



Northeast Health Wangaratta
Every patient, Every time



Quality Account
2016-17



NHW Community Advisory Committee (clockwise from left) Michelle Butler (Director of Performance Improvement NHW), Sue Phillips, Scilla Taylor, Lois Knox, Kerry Marsden and Anne Bell. Not featured: Mick Maher and Shiela Broydell.

The Community Advisory Committee at NHW is comprised of interested members of our community who meet every month to:

- Review patient information to make sure it is easy to read and understand
- Provide comment about services being introduced or reviewed
- Receive information about the general business of NHW so they can inform the broader community
- Advise on any concerns or identified improvement from a community perspective

If you are interested in being a part of this committee, please contact Michelle Butler, Director of Performance Improvement, on (03) 5722 5482. Members of the Community Advisory Committee assist with the production of this Quality Account each year. Heartfelt thanks to our members for their wonderful assistance with this report!

CONTENTS	
In the Beginning	page 2
Growing Up	page 6
Over 18	page 8
Older & Wiser	page 11
Residential Aged Care- Illoura.....	page 16
Every Patient, Every Time.....	page 18
Our People	page 28
Recognising Staff Excellence.....	page 37

Front cover: Beautiful baby Neve Hines was one of the 679 babies born at NHW in 2016/17

Back Cover: Illoura resident Jack Watson with Wendy McRoberts

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

HAVE YOUR SAY

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

‘I find this publication very concise, well balanced and easy to digest. I cannot recall past issues profiling staff members to the same extent that this one does. That approach is very commendable’

‘I thought the presentation of Quality Account 2015-16 was excellent. Informative, colourful, interesting, accountable, warm, accurate etc. Congratulations to all the team on a fantastic effort!

I look forward to the next edition!’



A welcoming smile: Front reception staff Anne Cazaly (cashier) and Belinda Vincent (receptionist).

It gives us great pleasure to present Northeast Health Wangaratta's (NHW's) Quality Account for the year ending 30th June 2017. Every year we are proud to compile this report which highlights the achievements and improvements our staff have made to enhance health care services for our community.

2016/17 has been a year of significant growth in activity across NHW, with increases in the numbers of patients treated in most of our service areas. The numbers are highlighted throughout this report, but in summary, we:

- Admitted 18,573 patients to our ward areas,
- Treated 24,539 patients in the Emergency Department,
- Performed 6,315 surgical procedures,
- Treated 7,543 patients in our Dental Clinic,
- Performed 62,132 Medical Imaging procedures and
- Welcomed 679 babies.

The need for additional beds, specifically within the Emergency Department and for medical patients, has been reinforced by the consistent increases in activity but also in the complexity of patients we are seeing. We were therefore delighted that a significant highlight of the 2016/17 year was the announcement by the Andrews Government of \$15.176 million to undertake our much needed expansion of patient care areas. This funding will allow the commencement of stage one of the redevelopment of NHW, which will increase patient bed numbers.

NHW's achievements are not possible without the commitment and professionalism of 1255 staff, along with the ongoing support of our expanding team of Visiting Medical Specialists. As always, they do their utmost to achieve our mission of providing 'Healthcare that enhances the quality of life of people in North East Victoria'. The presence of the 325 volunteers we now have assisting our staff reminds us all of the outstanding community support that NHW is so privileged to receive. We thank all our staff and volunteers sincerely for their committed contribution.

Of great importance to us is the satisfaction of people who use our service, along with the engagement and satisfaction of our staff. In the most recent Victorian Health Experience Survey (April – June 2017), 97% of patients were satisfied in the overall care they received. In addition to this, the annual People Matter Survey, conducted by the State Services Authority, showed 93% of our staff believe we provide a high quality health service. We believe these results are excellent indicators of the fabric of our organisation.

We are incredibly proud of our health service, Northeast Health Wangaratta, and we are privileged to provide care for the 90,000 people throughout our broader catchment area in North East Victoria. We recommend this Quality Account to you and have pleasure in sharing with you the achievements of our team during the 2016/17 year.

Margaret Bennett

Margaret Bennett
Chief Executive Officer

Brendan Schutt

Brendan Schutt
Board Chairperson



IN THE BEGINNING

HAVING A BABY AT NHW

Antenatal (pregnancy) care is available for women from the time they become pregnant until the birth of their baby. In Wangaratta, both the GP and NHW are usually involved in antenatal care. This arrangement is sometimes called 'shared care'.

At Northeast Health, women can receive antenatal care through:

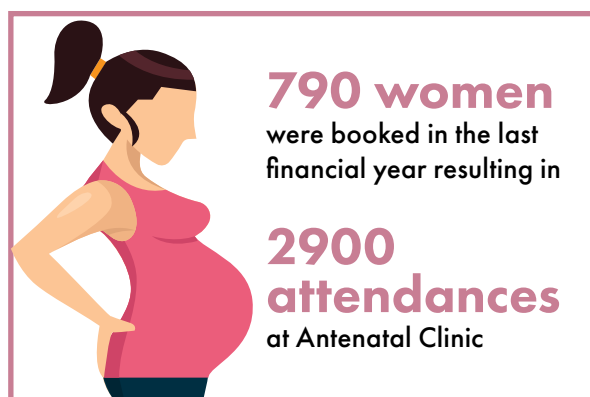
- Antenatal (pregnancy) clinic
- Community Midwife Program

Specialist midwife and/or obstetrician care is provided at both the antenatal (pregnancy) clinic and through the Community Midwife Program.

ANTENATAL CLINIC

Usually around the 16-week mark of your pregnancy, women need to book with one of the midwives for their first antenatal clinic appointment. This appointment takes approximately an hour during which time the midwife will ask questions and take a detailed history to help prepare for birth. At this appointment there is also ample opportunity for women to ask questions.

If a pregnancy is uncomplicated antenatal clinic is attended three times, and other antenatal appointments will be with the GP. For women who may have complications of pregnancy, they may be seen more often. NHW runs the main antenatal clinic on a Tuesday and smaller clinic on a Friday for women that require extra follow up. We also run satellite clinics in Yarrawonga and Myrtleford.



STAFF PROFILE

Shell Vezer

'I started work at NHW in July 2015, commencing as a trainee sonographer. I was completing a Graduate Diploma of Medical Sonography via Central Queensland University. I graduated in October 2016 and have remained on staff.'

My role in the Medical Imaging Department is as a General Sonographer. I enjoy my work and find it really fulfilling. I love dealing with people and every day and every person is different. Working in this profession feels like I am making a difference and giving something back to the community.'

PREGNANCY ULTRASOUNDS

Ultrasound scans use sound waves to create a picture of a baby in the mother's womb. The picture is displayed on a screen that can be seen by those present. Most ultrasounds are done after 10 weeks of pregnancy. They are performed to assist in establishing expected date of birth and the wellbeing of the unborn baby.

We are currently undertaking a review of the antenatal clinic to address the issue of waiting times, and to ensure an excellent level of care is maintained for all women. There has been an increase in the number of women being seen in the antenatal clinic in recent months and in order to meet this demand we have an extra obstetrician working in the clinic on a Tuesday morning.





L-R Karen Oddie (Nurse Unit Manager Maternity), Caitlin Poulter (midwife), Dr Laurel Bennett (Obstetrician), Dr Emma Clifton (Obstetric Registrar) and Julie Neu (midwife)

INDICATORS OF PERFORMANCE

The Victorian Perinatal Services Performance Indicators (VPSPi) , compiled by the Department of Health and Human Services, contains clinical data that spans the antenatal, delivery and postnatal periods and captures the care provided by public and private hospitals at both a state-wide level and an individual hospital level.

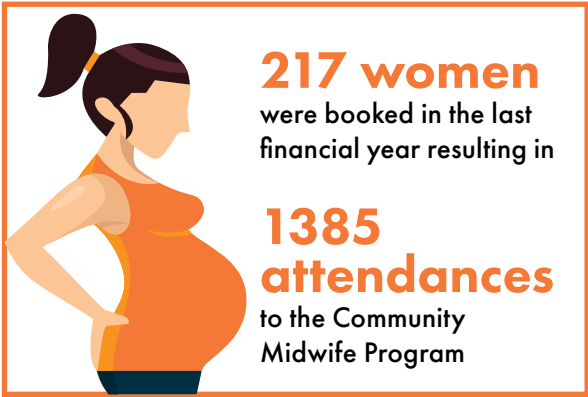
As part of the NHW Clinical Governance Framework, our Women’s Health Governance Committee (WHGC) reviews its performance against all 17 performance indicators to identify areas for improvement. This year when reviewing the 2014/15 data we identified that our rate of Induction of Labor in the Standard Primipara and our rate of Caesarean section in the Standard Primipara was higher than the state average, as can be seen in the table below.

Standard Primipara	NHW rate	State wide rate
Induction of Labour	7.3	2.9
Caesarean Section	19.5	19.1

Further review of this data was undertaken and it was identified that there were inconsistencies in how women defined as Standard Primipara were being identified in the data. For example, in the cases reviewed for the Induction of Labour indicator, only one case was a Standard Primipara according to the definition (the second case was not a Standard Primipara and the third case was not an induction). The VPSPi recognizes the impact of the data from small patient volumes such as ours, however NHW is committed to improving the data collection process and has appointed a dedicated midwife to assist clinicians.

Standard Primipara: ‘women with uncomplicated or low-risk pregnancies’. The intervention and complication rates for this group of women should be low.

All maternity cases are reviewed at a weekly internal audit meeting. NHW also participates in the Hume Region Maternity Morbidity and Mortality meetings with additional clinical expertise provided from Royal Women’s Hospital and Mercy Hospital for Women.



COMMUNITY MIDWIFE PROGRAM

The midwives in our Community Midwife Program (CMP) work in a modified case load model, offering women the option of midwifery-led care during pregnancy, labour, birth and into the postnatal period. In this type of care women are assigned a midwife from the CMP team who will be their primary care midwife, providing the opportunity to develop a strong rapport prior to labour and birth.

The CMP midwives take 140 women per year. They work part time and mainly in pairs as primary and secondary midwives; the second midwife acts as a backup to provide care when the primary midwife is unavailable. Through the pregnancy journey women will get to know both midwives providing them with the continuity of care that the program offers.

Midwives work with women to make sure that all tests, consultations and referrals run smoothly.

Whilst the Midwives consult closely with the obstetricians, if pregnancy is uncomplicated women can be cared for solely by midwives.

SPECIAL CARE NURSERY

The Special Care Nursery can care for babies from 34 weeks who require additional care before their discharge home. Some of the conditions cared for include prematurity and jaundice. Staff in this area cared for 212 babies in 2016/17.



Paediatrician Dr Philippa McSwiney provides education on neonatal resuscitation

LACTATION CLINIC

The Lactation Clinic at NHW provides assistance with breastfeeding in a homely environment, providing mothers and babies with the very best help in establishing good breastfeeding techniques. This clinic is staffed 5 days a week by Accredited Lactation Consultants, who provide a free service for babies from birth to six months of age. In the past 12 months our staff have assisted 444 mothers and babies.

EARLY MOTHERHOOD PROGRAM

The Early Motherhood Program is an invaluable service that has been provided at NHW for many years, and is now a service provided by Albury Wodonga Health. It is a specialist home based service provided to our new mothers and their families who may experience distress in the time after childbirth. Working closely with the NHW Maternity Team, in 2016/17 the service has provided support to over 300 new parents in the Wangaratta area.

NHW is a Level 4 maternity service. This means we can deliver babies at 34 weeks gestation and over.

Pregnancies less than 34 weeks are transported to higher level hospitals to ensure the safe delivery of these babies.



Ally Ellis with her daughters Evie (standing) and Stella.

I wanted to take the time to provide some feedback on the breastfeeding clinic located in Wangaratta.

I have absolutely no doubt in my mind, had it not been for the support and care of the wonderful women running this service, that I would have not been able to persist and breastfeed both my girls. This is something that was very important to me. Having Cate and Lisa to call and visit to ask questions when you don't have the answers yourself is such a valuable asset to our community. Their gentle approach makes the clinic such a comfortable place to be. Often people give feedback when they have a negative experience and rarely remember to do the same when they have a positive one. I have only ever heard positive feedback when discussing the clinic in the community.

Thank you for providing this service for new mums at such a vulnerable and often challenging time in their lives. Please pass on my thanks to Cate and Lisa for their support.

Kind regards,

Ally Ellis

MUMS & BUBS MORNING TEA

To celebrate the record number of births at NHW over the last 12 months NHW hosted a morning tea with a group of new mothers who had chosen to have their babies at NHW. An important part of this morning was the valuable feedback received regarding the care the women and their families were provided, the reflections about the positive aspects of their care and their ideas for potential improvements.

Just some of the comments from the day included:

Positive aspects of their stay

- Great support in baby feeding options
- Didn't feel rushed or like just another patient
- Appreciated that midwives advocated for me during labour
- Good communication and being kept 'in the loop'

Ideas for improvement

- Include more information on baby blues antenatally – include for dads needing support
- Improve communication & support for women who remain at NHW when their baby is transferred to Melbourne
- Parents' room needed with comfy chairs and TV – rooms get stuffy
- Cloth nappies made more available

Work has already commenced on making our service even better, based on the comments received.



