational, emotional and workforce potential. Due to this high demand, it is vital that the waiting list for services is closely monitored.

January 2016 data showed that there were significant waiting times for speech pathology:

Priority 1 patients

(e.g. people referred for swallowing concerns or stuttering)

28 referrals - 11 months wait time

Priority 2 patients

(e.g. people referred for articulation difficulties or voice concerns)

129 referrals - 22 months wait time

There was an urgent need to review and improve how services were provided to make sure we could consistently meet the needs of the community within appropriate timeframes into the future. This review occurred between January and June 2016 and involved consultation with peer organisations and research into best practice.

As a result, in July, 2016 a new model of service was introduced which included the introduction of weekly, fortnightly and monthly therapy options, along with group therapy programs, home programs and periodic review pathways.

After 3 months of implementing this new service delivery model and the dedication of Speech Pathology staff, the service has had a significant reduction in its waiting times for assessment:

Priority 1

1 referral - 1 month wait time

Priority 2

1 referral- 1 month wait time

This is a significant reduction in waiting times and an important change to how our services are provided to the community.



Speech Pathologist Courtney Ward-Jackson develops speech through play



A patient's perspective

Two of my children have been seeing Speech Pathologist Courtney Ward-Jackson for around 3 years now. My son Riley, now 7 years old started therapy after receiving a diagnosis of Dyspraxia. Riley was slow to improve before attending NHW, but has now improved immensely. Riley (and I) have been taught how to help develop Riley's speech skills. In addition to the intervention provided, Riley was identified as having very large tonsils which resulted in him undergoing a tonsillectomy and adenoidectomy secondary to him experiencing sleep apnoea. Riley now gets good quality sleep which I think has helped his ability to focus and therefore improve his speech skills. After seeing numerous Speech Pathologists elsewhere and a Paediatrician, this had not been previously picked up. The Speech Pathologists caring, professional manner and dedication helped me understand and assist Riley. Riley has gone from a diagnosis of severe dyspraxia to mild dyspraxia in his time with NHW and we could not thank Courtney enough. Riley started school this year and is thriving.

We have now commenced intervention with my 3 year old daughter Georgia. She is receiving language therapy, specifically focusing on her sentence structure to help her communicate her needs and wants. Georgia looks forward to all her sessions and is already improving.

I recommend NHW to anyone thinking of accessing Speech Pathology services for their child as they will not regret it.

Kelly J (Mother of Riley J and Georgia J)



STAFF PROFILE

Glen Holtkamp: Oral Health Therapist

By combining the two existing fields and the addition of simple adult fillings I have a great variety of work each day which makes the job very exciting. Each day is a little bit different from the last. This is one of the many things I love about my job. I also enjoy the stories I hear from my patients and the smiles on their faces when something that was bothering them has been fixed or shows signs of improvement. The rest of the staff I have the opportunity to work with are incredible and never fail to put a smile on my face. But most of all, I like to help people, that's why I do what I do.



DIABETES CLINIC

NHW and the Wangaratta Paediatric Clinic have long run a paediatric diabetes clinic as a collaborative venture. Children with diabetes can see a paediatrician, diabetes educator, dietitian and social worker in the one day, at one facility.

In previous years there have been 2 clinics a year with a total of 11 children seen. In 2016, service was offered more frequently. To date, 5 clinics have been run in the new format with 34 children seen. There are 2 further clinics planned this year.

Clinics have provide support for children with diabetes and their families using a team approach rather than these children accessing individual appointments with each clinician, providing an interdisciplinary consistent approach to each child's care.

CAREER PROFILE

Oral Health Therapist

An Oral Health Therapist is a combination of two existing roles, the Oral Hygienist and the Dental Therapist. A Hygienist generally cares for the gum health of patients by doing things like gum health exams, cleaning, teaching patients how to clean at home and other preventative services.

A Dental Therapist works with children and can perform many tasks such as examinations, fillings, fissure sealants, extractions and other various treatments with children. This helps to fix children's teeth and helps prevent tooth decay in the future. Even though "they're only baby teeth", fixing issues early can help children live happy, healthy lives, and in some cases prevent future orthodontic treatment.

SMILES 4 MILES

Smiles 4 Miles is an initiative of Dental Health Services Victoria (DHSV) which works in partnership with NHW to improve the oral health of children, their families and the wider community.

There are three key messages promoted through the Smiles 4 Miles program:

Drink well

- Tap water is the preferred drink
- Limit sugary drinks (especially between meals)
- Choose plain milk over flavoured

Eat well

- Enjoy a wide variety of nutritious foods every day from the five food groups
- Limit foods containing added sugars
- Healthy meals and snacks are important for healthy teeth

Clean well

- Brush teeth and along the gum line twice a day
- Children should use a low-fluoride children's toothpaste from 18 months until they turn six
- Don't wait for a problem. A child should see a health professional (Maternal and Child
- Health Nurse, Dentist, Oral Health Therapist, Dental Therapist or General Practitioner) by the age of two for an oral health check
- An oral health professional will discuss a child's risk level and how frequently they need to visit for an oral health check

INTO ADULTHOOD

53% of patients treated at NHW fall within the 'adult years' category – 20 to 70 years old. The wide range of services provided at NHW has seen a high level of self-sufficiency achieved, meaning 83% of our patients have accessed services they need at our hospital without having to travel to different services.

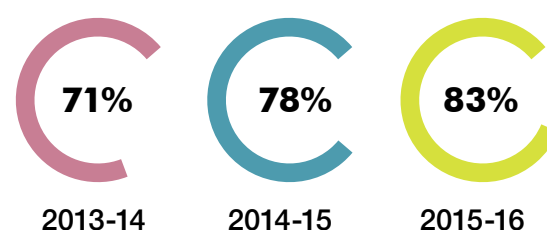
A full range of services we offer can be found on our website at www.nhw.hume.org.au



Dr Jo Bowmaker (standing) teaches Melbourne University students Ellie Isom & Joanna Sen in the ED

MEETING DEMAND EFFICIENTLY

Despite the ever growing numbers, health services in Victoria must aim to have all patients seen and moved from the Emergency Department within 4 hours – either admitted to hospital or returned home. The target set by the Department of Health & Human Services is 81%. NHW has seen great improvements in this area and is now exceeding the target.



This has been achieved over many years through changes to processes:

- Providing a greater focus on making beds available within the inpatient area
- Introducing staff 'scrums' at the patient activity whiteboard every 2 hours to ensure all patients are being actively managed
- Increased the number of experienced medical staff available through our participation in the Emergency Management Education and Training Program (EMET). We have received funding to assist qualified doctors to obtain their certificate or diploma in Emergency Medicine. We are also helping to train General Practitioners in Emergency Care so they can work in rural areas. This has allowed patients to be treated faster and more effectively
- Having a 'fast track' area for the treatment of less urgent patients (eg: coughs and colds)



DATA SHOWS US...

Victorian Health Experience Survey data (June 2016) shows that in ED our patients:



92%

rated care as very good or good
(state average 86%)



99%

understood how tests and results were explained
(state average 82%)



96%

felt their GP was provided with all the necessary information after their ED visit
(state average 79%)



43%

said their condition was checked in the waiting room
(state average 26%)



Please remember that the ED is for emergency treatment.

If possible see your GP for your medical problem; this may prevent a long wait for care and it will improve access for those needing more urgent treatment.

TREATMENT TIMES

As well as having more patients through the ED within four hours, NHW staff also aim to have patients seen within allocated times depending on how urgent the condition is. Target times are set by the Department of Health & Human Services (DHHS) and we report against these times. When patients arrive at ED they are seen first by a nurse who determines the urgency to be seen. This is called triage.

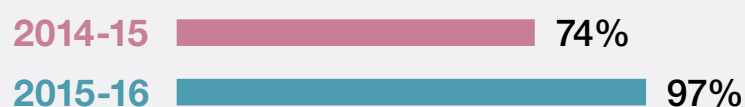
Triage category	Recommended times to be seen	DHHS Target	NHW Performance 2015-16
1	Immediately	100%	100%
2	Within 10 minutes	80%	96%
3	Within 30 minutes	75%	91%
4	Within 1 hour	60%	88%
5	Within 2 hours	60%	96%

The ED at NHW has continued to see a growth in patient numbers



PARTNERSHIPS WITH AMBULANCE SERVICES

In the last 12 months 5,347 patients arrived at NHW by ambulance and there is a vital interface between ambulance officers and clinical staff within the ED. Regular meetings are also held with executive staff, ED senior staff and the ambulance to discuss problems that may be occurring. Education of staff within the ED regarding the importance of moving patients off stretchers into either a cubicle or the ED waiting room has been ongoing, with great results. Performance is measured with patients off ambulance stretchers within 40 minutes.



DATA SHOWS US...

100% of our ED patients think that our staff and the ambulance work well together according to the Victorian Health Experience Survey results from June 2016. (State average 90%)



STAFF PROFILE

Chris Gartside: Registered Nurse

I have been a qualified Registered Nurse for 10 years and have also completed a Post Graduate Certificate in Critical Care Emergency Nursing (Austin Health/RMIT). My career at NHW began nearly 3 years ago and I work as a Clinical Support Nurse.

I love ED nursing because of it's diversity and unpredictability. I enjoy the fast paced nature of ED and that we can have such a positive impact on someone's day.

CAREER PROFILE

Registered Nurse

Registered Nurses provide nursing care to patients in hospitals, aged care and other health care facilities, and in the community. This occupation may include many varying tasks, the basics involving assessing, planning, implementing and evaluating nursing care for patients according to accepted nursing practice and standards.

