



2008-09 Quality of Care Report





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Welcome

Welcome to the 2009 Quality of Care report for Northeast Health Wangaratta (NHW). Every year we create this report to provide information to our community about the services we offer and the improvements we have made in response to identified need. It also provides us with the opportunity to showcase some of our achievements that we hope you will find interesting. Of course we cannot provide information about every service, but we aim to focus on areas of interest to both our community and staff.

The highlight of our Quality & Safety year has been the successful accreditation of our entire organisation in March and April 2009. This included acute, aged, community and mental health services. Industry peers who reviewed our services during these surveys were particularly complimentary about the high standards of patient care they observed and commendations were received. There is further information about our accreditation process within this report.

High standards of care that have been achieved at NHW are undoubtedly due to the dedication and hard work of our staff. Despite increasing patient numbers in many areas we still continue to meet set targets and maintain a high level of patient satisfaction. Our staff are supported by a large number of community volunteers who dedicate their time freely in support of NHW. Volunteer support is offered in many and varied ways – from supporting patients, families and our staff to participation on the community advisory committee. A huge thank you must be extended to both staff and volunteers for their contribution over the past year.

We always look forward to hearing what you think about our report and we welcome you to provide feedback either by telephoning the Quality & Safety Manager on (03) 5722 0482 or via our website at www.nhw.hume.org.au. Your opinions are essential in helping us to improve our performance every year.

I hope that you enjoy reading this years Quality of Care report and that you find the content informative and interesting.



Chris Cunningham
President
Board of Management



Production of this report

The primary reason for producing the Quality of Care report every year is to inform the people of Wangaratta and surrounding districts about the services we provide and how we make sure we are providing a high standard of service. It is launched every year at the Annual General Meeting and copies are available free of charge from NHW. We also supply copies of the report to medical surgeries and the city library, as well as sharing information from within the report via our bi monthly 'Health Focus' page in the local newspaper. Compiling this report is an extensive task and involves planning, writing, editing and publishing, with the input of many people.

Planning the content

Planning of the report begins many months in advance when we receive feedback about the previous year's publication and also when we are notified of what must be included in reports. Every year the Department of Human Services sets criteria that we must report on and these include:

- Consumer, carer and community participation
- Clinical governance & risk management
- Falls prevention, medication errors, pressure area prevention
- Infection control
- Continuity of care

Importantly, we use the comments about previous reports from our community, staff and an independent panel in Melbourne to help us improve our report each year.

Report card for 2008 Quality of Care

Community/staff comments	Assessment panel comments
100% of our community respondents felt the publication was worthwhile and increased their knowledge of the service NHW provides.	This is a very good report. It shows a service reporting clearly, openly and honestly to its community.
They found the report easy to understand, but some of the graphs were too small.	Need to include more data
More photographs, as a picture paints a thousand words.	Need to look at cultural diversity in the community as well as the number of those people using the service.

This year we have included more data and smaller blocks of information to provide an informative and easy to read report.

Writing the report

Staff from across the organisation contribute to the content. Letters of thanks from past patients have also been used to demonstrate community satisfaction. Quotes from our accreditation surveys have been used, as well as data produced by the Department of Human Services to show how we perform in comparison to other health care services.

Editing

The Community Advisory Committee, which has been involved with the production of this report for many years, is involved in the entire production process, but most notably with the editing of the report.

'The latest NHW Quality of Care report is a particularly valuable document with an excellent range of content and use of data to demonstrate consistently good outcomes.' **ACHS Surveyor 2009**

Governance of NHW

Clinical Governance is a phrase used to describe the framework we use to ensure an excellent standard of patient care and safety is maintained across the organisation.

Clinical Governance at NHW is based upon:

- Well defined quality & clinical risk management structures to support the delivery of a high standard of safe patient care
- Clear responsibility for monitoring performance and making sure improvement occurs where necessary
- Transparent and clearly defined accountability and reporting lines
- Providing adequate resources to support quality & safety

Monitoring of both clinical and non clinical services occurs at many levels across the organisation, with responsibility for clinical governance set out in the table below.

Level	Responsibility
Board of Management	<ul style="list-style-type: none"> • Planning the strategic direction for NHW to meet community needs • Receiving, interpreting and monitoring data and information • Delegating responsibility for action and ensuring outcomes are achieved where required
Executive	<ul style="list-style-type: none"> • Achievement of the strategic direction • Reviewing service performance • Monitoring actions for improvement where required
Managers/clinical support staff	<ul style="list-style-type: none"> • Collection of performance and quality data • Planning and undertaking improvement activities where required • Annual quality improvement plans
Clinicians	<ul style="list-style-type: none"> • Patient care • Maintaining appropriate skills to provide high quality care • Assist with quality improvement activities

To ensure sufficient emphasis is placed on clinical aspects, in addition to the traditional finances, two separate board meetings are held every month – one for clinical and community issues, the other focusing on corporate and resource issues.



Allan Wills
President



Chris Cunningham
Vice-President



Geoff Dinning



David Lawson



Janeen Milne



Michelle Smith-Tamaray



Lorna Williamson



Karen Harmon

'The Executive and Board of Management have a good understanding of the appropriate level of services to be provided to the community and potential consumers.' **ACHS Surveyor 2009**

Quality and accreditation

'Quality' is, in simple terms, the continual improvement of services and work practices in the pursuit of better patient, staff and organisational outcomes, increased satisfaction with services and/ or increased efficiency. In identifying areas that need improvement we:

- Collect and review data to see if we are meeting targets or standards
- Use consumer feedback in the form of complaints, compliments and survey results
- Make sure we are compliant with appropriate legislation and standards
- Undergo external review by peers in the form of external audit and accreditation

NHW has many systems and processes in place to monitor, improve and evaluate the quality of care patients receive when they use our services, whether they be patients in hospital or in the community. Accreditation is a process that involves assessment of services by external professionals to make sure we are meeting high standards of performance. All services at NHW were well and truly under the spotlight during the first half of 2009.

There are two main organisations that provide accreditation for NHW, these being:

The Australian Council on Healthcare Standards (ACHS) which reviews acute, community and mental health services.

Aged Care Accreditation Standards Agency (ACASA) which reviews aged care services.

Our residential aged care facility, Illoura, underwent accreditation survey by the ACASA over two days in March 2009. The remainder of NHW then underwent their four day survey by ACHS in April 2009.

In all accreditation processes, surveyors make recommendations for further improvement. Some of these recommendations from the reviews in 2009 have been:

- To make sure improvement activities undertaken in non clinical areas support patient care
- Develop a traffic management plan for use in the services area
- Review the consent forms in Mental Health
- Determine if Mental Health Record audits can be included in the regular audit process at NHW



Allied Health Assistant Greg Meyland and Occupational Therapist Stacey Manfield presented their innovative splint research to ACHS surveyors

Illoura Residential Aged Care	NHW Acute & Community	Mental Health Services
Accreditation results		
Compliance in all 44 review areas maximum score possible.	Maximum awards of four years accreditation and a 'high' rating for HACC services (district nursing).	Maximum awards of four years accreditation.
Comments by Surveyors		
"Illoura actively pursues continuous improvement and encourages input from residents, their representatives and staff".	"There is a strong focus on quality and risk with many improvements in systems and specific activities".	"All activities are carried out with the consumer in mind and with a clear focus on risks to both consumer and the community, so that priority care can be provided in the most cost effective way".
	"Northeast Health Wangaratta is making steady progress in evaluating and improving support services that are critical to the core business of direct patient care".	"Innovation and a 'can do' attitude are the hallmarks of this service and it is clear that staff go well beyond the bounds of duty to provide the care that the community requires".

NHW is rightly proud of its achievements - testament to an organisational culture committed to continuous improvement and an excellent standard of care.

Managing risk

QUICK STATS

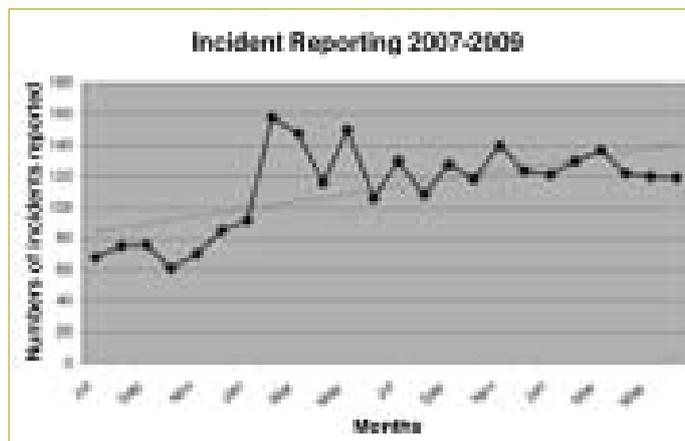
Top 3 patient incidents reported at NHW are:

- Falls
- Medication errors
- Aggression/assault

To help us focus on the most important improvements to be made to ensure safety, we assess the amount of risk that would be present if the identified problem was left untreated. At NHW we identify and action both clinical and non clinical risks using a process based on the Australian Standard on Risk Management. We use a risk register to make sure action is taken to reduce risk within allocated time frames.

Clinical risk

Clinical risk is all about patient safety. There are a number of ways that risks to patients are identified at NHW, but the most frequently used risk identification tool used by staff is incident reporting. Patient incidents are reported via a web based risk management program called 'Riskman'. This program allows on the spot reporting of incidents or accidents that occur, as well as potential or 'near miss' incidents and hazards. It allows for efficient follow up and action where required, and staff have the ability to review actions that occur in response to their reports. Since the introduction of the Riskman system in December 2007, reporting of incidents across the organisation has risen (as can be seen in the accompanying graph) which allows us to gain a better understanding of risk to our patients across the organisation.