In 2016/17 our staff delivered

679 babies

compared to 609 in 2015/16



CODE GREEN

A code green procedure has been developed and in place since mid-2016 to provide a consistent approach to responding effectively and immediately in an obstetric emergency where urgent caesarean section is required. Rapid attendance of an Obstetrician, Paediatrician and Anaesthetist, as well as making an operating theatre available urgently, is the aim of the code, to optimise outcomes for both mothers and babies.

In 2016/17 there were

11 Code Green emergencies activated,

with all cases reviewed by Medical and Nursing staff.

VICTORIAN HEALTH EXPERIENCE SURVEY (VHES)

Every quarter we receive feedback via the VHES for all inpatients and Emergency Department attendees at NHW. The information we receive is very helpful in providing an indication of how those receiving the services rate our care. Unfortunately we do not always have sufficient data from maternity patients. However our last survey results from January to March 2017 showed the following responses to these important questions about care:

Question	NHW Score	State Average %	Peer Average %
Were you involved as much as you wanted to be in decisions about your care?	82%	79%	82%
Did you feel your decisions about pain relief were respected?	90%	80%	76.4%
If you needed assistance were you able to get a staff member to help you within a reasonable timeframe?	96%	91%	95%
Did you get sufficient information from either a midwife or doctor to help you decide where to have your baby?	61%	46%	41%

GROWING UP

INPATIENT CARE

Our paediatric ward admits babies and children up to the age of 16 years, and cares for both medical and surgical, elective and emergency patients. In the 2016-17 year there were 1,374 admissions to the paediatric ward.

The top 3 reasons for admission were:

- **Ear infections**
- **Whooping Cough**
- **Bronchitis & Asthma**

Improving care for our admitted children is a priority. To assist in identifying babies who are deteriorating clinically, the Victorian Children's Tool for Observation and Response (VICTOR) chart was introduced into the Special Care Nursery in 2017. This is in keeping with other observation charts across NHW, including in the Paediatric Ward, and it clearly identifies for staff when further medical assistance is required urgently.

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



Young Nixon Gales recovering in the Paediatric Ward

PAEDIATRIC PHYSIOTHERAPY SERVICE

NHW trialled a specialist Paediatric Physiotherapy Service in 2016-17. With support from Paediatricians and Nursing Managers, the Physiotherapy Department trialled a service for 3 months in both inpatient and community based settings from June to September 2016. During that time there were 113 inpatient contacts (average 8 contacts/week), and 26 Community Health referrals (2 new referrals a week). There has been excellent feedback from Paediatricians, nursing staff, patients & families.

The Paediatric Physiotherapist assisted children and their families with a range of presentations including toe walking, premature birth at risk developmental delay, chest infections, orthopaedic injuries and fractures.

The Physiotherapy department hopes to reinstate its specialised Paediatric Service in 2018.

DENTAL TEAM CARING FOR SPECIAL NEEDS

Several staff members with a particular interest in special needs patients have been visiting the Wangaratta Special School and providing education, treatment and support in their environment. The success of the program has been demonstrated with a 50% increase in patient numbers from the previous year.

It has been wonderful to see some of these patients gain confidence and attend the clinic for treatment. The school will be visited twice a year.

EMERGENCY CARE

In 2016/17 NHW saw 5,059 patients under the age of 16 in the Emergency Department (ED). Of these presentations 1,022 of these children were admitted for further care. The staff in ED keep up to date in caring for children with monthly education sessions provided by the specialist Paediatric Team and topics have included management of common presentations such as winter viruses, asthma, bronchiolitis, and seizures. Uncommon or cases of interest are also discussed to enhance staff education.

YOU'RE TELLING US...

VPSM results (April - June 2017) showed us that:

- 98% were satisfied with the way their child was cared for in the Emergency Department (State average 89%)
- 98% thought doctors and nurses in the Emergency Department explained things in a way you could understand (State average 84%)
- 100% thought the visit to the Emergency Department was beneficial to the child (State average 75%)



Some of the team on the Paediatric Ward: Deb Sessions (Registered Nurse), Dr Mark Bronsema (HMO) and Dr Shiranthini Perera (Paediatrician)

IMPROVING CHILD SAFETY

In 2014, the Victorian Government introduced Child Safe Standards for organisations with direct and regular contact with children. NHW is committed to addressing the seven Child Safe Standards to ensure children feel safe within NHW.

Standard 1:

Strategies to embed an organisational culture of child safety, including through effective leadership arrangements

Standard 2:

A Child Safe Policy or Statement of Commitment to Child Safety

Standard 3:

A Code of Conduct that establishes clear expectations for appropriate behaviour with children

Standard 4:

Screening, supervision, training and other human resource practices that reduce the risk of child abuse by new and existing personnel

Standard 5:

Processes for responding to and reporting suspected child abuse

Standard 6:

Strategies to identify and reduce or remove risks of child abuse

Standard 7:

Strategies to promote the participation and empowerment of children.

The new standards have been promoted across NHW and we require staff, volunteers, visitors and children to speak up when they are concerned about child safety issues.

Progress in relation to the standards includes:

- Development of a Child Safe Policy
- Nominated Child Safety Officer/s who can be contacted 24 hours a day, seven days per week
- Training of volunteers in legislation, responsibilities and behaviours
- Development of new ways to receive feedback from children themselves – posters on display throughout acute and community settings
- Education and awareness sessions at staff and leadership forums



STAFF PROFILE Alison Wheeler

'Hi my name is Alison and I am an Oral Health Educator in the Community Care Dental Department. I studied at RMIT Melbourne in 2015 and completed my Certificate IV in Oral Health Education and Radiography.'

My new role allows me to attend many organisations and facilities to deliver oral health education. I also can assist Dental Clinicians with Intra Oral Radiographs by referral with my Certificate IV in Radiography.

I have been a Dental Assistant for 15 years and have thoroughly enjoyed this change in role that allows me to educate and support people with their oral health needs. It has been great to see the increased training opportunities for dental assistants to perform some important duties in the clinical setting.'

SMILES FOR MILES (S4M)

The Smiles 4 Miles (S4M) program is a program initiated by Dental Health Services Victoria to improve the oral health of children and the wider community. It is based on the World Health Organisation's 'Health Promoting Schools' Framework and is delivered mainly in kindergartens.

S4M introduced dental 'sign-up' sheets during the year - when staff attended kindergartens parents were given the option of signing for their child to undergo a dental examination. This was hugely successful and we will continue to offer this service. There are currently 11 facilities implementing the program, with 3 long day care kindergartens looking to join in 2018.

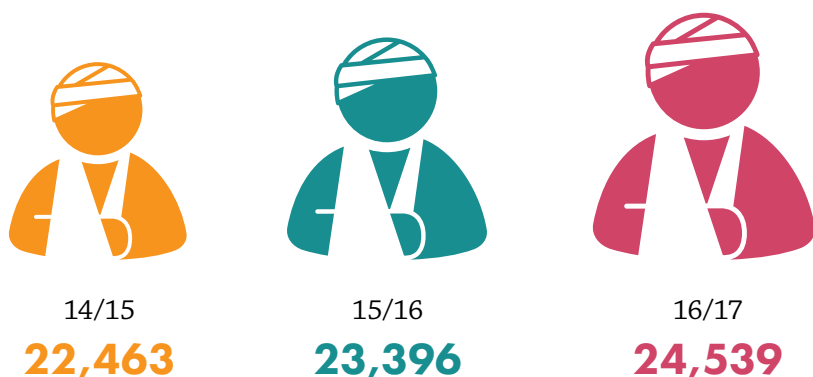
The dental van has also been incorporated into the S4M kindergarten program with children being able to familiarise themselves with the van, dental equipment, dental language and most importantly, have a 'ride' in the chair.

OVER 18

YOU'RE TELLING US...

93% of patients in the April – June 2017 Victorian Health Experience Survey were satisfied with the care they received in the ED, compared with state and peer group averages of 86%

The Emergency Department (ED) at NHW has continued to see a growth in patient numbers over the past 12 months, with an extra 1,143 patients seen.



There were 7,070 patients admitted to the wards from ED.

Health services in Victoria must aim to have all patients seen and moved out of the ED within 4 hours – either admitted to hospital or returned home. The target set by the Department of Health & Human Services is 81%. Due to increasing numbers of patients in the ED, combined with a consistent lack of available beds in the hospital, NHW has seen a decrease in performance in this area over the past 12 months.

2013/14 – 71%

14/15 – 78%

15/16 – 83%

16/17 – 78%

We will welcome the completion of the \$15.2 million capital redevelopment which will see expansion of the ED to include an additional four treatment spaces, and also additional beds throughout the acute hospital. The much needed beds will help to ease some of the pressure on this busy department and assist us in seeing our patients in a more timely and efficient way.

Please remember that the Emergency Department 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



STAFF PROFILE De Witt Oosthuizen

'I am De Witt Oosthuizen and am employed as a Consultant in the Emergency Department at NHW. I am originally from South Africa where I grew up and completed my medical degree prior to making my way (via the UK) to Australia in 2005. I have been working mainly in ED and Retrieval Medicine for the past 12 years and it is here in Australia where I obtained my Fellowship with the Australian College of Rural and Remote Medicine.

Permanently moving to Australia was never a predetermined decision and something that evolved. Six months of work in 2005 turned in to 12 years, permanent residency, citizenship and a family. I moved to Wangaratta 2 years ago with my family. We were always going to end up in a rural town as we want to raise our kids in the country. Grandiose ideas of settling in the country and enjoying the surrounds soon became a distant memory as my new life with young kids became a reality though.

Working in a country ED is definitely my preference to a big city hospital. I enjoy the variety and acuity of work and the fact that I get to do a lot more than I would have in the city. I also find there to be more of a supportive, cohesive working environment where people know each other by name. ED by its nature is challenging, never knowing what's going to walk or be wheeled through the door can add a certain amount of excitement and stress to your day. Country ED's are also known for their peculiar presentations and the variety of animal related and other odd injuries never cease to amaze me.'



Registered Nurse Lia Pasa in the ED with MICA Paramedic Stephen Palmer

TREATMENT TIMES

As well as having patients out of the ED within four hours, NHW staff also have targets to meet, seeing patients within allocated times depending on how urgent their health condition is. When patients arrive at ED they are seen firstly by a nurse who determines the urgency of their condition. A priority rating from 1-5 is allocated, with 1 being critical and 5 being non-urgent. This system is called triage.

Target times for patients to be seen within the 5 priority times are set by the Department of Health & Human Services and we report against these times.

Triage category	Recommended times to be seen	DHHS Target	NHW Performance 2016-17
1	Immediately	100%	100%
2	Within 10 minutes	80%	94%
3	Within 30 minutes	75%	89%
4	Within 1 hour	60%	85%
5	Within 2 hours	60%	95%

WORKING WITH AMBULANCE SERVICES

The ambulance service is an essential part of the emergency care team and our staff understand the importance of moving patients off stretchers into the ED. Patients that come to hospital by ambulance are triaged like any other patient, and if a condition is not urgent, sometimes patients will be taken to the waiting room from the ambulance trolley. Hospitals are expected to have patients off ambulance trolleys within 40 minutes of arrival 90% of the time. In 2016/17 we achieved a score of 94.4%.

IMPROVING CARE

In 2016, as a project in collaboration with the Victorian Emergency Care Clinical Network, NHW focused on improving the care of patients in ED by improving the management of intubation. Intubation is the placement of a flexible plastic tube into the trachea (windpipe) of critically ill patients to maintain an open airway.

Our staff:

- Developed and introduced a pre and post intubation checklist, in consultation with our anaesthetists
- Raised awareness about the change in practice within the ED
- Provided regular education sessions on the new checklist and the change in practice
- Developed an audit tool

The results?

- Safer patient care
- Improved standardised practice which allows more junior staff to be involved in the care of critically unwell patients
- Increase in staff confidence
- Improved documentation

It is important to note that not all patients who arrive by ambulance are treated as priority

SURGICAL SERVICES

NHW provides a wide range of surgical services including Orthopaedics, General Surgery, Gynaecology & Obstetrics, Urology, Ear, Nose and Throat, Paediatric Surgery & Endoscopy. We have four operating theatres and an Admission and Day Stay Unit where all elective surgery patients start their surgical journey.



In 2016/17 we performed:
4,872 elective surgery cases
1,497 emergency surgery cases

IMPROVING PRE-OP SERVICE

Previously our pre-op phone calls were conducted by the Elective Surgery office, and because of time constraints, were short in duration. The need for more comprehensive calls to clearly explain the process to patients and ensure all tests etc had been performed prior to arrival for surgery was required.

A Theatre Liaison Nurse (TLN) has now performed these calls over the past 18 months, with additional hours allocated for this role. This has seen benefits for the patients and also the Elective Surgery office, in that they are now able to concentrate on theatre bookings and waitlist management, rather than calling patients with pre-operative information. The TLN has time to check on further investigations, has picked up vital information required but not collected and been able to confirm with patients the procedure for the day. They have also suggested improvements for patient flow of information, and are always looking for ways to improve procedures

VICTORIAN AUDIT OF SURGICAL MORTALITY (VASM)

VASM reviews deaths of patients associated with surgery. It is a collaboration between the Department of Health & Human Services, Royal Australasian College of Surgeons and the Victorian Surgical Consultative Committee. Results of the review process are provided to health services and compared with other organisations, so we are able to compare our rate across the state. Our most recent results from July 2016 to March 2017 have shown that we have a lower rate of death associated with surgery than the state average.