The Medical Imaging department at NHW offers our community state of the art diagnostic services including x-ray, CT scan, ultrasound and MRI. These services have seen a number of significant upgrades in the past 12 months including installation of a new CT scanner and two new digital x-ray machines which provide much improved image quality and reduced patient radiation doses.

NEW CT SCANNER

A new CT scanner was commissioned in August 2015 and is the most technologically advanced scanner in the North East region. It is one of only three of its type in Victoria. Investing in this new technology will deliver several key benefits for the community:

- dose reduction of up to 75% can be obtained on routine scans
- the 160 slice scanner ensures consistent best image quality for more accurate diagnosis
- improved patient comfort due to large bore scanner, wide couch and fast scan times
- fully equipped with dedicated clinical packages alleviating the need to transfer patients to other organisations for further investigations.

2014-15
(including down
time for installation)

7,981
CT scans
performed

2015-16
from August
onwards

8,354
CT scans
performed

**The new CT scanner means
NHW can now scan over
10,000 patients each year.**



STAFF PROFILE

Sheridan Nixon: Radiographer

My name is Sheri and I'm a 4th year student from Charles Sturt University. I have been lucky enough to complete my residency of 36 weeks here at NHW.

I stumbled across my career. I definitely knew I wanted to work with and for people. In this field you can work independently or as part of a team.

Radiography allows me to help people. I get to meet patients in their initial investigation and you can see their progress throughout their recovery. It is rewarding making a difference in their care.

Being a Radiographer there are endless opportunities such as travelling or extra fields of study into MRI or Ultrasound. Every day is different and you don't know what will come through the door! It presents new challenges and I am constantly learning something new every day.

CAREER PROFILE

Radiographer

A radiographer is an important member of the diagnostic health care team. They are responsible for producing high quality medical images that assist doctors to diagnose or monitor a patient's injury or illness.

The Medical Imaging Department has a strong culture of continual professional development. All staff are encouraged to pursue a variety of opportunities to improve service delivery, with dedicated training programs in ultrasound and MRI fundamental to this.

There were 28 students throughout the year on placement from a number of Universities with many more students attending with work experience and VETis positions. The aim is to support local students wherever possible.



59,834 **↑ 2.5%** on the previous year
occasions of service provided by Medical Imaging Department in 2015-16

NHW provides a wide range of surgical services including Orthopaedics, General Surgery, Gynaecology & Obstetrics, Urology, Ear, Nose and Throat, Paediatric Surgery & Endoscopy.

MANAGING PAIN

There is an Acute Pain Service involving medical and nursing staff at NHW, who carefully monitor patients following surgery to ensure their pain relief needs are met. A recent initiative of this service has been the introduction of a new form of pain management for women in labour, increasing their ability to manage their own pain.

PATIENT CONTROLLED EPIDURAL ANALGESIA IN DELIVERY SUITE

Patient Controlled Epidural Analgesia (PCEA) was introduced to the Maternity Department in May 2016 as an option in managing labour pain. The implementation of PCEA required significant consultation and collaboration by the Acute Pain Service, Anaesthetic and Obstetric departments, Maternity Ward and Pharmacy. An extensive implementation and education program was initiated for staff.

Evidence shows that the use of PCEA can:

- provide superior analgesia safely and on demand
- reduce the rate of staff interventions
- decrease the risk of infection
- Increases the patient's 'sense of control'
- Decreases epidural related side effects
- Decreases the amount of medication required
- Decreases the risk of medication error through the use of dedicated "smart" electronic pumps
- Reduce the rates of instrumental or assisted births



DATA SHOWS US...

Surveys have shown that overall patient satisfaction with PCEA is very high with 76% of women satisfied or very satisfied with this method of pain relief.



STAFF PROFILE

Anne Keam: Instrument Technician

I originally trained as an Enrolled Nurse but have now been working in the Central Sterilising Department (CSD) at NHW for 5 years. I have undertaken further study and now have a Certificate 3 in Instrument Technician and a Certificate 4 in Sterilisation. My job involves reprocessing reusable equipment for the operating theatres and this job is getting more technical as technology advances.

I enjoy my job because it is challenging and I have been able to transfer my nursing skills into this role to assist in preventing infections and improve patient safety. There is a great sense of team in the theatre area and I love working with all the staff.



In 2016 we welcomed three new consultant medical staff:

Dr Andrew Macleod - General Surgeon, Mr Brendan Schutt - NHW Board of Management Chair, Dr Bernadette White - Anaesthetist, Libby Fifis - Director Clinical Services - Nursing & Midwifery, Dr De Witt Oosthuizen - Emergency Physician & Dr John Elcock - Director of Medical Services.

SURGERY PERFORMED 2015-16

Elective
4,680

Emergency
1,489



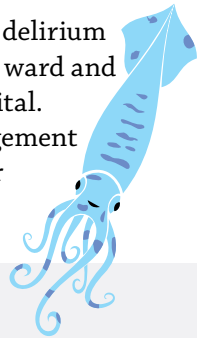
Deanne Burge, Older Persons Nurse Practitioner

SQID

The SQiD is the Single Question in Delirium - a trigger question used to alert nursing staff to the need for further screening for delirium - 'Do you think [name of patient] has been more confused lately?

The SQiD can be asked at nursing bedside handover, but also by Allied Health, Ancillary staff, family and friends. If the answer to the question is "yes", nursing staff are prompted to use a delirium screen and talk to medical staff for further assessment and treatment.

Education about the SQiD and delirium screening will start in Surgical ward and then on to the rest of the hospital. Early identification and management of delirium will result in better outcomes for our patients.



VASM

The Victorian Audit of Surgical Mortality (VASM) reviews deaths of patients associated with surgery. It is a collaboration between the Department of Health & Human Services, the Victorian Surgical Consultative Committee and the Royal Australasian College of Surgeons. Results of the review process are provided to health services and results are compared with other organisations, so NHW is able to compare our rate with other de-identified organisations across the state. Our most recent results have shown that there is no reason for further internal process change as our rates were favourable.

ELECTIVE SURGERY

There are target times in place for patients to be seen for surgery, depending on the urgency of their condition. Like patients attending the Emergency Department, patients who are booked for surgery are sorted in order of priority. This is done by the surgeon who will perform the operation. Our performance in the three priority categories are below:

Category	Description	Ideal time to treatment	DHHS Target	2015-16
1	Urgent	Within 30 days	100%	100%
2	Semi Urgent	Within 90 days	75%	94%
3	Non Urgent	Within 365 days	93%	91%



Theatre bookings team from Front to Rear: Vicki Law, Carolyn Hannon & Sharon Campbell

TRANSFER OF CARE

When patients are discharged from NHW it is important that they are safe and that they feel able to manage their health care at home. Health care providers who take over patient management also need to be given information about the hospital stay so that appropriate follow up management is provided. Discharged patients are asked via the Victorian Health Experience Survey how they found their transfer of care from hospital.

Discharged adult inpatient feedback

	NHW % satisfied	State average
Overall how would you rate the discharge process?	95%	84%
Did your GP receive all necessary information about treatment or advice you received whilst in hospital?	91%	90%
Did staff give you sufficient information about managing your health and care at home?	79%	71%
Did you feel the length of time you were in hospital was about right?	96%	86%
Did you feel you were involved in decisions about discharge?	73%	57%

Ongoing improvement will be undertaken in:

- Discharge information provided
- Working with patients in planning for discharge



Susan Christie and the HITH Team were presented with a Certificate of Achievement at the Health Roundtable in 2016.

HOSPITAL IN THE HOME IMPROVING EFFICIENCY

In 2015-16 our Hospital In The Home (HITH) Team introduced an innovative model whereby nurses working in the program are able to discharge patients if they meet specific criteria that have been documented by medical staff. The criteria for discharge are tailor-made for each patient to maximise patient safety and clinical outcomes. This then eliminates the need for medical staff to review the patient, speeding up the process of discharge and allowing access for others to access the HITH program. This has a flow-on effect by making hospital beds available for other patients. The new process is known as Clinician Led Discharge (CLD).

Since formal introduction of CLD in January 2016:

- Patient length of stay has reduced by 57%
- Scheduled medical reviews have reduced by 58%
- There has been no increase in unscheduled medical reviews or unplanned returns to hospital

HITH provides acute care to public hospital patients who are still considered inpatients of the hospital, but are treated in the comfort of their own home. There are certain conditions for which HITH is the preferred way to provide care, such as intravenous antibiotics for infections and anticoagulant therapy for lung and leg embolus (clots). Research shows that HITH patients have improved clinical outcomes with fewer complications such as infection, delirium and confusion.

IMPROVING PATIENT ACCESS

David Kelly suffers from an autoimmune disorder that affects his swallowing function and he requires a gastrostomy tube to meet his nutritional needs. A gastrostomy tube is a feeding tube inserted through the abdomen into the stomach – it is used to provide the food a person needs when they cannot eat normally. The first insertion of the tube needs to be undertaken surgically, but tube replacement after this can be performed by suitably qualified staff. Regular replacement of gastrostomy tubes are needed to ensure it can be used properly.

In 2015-16 NHW received special funding from the Department of Health & Human Services to implement an advanced scope of practice in dietetics, equipping dietitians to become competent in independent gastrostomy tube management. Several metropolitan health services received funding however NHW was the only recipient from a regional area. This training has allowed NHW dietetics staff to adopt a proactive approach in managing these patients and has improved patient access to services.

David reckons this change makes sense. “I feel more comfortable when the tube is being followed up and reviewed regularly. Before it was only a matter of time waiting for an accident to happen and for the tube to fall out.”



Patient David Kelly with Dietician Joseph Wai

NHW offers a comprehensive range of dental services located both on site within the Community Care Centre in Clarke Street (7 chairs) and also in Benalla Health Community Health (2 chairs).

