Quality of Care Report 2007/2008

Northeast Health Wangaratta

Thank you to all who have helped

The production of the Quality of Care report each year involves input from many people from within Northeast Health Wangaratta and also from the community. Staff contribute ideas and information about the services they provide and improvements that have been made within their departments. Community members contribute by providing their comments about the report each year. The Community Advisory Committee assists directly with the production of the report – ideas, layout and, of course, proof reading.

Sincere thanks to all who have helped.

Copies of the 2007/08 Quality of Care report are available from:

- Reception areas at Northeast Health Wangaratta
- Wangaratta Library
- Local doctor's surgeries
- Our website - www.nhw.hume.org.au
- Quality & Safety Manager on (03) 5722 0482

We also re-print articles from this report in the local newspaper every 2 months as part of our 'Health Focus' feature.

Feedback
Please let us know what you thought of this years report by completing the evaluation form that is enclosed.

Alternatively you can provide any comments to:

Quality & Safety Manager
Northeast Health Wangaratta
PO Box 386
WANGARATTA 3676
Telephone: (03) 5722 0482

Feedback via our hospital website is also encouraged - www.nhw.hume.org.au

Contents

Every year the Quality of Care report for Northeast Health Wangaratta (NHW) is created with our community in mind. We want this report to be a way of sharing information about the services we provide, the staff we employ, and what we are doing to make our organisation safe and efficient in order to meet your needs. We also want to share information and data that demonstrates how we perform in comparison to other health care services like ours.

To make sure our community enjoys this report and finds it useful, we ask for comments each year. Although we only received a small number of comments last year, people enjoyed the report. Suggestions were made to have more visual information. The Community Advisory Committee, who are actively engaged in the production of this report, agreed with this comment and suggested the use of more text boxes, 'snapshots' of information and dot points. The independent judging panel who review reports across the state suggested greater use of data and more data comparisons with other organisations. We have used these comments in the production of this years report to hopefully make the content interesting and easy to read.

As always it has been a busy year at NHW with many positive developments that will benefit our patients, clients, community and staff. As we move forward into exciting times of major building redevelopments to enhance our clinical services in oncology and primary care, we hope you enjoy reading about the year that was 2007/08.

Allan Wills
President
Board of Management

Lisette Wilson
Chief Executive Officer

Our Community

NHW serves a large catchment area that covers approximately 42,923 square kilometres within the Hume Region of Victoria.

As it becomes available, we use current Australian Bureau of Statistics census data to learn about our community, thereby allowing us to plan our services accordingly. The latest census data about population and housing in 2006 shows us that within the Township of Wangaratta:

- There were 15,684 people
- 87% were born in Australia
- 1.9% were born in the United Kingdom and 1.8% were Italian born
- There is an indigenous population of 1.18%

In addition to this data, we also look at information we collect at NHW about the types of patients we see here. In 2007/08, the top 10 countries of birth for patients treated were:

Country of Birth	Patient numbers
Australia	15,272 76 or 0.5% of this number were aboriginal or TSI* origin
Italy	488
New Zealand	127
Netherlands	108
Scotland	70
Greece	45
Romania	45
Philippines	28
Croatia	22
Indonesia	20

**TSI = Torres Straight Islander*

These figures all clearly indicate a predominantly Australian and English speaking population, however there will always be cultural and special needs groups that use our facility. We need to make sure that they have easy access to appropriate services that meet their needs physically and culturally, in language they can understand. In the last year there has been work undertaken to make sure staff employ a consistent approach to those people who are culturally and linguistically diverse. This work has included:

- A cultural diversity plan
- Introduction of the interpreter symbol, a national public information sign developed in Victoria through partnership with the Commonwealth, State and Territory Governments. The interpreter symbol indicates to the public that people who have limited English can request language assistance. This signage will be posted at all major entrances and also at nurses stations within NHW.

Our Community

- Development of a policy and guideline outlining our responsibility in ensuring a culturally responsive service to patients, residents and clients.
- Community nursing services visiting cultural groups (eg: The Italian Club) in Wangaratta to provide information about our services. This information was spread amongst the club from those members who speak English to those who do not.
- Installation of signage using internationally recognised symbols.
- All patient care areas can be accessed by those with limited mobility.
- Signage and access to disabled toilet areas have been improved as the result of a complaint about these areas being difficult to find and heavy doors being difficult to manouvre.
- Parking arrangements for clients trying to access Community Psychiatry, Community Allied Health and Community Rehabilitation have been reviewed. Changes have been made to allow additional car parking spaces dedicated specifically for clients, thus allowing easier access to services.
- Information brochures are available in Italian as this is our largest non English speaking group.

Numbers of Aboriginal and Torres Strait Islander patients are very low and therefore we do not have a specific Koori Liaison Officer. However staff have access to this service via Shepparton or Wodonga as required.

In the last 12 months:

- We used 'Oncall' interpreting and translation agency on 126 occasions (We have doubled our use of interpreters in comparison to last year)
- Total number of interpreter hours for the year was 201.3
- There were 11 different languages accessed via interpreter services – Arabic, Bosnian, Croatian, German, Greek, Italian, Japanese, Kurdish, Polish, Serbian and Ukranian.
- The language most requested was Italian on 106 occassions.

Involving Our Community

The latest results of the Victorian Patient Satisfaction Monitor show that 82% of our patients were happy with the amount of participation they had in their care whilst in hospital. The average for hospitals of our size was 79%. The top score was 83%.

The services we provide need to meet the needs of our community so it is important that we encourage participation with our organisation. There are many ways that people can be involved at NHW and these include:

- Being active in their own care whilst in hospital - asking questions, identifying their health care goals
- Becoming involved in various committees/ advisory panels
- Volunteering in one of the many areas where assistance is sought

Our Community

We are currently reviewing our Community Participation Plan. This will ensure that as an organisation providing health care for the community of Wangaratta and its surrounds, we involve the users of our service in decision making about:

- Their own health care
- Health service planning
- Policy development
- Priority setting
- Quality & safety issues

Committee Representation

There are a number of committees made up of community members – some have been patients here at NHW and others are simply interested community members. Mental Health Services have a Consumer and Carers Advisory Group, Aged Care has a Residents and Carers Committee and the organisation also has a Community Advisory Committee.

Consumers and Carers Advisory Group - Mental Health

Ensures consumer and carer participation in mental health care so that services are responsive to the needs of consumers and carers.

Aged Care - Residents and Carers Committee

Helps staff plan and implement continuous improvements for residents, according to the four standards for residential aged care.

Community Advisory Committee

Assists the organisation in providing a community perspective in relation to the planning and operation of its programs and services.

Some outcomes of these committees have been:

- Development and publication of the Quality of Care report
- Review and proof reading of the publications used for our community eg: hip replacement brochures
- Review of the Community Participation Plan
- Required outcomes met in all four standards at Aged Care Accreditation & Standards Agency visit in April 2008
- Assisted in smooth relocation from Wangaratta District Base Hospital Nursing Home to Illoura Residential Aged Care in December 2007

In our medical ward, patient histories are audited to see if patients have been included in their treatment. In the last audit taken in 2008, 75% of patients had documented treatment goals.

Our Volunteers

This year our volunteer program has seen a significant rise in numbers, from approximately 100 to over 130 people. Volunteers are involved in many areas such as palliative care, fundraising, visitor and companion programs.

In 2007/08 there have been a number of new areas introduced where volunteers are playing an active role in supporting our clients. These include:

- Emergency Department liaison
- Mental Health Pet Therapy
- Illoura Aged Care Lifestyle Program – Garden Group. This group has also received a small volunteer grant to assist in the purchase of equipment suitable for the elderly so they can become more involved in physical activity.

Volunteers contribute over 5000 hours a year to assist NHW provide much needed services and their assistance is very much appreciated. Their time and effort is acknowledged twice a year at celebratory functions specifically held to say thank you.

Clinical Governance

Our Quality And Safety Framework

At NHW we stand by our motto 'Quality & Safety is everyone's business!' and this is certainly our expectation. From their first day at orientation our staff are provided with information about the SQuIRM (Safety & Quality, including Risk Management) program at NHW. This education continues for all staff on an ongoing basis but it is essential that the importance of safe and quality care is given priority at the highest level, our Board of Management.

The Board of Management governs NHW by having structures in place that allow members to effectively monitor the organisations progress, both financially and clinically. We have a Quality & Safety Framework that assists the Board of Management to monitor, evaluate and ensure services are safe and continually improving, by defining reporting structures and responsibilities for all staff.

Every month the Board of Management meets to discuss clinical and community issues at a specific meeting separate from finance and resources. They review reports & graphs about waiting lists, patient incidents, sentinel events (very serious patient incidents), infection rates, complaints, satisfaction survey results and access data.

Our framework for managing Quality & Safety:

- Maintains the patient and their family as the primary focus
- Monitors the safety and quality of clinical care
- Promotes leadership and accountability for the safety and quality of health care
- Outlines clear structures for managing quality and safety
- Provides a transparent reporting structure to enhance communication across the organisation
- Aims towards a quality & safety culture across NHW


Allan Wills
President


Chris Cunningham
Vice-President


Geoff Dinning


David Lawson


Janeen Milne


Stephen Oxley


Michelle Smith-Tamaray


Lorna Williamson

Clinical Governance

Some of our achievements in patient safety and quality improvement in 2007/08 include:

- Completion of the new Residential Aged Care Facility for our residents, with a vastly improved physical environment, but also new electric beds and overhead tracking devices for safer transfer of residents.
- Fast tracking of orthopaedic patients that resulted in an extra 60 patients being treated for hip or knee replacement from January to June 2008. This was achieved by increasing home supports and pre surgery education and decreasing the amount of time patients spent in hospital.
- Improvement of Emergency Department waiting times in all categories following an increase in medical staff levels, the appointment of a Director and Deputy Director, and the introduction of ward assistants and volunteers.
- Improved access for clients to Community Services following a car parking review.
- Inclusion of patients in their own care and management by introducing bedside handover in ward areas.
- Development of electronic handover sheets for medical staff to improve clinical communication whilst also highlighting abnormal results and outstanding tasks eg: review of 'Not for Resuscitation' orders.
- Nurse Practitioner Candidates who are able to support clinical staff.
- Introduction of a structured, coordinated approach to Allied Health education and student placement.
- Recruitment of Geriatrician Services to provide specialist care for our elderly patients with more complex needs.