- All patient deaths are reviewed at executive level
- All unexpected deaths have a full review of clinical care via a peer review process



Orthopaedic Surgeon Mr Richard Kjar, assisted by Registrar Dr Wan Jing Zhang, performs an ACL repair

ELECTIVE SURGERY

There are target times in place for patients to be seen for surgery, depending on the urgency of their condition. Patients who require surgery are sorted in order of priority 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	2016-17
1	Urgent	Within 30 days	100%	100%
2	Semi Urgent	Within 90 days	88%	95%
3	Non Urgent	Within 365 days	97%	93%

Despite the pressure for available beds over the past 12 months NHW has seen a decrease in the number of elective theatre cases cancelled. It is possible that the creation of the TLN position has contributed to this improvement as patients are better prepared for their operations.

There has also been a corresponding increase in the number of patients admitted from the surgical waiting list with 2,584 patients in 2016/17 compared to 2,528 in 2015/16.

Reduction in percentage of elective theatre cases cancelled:
2015/16 = 9.1 ↓ 2016/17 = 8.8

OLDER & WISER

CRITICAL CARE

More seriously unwell patients at NHW are cared for in our 8 bed Critical Care Unit. This unit is overseen by Consultant Medical Staff and is staffed 24/7 with experienced Registered Nurses who all have Advanced Life Support qualifications. In mid 2017 the use of telehealth has been introduced so that consultation with Intensivist Care Specialists from Albury Wodonga Health are available to support our team if required.

RURAL CRITICAL CARE

NHW, in affiliation with The University of Melbourne, offers Registered Nurses a unique opportunity to specialise in critical care nursing, eliminating the need to travel to metropolitan areas. Students rotate equally between the Critical Care Unit and the Emergency Department at NHW and graduate with a Graduate Certificate in Nursing Practice (Rural Critical Care). The course coordinator / lecturer is based at NHW.

In 2016, six students were enrolled in the Graduate Certificate in Nursing Practice (Rural Critical Care) at NHW. Unfortunately only five students completed the course after the tragic death of Jess McLennan. Of the five students completing the 12 month course, three remain employed in our Emergency Department today. One student has moved to Melbourne to further her studies at the Royal Children's Hospital and one student has moved back to Albury working in their Intensive Care Unit, but remains on our critical care nurse bank.



L-R: Deb Hobijn (NHW RCC Coordinator/Lecturer), with graduates Kathryn Tobias, Steph Dunn, Robyn Bourke, Pauline Montgomery & Ash George

Feedback from some of the 2016 participants included:

'One on one time with educator at the bedside to put theory into practice was most beneficial. Performing interventions at the bedside and seeing and discussing results help retain knowledge.'

'The amount of knowledge I have now gained and can continue to develop on is all thanks to Deb. She is a very devoted coordinator and will always accommodate your learning needs.'

'I cannot tell you how many times I have flicked back through the lectures and have had my light bulb moments when studying at home. The lecture notes are invaluable pieces of paper that I believe I will continue to refer back to for years to come.'



Physiotherapist Ruth Butler listens to a patient's chest

NHW PHYSIOTHERAPY DEPARTMENT PARTICIPATING IN 'CHESTY' INTERNATIONAL RESEARCH STUDY

NHW has joined over 40 hospitals across the globe including Australia, New Zealand, Malaysia, Singapore, USA, and Brazil, to measure how often patients are developing respiratory complications (such as chest infections) following major surgery.

CHESTY (**C**hest infection prevalence **E**valuation following **S**urgery **s**tudy **Y**) will be one of the largest ever collaborative research efforts in the field of cardiorespiratory physiotherapy and will include data from over 5000 patients worldwide.

Chief Physiotherapist, Dr Brooke Winzer, is coordinating this study at NHW. The acute Physiotherapy team will aim to collect data from over 100 surgical patients during the next 12 months.

Our Critical Care Unit cared for

771 patients

in 2016/17



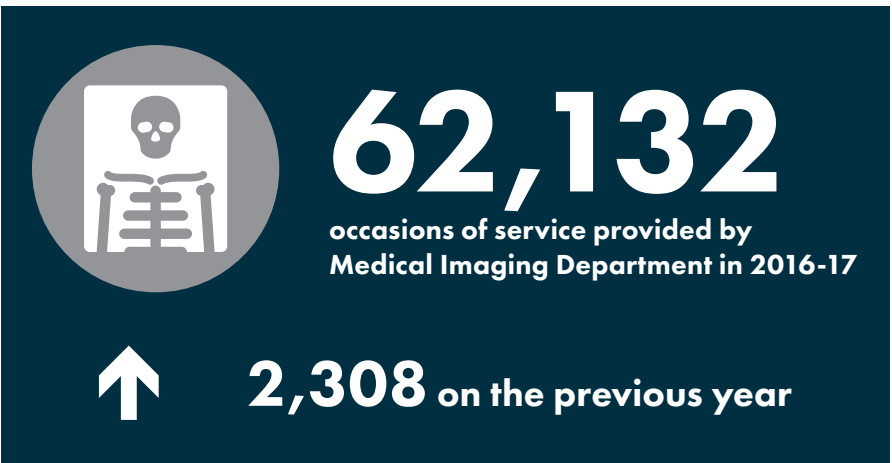
Community Nurse Marika Van Steklenberg loads the car for another day at work on the road

HOSPITAL IN THE HOME (HITH)

HITH services provide care in the home that would otherwise be delivered in hospital; it is an acute ward in the home and provides service in the areas of Wangaratta, Alpine, Mansfield, Yarrawonga and Indigo Shires.

The daily care requirements of the clients are managed by a coordinator and the referrals and appointments are managed by the HITH Intake Assessment nurse. Expansion of the HITH program has been highlighted in the NHW Strategic Plan and the HITH team are working towards increasing patient numbers. In addition, our HITH service has:

- Embraced new technology by adopting TeleHealth in care delivery. Several patients have been able to have a telehealth consultation as a substitute for travelling to Melbourne for outpatient appointments
- Implemented new interventions that can be provided in the home environment eg: our first neonates on the program visited by a HITH Midwife
- Employed a Pharmacist appointed to HITH, to assist with medication reconciliation & dispensing: this has improved timeliness of admissions and transfers, increased medication safety and has avoided the need to interrupt the dispensary pharmacist



MEDICAL IMAGING

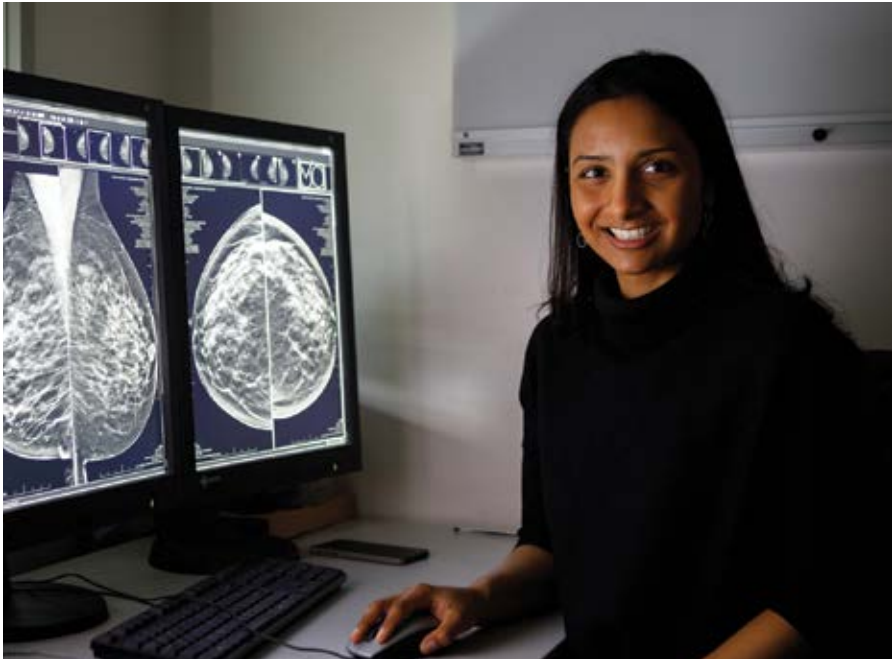
The Medical Imaging department at NHW provides a valuable service to patients in hospital, the Emergency Department and also the wider Northeast community. The Department provides a fully comprehensive service which includes x-ray, ultrasound, CT and MRI scans as well as mammography. Our service achieved full accreditation under the Diagnostic Imaging Accreditation Scheme in 2016.

INTRODUCTION OF DIGITAL MAMMOGRAPHY

In November 2016 NHW was proud to officially open the new digital mammography service with Tomosynthesis (3-D images). This state of the art unit is now located in the Nuclear Medicine department which has much improved patient privacy and access. Studies have shown that digital mammography with Tomosynthesis has many benefits which include:

- 27% increase detection for breast cancer
- 40% more effective at detecting invasive breast cancer compared with conventional Mammograms

The new digital unit has allowed NHW to partner with Breast Screen Victoria to establish a fixed screening site at Wangaratta. This provides women in the Northeast Region with greater access to this screening service all year round.



Ashwini Devapalasundaram, Consultant Radiologist, reviews images from the digital mammogram



ENRICHED ENVIRONMENT IN THOMAS HOGAN REHABILITATION CENTRE

The Thomas Hogan Rehabilitation Centre (THRC) received funding from the Victorian Stroke Clinical Network to introduce an enriched environment in the inpatient rehabilitation setting. This project provided the opportunity to improve outcomes for stroke survivors by embedding the principles of Enriched Environment (EE) within the subacute THRC service. It improves client centered practice, maximizes recovery for stroke affected patients and addresses the needs of the whole person and their family within a culturally sensitive framework. The positive environment encourages the best possible outcome for patients. In turn the patient is empowered to make choices, have increased involvement in their rehabilitation and discharge planning.

Key outcomes of the project included:

- Creative use of hospital volunteers – to run and deliver a variety of social groups
- Patients attending the communal dining room daily
- Review of available resources (puzzles, iPads, books, jigsaws, music) for patients and family to access ‘out of hours’
- Introduction of nurse led weekend therapy
- Development of a partnership with Charles Sturt University

The formal evaluation of the project is currently underway as the project does not conclude until September. Staff report that patients are more active on the ward and more engaged in activities outside of traditional therapy.

EARLY SUPPORTED DISCHARGE PROGRAM

NHW received funding from the Victorian Stroke Clinical Network to implement an Early Supported Discharge program for stroke patients. This program aims to discharge stroke survivors home from hospital earlier and provides them with intensive therapy from home – a combination of home and centre based therapy.

Research indicates that these patients are discharged home about 7 days earlier, and findings at NHW are similar. The program at NHW commenced in March 2017 and has had 10 clients participate in the program to date. The Early Supported Discharge program runs for four weeks, with patients receiving therapy 4 -5 days per week. All clients who have participated in the program at NHW have had positive outcome measures, with improvements in function and significantly improved mood on depression assessments. Carers report finding the support they receive from the program, through the significant transition phase from hospital to home, as invaluable.

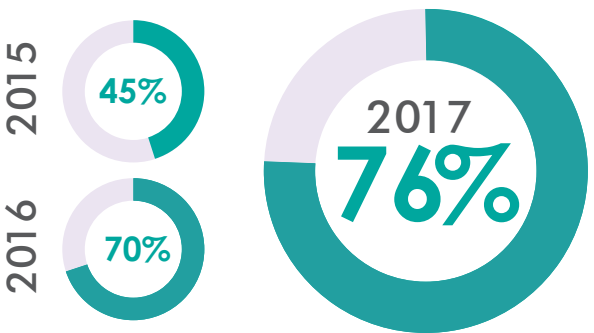
ASSISTING CARE AFTER STROKE

Speech Pathology does not currently provide a 7 day service at NHW. In accordance with best practice guidelines, all patients with a stroke or suspected stroke should be screened for swallowing difficulties (dysphagia) before being given anything to eat/drink, including medications. This can be a problem when speech pathology is not available after hours and on weekends.

a screening tool for nurses to use to assess swallowing function is in place and is called the ASSIST Tool (**A** Swallowing **S**creen **i**n **S**troke/**T**IA)

Since 2015 the Acute Speech Pathology team has completed audits to assess our compliance with the guidelines. Overall we have seen improved assessment of swallowing within this population at NHW, however there is room for more improvement in the tool being completed 100% correctly.

Managed according to National Standards



Patients remaining fasting until assessment





Client Karl Pfluger and Occupational Therapist Allyson Naish

ROBOTICS

Thursday 1st December 2016 saw the official opening of the Robotics Centre of Excellence at the NHW Community Care Centre. 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 particularly useful for people who have suffered strokes or other brain injuries where the body needs to 're-learn' behaviour through repetition. Through playing games on the computer, the person is doing something fun and challenging, distracting them from the repetition that is required for this therapy.

