



*'Every patient,
Every time'*



Friends of the Hospital celebrated 40 years of service to Northeast Health Wangaratta. (see page 34)

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Our Vision

To be recognised
leaders in rural
healthcare

Our Mission

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

Our Values

Caring
Excellence
Respect
Integrity
Fairness

What did you think?

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

Message from the CEO and Board Chair



The Home Based Nursing Team welcome you to NHW!

Welcome to the 2017/18 Quality Account for Northeast Health Wangaratta (NHW). This report is published each year in conjunction with our Annual Financial Report and is designed to provide information to our community about our clinical performance.

As the referral health service for a broad catchment of around 90,000 people, NHW provides specialist health care from birth until the end of life. Care is provided by over 1350 staff and a dedicated team of Visiting Medical Officers in an increasingly busy environment. Our priority is to ensure that the care we deliver to our community is of the highest standard possible as we continue to expand and improve services to meet the growing needs of our population.

The last 12 months has seen a further increase in the number of patients treated both as Inpatients, in the Emergency Department, Medical Imaging and as Outpatients. Data regarding attendance

numbers can be seen throughout this report along with indicators of service quality, consumer and staff feedback. We wish to sincerely thank our dedicated staff who have managed the increasing numbers and complexity of care required whilst maintaining a high standard of quality care.

In this report, you will read about a number of the projects and strategies we have implemented over the past 12 months to improve the quality of care and patient safety. They represent just a snapshot of some of the quality improvements underway across the organisation and include information about prevention and management of sepsis, introduction of the

Daily Operating System and management of our complex patients. We also highlight the work that has been undertaken to prepare for the exciting redevelopment of our site to increase patient beds.

Our Mission is *'to provide healthcare that enhances the quality of life of people in Northeast Victoria'* and we hope this Quality Account demonstrates the work we have undertaken in the past 12 months to make our vision a reality for *'Every patient, Every time'*.

We hope you enjoy reading this report and we welcome your feedback.



Margaret Bennett

Chief
Executive
Officer



Jonathan Green

Board
Chair (from
25/04/2018)



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



NHW Board of Directors: L-R Roger Barker, Paul Virgo, Lisbeth Long, Matt Joyce, Anne Wearne, Alison Maclean, Cheryl Clutterbuck, Jonathan Green and Martin Hession.

Our year in review

Oversight of all the services at NHW is provided by the Board of Directors, CEO and Executive Team who work together to:

- Provide strategic leadership
- Monitor the quality and safety of patient care
- Ensure resources are efficiently used to provide the best access to clinical services for Wangaratta and the surrounding Central Hume sub-region

- Encourage a culture of continuous improvement and innovation
 - Ensure the organisation meets compliance with relevant legislation
 - Monitor financial management
 - Manage identified risks to our service
- NHW has a 9 member Board of Directors that meets monthly. As well as the full Board meeting, all Board Directors attend a monthly Quality &

Safety Committee where they receive reports on the performance of clinical services. These reports focus on numbers of people who attend services, but more importantly the quality of services provided is constantly monitored. This information is provided through data collected, but also increasingly by using information provided by people who use our service and provide feedback.

A snapshot of organisational achievements 2017/18

- Overall patient satisfaction of 95%
- Achievement of a further \$6.997 million in funding for the redevelopment of the hospital to increase bed numbers. This is in addition to the \$15.176 million received previously
- Upgrade of our fire ring main system, providing greater fire protection and water storage capacity
- Increased the numbers of CCTV cameras and installation of swipe card door access across the hospital to provide better security
- Establishment of the Well Ageing Info Hub at the Rural City of Wangaratta (RCOW) following extensive community consultation (in collaboration with Latrobe University and RCOW)
- Introduction of a Digital ECG service between NHW and Alpine Health
- Implementation of the DOS system to assist with the day to day management of NHW
- 95% staff flu vaccination rate, with 100% at Illoura Residential Aged Care
- Removal of sugary drinks for sale at the café
- Development of Victoria's first rural model of Robotics Rehabilitation supported by Better Care Victoria



The Executive Team at NHW.



Radiographer Julia Chalmers checks an x-ray.

Snapshot of NHW

Established on the current site in Green Street in 1872, NHW has continued to grow and develop as a subregional health service and referral hospital for the Central Hume area of Northeast Victoria.

With a staff in excess of 1350, NHW provides an extensive range of acute, community, subacute and aged care services and has a budget of \$143 million.

Our Clinical Services include

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



Key data – year on year

	2017/18	2016/17
Patients admitted	19,127	18,705
Patients treated in Emergency Department	25,546	24,539
Babies born	667	679
Outpatient attendances	24,682	21,007
Medical Imaging procedures	67, 848	62,132
Rehabilitation episodes	540	429
CCU patients	754	771
Paediatric admissions	1,292	1,416
Dialysis treatments	2,356	2,543
Oncology treatments	1,922	1,736
Hospital in the Home patients	318	196
District Nursing client visits	19,918	17,687
Palliative care patients cared for at home	185	164
Dental patients treated	14,938	13,699
Pharmacy scripts filled	33,104	32,002
Surgical procedures	6,518	6,369
Beds cleaned	6,226	5,818

Access to Emergency Care

The Emergency Department (ED) is the first point of contact for most of the unplanned admissions to NHW. Over the last 5 years we have seen an increase in the numbers of patients seen and in the last 12 months, although the numbers were similar to the previous year, the patients were more complex with more needing urgent care. This has meant that there have been delays at times for some less urgent patients waiting to be seen.

When patients arrive at the ED, they are seen by a senior nurse who effectively ‘sorts’ them into five categories of urgency, with ‘Category 1’ being the most urgent. This is called ‘triage’.




Registered Nurse Lou Contaccolli assesses a patient at the Triage desk.

Category	Time to be seen	Examples of cases	NHW Patients seen within time	Patients seen within time DHHS* target	Patients treated 2017/18	Patients treated 2012/13
1	Immediately	Heart attacks	100%	100%	66	71
2	Within 10 minutes	Significant trauma	90%	80%	1,913	1,246
3	Within 30 minutes	Moderate blood loss	82%	75%	7,994	5,466
4	Within 1 hour	Abdominal pain	83%	60%	11,311	9,972
5	Within 2 hours	Coughs, colds, dressings	93%	60%	3,069	3,958

* DHHS - Department of Health and Human Services.

Despite the pressure of additional patients requiring treatment, satisfaction of patients within the ED is generally high. Victorian Health Experience Survey (VHES) results for ED from Jan – March 2018 showed:

- **Overall patients within ED rated their overall care as good or very good – 87% (State average 83%)**
- **Were there enough doctors and nurses in the ED to care for you? 69% (State average 55%)**
- **Were you given sufficient information to manage your health care at home? 77% (State average 62%)**
- **Did hospital staff take your family or home situation into account when you were leaving the ED? 87% (State average 56%)**



As a result of patient feedback from VHES staff have:

- **Improved the cleaning schedule in ED**
- **Received coaching in AIDET and Clinical Bedside Handover**
- **Introduced communication boards in every patient cubicle to provide written updates for patients**
- **Ensured medical staff have enough time to complete discharge summaries to provide to GPs**

Escalation of care

NHW uses a rapid response system called MET (Medical Emergency Team). They provide urgent assistance for patients whose conditions are getting worse. Observation & Response Charts, utilised throughout the organisation, use colour coding to help staff identify a patient’s worsening condition and know who to call. In the past 12 months there were 447 MET calls made across NHW, a significant increase from 333 in 2016/17. This means that expert care was provided in a timely way to patients who were becoming unwell. There is also a ‘patient, family &/or carer’ escalation process in place that enables patients, their family &/or carer to directly phone the Nursing Supervisor who assesses the situation and organises further management as appropriate.



Celebrating NAIDOC week with the HR Team: Back row: Mimma Cannata, Lisa Houston, Sharon Cheong, Tracey McGeehan & Helen Oates. Front Row: Jolene LaLara & Dianna Piazza.

Aboriginal Health

The Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program was established by the State Government in response to data that shows Aboriginal Victorians experience poorer health and lower life expectancy than the general community. Many Aboriginal people have more acute and complex health issues and are reluctant to visit hospitals. NHW continues to work towards meeting the four goals of the ICAP program.

Key result area	Action undertaken by NHW in last 12 months
There is a collaborative partnership between the health service and the local ACCHO, Elders and Aboriginal community members	Collaborative partnership continues between the local Dirrawarra Indigenous Network and members of the local Aboriginal Community. Local Aboriginal advisory group meeting facilitated annually to improve NHWs response to Aboriginal community members and how NHW can be more culturally aware and safe for Aboriginal community members.
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	This was the first year of implementation of the 2017-2020 Pangerang Nungara plan. This plan has three areas of focus: 1. To improve access healthcare services 2. Improve access to healthcare employment 3. Increase access to healthcare education Key areas of achievement to date include patient liaison, Aboriginal artwork by local artists at all access points, replacement of Aboriginal and Torres Strait Islander flags across NHW and acknowledgement at all patient entrances. Staff awareness of 'asking the question' on admission and throughout the patient stay for those who wish to disclose throughout their admission.
The Aboriginal workforce is supported within the organisation	NHW continues to support local Aboriginal youth with opportunities for school and non-school based traineeships. Unfortunately, there was no uptake of these traineeships in 2017/2018. Aboriginal staff have been provided support throughout the year by the AHLTO and the Central Hume Primary Care Partnership's Aboriginal Community Support Worker. Training with Emergency Department staff provides cultural support and cultural awareness sessions are now part of the NHW staff and junior medical officer orientation program.
Culturally appropriate strategies exist for collecting patient identification data on Aboriginality	Identifying as an Aboriginal at NHW is important and processes are in place to support Aboriginal community to identify at every entry point to NHW. Asking the question at every patient service access point and throughout the patient journey for those who wish to disclose throughout their journey.

In addition to meeting the key result areas, we have also been actively working towards improving the cultural responsiveness and safety for Aboriginal staff, patients and family. In the past 12 month we have:

- Undertaken an Aboriginal Community health service walk around to review access, entry points and general facilities from an Aboriginal perspective. Identified improvements have been added to the NHW Aboriginal Health Action Plan.
- Supported an average 53 Aboriginal patients per month through NHW's Aboriginal Health Liaison Transition Officer (AHLTO)
- The NHW AHLTO attends the Dirrawarra Indigenous Network monthly meetings and is a member of the NAIDOC Week committee for 2018 which will include health assessments and health information.



Did you know...

NHW had a total 1491 contacts with people who identified as Aboriginal or Torres Strait Islander in 2017/2018 across emergency, in-patient, outpatients and maternity services.



New mum Alex Porter and baby Indiana attend the Mums and Bubs Community forum to provide feedback on NHW services.

At NHW we provide a full range of Obstetric services for Wangaratta and the surrounding Central Hume catchment, supported by 6 Consultant Obstetricians and a team of dedicated midwives.