Clinical care is provided by Dentists, Dental Therapists, Oral Health Therapists and Oral Health Educators, supported by Dental Assistants.

ACCESS TO DENTAL CARE

To access treatment at public health dental clinics patients need to be eligible for care. All children or adults that have a pension or health care concession card are eligible. Priority is given to children, pregnant women, Aboriginal and Torres Straight Islanders, homeless people, special needs patients, refugees and asylum seekers. Priority patients are not placed on waiting lists. In general NHW performs well against waiting list targets determined by Dental Health Services Victoria (DHSV), as can be seen in the table below.

	NHW at June 30 2016	DHSV Target
General Waiting List	14.9 months	15 months
Denture Waiting List	19.2 months	24 months
Priority Denture List	<3 months	3 months

In 2015-16 our Dental Services:

- Created a new position for a Sterilising Technician to relieve Dental Assistants from sterilizing tasks and enable more appointments to be scheduled
- Employed a Dental Technician in September 2015 to provide access on site to dentures, mouth guards, splints and denture repairs.
- Initiated private dental services 2 days per week staffed by a graduate dentist employed full time
- Supported a school-based trainee to complete a Certificate III in Dental Assisting, and another work placement trainee who is about to complete this Certificate. The service has supported seven traineeships over the past 6 years and six of these trainees have remained with the service
- Received improved portable equipment from Dental Health Services Victoria to support comprehensive on-site treatment at aged care and other more remote facilities
- Staff have recommenced visits to the Wangaratta Distric Specialist School in Wangaratta and these visits will now take place twice a year

The newly qualified Oral Health Educator has initiated oral health education services to aged care residents and their carer's to maximise oral health and the feedback from services has been very positive. Education to patients attending the clinic, and post operatively, is provided to those who may be high risk to oral health disease. This is a new innovation and a service which will expand, with a particular emphasis on prevention. This service will work with other services such as the Antenatal team, Diabetic Educators and Cardiac Rehabilitation to achieve maximum health outcomes for patients.



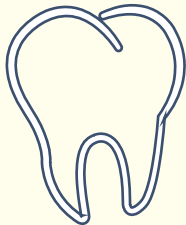
DID YOU KNOW...

2016 saw the introduction of dental screening and treatment at Aged Care Residences throughout the region. A team of clinical staff provide dental examinations, followed by a separate visit for dental treatment by one of the dentists if required. Portable equipment is being well used for this service and a calendar of visits is now in place so regular oral health checks are available for all those who require them.

NHW DENTAL SERVICE



6,309
PATIENTS
seen in 2014-15



7,493
PATIENTS
seen in 2015-16



Dental Technician Anand Kanaskar at work

OLDER & WISER



STAFF PROFILE

Emma Finger: Speech Pathologist

I work both in the Acute Hospital and in the Sub-Acute Ambulatory Care Service.

In both areas I strive to develop meaningful patient centred goals and target therapy to suit the individual's needs for communication and swallowing management. I am highly passionate about the work I do and the potential to positively impact people at times of need.

With previous experience working in hospitals in Melbourne and in private practice in the Albury/Wodonga region, I have come to recognise the importance of a supportive and inclusive workplace. Since working at NHW I have found the team to be full of friendly, highly skilled professionals eager to collaborate to continue to improve our service. I feel very fortunate to be part of such an amazing team.

CAREER PROFILE

Speech Pathologist

Speech pathologists are specialists who diagnose, treat and provide management services to people of all ages with communication disorders, including speech, language, voice, fluency and literacy difficulties, or people who have physical problems with eating or swallowing.

HELPING WITH SWALLOWING AFTER A STROKE OR TIA

The National Stroke Foundation recommends that all stroke patients have their swallowing assessed before being given food, drink or oral medications. These assessments should be performed by specifically trained health professionals, ideally speech pathologists. If speech pathologists are not available, trained nursing staff are able to perform this function using the ASSIST tool: Acute Screening of Swallow in Stroke/TIA (Transient Ischaemic Attack).

In 2015 an audit was performed to see how well the ASSIST Tool was being used and to determine if patients were kept without food or drinks until they were screened for swallowing problems. Results showed:

- The ASSIST tool was only completed 18% of the time
- Only 45% of patients had a swallowing assessment before being given food or drink.

The Speech Pathology department provided a high level of education for staff over a period of 9 months raising staff awareness of the risk to patient safety. The results are seen below.

45% 2015 **74% 2016**
FASTING **FASTING**

45% fasting before assessment in 2015 to 74% in 2016



18% completion of screening increased to 44%

Goals for 2017 are:

- Over 90% patients having a swallowing assessment before being given food or drink
- Over 90% use of the ASSIST Tool for out of hours admissions
- 100% correct completion of the ASSIST Tool

VIC STROKE TELEMEDICINE

The Victorian Stroke Telemedicine (VST) Program announced the winners of the inaugural VST Stroke Week Awards during the National Stroke Foundations 'Stroke Week' (12 – 18 September).

The Stroke Foundation's 2015 National Stroke Audit showed that only 26% of ischemic stroke patients in Australia receive thrombolysis treatment within 60 minutes of hospital arrival, compared with 43% of patients in the USA and 56 percent of stroke patients in the UK.

NHW was presented with an Excellence Award for its achievement in providing 'clot busting' medication within the recommended time. Over 50% of patients received stroke thrombolysis within 60 minutes of hospital arrival, a reduction from 76 minutes in 2014.



The Community Robotics team celebrate innovative equipment.

ROBOTICS IN HEALTHCARE

A decade ago the concept of robotics in healthcare seemed futuristic, let alone a possibility for a regional hospital like NHW. However, what was once considered an impossible idea is now a reality for our community. Following on from a fundraising campaign with our local community, robotic equipment has been purchased and NHW is now the first health service within regional Australia to have three robotic devices being used for clinical care.

Robotics are flexible, adaptable, accurate and enjoyable. They can be used to treat, assess and measure clinical outcomes, particularly useful for people who have suffered from strokes or other brain injuries when the body needs to 're-learn' behaviour through repetition. The highly sophisticated machines develop 'games' for each individual person that provides therapy directly to the affected body part in a series of repetitions. Through playing games the person is doing something fun and challenging, distracting them from the repetition. Members of our local community can now benefit from having this technology on site, whereas previously they would have travelled to Melbourne and paid private fees to receive intensive robotics based rehabilitation.

COMMUNITY REHABILITATION

The Community Rehabilitation Service helps people to maximise their full potential for independence and provides support to people who have a physical disability, are feeling frail, are chronically ill or recovering from a traumatic injury or surgery. Referral to Community Rehabilitation Service can be made:

- following hospital admission
- by a local doctor and/or community services
- by individuals, their families or carers



A patient's perspective

The robotics program by Tyro Motion has been invaluable regarding my rehabilitation after suffering from a stroke in May 2016. It has been a very exciting opportunity to be a part of this program. I find it to be both enjoyable and extremely beneficial.

I have been going to sessions twice weekly for 5 weeks and every time can notice a considerable difference in the strength of my hands and fingers. While playing the games and activities you don't realise how much work you are actually putting into each session. This is a very diversional therapy with a highly effective outcome.

Susan Moore



STAFF PROFILE

Lisa Peters: **Occupational Therapist**

I love that every day is different. I also love that I am required to use scientific understanding and solutions as often as creative ones to help people achieve their goals. The way people function physically, mentally, cognitively, and emotionally particularly after illness or injury really intrigues me. I also find the role incredibly rewarding; watching someone go from needing assistance to eat or roll over, to waving goodbye as they walk out of the ward – it's a pretty good feeling.

CAREER PROFILE

Occupational Therapy

Occupational Therapy (OT) is a client-centred health profession concerned with promoting health and well being through occupation or activity. The primary goal of OT is to enable people to participate in the activities of every day life. OT's achieve this outcome by working with people to enhance their ability to engage in the occupations or activities they want to, need to, or are expected to do. This can be achieved by modifying the activity or the environment to better support the patient's participation.



DID YOU KNOW...

Information about individual and group therapy options is available on our website:
www.nhw.hume.org.au



ILLOURA

Resident Les Butler & Lifestyle Coordinator Lee O'Neill clean up after Coffee Club.

On College Street, not far from the Ovens River, you will find a truly peaceful place – Illoura Residential Aged Care.

Illoura is a 62 bed home that caters for Wangaratta and surrounds and offers exceptional care for the frail aged and residents affected by dementia.

The facilities at Illoura are bright and airy, and all have garden or farmland views. There are mainly single rooms but there are also eight double rooms suitable for couples.



DID YOU KNOW...

Illoura is fully accredited with the Australian Aged Care Quality Agency with the last external accreditation survey in February 2015. There are currently no recommendations for improvement and our home will undergo its next planned accreditation survey in February 2018.

LIFESTYLE PROGRAM

An active lifestyle contributes to good health and happiness and there is a structured activity program in place at Illoura to cater for a wide variety of interests. Just some of what is on offer:

Fit and Fabulous is a weekly, active session that incorporates physical activity and mental stimulation.

Secret Men's Business is a weekly men's group that meets over lunch for conversation and companionship.

Italian Volunteers visit several days per week, and help with translation and offer general conversation to residents with an Italian background.

Dog Squad is a weekly visit from volunteers with dogs who can interact with residents.

Garden Gurus is a fortnightly garden appreciation group. Participants do some basic gardening, look at pictures of gardens and talk and plan about what types of flowers/vegies to plant.

Arts and Craft is an art appreciation group for 'Crafters'.

Active Mind includes activities such as reminiscence, discussion of current affairs, quizzes and trivia.

Bingo is a weekly event.

Beauty Therapy provides a weekly hand massage, manicure and hairdresser service (every Wednesday, by appointment).