Prior to the purchase of robotics, patients within the region would have to travel to Melbourne and pay private fees. Providing 'state-of-the-art' technology to local patients ensures regional patients are not disadvantaged in their clinical outcomes. Two of the three robotics at NHW are portable, meaning provision of care can occur at the patient's bedside and within the community. The Community Care Centre has been offering robotic therapy to patients for 10 months and provides on average 130 sessions each month, with patients receiving 2-3 sessions per week.

Last month, NHW was successful in receiving a grant for \$124,000 to develop a model of care that translates research into a regional public health system that maximises patient's outcomes provides governance for clinicians using this 'state-of-the-art' technology. The hope is in developing a successful model of care, this can then be translated to other regional health services within the state.

DISTRICT NURSING

The NHW District Nurse Program meets the needs of acute and community services, continually assessing the risk of fires, floods and extreme weather conditions to safely accommodate the client's individual needs. They provide the clinical care for Hospital in the Home, Palliative Care including on call, Post Acute Care, Transition Care, Community Aged Care Packages, TAC, DVA and other external funding bodies. They provide support to the NHW surgical outpatients and fracture clinics, and more recently the Royal Victorian Eye and Ear Hospital cochlear implant clinic (via telehealth).

The number of client admissions were 557, with 61% of clients over 70 years of age.



The NHW Community Nursing Team

Redevelopment of the Community Care Centre in 2016 has seen:

New second gym/education space

New speech pathology observation rooms

Additional storage

Redeveloped client kitchen

New Hand Clinic space

Additional clinic spaces

ACCREDITATION OF HOME CARE SERVICES

On March 1st 2017 the District Nursing services at NHW underwent an accreditation visit by the Australian Aged Care Quality Agency. During the visit, two assessors reviewed the nursing care provided to clients and meals provided via the Meals on Wheels service. They also reviewed documentation, interviewed staff and visited areas like the kitchen. They spoke with users of the services to make sure they were satisfied.

Overall the feedback was very positive and it was stated in the assessment report that 'care recipients were highly satisfied that care and services provided meet their current needs.'



The Well Ageing Vision and Engagement project (WAVE) is a collaboration between NHW, La Trobe University and the Department of Health and Human Services. The project commenced in 2016 with the aim of determining what would make Wangaratta a great place to age well. Project partners include the Rural City of Wangaratta, Gateway Health, Central Hume Primary Care Partnership and the Murray Primary Health Network.

In the 2016-2017 year, 480 community members and service providers across the Rural City of Wangaratta were consulted via one on one sessions, “World Cafe” style community forums and mail.

What did they say was needed and important to age well?

- Access to more information and advice
- Affordable and accessible services
- A range of services (home and garden maintenance, personal care, and health care)
- Transport to participate in social and other purposeful activities

As a result of this feedback the project is looking to establish a Community Information Hub in collaboration with the Rural City of Wangaratta. This will be a “one stop shop” for community information about services that may assist the older community to connect and live well.

PASTORAL CARE

NHW has a pastoral care service available to patient’s families, volunteers and staff and offers emotional and spiritual support to all people, irrespective of religion or culture. In particular in the hospital setting, our valued pastoral care workers support people who may be experiencing pain, loss and anxiety because of their medical condition. They are able to advocate on behalf of the patients and liaise with the broader health care team.

In the last 12 months we have seen changes within the Pastoral Care team with Dan Murphy moving to the Pastoral Care Coordinator position and Maureen Beattie joining him as a Pastoral Care Practitioner. *Maureen and Dan are pictured right.*



Launch of the WAVE project: David Kidd (Director Community Health, Partnerships and Well Ageing, NHW), Cathy McGowan MP, Margaret Bennett (NHW CEO) and Prof. Irene Bradbury (LaTrobe University)

MANAGING CHRONIC DISEASE IN WANGARATTA AND BENALLA’ PROJECT

The Managing Chronic Disease in Wangaratta and Benalla project aims to improve the quality of life for people in our community living with the ongoing health conditions of Type 2 Diabetes (T2DM), Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure. The project is a collaboration between NHW and the Murray Primary Health Network, with University Of Melbourne’s Department Of Rural Health, the project’s research partner.

To date the data has shown:

- COPD accounted for the greatest number of Emergency Department presentations and Hospital Admissions
- Individual patients presented up to 8 times and were admitted up to 6 times during the study period
- COPD was the most under resourced condition at General Practice level

As a result the project referral group has established a COPD Model of Care across Wangaratta and Benalla, based on the Australian Lung Foundation guidelines. It will support patient care from hospital to management by General Practitioners, and encourages supported self management by patients to improve quality of life and reduce hospital presentations and admissions.



RESIDENTIAL AGED CARE- ILLOURA



Residents enjoy beautiful garden views from their rooms at Illoura

NEW BUILDING

2016-17 saw the completion of a new wing at Illoura, with four additional aged care beds and six beds for people in Transition Care. Transition Care is a program that promotes functional independence and aims to avoid early entry into Residential Aged Care following a hospital admission. It is a goal-orientated, time-limited and a therapy-based program. The TCP program moved to Illoura away from the main hospital and has been very positive because:

- It sets up a more home like environment than in hospital. Clients can more clearly differentiate between their acute / subacute care and focus more on either going home or into care
- The environment provides more opportunity for rehabilitation. For example competent clients, under supervision, can bake cakes and biscuits for morning tea and share for morning tea
- This enables walking outside in the garden and sitting in the sunshine
- Clients have embraced the Exercise Physiology sessions and enjoy therapy in the therapy room and walks outdoors
- The environment has provided a social atmosphere encouraging improved functioning
- Clients can do their own laundry using the washing machine and dryer
- GP's have embraced the program and model of care

Illoura is a 72 bed home that caters for Wangaratta and surrounds and offers an exceptional standard of care for the frail aged and residents affected by dementia. The facilities at Illoura are bright and airy, and all have garden views.

MONTESSORI PROGRAM

The team at Illoura have begun working formally with Alzheimer's Australia in 2016 to introduce a structured program for residents who have dementia. Using the Montessori principles, education of all staff has occurred and activities introduced which provide purposeful and meaningful activity for residents in the Memory Support Unit.

Activities are designed to focus on a person's capabilities and interests. They give residents more choice, and provide signs and visual cues to enable them to actively participate in daily activities. Some of the activities introduced have included:

- A 'Bloom Room' where residents can arrange flowers for use on dining tables and around the Memory Support Unit
- A Postal Service where mail is collected from the front office and delivered to other residents
- Drinks trolley where one of the residents offers beverages to other residents at meal times
- Name tags that are in large letters and worn by staff, residents and visitors



Nurse Unit Manager Jennifer Tull and Mandie Miles (Enrolled Nurse)



Resident Jessie Ellis with Ruth Mitchell (Lifestyle Assistant)

MONITORING RESIDENT CARE

Our staff at Illoura aim to provide excellent care to 'Every resident, every time'. We measure our performance in comparison to other Public Residential Aged Care Services by participating in collection of data about high risk areas for older people. Data is submitted every quarter to the Department of Health and Human Services and comparative reports provided. The table below shows our performance in the 2016/17 year.

High Risk Area	NHW rate (per 1000 bed days)	State rate (per 1000 bed days)
Pressure injury Stage 1	0	0.32
Pressure injury Stage 2	0.49	0.38
Pressure injury Stage 3	0.13	0.05
Pressure injury Stage 4	0	0.01
Resident falls	5.09	7.56
Falls with fractures	0.04	0.16
Use of physical restraint	0.13	0.52
Use of 9 or more medications	3.14	4.49
Unplanned weight loss	0.71	0.82

Results indicate areas for improving care and appropriate action is being taken to improve our care.



Laurie Crosbie delivers post to fellow residents each day

Illoura is fully accredited with the Australian Aged Care Quality Agency with no outstanding recommendations for improvement currently outstanding. It is next due for a full accreditation survey in early 2018.



Did you know...

One of our residents was included on an interview panel for new staff, making a valuable contribution.

UNPLANNED WEIGHT LOSS

In the year 2014/15 data showed our rate of unplanned weight loss was much higher than the state and since then there has been ongoing action taken leading to a pleasing decrease.

In 2016/17 our staff have introduced:

- A checklist for nursing staff to complete, ensuring appropriate follow up with a dietician, speech therapist and the residents GP
- Improved food options for residents. More variety in vitamised food and drinks available has been well received by those residents needing a modified diet
- Wednesday morning gourmet breakfasts cooked on site by our chef. Residents are often joined by family members at a cost of \$5 a person. It may well be the best value breakfast in town!
- Extra tea and coffee facilities have been made available in resident lounge areas so that residents can access them anytime

PREVENTING RESIDENT FALLS

In addition to unplanned weight loss, the reduction of resident falls has been a focus for a number of years. In the last 12 months:

- A "post fall huddle" has been introduced and includes all staff present in the area at the time of the fall. Causes of the fall are immediately identified
- All residents who experience a fall are reassessed by our physiotherapist. Encouraging physical activity can assist with falls prevention
- Resident footwear has become a focus. An audit was completed and recommendations made for those residents who did not have appropriate footwear. A footwear brochure has been adapted and is included in the admission pack for new residents and families
- Seating for residents along walkways have been strategically placed to enable them to rest when walking outside

EVERY PATIENT, EVERY TIME

Patient Safety Culture is measured in the People Matter Survey each year. It measures what our staff think about patient safety and how it is managed at NHW. Our most recent score is 90% against a state target of 80%

PATIENT SAFETY

Clinical Risk Management (CRM) is about improving patient safety. The aim of the program is to identify situations that may put patients at risk of injury or poor clinical outcomes. Once ‘risk’ areas are identified, we work towards reducing the likelihood of an accident or injury occurring. We identify areas of clinical risk through:

Incident reporting	Reporting an event that has happened or if a high risk situation is identified Incidents are reported electronically by all staff using the Victorian Health Incident Management System (VHIMS)
Medical Record Reviews	Clinical staff screen and review all deaths: <ul style="list-style-type: none">• Unplanned returns to theatre• Unplanned transfers to Critical Care• Unplanned returns to hospital• Other histories referred by clinical staff
Patient feedback	Patient satisfaction surveys, complaints, compliments and suggestions
Clinical indicators	Clinical performance data that is compared to others

PREVENTING FALLS

Our Falls Prevention program aims to reduce the risk of falls and the harm caused from falls both in hospital and at home. Whether in hospital or using community based services, our staff:

- Assess the falls risk
- Introduce strategies to reduce the risk of falling
- Work closely with the patient/client/resident and their carers
- develop a falls prevention plan
- Refer clients to appropriate services for ongoing support

As part of the falls prevention program in the Thomas Hogan Rehabilitation Centre, physiotherapists run exercise groups which focus on balance, walking and strength – one of these being the ‘Move and Groove’ group which includes Tai Chi. Following assessment, Physiotherapists put coloured tags on patients’ walking frames/sticks/ crutches to indicate the patient’s level of independence with walking. Green tags indicate independence, yellow requires supervision and red requires assistance. This clearly indicates to staff and patients the level assistance required to help prevent falls.

Patient falls in hospital



MANAGING ADVERSE EVENTS

Events that result in significant harm to patients undergo a multidisciplinary Clinical Incident Review. Process and system changes as a result of these reviews have included:

- Review of restraint policy
- Education of clinical staff in the management of anorexia
- Training in effective clinical handover
- Update of Open Disclosure documents and staff training
- Review of ‘high falls risk’ signage



Client Karl Pfluger walks with Physiotherapist Andrea Voogt.



Did you know...

NHW has a ‘Falls and Balance Group’?

It is a multidisciplinary program involving a Physiotherapist, Doctor, Occupational Therapist & Allied Health Assistant. This is a 6 week program for older people at risk of falling or who want to learn about Falls Prevention



Post Anaesthetic Care Unit Registered Nurses monitor patient condition after surgery. L-R Cassie Buis, Sally Cappelli (student) and Janina Vedra

PREVENTING PRESSURE INJURY

Pressure injuries occur due to unrelieved pressure usually over a bony area, especially if someone has restricted movement. This can often be the case when someone is in hospital as they may be very unwell or have a procedure that limits movement. Pressure injuries can also be caused by devices or equipment such as plasters or poorly fitting shoes. Once pressure injuries occur they can be difficult to heal.

There are a range of strategies and equipment in place at NHW to reduce pressure injuries, such as pressure reducing mattresses, alternating air mattresses and heel wedges. In the past 12 months a new skin care program has been developed and introduced into NHW using a range of skin care products. The program is designed to reduce the risk of skin tears and dry skin discomfort, prevent Incontinence Associated Dermatitis (IAD) and reduce the risk of pressure injuries. The program has had a positive impact on managing patients' skin conditions

What you can do to help prevent pressure injuries

- Keep active – regularly change how you sit or lie. Even small body shifts help
- Avoid sitting up in bed for long periods. This puts pressure on your tailbone
- Do not rub or massage bony parts of your body
- Do not use anything that will dry out your skin
- Eat a healthy and nutritious diet
- Alert staff if you have any sore areas

DETERIORATING PATIENT

NHW has a two-tiered rapid response call system, Medical Emergency Team (MET) & Code Blue, which responds to a patient's condition that is getting worse and requires urgent attention. The seriousness of condition determines who attends to provide urgent assistance. Observation & Response Charts, utilised throughout the organisation, assist staff in identifying a patient's worsening condition and knowing who to call.