There were 667 babies born at NHW in 2017/18. This included 11 sets of twins.



Obstetric performance

Victorian Perinatal Services Performance Indicators (VPSPi) are compiled by Safer Care Victoria and provided to health services every year. The report provides data that covers antenatal, labour, birth and postnatal periods and is compared to other health services across the state. Our Women's Health Governance Committee (WHGC) reviews this data to identify areas for improvement. Review of the 2016/17 data showed that we have improved in most areas, but there are two indicators where action has been taken to improve our results:

- **Rate of breast feeding** Data showed NHW to have a breast feeding rate of 92.6% against the lower state-wide quartile of 93.8%). We are working to improve this rate by:
 - Ensuring all women see a midwife during their antenatal journey. The lactation consultants now also encourage non-first time mothers to have an antenatal breastfeeding consult, especially if they have a poor breastfeeding history.
 - Women who have already chosen to bottle feed their babies are offered antenatal consultations to explore reasons for choosing bottle feeding, especially if there is history of difficult breast feeding
 - Providing breast feeding information in the packs that we give out at 28 weeks
- **Encouraging women to stop smoking during pregnancy.** Although our rates are comparable in this area, we believe it needs a stronger focus. To improve in this area we:
 - Run education sessions for the midwives on how to counsel somebody on the risks of smoking in pregnancy
 - Ensure staff know of the different supports available to assist women to quit
 - Have a standardised approach ensuring all women are getting the same advice
 - Improving our documentation capture around smoking

Community Midwife Program

The Community Midwife Program (CMP) offers women 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 midwife, providing the opportunity to develop a strong rapport prior to labour and birth. In 2017/18 they provided care for 139 women.

In May 2018 our Community Midwifery Program (CMP) won the Health/Personal Care category at the Wangaratta Business Awards. We were delighted to receive community recognition for this wonderful service and the dedicated team that provide it, especially in 2018 as we celebrate 20 years of the CMP program in Wangaratta.



Did you know...

The Community Midwife Program has now changed its name to **Midwifery Group Practice**, in keeping with similar services.



The Oncology Service at NHW provides treatment and support for not only people with cancer but other medical conditions requiring treatment. Nurse Tayla Adkins provides treatment for Richard Morton.

Elective surgery



NHW provides a wide range of surgical services including Orthopaedics, General Surgery, Gynaecology & Obstetrics, Urology, Ear, Nose and Throat, Paediatric Surgery & Endoscopy. There are target times in place for patients to be seen for surgery, depending on the urgency of their condition.

Like patients attending the Emergency Department, patients who are booked for surgery are sorted in order of clinical priority. This is done by the surgeon who will perform the operation. Our performance in the three priority categories are below:

Category	Description	Ideal Time to treatment	2017/18	2016/17
1	Urgent	Within 30 days	100%	100%
2	Semi Urgent	Within 90 days	94%	92%
3	Non Urgent	Within 365 days	92%	94%

Significant work has been done to reduce the surgical waiting lists and at the end of the 2017/18 financial year there were 605 on our waiting list, better than the 630 target set by the Department of Health and Human Services.

Cancer Liaison Nurse

The Oncology Service is a dynamic day unit, operating Monday to Friday and providing chemotherapy and supportive treatment for people with a cancer diagnosis. They also provide an increasing number of non- chemotherapy treatments for people with other medical conditions. The unit has eleven chairs and one bed and is staffed by experienced nurses with formal chemotherapy and cancer qualifications.

An addition to services offered there is a Cancer Liaison Nurse (CLN) who is available to any member of our community to provide information and support about cancer, cancer treatments or cancer services in this region.

A Cancer Care Co-ordination project was undertaken from October 2017 to May

2018 in collaboration with Hume Regional Integrated Cancer Service (RICS). This project expanded the role of the NHW CLN by providing supportive care screening to patients newly diagnosed with lung and colorectal cancer. At commencement of the project only 14% of patients diagnosed with lung or bowel cancer at NHW had supporting care screening, which identifies the physical, psychological, social, informative and spiritual needs of a person with newly diagnosed cancer. It allows a conversation to take place to improve the cancer journey and overall patient experience.

Following work to increase referrals to the CLN, there was a 23% increase in patients receiving supportive care screening, and work in this important area of health care will continue to expand to different types of cancers.

Changing techniques

The Thomas Hogan Rehabilitation team has introduced a new technique using the "GiveMorh" arm sling. This helps stroke patients have their affected arm supported & helps prevent arm contraction and shoulder damage which can occur without a sling or support. They are particularly useful for people who may have suffered a stroke and have lost movement in the arm. This sling enables patients to feel more comfortable and move around with increased safety.

Advance Care Directives

Advance Care Directives have been designed to allow people to clearly document for their loved ones what is important to them in terms of medical treatment and quality of life they would want if, for some reason, they were unable to participate in these discussions. In March 2018, the Medical Treatment Planning and Decisions Act 2016 came into effect, resulting in changes to Advance Care Planning in Victoria. They allow individuals to create a legally binding Advance Care Directive (ACD), allowing them to:

- Make an **Instructional Directive**, to specify the treatment a person consents to or refuses
- Make a **Values Directive**, which describes a person's views and values and is followed by the medical treatment decision maker and health professionals
- Appoint a **Medical Treatment**



NHW supported 'Giving Life', a photo exhibition by renowned Australian photographer Andrew Chapman in February 2018. Pictured is Renee Garini with one of the exhibition photographs featuring Professor Bob Jones of the Austin Liver Transplant Unit. Professor Jones performed her life saving liver transplant surgery.

Decision Maker to make decisions on behalf of a person when they no longer have decision-making capacity

- Appoint a **Support Person** to assist a person make decisions for themselves, by collecting and interpreting information or helping the person to communicate their decisions

NHW is focusing on improving patient knowledge of Advance Care Planning and ensuring systems and processes are in place to record patient preferences and provide treatment and care aligned with those wishes. Data shows that from July 2017 – May 2018, an average of 14% of patients

admitted over 75 had an ACD in place, indicating a greater need for community engagement surrounding this important topic.

To improve community awareness in ACD and also end of life care. NHW has:

- NHW held a Dying to Know (D2K) day on August 8th. Many visitors and staff were provided information on advance care plans, end of life care and options surrounding death, such as dying at home, home and community led funerals and natural burials
- Provided community information at the new Well Ageing Info Hub (see page 32)

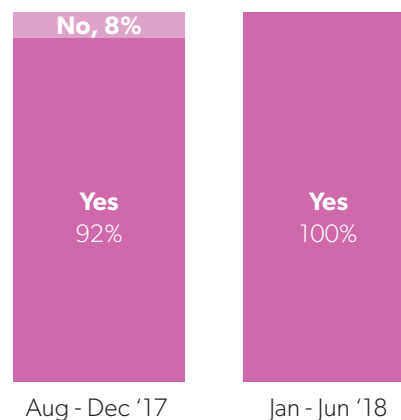
End of Life Care

End of Life and Palliative Care assists people with a life-limiting or life-threatening illness. The aim of this type of care is managing symptoms and providing comfort and assistance. This includes help with emotional and mental health, spiritual and social needs. The goal is to improve quality of life to not only the person with the illness but also for their family, friends and carers. Ideally people choose whether they want their end of life care to be provided at home or in hospital.

Regardless of where patients receive end-of-life care, they are routinely prescribed medications to ease potentially distressing symptoms that may occur. At NHW, a 'Care Plan for the Dying Person Victoria' was introduced in August 2017. This care plan prompts all clinical staff to assess and manage symptoms most commonly experienced by dying patients. The graph shows that medication management in end of life care has improved.

In 2017/18, NHW Community Palliative Care staff cared for 185 clients in their own home.

Introduction of the Care Pathway has increased the % of dying patients prescribed appropriate medications for end of life care



Organ donation is a precious and rare opportunity, with just 1 – 2% of deaths in hospital occurring in the very specific circumstances that allow donation to take place. If you would like the opportunity to save lives one day, register to be an organ and tissue donor at donatelife.gov.au and talk to your family about your decision.



Early education: Oral Health Therapist Rachel Ford providing education on the finer points of good oral health!

New model of care in Oral Health

In 2017 NHW Dental Service commenced the trial of a new model of care in collaboration with Dental Health Services Victoria. This new process is focussed on preventive care and has been introduced as the previous model for dental services was not meeting the needs of the community in a sustainable way.

The new model of preventative care is based on models developed in the UK and trialled by North Richmond Community Health Service and Bendigo Health. It involves a whole team approach to achieve the best dental health

outcomes with the patient. The aims for our patients are to increase oral health literacy and knowledge, raise awareness of effective oral health within the community and improve motivation through education. With some exceptions, all dental clients are required to attend a dental health education session prior to their first clinical appointment. As with all new clinical services introduced at NHW, the Community Advisory Committee was involved in providing feedback prior to roll out.

The introduction of the pre-care

information session has been met with positive reviews. However, in response to client feedback, modifications have been made to the process to better meet the needs and expectations of dental service users. A formal evaluation will occur in late 2018 which will determine the success of the new process and highlight further areas for improvement.



Dentist Emily Pegan shares a laugh with patient Edmond Duffus

Dental Clinic Visits



Did you know...

Our staff have provided dental health education to 809 clients since introduction of the new Model of Care



Enrolled Nurse Tracey Nixon with TCP client Winifred Freemantle, who returned home following her time in the program.

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. It is staffed with Division One and Two Registered Nurses who provide 24/7 care for our residents, along with the rest of the team who assist with daily activities to maintain an active and stimulating lifestyle. A new 10 bed extension was completed in 2017 which now sees the Transition Care Program located within the facility.

Monitoring Resident Care

Our staff at Illoura aim to provide excellent care to ‘Every resident, every time’. We measure the quality of resident care through participation in state wide clinical indicators. These indicators look at the high risk areas for residents, and compare our performance against similar Residential Aged Care Services. The table below shows our performance in the 2017/18 year.

Clinical Indicator	Illoura -Residential Aged Care pressure injuries July – Sept 2017	Illoura -Residential Aged Care pressure injuries Apr – June 2018	Similar sized Residential Aged Care services Apr – June 2018
Pressure injuries	3	2	4
Resident falls	43	25	36
Falls with fractures	1	0	1
Use of physical restraint	0	0	0
Use of 9 or more medications	23	22	19
Unplanned weight loss	11	8	7

Pleasing results can be seen in the reduction of resident falls over 12 months, along with unplanned weight loss. Hardwiring the processes introduced in the previous 12 months such as reviewing every resident fall via a ‘post fall huddle’, regular attendance at Illoura by NHW Physiotherapy staff, and audits of resident footwear have helped to decrease the rate of falls and also any serious injuries associated with falls. In addition, there is better information for staff via Falls Tracking made available on information boards for staff. These provide real time information for staff. Improvements to food services generally has also been of focus. Every week there is a ‘Big Breakfast’ for residents where

a buffet style selection of food is available and cooked on site. Resident feedback has been more consistently used to make sure individual preferences are met wherever possible. The Food and Nutrition Committee at NHW is overseeing a number of initiatives into the 2018/19 year which will involved greater changes to food offered at Illoura, including:

- **Full menu review**
- **Introduction of a fully tailored menu service to increase choice and variety of food**
- **Trialling new foods to enhance flavour, texture and appearance of modified diets**



Did you know...
Resident and Relative satisfaction surveys are conducted every year. The 2017 results showed 96% of residents were satisfied with the level of care provided. 25% reported being extremely satisfied.