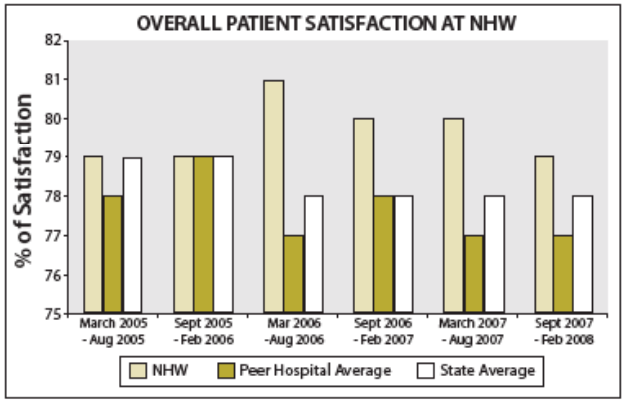
Feedback

The feedback we receive from users of our service from surveys, complaints, suggestions and compliments is very important in helping us to improve our services. It is an excellent external review of our services from those who have used our services first hand.

Patient Satisfaction

NHW conducts internal and external satisfaction surveys on a regular basis to help identify areas for improvement. Internally we survey patients in non acute areas such as Community Services and Radiology, whilst externally we take part in the state wide Victorian Patient Satisfaction Monitor (VPSM). This survey is for patients who have been discharged home from hospital and taking part is completely voluntary.

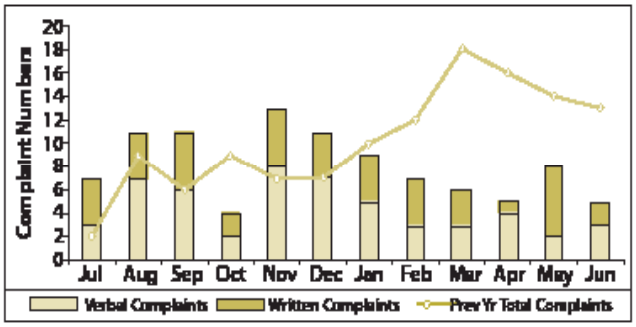
Our performance in the VPSM has been very pleasing with overall patient satisfaction being consistently equal to or better than peer and state wide averages.



Clinical Governance

Complaints, Suggestions & Compliments

In the last year we have seen a decrease in total complaints received compared to the previous year (please see graph). However, our figures show that we need to improve the response time in answering these complaints within our set target of 30 days. The complaints policy and process has been reviewed by the Community Advisory Committee during the year and we now need to ensure that this policy is followed to meet our targets. Monthly reports regarding time taken to answer complaints are reviewed by the Executive and the Board of Management.



Some of our improvements from complaints in 2007/08 include:

- Review of how General Practitioner patients are admitted via the Emergency Department
- Development of an information booklet for Palliative Care patients and families in Ground West Ward
- Expansion of the falls prevention policy to include a requirement to notify family following a patient fall
- Replacement of some carpeted areas with linoleum in the Illoura Residential Aged Care facility

All our inpatient clinical areas work with the 'Above and Beyond' program which encourages patients to let us know if staff have performed beyond their expected duty. This year we have received 146 written compliments for our staff - we received 116 in the previous year.

External Review - Accreditation

Although we have a framework for monitoring quality & safety internally, NHW undergoes review on a continual basis to ensure we are meeting standards set by external bodies. Accreditation is one way of being assessed by external experts against set standards to make sure we are providing a high standard of service. We are accredited by:

Australian Council on Healthcare Standards (ACHS) - Acute, subacute, community and psychiatric services.

Aged Care Accreditation and Standards Agency (ACASA) - Residential Aged Care services.

NHW is fully accredited with both these accreditation agencies until early 2009 when both ACHS and ACASA will conduct a full on site survey.

In April 2007 an 'Extensive Achievement' level was awarded in the areas of Waste Management, Infection Prevention & Control and Quality. Aged Care Services met 44 out of 44 standards.

Clinical Quality & Safety

Managing Patient Risk

Clinical Risk Management (CRM) is all about patient safety and at NHW we have a program dedicated to CRM involving all clinical departments across the organisation. The aim of the program is to identify situations that may put patients at risk of injury. Once these 'risk' areas are identified, we then work towards reducing the likelihood of an accident or injury occurring.

We identify areas of clinical risk through:

Incident reporting - Reporting after an event happens or if a high risk situation is noted – all staff are involved.

Medical Record Reviews - Review of patient records to see if clinical care has met expected standards – medical and nursing staff are involved.

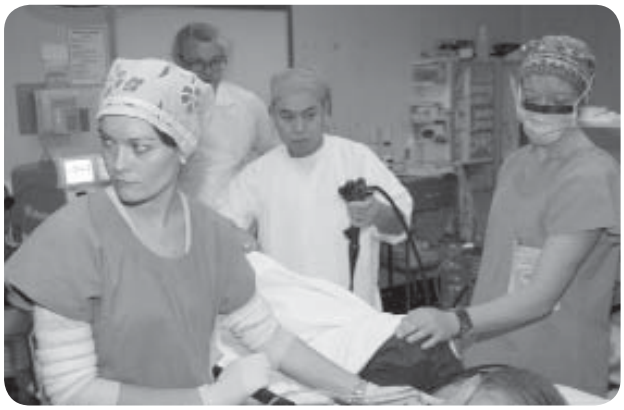
Patient feedback - Surveys and complaints – patients/families/community are involved.

Clinical indicators - Data we collect to monitor performance over time and also in comparison to others.

Learning from others in the health care industry - From Coroners recommendations and other external reports.

In December 2007 NHW moved to a computer based risk management system called 'Riskman'. This system replaces our paper based process and allows staff to report incidents or accidents directly onto the computer. The advantages of this system are:

- Instant notification of incidents
- Patient, staff, security and hazard incidents on one system
- Staff see what has happened with incidents they report (eg: who has read the report, what has been done about it)
- Alert systems notify managers of serious incidents so immediate action can be taken
- Accurate reporting of incidents can occur

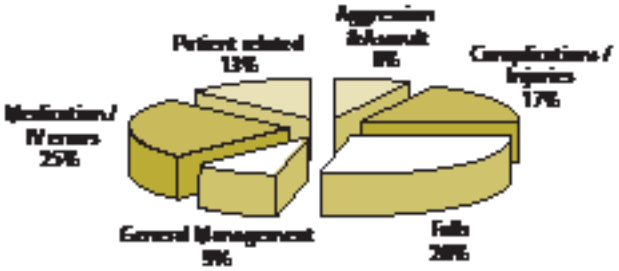


Since the introduction of Riskman, there has been a significant rise in the number of incidents reported, indicating ease of use and confidence in this new system by staff.

Total incidents reported:
November 2007-108; February 2008 - 231

Increased reporting of incidents will help us to gain a greater understanding of patient risk areas.

In 2007/08 our major patient incidents reported were:



Areas noted as 'high risk' from our reported incidents and also audit data available have highlighted falls, medication error and pressure ulcers as priority areas for improvement again in 2008/09.

Sentinel events are serious but infrequently occurring events that result in poor outcomes for patients. NHW reported 1 sentinel event in 2007/08. Close analysis and learning from this event resulted in documentation review, monthly audits of falls risk assessments in ward areas and development of guidelines for brain scans after head injury.

Clinical Quality & Safety

Falls Prevention

The key to preventing patient falls lies with awareness that falls are a problem. Many falls can be prevented by understanding the risk factors in relation to why people fall. It is through a team effort and shared responsibility by staff, patients and their families that early identification of falls risks can occur. To identify a patient's risk of falling, all patients (with the exception of paediatrics, midwifery and psychiatry) are assessed by staff on admssion using a falls risk assessment tool. Strategies are then implemented according to the patient's level of risk. Acute psychiatry are also beginning to use this tool to assess patients who are over 65 years of age.

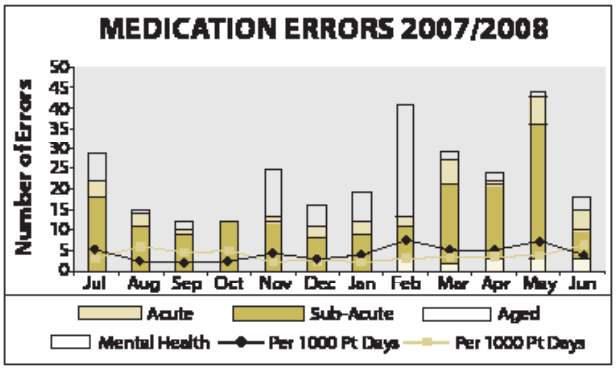
Regular audits are conducted to see if the falls risk assessment tool is being completed on admission. Recent results show a high level of compliance in most areas with one ward having a 100% compliance rate.

NHW has a falls prevention brochure which can be given to patients at risk of falling to assist them whilst in hospital and when they go home. As well as educating patients, we are planning a major falls prevention program which will again raise awareness about falls, educate staff and be ultimately beneficial for patients.

Medication Management

Since the introduction of Riskman, there has been a particularly noticeable increase in the number of medication errors reported as can be seen in the graph. It is important to note that although numbers of reporting has increased, harm caused to our patients has not. The most frequently reported problems were:

- Delayed doses or doses not given – 47%
- Duplicated doses (medicines given twice) – 6%
- Medications charts not signed – 7%



In response to this data

- A pharmacist dedicated to the medical ward has been introduced to ensure patients have correct medicines and that ward stocks are kept up to date in an effort to reduce delays due to medicines not being available.

- Changes have been made to our acute pain protocol in line with the National Inpatient Medication Chart which will hopefully reduce numbers of duplicated doses. This reviewed chart also highlights more clearly cautions for staff in relation to medications ordered.