The use of this system has identified that over the past 12 months, patient falls have been the most frequent clinical incident reported. Unfortunately patient falls are also linked to the highest numbers of injuries associated with incidents. Page 14 highlights our efforts to reduce patient falls in the past year.

Medical record review

Risks to our patients are also identified via our system of patient medical record review. We screen histories of all patients who have died at NHW or whose care involved:

- Unplanned return to the Operating Theatre
- Unplanned transfer to Critical Care
- Unplanned readmission to hospital within 21 days

We also review any histories of patients that are referred by clinicians who feel care could have been improved for any reason. Senior nursing staff and medical consultants meet monthly to review histories and provide recommendations for improvement in care processes.



Dr Peter Hebbard, Associate Charge Nurse Jane Foley and Dr Rob Phair check treatment orders in the recovery room

Sentinel / adverse events

In the case of serious incidents we undertake extensive investigation via a process called Root Cause Analysis (RCA). RCA focuses on finding the real causes of why things may have gone wrong rather than blaming individuals. NHW has not had any sentinel events recorded in the past 12 months, however some of the patient falls with poor patient outcomes have been subject to a modified RCA process. Actions taken to improve falls management can be seen on page 14.

Comments from our patients

In addition to external professionals assessing what we do with accreditation, of great importance to us is what the people who use our service think. We need to know if the community believe we are doing a good job and if they are happy with the services they receive. We gain community feedback in many ways.

Victorian Patient Satisfaction Monitor (VPSM)

Surveys are sent to patients who have had treatment with us, so they have the opportunity to make comment in an anonymous way. VPSM surveys are sent from, and results compiled, in Melbourne and participation is voluntary. Our most recent results of this monitor, from September 2008 to February 2009 (wave 16), have shown that satisfaction with overall care is the same as the average for Group B hospitals.

Satisfaction index	Wave 16 NHW	Group B average
Overall care	77	77

Areas where we demonstrate consistently better results than Group B hospitals:

- Help with pain
- Respect of culture
- Being treated with respect
- Willingness of staff to listen
- Consumer participation

Only 78% of patients were satisfied with room privacy in September 2007. Through simple staff education this satisfaction rate was increased to 86% in September 2008.

Areas identified for improvement:

- Noise of nursing staff at night, especially at nurses stations
- Told to come to hospital at 7am, not in surgery till 4pm
- Food
- Same sex wards

Areas requiring improvement have actions planned and monitored via the quality and safety committee.

Complaints, comments and suggestions

All complaints are treated seriously and confidentially at NHW. Education provided to staff is aimed at viewing complaints as an opportunity to improve what we do. We acknowledge all written complaints within 7 days, and aim to provide a full response to the person making the complaint within 30 days. In complex complaints it is sometimes difficult to respond within 30 days.

Total complaints over the past three years have been decreasing, despite increased education of consumers in how to make a complaint. The complaints we receive are also decreasing in seriousness which hopefully indicates our services are improving!

Data snapshot:

Year	Total complaints	Complaints answered within 30 days	Compliments
2008/09	67	72%	181
2007/08	97	71%	147
2006/07	123	60%	112

Some of our improvements made in response to complaints in 2008/2009:

- Changes to the medical consultation process in the Emergency Department
- Introduction of a stamp for Emergency Department doctors notes to ensure referring doctors are alerted as to whether patients are admitted or not
- Adjustment of heavy bathroom doors to make them easier for patients to manage
- Education of medical staff in the safe use of blood thinning drug Clopidogrel
- A focus on improved communication amongst staff

The community we care for

NHW provides a wide range of services to meet the needs of the community it serves. The majority of people served by NHW are from the Rural City of Wangaratta and the most recent demographic data available from the Australian Bureau of Statistics shows:

- 87.1% of the population are born in Australia
- 4.8% of people are from a Multicultural or Non English speaking background
- 0.8% of people have an indigenous background

% of population	Country of Origin
2.4	United Kingdom
1.8	Italy
0.6	Germany
0.6	New Zealand
0.5	Netherlands

Although only a small percentage of our population are from non English speaking backgrounds, we recognise the importance of meeting the needs of this potential patient group. We also acknowledge that others in the community have special needs, such as those with cognitive or physical disabilities. Ensuring these patient groups know how to access services and that they understand and participate in the medical care provided to them is paramount. We achieve this by:

- Having a 'Diversity Plan' which is updated regularly
- Providing international signage regarding interpreter services at all clinical access points
- Having access to a 24 hour interpreter service
- Providing information packages and brochures in languages other than English
- Having a guideline for staff to access, which includes a comprehensive list of resources available to help meet the needs of individual cultures
- Providing wheelchair access across NHW, either by ramps or lift access
- Having dedicated car parking spaces for disability clients to improve ease of access
- Accessing Koori Liaison Services from Wodonga or Shepparton as required

Our Equal Opportunity Policy supports the rights of all people to enjoy a workplace free of discrimination due to gender, age, race, marital status, pregnancy, carer status, disability or religious background. In 2008/2009 we have had no complaints made to the Human Resources Department regarding discrimination.

'Closing the Gap'

Thursday, 2nd April 2009 was 'Close the Gap' day and NHW held one of the hundreds of events taking place across the country, with tens of thousands of Australians urging State and Federal governments to end the Aboriginal and Torres Strait Islander health crisis and provide health equality for Indigenous Australians.

Organisers, Alice Truong and Jane Maxwell, two Melbourne University medical students, hope that the event raised awareness in Wangaratta of the disparity between Indigenous health and non-Indigenous health. This also highlighted our undeniable responsibility to address the situation.



Medical students Alice Truong and Jane Maxwell raise awareness of indigenous health issues

Consumer participation

In rural areas such as Wangaratta, the community feels a strong sense of commitment to the ongoing future of its services. NHW is the largest employer in the Rural City of Wangaratta and it provides a wide variety of health services to the people within the rural city. We invite community members to participate in our organisation in many ways and this is outlined in our Community Participation Plan, developed in consultation with our Consumer Advisory Committee. The aim of this plan is to involve users of our service in decision making about:

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

Currently we have consumers involved in many ways:

Advisory Committees

Consumer Advisory – organisation wide
Mental Health consumers and carers
Aged Care residents and carers

Volunteer Services

Volunteers now form an essential part of our service. A dedicated Volunteer Coordinator manages recruitment, training and liaison of the growing number of people who provide valuable assistance, free of charge to NHW. As well as the traditional types of volunteer work, such as auxiliaries, volunteers are being trained to work in specialised areas such as the Emergency Department, assisting our staff in providing support, comfort and non clinical information, such as waiting times, to our patients.

Involving patients in their own care

The aim of person centred care is involving people in their own care and having them take responsibility, where possible, for their own health care. This moves away from the more traditional views people have of hospitals, where all responsibility is 'handed over' to clinical staff as they walk through the door!

Introduction of a bedside handover process in ward areas is a move towards involving patients in their care. During this time, care is discussed between incoming and outgoing nursing staff and the aim is that patients will become more involved in this process. Family meetings, particularly in the Thomas Hogan Rehabilitation Unit where long term care is planned, involve the patient, their family and carers and the multidisciplinary care team to plan future management.

QUICK STATS

- NHW now has over 150 human and 15 canine volunteers
- 100% of our human volunteers have police checks



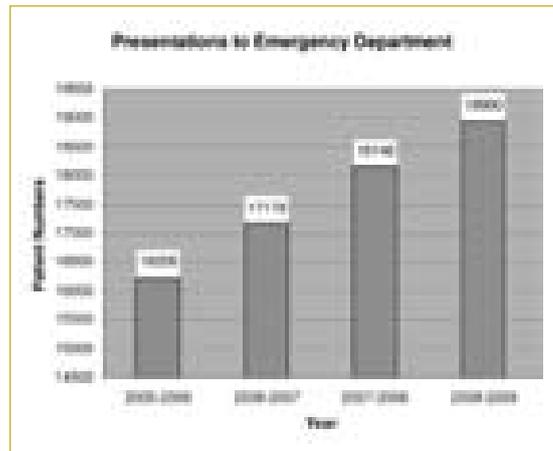
Patient Barrie Cook and Physiotherapist Sarah Tucker discuss on going care

Emergency services

This year the Emergency Department (ED) at NHW has seen a record number of patients and despite this growing number, we have seen a large improvement in efficiency within this clinical area. Our patients are being assessed and treated in a more timely manner. They are being transferred to the ward faster. There are fewer people who are leaving without being seen.

All patients who arrive at the ED are seen first by a specially trained nurse who assesses the urgency of the medical condition and places them in priority order to be seen. This process is called 'triage' and there are five priority categories patients are allocated, with Category 1 being the most urgent and requiring immediate treatment. Patients are seen according to priority and not how long they have been waiting for treatment. As can be seen in the table below, we perform better than target times set by the Department of Human Services in all triage categories, and also perform better than the average for rural hospitals in Victoria.

Triage category	Target time	DHS target	NHW	Rural Average
1	Immediately	100%	100%	100%
2	Within 10 minutes	80%	90%	85%
3	Within 30 minutes	75%	84%	79%
4	Within 1 hour	60%	75%	73%
5	Within 2 hours	60%	91%	89%



Dr Ian Wilson leads the team in our Emergency Department

What has made the difference?