Extensive data is collected from all our MET & Code Blue activations and is reviewed monthly by a number of key committees. Recommendations are made regarding potential improvements to systems to improve the management of patients.

Data has shown us that in the first 2 years of the new process there were:

- 559 MET activations
- 370 Unplanned Admissions to CCU
- 199 Code Blue activations

NHW has also introduced a 'patient, family &/or carer' escalation process that is independent of the patient's direct care team. The system is activated by patients, their family &/or carer by directly phoning an Assistant Director of Nursing, who assesses the situation and organises further management as appropriate. Information on how to escalate concerns is provided in Patient Information books, posters displayed widely around the hospital, patient communication boards located beside beds and on business cards provided on admission by Nurse Manager's.

Since the introduction of the patient, family, carer escalation process at NHW there have been 16 activations from May 2015 to June 2017. The majority of the escalations have been for:

- 67% for 'Communication/Care' issues (discharge planning, function decline, cancelled tests, fasting).
- 33% for 'Concern' issues (meals, staff disputes)

Although none of the patient/family/carers escalations to date have been for 'Physical Deterioration', the system has contributed to the quality of patient care by upholding a person-centred commitment to our community. It has allowed our staff to take action on real issues for patients, as well as being an added tool available to detect and prevent a patient's deterioration. We recognise very strongly that the patient and their family are the ones who know the patient best, and are often able to identify the more subtle changes in the patient's condition which may indicate deterioration.



Michele Daly Clinical Nurse Consultant- Wounds

HIGH RISK FOOT CLINIC

The Wangaratta High Risk Foot Service was established at NHW in July 2016. The NHW High Risk Foot Clinic provides care by podiatrists, diabetes educators and nurses. The clinic has:

- Improved multi-disciplinary management
- Provided close monitoring
- Improved education

In the 12 months of Wangaratta High Risk Foot Service's operation, it has seen 211 patients.

MEDICATION SAFETY

When acutely unwell patients are admitted to hospital, they are usually prescribed medications to aid their recovery. Often, patients are prescribed multiple medications at the same time, and it is the role of all staff to ensure that medications are prescribed, administered and dispensed safely and accurately.

The Pharmacy Department plays a key role in ensuring medication safety at NHW. Pharmacists assist doctors and nurses to prescribe and administer medicines accurately, and ensure that doses, reasons for use and medication administration details are correct. Adverse events associated with medication use are reduced by:

- Checking that medications ordered can be used together
- Side effects are considered
- Doses are checked and correct for every patient
- Ensuring patient age (especially babies and children), kidney and liver function and body weight are taken into account

This is especially true for dangerous medicines, such as chemotherapy, where every dose, protocol and patient detail is thoroughly checked before every administration.

There has been significant progress in improving medication safety throughout the hospital over the past 12 months through the introduction of additional roles:

- A dedicated Medication Safety Pharmacist who oversees medication safety across the organisation. This pharmacist is also our Antimicrobial Stewardship Pharmacist, who along with physicians, surgeons and infection control staff, reviews and advises on correct antibiotic prescribing and usage.
- A Pharmacist in the Emergency Department, so medications can be checked for each patient before they are admitted to hospital. This pharmacist also services our Hospital in the Home program and ensures the smooth transition of patients from hospital into their home environment.

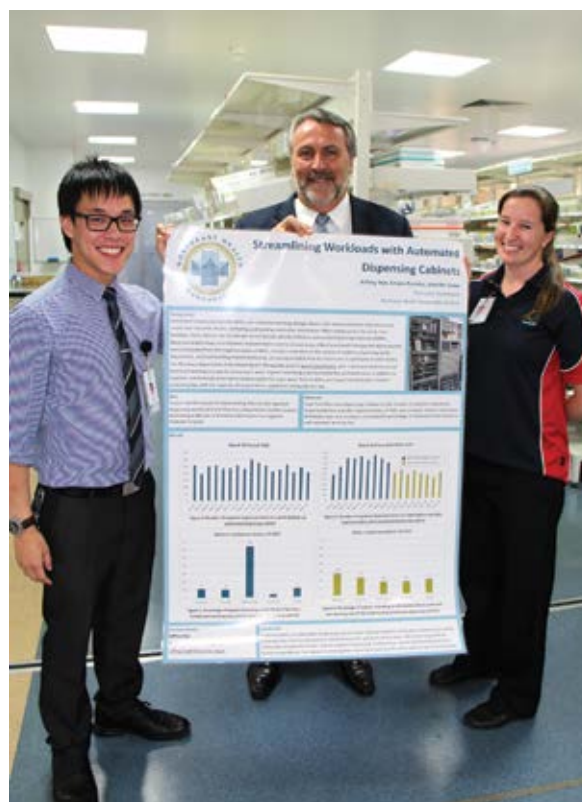


Pharmacist Susan Spehar re-stocks an Omnicell Cabinet

An intern pharmacist program has also commenced with two newly graduated pharmacy students complete their intern year at NHW and progress to full registration. This has allowed Pharmacy to provide staff in the Maternity ward, Dialysis and the Admission and Day Stay unit for the first time. Shortly, a pharmacist will also commence in our Pre-Admission clinic to ensure patients' medications are correct prior to elective admission.

All these strategies are to ensure, as much as possible, that medication safety is maximised for 'every patient, every time'.

In 2016/17, there were 377 reported medication related incidents, 43 were classified as causing "harm", but none were serious. This included 124 reported prescribing errors that were prevented by pharmacists intervening and correcting those errors. The pharmacy dispensed 30,342 prescriptions in 2016/17, with only 8 errors detected and these having no adverse patient outcomes. This is due to prescription scanning technology and rigorous checking procedures in pharmacy, to ensure all dispensed prescriptions are done correctly.



Pharmacists Jeff Van and Emma Rosicka (pictured with David Ford) presented a poster on the introduction of Omnicell cabinets at the Society of Hospital Pharmacists Australia's annual conference

DIGITAL ECG SERVICE

By the end of 2017 NHW looks forward to launching phase 1 of the digital ECG service. With generous funding from the Bright Opportunity Shop, matched by Premier Daniel Andrew's Government, equipment will be purchased for rural health services to digitally transmit 'electrical heart traces' from patients in district hospitals to the regional emergency department or specialist physicians for management. The service will integrate into state-wide emergency care for this group of patients, linking them via Ambulance Victoria to services only available in metropolitan areas.



KEEPING BLOOD TRANSFUSIONS SAFE

Blood is a precious lifesaving resource. It is collected and processed under strict regulations by the Australian Red Cross Blood Service from generous donors across Australia every year. At NHW we have processes in place to ensure that patients receive blood and blood products appropriately and safely, and staff receive appropriate education and training:

- Nurses who administer blood to patients, and support staff who transport blood, are required to complete training on commencement at NHW and every 2 years thereafter
- Medical staff receive education regarding appropriate prescription and administration of blood products on commencement of their employment

REDUCING WASTE

The Australian Red Cross Blood Service and Dorevitch Pathology are closely monitored to ensure they meet all relevant standards in order to provide safe blood products to patients at NHW. Minimising waste is an important aspect of appropriately managing the supply of blood products. Dorevitch, in partnership with NHW, has implemented effective strategies to significantly reduce wastage of this lifesaving resource:

- Introduction of single unit blood transfusion (instead of the traditional order of 2-3 units). Patients are reviewed by the treating medical doctor after each unit of blood to ensure only those who need additional blood products have them prescribed
- Patients are now safely allocated a larger range of compatible blood, rather than the exact matching process that previously occurred
- The process for tracking the movement and storage of blood products once they are dispensed by Dorevitch, has improved. Accurate tracking and documentation allows for unused blood to be returned for Future Use If It Has Been Stored Safely

Improvement In Blood Wastage Rates:

	NHW	National average
2013/14	27.20%	5.40%
2014/15	8.3%	3%
2016/17	2.80%	2.40%

ADVANCE CARE PLANNING

Advance Care Planning (ACP) is a written plan that states a person's wishes about their future health and personal care should they lose their decision-making capacity. When a person's values are discussed openly, their healthcare preferences can be respected and their treatment decisions can be influenced at a time when they cannot voice their decisions.

ACP should be a routine part of a person's health care. Advance Care Plans are not just for the elderly. You do not have to have a terminal illness to start talking with your loved ones and health professionals about your wishes. Like making a will and appointing an enduring power of attorney, advance care planning may simply be a part of planning for the future.

It has been shown that health outcomes for people and their families improve when they are able to talk through their concerns, decisions, preferences and choices with health professionals.

We monitor the rates of people coming into NHW with an ACP in place and these rates are compared across the state as can be seen below:

QUARTER 1



QUARTER 2



QUARTER 3



QUARTER 4



To increase the rates of people presenting to hospital with an ACP, providing information and education to staff and the community in general is an ongoing activity.

These activities included:

- A community forum 'Getting your affairs in order' included ACP
- Education provided to General Practitioners, Registrars and junior medical officers
- Introduced an ACP discussion record
- Added the ACP questions on the initial inpatient risk assessment tool
- Provided ACP Respecting Patient Choices training to enable more staff to be able to assist people with completing their ACP's

PREVENTING INFECTION

The Infection Prevention and Control (IP&C) Program at NHW is central to providing optimal health outcomes for patients and a safe working environment for staff. It protects our staff, our patients and those we care for. The IP&C team consists of an IP&C Consultant, staff health nurse and hand hygiene coordinator.

VACCINATING AGAINST INFLUENZA

Each year the IP&C Team develop an engaging theme to encourage staff to have their flu vaccination. The 2017 theme was based around the 'Game of Thrones' phenomenon "Winter is Coming" – NHW achieved a 90.2% uptake, well above the state target of 75%. In keeping with the "Game of Thrones" theme, there was the "night watch" where vaccinations were administered between the hours of 2am and 3am, after one of our IP&C team finished a surgical shift.

CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS

Patients who are very unwell will often have a 'central line' in place. This device is a long fine tube with one or more openings at each end to deliver fluid or medications into a large vein. Sometimes they can become infected which places a patient at great risk. It is a requirement to report these significant infections to the Department of Health and Human Services.

No central line blood stream infections have occurred at NHW since 2008.

STAPHYLOCOCCUS AUREUS BACTERAEMIA

Blood stream infections can also be caused by intravenous lines in smaller veins. One of the most common types of bacteria associated with IV line infections is Staphylococcus Aureus or "golden staph". We also closely monitor for Staphylococcus Aureus bloodstream infections so they can be treated appropriately and as soon as possible. When this bacteria gets into the bloodstream it is very serious and can make you very unwell. For this reason we report our "Staph" blood stream infections at a national level so we can compare infection rates with other hospitals. During the past year our rate of SAB infections was 0.8 per 10,000 bed days, equal to the state average.

To maintain low rates and with the aim of elimination of all blood stream infections, all appropriate staff undergo Aseptic Non Touch Technique (ANTT) education to ensure their technique is of a high standard. Our IP&C team have also introduced a peripheral IV cannula observation sheet and this, together with ANTT and high rates of hand hygiene, has assisted in keeping health care associated SAB rates low.

HAND HYGIENE

Handwashing remains the simplest and most effective way to prevent the spread of infection and it is promoted across the organisation through the hand hygiene program. Data on compliance with hand hygiene is reported to the Department of Health and Human Services with a target set at 80%.

In April – June 2017 NHW achieved a compliance rate of 85.7%, the highest compliance rate NHW has achieved. Staff are having increasing input to the campaign, with Consultant Medical staff now wanting to be on the pop-up hand hygiene posters across the organisation. This encourages increased compliance by doctors and all staff.

The Emergency Department staff created a novel hand hygiene poster demonstrating the "5 moments of hand hygiene with Dr Ian Wilson". Having input from the team leader has seen the hand hygiene compliance rate rise from 75.4% in March 2017 to 80% in June 2017.



STAFF PROFILE KERRY FORGE

'I have been a Patient Services Assistant at NHW since February 2017. Prior to this I had worked in a completely different industry, as a Customer Services Assistant for 21 years at IGA in Wangaratta.

In this new role I am responsible for giving out patient meals and helping to set patients up for those meals. I also make sure the wards are cleaned to a high standard. Additional training is about to start which I am looking forward to.'

Kerry states that she enjoys this new role because 'I love the interaction with the people, both staff and patients'.

INTRODUCTION OF PATIENT SERVICES ASSISTANTS

To encourage and support a more flexible support service staffing model at NHW a Patient Services Assistant (PSA) model was introduced in January 2017. This new way of providing services more effectively meets the organisational demands and increased activity. Each ward in the hospital has a team of two PSAs who support cleaning, food and linen services and patient support functions such as assisting patients with meal set up etc.

This new model of care sees increased opportunity for training and development, leading to new and expanded skills, thereby improving career pathways for staff. There is greater clarity in roles, responsibilities, reporting lines and improvement in the consistency of tasks. The support services member is recognised as a vital contributor to the patient team.

LEAVING HOSPITAL

Ensuring patients are well supported and feel confident when they leave hospital is to make sure appropriate services are in place and people know how to care for their condition at home. It is also essential and that their GP or specialist medical consultant is aware of the treatment that has been given and what is still required as follow up. As part of the Victorian Health Experience Survey we ask patients to comment on the discharge process.