Transitional Care Program

In September 2017 a new 10 bed wing at Illoura was opened, increasing our capacity with four additional aged care beds and six beds for people in Transition Care. Transition Care is a program that promotes independence and provides the best opportunity for clients to return home following a hospital admission rather than enter Residential Aged Care. The TCP beds at Illoura were previously located as part of the Thomas Hogan Rehabilitation Centre. Locating TCP at Illoura provides a more homelike environment where, under supervision, they perform activities they would normally undertake at home.



Jaclyn Symes MLC, Member for Northern Victoria, officially opened the \$1.7 million extension at Illoura.

Management of Food Allergies



In Australia, food allergies occur in 1 in 20 children and 2 in 100 adults (Australian Health Survey: Nutrition First results – food and nutrients, 2011-12). The safe management of food allergies within the hospital setting is essential in reducing risk of adverse outcomes. Current food allergy practices at NHW were noted to be unclear and inaccurate. Audits undertaken demonstrated only 43% accuracy between diet codes on the food service system compared to those on patient journey boards. The objective of the food allergy project undertaken by the Dietetics Department was to improve patient safety, minimise harm and standardise food allergy management.

L-R Dietitians Elizabeth Walker and Eleanor Capel have led a project improving our management of food allergies.

What did we do?

The following activities were undertaken to assess our processes

- 1. Interviews of staff and patients regarding the food allergy process
- 2. Analysis of interview results
- 3. Mapping of the current process
- 4. Point prevalence audit on documentation compliance
- 5. Benchmarking with other health services

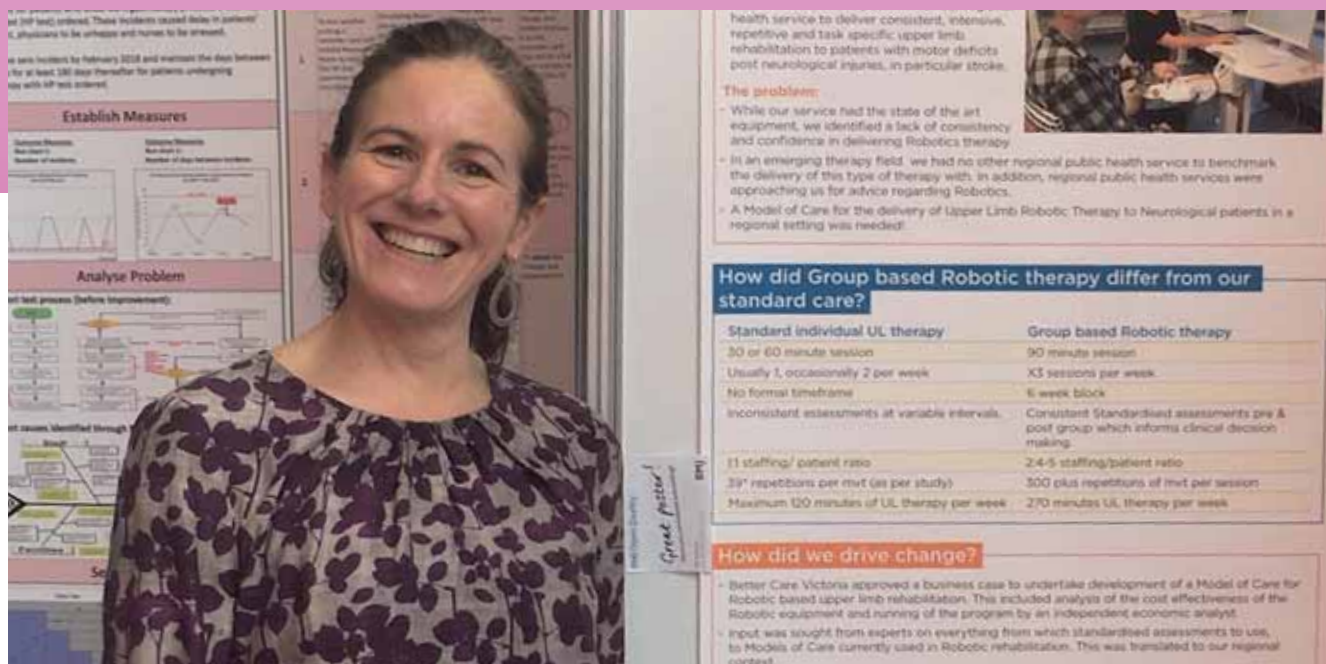
Results showed:

Of the 85 patients surveyed, 5 had a documented food allergy. There was only 40% documentation compliance to the NHW allergy guidelines. Of greatest concern, none of the documented food allergies were entered in the Chefmax foodservice system, which would alert kitchen staff to any food allergies.

Key Outcomes:

Five key recommendations were developed to drive process change at NHW

- > Establishment of a multidisciplinary Food and Nutrition Committee
- > Development of food allergy guidelines
- > Food Service technology update to Chefmax
- > Food Service, Nursing and Ward Clerk training
- > Menu review, including development of standardised recipes



Physiotherapist Andrea Vooght, Project Manager, presented the Robotics Model of Care at the International Forum on Quality & Safety in Healthcare.

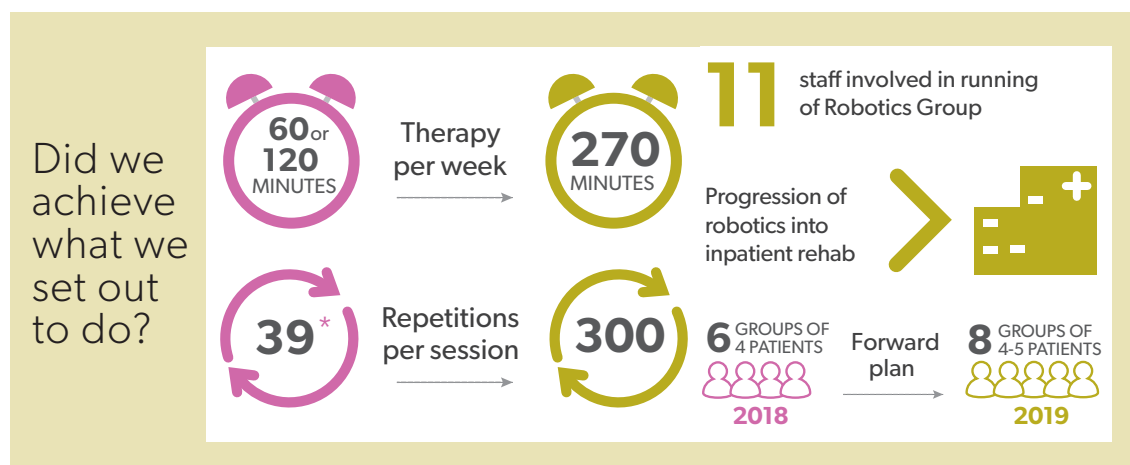
Developing a Model of Care for Robotics

In 2017 Northeast Health Wangaratta purchased Robotic equipment using community raised funds. This provided the capacity for NHW to deliver consistent, intensive, repetitive and task specific upper limb rehabilitation to patients with motor deficits after neurological injuries, in particular stroke. While we had the state of the art equipment, there was a lack of consistency and confidence in delivering Robotics therapy. We had no other regional public health service to benchmark the delivery of this type of therapy with, and other regional public health services were approaching us for advice regarding Robotics.

To develop the Model of Care that was needed we:

- Received funding from Better Care Victoria
- Sought input from experts in robotic rehabilitation
- Surveyed our staff and patients about the current system

This resulted in the introduction of group based therapy rather than individual appointments. The following data shows just some of the positive results:



Redesigning systems for better care

NHW is fortunate to have funding through Better Care Victoria (BCV) that supports an Improvement and Innovation Adviser who helps assist with successful project completion to improve patient care. In 2017/18 this funding enabled:

- A review of the inpatient Sub-Acute service which included the development of a Sub-Acute Guideline and new nursing admission form
- Design and introduction of a Discharge Checklist and Patient

Discharge Information form

- Amendment and updating of the Emergency Department Nursing Summary paperwork with an added patient risk assessment and referral section
- Design and Implementation of new Patient Transfer Form used for transfer of patient care between hospitals, residential aged care and the transit lounge within NHW
- Completion of the Organisational Strategy for Improvement Matrix

(OSIM) - a capability measurement tool that health services use to identify, measure and monitor organisational improvement processes and helps focus our improvements where they are needed

The Improvement and Innovation Advisor also advised on many improvement projects such as Patient Flow Partnerships, Sepsis Pathway Project, Fast Track Orthopaedic to Rehabilitation Project and the Complex Care Project.



Accurate bedside handover that involves the patient is vital for patient safety and communication. Pictured during handover are nurses Danielle Matthews (L) and Tanya Cameron (R) with patient Ken Williams.

We ask our staff...

As part of the annual People Matter Survey, our staff are asked about their opinions in response to patient safety and how they feel it is managed at NHW. It is important that staff who are working with patients are asked about how they view our performance and what needs improvement. The results from the 2017 People Matter Survey are pleasing and can be seen in the table below.

	DHHS Target	NHW % score	Regional / Subregional scores	
			Highest %	Lowest %
Overall positive response to safety culture questions	80	93	94	82
Question				
Encouraged by colleagues to report safety concerns	80	95	97	91
Patient care errors are handled appropriately in their area	80	95	97	86
Suggestions about safety concerns are acted on when expressed to their manager	80	94	96	85
Culture in their work area makes it easy to learn from the errors of others	80	90	95	78
Management is driving the organisation to be safety centred	80	95	96	84
Organisation does a good job of training new and existing staff	80	87	93	69
Organisation adequately supervises trainees	80	89	94	74
Would recommend a friend or relative be treated at their organisation	80	95	98	75

*Positive results are calculated from staff who ‘strongly agree’ or ‘agree’ to the question asked

In response to this information we have:

- Reviewed the staff orientation program to more strongly focus on patient safety, with further changes to be made
- Introduced Clinical Skills Labs in 2018 to ensure clinical staff have practical training in important patient safety practices, commencing with Bedside Handover
- Developed a stronger alignment of the Clinical Education Team and Performance Improvement to target deficits in patient safety and quality of care



Did you know...

NHW is introducing a ‘See it, Say it – speaking up for patient safety’ campaign that will encourage both staff and consumers to have a stronger voice regarding how safety can be improved at NHW

Improving Patient Safety

Hospitals can be dangerous places. In meeting our Mission of enhancing the quality of life of people in Northeast Victoria, we actively work towards reducing the risk to our patients. We always review what we do and make improvements to our systems and processes whenever we can.