- Stable senior medical staff who take a much more active role in training and mentoring of junior staff
- Increased use of volunteers within the department to help with tasks such as providing drinks, food and support for patients
- Ongoing use of 'interim orders' by doctors so patients can be transferred to the wards more quickly
- Upskilling of nursing staff to enable them to order basic pathology tests, x-rays and perform basic suturing

QUICK STATS

- 81.7% of patients requiring admission are transferred to the ward in under 8 hours. This is compared to a rural average across Victoria of 74.6%
- 19% of the patients seen in ED were admitted to hospital
- 21% of patients arrived at ED by ambulance
- There was an average of 52 presentations each day

Access to surgery

QUICK STATS

Total operations performed	5,341
Total operating minutes	185,834
Day stay patients	2,762

As happens in our Emergency Department, patients who require surgery and community services are often placed on waiting lists and their treatment is scheduled according to urgency. Whilst the staff of NHW monitor waiting lists to make sure we are treating patients as efficiently as possible, we do not prioritise patients – that is determined by the doctor who will perform the procedure.

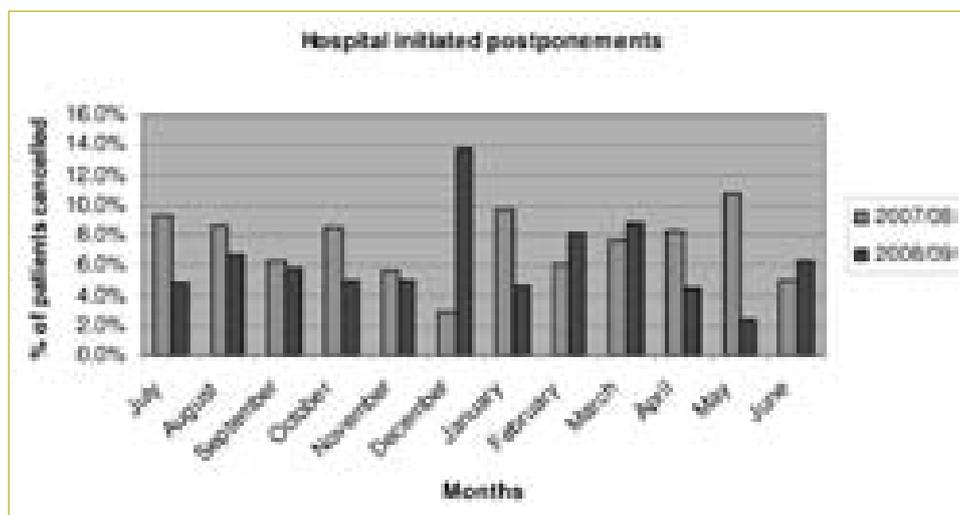
Elective surgery patients are classified according to the urgency required for the procedure, category 1 being the most urgent. We meet DHS targets for treating urgent and semi urgent patients and have improved our waiting time for category 3 patients considerably to 90%.

Elective surgery waiting times

Category	Description	Ideal Time to treatment	DHS Target	NHW 2008/2009	NHW 2007/2008
1	Urgent	Within 30 days	100%	100%	100%
2	Semi Urgent	Within 90 days	100%	100%	100%
3	Non Urgent	Within 365 days	80%	90%	82%

In 2008/2009, rural patient initiative funding enabled approximately 140 extra category 3 patients waiting greater than 365 days to be treated. In addition, medical staff were encouraged to assess their long waiting patients and update waiting lists. There has also been improved communication between doctors rooms and the Theatre Liaison Officer at NHW, and increased understanding from doctors of the principles of elective surgery waitlists.

Unfortunately there are times when surgery is cancelled due to unforeseen circumstances. This may include patients cancelling their own procedures due to other illness or not being entirely fit for surgery. What is of concern to us is the number of cancellations made by NHW. Reasons for surgery cancellation include staff sickness, insufficient resources and lack of available beds – this can become a problem over winter periods when the hospital historically becomes busy with increased numbers of patients. Cancelling patients is always the last resort as we understand the stress and inconvenience that is caused, however if it is necessary we aim to reschedule surgery as soon as possible.



The increased number of postponements in December 2008 were unfortunately due to several surgeons unplanned unavailability.

Enhancing patient care

Medical handover

NHW developed and introduced MediTell (an Electronic Clinical Handover System) in September 2006. MediTell collates relevant patient information from the hospitals computer systems into one screen. It 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. It also creates informative and detailed patient lists so that all doctors are working off the same plan.

The advantages of MediTell are:

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

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



Division 2 nurse Kim Smart cares for patient Isabella Parker

Alcohol Withdrawal

It has been widely documented that as a society in general, there is a greater dependency and associated health problems related to alcohol. In an effort to address this problem, the Department of Human Services has funded an alcohol auditing project which commenced at NHW in 2006 and concluded in June 2009. As a result of this project, NHW has established an alcohol screening tool. A simple questionnaire is completed with all people treated over the age of 16 years of age, either on admission to hospital or in the Emergency Department. If this screening tool indicates regular moderate to heavy alcohol intake, actions are taken by staff to provide education about the effects of alcohol. Counselling is available for those identified at risk. Alcohol withdrawal therapies have also been developed to increase the comfort and reduce safety risks to patients undergoing withdrawal.

Council of Australian Governments Long Stay Older Persons Initiative (COAG LSOP)

COAG LSOP is a four year project that aims to improve the care for older people, particularly in rural areas. To be completed in 2010, the major focus of this initiative at NHW has been with the introduction of 'person centred care'. This model of care is about recognising every person as unique and encouraging their active participation in their own care. Education of staff has been a key component in introducing this model. In addition to this approach to care, a full review of the tools used to assess a person's condition and needs on admission is being undertaken. This will ensure information we receive is comprehensive and helps to improve the health and safety of our patients. Links with the Clinical Education Department have been formed so education of staff in these important areas will be sustained after completion of the project.

Timely information to General Practitioners (GPs)

NHW monitors how quickly GPs are sent information about the hospital stay after their patients leave hospital, with the aim being 100% of information sent within 24 hours. Discharge summaries are sent to GP rooms via secure electronic transfer to ensure this information is received in a timely and confidential manner. We benchmark our performance with another similar sized hospital in the Melbourne Metropolitan area to gain a better understanding of how well we perform, with encouraging results.

Percentage of discharge summaries to GPs within 24 hours

	NHW	Benchmark hospital
January 2009	87.8%	76.5%
April 2009	81.2%	78.7%

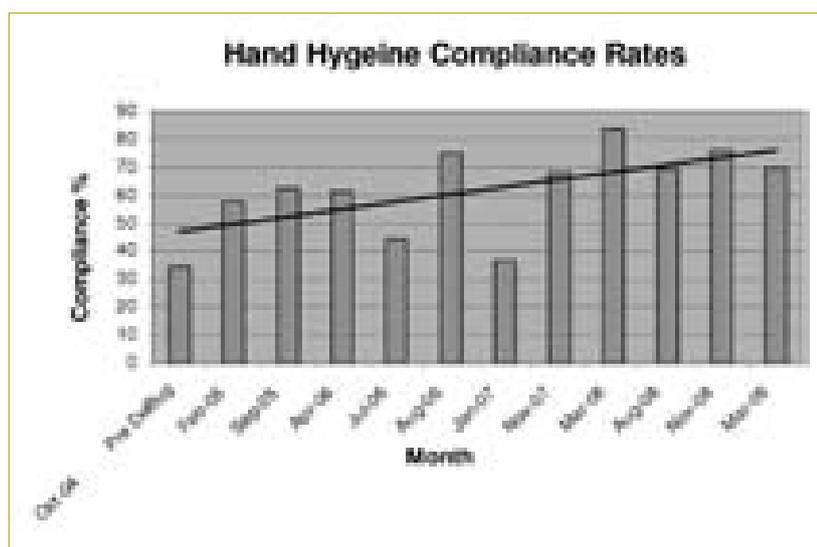
Infection Prevention and Control

The last 12 months has certainly proved to be a challenging time for the Infection Prevention & Control (IP&C) team. Emerging diseases such as human swine influenza have once again reminded staff of the importance of hand hygiene and the need to wear personnel protective equipment (PPE including-masks, gowns and gloves) to minimise the risk of cross transmission. The application of these interventions ensure our patients, residents and clients are not exposed to any community or hospital acquired infections.

The Infection Control Consultant, Staff Health Nurse and Hand Hygiene Coordinator continue to work together with health care workers and volunteers to maximise their safety given the risks associated with blood and body fluid exposure and transmission of communicable diseases.

Achievements in 2008/09

- **Hand Hygiene** compliance rates in excess of 70% (includes use of soap and water and DeBug-Alcohol based hand rub). Working with Hand Hygiene Victoria (a DHS initiative) our rates have always been above the expected rate of 55% hand hygiene compliance. The graph below provides an overview of the consistently high rates of compliance.
- **Rates of Methicillin Resistant *Staphylococcus aureus* (MRSA)** infection and colonisation remain low with 16 isolates from July 08 to June 09 (compared to 13 isolates in the previous twelve months)
- **Staff Health** program administered over 750 vaccinations for staff, volunteers and students. Over 600 seasonal influenza vaccinations have been administered in 2009, the remaining including vaccine protection against Hepatitis A and B (n=107), Human Papiloma Virus (HPV) (n=12) and Pertussis (whooping cough) (n=31).
- **Implementation of a 'fit testing' program** for N95 masks (staff wear for cases of swine influenza) in the emergency, radiology, medical and critical care units with over 85% of staff having completed this training and assessment.
- **Sterilisation services** once again performed above the regional average for compliance with sterilising standard AS4187:2003 scoring 99% despite an ageing theatre complex. Dental services also scored 99% compliance for sterilising standard AS4815:2006.
- **Occupational exposure** rates are benchmarked with the Victorian Blood Exposure Surveillance (ViBES) group. In 2008 NHW was once again under the aggregate rate of 0.51 total exposures per 1000 bed days, the NHW rate being 0.47 total exposures per 1000 bed days.
- **Reduced rates of infections** in orthopaedic joint surgery have been observed in 2009. Contributing factors not only include a reduction in elective orthopaedic cases, but the commitment all staff have displayed by adopting our evidence based best practice guideline for the management of joint procedures.