Coffee Club is a weekly home-cooked morning tea.

General Entertainment includes a monthly sing-along. Visiting musicians and artists throughout the year provide access to different genres of music and story telling/bush poetry.

Community Events are linking activities to community events such as the Stitched Up Textile Festival, the Jazz Festival, the Spring Racing Carnival, the Seniors Festival and more.

IMPROVING THE QUALITY OF LIFE

Alzheimer’s Australia is working with the Management and Staff at Illoura to successfully introduce the Montessori Principles into the Memory Support Unit. These principles involve assisting the person with memory problems with meaningful activity and purpose.

The Montessori framework includes:

- Asking the resident and giving them choice of activities
- Involving the family
- Connecting with others
- Having a suitable environment
- Creating and sustaining a community where everyone is valued.

Information sessions have been held and a plan for the next 12 months has been developed with goals for achievement. Education of staff will continue with our staff keen to make sure activities are meaningful, engaging and motivating for all involved. Activities will be developed to make sure they meet the needs of residents and the goals of the program.



STAFF PROFILE

Sue Jenkins: Resident Services Assistant

I enjoy what I do at Illoura because I feel empathy and I really care. I love it. It’s the best feeling when I go home at night and feel I have made a difference to someone’s life.

RESIDENT SATISFACTION

Although residents and their families are able to provide feedback to staff at any time, a formal resident satisfaction survey is conducted every 12 months.

2016 top 5 scoring areas

- Staff were welcoming and friendly
- Facility maintained to provide a safe environment
- Emergency exits were easy to identify
- Overall satisfaction with service
- Complaints were managed in a timely manner

2016 lowest 5 scoring areas

- Adequate staffing
- Notification of lifestyle activity events
- Laundry service quality
- Choice of meals
- Availability of Allied Health

All these aspects will be more fully investigated and improvements made where possible.

INDICATORS OF QUALITY

There are a number of clinical indicators that we report to the Department of Health and Human Services every three months to measure our performance in the following areas: falls, pressure injuries, medication management, restraint and weight loss. Our results for falls, pressure and medication management can be found on pages 31-33.

Overall we perform well when compared to others:

	NHW 2015-16	State average 2015-16
Restraint devices in use	0	0.46
Significant weight loss over 3kg	0.90	0.80
Unplanned weight loss	1.04	0.67

Further work is being done regarding weight loss. An improvement made to allow optimal nutrition has been conducting regular dental check-ups through the Dental Service at NHW.

END OF LIFE CARE

We ensure our residents are cared for in a dignified and respectful way, free of pain and as comfortable as possible. As part of our holistic approach we ensure the residents family members are cared for during this time by providing them with meals, a place to sleep and shower.

We work in partnership with the palliative care team at NHW, General Practitioners and the Older Persons Nurse Practitioner to ensure our residents receive the best quality care. Our nursing staff are also highly trained in the area of palliative care.



District Nurse Russ Eaton heads off for the day.

A DAY IN THE LIFE OF A COMMUNITY NURSE

The Community Nursing Service at NHW includes District Nursing, Hospital In The Home and Palliative Care. It evolves and adapts to meet the needs of the clients they serve, and advances in treatments and technologies. Gone are the days of just a few nurses who shared the “rounds”, using a handwritten card to guide the scheduled home visits for the day. They would set off with nothing more than a basic kit, a map and car.

Fast forward to 2016. On week days there are up to seven community nurses sharing the “rounds” with around ten home visits each. The service now includes two nurses working the evening shift, operating from 8am to 9pm seven days a week. The days of an old Corolla are long forgotten with all-wheel drive vehicles supplied which are necessary to access many of the nooks and crannies of the district. In yesteryear, some clients living in remote locations simply couldn’t receive necessary health care. Vehicles and staff are now kitted out with satellite tracking devices, duress alarms, fire kits, and every device for safety.

Each morning nurses leaving “base” resemble pack horses – loading up their “car office” with essential clinical equipment, a suitcase with advanced wound care products and pathology collection gear, client histories, tablet with visits lists and electronic notes, a drink and snack, car keys and mobile phone. Often other specialist equipment are also added to the cargo for the day. Loaded to the hilt, off they set, ready for a day in the office – of sorts!

Any community nurse will tell you that no two days are the same. The nature of their role is to assist people make these complex lives less complex. Delivering care is a privilege, although the conditions at times require more than a decent dose of common sense and good humour.

Winter is cold and houses are cold. Heating costs money and is a common saving for many people. From a freezing cold house to the next, in the tropical extreme, the community nurse with steam rising from cheeks, welcomes the feeling of fresh air at the end of these visits. Coats on, coats off. Floods have been this year’s challenge with detour after detour to access client’s homes – some having no access at all.

Some trials of our regional community nurses included:

- Contesting with bulls in paddocks while struggling with tricky gates, which the average farmer will tell you to “just..... (a list of 8 intricate instructions)” to open it next time!!
- Birds flying around homes
- Over protective dogs (who of course “won’t bite”)
- Inquisitive cats
- The odd scurrying rodent
- Clucking chooks and gagging geese

Although the staff are very well qualified, there is no university degree to help deal with many scenarios our nurses encounter.

Modern technology helps in these cases with photos taken by clients using their phones - sending images to the nurse for wound care advice this “does the job” until roads are reopened. Umbrellas and gumboots become uniform. Amazingly, there have been no stories of bogged vehicles and stranded nurses this year.

Summer sounds lovely. Spending a day in an air-conditioned car would be the common notion. However, nurses doing the “rounds” in town never get to cool down between visits because as the air conditioned arctic blast arrives, so does the next destination! Files become brittle and deformed, dressing products look toasted. Houses are warm – air conditioning, like heating, costs money. The summer brings flies, sunscreen, sweltering heat which stops the work of most tradies (alas, not the community nurses), the very real threat of bush fires and the need to ensure all clients are fire ready.

The joys of the job far outweigh any challenges. This region is fortunate to have the well structured and resourced services provided by the community nursing team of NHW. The staff certainly gain great satisfaction in taking health care outside the four walls of the hospital and into our community.

IN 2015-16 OUR COMMUNITY NURSES PROVIDED

20,260
VISITS



STAFF PROFILE

Ange van der Leeuw: Pastoral Care

I have been here at NHW for almost 8 years. I just love what I do and count it an absolute privilege to be able to listen to the life and illness stories of those patients who are most vulnerable. I count it as being on sacred ground. When patients share these stories they can usually adapt more readily to what is happening and incorporate that need for treatment, a long recovery or even the end of life more easily into their present reality.

PASTORAL CARE

NHW provides a Pastoral Care service to many patients, families, staff and volunteers. Pastoral Care covers many things: from chatting to staff and patients in the corridor, to planned ward visits and attending medical emergencies to provide support to families, other patients and sometimes staff.

Pastoral Care is always patient centred. Sometimes traditional religious practices are used, such as prayer and bible readings, to support patients at their request, but most work is with people who have no faith or religious affiliation.

Towards the end of life, pastoral care staff will speak with the patients about what is happening and answer questions. They count it a privilege to be able to sit with and listen to those who are fearful, are in deep pain and sorrow, are feeling lonely and vulnerable and who are anxious and uncertain about the future. We cannot fix these things but can offer them a presence and a listening ear.

Respectful and compassionate end of life care is provided for the dying person and their family and close friends, and NHW assists people at the end of their life in hospital, residential aged care and in the community. Over the next 12 months our staff will strengthen their management of end of life care by adopting the 'Care Plans for the Dying Person – Victoria' via the Centre for Palliative Care.

ADVANCE CARE PLANNING

Advance Care Planning involves making a plan for future health and personal care should a person lose their decision-making capacity. It is an important document that captures peoples' values and wishes and enables them to continue to influence treatment decisions, even when they can no longer actively participate.

All patients entering the palliative care program have ACP discussed as part of the admission process. One new client this year was very keen and further information was provided so he could consider his options. A new ACP was developed in which he expressed his desire to remain at home for as long as possible, he wished for comfort care measures only and would like to die in hospital. He was able to remain at home having non-invasive treatment for many months.

When he presented to the NHW Emergency Department at the end of his illness, staff were able to identify and review his wishes as stated in the ACP, meaning that no further medical interventions were carried out and he was admitted to hospital for his final care.

As can be seen below, the number of patients over 75 years of age admitted with an ACP or who nominate a substitute decision maker has increased in 2015-16 thanks to ongoing education.

72	116	117	142
Quarter 1	Quarter 2	Quarter 3	Quarter 4

PALLIATIVE CARE

Our community based palliative care improves the quality of life of patients (and their families) living with a life limiting or terminal illness. The palliative care service at NHW is staffed by 5 nurses who have all undergone specialised training. Support is also provided by a family care coordinator. Visiting physicians provide telephone consultation and are on site once a month.

The service provides emotional support as well as pain and symptom management.

An important aspect in caring for people who have a terminal illness is meeting their wishes regarding place of death. Of the patients who died on the palliative care program in 2015-16:

- 75% of patients died at their site of choice
- 45% died at home
- 55% died in hospital

61% of current Palliative Care Patients have an Advance Care Plan in place, so their wishes are known.

OUR TEAM



Board of Management members from L to R - Lisbeth Long, Martin Hession, Anne Wearne, Brendan Schutt, Cheryl Clutterbuck, Edward Higgins, Jonathan Green, Roger Barker. Not featured: Matt Joyce, Alison MacLean.

BOARD OF MANAGEMENT

The Board of Management, Executive, Managers and Staff at NHW form part of a united team who all play a very important role in the provision of health care services to our community. Throughout this report we have provided profiles of just some of the staff who form part of this diverse organisation, but it is important to recognise the governance, or leadership, of NHW by our Board of Management.