We identify areas of clinical risk through:

- Incident reporting
- Medical Record Reviews of all deaths, unplanned returns to theatre, length of stay greater than 21 days, unplanned returns to hospital and any other histories referred by clinical staff
- Patient feedback



Pharmacist Jeff Van discusses medications with patient Betty Rekers.

- Clinical indicator data

Data collected from incident reporting has indicated a need to focus on falls prevention, medication safety, pressure injury prevention and aggression and assault minimisation.

Managing Adverse Events

Adverse events are those that result in harm to patients. All undergo review to ensure measures are put in place to prevent recurrence. Serious harm events undergo a multidisciplinary Clinical Incident Review. Process and system changes as a result of these reviews in 2017/18 have included:

- **Introduction of colour coding to Head Injury Observation charts to support appropriate escalation of care**
- **Changes made to Falls Risk Assessment Tool so admitted patients are automatically high risk**
- **Introduction of a specific 4 bed room in the Medical Unit for patients who require close observation – there is a staff member always present to observe patients**
- **Education for clinical staff regarding oxygen and ventilation**

Medication Safety

NHW operates a busy Pharmacy Department that provides medications for inpatients, Emergency Department and community based clients. Over the past 12 months there have been improvements in the pharmacy service provided in clinical areas.

In the past, patients have been seen first on admission to the ward by a clinical pharmacist, who reviews current medications and double checks these medications

are prescribed and provided for use whilst a patient is in hospital. They may also see a patient at discharge to discuss medications prior to going home.

Pharmacy has now placed Pharmacists in the Emergency Department and Pre-Admission Clinic to ensure medications are discussed prior to admission wherever possible. Pharmacy is a Monday to Friday service and unfortunately pharmacists can't see every patient, however they

do make every effort to visit "high risk" patients. These include patients over 65 years of age and taking 5 or more medications, those taking "high risk" medications such as drugs taken for blood clots, diabetes, pain or cancer, or if a patient has poor eyesight, hearing or lives alone. In July alone, Pharmacy saw 60 patients in Pre-Admission Clinic and discussed with them what to do regarding their medications as they prepared for surgery.



If you are coming into hospital, it is important to bring with you all your current medications, and a list of all medications being taken, so Pharmacy can ensure that all the medications are prescribed correctly in hospital, to further improve medication related safety.

Preventing patient falls

Falls are one of the largest causes of harm in health care and are a recognised patient safety issue across Australia. Preventing patient falls in hospital is a major focus at NHW as we understand that many falls can be prevented. There are a number of strategies we have in place to prevent falls in hospital:

- Patients and aged care residents are assessed for their falls risk on admission
- Falls prevention plans are developed with the patient/ resident and/or their families to reduce the risk of falling and injuries from falls
- Equipment such as bed and chair alarms and beds which lower to the floor

If a patient/resident does fall, we investigate why they fell and put additional measures in place where possible to prevent further falls. One initiative introduced



Ensuring safety: Exercise Physiologist Kate Ivey in the gym with patient Winnifred Freemantle.

recently is the post fall huddle. As soon as possible after a patient fall, nursing, allied health and pharmacy staff gather at the patient bedside to determine the cause of the fall.

The patient is involved in this conversation wherever possible. The patient's risk factors are reviewed to ensure appropriate falls prevention strategies are in place.

In hospital patient falls



259
2015/16

232
2016/17

212
2017/18

As part of the 'DOS' process (see page 16) any patient/resident fall or pressure injury that has occurred in the last 24 hours is highlighted. Management strategies are reviewed by Managers and Executive staff.

Pressure Injuries

A pressure injury (pressure ulcer or bed sore) is an injury to the skin caused by unrelieved pressure. They may occur when a patient is unable to move due to illness, injury, or surgery. They can be caused by lying or sitting in the same position for too long or by other pressure on the skin, such as poorly fitting shoes, clothing and (in hospital) items such as oxygen tubing. Most pressure injuries are preventable

if appropriate action is taken to relieve pressure and ensuring clothing and footwear fit well.

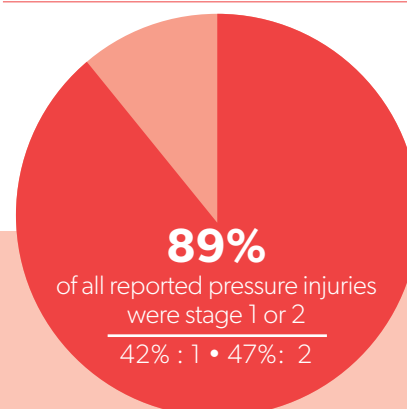
At NHW we:

- Assess all patients to see if they are at high risk of pressure injury
- Put in place prevention strategies
- Train clinical staff in pressure injury prevention and management
- provide adequate patient and carer education

Patients developing Pressure Injury in hospital

2013/14 = 126

2017/18 = 84 ↓



Stage 1 - Reddening of the skin

Stage 2 - Partial thickness skin loss

Daily Operating System (DOS)

DOS is a way of working that assists health care services answer the daily question ‘Are we ready today – if not, why not?’ Problems that cannot be fixed at the frontline are escalated to executive level to assist with corrective action.

Not all DOS systems in healthcare are the same and NHW has adopted a two tier approach:



Rebecca Weir, Acting Director of Clinical Services, leads the DOS process.

Tier 1: Department level
Tier 2: Executive level
Rolled out on the 4th June 2018, in 12 weeks our DOS system has:

- Resolved 80 problems / issues
- Highlighted 6 problems that have required escalation to Executive
- Improved communication and broader understanding of real time issues occurring in our organisation

- Broken down barriers between departments and encouraged group problem solving
- Improved accountability for completing tasks
- Engaged leaders to have the right people in the room
- Improved coordination of effort and rapid response to fix issues ‘on the spot’



Comments from staff

“Excellent process that enables executive to have a real understanding of the daily pressures and issues in the ward”

“Problems are escalated in a timely manner”

“Great communication tool between ANUM, Ops Director and NUM”

“Great way of understanding the daily operational issues”

Fighting Sepsis

NHW is one of 5 hospitals in the Hume Region to introduce a standardised pathway for recognising and managing patients that present with sepsis. The pathway assists clinical staff to identify symptoms and signs of sepsis and provide a rapid response with six key actions within the first hour of care.

The sepsis pathway was introduced in the Emergency Department, Critical Care and Surgical Ward on 31st July and will then be rolled out fully across the organisation on September 2nd 2018.

Results to date have been very encouraging with the following improvements in care already noted. When comparing pre survey data with data collected after education and introduction of the pathway:

- **Time to antibiotics reduced from 202 minutes to 47**
- **Blood cultures taken improved from 4 to 9**



Launching the Sepsis Pilot Project in ED: back row L-R Lindsay Jenkinson, Bill Hunt, Ant Ivone, Bree Adams. Front row L-R: Tracey Lloyst, Michelle Thomas, Robyn Marklew.



What is Sepsis?

Sepsis is a severe infection, sometimes called blood poisoning or septicaemia. An infection occurs when germs enter your body, causing you to become unwell. Many different types of germs can cause sepsis and anyone can develop sepsis from an infection. If untreated it can lead to shock, damage internal organs and can even cause death. Severe sepsis requires immediate treatment in hospital.



Pictured: Front: Dr Brooke Winzer, Erin Anderberg, Kristin Smale, Ashlee Martin & Sarah Kreutzberger.
Back: Meredith Gross, Brigid O'Rielly, Rebecca Nugent & Frances Samon.

CHESTY Research (CHest infection prevalence Evaluation following Surgery sTudY)

The physiotherapy team 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 International Research Study is one of the largest ever collaborative research efforts in the field of cardiorespiratory physiotherapy and includes data from over 5000 patients worldwide.

Chief Physiotherapist, Dr Brooke Winzer, coordinated the study at NHW with data collected from over 100 surgical patients. Results will be finalised and published in 2019.

Did you know...

A tracheostomy is a surgical procedure that involves making a cut in the trachea (windpipe) and inserting a tube into the opening. A tracheostomy may be temporary or permanent, depending on the reason for its use.

Creating a Multi-Disciplinary Tracheostomy Team at NHW

In order to ensure that all patients with a tracheostomy receive safe, best-practice care, delivered in coordinated way, a multi-disciplinary tracheostomy resource team was created at NHW. Maintaining a skilled workforce in tracheostomy care is a significant challenge for regional hospitals given that such patients are complex to manage and present infrequently.

The team includes a Consultant Physician, Anaesthetist, Critical Care Nurse, Speech Pathologist, Physiotherapist and Nurse Educator and is now responsible for reviewing all tracheostomy patients and providing them with a comprehensive tracheostomy management plan. To gain the necessary skills, team

members attended 4 days of education and training at Austin Health (Melbourne) with funding from a NHW Travelling Scholarship, awarded annually by the Board of Directors.

In the 4-months following the training, the team achieved the following:

- Officially launched and promoted the service to NHW clinicians and Visiting Medical Officers
- Created a Tracheostomy Policy (outlining the model of care including safety aspects)
- Created bed-side tracheostomy emergency posters
- Reviewed and updated all tracheostomy-related equipment, creating 'Tracheostomy Equipment Boxes'

- Developed a staff training calendar inclusive of 'pop-up' simulations, lectures and practicals to increase tracheostomy skills across the NHW workforce – particularly targeting Critical Care Unit and Emergency Department



Tracheostomy Resource Team L-R: Laura Morrison, Speech Pathology; Libby Wortmann, NUM CCU; Dr Andreas Baisch, Physician; Dr Andrew Haughton, Anaesthetist; Trenton Hyde, Education; Dr Brooke Winzer, Physiotherapy.

Preventing Infection

Infection prevention and control programs in hospital aim to reduce the development of resistant organisms or disease and minimize the risk of transmission through isolation of patients with



Yarrowonga students participating in the Vocational Education Training (VET) health program gear up in personal protective equipment (PPE) during education on infection control. VET students studying a Certificate III in Health Services Assistance and a Certificate III in Allied Health Assistance over a two-year period have clinical placement at NHW one day a week during school term.

infectious disease. As there is no single cause of infection, there is no single solution to preventing infections and so our staff use standard precautions for all patients to provide the safest care.