Cleaning

Keeping the hospital environment clean plays a vital role in the prevention of infection. The Environmental Services Department is responsible for the majority of cleaning across the organisation and there are planned schedules that cover 24 hours a day, 7 days a week.

Different areas within the organisation are rated according to their priority, and cleaning is assigned accordingly.

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

Audits are frequently performed, both by our staff and also by external bodies, to make sure cleaning meets set standards. Internal checks are conducted every week in a different area, using the same process used by external reviewers.

Our compliance with external cleaning reviews has shown a slight decrease over the past 12 months as can be seen in the graph. Very high risk areas scored 89% compliance and our high risk areas scored 91.5%. Following investigation the probable cause for this would be the increased patient numbers and staff work load over the last 12 months.



To address the slight decrease in cleaning audit results, the staff of the Environmental Services Department have recently trialled a new process for cleaning which involves the thorough cleaning of a designated area once weekly rather than the previous process of focusing on one particular cluster daily. This is in addition to the usual daily cleaning routines.

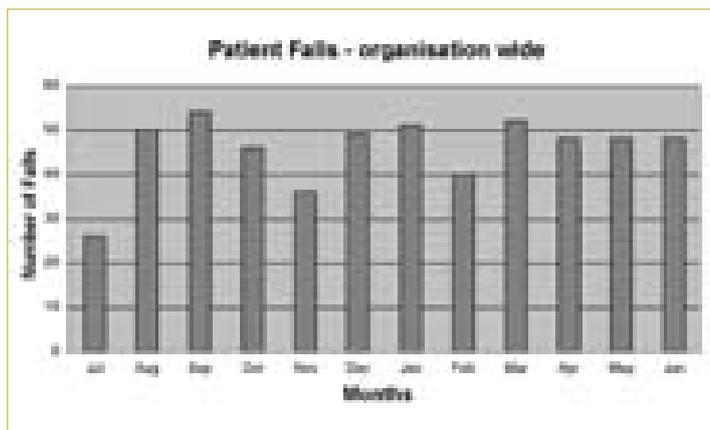
This trial was conducted over a 4 week period in a general ward. A sharp improvement in compliance was clearly seen, the scoring percentage rose from 87% to 92%.

Environmental Services welcomed the addition of a jet steam cleaner to their cleaning equipment, to ensure patient trolleys and beds receive the best cleaning available.

Preventing patient falls

Falls prevention is an area of major focus for NHW over the next 12 months because, as can be seen in the accompanying graph, there has been an increase in the number of falls across NHW in 2008/2009. Our aim is to reduce our falls rate and also the injuries caused by falls whilst patients are in hospital. Review of data surrounding falls showed us that:

- 82% of falls in hospital occur in the over 70 year old age group
- 86.4% of injuries from falls occur in the over 70 year old age group
- 66.5% of falls were unwitnessed



To reduce the number of falls in hospital, our first objective is to raise awareness that falls are a problem and that some falls can be prevented.

Staff education

A falls prevention week was held from the 24th -28th November 2008. Falls prevention information was displayed for the week and interactive sessions were held each day for staff. Education was provided by nursing staff, a physiotherapist and occupational therapists. A total of 107 staff members and students attended the interactive sessions with positive feedback. A similar week was then held at Illoura Residential Aged Care Facility for staff from 1st – 5th June 2009. This too, was a valuable exercise with 32 staff members attending.

Involving patients & carers

There is now an increasing focus on educating patients and/or family members about falls prevention and interventions that are available to reduce the risk of falling. The NHW website now contains falls prevention information for the general public to access. Our falls prevention brochure is being updated and will be given to patients (or their family) if they are identified as having a high risk of falling.

Assessment of falls risk

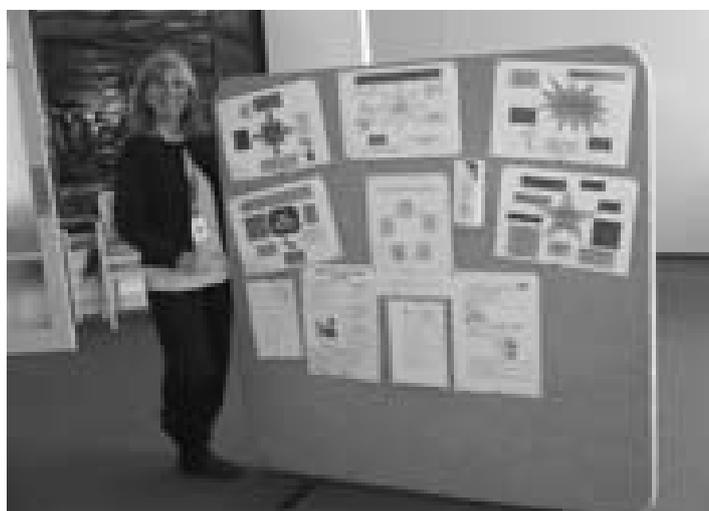
All patients (with the exception of paediatrics and midwifery) are assessed on admission, using a falls risk assessment tool to determine their risk (low, medium or high) of falling whilst in hospital. Appropriate interventions to reduce the risk of falling are then put in place.

Monitoring

To make sure all patients are being assessed for their risk of falling, staff audit compliance with the use of the risk assessment tool. Results of these audits are monitored and reported at staff meetings to maintain compliance.

Into the future

As many of the falls were unwitnessed, staff members are trialling nurses stationed in each four bed room to assist at all times when required. Patients at high risk of falling will be cared for in the same room where possible. Greater use of our valuable volunteers will be investigated.



Physiotherapist Kath Nichols during falls prevention week

Maternity care

The Community Midwife Program at NHW started in 1996 and caters for up to 120 women each year. The program is run by a team of five midwives, each with extensive education and clinical expertise, progressing through a credentialing process. All midwives work part time, together forming a seven day, twenty-four hour on call service for all clients.

“My husband Jeff and I are writing to express our delight and satisfaction with our recent birthing experience under the capable care of the Community Midwife Program (CMP) and secondly the support of the Midwifery staff at the hospital. We would also like to acknowledge the valuable support and encouragement we received at the lactation clinic.

Our darling daughter Alice arrived on 10th March 2009 and the positive experience we had at the birth is largely due to the ongoing care we received from our midwives. I strongly believe that the connection that is developed between expectant parents and an allocated midwife, consistently throughout the pregnancy, birth and postnatal period, has a positive impact on the success of the birth and the wellbeing of the new parents and child.

We prepared ourselves as best we could, for a natural and active birth experience. We had the support of our midwife. With the use of the bath at the hospital as my main source of pain relief, our midwives supported our desire to labour with minimal intervention. For such an intensely intimate and personal experience, words cannot express our respect and appreciation of the delicate role the midwife takes. In particular, a midwife that has seen us through the pregnancy, the birth and then post-natal care. Again, I emphasise the important connection between the ongoing care with one midwife and our ability to have a natural birth experience.

Another crucially important service on offer to us at the hospital is the opportunity to visit the lactation clinic. We had the need of support and expertise in the rather tricky business of breastfeeding a newborn baby. I am sure there are more women breastfeeding their babies in the Wangaratta district than other areas as a direct result of visiting the lactation clinic. What wonderful help we got over the course of three separate visits. They certainly kept me on track with continual breastfeeding of my baby, and the clinic itself offered me valuable social interactions with new mums!

Northeast Health Wangaratta has an incredibly vital and fantastic service in the CMP. It is like nothing we have heard of in Victoria, though surely and hopefully it exists in a similar form elsewhere. What a wonderful opportunity for families of Wangaratta to have access to such a facility.

Yours sincerely, Sally & Jeff Colson”

QUICK STATS

Total births: 531	Boys: 288
Sets of twins: 7	Girls: 443
Most popular boys name: Cooper [11]	
Most popular girls name: Emily [6]	



Jeff and Sally Colson with baby Alice

Improvements to our service

Development of the TUT Trolley

The NHW Supply and OH&S departments, together with Services Assist, developed a trolley for multiple uses within the hospital. The trolley was developed as a proactive initiative to reduce the risk of manual handling injuries to staff when transporting items throughout the organisation.

The design of the trolley was submitted as an entry into the annual Victorian Worksafe Awards which were held in Melbourne on the 30th October 2008.

Our entry was selected as one of the three finalists for the category "Best Solution for Preventing Musculoskeletal Disorders" (Manual Handling). Whilst NHW did not win, we received high praise and recognition by the Director of Worksafe Victoria, John Merritt, for this initiative and concern for staff safety. The trolley is now available and being used Australia wide by various organisations.



Jamie Berry demonstrates the TUT trolley

Gary a winner at State Nursing Excellence Awards

The Mental Health & Drugs Nursing Award at the State Nursing Excellence Awards focuses specifically on nursing initiatives for improving results in clients with mental health and/or drug problems. The 2008 winner was Gary Croton, Eastern Hume Dual Diagnosis Service, NHW.