We now have a 10 member skills based, honorary Board of Management that is accountable to the Minister for Health for the performance of our health service. New Board members are appointed by the Governor-in-Council following a rigorous application and selection process. It is important that the Board of Management has a wide range of skills to effectively provide leadership of NHW, and we are very fortunate to have such a mix in place covering clinical, corporate, financial and legal experience. There have been four new members appointed for 2016-17.



Executive Team members from L to R - Avi Kumar, Michelle Butler, Dr John Elcock, Margaret Bennett, David Kidd, Tim Griffiths, Libby Fifis, Dr Sue Wilson.

SOME OF OUR MAJOR ACHIEVEMENTS IN 2015 - 16

- Expanded Hospital in the Home to provide a service 7 days a week
- Strengthened partnerships with district hospitals to improve discharge planning
- Provision of finance services to Yarrawonga Health, Mansfield District Hospital, Benalla Health, Alpine Health, Beechworth Health Service
- Assisted district hospitals with provision of clinical governance in anaesthetics
- Employed an additional general surgeon
- Developed an Information Management Strategic Plan 2016 – 2021
- Employment of a Director of Information Management
- Budget surplus
- Increase in funding of 7% in recognition of our increased activity
- Introduced Robotic therapy to enhance patient outcomes
- Opened a new patient transport lift and new patient transport entrance
- Refurbishment of the Community Care Centre
- Full accreditation maintained in acute and aged care services with no outstanding recommendations for improvement



Nurse Unit Manager Sally Arthur updates surgical ward staff at the performance board

HARDWIRING EXCELLENCE – ‘EVERY PATIENT, EVERY TIME’

Hardwiring Excellence is the framework in place at NHW to help us meet three clear and important goals:

1. Improve patient safety and clinical outcomes
2. Improve patient satisfaction
3. Improve staff satisfaction

It is an important component of our clinical governance and places the patient firmly at the heart of what we do Every Patient, Every Time!

A key feature is improved communication and a standardised approach to patient care, along with clear expectations of our staff. Just some of the tactics we use to achieve the goals of this program include:

- Standardising introductions and explanations to patients and families
- Using patient communication boards to help two way information flow between staff and patients
- Using performance boards to improve staff communication
- Attending patients every hour to ensure their needs are met, improving patient comfort and safety
- Involving patients in bedside handover
- Managers meeting with each staff member each month to check on their wellbeing in the workplace and acting on suggestions for improvement

PATIENT SAFETY

Patient care is our core business and the Board of Management, Executive, Managers and Staff constantly consider:

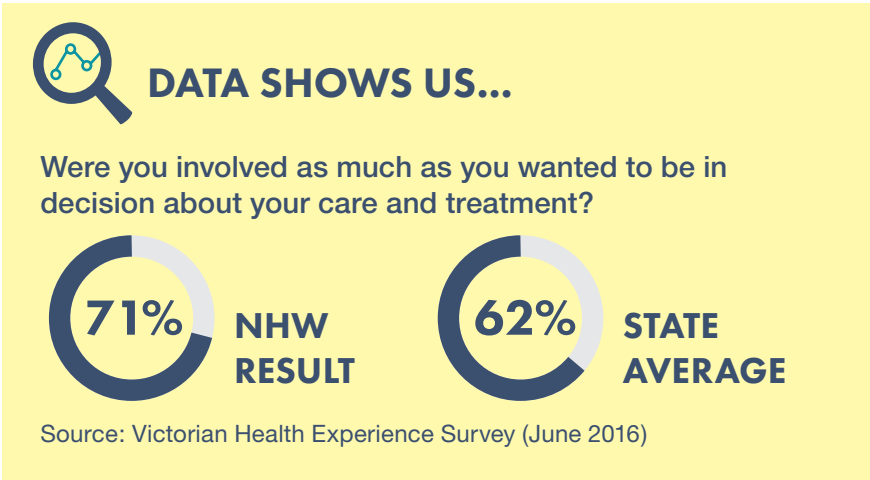
- How we are performing, particularly in relation to other hospitals of similar size and type
- How we can reduce risks to our patients and our business
- That we meet relevant legislation
- That we are meeting community needs
- That we are constantly trying to improve what we do
- That we provide high quality service

Some of the clinical data that forms part of the monthly reporting to the full Board of Management who attend our Quality and Safety meeting includes:

- Numbers of patient falls and medication errors
- Aggression & assault rates
- Complaints and compliments
- Numbers of pressure ulcers caused in hospital
- Waiting times for surgery
- ED waiting times

This data is all contained within this report.

We have also expanded our reporting format so every department has a report at least annually.



PEOPLE & CULTURE

There have been significant changes made to the 'people management' aspect of our organisation in 2015-16 to increase our focus on this important area. The previous Human Resources Department has become the People & Culture Team.

Streamlining of processes, workplace culture and staff wellbeing has been a major focus.

PEOPLE MATTER

Our staff are given the opportunity to take part annually in the 'People Matter' Survey, conducted by the State Services Authority. Completion is anonymous and results are compared with other health services across the state. 54% of our staff completed the survey in 2016.

All results are important and provide opportunity for improving the workplace, but a particular focus is how staff feel about **patient safety** and how it is managed.

Patient safety question results

Question	NHW result	State average	Highest score
Patient care errors are handled appropriately	75%	74%	77%
Health service does a good job training new and existing staff	65%	66%	73%
I am encouraged by my colleagues to report any patient safety concerns I have	85%	83%	87%
The culture in my work area makes it difficult to learn from the errors of others	68%	68%	75%
Trainees in my discipline are adequately supervised	65%	64%	66%
My suggestions about patient safety would be acted on if I spoke to my manager about them	75%	77%	82%
Management is driving us to be a safety centred organisation	77%	77%	82%
I would recommend a friend or relative to be treated as a patient here	86%	80%	86%

Actions planned to improve in the two areas (in red) where we have scored below the state average.

IMPROVING WORKPLACE CULTURE

Workplace culture defines the personality of an organisation. At NHW the culture we are creating is based on our values of Caring, Excellence, Respect, Integrity and Fairness. The Hardwiring Excellence Program helps to provide the framework for workplace culture by recognising and rewarding outstanding performance and taking action to improve poor performance.

IN ADDITION WE HAVE:

A People Champions Program

involving colleagues, who are the 'go to' person of the department and can provide advice, support and act as the information link for the team. They can be accessed easily by all staff who may not feel comfortable approaching management about issues such as bullying.



An Employee Health and Wellbeing plan

with many strategies to support the physical, emotional, occupational and financial wellbeing of staff. It includes tactics such as discounted gym memberships and fresh fruit being available to all staff.

Establishment of a workforce communication strategy, to assist with the flow of information to all staff.

KEEPING OUR STAFF SAFE

The largest part of our health service team are our 1211 staff and the contribution they make in providing safe and high quality services to our patients. Maintaining a safe workplace is essential. Employment of a full time Occupational Health & Safety Coordinator has led to a more structured approach to staff safety.

Just some of the improvements to staff health and safety have included:

- Contracting 24/7 security guard coverage to support our employees and minimise the risk of injury following a demonstrated increase in reported occupational violence.
- Streamlining the Health and Safety Committee meetings following extensive consultation. The health service has been divided into zones, and each zone has a nominated Health and Safety Representative who attends the bi-monthly meetings. Each department still has a health and safety representative who can raise concerns and feed information to their nominated zone representative.
- Purchase of a new “Gazunda” to assist bed movement for the safe transportation of patients between ADSU and Theatre. A Gazunda is placed beneath a hospital bed to aid movement.



STAFF PROFILE

Zoe Gigliotti: Recruitment Coordinator

My name is Zoe Gigliotti and I am the Recruitment Coordinator at Northeast Health Wangaratta (NHW). My role as Recruitment Coordinator is a newly created position to provide a customer focused, efficient and professional recruitment service.

I am passionate about my role as it gives me the opportunity of variety in a people driven environment wherein I am able to assist managers match the most suitable applicants to job opportunities at NHW.

It allows me to grow professionally within the health service environment and provides me the opportunity to invigorate others.



SAFETY SOLUTION

Air Bed controllers were placed on the ground when they were used on ‘low low’ beds, causing a trip hazard and potential damage to expensive equipment.

No solution was available for purchase. Dave Cunningham from the Facilities and Maintenance Department designed a holder that now fits perfectly on the bed end and has resolved the issue, improving staff safety.



TACKLING BULLYING AND HARASSMENT

Bullying in the workplace is of concern in all workplaces not just health care. Actions taken to address potential bullying include:

- Educating staff regarding bullying - what it is, how to report
- Encouraging staff to report all instances where they may feel bullied so management can provide support and action
- The People Champions program (as previously noted)
- Provision of a ‘Hear Me’ play for all staff, attended by 339 staff, which highlighted bullying and patient safety and had very positive evaluation



STAFF PROFILE

Trent Hyde: Simulation Educator

I have been a Registered Nurse for 21 years, the last 5 years at NHW. As well as my General Nursing qualification I also have Graduate Certificates in Oncology, Palliative Care and Critical Care. Clinical Education is a position I have held for just over 2 and a half years.

I had previously worked with the Clinical Skills Development Service for Queensland Health in Brisbane and since then I have been passionate about using simulation to teach clinicians. I enjoy my education role in general but particularly love using this method of teaching as it helps people learn and rehearse their reactions and performance in high stress situations.

SIMULATION TRAINING

To date in 2016, the education team has delivered over 325 hours of simulation based training in over 88 sessions. These have been varied and diverse, involving most professional groups at NHW, often intra professional training, reflecting real working environments. Simulation training often centres around realistic rehearsal and “stress inoculation” to infrequently performed, high stakes situations such as Advanced Cardiac Life Support, airway emergencies, obstetric emergencies, etc. Alternatively, we also teach foundational procedural skills with the aim of building dexterity and familiarity before novices perform the procedures on real patients.