Results from April - June 2017 showed:

Question	NHW % satisfaction	State Average % satisfaction
Before you left hospital did the doctors and nurses give you sufficient information about managing your health and care at home?	84%	72%
Did hospital staff take your family or home situation into account when planning your discharge?	82%	73%
Were adequate arrangements made by the hospital for any services you needed?	79%	67%
If follow up with your GP was needed, were they given all the necessary information about the treatment or advice you received whilst in hospital?	95%	90%

Although NHW has scored well compared to state averages, we are still working to improve the patient discharge process:

- Clinical redesign of the current referral processes to simplify and ensure patients receive appropriate services and appointments after hospital
- Using the Patient journey boards to highlight expected date of discharge
- Continuing to reinforce use of bedside patient communication boards to display dates of discharge for patients and other discharge information
- A discharge checklist is being created



Admission and Day Stay staff KIRSTY ABBOTT (Registered Nurse), CATHY LARKINGS (Nurse Unit Manager) and LOUISE NAEVE (Registered Nurse)

FAMILY VIOLENCE

In 2016/17 Victoria Police statistics identified approximately 78,000 family violence incidents. This equates to one incident every seven minutes in Victoria.

NHW has implemented the 'Strengthening Hospitals Response to Family Violence' service model - the NHW Family Violence Response Strategy. Family violence is behaviour by a person towards a family member which:

- is physically or sexually abusive
- is emotionally or psychologically abusive
- is economically abusive
- is threatening
- is coercive
- in any way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

The NHW Family Violence Response Strategy was launched in December 2016 to achieve eight outcomes:

1. Develop relevant policies, planning guidance, toolkits and resources
2. Increase the competence of key staff within NHW to better identify and respond to family violence
3. Formalise quality processes and improve data collection
4. Link with organisations that provide family violence services
5. Increase identification of those who experience family violence within the health service context
6. Referral of those who experience family violence to external services
7. Increase knowledge and skills of key staff in addressing the underlying causes of family violence through planning and implementing primary prevention initiatives
8. Disseminate Information re key aspects of Northeast Health Wangaratta Integrated Family Violence Strategy Outcomes

The NHW Family Violence Response Strategy is overseen by a working group that includes the Centre Against Violence, Women's Health Goulburn North East, Gateway Health and Victoria Police and since the launch has seen establishment of policies, procedures, assessment documents and staff education.

END OF LIFE AND PALLIATIVE CARE

Palliative and End of Life Care at NHW is managed in both the community and in hospital, depending on the persons care needs and their personal wishes. The care we provide is based around recommendations from two important and interlinked documents:

- National Consensus Statement: Essential Elements of safe and high quality end of life care
- A guide for high quality end of life care for all Victorians

Palliative and end of life care is everyone's responsibility and our staff have taken the following action to ensure this occurs:

- Implemented the Victorian End of Life Care Plan
- Supported the implementation of the Residential Aged Care End of Life Care plan
- Implemented community end of life care plan for sharing of information
- Educated health care providers in the use of the end of life care plans
- Provided volunteer training to increase volunteer numbers
- Facilitated a 'Banksia' palliative care course at Wangaratta supporting staff from acute care and Residential Aged Care to increase knowledge of palliative care
- Developed an information portal on the NHW intranet site for health professionals
- Pharmacology study day focusing on palliative approach to care held regionally
- A Life limiting illness support group was initiated
- 'Seasons for Growth' education provided – a program that aims to strengthen the social and emotional well-being of adults who are dealing with significant losses
- 'How to care, What to say' education provided to health professionals to assist in communicating bad news



Palliative Care team members Denise Ritchens (Family Care Coordinator) and Jackie Creek (Clinical Nurse Specialist, Palliative Care)



Did you know...

80% of clients on our Palliative Care Program died in their place of choice



Mandy and her mother Alison Collins

ORGAN DONATION: A GENEROUS END- OF-LIFE DECISION SAVED 3 LIVES

This year a very special patient at NHW made the extraordinary decision to opt for end-of-life care that resulted in several other Australians receiving life-saving organ transplants.

When Ali received the devastating news that she would not survive a catastrophic brain haemorrhage, she was offered the opportunity to donate her organs as part of her end-of-life care. Ali was able to make this decision herself before she lost consciousness. She informed the medical specialist caring for her that she would like to have the chance to save the lives of others through organ donation.

Ali was admitted to critical care for her end-of-life care where the medical, nursing and specialist organ donation staff provided her and her family with exceptional care and support through her final days. Ali's generous and selfless decision at such a difficult time saved the lives of three other Australians. Ali's family and friends admired her kindness and generosity throughout her whole life, including her final decision to be an organ donor.

For more information about organ and tissue donation or to join the Australian Organ Donor Register visit:
www.donatelife.gov.au

TELEHEALTH IMPROVING THE LIVES OF NORTH EAST VICTORIANS

Digital technology has increasingly become part of our everyday lives. In Victoria there has been a lot of activity incorporating digital technology into health care, otherwise known as telehealth. Health care is being transformed, taking it into people's homes, workplaces and other places where it has not been traditionally available. This offers enormous benefits for rural populations. Avoiding travel to access appropriate health care can reduce time, cost and inconvenience for patients and their carers. Use of digital applications is proven to increase health status, and particularly suited for ongoing management of chronic disease or reduced functionality. Telehealth is already improving the lives of people in North East Victoria.

In the past 12 months NHW received funding from the Department of Health and Human Services to develop specialist telehealth services 'Specialists To You'. The service is incorporated into the Hume Telehealth Agency, which will operate to facilitate Telehealth consultations for patients in the Hume Region to specialist services from tertiary hospitals in Melbourne, and also connect patients to specialist services within Hume. A major area of growth is in community health, where a broad range of technologies can be used to support patient care on a short or long term basis.

REDESIGNING CLINICAL CARE

The Clinical Redesign program at NHW allows us to introduce and sustain significant improvements to clinical processes and patient care delivery. It uses a systematic and targeted approach to redesign processes to improve the provision of patient centered care.

One of the redesign projects for 2016/2017 involved 'Improving the admission process through the Emergency Department'. The project aims were to:

- Simplify and standardise the current practice of patient admission to the surgical, medical and critical care units
- Reduce duplication, improve and standardise documentation
- Improve clarity and define the process around referrals
- Increase patient satisfaction through improved admission processes and involving them in the health care process,
- Maximise patient safety by simplifying documentation, improving compliance and capturing vital information,
- Assist patient flow by consistently commencing the discharge planning process on admission

Prior to commencing the project it was identified that the existing admission risk assessment was poorly completed. A new paper based Patient Risk Assessment form was created that included input from patients, nurses, allied health, pastoral care, palliative care, infection control, pharmacy and management. The new form was implemented in June 2017.

A three month post implementation audit indicates an 85% increase in compliance of staff completing the Patient Risk Assessment on admission. Further work on this project will include mapping the current referral and discharge process for patients admitted to the acute wards.



Registered Nurse Deanne Ryan with client Irene Campbell use Telehealth to monitor her cochlear implant.

THE COCHLEAR IMPLANT TELEHEALTH CLINIC

Clinical follow up in the first 12 months after cochlear implant surgery is very intensive, as the brain needs to be retrained to recognize digital sound. For this reason, less people in rural and regional areas undergo this life changing surgery.

In April this year the first Cochlear Implant mapping consultation was undertaken from the Royal Victorian Eye and Ear Hospital to NHW. Staff at the Eye and Ear Hospital have trained NHW clinicians to support a number of specialist telehealth clinics. Community Nurse Dee Ryan, pictured, has assisted with over 10 consultations to date and patients cannot believe how good the service is.

Needing one hour for the appointment and next to no travel time, local resident Irene Campbell, also pictured, says it beats "spending the whole day travelling to and from Melbourne for a 1 or 2 hour appointment". Now that Irene has better hearing, getting to the appointment she was able to have a conversation with her taxi driver, and go to the pool in the same morning.



NHW Board of Management L-R: Alison Maclean, Jonathan Green (Vice Chair), Cheryl Clutterbuck, Roger Barker, Brendan Schutt (Chair), Anne Wearne, Martin Hession and Lisbeth Long. Not featured: Matt Joyce

BOARD OF MANAGEMENT

NHW has a Board of Management made up of 9 members who oversee the management of the organisation. Members are appointed by the Governor-in-Council following a rigorous application and selection process, designed to ensure those members appointed have the broad experience and skill needed to provide effective governance. Our Board operates in a non-remunerated capacity and in addition to providing oversight to the overall management, they also represent our community. They are ultimately responsible for the performance of NHW, but delegate responsibility to the CEO and Executive Directors, who work closely with department managers to ensure high standards are met and maintained for 'every patient, every time'.

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

- How we are achieving the Strategic Plan 2015-2020
- How we are performing, particularly in relation to similar hospitals
- How we can reduce risks to staff and patients
- That we meet legislative requirements
- That we provide a high quality service
- We meet community needs and expectations
- We constantly try to improve what we do

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



SOME MAJOR ACHIEVEMENTS ACROSS NHW IN 2016/17 HAVE INCLUDED:

- Securing \$15.2 million funding to increase the number of patient beds in the acute hospital
- Completion of new building works at Illoura Residential Aged Care that has seen the relocation of 6 Transition Care Beds and creation of an additional 4 Aged Care beds
- Establishment of a 24 hour, 7 day a week Security Service to support the safety of our staff and patients
- Achievement of full Australian Council on Healthcare Standards (ACHS) accreditation
- Expansion of the clinical and corporate support provided to district hospitals
- Development of the Bpangerang Nungara Plan in partnership with local Aboriginal and Torres Strait island people

 **Did you know...**

NHW currently employs

1255 staff

who are supported by

325 volunteers

NHW Executive Team L to R: Avi Kumar, Michelle Butler, Dr John Elcock, Margaret Bennett, David Kidd, Tim Griffiths, Libby Fife and Dr Sue Wilson.

FEEDBACK

As a health care provider, user feedback delivers the most important evaluation about our service. We obtain feedback through the Victorian Health Experience Survey, conversations with patients and their families, complaints and compliments and using the new 'Happy or Not' devices introduced in 2016.

We encourage all consumers of our services to tell us about their experience. Consumer feedback is provided through verbal, electronic and paper based methods. All feedback is treated seriously and in confidence. We take action to respond to any concerns raised regarding feedback and in the past 12 months have made the following improvements:

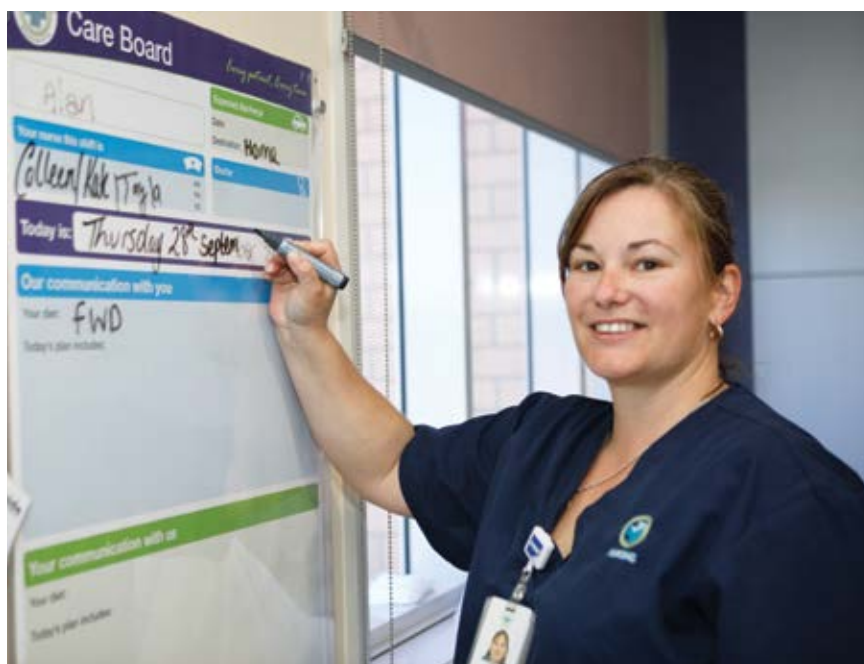
- Changed the process for managing patient valuables, introducing tamper-free bags and involving the Security Team in transport of items to and from the hospital safe
- Improved variety of food for residents at Illoura
- Introducing the use of video conferencing between patients and consultants in the Emergency Department
- Increased education of staff in the management of patients with anorexia

HAPPY OR NOT?

If you have visited NHW in the past 6 months you may have noticed these new, simple, smiley terminals asking a single question to determine satisfaction. Customers and employees respond to the question by pressing the smiley that best corresponds to their experience. We use these to provide more timely data on issues that have been identified in the VHES data. For example, VHES told us that people thought there were not enough hand rubs available for patients and the public. So we have made improvements and can now monitor satisfaction in real time without waiting another 3 months!



April-July 2017 VHES results showed 97% overall patient satisfaction against a peer group and state average of 93%.



Registered Nurse Colleen Perry –Van Der Heyden updates a Patient Communication Board in the Surgical Ward.