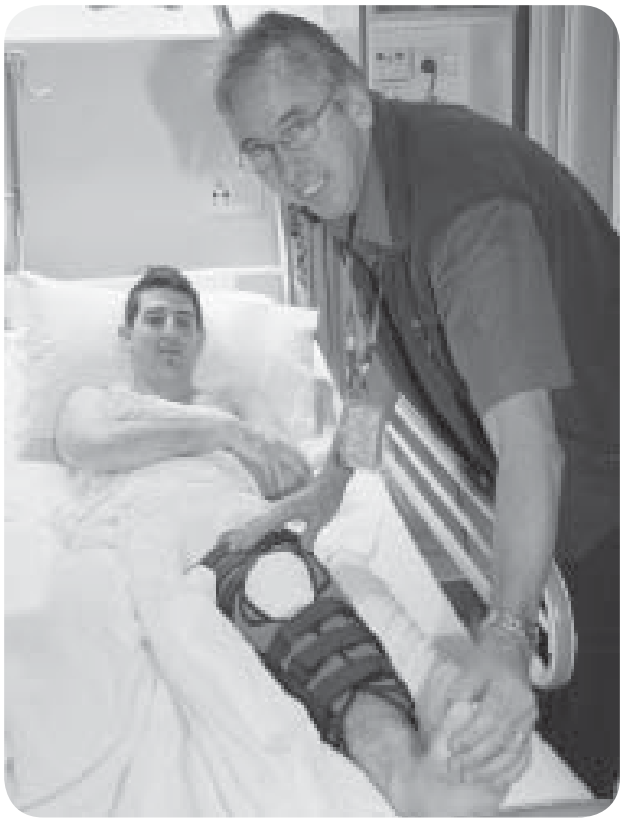
- Education of staff in regard to the five rights of medication administration is ongoing at ward level. These five rights are:
  - Right patient
  - Right drug
  - Right time
  - Right dose
  - Right route

Clinical Quality & Safety

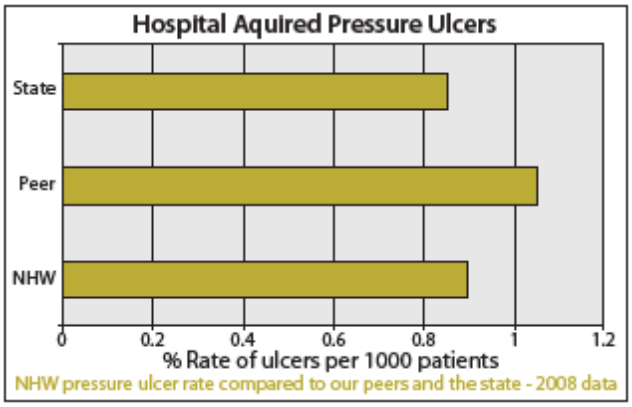
Pressure Injuries

A pressure ulcer is defined as an injury caused by unrelieved pressure resulting in damage of the skin and underlying tissue. They are commonly known as pressure sores or bed sores and are a largely preventable patient safety problem. A key objective of NHW is to reduce the incidence of pressure ulcers caused in hospital. Our strategies to date include:

- Pressure ulcer prevention posters in each room for patient information.
- Assessment of all patients on admission to determine their risk of developing a pressure ulcer.



- A change in August 2007 to using the 'Braden Scale' assessment tool instead of the 'Norton Scale' for predicting pressure ulcer risk. It was identified in previous pressure ulcer surveys that the 'Norton Scale' underrated a patient's risk of developing a pressure ulcer and therefore did not meet our needs.
- A 'Pressure Ulcer Prevention Strategy' form was incorporated with the Braden Scale. This provides suggested interventions to prevent and manage pressure ulcers related to the patient's level of risk.
- Regular audits of ward areas to determine compliance rate with this new pressure ulcer prevention form. A hospital wide pressure ulcer survey in May 2008 showed that 86% of patients on that day had the risk assessment completed on admission.
- In the near future, the Braden Q scale will be used for paediatric patients at NHW, also with suggested interventions for their risk level.
- All new and existing staff are encouraged to complete an education package online developed by the Victorian Quality Council focusing on the prevention and management of pressure ulcers. Compliance with this package is very good with one ward only needing their new staff to complete the package.
- 40 new static pressure reduction foam mattresses replaced those with no pressure reduction qualities in December 2007. An operating room mattress for extended length operations, 12 static pressure reduction foam cushions, 2 pressure relieving air mattress overlays have been purchased. More recently 7 static pressure reduction foam mattresses for paediatrics, 6 for palliative care and 5 trolley mattresses have been replaced in the Emergency Department.



NHW pressure ulcer rate compared to our peers and the state - 2008 data

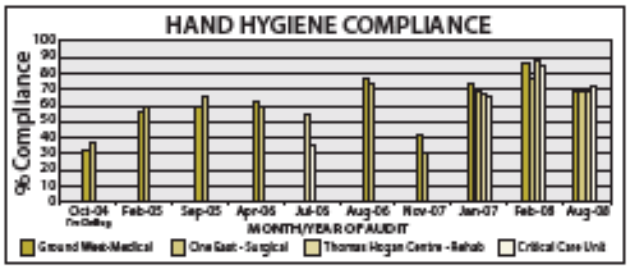
Clinical Quality & Safety

Infection Prevention & Control

There are ever increasing healthcare challenges in the prevention and control of Multi-Resistant Organisms ('bugs' that are resistant to treatment), surgical site infections and exposure of staff to infectious material. The Infection Prevention & Control team at NHW continue to develop and implement strategies to help reduce and, where possible, eliminate the risk of infection to patients, residents and staff.

Over the past 12 months, NHW has observed record low rates of Methicillin Resistant Staphylococcus aureus (MRSA - more commonly known as 'Golden Staph') infection and colonization. ***From July 2007 to June 2008 only 13 isolates of MRSA have been reported, down from 27 in the previous 12 months.***

These low MRSA rates can be directly related to consistently high levels of Hand Hygiene compliance (hand washing or use of alcoholic hand rub) and thorough cleaning of equipment shared between patients. With the support of Hand Hygiene Victoria (a DHS initiative) we continue to report staff hand hygiene compliance rates that are collected from four clinical areas, three times per year. The results below show an increase in compliance from before the introduction of the Hand Hygiene program in late 2004 to February 2008. The minimum requirement for hospitals is 55% compliance.



The Victorian Hospital Acquired Infection Surveillance Centre (VICNISS) and The Alfred Infectious Diseases Unit have recently been involved in developing preventative strategies in relation to Orthopaedic surgical site infections. This multi-disciplinary team is currently continuing to work towards a consistent approach to manage this particular patient group, based on evidence based best practice, to ensure the lowest rate of infection possible.

Staff Health

We protect our staff by offering relevant vaccinations as per the Immunisation Guidelines. In the last financial year there have been:

- 42 whooping cough vaccinations provided for staff working within the paediatric area.
- Influenza vaccinations ('flu shots') were given to 47% of our staff in 2007, against a state average of 45.1%.

Education and planning continues with pandemic preparedness (eg Avian Influenza or 'bird flu') with high risk staff being trained in the appropriate application and removal of personal protective equipment.

Benchmarking

As well as comparing our infection rate data through VICNISS and our hand hygiene compliance state wide, NHW also participates in other benchmarking activities. In the previous year NHW has performed above the Hume Region aggregate rate in;

- Compliance with the Infection Control Guidelines compared with 16 other health care facilities within the Hume Region. For compliance in clinical areas, the regional aggregate score was 96%, NHW scored 97%.
- Sterilisation Services (including dental) showed 99% compliance with the cleaning, disinfecting and sterilizing standard AS/NZS 4187:2003. In 2007 we had 98% compliance, in 2006 we showed 97% compliance.
- Blood and Body Fluid Exposure rates in staff are consistently below the aggregate rate when compared with the other 16 hospitals participating in the Victorian Blood Exposure Surveillance Group. Our rate is 0.34 total staff exposures to blood and body fluid per 1000 bed days against a state aggregate rate of 0.54.
- External cleaning audits show the overall score for NHW at 93.52% against a set target for the state of Victoria of 85%.

Mental Health Services

Mental Health Services at NHW are made up of four different programs which include:

Kerferd Unit - a 20 bed acute inpatient psychiatric facility which is the referral unit for all clients who need acute care in North East Victoria. It has 15 dedicated adult beds and 5 dedicated aged beds.

Adult Community Mental Health - caring for clients in their own home or as outpatients. It provides 24 hour triage, crisis assessment and treatment for people from the Central Hume region.

Integrated Primary Mental Health - works in partnership with the North East Division of General Practitioners to provide free mental health services to those people suffering anxiety and depression. The model includes co-location in GP surgeries and partnering with the primary care sector to provide early intervention and a range of health promotion and prevention activities.

Aged Psychiatry - an outpatient service specialising in the care of those people over the age of 65.

Mental Health Services in North East Victoria have historically been provided in a disjointed manner, with three health services managing different parts of the overall 'Area Mental Health Service'. The three services providing mental health care in North East Victoria are NHW, Wodonga Regional Health Service and Beechworth Health Service.
Over the past few years, an amazing amount of energy has been directed into the integration of these three services in an effort to:

- Improve information flow
- Provide clearer pathways of care for clients and staff
- Increase consistency in care provision

The ultimate aim is that a client can access any of these three organisations and they will receive treatment that follows on from previous care plans. Ultimately health records will be shared amongst the three sites.

A strategic plan has been developed for 2007-2010 which builds upon Commonwealth and Victorian Key Directions for Mental Health Services. These key directions include:

- Expanding service capacity
- Creating new service options
- Extending prevention and early intervention
- Building a strong and skilled workforce
- Strengthening consumer and carer participation and support
- Participation in community and employment; including accommodation
- Integrating and improving the care system and coordinating care

Walkies!

"Walkies" is an innovative project aimed at evaluating the benefits of involving pets in a community based exercise program for people who have a diagnosed mental illness. The pilot program has been developed by a multidisciplinary project team to determine if our clients will improve in physical, emotional and psychological health. The group has already had astonishing results with 100% attendance rate by clients, which is much improved from the trial walking group. The "Walkies" group also has more clients participating than the trial group.

Mental Health Services

Guest walkers and mental health staff are also encouraged to join the weekly walking group to explore the beautiful walking tracks around Wangaratta. So far several staff have joined in and have felt better for the experience. It is a fantastic way for clients, staff, volunteers and pets to get out and exercise to improve their all round health and wellbeing.