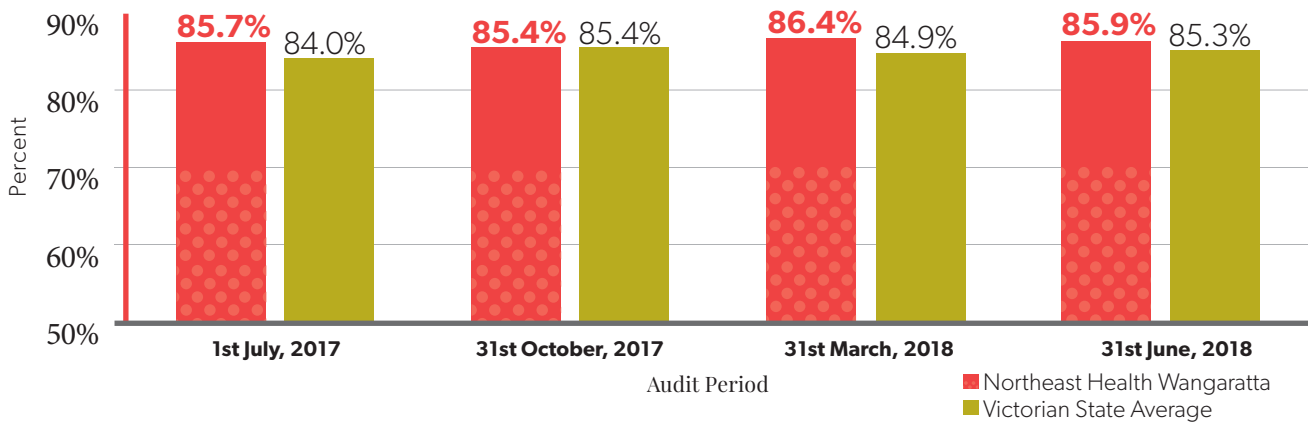
Central Line Blood Stream Infections (CLABSI) and *Staphylococcus aureus* Bacteraemia (SAB) Rates

CLABSI can be caused by inserting invasive devices such as central lines into patients. NHW has not had a central line bloodstream infection recorded in the last 12 months. We also collect data on blood stream infections that are caused by *Staphylococcus aureus* (often referred to as “Golden Staph”). These infections can be acquired in the community or can be Health Care Associated. In 2017/18 data has shown an average rate of 0.5 cases per 10,000 bed days, below the threshold of 1 case per 10,000 bed days.

Hand Hygiene

Hand washing is the single most effective way of preventing the spread of infection in hospitals. NHW has an ongoing Hand Hygiene Program that provides education and regularly monitors our compliance with hand hygiene practices. To ensure we maintain a safe environment for our patients’ staff and visitors we adhere strictly to optimal hand washing techniques. NHW continues to achieve great results with hand hygiene compliance that is measured three times a year. All hospitals in Australia are required to achieve a hand hygiene compliance rate above 80%, and as can be seen from the graph below, our rate is above or equal to the Victorian average.

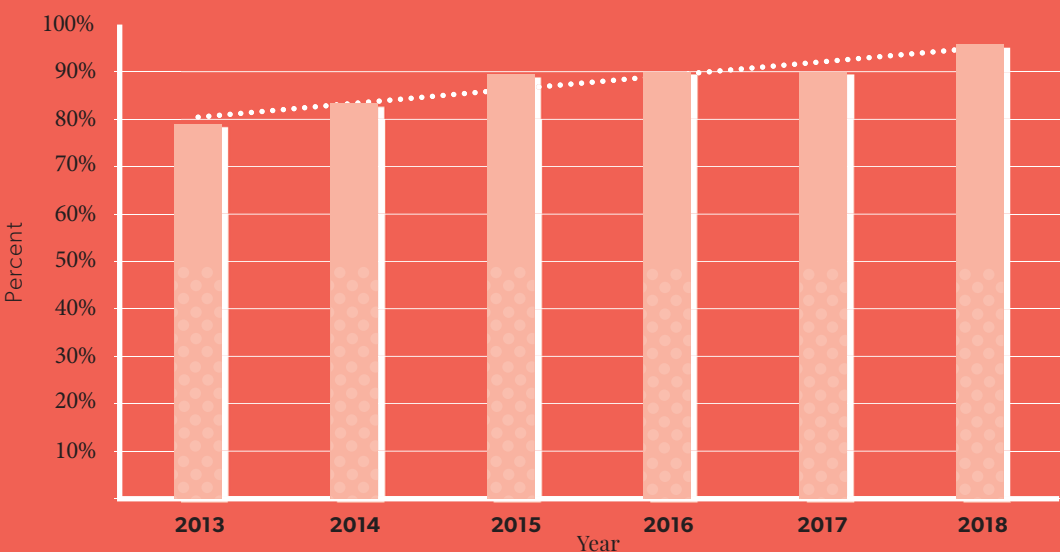
Hand Hygiene Compliance 2017/18



Influenza

Staff wellness is paramount to NHW, by protecting our staff through influenza vaccination we can also provide a safe environment for our patients. Every year our Infection Prevention and Control Team provide vaccination clinics for our staff and volunteers. Health Services are expected to reach the target of 80% and this year NHW has achieved a rate of 95%! NHW has been the highest scoring hospital (type 1) in Victoria over the past three years.

Employee Influenza Vaccination Uptake





L-R: Anthony Ivone (Emergency Department) and Paul Jones (CCU) have both led significant IV access projects in the past 12 months.

Improving patient care and experience

Midline project

After three years of planning and research, the Midline project commenced this year with the aim to improve patient care and satisfaction. As part of their hospital admission, most patients will experience the insertion of IV cannulas and needles. For some this can be quite a difficult, complex

and painful task, requiring multiple attempts before success and at times repeated when it comes time to replace.

Using ultrasound, an 8-10cm Midline is inserted into a vein in the upper arm by an experienced and qualified Critical Care Nurse. They are longer than standard IV

cannulas and the major benefit of a Midline is they can remain in place for up to 30 days. As a result, patients can have IV access that can remain in place for their entire admission – one needle, one line, one admission. In addition, infection rates are extremely low and will improve our patient care.

Outcomes



- Over 50 Midlines inserted
- Inflammation and infection rate of 0%
- Potentially removing the need for 90 tradition IV cannulas
- We are achieving all of our treatment targets to date, including the success treatment with the Midline at 90%. As this project matures we will endeavour to improve and continue providing excellent care to ‘Every patient, Every time’

Ultrasound guided IV cannulation

Vascular access in the Emergency Department (ED) can often be difficult. Patients are unwell, dehydrated, deteriorating, and have other conditions that can make finding suitable veins for IV therapy difficult. The patient who has ‘difficult’ veins may suffer 3, 4, 5 attempts at IV cannulation before success. This leads to a

negative experience for the patient, potential delay in pathology testing, diagnosis and treatment and increases the risk of infection for the patient.

Objectives of the project were:

1. Greater use of ultrasound for patients with difficult vascular access
2. Improved skill in vascular access by

- staff in the Emergency Department
3. Fewer failed attempts and improved success rate
4. Improved confidence and skill for nurses caring for the critically ill emergency patient requiring vascular access
5. Improved patient satisfaction with less failed vascular access attempts

Outcomes



- 8 ED Nurses completed training provided by Sonosite, and completed 3 successful attempts on a fake arm. They were then able to cannulate using ultrasound, keeping a diary of the number of cannulations and success of the process
- The amount of people having 3 or more attempts in a 2 week period reduced from 9 to 4.
- Success rate of 85% throughout the study period
- Trained staff were called upon to cover wards, CCU and radiology when difficult vascular access patients were found
- Major finding was not enough trained staff to appropriately cover each shift, and additional staff will look to be trained into the future



Young Arwen Castens-Hall recovers in the Paediatric Ward at NHW.

We take child safety seriously!

In November 2016 new laws were introduced to improve child safety, and from January 2017 NHW has been required to comply with 7 Child Safe Standards. We are committed to comply with these standards to ensure children feel safe at NHW. Posters have been developed for display across the organisation and describe how we are creating a child safe organisation.

To create and maintain a child safe organisation we have :

- A nominated Child Safety Officer who is available 24/7 for child safety concerns
- A child safety policy applicable to all areas of the organisation
- Training resources for staff and volunteers
- A policy for responding to and reporting of suspected child abuse
- Clear organisational expectations to ensure appropriate behaviour around children
- Strategies encouraging children to feel empowered and safe
- Strategies promoting a culture that will listen and respond to concerns of children
- All staff and volunteers at NHW must have a current Working With Children check



Safe use of antibiotics

Antimicrobial Stewardship (AMS) is an area of continued growth across NHW. Introduced in 2011, the NHW AMS program ensures safe and optimal antibiotic usage in an effort to minimise the development of antibiotic resistant bacteria and maximise patient safety. A diverse group of clinical professionals such as infection control, pharmacists, medical consultants, nursing and pathology staff comprise the NHW AMS working party, ensuring a multidisciplinary

approach to AMS. This working party co-ordinates various AMS activities and quality improvements that have included:

- **Formulary restriction (ensuring the right antibiotic is prescribed)**
- **Antibiotic therapeutic drug monitoring, resistance and antibiotic usage monitoring**
- **Auditing the appropriateness of antibiotics for the condition they are treating**
- **Education**

The AMS Program was recipient of a NHW 2017 Excellence Award through its work in reducing inappropriate antimicrobial prescribing amongst the hospital and Residential Aged Care Facilities. Recently the Program has begun collaborating with neighbouring health services, private healthcare and community groups to further embed the NHW AMS program as a rural leader.



Did you know...

Antibiotic resistance happens when bacteria stop an antibiotic from working effectively – without effective antibiotics some procedures may not be possible and some infections could be impossible to treat. Whenever antibiotics must be used, they must be used with care.



Ms Tonia Easton, ACHS Surveyor, presents her accreditation findings to a packed auditorium.

External Review

Accreditation is the external review of a health service against a set of designated standards. In Australia all hospitals are measured against a set of 10 National Standards developed by

the Australian Commission on Safety and Quality in Healthcare. Aged Care Services, such as Illoura, need to meet 44 outcome areas set by the Australian Aged Care Quality Agency (AACQA).

Both hospital and aged care standards have been developed to ensure we provide good management and focus on the areas of high risk to patients and residents.

Australian Aged Care Quality Agency

Illoura Residential Aged Care underwent full accreditation assessment in February 2018 and was awarded full accreditation meeting 44/44 outcome standards. During this review the two assessors met with staff but most importantly met with 10 residents and 4 residents representatives. They were asked their opinion about the home and the care and service they received.

Q: Do staff treat you with respect?

93%

agreed

Q: Do you feel safe here?

86%

agreed

Suggestions for improvement were around the time taken to answer call bells on occasions. This was partially due to staff being busy with other residents in their rooms and not hearing bells. As a result of this suggestion, call bells are now linked to individual pagers carried by nursing staff so they can be alerted wherever they are.



Did you know...

Aged Care Services must have at least one unannounced visit from the AACQA each year, where assessors arrive without prior notice.