INVOLVING YOU IN YOUR HEALTH CARE

Many of the complaints and feedback NHW receives has identified the need for improved communication with patients and their families/carers. We understand that the effective sharing of information is essential not only when receiving health care but ensuring there is appropriate follow up care after discharge from services.

The **Hardwiring Excellence** program we have in place assists us by providing a framework for effective communication and improved patient care. The most important partnership between the health service and our patients, clients and residents is the management of their health. We encourage active participation by people in their own health care by:

- **Communication Boards:** in place beside patient beds in the hospital, designed to keep patients up to date with their plan of care and provide the opportunity for patients and their families/carers to write any questions they may have for the treating team
- **Nursing handover of patient care at the bedside**, involving patients in the conversation as much as possible about their current care and future management
- Encouraging patients, clients and residents to **ASK** if they have any questions at all about their health, or the management of their illness or condition
- **Hourly patient rounding**, with nurses checking to make sure all patient needs are met and providing the opportunity for regular interaction
- Nurse Managers speaking with every patient, every day to discuss satisfaction with care and any concerns they may have

VICTORIAN HEALTH EXPERIENCE SURVEY (VHES)

Throughout this report you will notice results from this ongoing, statewide survey. It provides us with information from people using our health services and results are compared across the state. Generally NHW performs very well with a high level of satisfaction demonstrated. We use results to improve services and some of our focus areas have been in assisting patients with meals and improving discharge information, which is a work in progress.

OUR PEOPLE

VOLUNTEERS

More than 325 volunteers provide essential support in many different service areas and are an integral part of our team at Northeast Health Wangaratta. Our volunteers give their time freely to support our organisation and their local community. Our volunteers are involved in many areas of NHW such as the Community Advisory Committee, Friends of the Hospital Auxiliary, Meals on Wheels and patient/resident activities and support. People of all ages and from all walks of life become volunteers. It can provide a sense of purpose and meaning, keeping people connected and engaged with their local community.



Some of our Meals on Wheels volunteers with Jamie Lawrence (Food Services Manager) and Lee O'Neill (Volunteer Coordinator)

THE FRIENDS OF THE HOSPITAL

The Friends of the Hospital Auxiliary have for many years contributed to the well being of our patients, clients and residents by purchasing much needed medical equipment for NHW as well as supporting NHW's activities.

The 36 members of the Auxiliary have conducted a range of activities over the past year including their famous monthly cake stalls, Christmas hamper and plum pudding project, lamington stalls, various raffles and event catering.

In 2016/17 the Friends donated an amazing total of \$67,036.17. This enabled the purchase of treatment chairs, hysteroscopes, equipment for Community Care Centre, a fridge for Pharmacy, Orthopaedic Wheelchair, Community Care Centre chairs and a Cardio Respiratory Monitor.



Merry Christmas! The FOTH Christmas Cake Stall is an annual highlight and major fundraiser.



VOLUNTEER PROFILE NORM BUSSELL Excellence in Volunteering Award Winner 2017

A worthy winner of this year's Excellence in Volunteering Award winner, Norm is a retired Mental Health Practitioner/Psychiatric Nurse who wanted to continue to utilise his skills through volunteering. Over the past 5 years, he has supported patients in the medical and rehabilitation wards. Norm is able to work with challenging behaviors, undertake distraction therapy and provide reassurance to patients who need extra support. It greatly helps our clinical staff knowing that their patients are receiving that extra one-on-one care when needed. He helps to provide a safe environment for these patients. Norm also extends his support to staff and patients in the transit lounge, keeping them company whilst they await the arrival of family or friend, which can be a long and tedious wait.

Congratulations to Norm!

**NHW was upgraded at
our full accreditation
survey to a 'Met with
Merit' rating for our
volunteer program.**

Staff safety at NHW is supported through a well established Occupational Health and Safety Program. A large focus over the past 12 months has been the prevention of occupational violence – both aggression and assault towards our staff and also bullying and harassment within the workplace.



STAFF PROFILE
LUKE TWEEDALE

My name is Luke Tweedale and I have worked at NHW for approximately 18 months. Previously I had been involved in the manufacturing and recreation industry. So joining NHW has been a learning experience for me, very different and a challenge to learn how an organisation like NHW operates.

Coordinating Occupational Health and Safety allows me to work closely with all departments. I enjoy the interaction with employees and finding solutions to problems that an individual or department may be experiencing.

Since commencing my employment I have built on our established safety management system. This has only occurred because of the positive support I have received from all staff and particularly those in leadership positions.

NHW has supported me in further Occupational Health and Safety studies, and it is great to work for an organisation that is prepared to invest in their employees and ultimately make our workplace better.

AGGRESSION AND ASSAULT

There is an increasing risk to Health Care workers in terms of aggression and violence, particularly in areas such as the Emergency Department. NHW closely monitors this risk and encourages staff to report episodes where they experience physical or verbal abuse, or feel unsafe. Every effort is made to protect our valuable staff and to do this we now have:

- 24/7 Security Guard Services in place
 - Daily reporting from Security Guards
 - Site patrols are conducted
- Code Black and Grey Awareness Training for frontline staff
- Specific training for the Emergency Response Team
- Upgraded and increased CCTV cameras across the NHW site
- Patient valuables policy and transit services
- Improved communication technology for emergency responses

The Code Black and Code Grey procedures have been fully revised. Code Black response covers non-patient/resident/client aggression and violence or any incidents involving armed violence (patient or otherwise) requiring Security and/or Police response. Code Grey is the response code for unarmed aggression. It provides a structured approach to managing aggression within NHW.

AGGRESSION INCIDENTS REPORTED ACROSS NHW

2014/15



2015/16



2016/17



Just one of our security team keeping staff safe: Rhoda McKay



NEW STAFF

In 2016/17 NHW bid farewell to 162 staff and welcomed 210 new staff (excluding doctors) to our organisation. Of particular note was the employment of 5 new medical specialists who will assist us in providing the high level of patient care. These specialists included:

- Dr Lakshmi Dhakal – Geriatrician
- Dr Philippa McSwiney – Paediatrician
- Dr Nancy Bilkhu - Physician
- Dr Jade Radnor – Anaesthetics
- Dr Anthony Ibrahim - Physician



PEOPLE CHAMPIONS

The People Champion Program was introduced in 2016 and involves non-management staff, who are the 'go to' person of a department to 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. To reduce the risk of bullying the People's Champions actively promote a positive workplace culture, provide colleague support and escalate any identified issues for further action. Meetings are held with People's Champions quarterly to discuss potential improvements to improve staff satisfaction and wellbeing, with some improvements including:

1. Introduction of 'Pathways to report an Issue' at NHW
2. Anti-Bullying & Harassment posters on OHS notice boards
3. Refreshed Employee Assistance Program

THE RIGHT STAFF FOR THE RIGHT JOBS

It is important that we select staff for employment that connect strongly with our values of caring, excellence, respect, fairness and integrity. It is also essential that they have the right qualifications and experience to perform in the jobs they are employed to do. All clinical staff employed at NHW have:

- Qualifications, registration and skills thoroughly checked before being employed
- A current police check and working with children check

Clinical staff such as Nurses and Physiotherapists have their registrations checked annually on the Australian Health Practitioner Registration Authority website. Medical staff also have their registrations checked annually on the Medical Board website.

Medical staff at NHW have their various qualifications and experience checked prior to commencement by a Credentialing Committee. This committee consists of representatives of the senior medical staff at NHW, a representative from the relevant medical college and is chaired by the Director of Medical Services.

There is also a Medical Appointment & Privileging Committee, the membership of which includes members of the NHW Board of Management. This committee grants permission for a doctor to perform certain procedures within NHW after they have demonstrated sufficient experience and qualification.

All senior medical staff at NHW have their credentials and clinical privileges reviewed by the two committees every three years.



New Medical Consultants Dr Lakshmi Dhakal, Dr Philippa McSwiney and Dr Nancy Bilkhu

Middle picture: Dr Anthony Ibrahim and Dr Jade Radnor

Top picture: Welcome! Some of our new staff members commence at NHW

EMBRACING DIVERSITY

DEMOGRAPHICS

Wangaratta has a population with limited cultural diversity and is predominantly Australian born. The Australian Bureau of Statistics demographic data (2011) shows that 90% of the Wangaratta catchment is born in Australia and speaks English as their first language at home. The primary cultural group speaking a language other than English at home is Italian at 2% of the population. Diversity, however, is not only cultural. We are conscious that we need to ensure fair and equitable access to our services and provide adequate support to all people within our community.

DISABILITY

NHW has developed a new Disability Action Plan in 2017 which contains four key goals:

- Reduce barriers to people living with a disability to access goods, services and facilities
- Reduce barriers to people with a disability obtaining and maintaining employment
- Promote inclusion and participation in the community of people with a disability
- Promote attitudes and practices that eliminate discrimination against people with a disability

Over the past 12 months NHW has enhanced the environment and opportunities for those employees with a disability. An example of this can be seen with the introduction of a 'cleaning pod'. A number of our staff with disabilities now work together as a team to clean, and work, in low risk areas that have not been part of the routine cleaning schedule. This has improved support for individual staff members and also provides regular services to areas such as Human Resources, Engineering, Outdoor café, which did not have a routine schedule for cleaning. The 'Cleaning Pod' now work together using a very structured routine and set tasks.

INTERPRETER SERVICES

As part of the admission process, all patients or their family/carers are asked whether they require access to interpreters to ensure optimal communication. Staff at NHW access the Victorian Telephone Interpreter Service when required. In 2016/17 only 43 of 24,539 patients identified as requiring an interpreter.



RAINBOW TICK STANDARDS

Gay and Lesbian Health Victoria and Quality Innovation Performance developed a set of Rainbow Tick Standards in 2013 that can be applicable to any organisation, regardless of industry. They support organisations to develop and implement inclusive practices for the Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) community. Members of the LGBTI community often experience poorer health and wellbeing outcomes than other members of the community. This largely results from stigma and discrimination that people who are LGBTI can experience in their everyday life. There are 6 Rainbow Tick Accreditation National Standards which include:

- Organisational Capability
- Workforce Development
- Consumer Participation
- A welcoming and accessible organisation
- Disclosure and Documentation
- Culturally Safe and Acceptable services

In 2017 NHW has undertaken a comprehensive gap analysis against the standards and an action plan has been created to make NHW a more LGBTI inclusive health service. The aim is to reassure LGBTI consumers and staff that the organisation will be aware of, and responsive to their needs. NHW has made a commitment via the statement of priorities to work toward Rainbow Tick accreditation and to honour our commitment of 'Every patient... Every time'





Heather Betts (Koolin Balit Cultural Framework Audit Coordinator) with artwork by painter Marlene Plunkett. Artwork in this painting shows that life is like a river that follows a path, but every now and then there can be interruptions and our path may change for a while due to ill health. With the help of hospital services and our spiritual beliefs, we will hopefully regain our health or be able to cope with ongoing illness.

KOOLIN BALIT ABORIGINAL HEALTH CULTURAL COMPETENCY PROJECT

In 2016 The Victorian Government Department of Health and Human Services nominated NHW as sponsor of the Hume Region Aboriginal Health Cultural Competence Project (AHCC Project).

The project objective is to ensure mainstream health organisations providing services to Aboriginal and Torres Strait Islander people in the Ovens Murray and Goulburn Areas are supported to do so in a culturally competent and safe manner. Seventeen Health Services have completed an Aboriginal Cultural Competence (AHCC) Audit where senior management considered their organisation policies and practices with the support of an Aboriginal Facilitator, using the Hume Region Aboriginal Health Cultural Competence Framework. This was followed by the development of an improvement plan.

The project has now been extended to include Community Service Organisations working with Aboriginal children and families and a professional development session for DHHS Program Advisors and Engagement Officers. An external evaluation of the project will commence in April 2018 to consider the impact the project has made on improving Aboriginal people's experiences when accessing or working within mainstream services within the region.

IMPROVING CARE FOR ABORIGINAL & TORRES STRAIT ISLANDER PATIENTS (ICAP)

The ICAP program was developed in 2004, designed to support Aboriginal patients in hospitals to improve their health care. Within this program there are four Key Result Areas (KRAs) and NHW continues to work towards these broad goals.

KRA 1: Engagement and partnerships : There is a collaborative partnership between the health service and the local Aboriginal Community Controlled Health Organisation, Elders and Aboriginal community members.

- Collaborative partnership between the local Dirrawarra Indigenous Network and members of the local Aboriginal Community
- Local Aboriginal advisory group meeting facilitated annually by NHW to discuss matters affecting aboriginal health, how to improve services and be more culturally aware and safe for its Aboriginal community
- The NHW Aboriginal Health Liaison Transition Officer (AHLTO) assists Aboriginal people to connect with NHW and other community based health, primary care and social services.

KRA 2: Organisational development:- Aboriginal health is a stated priority, with associated deliverables reflected in strategic and business plans, as well as in a specific Aboriginal reconciliation and/or health action plan.

- 2017-2020 Pangerang Nungara plan developed, led by three Executive staff, each accountable for one of three goals:
 1. To improve access healthcare services
 2. Improve access to healthcare employment
 3. Increase access to healthcare education
- Koolin Balit Aboriginal Health Cultural Competency Audit completed in 2017. The outcome of this audit are included as an action plan that will complement the newly developed NHW 2017-2020 Pangerang Nungara plan

KRA 3: Workforce development: The Aboriginal workforce is supported within the organisation.