In Victoria, as in other parts of the world, there are increasing numbers of people who are experiencing mental health, drug and alcohol problems and disorders. The co-occurrence of these problems and disorders (dual diagnosis) is challenging and often not well recognised or understood.

As a sole project worker, Gary's extraordinary commitment to improving the recognition of dual diagnosis and achieving the most effective outcomes to all those in the service has been outstanding, wide-reaching and innovative.



Gary Croton receives his award from the Honourable Lisa Neville, Minister for Mental Health.

Improvements to our service

Mental Health Gender Specific Garden

The grand opening of the Kerferd Gender Specific Therapy Garden was held on December 8th 2008. Kerferd Unit staff worked in partnership with Goulburn Ovens TAFE to plan and construct the garden, designed to be a safe and secure environment for women to have a private and relaxing place away from the stress of the inpatient unit. The garden was constructed by Certificate III Garden Construction course students from TAFE, which included 6 clients of the service who suffered serious mental illness. As a result they received formal completion of a unit in the Certificate III Garden Construction course. Several of these clients have now obtained paid work in the horticulture industry. Many local businesses contributed in provision of materials for the project which is due to be showcased on the ABC's 'Gardening Australia' program later this year.

TAFE is again involved with our Mental Health Service to construct a kitchen garden on the grounds of Kerferd, due to be completed by November 2009.



Michael Hatton, from Goulburn Ovens TAFE, assists NHW Occupational Therapists Danielle Taylor and Alison Oakes officially open the Gender Specific Garden

One History

One history is a history folder allocated to each patient on admission and it follows the patient from ward to ward if transfers are required. This replaces the old system of removing notes from previous folders and sending a pile of paperwork to the receiving ward. All folders are now kept in a consistent filing order across the organisation. This simple system redesign saves staff time on wards, improves efficiency in medical records as there is now a consistent approach to filing and reduces the risk of documents lost in transfer.

Pressure ulcer prevention

Pressure ulcers (bed sores) are a largely preventable patient safety issue, recognised internationally as a leading cause of harm to patients. A pressure ulcer is an injury to the skin and/or underlying tissue, usually occurring over a bony prominence. They are caused by pressure, or pressure in combination with friction.

At NHW staff have been working hard to:

- Decrease the number of hospital acquired pressure ulcers
- Improve documentation in relation to pressure ulcers
- Optimize the management of pressure ulcers

One of the ways that we measure our improvement in pressure ulcer management is by conducting pressure ulcer point prevalence surveys (PUPPS) every year. This provides staff with a 'snapshot' of pressure ulcers at NHW on that particular day. On 22nd May 2009 the PUPPS team, with consent, inspected patients in the surgical, critical care, rehabilitation and medical wards for pressure ulcers. The survey not only informed us how many pressure ulcers were present in the hospital on that day but also provided other valuable information such as the use of the Braden scale (a tool used to predict likelihood of patients developing a pressure ulcer), equipment being used, reporting of pressure ulcers and their management.

The results of this year's survey showed:

- 6 patients were found to have developed a pressure ulcer during their hospital stay (80 patients surveyed)
- 91% of patients had the Braden Scale completed*
- Staff were using the appropriate equipment to manage patients who are at risk of developing pressure ulcers or who already have one present

**Use of the Braden Scale is also monitored throughout the year by regular audits. All patients (with the exception of midwifery, paediatrics and psychiatry) are assessed predicting the likelihood of that patient developing a pressure ulcer. The appropriate interventions can then be implemented.*

Throughout the year prevention equipment has been purchased which includes:

- 20 new pressure reduction mattresses for Kerferd
- pressure reduction chairs
- special booties to protect heels
- a cushion for high risk patients
- an alternating air mattress which will be used for very high risk patients

In September 2008, NHW held a pressure ulcer prevention and management seminar for nursing and allied health staff. The seminar was presented by two experts in this field and valuable knowledge was gained by the staff who attended. This information has also been passed on to other staff. The purchase of equipment and the increase in staff awareness and knowledge regarding pressure ulcers has been reflected in the survey results for this year and shows the quality of care that patients are receiving.

**Prevention of pressure ulcers
is simple:
MOVE! MOVE! MOVE!**



Caroline Kilbourne checks a patient's foot for areas of pressure

Aged care

Opened in December 2007, Illoura is an off site campus of NHW that provides residential aged care services to the community of Wangaratta. It has the capacity to provide specialist aged care for 62 people who can no longer remain at home due to frailty or dementia. Illoura also provides the opportunity to care for people who are currently living at home but whose carers require some respite for a limited time. Every effort is made to try and make the facility homely whilst also providing a stimulating activities program for residents who wish to participate.

Activities for residents

The lifestyle team at Illoura continually review their program in order to meet the individual needs of residents and improve the program. Just some of the improvements to the lifestyle program over the last year include:

- Increased volunteer numbers
- Purchase of a shed and equipment for the garden club which can be used for multiple activities
- Smaller groups to make activities more homely and personal
- Weekly men's group now includes lunch
- Increased networking with Galen Secondary College students to enable intergenerational activities to occur
- Improvements to 'Wings' newsletter to make it more user friendly, for example, larger font size, inclusion of puzzles, competitions and information to raise awareness of health issues



Ethel Diffey enjoys a fishing activity with volunteer Susan O'Neill

Clinical care

As highlighted on page 4, Illoura received the highest rating possible at its accreditation survey in March 2009, receiving a 'compliance' rating in all 44 standards assessed. In addition to the lifestyle program in place, staff monitor the clinical care provided to ensure our residents receive the best service possible. In assessing our performance, as with the rest of NHW, we also compare our data to other aged care facilities. An example of the clinical care monitored can be seen in the table and graph below:

Indicator	Illoura	Statewide rate
Incidence of Physical restraint (per 1000 occupied bed days)	2.6	2.4
Incidence of residents prescribed 9 or more medications (per 1000 occupied bed days)	2.9	3.6
Incidence of weight loss of >3kg per quarter (per 1000 occupied bed days)	1.0	0.8

Acting on problems

Illoura continuously monitors the incidence of pressure ulcers in residents. Last year, we experienced a higher than expected result which led to improvements in care. The main problem identified was ill fitting footwear resulting in pressure areas occurring on bony prominences of feet. A joint project was undertaken by our podiatry service, physiotherapy staff, residents and their families. Two of our nursing staff underwent special training in the management of feet and foot problems at Mayfield Centre in Melbourne.

Results:

- Improved assessment of potential foot problems
- More prompt referral to allied health services
- Increased awareness of the need for appropriate footwear by staff and residents
- Improved care of feet in between visits by podiatrists
- Purchase of footwear to meet resident needs
- Marked decrease in the number of pressure ulcers reported in April-June 09, with rates now below state averages for high care facilities.

Mental health services

Mental Health Services offered at NHW include:

- Kerferd 20 bed Inpatient Psychiatric Unit (comprising 15 adult and 5 aged care beds)
- Community Mental Health
- Integrated Primary Mental Health
- Aged Psychiatric Services

NHW provides the only acute inpatient service in North East Victoria. This inpatient unit has a broad catchment area and includes the Rural Cities of Wodonga, Benalla and Wangaratta, plus the Shires of Towong, Indigo, Alpine, Mansfield and a component of Moira.



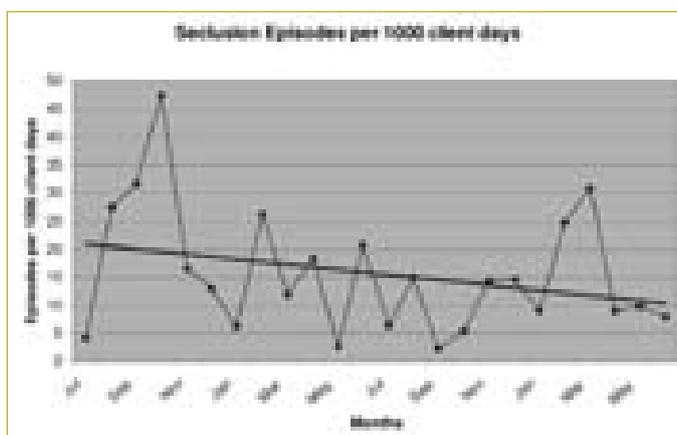
Continuity of care

Much work has been undertaken throughout 2007 - 2009 with the integration of three key mental health services in North East Victoria. These services, Albury Wodonga Health, Beechworth Health and NHW provide a variety of mental health services to the sub regional population of the Hume Health Region. Key achievements are:

- Integration and standardisation of documentation that allows for smooth transition of clients from service to service
- Integration of electronic health record (August 2008)
- Merged clinical file (April 2009)

Seclusion of clients

Occasionally within the Kerferd Unit there is a need for clients suffering acute symptoms of their illness to be put into a room on their own, or secluded. Seclusion is not the preferred method of treatment but is occasionally required to ensure the safety of staff, other clients and the client themselves. The use of seclusion is an area that Mental Health Services monitors closely to make sure it is not overused and it is used appropriately. In the past NHW has been shown to have a rate of seclusion significantly higher than averages for the state, reasons for this being that we have the only inpatient unit for North East Victoria and therefore see more acutely disturbed clients. As can be seen in the graph below, there has been a trend downward in the seclusion rates for Kerferd Unit over the past 2 years.



NHW has participated in the Statewide project on seclusion in psychiatric services which provided best practice guidelines for seclusion practice and a two day training course for staff.

Focused training

As an area of the organisation that is at high risk of aggression and assault from clients, safety of our staff as well as other clients and the clients themselves is of high priority. Previously staff have undergone training in aggression/assault which involved components of self defence, however the move towards greater emphasis on prevention has resulted in the development of a new education program for staff of Mental Health Services. All staff from Kerferd Unit have now been trained using this new program and NHW is initiating introduction of a modified version of this program for use across the entire organisation as part of the aggression management program.