Australian Council on Healthcare Standards (ACHS)

In July 2017 three surveyors visited NHW over three days to measure the performance of our inpatient, emergency and community services. Full accreditation for 4 years was granted and thirteen recommendations were provided to assist us to further improve what we do. Some of these recommendations included:

Recommendation	Action taken
Identify an appropriate governance group to guide the development and implementation of the Nutrition Management Strategy	Food and Nutrition Committee established with membership from nursing, food services, dietetics and speech pathology
Investigate the opportunity to introduce care pathways for high volume cases notably septicemia	Clinical care pathway introduced for the detection and management of patients with sepsis
The 'Clean Between' program be updated to include the management of disposable curtains	Written procedures now in place for when to change disposable curtains and information about when they are hung and when they need replacement



As well as the two major accreditation processes as above, NHW District Nursing service and Meals on Wheels were reviewed as part of the Commonwealth and Home Support Program accreditation in March 2018. All outcome measures were met.



Teamwork: Clinical Support Nurses have worked together with Hardwiring Excellence Champions to deliver practical 'skills lab' education in wards. L-R Sara Gartside (Clinical Support Nurse) Chris Gartside (Acting Operational Director) and Jess Osborne (Innovation & Improvement Advisor) have been part of the education process.

Framework for success

'Hardwiring Excellence' is the program in place at NHW that provides the overall framework for how we conduct our everyday business. The program aims to 'hardwire', or embed, standard practices that lead the achievement of three goals:

- Improve patient safety and clinical outcomes
- Improve patient satisfaction
- Improve staff satisfaction

Communication is the key!

AIDET

We expect all our staff to use AIDET when introducing themselves for the first time.

A – **Acknowledge** a person by name

I – **Introduce** themselves

D – Explain the **Duration** of any treatment or procedure

E – **Explain** any treatment that will take place

T – **Thank** the patient

Bedside Handover

This involves the outgoing nurse handing over care to an incoming nurse, and patients are involved in the process wherever possible. It ensures medication and observation charts are checked, drips, drains and wounds are noted and a clear plan for the ongoing shift is discussed. Proposed discharge date is also noted.

Communication Boards

Beside all inpatient beds, these boards are designed to provide patients and their families with information about their care.

They contain basic information such as:

- Names of staff caring for them
- Plans for the day
- Discharge date
- Discharge requirements

Importantly there is space available for questions to be written so staff can answer these – questions can be from both the patient and family/carers

Hourly Patient Rounding (HPR)

Nurses visit patients hourly to determine their needs are being met and ask specific questions such as do you have any pain, do you need to go to the toilet, do you need assistance to change position etc. Along with Bedside Handover, HPR is a key tactic used to involve patients and improve patient safety. Some of the measures our success are demonstrated in the People Matter Survey (staff satisfaction) the Victorian Health Experience Survey results, complaints and compliments that are included in this report. In addition, you will find information on how we are improving clinical outcomes for our patients, particularly in high risk areas such as falls and pressure injury prevention.



Margaret Bennett, CEO, with members of the 'Hush Foundation'. The Hush Foundation provide plays that educate but also provoke conversation about health care.

Consumer Experience

At NHW we have the motto 'Every patient, every time' and the most honest way of knowing we are achieving this goal is by engaging people who use our service and seeking their opinion

on our performance.

We engage with consumers in various ways, through:

- Satisfaction surveys
- Feedback processes directly to NHW

- Community forums (see page 34)
- Speaking with patients who are in hospital
- Involving community and consumers in specific projects and committees

Complaints and compliments



In 2017/18 we received 144 complaints, up from 131 the previous year. Complaints, compliments and suggestions can be made by email, telephone, in person, letter, feedback forms and sometimes via the Health Complaints Commissioner. All complaints are treated seriously and confidentially and are seen as an opportunity to make real improvement from a consumer's perspective.

➤ Improvement from complaints

Complaint theme identified in 2017: Lack of kindness felt by some consumers

Action: Development of 'Our Care and Kindness Charter' (see page 36) with invitation for input from all staff. This has been paired with education of staff, inclusion in new staff orientation and annual engagement of the Hush foundation to reinforce the message during World Kindness week.

➤ Improvement from consumer involvement in specific projects

Project: Well Ageing Vision and Engagement (WAVE)

Action: 462 items of individual feedback received regarding the question, "What is important for helping you to be well and healthy as you age?". This has resulted in the introduction of an InfoHub (see page 32)

➤ Improvement from Community Forums

Forum: Mums and Bubs morning tea

Action: 20 recommendations for improvement received and progress against each action is reported at the Women's Health Governance Committee every month. See page 33 for more information



Today, I was the patient. I sat on the other side, I was a little scared knowing all the things that were going to happen and could go wrong. But my anxiety was unnecessary. From the moment I stepped into the Day Stay Unit, I felt safe, informed, respected and well cared for. Theatre staff were friendly and communicative, everything was fully explained, even though I am a nurse. All staff were competent and efficient, my procedure was completed in a timely manner, and I had returned home by lunchtime.

The hospital looks clean, and well presented, but most of all again, it is the staff that stand out. Personally, I am a bit wary of having surgery, but at times it is absolutely necessary. Thankyou for making my minor surgery, less stressful than I anticipated.

Keep up the good work. It makes me proud, that the hospital I trained in over 30 years ago, continues to provide excellent, responsive and absolutely client centred care.

Kind Regards, Zita Heywood

Victorian Health Experience Survey (VHES)

Rebecca Impink started her career as a PSA at NHW and will be leaving at the end of the year to commence her Nursing Degree in 2019. This is a fabulous example of how this Support Service Model of Care can open up a wonderful new training and career pathways for staff.



We are able to monitor consumer experience through satisfaction surveys and NHW participates in the state wide VHES program. We receive feedback

information from inpatients, those who use the Emergency Department, Outpatient Services and Community Health. We review all the data and significant

improvements have been made as a result of this data. Examples of two areas of satisfaction surround overall experience and discharge care.

VHES Jan – Mar 2018

Satisfaction area	NHW Jan – Mar 2018	DHHS target	Subregional and regional range of satisfaction	NHW Jan – Mar 2017	Some of the actions taken
POSITIVE PATIENT EXPERIENCE	95%	95%	86 -97%	91%	Introduction of a PSA model in ward areas (see below) Improvement in the information sheets provided to patients in the Emergency Department
DISCHARGE CARE	79%	75%	88 -72%	78%	Acute Care Coordinators now manage complex, chronic patents to ensure appropriate care as inpatients but also on discharge in the community. Reinforcement to medical staff in re the importance of timely discharge summaries to GPs. Improvement from 89% satisfaction in Jan – Mar 2017 to 97% in Jan – Mar 2018

New Model of Care

A Patient Services Assistant (PSA) model has been introduced to provide food and cleaning services in our ward areas. Within each ward area, a dedicated team is jointly responsible for food, cleaning and linen services. This model has increased our cleaning, linen and food hours from approximately

400 hours to over 600 hours per week, providing an improved service for our patients. The success of this model is demonstrated in VHES results (see below). This new service model also provides staff with enhanced training, professional development and career pathway

opportunities. NHW supports our PSA team should they wish to undertake a Nationally Recognised Dual Certificate in Patient Services Assistant (PSA) and Patient Care Assistant (PCA). Twelve of our team will complete their Certificate in December 2018. A second group of staff will commence training in the new year.

Improvement in patient satisfaction

Question	NHW Jan – Mar 2018	State average Jan – Mar 2018	NHW Jan – Mar 2017
WAS THE ROOM YOU WERE IN VERY CLEAN?	88	74	84
HOW CLEAN WERE THE BATHROOMS AND TOILETS?	86	74	76
DID YOU GET ENOUGH HELP FROM STAFF TO EAT YOUR MEALS?	79	66	75



Environmental Services Team: L-R Denise Arter, Sheroshe Rajaduai, Dylan Brown, Phillis Baldwin and Cecilia McKenzie.

Access for our Community

Wangaratta has a population with limited, but growing, cultural diversity and is predominantly Australian born. The Australian Bureau of Statistics demographic data (2016) shows that 83% of people in

the Rural City of Wangaratta are Australian born and speak English as their first language at home. The primary cultural group speaking a language other than English at home is Italian at 1.9% of the population.

Disability

Along with cultural background, disability is a part of human diversity. The Australian Network on Disability notes that one in five people in Australia have a disability and this proportion is increasing with an ageing population. A disability may affect mobility, the ability to learn things or the ability to communicate easily.

NHW has a 2017-2020 Disability Action Plan in place that was developed in consultation with our consumers and staff. The plan recognises the complex and variable needs of people with disabilities, both staff and users of our service, and is informed by a number of national and state laws, standards and guidelines. It has four key goals:

- **GOAL 1:** Reduce barriers to people living with a disability to access goods, services and facilities
- **GOAL 2:** Reduce barriers to people with a disability obtaining and maintaining employment
- **GOAL 3:** Promote inclusion and participation in the community of people with a disability
- **GOAL 4:** Promote attitudes and practices that eliminate discrimination against people with a disability

In the past 12 months we have:

- Employed 2 staff, studying Certificate II (Hospitality) and who work part time in Environmental and Food Services
- Employed 2 staff, working 8 hours per week in Environmental Services, with support from CVGT.
- Employed 1 staff member in People & Culture who is also about to commence studies in Cert IV in Business Management
- Improved lift signage in the Community Care Centre to improve clarity for visually impaired
- Increased the use of patient stories at Staff Forums to highlight the patient experience for patients who have been unable to communicate properly or move well due to their illness



Did you know...

To ensure the best outcome for consumers with communication needs, NHW uses the Victorian Telephone Interpreter Services. Our usage is low however with few patients requiring interpreters. In the Victorian Health Experience survey Jan – March 2018 only 1% of those surveyed stated they needed help understanding English.

Environmental Sustainability

Healthcare services emit high levels of carbon dioxide due to the nature of their business and NHW is committed to reducing the negative impact on our environment. We have an Environmental Management Plan in place which is overseen by an Environmental Sustainability Committee. We consistently look to:

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

Achievements in 2017/18

- 25 new LED lights have been purchased for the kitchen
- All lights at Illoura Residential Aged Care are now LED following replacement of the last 60 lights
- New Solar hot water system for dental and outpatient clinics that provides almost 100% of the hot water needs over summer
- Roof insulation in Thomas Hogan Rehabilitation Centre, CSSD, Day Stay & Renal to make the temperature more stable and improve thermal comfort for our patients
- Changed all corridor, foyer and patient room lights to LEDs. The majority of fluorescent lights in the linen service have also been changed to LED's
- 365 day time clock to automatically turn off office and outpatient areas on public holidays
- Replaced two pan flushers with macerators at Illoura as they consume over 70% less water and electricity. The previous year we replaced the pan flushers with macerators in Medical Imaging, Oncology and Kerferd with success.
- Automatic timers on some lights in engineering so they automatically turn off after hours



Jamie Lawrence, Manager of food Services, accepts the Green Leaf Award on behalf of the Food Services Team.



Did you know...

The Green Leaf Award is an award given to individuals or teams to acknowledge great initiatives and commitment to caring for our environment through waste minimisation, energy savings and recycling. Green Leaf Award winners for 2017/18 have included Engineering, CCU, Dental, Pharmacy, Food Services and Marianne Franke.