Clinical Data

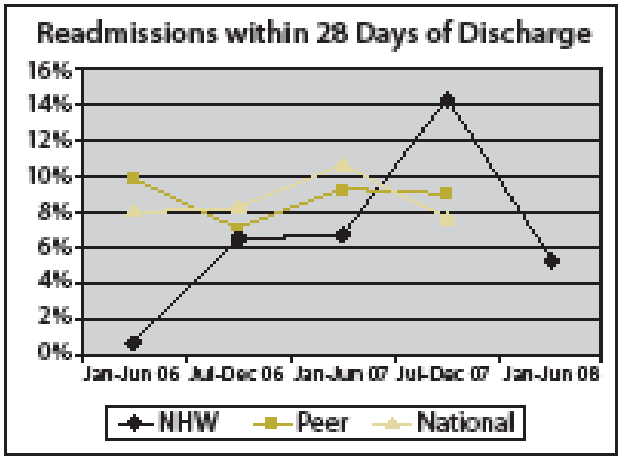
As with all our clinical services, Mental Health Services collect clinical data about how effective their services are. This includes data such as the number of clients that require seclusion (separation from other people), readmissions to care and amounts of aggression and assault that occur. We then compare this data to other Mental Health services both at similar services (our peers) and across Australia.

An example of how we use this data

Readmission rates exceeded peer and national percentage rates in July – December 2007. In response, the Director of Psychiatry and Area Manager of Mental Health in consultation with staff have fully reviewed care plans and clinical files. As a result changes were introduced to:

- Improve discharge planning
- Increase use of Post Discharge follow-up
- Utilise 'leave' rather than discharge to better test clients ability to manage at home.

The resulting decrease in readmissions can be seen in the graph following this change.



Our inpatient services are required to have documented appropriate outcome measures for their clients. Our compliance in this area is 95% which is well above the rural compliance average of 55% and a national target of 85%.

Working in Partnerships

Victorian Inpatient Mental Health units were granted $20,000 towards improving the safety and security of women. This money, together with money raised by local service clubs, Inner Wheel and Rotary, is being used to create a Therapeutic Garden within the Kerferd Psychiatric Unit. Staff are working in partnership with TAFE students studying their Certificate II in garden construction to design and build this garden. In addition, there are 5 Kerferd clients completing the Certificate II course and they will assist with construction.

Northeast Health Wangaratta's Integrated Primary Mental Health Service (IPMHS) was "Highly Commended" at the Victorian Public Healthcare Awards. These awards aim to celebrate quality, innovation and excellence in public healthcare, and honour the dedication and expertise of the people who provide healthcare to the Victorian community

Palliative Care

Moving Beyond

Along with taxes, death is a certainty in life - let it be the best it can be. Palliative Care has traditionally been about caring for the person in their final phase of life. Victoria has approximately 30,000 deaths annually of which 50% have a diagnosis that requires Palliative Care intervention. Currently only 32% of these people receive some form of Palliative Care (Palliative Care Victoria 2008). It is projected that by 2016 the demand for Palliative Care services will grow by 4%, however this will be influenced by how Palliative Care is perceived.

We are moving forward to where Palliative Care is offered along side active medical treatment from the first point of diagnosis and throughout the course of the illness. Care is now provided to those dying from organ failure or old age and may extend over many months or years - a huge leap from the earlier concept of Palliative Care only being available for the terminally ill.

Extending effective Palliative Care is vital in preventing many people each year suffering unnecessarily painful and undignified deaths.

Our community based palliative care team of four specialist nursing staff are assisted by many volunteers who are supported by Family Care Coordinator. NHW is also supported by Medical Specialists from Barwon Health and Doctor Joseph Ding from NHW

Wal's Story – by Yvonne Richards

It was a warm afternoon. We sat out on the pergola together. Just Pop and me.

"I seem to be needing the oxygen more often. It is costing so much money. I even need it in the house now" said Pop.

This was the opportunity I had been waiting for to introduce the concept of Palliative Care to Pop.

"You know Pop, Palliative Care at the hospital could help pay for the oxygen" I suggested gently.

"I am not that crook yet love, I've got a few years left in me. Palliative Care is for people who need strong pain relief, and are just about to kick the bucket!'

"Well actually Pop, the word Palliative Care does not mean you are going to die tomorrow with lots of morphine." I replied.

"But I have not got cancer!" said Pop.

"No, but you are on dialysis and your heart is not what it used to be."

How about I ring the girls at pall care, you know Helen, and ask if they could find a few dollars to help out with the cost of the oxygen."

"That would be great love."

Pop was 12 months away from death then. He had cardiac failure and was on dialysis three times a week. He knew his time was limited and he enjoyed life to the fullest. For years I have help nurse "strangers" with the palliative approach to ensure dignity of life and good symptom control. When talking to student nurses I always say "Nurse your resident the way you would like your family to be cared for." Now I had that honour.

Wal had a great passion for life and loved his family. We did the family conference, set up all the support services and Wal struggled on at home with his devoted wife of 50 years. As his body began to fail him he said to me his biggest fear was leaving his family. He chose then to die at home surrounded by the family he loved.

Palliative Care

I got a call from Joyce saying Wal just was not himself. Joyce never rang. A proud strong lady who has been an inspiration to many. When I arrived Pop was sitting in his chair. I looked and thought 'I think the end is near'. Inside I panicked but outwardly the nurse took over. We contacted the pall care team who were there in a flash. I had to ask." What do you think Mary?" She replied, "Well he certainly is not well". "Do you think we are at end stage?" I asked. "Yes we are" replied Mary gently. I usually could do a clinical assessment quickly and then explain this to the client and family.

When I look back Pop had an altered conscious state, extreme shortness of breath and was pale and lethargic, but I could not see this. This was my Pop and my family.

I remember Mary sitting at eye level and asking how he felt. Pop answered in one word "Buggered" and Mary replied "That really sums it up Wal."

The Palliative Care team and GP were amazing. They knew Wal's end of life wish to die at home surrounded by his family and he did. Over the next few days we rode the emotional roller coaster. I had one big fear - how will our 14year old daughter Lizzie cope when Pop does die? Mary said "What would you advise a client in the same situation to do? Be honest and open about the whole process." So we were. I am amazed how she joined us on the journey. When the Palliative Care bed arrived at the house we set Pop up in a bright sunny room. Lizzie collected all the teddies she had given to Pop and tucked them in with him. Pop was now unconscious.

People came, the phone never stopped. We took it in turns of answering it. Lizzie suggested we put a recorded update of Pop's condition on the answering machine so we did not have to go through the same story! The whole family helped care for Pop in some way. His son Brett (my husband) helped me wash his dad. As husband and wife we shared some amazing moments on the journey. Food just appeared. When the going got tough all we had to do was ring the pall care team and they were there.

I went out for half an hour and came back to find the lounge filled with friends and relatives all talking, offering support and of course more food! Then I went into Pop's room. Lizzie and Brett were there talking to Pop. I watched for the rise of his chest…nothing. I must have sat quietly for five minutes. Lizzie looked at me and said, "Is Poppy dead?" "Yes love he is."

The house was overflowing with friends and relatives. Brett suggested Joyce needed a break and they left. Once they had gone and we were all with Pop I gently said that Pop had just gone. I always tell families to use the word died but I could not. This was my Pop and my family.

We sat with Pop and watched him. Lizzie said, "He looks like he is asleep". Joyce sat and held his hand. We cried. There were long silences, but it was not awkward. Pop had had his wish - we were all there with him. It was a surreal time. How often had I comforted relatives at this time? The nurse in me could not let go. I gathered my thoughts and did all the phone calls. As long as I had some practical things to do I did not have time to contemplate that Pop was dead.

It is only now that I sit here writing his story that the tears start to come. He was my father-in-law, Brett's dad, Joyce's husband, Lizzie's Pop. We miss him.

Good night Pop. God Bless.

Yvonne Richards is a Unit Manager of Illoura Residential Aged Care facility. This beautiful narrative was chosen as the lead story in the 2008 National Palliative Care Short Story Awards.

Illoura - Residential Aged Care

Redevelopment

The doors of our new Residential Aged Care facility were opened for business on December 12th 2007. Illoura, meaning 'a peaceful place' is located in College Street Wangaratta and took just over 12 months to build. It has 46 single and 8 double bedrooms with ensuites, catering for a total of 62 residents. There are a number of communal areas and smaller sitting rooms for residents when they have visitors.

The building was officially opened by Kaye Darveniza, Member for Northern Victoria, on the 21st of May 2008 in front of 170 people. Residents, their families and our staff are now enjoying this state of the art facility.

Caring for our Aged

A high number of pressure ulcers on feet led to a review of current practice regarding foot wear and foot care. Incidence of stage 1 pressure ulcers then decreased from 3.96 to 0.77 ulcers per 1000 resident days (below the statewide rate). In addition, two staff are attending a course on foot care in 2008. These staff will then be able to provide foot treatment for residents between podiatrist visits.

Over the past year Dieticians, Speech Pathologists and catering staff have reviewed the vitamised diet for residents. The name was changed to 'pureed diet' and the menu was improved to provide greater variety of meals. Fortifying agents are now added to pureed meals, which has resulted in a number of residents gaining weight.

The rate of falls at Illoura has decreased significantly. This is due to:

- Improved physical environment at Illoura
- Staff training in use of new lifting equipment
- State of the art overhead tracking for lifting of residents
- New beds which can be lowered to the floor
- Improved footwear

Falls have decreased from 20 to around 8 per month. This rate is lower than the state-wide residential high care rate.

The improved lifting equipment has also resulted in a decrease in the number of skin tears.

In response to the needs of the residents, the Lifestyle team have reviewed their program. Their roster was changed to better meet the needs of the residents with dementia. The team also have their own calendar of events which is available to all staff so that residents can be prepared for upcoming activities. The newsletter has also been revamped to include quizzes, puzzles and competitions to further engage our residents. These have proved very popular, and also encourage more meaningful interaction between staff and residents.

A gardening club has been formed for those residents with dementia. 'Illoura' has received a grant from the Department of Planning and Community Development to create new volunteering opportunities. This money will be used to further develop the garden club.