Mental health services

'All activities are carried out with the consumer in mind and with a clear focus on risks to both the consumer and the community, so that priority care can be provided in the most cost effective way'

ACHS Surveyor 2009

Community based services

Our non inpatient services include Community Mental Health, Integrated Primary Mental Health and Aged Psychiatry. All these services run effective support and prevention programs – the following are an example of some of the innovations that have been in place in 2008/2009.

Mental Health First Aid

This training has been delivered across the region and some innovative strategies have been introduced to bring this program into general health promotion as well. Drought recovery strategies are a major focus and work has also been done with hairdressers and beauticians (where people often have a chat!) to assist them in working with their clients. It is about providing people with relevant skills to identify those in need of help and providing those in need with information about where to access that help. To date there have been over 1000 people around the region trained in mental health first aid.

Healthy and Wise Program

The Healthy & Wise program is a highly successful health promotion program for people aged 55 years and over. The program, which has been running for 10 years next month, is an initiative of the Aged Mental Health Service. We aim to promote 'healthy ageing' - positive mental health and overall wellbeing.

A range of topics relevant to older adults are covered, including dealing with changes in life, stress, how memory works and loss and grief. Participants have reported it being both very enjoyable and worthwhile. It is also a great opportunity to meet new people, make some friends and hear other points of view.

Early Motherhood Program

Staff provide a range of services for women and families experiencing mental health issues during the peri-natal period. This service is being examined by State and Federal funding bodies as a potential model for National Service Enhancement.

Climate change programs and disaster response.

As part of the Primary Mental Health Service, we have been providing a range of early intervention and community development activities focused on prevention of mental illness with a particular focus upon our rural communities experiencing drought. This service involves three clinicians working in partnership with Ovens and King Community Health and North East Division of General Practice. The recent bushfires required a rapid change in focus for these and other community workers. The service was activated to assist with response and recovery support for those affected by bushfire which impacted directly on our catchment area. Over 200 families were provided direct service and a range of community events have been facilitated. This work is not over as the lead in to the next fire season is proving to be stressful period for many in our community.



Registered Psychiatric Nurses Pauline Brandon and Sharon Scalzo



Betty Payne, Nurse Unit Manager of Kerferd Inpatient Psychiatric Unit

Medication safety

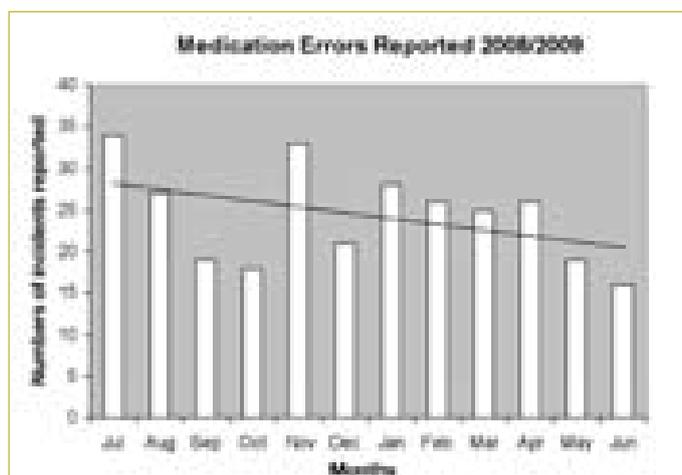
The delivery of medication to patients almost always forms part of a persons visit to hospital. Every day at NHW there are hundreds of medications that are ordered, dispensed and administered to patients in an effort to improve health. We need to monitor medication safety closely and this is done in a number of ways.

The most effective way of determining how safe our practices are is through the reporting of medication errors that happen not only in ward areas, but also in our aged care facility and the community. Staff have been actively encouraged to report errors involving medication, even though the majority of reported 'errors' have had no ill effect on the patient. Reviewing errors that have occurred or where an error almost happened (a 'near miss'), allows us to review our processes to reduce risk to our patients and improve safety.

An example of the types of errors that are reported include:

- Delayed administration
- Drugs not given
- Incorrect drugs given
- Errors with prescribing
- Duplicated doses

As can be seen in the graph below, our rate of medication error has decreased slightly in 2008/2009 which is pleasing.



Associate Charge Nurse Roger Gregory measures medication

Actions taken to improve medication safety include:

- Introduction of new IV pumps which have safety features to help prevent wrong doses and rates
- One pharmacist has attended a week long training at Peter Macallum Cancer Centre to better support the oncology unit
- Two pharmacists have upgraded their clinical pharmacist expertise to provide better service to the wards
- Ongoing education for all clinical staff throughout the year through various inservices and also during the falls prevention week
- A change in supply of syringes in ward areas to prevent overdosage of insulin
- Review of the insulin administration policy
- Review of the medication checking process
- Ongoing audits of National Inpatient Medication Chart
- Improved orientation of new medical staff regarding prescription of medications
- Introduction of oral dispensing syringes for children's doses in line with national best practice standards

Pharmacy have upgraded existing barcode scanners for verifying the accuracy of discharge prescriptions. The final check of medications is now faster so there is less patient waiting time in pharmacy.

Care in the community

As well as services for patients within the hospital at NHW, we also offer an extensive range of services for people in their own homes or on an outpatient basis. The Health Independence Programs (HIP) and Community Allied Health Service at NHW encompass many of the services that deliver health care to support the transition from hospital to home. These services can also prevent the need for a hospital presentation or stay.



On Wednesday 18th March 2009 the Community Allied Health Team were in the main street of Wangaratta for Arthritis Awareness Week – there was plenty of interest from locals and lots of questions.

Single point of entry

Ensuring a person receives the appropriate health care, at the right time and in the right place, can be a challenge. To achieve this goal there is an ongoing need for health services to provide a more responsive, integrated and flexible approach to service provision. As a result there has been the development and introduction of a single point of entry for our services, the Service Access Unit.

NHW currently has a dedicated Service Access Coordinator who:

- Supports the community to access appropriate services
- Assesses referrals, client needs, priority and eligibility for services, programs or groups
- Makes appointments
- Manages waiting lists
- Provides options for service

Post Acute Care

Post Acute Care (PAC) is a program designed to assist patients at home following an admission to hospital. It may include personal assistance or help with other duties such as cleaning or shopping. Despite a rise in the number of active PAC clients from 2007/2008 (870) to 2008/2009 (1123), data shows us that readmission to hospital has decreased – a fantastic result for staff involved with this program.



Improved wound care

A significant component of community nursing care involves the management of wounds in the home. In December 2008 new wound care charts were developed in consultation with local General Practitioners, with the aim of improving continuity of care between district nurses and other health care providers. District nurses commence the chart when patients are admitted to the service. It is then kept by the patient who takes it with them for all wound care appointments. This improvement will be evaluated in the future to determine its effect on wound care.

Care in the community

Efficiency of services

Investigation into the high number of missed appointments that reduced efficiency in community allied health showed that many people simply forgot their appointments. In November 2009 a new system was trailed where patients were reminded the day before, which has seen a positive improvement with a decrease in the numbers of missed appointments. Making sure patients come to allocated appointments not only uses clinicians time well, but also reduces waiting time for other patients to be seen.



Lymphoedema Clinic – new service

Lymphoedema occurs when the lymphatic drainage system of the body does not work properly. This results in the long-term swelling of a part or parts of the body and is a common occurrence after breast cancer surgery. Clinicians who treat lymphoedema help manage and reduce swelling in order to slow the progression of disease and improve quality of life. NHW first introduced a lymphoedema clinic in 2009, conducted for half day per week and staffed by physiotherapists and breast care nurses. This service has been well received and demand has seen a growth to two half day clinics per week. There are 30 clients currently on the clinic lists and initial feedback from clients has been very positive.

Subacute Ambulatory Care Services (SACS)

This diverse service provides a range of outpatient therapies in the form of individual appointments or program groups. SACS aim is to help people who have a disability, are frail, have a chronic illness or are recovering from illness or injury. Just some of the programs offered are:

- Strength Training
- Hydrotherapy at the local YMCA Sports and Aquatic centre
- Cardiac Rehabilitation
- Falls and Balance
- Pulmonary Rehabilitation
- Continence Clinic

QUICK STATS

- Community Nursing saw 1422 clients
- An average of 158 clients were serviced each week in Health Independence Programs



Benita Paola enjoys hydrotherapy with Physiotherapist Rebecca Fogarty

Community aged care packages

Community Aged Care Packages are funded by the Commonwealth Government and aim to provide the elderly and disabled with appropriate services that will assist them to remain living in their own home. Every client eligible for a package has an allocated case manager to determine what services are needed and that they remain adequate in providing the support to remain at home. There is also after hours contact available for clients in case of emergencies.

Services and support that can be provided through the Community Aged Care Packages may include:

- Assistance with bathing and showering
- Dressing and undressing
- Light housework and laundry
- Meal delivery or assistance with meal preparation
- Assistance with shopping
- Light gardening
- Social activities
- Transport

NHW currently has 20 clients who are funded for Community Aged Care Packages (CACP) and 15 Extended Aged Care at Home (EACH). Clients have continued to give positive verbal feedback and have stated that they feel extremely well supported since receiving their package.

Improvements to the service:

- Access to the Gerontology Nurse Practitioner (GNP) for clients and staff in 2008/2009 has helped to provide comprehensive assessment, appropriate interventions and assisted in a smooth admission process to the NHW rehabilitation program.
- Training of staff in Advance Care Planning (see page 28)
- Introduction of an intensive physical therapy program resulting in improvement of client mobility and independence.