2016/17 average
2,870kg/month

258kg month



2017/18 average
2,162kg/month

The focus on improved signage around waste disposal, access to clinical waste bins and increased recycling focus and initiatives has resulted in not only a cost saving for the organisation of over \$700 per month (\$8,400 annually) but a benefit to our commitment of 'Minimise waste generation through reduction, reuse and recycling'.

Gas and Electricity Consumption

Total Energy consumption in Gigajoules (GJ)



45,679 GJ
2014/15



42,209 GJ
2015/16



38,784 GJ
2016/17



39,614 GJ
2017/18

Redevelopment of NHW

As noted previously, NHW was fortunate in securing additional funding for our major redevelopment that will look to commence in early 2019. During this year, detailed design has been progressed and consultants have been appointed.

The redevelopment of NHW is essential to increase bed capacity and meet the growing demand for services. It will include:

- A new 12 bed Critical Care Unit
- A new 8 bed Short Stay Unit within the Emergency Department
- A new Behavioural Assessment Room to support safe care of patients presenting to the Emergency Department with behavioural disturbance
- 17 additional Acute Medical Beds
- The establishment of a new, relocated Paediatric Unit.



Additional beds: Chief Engineer Greg Ellis and Director of Redevelopment David Ford review plans for the redevelopment of NHW.



Did you know...

A further significant development that has progressed over the previous year will see the construction of a much-anticipated 87 bay car park opposite the main entrance in Green Street by mid 2019.



Digital ECG a Victorian first

In a Victorian first, NHW and Alpine Health have worked in partnership to deliver a digital electrocardiogram (ECG) reporting service to speed up the diagnosis and treatment for patients with chest pain and heart conditions in rural areas. The \$530,000 Digital ECG reporting service was made possible with a generous donation of \$250,000 from the Bright Hospital Opportunity Shop, matched by \$250,000 from the Victorian Government and \$30,000 from the Collier Charitable Fund. Urgent Care Centre's at Myrtleford, Bright and Mt Beauty hospitals now have new Digital ECG machines to

record heart traces in patients with cardiac problems. These traces are then electronically transmitted in real-time to NHW where they are read by medical staff. Clinical advice is then provided to ensure the best possible treatment for patients is provided. This reduces precious time in getting patients to the right level of care, which may

be a Melbourne hospital for a heart procedure. The service can also prevent unnecessary ambulance transfers, keeping patients closer to home if they do not require more specialist treatment. The project has been designed to allow the system to be used in other areas and the next stage will be expansion to other rural and regional health services.



Victorian first – Digital ECG:
L-R Jorge Silveira, Matt DeNatis, Nathan Carter, Roger Gregory, Prof Les Bolitho and Jane Kealey.



Wangaratta and NHW has a strong reputation at the Melbourne Medical School for being an inclusive environment that provides their students many opportunities. My peers and I have already seen evidence of that ethos in the last two days and I think we are all looking forward to being a part of and building on that sense of community, particularly in relation to the new challenges that rural medical practice and NHW face.

Georgia Laidlaw
MD2
The University of Melbourne

In January 2018 the University of Melbourne Rural Clinical School and NHW welcomed twelve 2nd year medical students for the year. Whilst here their learning will include tutorials, learning clinical skills via simulation and they will also spend many hours in the wards with our staff and patients.

Front Lisa Shen, Maxine Warboys, Nathan Smith and Margaret Bennett Back: Kimberley Walker, Lucy Hawker, Jenny Pham, Courtney Brusamarello, Michael Duff, Cale Johnston, Daniel Lindholm, Varun Kaushik and Georgia Laidlaw.

Staff education

The commitment to education and training at NHW is critically important in supporting our current and future workforce. We have a dedicated Education and Research Unit that actively contributes to coordinating and delivering a wide variety of recognised training, entry level and post graduate programs. Over the last financial year, in partnership with a range of Universities and other Education Providers from across Australia, NHW was able to:

- Host 291 nursing students, 91 medical students and 98 allied health students as part of their undergraduate qualifications
- Provide 4 formal cadetships and 4 part time gap year positions.
- Launch an entry level career pathway for 4 local young people living with a disability, in partnership with a local Disability Employment Service
- Provide Vocational Education Training in Schools (VETiS) Certificate III Health Course in partnership with Goulburn Ovens TAFE, Sacred Heart College Yarrowonga and Yarrowonga College P-12, with 44 students participating
- Hosted 64 Work Experience students
- Held 67 education events with 2,152 attendees
- Successfully attract and support 25 New Graduate Nurses and Midwives, 18 medical interns and 46 first and second year allied health graduate clinicians to begin their professional careers in health with us
- Facilitate 3 post-graduate programs with clinical support: Post Graduate Certificate in Nursing Practice (Rural Critical Care) in partnership with the University of Melbourne, Post-Graduate Diploma in Midwifery and the Post-Graduate Certificate and Diploma (Peri-operative Nursing).

Training Great Leaders



NHW is committed to creating and developing great leaders, based on behaviours that align to our goals and values. NHW recognise our staff's commitment to excellence and have provided them with opportunities to build their capabilities to advance professionally.

We know that quality of health leadership directly and indirectly affects the quality of care that our patients receive. As a result a number of strategies have been introduced to ensure we have robust and sustainable leadership practices across our organisation. These initiatives are guided by the NHW Leadership Capability Framework with education and training facilitated by the Education and Research Team.

Some of the exciting initiatives that have commenced are:

- A two-day 'Leadership by Design' program for over 40 leaders conducted by Proteus
- A 12-week middle manager leadership program, that is being run over 18 months. The program is followed by opportunity to participate in a coach/mentoring program which utilises the expertise of graduates of the Alpine Valley Leadership Program Alumni and leaders within the organisation.

Goals of these programs are to empower leaders to support their teams, drive innovation, promote team wellbeing, creating a cohesive and resilient workplace. These goals are underpinned by kindness and compassion to achieve our organisational mission: 'To provide healthcare that enhances the quality of life of people in North East Victoria'.

World First for NHW

In June 2018 the first carpal tunnel release performed through a single needle hole was performed at NHW, pioneering a new concept in surgery “the ultrasound guided micro-invasive procedure”. The operation was the culmination of a decade long project by Associate Professor Peter Hebbard (NHW Anaesthetist) to design a needle-based tool which has been named the “micro-iblade”. Associate Professor Hebbard carried out studies of the micro-iblade last year at the Macquarie University Surgical Skills Centre in Sydney and the results were published in the Journal of Ultrasound Medicine. The first procedure at NHW was performed under ultrasound guidance by surgeon Dr Stephen Franz.



Patient Cheryl Sinclair with Associate Professor Peter Hebbard following the world first surgical technique.

Local research

Over the past year NHW staff have been engaged in a range of research activities generated by our own local research questions in addition to collaborative work with a variety of partner organisations in broader multi-site state-

wide, national and international studies. Our key research partner is The University of Melbourne, Department of Rural Health through the Rural Health Academic Network (RHAN) program.

In the past year the below project

was undertaken with senior clinicians, our research academics from the Department of Rural Health, University of Melbourne and final year medical students from our University of Melbourne Rural Clinical School.



The use of Ketamine in the Emergency Department for the management of patients with acute behavioural disturbances

Violence and aggression from patients towards staff is a major problem in Emergency Departments (ED). These patients pose a danger to themselves and others, often requiring physical or chemical restraint. Commonly used medications have limitations and the drug ketamine is emerging as an alternative. Ketamine is used widely by paramedics in the pre-hospital setting, but evidence remains limited as to its safety and effectiveness. The aim of this study was to determine the safety of prescribing ketamine in the ED at our health service. Results showed that while overall the use of ketamine was low, it appeared to have few adverse effects for patients, suggesting it is suitable for the management of acute behavioural disturbance in the emergency setting.



Researching Ketamine use in ED: L-R Jeff Van (Pharmacist), De Witt Oosthuizen (Emergency Department Physician), Lucy Grant (Medical Student), Helen Haines (Director Education & Research).



In 2017/2018 at NHW there were: **21 research projects undertaken**
16 research articles published by local authors

Did you know...



AGGRESSION AND VIOLENCE
AGAINST HEALTH WORKERS.
IT'S NEVER OK



Staff Safety

NHW is the largest employer in Wangaratta with over 1350 staff and maintaining a safe workplace is essential. Staff safety is monitored and improved through the Occupational Health and Safety (OHS) program. Through the

OHS Committee we review all reported staff incidents and hazards reported to reduce the risk of injury to staff.

Some of the improvements to staff health and safety in 2017/18:

- Purchase of a bed mattress transport trolley

- Installation of roof access platforms to three buildings
- Installation of shelving in a storage room at Illoura
- Purchase of powered patient beds for Ultrasound rooms
- Major updating of NHW online chemical register



Did you know...

The types of incidents most frequently reported by staff are:
1. Aggression 2. Strain 3. Needlestick 4. Slip, Trip, Fall

Aggression and Assault

Along with an increase in patient numbers over 2017/18 we have also seen a significant rise in the incidence of aggression and assault that is reported by staff.

	Aggression - Patient / visitor to staff	Code Black activated	Code Grey activated
2016/17	64	21	28
2017/18	116	33	50

The increase in reporting may be attributed staff training, where participants are instructed to report incidence of aggression. We encourage this as it ensures every incident is reviewed and risk reduction measures put in place.

To reduce the risk to our staff we have:

- **A Code Black** activation for staff to use for armed or serious threat – this will alert police who attend NHW.
- **A Code Grey** activation to be used for unarmed threat – this involves presence from trained staff across NHW to help diffuse an escalating situation.
- **Security guards** are onsite 24/7 and attend all Code Grey and Black events. They also perform routine patrols and attend to departments promptly when requested for assistance.
- Installation of an additional **45 CCTV cameras**
- Improved communication between the Emergency Response Team with the use of Zello.
- **Staff training** for NHW Emergency Response Team conducted by ProCom Training. Code Black and Grey Awareness training is delivered to frontline staff.
- **Satellite tracking** for Home Based Nursing Service staff to easily detect their location. Staff also carry personal duress alarms

Strengthening Hospital Responses to Family Violence

The combined effect of family violence, violence against women and intimate partner violence presents Australia with a major public health issue. Intimate partner violence alone contributes to more death, disability and illness in women aged 15 to 44 years of age than any other preventable risk factor. One in four women have experienced violence from an intimate partner. Health services can play a vital role in the health and safety of our community and are uniquely positioned as an early point of contact for many people who have experienced family violence.

In 2017, in collaboration with the Royal Women's Hospital and Bendigo Health, NHW commenced the introduction of a state-wide Family Violence Strategy in response to the Strengthening Hospitals Response to Family Violence (SHRFV). In addition, NHW has supported Alpine Health, Mansfield District Hospital, Benalla Health and Yarrawonga Health to roll out this model of care.