Much of our training also incorporates principles of Crisis Resource Management, which in essence concerns the cognitive, physiological, psychological and communication barriers that impact our performance in an emergency. Our guiding principle is to build confidence and preparedness, not just competence.

Key simulation activities included a series of realistic cardiac arrest situations in a variety of areas, a regular program of simulations in both the ED and Maternity wards, support and education of undergraduate students and a comprehensive simulation based Advanced Life Support course that has replaced a previous competency assessment. Additionally, we have supported and conducted a number of regional events. Many of these activities have led to refinements in both physical environments and procedures.

EDUCATION OF STAFF

The commitment to education and training at NHW is central to our capacity to support our current and future workforce. During the 2015-16 year the Education and Research Division contributed to improving service outcomes by coordinating a wide variety of entry level and career progression pathways and facilitating local and nationally recognised training programs in evidence based care.

Over the year, in partnership with 36 different Universities and other Education Providers from across Australia, NHW was able to:

- Host 326 nursing students, 108 medical students and 70 allied health students all undertaking undergraduate qualifications in their chosen professions
- Facilitate 95 secondary school students participating in either a school based Work Experience Program, a School Based Traineeship or a Vocational Education and Training Program including 12 students who completed an entry level qualification in Health Support, Allied Health Assistance, Health Services Assistance or Business Studies
- Successfully attract and support 26 New Graduate Nurses and Midwives, 19 medical interns and 4 allied health clinicians to begin their professional careers in health with us; and we trained 2 new graduate midwives and 6 new graduate rural critical care nurses
- Provide 2 formal cadetships and established 4 part time gap year positions both for local students enrolled in health related studies; and in partnership with a local Disability Employment Service have launched an entry level career pathway for 4 local young people living with a disability

OUR COMMUNITY



Sakina Babia, Aboriginal Health Liaison Transition Officer, with NHW front foyer artwork by Tamara Murray

IMPROVING CARE FOR ABORIGINAL PEOPLE

Aboriginal and Torres Strait Islander people experience poorer health than non Aboriginal people in nearly every aspect of health measurement. There is still a significant gap in life expectancy and all health care providers must work to improve these statistics. Although this population group in Wangaratta and surrounding districts is only 1%, NHW is committed to improving the health and wellbeing of indigenous Australians.

We aim to improve in the four key performance areas listed below:

Engagement and partnerships

- Annual meetings with elders of the Dirrawarra Local Aboriginal Network
- Development of the Pangerang Nungara plan has been developed by the NHW Aboriginal Advisory Group (AAG), the Dirrawarra Indigenous Network and key local Elders
- Engagement of local artists to provide artwork for entranceways

Organisational development

- Welcome signage at entry points
- NHW auspices the region wide Koolin Balit health service cultural competency coordinator. This role will audit 17 health services across the Hume region and support the development and implementation of their action plans

Workforce development

- Aboriginal Employment Plan has been developed
- Ongoing program of cultural awareness training

Systems of care

- Promotion of the “Be deadly and identify” campaign
- All patients are “Asked the question” on admission
- Each Aboriginal presentation to NHW is followed up by the Aboriginal Health Liaison Transition Officer

Our catchment area meets the healthcare needs of around 90,000 people. The Rural City of Wangaratta has a population of 26,816 people. Of these, 87.7% are people who are Australian born. The remaining population are from Italy, England, New Zealand, Germany and Netherlands

Within the Rural City of Wangaratta, only 1% of our population identify themselves as Aboriginal or Torres Strait Islanders.

(Australian Bureau of Statistics data 2011)

Only a small percentage of people are non English speaking, however it is important that NHW has processes in place to meet the needs of all people who use our service and make sure that medical procedures and treatments are well explained, there is good understanding and respect shown for the cultural diversity that exists.

Interpreter services are readily available via the Victorian Interpreter and Translation Service .



DATA SHOWS US...

Most recent data from the Victorian Health Experience Survey shows that 99% of inpatients were English speaking. No patients said they needed assistance with English.

VOLUNTEERS- AN ESSENTIAL PART OF OUR TEAM

Every year more than 322 volunteers contribute their time and skill to our organisation. At the annual NHW volunteer thank you celebration, 2 volunteer recognition awards we introduced:

Years of Service Award - acknowledging 16 volunteers who have achieved more than 25 years each.



Years of Service recipients pictured left to right: Elva Lovett (28 yrs), Anita Vance (45 yrs), Lois De Klepper (41 yrs), Kerrith Bell (36 yrs), Jill Lawn (42 yrs), Margaret Martin (40 yrs), Margaret Mundie (38 yrs), Pat Gilbert (28 yrs) and Frieda Jaroslowski (29 yrs)

Excellence in Volunteering Award - our inaugural recipient was Margaret Redmond, with more than 50 years of service with Meals on Wheels and our aged care services. In addition, Margaret was nominated by NHW for the Minister for Health Volunteer Awards and was the winner of the Outstanding Lifetime Achievement Award. This was great recognition of an amazing lady who has spent most of her life contributing to her local community.



Minister for Health, Jill Hennessy, and Parliamentary Secretary for Carers and Volunteers, Gabrielle Williams, with Margaret Redmond receiving her Outstanding Lifetime Achievement Award.

Right: Volunteer Lorraine Ainsworth happily collates form packs to assist staff in our Admissions Unit.



VOLUNTEER PROFILE

Phil Radstake and his trusty friend Suki

On a disability pension due to health issues following head trauma, Phil has cured his boredom through volunteering. After his father died, Phil was going to head home to Melbourne and thought he would take up volunteering once he returned, as he had for many years. However, Phil decided leaving Wangaratta to live again in a big city wasn't for him or Suki. So he contacted The Centre, who suggested that volunteering with his canine friend at NHW would be a wonderful opportunity.

Five years later they are happier than ever, visiting and spending time with residents at Illoura. Phil commented that volunteering gives him meaning, allows him to give back to the community and he feels very comfortable and welcome. He would be at a total loss without it. He said 'it keeps me healthy, mentally and physically: it means everything to me'.



USING PATIENT FEEDBACK

Throughout this report you will see results from the Victorian Health Experience Survey, however we receive feedback in many ways. Complaints and compliments, as well as general suggestions, are used to improve our service. In 2015-16 NHW received 124 formal complaints, a 3% decrease on the previous year. The following examples of improvements were made as a result:

- A new entrance was created for easier access to our Medical Imaging Department (pictured below)
- Introduction of portable call bells in Illoura
- Improved processes for patient valuables including new valuables bags
- Reinforcement of the correct use of patient communication boards
- Commenced review of the discharge information for patients

All complaints are reported to the Board of Management with explanation about actions taken and improvements made. We have also gained permission to use several complaints as stories for staff education.



DATA SHOWS US...

Victorian Healthcare Experience Survey results from April – June 2016 show 90% of patients rated our food as very good or good compared to a state average of 65%



Graduate Nurses Tayla Adkins

INVOLVING YOU IN YOUR HEALTH CARE

We believe that effective sharing of information is the key to achieving person centred care. We need to provide information that patients and their carers can easily understand and provide the opportunity for people to be actively involved in their care. We do this by:

- Using bedside handover that includes the patient and their family
- Making sure nurses formally visit patients every hour when they are in hospital, to make sure all their needs are met and provide the opportunity for regular interaction
- Nurse Managers meeting with patients each day to discuss their care needs and progress
- Using clear explanation of procedures
- Providing appropriate and helpful information on discharge

NHW has a Community Advisory Committee (pictured right) comprised of interested members of our community. Members are part of our Volunteer Team and meet every month to review patient information, provide comment about services being introduced or reviewed and are kept informed of the general business of NHW so they can then inform the community in general. They also advise us about any concerns or identified improvement from the community perspective. Every year the Community Advisory Committee is instrumental in the development of this report, in particular making sure it is easily read by general community members.



NHW's Community Advisory Committee review this years Quality of Care Account. L-R Lois Knox, Anne Bell, Kerry Marsden, Scilla Taylor, Shiela Broydell, Sue Phillips

PROVIDING A SAFE SERVICE AT EVERY LEVEL

NHW has a clinical risk management program that stretches across all clinical areas of the health service: acute, community and aged care. Staff are encouraged to report all errors or near miss events so that process changes can be made if required to improve the standard of care and reduce risk for patients. All events that are reported are rated for their severity with level 1 events being very serious and level 4 incidents being 'near miss' or errors that occur with no patient injury.

All reported events are reviewed and investigated at least at department level to make any required changes to practice. More significant incidents that involve serious injury to a patient, for example a return to surgery or suturing, have a Clinical Incident Review undertaken. These reviews are done by groups of clinicians from across a variety of professional backgrounds, including doctors, nurses, allied health, pharmacy staff and executive.

In 2015-16 there were 10 Clinical Incident reviews completed. The majority of harm caused to patients was from falls, which remain our biggest clinical risk and the additional strategies we have introduced can be seen on page 32. Other improvements have included:

- A review of the Open Disclosure policy and procedure
- Changes to the management of hypoglycaemia flowchart
- Education of staff in various areas of clinical management



DATA SHOWS US...

The highest risk to patients are falls, which are the biggest cause of injury. Other known risks are pressure injuries and medication errors.

A REGIONAL APPROACH TO PATIENT SAFETY

As explained on page 4 of this report, NHW introduced a Sub-regional Director of Clinical Governance in Obstetrics role to provide specialist advice to the smaller district hospitals who are mainly staffed by General Practitioners around the clock. This role provides advice to those small rural health services in the central Hume that provide birthing services. The advice includes guidance on scope of practice, treatment protocols and referral criteria that help provide safe and seamless care for pregnant women.