- There is a well developed school and non-school based traineeship program in place at NHW and Aboriginal student placements and traineeships receive priority.

KRA 4: Systems of care: Culturally appropriate strategies exist for collecting patient identification data on Aboriginality

- Staff have received training in 'asking the question' and processes are in place to provide the opportunity for the Aboriginal community to identify at every entry point to NHW



Black represents the Aboriginal people of Australia.

Red represents the red earth and the spiritual relationship to the land, as well as the red ochre used in ceremonies.

Yellow represents the Sun, the giver of all life and protector.



The Torres Strait Islander flag symbolizes the unity of all Torres Strait Islander people. Each part of the flag representing parts of the Torres Strait Islander culture.

EDUCATION & TRAINING

NO HEALTHCARE WORKFORCE ISSUES IN THE FUTURE IN WANGARATTA, OUR RECRUITMENT BEGINS IN KINDERGARTEN!

During visits to the Learning and Teaching Centre at The University of Melbourne Rural Clinical School campus, two groups of children, teachers and parents from the Christopher Robin Kindergarten experienced the Dolly and Teddy Hospital. Medical students from Years 2 and 4 helped children with activities seen in a hospital. The children listened to their heart beat, gave the dolly medicine, cared for a sick baby, put bandages on dolls with sore arms and legs and saw what organs are in the tummy of Big Teddy.



Fourth year medical student Nicholas Lord with future doctors from Christopher Robin Kindergarten



Did you know...

The Education and Research Department initiated a new process for interviewing Graduate Nurses as part of the annual selection process. In collaboration with staff from other Central Hume District Hospitals, a total of 81 interviews were completed in a single day in 2016. Previously interviews would have occurred over 5 days. This process has been used again in the 2017 Graduate interviews. Feedback from the Graduate Nurses, as well as the staff involved, has been very positive.



From left: Cathy Liu, Grace Hannan and Wawrick Cann practice their clinical skills in the Learning and Teaching Centre.

The Learning & Teaching Centre is a well equipped training facility where medical students and other healthcare professionals learn and practice skills before going into the clinical areas.

Northeast Health provides clinical placement for 35 to 45 University of Melbourne medical students from Years 2, 3 and 4 each year.



L-R Dr Brooke Winzer (Chief Physiotherapist,), Louise Lowe (Physiotherapist) and Serryn Tacey (Research Student)

PHYSIOTHERAPY HONOURS RESEARCH STUDENT AT NHW

This year, the NHW Physiotherapy department has welcomed its first Honours Research Student, Serryn Tacey. Serryn is undertaking a Bachelor of Physiotherapy/Honours Research Degree through Charles Sturt University. With the help of NHW Physiotherapists, Serryn will be interviewing over 20 abdominal surgery patients during their hospital admission, to test their recall of important information provided to them in Pre-Admission clinic.

There were 1484 attendances at Workshops/Training Days at NHW



Our kitchen is a busy place...

Each month

600

meals delivered for
Meals on Wheels

Each month

700

meals provided for
to Police Station
prisoners

Each month

5,553

meals provided to
Illoura

Each month

>9,000

meals delivered to
our acute wards

Over

30,000

meals produced
each month



Michelle Stone from Food Services with the new Keep Cup available for purchase in the NHW Cafe

HEALTHY EATING @ NHW CAFE

As the leading health care provider in the Central Hume region, NHW has continued its commitment to healthy eating for patients, staff and the broader community. The team in Food Services have made significant changes to the food and drink items offered in our café and provided to patients, greatly improving the variety and nutritional content. We are now providing:

- Only GREEN side dishes
- Steamed vegetables with all the meals
- Majority of GREEN sandwiches/wraps and rolls
- A greater variety by adding more GREEN snacks, such as dip and vegetable packs, yogurts and fruit packs
- A selection of waters, both flat and sparkling
- Modern and interesting salads

Our staff now also prepare the majority of food onsite, rather than relying solely on commercial items. This allows us to control the amount of fat, sugar and salt in the meals and make any healthy changes. All AMBER and RED snacks have been removed, as have some sugar-sweetened beverages such as juices and soft drinks. NHW has been assessed against the Healthy Choices food and drink guidelines for Victorian Public Hospitals and achieved compliance with all requirements. As part of the assessment, the changes made to improve healthy choices were noted as a 'big commitment and great to see'.

GREEN (best choices), **AMBER** (choose carefully) or **RED** (limit)



STAFF PROFILE

GRAHAM TENISON-WOODS

'My name is Graham and I work with the Supply Department at Northeast Health as the Procurement and Contracts Manager.

Since completing a Bachelor of Business at Charles Sturt University I have been lucky enough to work in logistics and contract management within the defence and retail industries before moving back to North East Victoria, the region I grew up in, and getting into the healthcare sector.

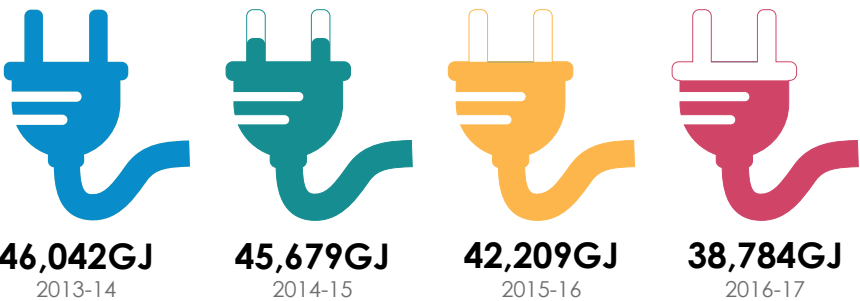
Working in the supply chain for Northeast Health comes with many unique challenges in the process of sourcing items and equipment, getting them to our warehouse and ensuring their delivery to staff. We have a great team in supply and it's good to see our work support the staff who provide quality healthcare to our broader community.'

CARING FOR OUR ENVIRONMENT

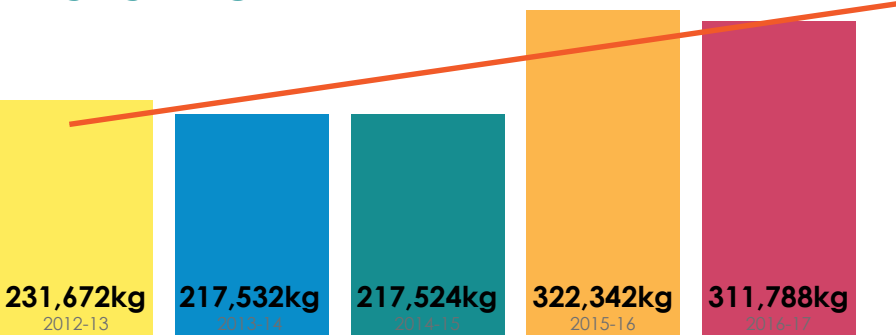
NHW is a member of ‘Global Green’ and ‘Healthy Hospitals’ who provide ‘extensive resources and access to sustainability initiatives, information, and ideas for improving practices. We have an environmental sustainability plan in place to actively work toward:

- Conserving energy, water and reducing wastewater disposal
- Minimising and, where possible, eliminating the use of harmful substances
- Reducing the creation of waste through reuse and recycling
- Decreasing pollution – noise, visual, electromagnetic radiation and odour
- Addressing environmental concerns in all our planning and landscaping decisions
- Encouraging purchasing procedures that adhere to the principles of our environmental policy
- Current initiatives in place:
- ‘Keep cups’ have been introduced in the Cafe to reduced waste from disposable cups
- Implementation of a printer cartridge, toner and battery recycling program – avoiding disposal to landfill
- Delivery pallets are being recycled – avoiding landfill waste disposal
- LED corridor lighting and exit and emergency lights around medical, surgical, Thomas Hogan, maternity and engineering office to reduce energy consumption
- Approximately 680 halogen downlights have been replaced with LEDs.
- Roofing insulation has been installed, along with reflective roof paint, to improve climate control in ward areas
- Green Leaf Award initiative established as part of the Environmental Sustainability Committee – recognising NHW wards and department efforts in sustainable practices.

ENERGY CONSUMPTION



RECYCLING



The Engineering Team were first winners of the Green Leaf Award. L-R Greg Ellis (Manager), Michael Blakeman (Electrician) and Jarrad Thwaites (Plumber)

FACILITIES AND MAINTENANCE

The Facilities and Maintenance Team provide invaluable support across NHW in maintaining existing equipment and buildings across the entire organisation and are also instrumental in the building of new facilities and the ongoing upgrades that occur. The team, working with Support Services, have been central to the many achievements highlighted above, in relation to energy efficiency and environmental sustainability. Some of the achievements of the team in the past 12 months have included:

- Completed the refurbishment of the community care centre
- Updated contactor induction process to include a strong focus on infection control
- Significant reduction in carbon emissions for the hospital site and Illoura via the installation of new LED lighting and more efficient air conditioning controls
- New medical breathing air manifold, pipework, valves and regulators. Increased capacity in backup manifold that supplies theatre
- Project management and engineering assistance to district hospitals
- Installation of new patient services lift
- Replacement of some carpet with new vinyl flooring in Thomas Hogan and Critical Care
- Upgrades to emergency lighting within inpatient areas, nuclear medicine and the kitchen
- New solar hot water system for Thomas Hogan
- Extension of Illoura Residential Aged Care facility - 10 new beds and extended car parking

The primary aim of information management is to ensure that the right information is available to the right person, in the right format, at the right time.

INFORMATION MANAGEMENT

NHW has an Information Management department that was created in 2016, and involved the amalgamation of Health Information Services, Information Technology and Special Projects.

The scope of Information Management includes health information systems and services, use of data and Information Technology as enablers for continuous process improvement.

Healthcare services also use information to achieve their strategic goals and deliver the best outcomes for patients, clients and residents. Information Management plays an integral role in Digital Health, by enabling information to be accessed when needed most. It also presents innovative ways of working and collaborating, including patient care at home via telehealth and other innovative models of care.

NHW has an Information Management Strategic Plan 2017-2020 which is focused on supporting our overall mission, 'To provide healthcare that enhances the quality of life of people in the North East Victoria'.

The plan aims to achieve the following outcomes:

- Consolidation of existing applications into a simpler model
- Further integrate systems that are unable to be consolidated
- Implement a complete Electronic Medical Record (EMR) system
- Introduce innovative systems for responsive, person-centred care that meets community expectations
- Further strengthen the security of patient and corporate information
- Further develop NHW's data analytics capability
- Establish a sustainable model for the ongoing ICT infrastructure required to deliver patient care

MY HEALTH RECORD

My Health Record is a secure online summary of an individual's health information. Individuals can control what information is entered into it, and who is allowed to access it, once they have registered. Registered individuals and suitable clinicians can access health information from any computer with an internet connection.

In a medical emergency, healthcare providers connected to the 'My Health Record' system can see a registered person's health information to provide the best possible care quickly. It provides information such as allergies, adverse reactions and medical conditions.

This system means that people don't need to worry about having to remember and repeat their health history such as medicines, details of chronic health conditions, and dates of recent tests as they are all contained in the electronic record.

NHW completed the initial implementation stage of the Federal Government's 'My Health Record' system in August. NHW verified Senior Emergency Medical Officers are currently able to access the National 'My Health Record' Provider Portal to view a person's health record.

The next stage of implementation is to connect to the 'My Health Record' system via suitable software that will allow NHW to upload discharge summaries for its patients.



Health Information Services are now part of the broader Information Management Department. Pictured is team member Deborah Pace



STAFF PROFILE MUSTAFA MOHAMMAD

'My name is Mustafa Mohammad and I'm the ICT Service Delivery Team Leader at NHW.

I enjoy working in IT as there are new challenges every day. Every day is different and you don't know what will come next.

I have worked in different industries like Telecommunication, Education and Aviation. But working in the health industry is a completely different experience. I should say that the health industry is vast, full of strict regulations and I have learnt we have colour codes for every emergency situation.

As these days everything is dependent on IT, ICT have to be on top of everything and make sure operations are running smoothly.'

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 2017 were:

1. Award for Excellence in Support Services

Kerry Campbell

2. Award for Excellence in Information Management

Leanne Gray & Di Tomaino

3 Award for Excellence in Corporate Services

Sharon Cheong

4. Award for Excellence in Allied Health – Therapy

Mandy Flynn

5. Award for Excellence in Allied Health – Science

Julia Chalmers

6. Charles Neal Award for Excellence in Aged Care

Ruth Mitchell

7. Jo Bevan Memorial Award in Oncology

Anne-Maree Hanson

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

Christopher Gartside

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

Niroshini Perera

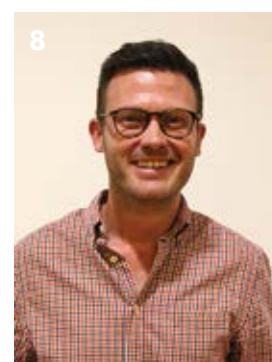
10. Leaders of the Future Award

Jeffrey Van & Sandunika

Warnakulasuriya

11. Award for Excellence in Leadership

Kim Bennetts



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: Director of Performance Improvement
PO Box 386
Wangaratta 3676



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