Evidence shows that one of the major causes of depression amongst men in aged care facilities is that they can't get away from all the women!! (www.weboflife.biz April 07 edition). Fridays is now "Mens Day", where the men are encourage to meet, share a beer and interact in a friendly environment. It is run by male nursing and lifestyle staff.

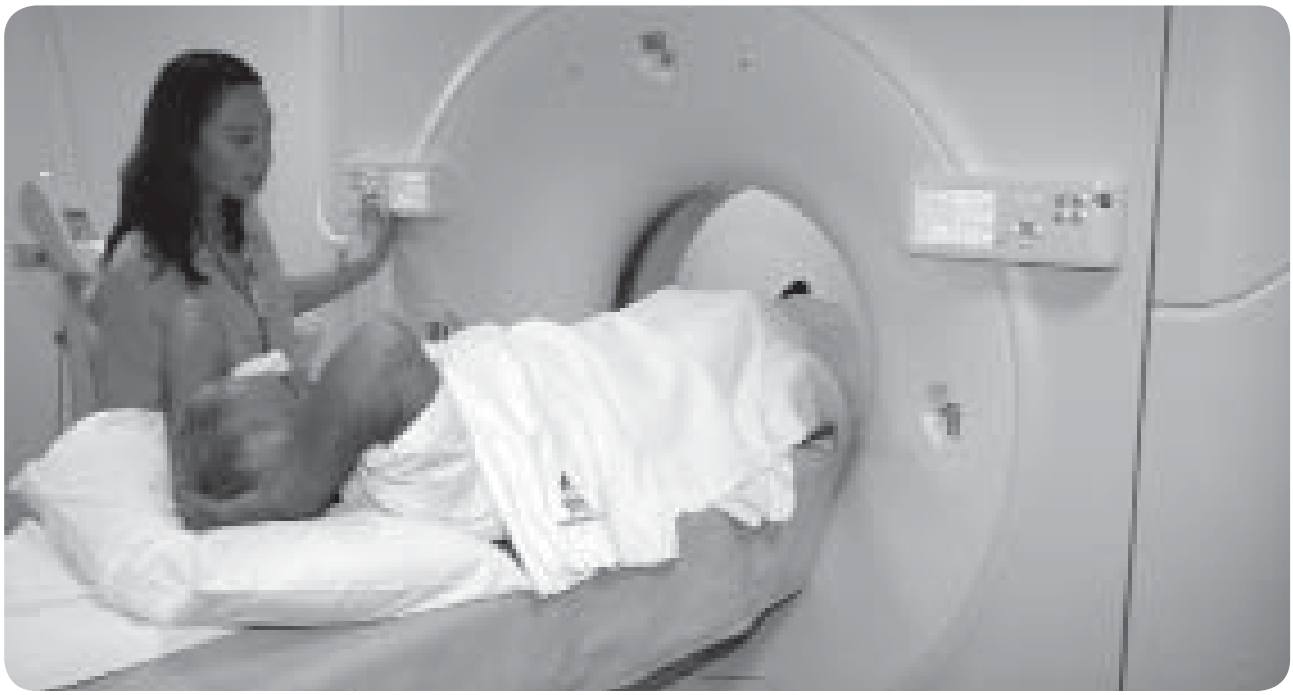
Comments from Aged Care Standards Agency Assessors who completed an unannounced site visit in April 08 included:

"The home has an established quality system to identify, action and monitor improvement initiatives".

"Relatives interviewed described how the home encouraged their input into the new building plans and that they received regular updates as progress was made."

"Residents all spoke highly of the staff for the attention and care they received."

Medical Imaging



Our Medical Imaging department provides a comprehensive diagnostic service and is a multi-modality practice offering x-rays, ultrasounds, mammography, CT scans, dental x-rays, fluoroscopy and bone density scans. The images that are produced are all digital and are examined on large computer screens by specialist doctors known as Radiologists who then provide reports about what the images show.

Our Medical Imaging department is very busy with 50,770 examinations being undertaken both at NHW and our regional locations in the past year. The regional centres we service with x-ray and ultrasound include Bright, Myrtleford, Yarrawonga, Corowa and Beechworth.

There have been many improvements, particularly with technology, over the last year.

The Medical Imaging department is fully digital and has recently completed an upgrade of our image storing device known as the Picture Archiving Communication System (PACS). This allows all images to be stored on site at NHW, whereas previously images were stored in Wodonga. This allows our Radiologists immediate access to old images for comparison with new images when required and has greatly improved efficiency.

A new mobile x-ray machine has been purchased to replace the model previously used throughout the hospital. The advantage of this machine is that images are digital and can be viewed on the spot to show doctors an immediate view of the patient anatomy and any pathology that may be evident. This greatly improves patient care as treatment can be issued immediately depending on what the x-ray shows.

The administration system is almost paperless with upgrades to our radiology information system, Promedicus. Referrals for appointments are now sent electronically or are scanned into the system. Work lists are generated from this system and electronic signing has saved significant time for staff and greatly improved report turn around time.

Medical Imaging has recently completed a patient satisfaction survey with results indicating we achieve a 90% satisfaction level overall. While this is a good result, the survey has been crucial in highlighting areas that need improvement. During the coming year, the Medical Imaging department will be making significant in-roads to greatly improve the service and achieve higher levels of customer satisfaction across all areas within Medical Imaging.

Acute Care

Acute patient services are what many people think of when they think of a 'hospital'. At NHW our acute patient services include:

- One East – surgical and midwifery
- Ground West – medical, inpatient palliative care, paediatrics, assessment unit
- Critical Care
- Renal Dialysis
- Operating theatre
- Oncology
- Allied Health
- Emergency Department
- Admissions and Day Procedure Unit

How many patients have we seen?

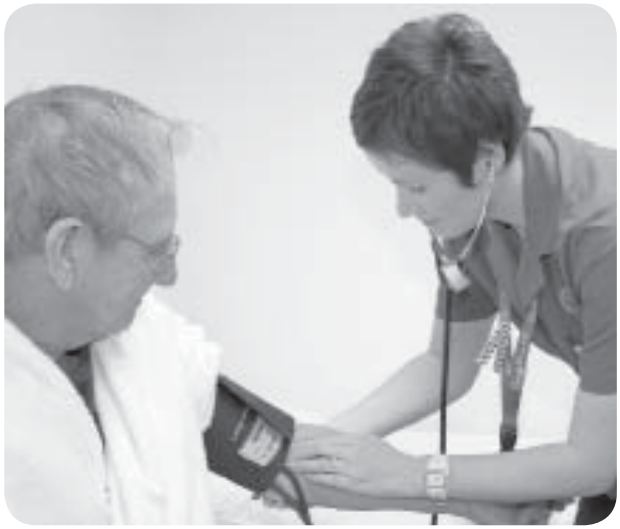
Department	2007/08	2006/07
One East (surgical)	3741	3936
Critical Care	305	286
Day Stay	2383	2323
Emergency Dept.	18,120	17,400
Dialysis	1926	1829
Oncology	1331	1431
Medical	3436	3353

Increased demand for beds, combined with new technology has seen the length of time patients stay in hospital decreasing, as we look at ways to provide the same high quality service in a more efficient way. Because we are moving patients through the acute hospital faster, we need to know that they are not simply coming back into hospital with complications a few days later. We also need to know that patients are happy with their care (please see page 7). According to the VPSM, the last wave of results showed that 89% of patients thought the length of time spent in hospital was about right, 2% thought their stay was too long and 9% felt their stay was too short.

Acute average length of stay (days)	
2004/05	2.69
2005/06	2.40
2006/07	2.34
2007/08	2.27

We monitor the number of unplanned readmissions at NHW each month as part of the medical record review undertaken by medical and nursing staff. The planning of support services after discharge has been a factor involved in some of our readmissions and the introduction of Service Access Coordinators in mid 2008 should help to alleviate this problem to a degree. The introduction of this new service is outlined on page 28.

With earlier discharges we also need to make sure General Practitioners know what has happened to their patients whilst they have been in hospital – what procedures they have had, test results and follow up care that is required. Discharge summaries are sent to GP's rooms electronically as they are completed as part of the computer based medical record in the Orion Patient Management System.



Acute Care

Using Data to Improve What We Do

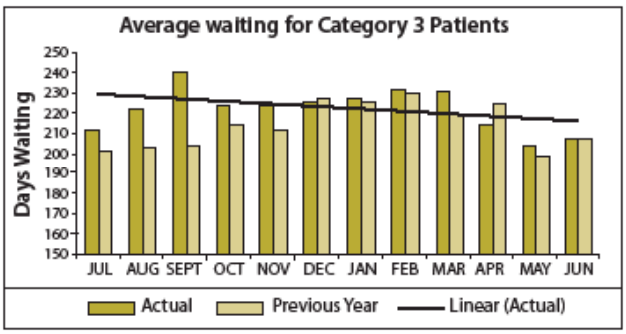
In the acute hospital we collect a lot of data about things such as patient numbers, how efficient our services are, how long people stay in hospital and the treatments we perform. Staff use this data at a ward level to determine how they are performing and the Board of Management also uses this information to ensure we are meeting set targets and providing a quality service.

Waiting Lists

Surgeons decide on the urgency of the medical condition requiring surgery, or how quickly someone needs treatment. Surgery is divided into 3 categories:

	Target time for surgury	DHS % target	2007/08 NHW % target met
Category 1	Within 30 days	100%	100%
Category 2	Within 90 days	100%	100%
Category 3	Within 365 days	80%	82%

As can be seen in the graph below, the numbers of patients waiting for category 3 surgery has decreased in May and June 2008. We believe this decrease is a result of the fast tracking of our hip and knee replacement patients.



Reducing our Waiting Lists

In 2007/08 NHW received additional funding from the State and Federal governments to assist in reducing the waiting lists for patients needing hip and knee joint replacements. Between January and June 2008 staff accepted the challenge of performing an extra 60 joint replacements whilst maintaining usual patient numbers.

The only way to accommodate these additional patients was to reduce the amount of time they stayed in hospital after their operation. Following extensive collaboration between clinical disciplines and consultation with the Community Advisory Committee, it was determined that it was possible for some patients to be discharged home within 3 days following their joint replacement. The state average is currently 7.5 days in hospital for both total knee and total hip replacements.