An expansion of this initiative in 2015-16 has seen a Sub-regional Director of Clinical Governance in Anaesthetics appointed to provide a similar service to health services with GP run anaesthetic services, and plans are in train to extend the Sub-regional Director of Clinical Governance roles into other fields including emergency medicine.

REVIEWING OUR CARE

NHW has a Medical Risk Management Committee that meets monthly and is attended by a Medical Consultant from many different specialty groups including administration, orthopaedics, general surgery, radiology, general medicine, emergency, gynecology and anasesthetics. The committee provides a peer review process to review the clinical care of patients who have had unexpected deaths, unexpected returns to surgery and admission to critical care or readmissions within 21 days. The group also reviews histories of some complaints regarding clinical care and histories that may be referred by clinical staff where they feel the treatment may have been better.

Recommendations for improvement are made following these reviews and in 2015-16 have included:

- A revised preoperative anticoagulation protocol
- Review of sepsis management
- Education of clinical staff regarding appropriate head injury observations
- Development of After Hours Imaging criteria to reduce staff call outs
- Review of bariatric equipment and organisational capacity to improve patient care and ensure staff safety
- Changes to medical staff orientation to include the referral process

Obstetric doctors have their own clinical review process whereby doctors meet weekly to review the clinical care provided to all their patients from the previous week and discuss any upcoming 'at risk' deliveries booked in to NHW, so our staff are well prepared.



NEW INITIATIVE

2015-16 has seen the introduction of Critical Care and Paediatric Governance Committees, to complement the Women's Health Governance Committee.

PREVENTING PATIENT FALLS

Falls in hospital pose a significant safety risk to patients due to age, unfamiliar surroundings and poor health which may affect mobility and balance. Many falls can be prevented, both in hospital and at home. To reduce the number of falls we:

- Conduct an annual ‘April Falls’ Month involving staff, patients, clients, residents and visitors
- Perform risk assessments of all patients on admission
- Help people with equipment and strategies to prevent falls

A new intervention that has begun in 2016 is the introduction of a Post Fall Huddle. Once the patient has been attended to and is safe, a multidisciplinary team (depending on the time of day) gathers at the bedside and ensure all the appropriate steps have been taken. The cause of the fall is determined and appropriate strategies are implemented to prevent another fall from occurring and / or prevent injury if a fall does occur. The patient is involved in this process wherever possible.



DATA SHOWS US...

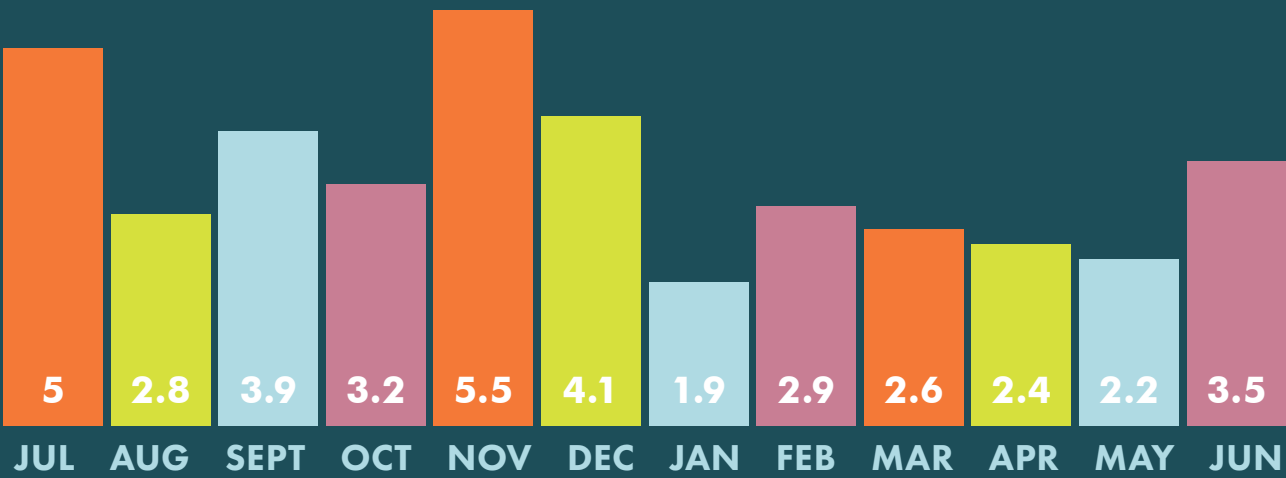
In 2015-16 the falls rate for residents at Illoura was 6.41. The state average rate was 7.20.

Fractures from falls were slightly higher than the state average.

We anticipate that the re-introduction of a Physiotherapist in 2016 to assist in safe mobility of residents, and hourly resident checks, will decrease falls and injuries further.

Data from Public Sector Residential Aged Care Services Clinical Indicators

ACUTE FALLS PER 1,000 BED DAYS 2015-16



TAI CHI FOR ARTHRITIS

Classes are offered to Community Rehabilitation Clients as another exercise option to improve strength, endurance, balance, enhance mindfulness and pain management. Clients are offered an 8 week introductory program where they learn the first 12 movements of the ‘Tai Chi for Arthritis’ program. People who wish to continue with Tai Chi have the option of continuing at home or joining a community based program such as that conducted at Gateway Health.





STAFF PROFILE

Jeff Van: Pharmacist

I have been a pharmacist for 10 months and did my internship at St Vincent's Hospital in Melbourne. NHW is my first job as a qualified pharmacist.

I enjoy my job as I enjoy working with people - doctors, nurses and other Pharmacy staff, but also the patients.

CAREER PROFILE

Pharmacist

Pharmacists are healthcare professionals who practice in pharmacy, the field of health sciences focusing on safe and effective medication use. A pharmacist is a member of the health care team directly involved with patient care.



Nursing staff are pleased with the new Omnicell medication cabinets



DID YOU KNOW...

Sentinel events, serious infrequently occurring events with significant damage to a patient, have a root cause analysis performed. This is a very thorough process and is reportable to DHHS.

NHW had no sentinel events in the 2015-16 year.

MEDICATION SAFETY

Medications can be used to improve general health, cure some diseases, relieve symptoms of disease and improve quality of life. 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.

The total number of medication incidents reported from July 2015 – June 2016 was 413. 92% of these incidents caused no harm to patients and many did not reach the patient (for example, prescribing errors detected by Pharmacy staff). There were no serious injuries caused by medication errors. Some improvements to medication safety in the past 12 months include:

- Introduction of an 'Approval Required' sticker which is placed next to a restricted antibiotic order that requires authorisation by the VMO/Specialist for its use. This is to assist in the safe use of antibiotics.
- Continuing commitment to antimicrobial stewardship to ensure appropriate use of antibiotics
- Roll out of the Omnicell medication cabinets in clinical areas. Patients now have medications constantly available as the stock does not run out – the cabinets automatically notifies pharmacy when stock is getting low. Different medications in similar packaging are stored in different places in the machine to ensure it's easy to choose the right one. Flashing lights also indicate the correct drugs to choose.

NHW has been conducting PUPPS (Pressure Ulcer Point Prevalence Surveys) since 2004. In 2004 our PUPPS rate was 26.6%, in 2010 we reduced this to 16.6% and this year we are down to 6.8%. Great improvement that we are focussed on continuing.

PREVENTING PRESSURE INJURIES

Pressure injuries are an internationally recognized patient safety problem and are a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. Immobility, increasing age, decreased sensation, moisture on the skin, poor nutrition and acute illness can all contribute to pressure injury development.

Our staff report all injuries detected – either on admission or those that may be caused whilst a patient is in hospital. It is pleasing that there has been a decrease in patients developing pressure injuries in hospital, as can be seen to the right.

All patient beds and trolleys at NHW have pressure relieving foam mattresses and we have specialised equipment including alternating air mattresses, cushions and heel devices. Staff are increasingly using a pressure mapping device to ensure the correct equipment is used according to pressure requirements.

Illoura also performs well when compared to state data in pressure injuries. We have had no stage 3 or 4 pressure injuries in 2015-16, and stage 1 and 2 injuries (less severe) are within acceptable rates.

UNITED FOR A CAUSE

A team of 22 staff members at NHW took up the Red25 Corporate Challenge. NHW registered with the Australian Red Cross Blood Service to be part of a Corporate Challenge with other organisations and businesses competing to donate the largest amount of blood.

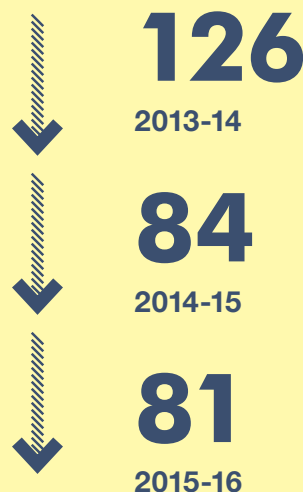


NHW staff from left Lisa Rigoni, Laney Culhane, Susie Briggs, Anand Kanaskar and Tim Davis prepare themselves for a group blood donation.



DATA SHOWS US...

There has been a decrease in patients developing pressure injuries in hospital



BLOOD MANAGEMENT

Blood transfusion may be needed if someone has had a lot of bleeding during surgery or because of an accident, or they may suffer from anaemia or other medical conditions. Although the transfusion of blood and blood products (such as plasma) is relatively common, there are risks associated with its administration. All incidents related to blood administration are recorded and there have been no serious incidents reported that resulted in patient harm in 2015-16.