Outcomes of the project to date have included:

- **Staff training into sensitive enquiry and response.**
- **Manager training in the SHRFV model of care**
- **Policy documents now include information for staff regarding:**
 - Family Violence leave
 - The role of new Family Violence Contact Officers (available with Human Resources department)
 - NHW response to identified family violence including sensitive enquiry and ensuring staff respond and refer people only to family violence skilled services



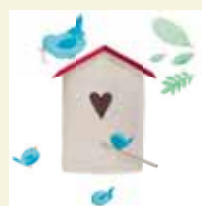
- **Engagement of Central Hume health services in project implementation, policy development, staff and management training and provision of promotional materials**
- **A Central Hume SHRFV Forum held in June 2018 which enabled health services to showcase their achievements, health service staff to meet key family violence personnel and provided family violence awareness of the region wide efforts in tackling family violence**
- **Development of a combined position statement on family violence across the five health services of the Central Hume signed by each CEO**

NHW says **NO** to family violence

Our commitment

Northeast Health Wangaratta is committed to strengthening our response to family violence by:

- » **TRAINING** our staff to better identify and respond to family violence.
- » **SUPPORTING** our staff and community members through early intervention that addresses the underlying causes of family violence.
- » **ENGAGING** with our staff and community members to develop resources, policies and pathways to better respond to family violence.
- » **PARTNERING** with other local services to stop family violence



STRENGTHENING HOSPITAL RESPONSES TO FAMILY VIOLENCE



OUR VALUES:

CARING | EXCELLENCE | RESPECT | INTEGRITY | FAIRNESS

Did you know...

- Of clients accessing homelessness services, 33% are escaping family violence
- One woman in Australia is killed almost every week by a partner or ex partner

1 in 4 Australian women experience intimate partner violence

Data source: Domestic Violence Resource Centre Victoria





Lyn Roberts is one of the friendly volunteers who assist at the Info Hub located at the Rural City of Wangaratta.

Ageing Well

Well Ageing Vision and Engagement (WAVE) is a NHW initiative in partnership with the John Richards Centre (JRC) at La Trobe University, Department of Health and Human Services and the Rural City of Wangaratta. Other collaborators include

Gateway Health, Murray Primary Health Network and Central Hume Primary Care Partnership.

The aim of WAVE aim was to examine how local government, social, community and health care services collaborate to support social connection and wellbeing

among older people in rural communities, identify gaps and implement solutions.

In 2017, community consultation with the inclusion of feedback Postcards, World Cafés and service provider input provided 462 items of feedback to the question:

“What is important for helping you to be well and healthy as you age?”

Four key themes came out of the feedback which showed older people wanted:



1. **Access to Information**
2. **Support for planning**
3. **Affordability of activities and services**
4. **Accessibility of facilities and amenities – walking and transport**

In response to this feedback the ‘Well Ageing Info Hub’ was developed to improve information and system navigation support for older people in the Rural City of Wangaratta, by providing a one-stop

shop for information on ageing-related services and supports.

Staffed by volunteers, the ‘Well Ageing Info Hub’ volunteers have been kept busy with enquiries including information sought

on Advance Care Planning, My Aged Care, Carers Support and home care support information. The breadth of enquiries include window cleaning, decluttering services and animal minding.



Did you know...

The Well Ageing Info Hub is open on Tuesdays and Thursdays, from 10.00am to 2.00pm and is staffed by specially trained NHW volunteers.



The Community Advisory Committee assist with production of this report. L-R: Bill Baxter, Kerry Marsden, Lois Knox, Dennis Mulcahy, Alison Grant and Scilla Taylor.

Involving our Community

We involve community in many ways across NHW. We encourage everyone to be involved in their own healthcare (as described more fully on page 25) as well as more broadly seeking external advice and input regarding the service and information we provide to the community.

Community Advisory Committee

NHW has an active and growing Community Advisory Committee that meets over lunch every month and provides a valuable link between NHW and our general community. Our staff consult this group for a community viewpoint when improving services, whilst the committee members provide information to NHW about community views. In particular, this committee is strongly involved in ensuring information provided to the general community and our patients is easy to read and understand.

Five members of the current committee

attended training on 'Clinical Governance for Consumers' conducted by the Health Issues Centre in June 2018. This highlighted the Victorian Clinical Governance Framework and what it means to health services, as well as discussing the role of health service boards and consumer committees. In the past 12 months the Community Advisory Committee have:

- Assisted in the production of the annual Quality Account
- Provided input into the Hume Oral Health Strategic Plan
- Contributed to the new Patient

Care and Kindness Promise

- Participated in the WAVE project (see page 32) resulting in some members becoming InfoHub volunteers
- Reviewed and provided advice on many publications for patients, including the Patient Information Sheet to be provided on discharge from hospital

Following a presentation by the Sepsis Project Officer, a member of our Community Advisory Committee has now become part of the Sepsis Project working party.

Community Forums

NHW conducts community forums every year and they are either general community forums, open to anyone, or they are more targeted events. In August 2017 NHW hosted a 'Mums and Bubs' morning tea and invited new mothers who had recently used our maternity services. We asked about the positives of their experience but also areas where they thought we could do better. As a result, there were 20 improvements suggested which have been followed through at our Women's Health Governance Committee. Just some of the improvements have included:

- Addition of a second Obstetrician to work in the antenatal clinic to improve wait times
- Improved information regarding the first booking visit
- Development and trial of a breastfeeding plan



Did you know...

Illoura management have a Resident as part of the interview panel for new staff working in the Aged Care facility



2018 Victorian Premier's Volunteer Champions Award for Service winner Elva Lovett receiving her award from Gabrielle Williams MP, Parliamentary Secretary for Health, Carers and Volunteers.

Elva has
volunteered for
more than
30
years at
**Northeast Health
Wangaratta**

Ten years ago, Elva was asked to lead the newly created Emergency Department Liaison Volunteer team. She developed it into the essential role it is today, providing patients and families with support and practical assistance. Elva is known for her compassion and insight into how best to help people during stressful times.

Volunteering at NHW

A total of 326 volunteers provide essential support to both staff and patients and are an integral part of our team at NHW. They are involved in many areas such as:

- **Friends of the Hospital (FOTH) Auxiliary**
- **Community Advisory Committee**
- **Meals on Wheels**
- **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.

Friends of the Hospital

In 2018 The Friends of the Hospital (FOTH) Auxiliary celebrated 40 years of service. The celebrations were attended by FOTH members both past and present. The Auxiliary, established in 1978, was initially named the 'Base Birds'. Although the group's name has changed, their dedication and commitment to our hospital certainly has not. Well known for their fundraising activities, FOTH has raised approximately \$815,000 over 40 years

which has directly benefited NHW with the purchase of vital medical equipment. FOTH fundraising activities include lamington stalls, raffles, event catering, their famous monthly cake stall held in the café, as well as the annual Christmas hamper and plum pudding project.

The monthly cake stalls alone usually raise over \$1200 – that's a lot of cake!



Did you know....

Our dedicated volunteers provided 33,904 hours of service over the past financial year





Healthy changes in the café: L-R: Health Promotion Officers Laura Tonkin and Claire Schulz.

Promoting good health

The Victorian Government has introduced kilojoule (kJ) labelling laws in large chain food outlets and supermarkets. The new laws mean you now see the energy (or kilojoule) content of take-away and ready-to-eat food and drinks on menus and food tags.

In keeping with this new law NHW Health Promotion team, working together with Gateway Health, have been promoting healthy eating as a priority over the past few years and support the new laws. Healthy Choices guidelines provide information and advice about increasing the availability and promotion of healthier option

foods and drinks in hospitals, health services, workplaces and sport and recreation centres.

Our cafe menu has been assessed by the Healthy Eating Advisory Service and successfully met the Healthy Choices guidelines for healthy retail food outlets. To meet these guidelines:

- **at least 50% of foods and drinks you offer should be from the GREEN category**
- **no more than 20% of foods and drinks you offer should be from the RED category**
- **RED foods and drinks should not be promoted or prominently displayed**

✂ Oral Health Day

World Oral Health Day was celebrated at NHW in March 2018. This year's theme was 'Think Mouth, Think Health' as a healthy mouth and a healthy body go hand in hand. The four main theme messages provided in brochures and fact sheets were:

1. **Oral Health is much more than a nice smile**
2. **Oral Health and general health have a two-way relationship**
3. **The mouth cannot be isolated from the rest of the body**
4. **Most oral diseases share common risk factors with other diseases**



Michelle Ormond, Food Services assistant, displays some of the healthy choices available at the NHW café.



Did you know...

NHW became 'sugary drink free' in November 2017



Our Care and Kindness Charter

Our absolute commitment to supporting /providing kind, gentle and compassionate care to our patients/clients and residents is the central reason we have all chosen to work in healthcare. We understand that the commitment to kindness starts with us being kind to ourselves and looking after our own wellbeing so that we can care for others. As a follow on from being kind to ourselves and one another, all Staff, Visiting Medical Officers and all Volunteers commit to:

Doing all we can to keep you safe by:

- Involving you in your health care
- Helping you to make safe decisions about your care
- Always cleaning our hands
- Quickly responding to your requests
- Providing you with information to help you at home
- Maintaining our skills through education

Caring for you with kindness and respect by:

- Listening to you, comforting you and making you our main concern
- Recognising, supporting and celebrating the broad diversity of people we work with and care for
- Being compassionate, gentle and patient
- Being there for you when you really need it
- Maintaining your privacy and dignity
- Supporting your family and loved ones during your care
- Providing ready access to Pastoral (Spiritual) Care
- Respecting your wishes

Being your advocate by:

- Helping you through worrying times
- Understanding your needs
- Speaking up and taking action on your behalf when needed
- Helping you with skills to manage your own health

Providing exceptional care by:

- Caring for you as if you were a member of our family
- Smiling and openly connecting with people
- Doing our best to provide you with the highest quality care and service
- Working collaboratively with all members of your care team in the planning and delivery of your care
- Maintaining and updating our skills
- Continually improving the physical environment, equipment and resources
- Communicating clearly and respectfully with you
- Respectfully considering any suggestion for service improvement
- Living our Mission, Vision and Values, every day

'Every patient, Every time'

staff excellence awards

Each year we celebrate the achievements of our employees at an awards ceremony. As well as congratulating the many staff who received academic qualifications, we also award those who are outstanding in the service they provide.



1. WB Richardson Award for Excellence in Nursing and Midwifery
Lisa Gephart

2. Excellence in Allied Health (science)
Andrew Cole



3. Excellence in Corporate Services
Michelle Burns and Anna Shepherd



4. Excellence in Information Management
Carol Allen and Mustafa Mohammad

5. Charles Neale Award for Excellence in Aged Care
Carmel Jedynak

6. Excellence in Support services
Kerry Forge



7. Excellence in Women's and Children's Health
Dr Leo Fogarty

8. Excellence in Leadership
Eleanor Capel

9. Excellence in Medical Services
Dr De Witt Oosthuizen



10. Excellence in Allied Health (therapy)
Kristen Smale

11. Leaders of the Future
Ashlee Martin and
Kate Stratton



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