In order to achieve this target and reduce our orthopaedic waiting lists, additional services were put in place to assist our patients. These additional services included:

- Rehabilitation through the Community Rehabilitation Centre
- Additional home support provided by District Nurses

Acute Care

- Assessment by the Occupational Therapist before coming into hospital, so that equipment and discharge services could be arranged earlier
- Earlier education (before admission) such as exercises from the Physiotherapist, so that patients had advance notice of what they had to do after their operation

The target of 60 additional joint replacements was met with the following results:

- 82% of patients were discharged in less time than the state average of 7.5 days
- 20% of patients were discharged within 3 days after surgery
- Of the patient's surveyed, most have progressed well and were happy with the reduced hospital stay

Further modifications and improvements will be made to this service however we look forward to continuing this shorter length of stay in hospital for our patients and increasing access to Orthopaedic Services.

Patient at Risk Teams

In October 2006 NHW introduced Patient at Risk (PAR) teams, staffed by nurses from the Critical Care Unit. The purpose of these teams is to:

- Provide early emergency care to patients where the relevant medical officer/s are unable to attend promptly
- Offer practical assistance to clinical staff with matters related to the critical care speciality (eg: replacing difficult intravenous (IV) access)

Evaluation of this team has occurred on several occasions, the most recently reviewing the time period from January 2008 to June 2008. Results of this evaluation showed:

- The average number of calls per month was 14
- This was a slight increase in calls over the previous result of 13.5 from July to December 2007
- One East, the surgical ward, was the highest user of the team
- IV insertion and replacement was again the greatest reason for the team to be called
- There were 3 clear cases where early intervention by the PAR team probably averted a cardiac/ respiratory arrest

Women who access our maternity services now have the opportunity to carry their own antenatal record throughout their pregnancy after the introduction of the Victorian Maternity Record. It provides them with detailed information about pregnancy in general, what they can expect from their care, their individual birth plan and a record of their pregnancy and test results.

Acute Care

Following a visit in Feburary 2008 from the Victorian Health Minister Daniel Andrews, NHW received additional funding of $170,000 for the purchase of four birthing beds, a resuscitation trolley for babies and four diathermy units for the operating theatre. There were 553 babies born at NHW in the last year.

An overall satisfaction rating of 100% (good to very good) was received by patients of our Antenatal Clinic.

'SMART' clinical communication

The Victorian Quality Council and Australian Council for Safety and Quality in Healthcare have identified 'clinical handover' as a risk area during patient care journey. Clinical handover is the passing of information between incoming and outgoing staff and clear communication is vital in making sure clinical management is consistent and accurate.

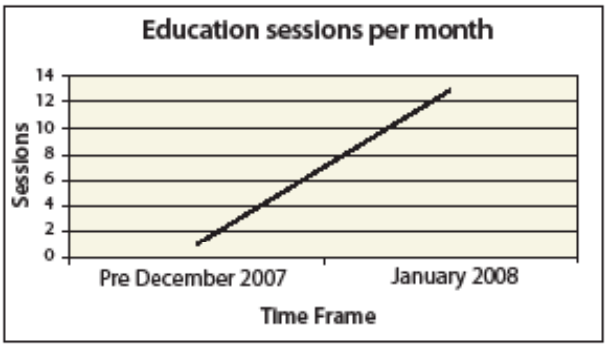
At NHW, changes have been made to improve clinical handover, both for medical and nursing staff. Within the nursing division changes have been made to not only improve clinical handover but clinical communication in general. Staff have:

- Introduced bedside handover where the patient is more actively involved in their own care
- Developed 'SMART' time to allow for thorough bedside handover, and also provide the opportunity for staff education, increased focus on staff professional responsibility areas, checking of equipment and patient management plans

'SMART' time has been introduced into the general medical and surgical areas at this stage and is held during double staff time. There have been changes to the way double staff time is used, which has been a major change for staff.

Positive results of this program have been:

- An increase in the amount of clinical education for staff
- Increased auditing, reviewing and improving of high risk areas such as patient falls
- High satisfaction (82%) of surveyed patients through the state wide Victorian Patient Satisfaction Monitor in regard to participation in their care. The average satisfaction rate for our peer hospitals is 79%



Our staff have presented this innovative program at the Regional Health Innovation Network meeting in Ipswich Queensland in May 2008 and the results of the program will continue to be monitored.

Medical Handover

NHW developed and introduced MediTell (an Electronic Clinical Handover System). MediTell collates relevant patient information from the hospitals computer systems into one screen and allows clinical staff to record, save and retrieve up to date patient handover entries to ensure that the covering doctor is familiar with the plan of care for all patients under his/her care.

Previously handover information was recorded in diaries or on pieces of paper which were then shredded. MediTell makes it possible to keep the handover entries for future reference for all relevant doctors to view.

MediTell makes it possible to create informative and detailed patient lists so that all doctors are working off the same plan.

Acute Care

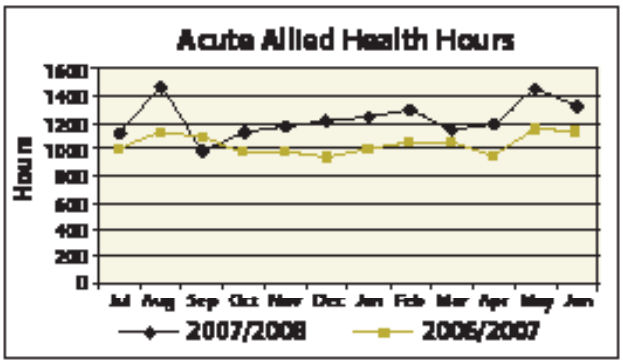
The advantages of MediTell are:

- More accurate and efficient handover
- Improved communication processes between doctors
- Reduced risk of communication errors, thereby increasing patient safety

MediTell has been presented at workshops and conferences in Sydney and Melbourne and is now sought by other hospitals to improve their handover processes.

Acute Allied Health

Allied Health professionals are health care workers with specialised training in their area of expertise. They work in the acute hospital setting alongside doctors and nurses to help provide complete care for our patients. The Acute Allied Health team is comprised of Occupational Therapists, Speech Therapists, Dietitians, Social Workers and Physiotherapists. As part of the acute care team, they work individually with patients, their families and carers to improve quality of life and assist recovery. They consult with each other where appropriate to develop a complete view of your needs and treatment options so that you get the best possible care. As can be seen in the graph, Acute Allied Health hours have increased over the past 12 months and all disciplines have seen more clients.



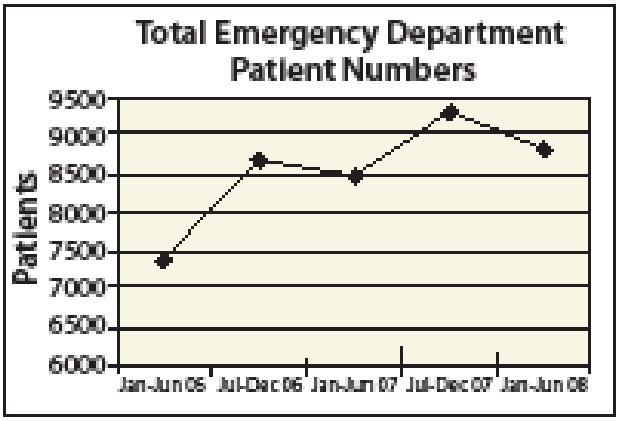
Since mid 2007, a group of representatives from Nursing, Medical, Physiotherapy, Medical Records and Pharmacy have met to work on 'Stopping the Clots' in our patients. The 'clots' are leg blood clots (Deep Vein Thrombosis - DVT's).This is a present-day health care issue gaining more recognition nationally, as prevention has the potential to save many lives, avoid complications and decrease length of hospital stay for patients.

As part of the progress so far, an audit was undertaken of patients in most acute areas (excluding Paediatrics, Midwifery and ED) in mid 2007. This audit concluded that there is a less than favourable compliance rate (<50%) to DVT Prophylaxis at NHW. This result demonstrated the need to have formal guidelines developed for staff to follow. To allow this initative to progress during 2008, resources have been provided to allow a staff member to devote time to policy development, further audit and education.

Emergency Department

The Emergency Department (ED) at NHW is the first point of contact for most of the unplanned admissions to hospital. In the past 12 months staff have seen a total of 18,120 patients, a number that is steadily increasing, as can be seen in the graph of patient numbers (over the page).

Acute Care



Although the numbers of patients are rising, we still need to make sure patients are being seen within acceptable time frames for their medical condition. When patients arrive at the ED, they are seen by a senior nurse who effectively 'sorts' them into categories of urgency. This process is called 'triage'. Patients are sorted into 5 categories:

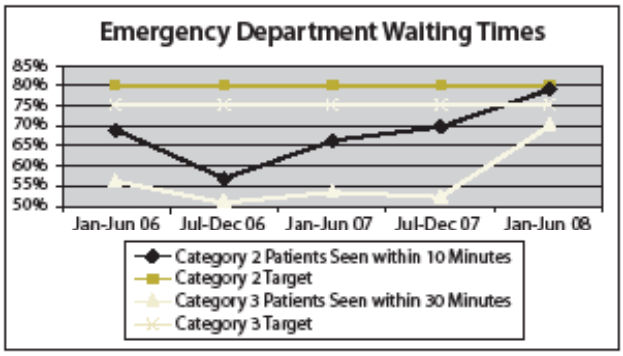
Patients seen within target times: 2007/08

Category	Should be seen	Examples of cases	Target %	NHW %
1	Immediately	Heart attacks	100	100
2	Within 10 mins	Severe Trauma	80	81
3	Within 30 mins	Breathing difficulties	75	73
4	Within 1hr	Stomach pain	60	66
5	Within 2hrs	Coughs, colds dressings	60	88

Positive changes have been made within the ED in 2008 which has seen a dramatic improvement in the times patients are seen. These include:

- Appointment of a new Medical Director and Deputy Medical Director. This has increased our numbers of experienced staff, improved supervision and increased learning opportunities for more junior staff.
- Introduction of ward assistants to help with non nursing duties. They are rostered on duty most days between 3pm and 8pm - our busiest times. They assist with answering phones, providing refreshments to patients, helping with children and people who may be disorientated.
- The presence of Volunteers in the department seven days a week between 11am and 3pm. Volunteers provide a link between the waiting area and the department for patients and can also help with refreshments and support for those receiving treatment.