In the past 12 months we have:

- Significantly reduced the amount of blood wastage. This has been achieved by working with Dorevitch Pathology to better manage blood stock. The promotion of Single Unit Blood Transfusion has also assisted.
- Introduced an anemia management flow chart and guideline
- Simulation training for massive blood transfusion has been provided for staff in Emergency, Critical Care and Maternity departments

BLOOD STREAM INFECTIONS

Staphylococcus aureus (s. aureus) is a type of bacteria that can cause serious illness, especially if it enters the bloodstream of a patient. This is known as Staphylococcus aureus bacteraemia. These infections may be acquired while receiving care in health care services.

In 2015-16 there were 4 cases reported during 48,887 days of patient care at NHW. Our performance over the last 4 years is demonstrated below:

Rate of s. aureus blood stream infections per 10,000 bed days continues to decrease.

1.13 2012-13



0.80 2015-16

Patients in the Critical Care Unit may have central lines inserted to assist with their care. These are also monitored for infection. The Central line (a small tube that goes directly into the bloodstream) provides fluid, antibiotics and other medications.

Infection rates associated with this device remain at 0!

To prevent hospital acquired infections, NHW:

- Mandates annual "Aseptic Non Touch Technique" (ANTT) theory and practical training to ensure IV lines and other invasive devices are managed in accordance with best practice
- Actively promotes Effective and appropriate handwashing through a dedicated Hand Hygiene program

Correct hand washing remains one of the most effective ways to reduce the risk of a hospital acquired infection. We audit our health care workers regularly see that they are performing hand hygiene correctly at every opportunity, for example, before and after touching a patient. The national target is 70 % - the Victorian target is 80% and NHW has achieved a compliance rate of 84%.



INFLUENZA VACCINATION

The most effective way to prevent influenza is through vaccination! At NHW all staff and volunteers are strongly encouraged to have the influenza vaccine, as there is a risk they may be exposed to, and transmit the disease to co-workers, vulnerable patients and their families.

This year's campaign kicked off in May 2016 with the theme song "Hang on, help is on it's way!".

Staff have responded with an outstanding uptake rate and this year we have reached 90%, improving on last year's fantastic result of 89% where NHW was awarded a Certificate of Excellence from the Department of Health & Human Services for our achievement.

The state target for influenza vaccination is 75%.

No influenza outbreaks were recorded this year at NHW or Illoura Residential Aged Care Facility.

CLEAN ENVIRONMENT

Keeping the hospital environment clean plays a vital role in preventing infection. Different areas within the organisation are rated in priority and cleaning is assigned accordingly.

Risk Rating	Area
High	Critical Care, Special Care Nursery, Operating Theatres
Medium	General ward areas
Low	Offices
Very Low	Plant rooms, maintenance sheds

Both internal and external audits are conducted throughout the year to ensure acceptable quality levels (AQL) and met for priority areas. In 2015-16 we have performed well against targets in both internal and external audits.

CAFÉ MEETS HEALTHY CHOICES GUIDELINES

NHW has a commitment to healthy eating, for patients, our staff and the broader community. In 2016 the team in Food Services have made significant changes to the food and drink items offered in our café, greatly improving the variety and nutritional content.

There are now less:

- Sugary drinks
- Deep fried foods
- Snack items such as chips and chocolate

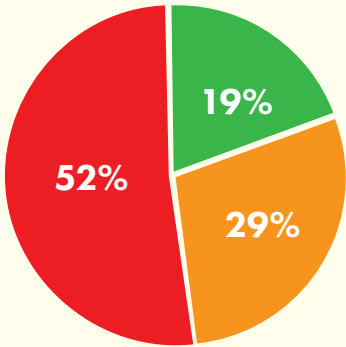
There are now more:

- Meals with a higher vegetable content
- Fresh focaccias and salads
- Snack items such as dips with carrot and celery sticks

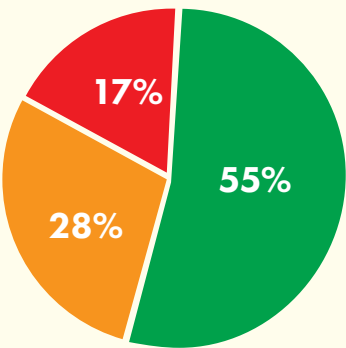
As a result of these changes, our cafe now meets the Healthy Choices guidelines for healthy retail food outlets and are one of only three health services in the state to achieve this status.

The Healthy Choices guidelines state that to encourage customers to choose healthier food and drink options:

- At least 50% of foods and drinks on offer should be from the **GREEN** category (healthy)
- No more than 20% of foods and drinks on offer should be from the **RED** category (unhealthy)
- **RED** foods and drinks should not be promoted or prominently displayed.



**FOOD ON OFFER
DECEMBER 2015**



**FOOD ON OFFER
SEPTEMBER 2016**



STAFF PROFILE

Mick Fitzgerald: Sweets Chef

“I have worked at NHW for 25 years after finishing my chef training in Wangaratta at Peter’s Cellar. My job here is Sweets Chef making desserts, cakes and pastries for inpatients, meals on wheels and the café. I enjoy my job because I love cooking”



DID YOU KNOW...

Our kitchen provides meals for inpatients, and the café, but also for external services such as the Wangaratta Police, Kerferd Mental Health Unit, Illoura Residential Aged Care and Meals on Wheels.

CAREER PROFILE: Chef

A chef is a highly trained and skilled professional cook who is proficient in all aspects of food preparation. They prepare, flavor, and cook many different kinds of foods ranging from soups, snacks, and salads to main dishes, sides, and desserts in food establishments, such as restaurants, but also in other establishments like health services.



In 2015-16 our kitchen produced 269,513 meals



STAFF PROFILE

Greg Ellis: Manager Facilities & Maintenance

I completed a Bachelor of Mechanical Engineering (Hons) at Melbourne University. I have worked at Bendigo Health for 3 years in their engineering department as a plant and compliance engineer, and have spent the last 6 years running my own consulting and project management business as well as doing some travel and living in Canada for a period of time.

I grew up in Greta and went to high school in Wangaratta before moving away for University. I returned to the local area about 2 years ago and started at NHW in May 2016.

I love my job because of the diversity in equipment and buildings in health; it's never boring and I loved my time at Bendigo Health so thought I would get back into the sector. It's also great having on site trade staff to work with.

CAREER PROFILE: Mechanical Engineer

Mechanical engineering applies the principles of engineering, physics, and materials science for the design, analysis, manufacturing, and maintenance of mechanical systems. It is the branch of engineering that involves the design, production, and operation of machinery.

RESPECTING OUR ENVIRONMENT

NHW has a newly updated Environmental Sustainability Plan that was completed in 2016.

Within this plan we aim to:

- Conserve energy
- Conserve water and minimise wastewater disposal
- Minimise and, where possible, eliminate the use of harmful substances
- Ensure the correct and safe disposal of all substances
- Minimise waste generation through reduction, reuse and recycling
- Minimise pollution – noise, visual electromagnetic radiation, and odour
- Address environmental concerns in all our planning and landscaping decisions
- Encourage procurement procedures that adhere to the principles of our environmental policy

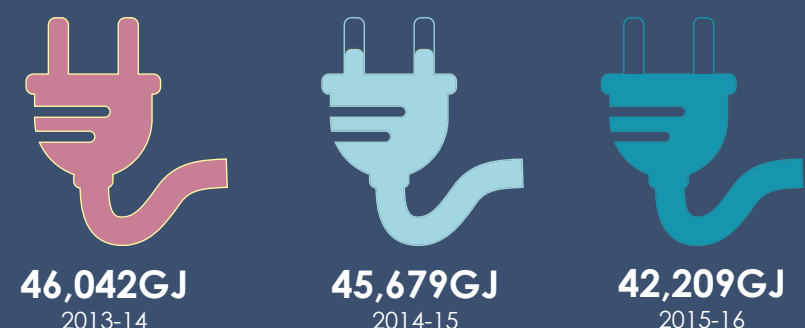
KEY HIGHLIGHTS FOR 2016

- Combined Gas and Electricity consumption has reduced by 3,470GJ's in the 2015-16 period
- LED light replacement program has been completed throughout the organisation
- Our Clinical Waste reduced by 2,662.6 Kg from 2014-15 amounts
- Our comingled recycling increased by 52,000L's
- Our General landfill waste reduced by 18,480 Kg from the 2014-15 period

RECYCLING OF COMINGLED WASTE



GAS & ENERGY CONSUMPTION



RECOGNISING STAFF EXCELLENCE

The Annual Staff Excellence Awards were held on at the Wangaratta Performing Arts Centre. These awards are a celebration of staff academic achievement and also service excellence.

The major achievement award winners in 2015 were:

1. Award for Excellence in Allied Health

Meredith Gross & Emma Rosicka

2. Award for Excellence in Support Services

Nick Cole

3 & 4. Charles Neal Award for Excellence in Aged Care

Bronwyn Connelly & Michelle Wright

5. Award for Excellence in Corporate Services

Kris Cirulis

6. W B Richardson Award for Excellence in Nursing & Midwifery

Jodie Finlayson

7. Leaders of the Future Award

Chris McCue & Riancy John

8. Award for Excellence in Information Management

Jan Bowers

9. Award for Excellence in Leadership

Lois Foley (pictured with Margaret Bennett, CEO)

10. Award for Excellence in Medical Services

Stephen Williams

11. Award for Excellence in Women's & Children's Health

Cathryn Gemmill & Lisa Hernan



What did you think?

All public health services in Victoria are mandated to produce a Quality Account to our community every year. We would like to know what you think. Is the information useful? Has it helped to improve your knowledge of what NHW does? Was it interesting?

Please let us know what you think via:

Email: feedback@nhw.hume.org.au

Telephone: (03)5722 5482

Letter: Chief Executive Officer
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Wangaratta 3676



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