Results of an audit by the Department of Health and Ageing (DoHA) undertaken in June 2009 demonstrated that a very high standard of service provision was in place. As one assessor noted, 'The approach to case management at NHW demonstrated both enabling care recipients to live as fully as possible and maintaining people's choice and dignity through providing end of life planning'.

Hospital Admission Risk Program (HARP)

HARP is a program aimed at people who have long standing chronic illness or complex needs. By working together with clients, carers, doctors and involved services, NHW staff develop plans which help the client to manage their condition and situation effectively. This helps them to remain at home, enjoy an improved quality of life and prevent avoidable hospital admissions.

In 2008/2009 HARP cared for an average of 63 active clients per month.

NHW Brokerage Services Team

Back Row (from left) – Naomi McDonald, Jo Henderson, Helen Robinson, Toni De Antonio
Front Row (from left) Bev Maher, Gary Martin, Cathy Larkings



Promoting health

NHW has a dedicated Health Promotions Officer who is part of the Community Allied Health Team. Their role is to improve the health and well being of the general population by working in collaboration with community members and staff. A Health Promotion plan is in place to guide the work done in the area of general health promotion.

Community kitchens

Community kitchens involve groups of people getting together to cook nutritious meals and socialise, providing important contact for those in the community who may be feeling isolated. This program has now run for a number of years in partnership with Uniting Care, Yarrunga Primary School and Open Door Neighborhood House. In September 2008 an open day was held at the Uniting Church in Wangaratta. As a result of this open day, Mansfield now has a community kitchen and Benalla is in the process of opening their own facility.

“Foot” day

A ‘Foot’ day was held in the main street of Wangaratta in May 2009. It involved NHW dietitians, diabetes educators, physiotherapists and health promotion staff providing information about diabetes, healthy eating, smoking, balance and exercise. Expert advice on foot care was also provided by a local podiatrist and the ‘Athlete’s Foot’ staff.

The foot awareness day comprised, ‘foot facts on the foot path’ (for people to ponder while doing their shopping), step tests, the foot machine from the Athlete’s Foot, equipment to assist with balance, waist measurements and lots of other things! Over 300 people took part in this day with some great positive feedback.

Quit smoking program

NHW now has six staff trained to provide support to patients who wish to stop smoking. Commencing in January 2009, these staff have assisted 20 patients to stop smoking through the use of QUIT information, nicotine patches, counselling, alternatives to known triggers and involvement of family.

Mental Health Services

In addition to general Health Promotion, Mental Health Services provide many health promotion programs. The most prominent program was the response put in place to assist people suffering physical and emotional hardship after the bushfires again ravaged our region in January 2009. The bushfire issues were in addition to the ongoing drought problems that people were already dealing with.

In partnership with Ovens and King Community Health and the North East Division of General Practitioners, Mental Health services have expanded the range of health promotion and early intervention activities. They have been designed to provide a range of screening and education activities for those at greatest risk of experiencing emotional distress. More about mental health promotion can be found on pages 20 and 21.

Easy Curried Veggie Soup - Serves 4

Ingredients:

- 1 tbs canola oil
- 1 brown onion, chopped
- 1 sweet potato, cubed
- 1 cauliflower, broken into small florets
- ½ butternut pumpkin, cubed
- 1 tbs curry powder (approx - depending on how spicy you like)
- 500ml salt-reduced vegetable stock
- 500ml water (approx)
- 1 tbs pepper + extra for serving
- 4 tbs reduced-fat natural yoghurt

Method:

- Add oil to a large saucepan, add onion and sauté
- Add pumpkin, sweet potato and cauliflower, tossing for about 2 minutes
- Pour in stock and enough water to cover the vegetables
- Add curry powder and pepper to taste
- Cook until vegetable have softened (about 30 minutes)
- Blend with a barmix, blender or push through a sieve
- Top each bowl with natural yoghurt & pepper

Dental

Central Hume Dental Services, managed by NHW, is an integrated public service providing high quality general and emergency dental care for our community. These services can be accessed by:

- Children from birth to grade 6
- Students in years 7-12 and school leavers under 18 years of age who hold, or whose parents hold a valid pension concession or health care card
- All children involved in special schools
- All children under 18 years of age who are in residential care provided by the office of children
- Refugees or asylum seekers
- Anyone over 18 years of age who holds a valid pensioner concession card or health care card

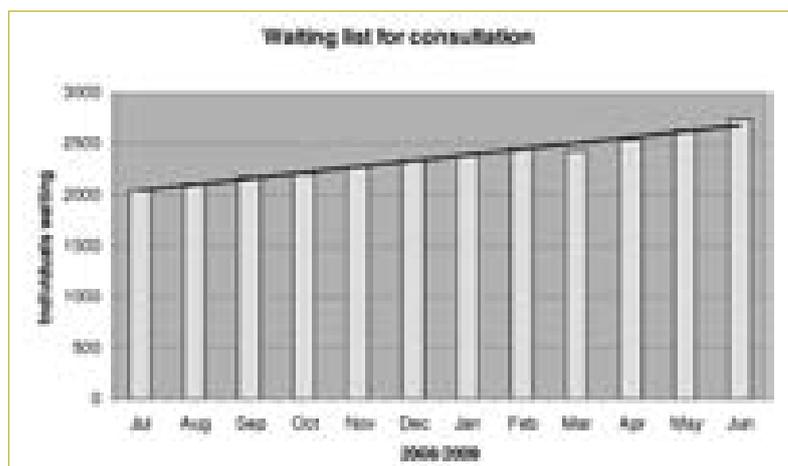
The services we provide include general check ups, x-rays, restorations (fillings), extractions, endodontic treatment, denture fittings and repairs. The Dental Professional team consists of dentists, dental therapists and dental assistants. Denture work is carried out by visiting private dental prosthetists. All dental work carried out is prioritised based on urgency and waiting list position.

As with all our services, data is collected to make sure we are providing a high standard of care, and patients are receiving services in a timely manner. This data is used by our service to monitor performance, but it is also benchmarked (compared) against other services across the state.



Dr Dennis Piper provides dental care

- In 2008/2009 we saw 983 patients who required emergency care. Emergency care is when people need to see a dentist or dental therapist as a matter of urgency following an electronic triage screening. Of the 983 patients, 3.7% of those patients required repeat emergency care, against a state average of 5.1%
- Our triage results, were on or above Government benchmarks, with the department meeting 83% of its priority 1 patients after triage (Target – 80%).
- Patient waiting lists have unfortunately grown over the past year. This is due to staff vacancies and higher priority care groups, such as emergencies, being treated first. Active measures are being undertaken to improve the recruitment and retention of dental staff.



Advance Care Planning

Respecting Patient Choices

Advance Care Planning (ACP) is the process, whereby a person, in consultation with health care providers, family members and important others, makes decisions about their future health care, should they become incapable of participating in medical treatment decisions.

NHW identified ACP as a gap in service provision across community and acute services. Funding was obtained through the Department of Health and Ageing to support the development of an ACP strategy, to assist in education and in the development of a formal process for ACP across the Alpine Shire and the Rural City of Wangaratta, linked with the Palliative Care Service at NHW.

The key strategies of the project were:

- Education to health professionals
- Redevelopment of current policies and guidelines in line with ACP
- Support from services specialising in ACP strategies

The ACP project at NHW continues to gain momentum and a brief overview of our achievements to date follow.

NHW has established strong links with the Respecting Patient Choices team at Austin Health, who continue to support us in the development of education packages, brochures and documentation in regard to ACP.

Development and ongoing provision of education across our region - In July 2008 education was provided by Austin Health 'Respecting Patient Choices' staff to aged care service providers. Twenty-four staff attended from residential aged care facilities across the Rural City of Wangaratta and Alpine Shires.



Heather Wickham, ACP coordinator displays the range of promotional material developed at NHW

A further four staff were educated as trainers to enable continued development of the ACP strategy across the Hume region. These trainers have since educated a further seventy-four staff across community services such as: district nursing, chronic disease management aged care packages and palliative care.

Practice nurses from many General Practice clinics have participated along with staff from the lower level aged care facilities and acute allied health.

Rural Ambulance Victoria (RAV) have been involved in the project, encouraging education of staff in ACP. RAV's current policy recognises advance care planning documentation in regard to withholding and/or ceasing pre-hospital resuscitation.

NHW and Alpine Health are currently **developing policies and guidelines** to support the implementation of ACP across the Alpine and Rural City of Wangaratta Shires.

Staff safety

Aggression and assault

NHW together with Melbourne Health have now completed a three year project funded by WorkSafe Victoria looking at the management of aggression in hospitals. *“A handbook for workplaces: Prevention and management of aggression in health services”* was produced as a result of this project and has been distributed for use by all public health care facilities across Victoria. This handbook is also being reviewed with the possibility it will be adopted for introduction Australia-wide, helping to provide a safer environment for both staff and clients.

NHW has also begun redesigning a staff training program for implementation throughout the hospital within the next 12 months, incorporating key aspects of the Worksafe handbook. The aim of this project is to ensure that we have a workplace free of verbal and physical aggression as well as providing a safe workplace for staff, patients and visitors.

Training for staff

NHW places strong emphasis on staff training, reflected by the continuous improvement of our mandatory OH&S staff training programs. These include Manual Handling, Risk Management (including Hazardous Substances and Dangerous Goods), Fire Awareness programs (including Fire Extinguisher training) and No Lift Patient Manual Handling (transferring patients safely).