Following these changes there has been a noticeable improvement in the times patients are waiting to be seen. Whist we have always seen category 1 patients immediately, the improvements in category 2 and 3 patient groups can be seen in the graphs below. Similar results are also evident for category 4 and 5 patients.



Refurbishment of the waiting area occurred in 2007. There is now:

- A dedicated interview room when privacy and comfort are required
- A plasma TV to occupy those waiting
- Drink vending machine and water available for people waiting

Rehabilitation

Thomas Hogan Centre (THC) – Inpatient Rehabilitation

Rehabilitation, Geriatric Evaluation and Management services are provided as both inpatient and outpatient services. Our 19 bed inpatient unit is the THC and cares for patients that are not acutely unwell but who may require a little extra time to recuperate following illness or surgical procedure. Example types of patients seen in this area are those that may have suffered from a stroke, who are recovering from major orthopaedic surgery or who need some assistance to become more mobile and confident before going home. The THC cares for a large number of people from around the region who may need expert care and planning.

Geriatrician Services

NHW has now secured the services of a specialist geriatrician service from St Vincent's Health in Melbourne. Dr Michael Murray, Dr Benny Katz and Dr Emerald Ong, rotate visiting the THC and Community Rehabilition Centre (CRC) once a fortnight for a full day and provide Geriatrician consultation to Medical, Nursing and Allied Health staff in managing the more complex patients. Dr Allan Randell and Dr Ruth Drohan provide specialist Gerentology support for clients with a Monday to Friday service. A HMO is employed to provide medical cover for clients in THC, 24 hours a day.

In addition, there has also been equipment purchased for teleconferencing which is beneficial for consulting purposes, and two of the General Practitioners who are employed in the THC are completing Master Degrees in Rehabilitation.

Case Management

Case management meetings are held in the THC four days a week. They are attended by all the members of the care team in rehabilitation (Medical, Nursing and Allied Health) and ensure that all clients have their progress monitored and treatment planned as a team rather than planning by individual clinicians.

As part of our Improving Care for Older People program, a Continence workshop was held on 23rd of November 2007. It was well attended with representatives from 12 health care facilities from within the Hume Region. Feedback showed that 99% of attendees were very or completely satisfied with the day, 92% felt the content was relevant to their job and 100% gained valuable knowledge from the conference.

Sub-Acute Ambulatory Services: Community Rehabilitation Centre (CRC)

The aim of this service is to improve the client journey for those with chronic and complex needs, their families, carers, social and health care providers, by providing Care Coordination, Groups, Home Based Therapy, Individual Sessions and Case Management in the home, centre and community.

The multidisciplinary team consists of Physiotherapists, Nurses, Occupational Therapists, Social Workers and Allied Health Assistants, Gerontology GP, Geriatrician, Speech Pathologists and Dieticians, with access to our Mental Health Consultant Liaison Nurse.

The CRC provides programs for:

- Strength Training
- Pulmonary Rehabilitation
- Pulmonary Maintenance
- Parkinson's Group & Support Group
- Orthopaedic Group
- Hydrotherapy (YMCA pool): Neurology, Orthopaedic and General
- Cardiac Rehabilitation
- Hearts for Life
- Community Exercise
- Falls and Balance
- Rehabilitation in the Home

Community Based Services

NHW has a wide range of clinical services that are not based in the hospital, but are provided on an outpatient basis. These services include:

- Community Based Palliative Care
- District Nursing
- Dental Services
- Hospital in the Home
- Post Acute Care
- Diabetes Education
- Community Allied Health – Physiotherapy, Occupational Therapy, Speech Pathology, Dietetics, Social Work
- Hospital Admission Risk Program - Chronic Disease Management (HARP-CDM)
- Breast Care Services
- Extended Aged Care at Home (EACH)/ Community Aged Packages (CAPS)
- Stomal Therapy
- Veteran Liaison

Advance Care Planning

NHW has been successful in obtaining funding to assist the development of an Advance Care Planning strategy across the NHW Palliative Care catchment area. Advance Care Planning is really about letting others know of your values, beliefs and wishes before the time comes that you are unable to express these feelings.

The aim of the project is to assist the development of a formal process for Advance Care Planning within the Hume Region. This will require:

- Education of health professionals – doctors, nurses and others
- Redevelopment of current policies and guidelines in line with Advance Care Planning guidelines
- Support from services specialising in Advance Care Planning strategies

We are hopeful that the development of such a program will serve to improve end of life care by assisting patients, their carers and relatives to discuss and record their choices about their health care. The project, whilst being coordinated and managed through Palliative Care services at NHW, is also involving staff from Alpine Health. Education has already been delivered to General Practitioners and Specialist medical staff within the Hume region and the first patient group to be targeted will be aged care.

Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)

This program was introduced in 2006 and provides care coordination for people, young and old, with chronic and complex illness and/or care needs. The service works with people, families and carers in the home, in managing and understanding their illness and needs. Staff assist people to identify needed supports and services which enables them to remain at home and reduce avoidable and unwanted presentations/admissions to hospital.

HARP-CDM worked with 262 people in 2006/07 and 239 in 2007/08, with readmissions rates decreasing from 8% to 2% respectively. The service continues to grow and provides support for clients across the Central Hume catchment which includes: Alpine, Benalla, Moira, Mansfield shires and some areas of Indigo and Strathbogie Shires.

Dental Services

Central Hume Dental Service is part of NHW and is responsible for the delivery of general dental care to a range of clients under a variety of funded programs. These programs range from early childhood services through to aged care. Currently the service is being provided from 3 sites:

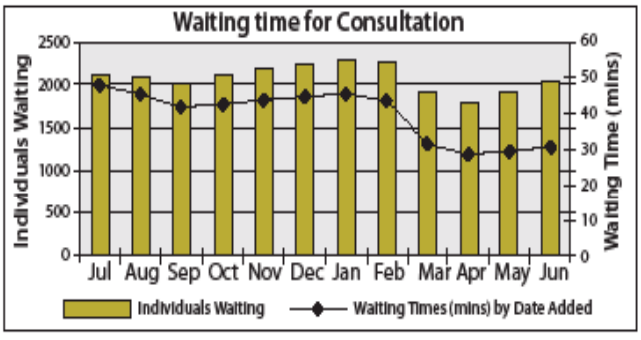
- 2 chairs at the main clinic in Green Street
- 2 chairs at a modern dental van in Clarke Street
- 2 chairs situated at Delatite Community Health Service in Benalla

Community Based Services

Dental services are provided by both Dentists and Dental Therapists, working together with Dental Nurses. We also have the services of a visiting Prosthetist once a week who, together with another local Prosthetist, provide the majority of our new denture care to patients.

In the past 12 months:

- Two Dentists have been credentialed to carry out dental procedures under general anaesthetic, both at NHW and Benalla District Memorial Hospital. This has resulted in patients being seen in the local area, rather than having to be referred to the waiting list for elective surgery at the Royal Dental Hospital of Melbourne.
- An oral hygiene appointment has been introduced for patients who undergo any general anaesthetic procedure, in an effort to reduce patients returning for repeat dental treatment for the same conditions in the future. The oral hygiene appointments will continue until a benchmark level of improvement has been achieved.
- Confirmation of all appointments has resulted in a reduction of broken appointments.
- For the first time in the delivery of public dental health in Wangaratta, a dental assistant has been employed under a traineeship. The difficulty in getting qualified dental assistants meant that the service had to look at alternatives for staff and the traineeship offered that alternative. Our trainee is currently one third of the way through the course and by the end of the year will be a fully qualified Certificate 3 Dental Assistant.
- Integration of the school dental service with the general dental services was completed at the end of 2007 and has since enabled a more holistic approach to family centred care.



Continence Nurses

Continence Nurse Advisors, Deborah Gregory and Ilka Sherwill were named as recipients of the 'Michael Murray Award' which recognises excellence in continence promotion projects. Both Deborah and Ilka received this award for their health promotion activities and displays during Continence Awareness Week (5th-11th of August 2007).

Improving Services

- Community nursing staff have been working with local General Practitioners in the development of wound care charts to improve care in this important area.
- Hours for Community Allied Health have extended to enable client contact until 8pm one day a month.
- Working with Primary Care Partnerships in developing chronic disease management strategies across the Central Hume Region.

Community Based Services

$125,000 was received to upgrade equipment in the Community Rehabilitation Centre to help improve the services we deliver. This money will be used to purchase:

- Ultrasound equipment
- Gymnasium equipment (treadmills, exercise bikes)
- Bladder scanner
- Overhead hoists to assist with patient transfers
- Scooters
- A new pantry set up to demonstrate modifications in the home
- Interactive computer training
- Treatment tables

Single Point of Access

It has been identified though patient feedback and other service providers at focus groups run by NHW, that the referral to, and organisation of, appropriate community services when a patient is discharged from hospital could be improved. With this in mind there have been two Service Access Coordinators appointed during 2008. Although this is a new initiative and too early to see any results, it is hoped that the position will provide a strong link between acute and community services, and that patients will be discharged home with all appropriate services in place, satisfaction will be increased and clinical risk from disruption to care will be minimised.

Health Promotion

Healthy eating choices

As a 'Health Promoting Health Service' it is essential that the coffee shop at NHW reinforces healthy eating for both its staff and the community. A staff survey discovered that staff wanted more healthy choices in the coffee shop. A steering committee was formed with members from Food Services, Dietetics, Health Promotion and Quality. Input was sought from many people (including staff and the Community Advisory Committee), menus were developed and changes made. Some of the changes have been:

- Use of low or reduced fat milk, cheese and spreads
- High fibre flour, bread and cereals
- No pre made rolls or sandwiches are made with butter or margarine
- Chocolate bars have been downsized
- A range of sugar free lollies are on sale

These changes have met the approval of our staff, with a follow up survey showing that 92% of staff were satisfied/very satisfied with the Healthy Choice options. A further 68% found the rolls and sandwiches more appealing now they did not contain butter or margarine. We are continuing to work together to promote healthy choices through the coffee shop.

Community Based Services

10,000 Steps Community Challenge

The 10,0000 Steps Challenge was held again in 2008 following on from it's success in 2007. However this year there was a difference in that an invitation was extended to local businesses across Wangaratta to take part. The aim of the challenge was for the individuals as well as the team to improve their daily step count and the amount of physical activity they do.

A total of 19 teams (including 114 members of the community) participated in the challenge with 11 local businesses overall taking part, including:

Australian Country Spinners
Beaurepaires Wangaratta
Gordon Gibson Nominees
Steve and Linda's IGA
K-Mart Wangaratta
Safeway Wangaratta
Rural City of Wangaratta
Gary Nash Real Estate
Medicare Wangaratta
Trinity Community Support
Centerlink Wangaratta

Winners of the 10,000 Steps Community Challenge

Most Improved Individual:
Andrew Way - Garry Nash Real Estate

Most Improved Health Outcomes:
Kristy Hibberson - Australian Country Spinners

Most Active Individual:
Faye Ramage - Australian Country Spinners

Most Improved Team:
Australian Country Spinners Team 1

Most Active Team:
Australian Country Spinners Team 2

The challenge required participants to form teams of 6 people, wearing a pedometer and tracking the number of steps they completed each day. The teams participated for 5 weeks and some of the positive results shown were:

- 41% claimed they felt better and had more energy
- 79% noted that following the challenge they are now doing more physical exercise
- 14% felt they gained fitness during the challenge
- 14% of participants lost weight

10,000 steps is the recommended daily step goal for a healthy adult. The average number of steps achieved in carrying out normal daily activities is between 6,000 - 7,000 steps per day, so for most people the addition of a 30 minute brisk walk would add another 3,000 - 5,000 steps, thus reaching the goal of 10,000 steps.

Our Staff

Dr Les Bolitho was recognised at the prestigious Rural Workforce Agency Victoria (RWAV) 2008 Victorian Rural Doctors' Awards for his outstanding contribution to rural communities. Dr Bolitho initiated the teaching program in Wangaratta for medical students and registrars from the Royal Melbourne Hospital almost 20 years ago and has continued his involvement ever since.

Making sure our staff are suitably qualified

It is important that we select staff for employment who have the right qualifications and experience to perform in the jobs they are employed to do. All clinical staff that are employed at NHW have:

- Qualifications, registration and skills thoroughly checked before being offered employment
- A current police check
- A working with children check, if required

Registrations of clinical staff, such as nurses and physiotherapists, are checked annually on the websites of their respective registration bodies. Medical staff now also have their registrations checked annually on the Medical Board website.

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

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

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

Nurse Practitioners

A 'Nurse Practitioner' is a registered nurse that has undertaken further education and has been allowed by the nursing registration board to function independently and collaboratively in an advanced clinical role. NHW is currently sponsoring 8 Nurse Practitioner candidates:

- 4 in Critical Care
- 2 in Aged Care
- 2 in Mental Health

Our candidates are all completing their Masters in Advanced Nursing at Deakin University and have the support of the Nurse Practitioner Program Manager. Although they have not yet completed their studies, they are already very valuable in supporting clinical staff with the assessment and management of patients using their nursing knowledge and skills and are fast becoming the clinical leaders of our nursing workforce.

NHW is looking to expand our Nurse Practitioner Candidates in 2008/09 with the addition of two more Gerantology Nurse Practitioner Candidates.

Our Staff

Rural Health Academic Network (RHAN)

Our research collaboration with the University of Melbourne has continued to grow since the placement of a dedicated half time research position at NHW through the RHAN in September 2006. The RHAN Research Coordinator for NHW works with the university and staff to build our capacity for clinical research that specifically answers questions relating to rural health.

NHW initiated research developed through RHAN:

1. **Prospective Multi Centre Study of Non medical reasons for Caesarean Section:** A collaboration between University of Melbourne, MidSweden University and NHW. **Project lead:** Ms Helen Haines RHAN Coordinator.

2. **Electronic Medical Handover Study:** This study looks at the satisfaction of RMOs with the locally developed handover tool. It is measuring the effect that e-handover is having on accuracy of information in medical records, and communication between junior doctors. **Project lead:** Mr Kevin Vaughan.

3. **Trauma Study:** Collection and analysis of data relating to major trauma presenting to NHW. Collaboration with DHS and NHW, Rural Ambulance Victoria through a newly developed Trauma Committee. **Project lead:** Mr Frank Miller FRACS.

4. **Suspected myocardial infarction in a rural population. How does Thrombolysis performed by General Practitioners compare with Thrombolysis performed in a regional referral hospital?** A Retrospective Audit of patient outcomes. **Project lead:** Dr Robert Krones FRACP, Dr Peter Radford RACGP.

5. **Palpation versus ultrasound to guide the insertion of lumbar regional anaesthesia. Project lead:** Dr Indunil Kumarasinghe, Dr Fraser Barry.

Allied Health Education

Providing a positive student experience and supporting staff in their clinical placement has been proven to have a positive impact on the recruitment of staff. Following the introduction of a Clinical Service Development Consultant, there has been a large amount of work undertaken for Allied Health staff in this area and NHW can now boast:

- An Allied Health clinical leadership program to provide and support, clinical excellence and practice development

- An Allied Health under graduate clinical placement program. This provides a single point of entry and coordination of Allied Health clinical placement requests for all five disciplines: Physiotherapy, Occupational Therapy, Speech Pathology, Social Work and Dietetics. This has resulted in:
  - Positive feedback from Universities – one point of contact
  - More efficient use of clinicians time - able to spend more time in the provision of clinical services
  - Increased capacity to take students – increase from 180 placement weeks in 2007 to almost 300 placement weeks in 2008

Our Staff

  - Decreased clinical risk – students are well supervised and participate in orientation program
  - Development of systems to maintain accurate student data for reporting
  - Students working in multidisciplinary teams, adding to their support and learning experience
  - Maximised clinical placement opportunities into the future
- Plan to explore partnerships with other services ie education & private sector
- Opportunities in community programs to increase student placement opportunities
- Maximise Accommodation options

Development of multidisciplinary orientation package in collaboration with Nursing Education for all Allied Health and Nursing students coming to NHW.

Addition of 'Clinical Education and Research' to the NHW website for further information for potential students and universities.

Nursing Education

Ongoing and undergraduate education is provided for both general and psychiatric nurses. In the past there have been a number of individual courses developed and provided to staff by the members of our education team, however over the last 12 months there has been a move towards providing increased support to staff as they work.

The development of a Clinical Support Network has seen the introduction of:

- Five highly skilled 'generalist' nurses available for staff in Surgical, Medical, Rehabilitation and Community areas.
- Specialist educators based in the Midwifery, Paediatric, Theatre and Emergency Department areas.

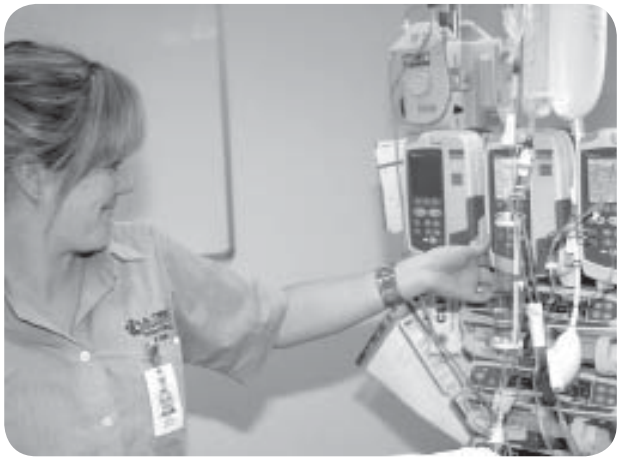
Although education staff are based in specific areas, they are available to assist staff anywhere in the organisation. This means that rather than leaving their clinical area to go to an education session, we now have educators assisting staff and teaching them as required.

As well as the clinical support network, the nursing education unit also coordinates the following programs:

- Graduate Nurse
- Undergraduate student nurse
- Work experience
- Return to practice
- Clinical facilitation
- Physical assessment*
- Advanced patient emergency*
- Nurse practitioner*
- Clinical leadership
- Basic and advanced life support

*Recognised by Melbourne, Latrobe and Deakin Univerisities

Another major achievement for 2007/08 is the development of 'online' learning and testing of staff competency. We now have 14 NHW and 8 regional clinical competency/online learning packages. There is also an electronic clinical education calendar for staff.



Excellence Awards

On 7th February 2008, NHW formally recognised and celebrated the achievements of our staff members at our 5th Annual Professional Excellence Awards – 'Standing Tall'. Award recipients were:

- Paediatric Team (Excellence in Paediatric Nursing Award)
- Pauline Brandon (Elsevier Award for Excellence in Psychiatric Nursing);
- Nadia Tilson (Excellence in Support Services Award)
- Di O'Keeffe (WB Richardson Excellence in Nursing Award)
- Breanna Dunnachie (Leaders of the Future Award)
- Kath Nicols (Charles Neal Excellence in Aged Care Award)
- Sarah Tucker (Excellence in Allied Health & Community Services Award)
- Joseph Ding (Director of Medical Services Excellence in the Field of Medicine Award)

Quality Awards

Clinical - Integrated Primary Mental Health for its Drought Response and 'Café in the Know' programs.

Non Clinical - The Health Promotion Team for its 10,000 Steps program as part of a workplace health promotion strategy.

Customer Service - Fiona Evans & Gaye De Fazio both staff members from Dental Services who are cheerful, courteous, helpful and go out of their way to be of assistance wherever they possibly can.

Service Awards

30 years - Lois Foley
Cheryl Hoysted
Veronica Marjanovic
Laurence Wheeler

25 years - Susan Enders
Sheree Hamilton
John Henderson
David Larkin
Cathy Larkins
Margaret Turner
Wayne Vick

Northeast Health Wangaratta
incorporating:

Wangaratta District Base Hospital
WJ Smith Linen Service
Illoura Residential Aged Care
Mental Health Services
Medical Imaging

PO Box 386 Wangaratta, Victoria 3676
Green Street, Wangaratta, Victoria 3677
Phone: (03) 5722 0111 **Facsimile:** (03) 5722 0109
Email: enquiries@nhw.hume.org.au **Website**: www.nhw.hume.org.au