Part of this continuous improvement has involved the development of online training programs located on the newly developed OH&S Intranet site. The various modes of training that we now offer ensure that our staff maintain a current and high level of competency.

Other initiatives to improve staff safety in 2008/2009

- Ongoing bullying and harassment training
- Satellite security added to home nursing cars
- Swipe card access introduced in the Emergency Department to ensure only authorised entry
- Replaced carpet flooring with vinyl in corridor areas to increase ease of pushing patient trolleys and chairs
- Increased number of duress alarms in areas where staff are isolated and may be at risk
- ‘Fit Testing’ of staff in high risk areas so they can effectively fit face masks in the case of pandemic presentations
- Aggression management training of staff in Mental Health Services
- Mental Health first aid, a program available to our community is now being offered to our staff, with two successful programs now completed



Deanne Irvine displays one of the satellite security devices

Capable staff

Making sure our staff have the right skills and qualifications is the first step towards the provision of safe and appropriate care of the patients who trust us with their care. NHW has processes and policies in place to make sure all our staff have the correct skill levels and credentials to perform in their roles, both at the time of employment and on an ongoing basis.

- Prior to employment we check qualifications, registration, skills and references of all staff
- Medical staff have their qualifications and experience checked by a dedicated 'Credentialing Committee' and 'Medical Appointment and Privileging Committee'. This is done at employment and then every three years
- Medical credentialing processes are maintained in line with Department of Human Services policy
- Registrations of doctors, nurses and physiotherapy staff are checked annually on the websites of respective registration bodies, for example, the Nurses Board of Victoria
- Review of performance is undertaken every year in a formal manner which also determines ongoing educational needs of the staff member
- NHW has a dedicated database used by managers to monitor mandatory education undertaken by their staff. This helps to ensure all staff are kept up to date with best practice



Jan Garvey Nurse Educator and Anne Hiskins Associate Charge Nurse practice inserting an IV

QUICK STATS

161 new staff were employed at NHW

100% of nursing & medical staff have current registration

100% of staff & volunteers employed in 2008/2009 have current police checks

Nurse Practitioners

A nurse practitioner is a registered nurse who is educated and authorised to function in an advanced and extended clinical role. The nurse practitioner role includes the assessment and management of clients using nursing knowledge and skills. It may include the direct referral of patients to other health care professionals, prescribing medications, ordering diagnostic tests, admission and discharge to hospital and completing sickness certificates.

To become a nurse practitioner, nurses must have extensive experience in their specialty field, have completed a Masters of Advanced Nursing Practice and have been endorsed by the Nurses Board of their state or territory.

In 2008/2009 NHW has continued to support 9 of our nursing staff to become endorsed as Nurse Practitioners. Eight of these nurses will have completed their Masters program by the end of 2009. As part of their preparation for this extended role these nurses have developed specific formularies for their area of speciality, undertaken research activities, attended and presented at conferences and provided local education and clinical leadership.

Currently six of these nurses are undertaking a clinical internship as nurse practitioner candidates in preparation for endorsement in 2010.

The areas of specialty where these nurses are practising are:

- Mental Health
- Aged Care
- Critical Care

'There is an appropriate system for credentialing all levels of Medical, Nursing and Allied Health professions'
ACHS Surveyor 2009

Clinical education and research

NHW offers an extensive range of educational courses and support for our clinical staff across the organisation. We also have strong links with the University of Melbourne in relation to both undergraduate medical staff training and research. We currently boast the following programs to support the ongoing development of our staff:

- Clinical Research Program
- Clinical Support Network – Clinical Nurse Consultants, Clinical Support Nurses and Allied Health Clinical Leaders working to provide hands-on guidance to nurses working in ward areas
- Medical Education and Support
- Mental Health Practice Development Unit – providing for the education needs of mental health nurses both at NHW and across the Hume Region
- Staff Development – providing ongoing, more formal education to clinical staff in the form of inservices and specific courses, such as advanced practice and rural critical care

The education and research unit has many partnerships with external bodies in order to provide the best possible learning situations for staff. These partnerships include Universities (Melbourne, Latrobe, Deakin), TAFE, and other health services within the region.

Vocational Education Training (VET)

NHW has commenced partnerships with local secondary schools and Goulburn Ovens TAFE to offer Vocational Education Training (VET) onsite for year 10 – 12 students. Students interested in becoming an Allied Health Assistant or Health Services Assistant are able to attend NHW from 9am until 3pm one day a week during school terms, where they learn the clinical hands on aspects of these roles. We commenced the first program at NHW in February 2009 with 10 students who are all still participating.



Mr Kerry Fraser is assessed by Miss Tamaris Hoffman, General Surgeon, and medical students.

Mental health education

In Northeast Victoria, staff education priorities are driven and coordinated by the activities of the Mental Health Practice Development Unit. This has resulted in further development of North East Victorian learning cluster in conjunction with the Austin and St Vincent's Hospitals. A calendar of professional education and development has been developed which ensures that staff continue to meet registration and skill requirements reflective of the ever changing service requirements. An example of events includes; Assessment, Counselling skills and specialised skills of people suffering from eating disorders.

At NHW, the Practice Development Unit, in conjunction with program managers, have developed a suite of mental health competencies with over 50% of staff across North East Victoria successfully completing 8 competencies and associated assessments. Planning is underfoot for these competencies to be converted to online packages of learning, enabling shift workers to have easier access to learning opportunities.

QUICK STATS

Allied health student placement have increased dramatically

2007 - 181
2008 - 282

Nursing student placement has increased by 500 days in 2008/2009

Rural Health Academic Network (RHAN)

The RHAN is an initiative of the University of Melbourne, School of Rural Health whereby a research academic is embedded in local health services to help build the capacity to understand, participate and lead research. A research committee comprising of representatives from across the health disciplines supports this work. At NHW several projects have resulted from the RHAN partnership.

1. **International Multi Centre Study of Non Medical Reasons for Caesarean Section. Project Leads: Dr. Ingegerd Hildingsson, Ms. Helen Haines**

This is a collaborative prospective study looking at women giving birth in rural Sweden and in Wangaratta. The University of Melbourne RHAN, NHW, Mid Sweden University and Karolinska Institute Sweden are working together on this project to understand women's attitudes leading up to and after childbirth.

The first academic paper from this study has been submitted to an international peer reviewed journal while findings from the focus group component undertaken with Women's Health Goulburn Northeast are being presented at the annual Rural Health Research Conference in Shepparton in November 2009.



Pictured (L to R) are Dr. Ingegerd Hildingsson, Dr. Michele Kealy, Dr. Maryanne Biro and Ms. Annika Karlstrom relaxing after the University Of Melbourne School Of Rural Health Academic Day in Shepparton on November 11.

2. **Electronic Medical Handover.** Project Leads: **Kevin Vaughan, Mr. Frank Miller.** This study has investigated the acceptability to junior doctors of using a NHW developed electronic tool to assist in communication of the physical status of patients when they hand over care at the completion of their shifts.

3. **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, Dr. Peter Radford.**

This study was funded by the Northeast Victorian Division of GPs. Data collection phase of this study is now complete. Preliminary findings will be presented at annual Rural Health Research Conference in Shepparton in November.

4. **A telemedicine model of assisted clinical decision making for the administration of thrombolysis in the treatment of acute stroke– how well can this work in a rural hospital?** Project Leads: **Dr. Les Bolitho, Dr. Bernard Yan, Dr. Rick McLean, Dr. Ian Wilson.**

This study was launched on October 1 2009 and has been jointly funded by a collaboration of NHW, The Royal Melbourne Hospital and the University Of Melbourne School Of Rural Health.

In addition to the local Wangaratta activity, free research methodology seminars are provided on a regular basis in Shepparton by academics from the wider university staff.



Pictured above: Jennifer Lepkhammany (Speech Therapist), Lynn Gibson (OH&S Coordinator), Ros O'Shanassy (Food Services) and Karen Holwell (ACN Emergency Department).

Quality Award Winners - 2008

Clinical – Review of the vitamised diet - A multidisciplinary team reviewed and improved the menu for residents at Illoura Residential Aged Care Facility. Project involved Aged Care Staff, Dietetics, Speech Pathology and Kitchen Staff

Non Clinical - Design and Implementation of Lifting Trolley - for use in reducing staff injury in the Supply Department. Project undertaken by Supply Department Staff, Occupational Health & Safety and 'Service Assist'.

Customer Service - Karen Holwell (Emergency Department) & Roslyn O'Shanassy (Food Services) - for their exceptional customer service skills in dealing with both the public and their peers.

Services we provide

Clinical

Acute medical and surgical

Obstetrics

Critical Care

Emergency Department

Paediatrics

Inpatient & Community
Rehabilitation

Mental Health
- Acute, Community and Aged

Oncology

Renal Dialysis

Hospital in the Home

Post Acute Care

District Nursing

Social Work

Physiotherapy

Occupational Therapy

Dietetics

Palliative Care

Diabetes Education

Breast Care Services

Medical Imaging

Hospital Admission Risk Program
(HARP)

Extended Aged Care Home
(EACH) and

Community Aged Packages
(CAPS)

Support services

Pharmacy

Infection Prevention & Control

Human Resources

Finance

Facilities Maintenance

Occupational Health & Safety

Staff Education

Food Services

Environmental Services

Information Technology

Administration

Quality & Safety

Library

Health Information Services

Supply



Northeast Health Wangaratta

incorporating:

Wangaratta District Base Hospital

WJ Smith Linen Service

Illoura Residential Aged Care

Mental Health Services

Medical Imaging

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