Welcome

Welcome to the Quality of Care Report for Northeast Health Wangaratta (NHW). This report is published each year in conjunction with our Annual Report. Whilst the Annual Report focuses on the financial aspects of our operation, the Quality of Care Report informs our community about the clinical services we provide. In November 2011, NHW was awarded the “Quality of Care Reporting Award for Regional Hospitals” at the Victorian Public Healthcare Awards. A great achievement and wonderful recognition for all our hard work in producing a first class report! These reports are made possible by significant contribution by both staff and our Community Advisory Committee.

The NHW year 2010/2011 has been busy, with not only increased patient numbers but patients with more serious health problems seen than in the previous year. Our staff have worked particularly hard to provide our patients with an excellent standard of care despite the increased workload. This high standard of care has been recognised externally though the ongoing accreditation of acute, community, mental health and aged care services. Importantly, our patients have also been satisfied with the Victorian Patient Satisfaction Monitor reporting positive feedback from our patients.

Changes to our physical environment have seen a major improvement to all who enter our facility. An “Environmental Refresh Program” has seen total refurbishment of the front foyer and replacement of existing floor coverings in corridors within the main building. We now have a bright new café for use by staff, patients, visitors and the community which boasts excellent coffee, good food and pleasing ambience. Visitors to NHW will have seen the colourful children’s artwork displayed in our corridors. This is the product of partnerships with local primary schools and is enjoyed by staff and patients, as well as the exhibitors themselves.

In this year’s Quality of Care Report, the focus is on the many achievements of our staff in providing high quality patient care to the community of Wangaratta and surrounding districts. It covers minimum reporting requirements mandated by the Department of Health as well as incorporating areas of interest noted by our community. Every year we request comments regarding this report and we try to incorporate suggestions for improvement into subsequent reports. Feedback received from our community on the 2009/2010 Quality of Care report showed that 100% found the report easy to understand and felt it improved their understanding of NHW.

On behalf of the Board and the Executive, we would like to recognise and thank all who have supported us including the Department of Health, Board Members of NHW, our visiting medical officers, our partner organisations, all our staff, volunteers, patients, clients and carers.

We hope that you enjoy the 2010/2011 Quality of Care report for NHW.

Chris Cunningham
President, Board of Management

Margaret Bennett
Chief Executive Officer

Distribution
Copies of the Quality of Care Report are distributed at our Annual General Meeting, local Medical Clinics, the public library and can also be found on the NHW website, at www.nhw.hume.org.au. Additional copies can be provided by contacting the Quality & Safety Manager on (03) 5722 5482.
Managing our health service

Clinical Governance

Clinical Governance has been defined by the Australian Council on Healthcare Standards (ACHS) in 2004 as ‘the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence for consumers/patients/residents’.

The Board of Management at NHW has the responsibility of monitoring the performance of our health service, both financially and clinically, and is accountable to the Minister for Health. Although achievement of effective clinical governance lies with many people, the Board of Management is responsible for monitoring the data that shows we are maintaining a high level of quality and safety for our patients, and that we have systems in place to promote this high standard.

Clinical data that is accurate and appropriate is reviewed every month and includes information from all areas of clinical service – acute, community, mental health and aged care. Some of the clinical data that forms part of the core monthly reporting includes:

- Numbers of patient falls and medication errors
- Aggression and assault rates
- Complaints and compliments
- Numbers of pressure ulcers detected by our staff
- Mental health seclusion rates and readmissions
- Waiting times for surgery
- Emergency Department waiting times
- Community Health referrals, appointments and waiting lists

The 2010/11 Board of Management

Christine Cunningham  
President

Allan Wills  
Vice President

Janeen Milne

David Lawson

Lorna Williamson

Karen Harmon

Brendan Schutt

To manage clinical governance at NHW we have a number of programs and frameworks that guide and support our staff and continually monitor our achievement of targets. Some of these include:

- Clinical Risk Management Program
- Quality Improvement Program
- Consumer Participation Plan
- Credentialing Procedure for staff
Managing our health service

The NHW committee structure is very important in making sure all relevant staff, as well as the Board of Management, are reviewing data and making changes where required, to ensure we are performing as well as we can. In 2010/11 the committee structure was reviewed and changed so all clinical areas were reporting through a formal process. This means that clinical data is reviewed by appropriate staff groups, and achievable improvement plans are developed and monitored.

Committee Structure 2010/2011

Some of the organisational improvements in 2010/11 include:

- A decrease in patient falls
- Introduction of a Pertussus (Whooping Cough) prevention program
- Decreased infection rate in major surgery – hip and knee replacement and general surgery
- Review and improvement of patient discharge information
- Creation of an interview room in Pharmacy for education and counselling of patients
- Representation on local ‘Closing the Gap’ committees, working with indigenous communities
- Review of the Mental Health complaints process
- Multiple improvements in use of blood and blood products
- Formation of Cultural Diversity Plan
- Introduction of a ‘Break Fall Mat’ purchase plan and a pressure mattress replacement program in Aged Care

*SQiRM = Safety & Quality including Risk Management
**North East Victorian Mental Health Service
Our future

Understanding our community and their current and future needs has been vital in the development of two key documents to move NHW into the future ensuring that we continue to meet the needs of our community. A Clinical Services Plan was finalised in 2010 which reviewed our current services whilst looking at our population growth and therefore future clinical needs. Review of the data showed that we provide an appropriate range of services and that very few people have to travel away from Wangaratta to access services we do not offer.

In addition, a new strategic plan has been created with input from many people – the Board of Management, Executive and senior managers, staff, surrounding health care organisations and our community. This new plan clearly defines our vision, mission and values, whilst also stating what we want to achieve by 2014 and listing our commitments and strategies.

Our Vision
To be recognised leaders in rural healthcare

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

Our Values
- Caring
- Excellence
- Respect
- Integrity
- Fairness

By 2014 we will achieve:
- a better experience for all people receiving, providing or managing care through our organisation
- a shared vision for a strong network of health services within the region evidenced by service partnerships and service planning
- improved clinical governance supported by reliable and appropriate clinical and performance information
- enhanced engagement with our community and our health care partners
- a detailed analysis of our facilities and a plan for the long-term development of infrastructure
- a strengthened role as a teaching and training facility with an active research focus
- an information technology platform that meets the needs of the organisation
- an environment where our community is encouraged to be informed and have an active role in healthy living, self management and treatment choices
- a better response capacity for internal and external emergencies and high risk situations
- financial sustainability
Our community

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:

<table>
<thead>
<tr>
<th></th>
<th>Wangaratta</th>
<th>Total people in Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population born in Australia</td>
<td>86.6%</td>
<td>70.9%</td>
</tr>
<tr>
<td>People with an indigenous background</td>
<td>1.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td>People with an Italian background</td>
<td>1.8%</td>
<td>1.0%</td>
</tr>
<tr>
<td>People aged 25-54</td>
<td>37%</td>
<td>42.2%</td>
</tr>
<tr>
<td>People aged 55-64</td>
<td>10.6%</td>
<td>11%</td>
</tr>
<tr>
<td>People aged 65 and over</td>
<td>20%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

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 our services and that they understand and participate in the medical care provided to them is our goal.

To assist us achieve this goal, we now have the following action plans in place:

- Community Participation
- Disability
- Cultural Diversity
- ‘Closing the Health Gap’

**Community Participation**

Involvement of people who are past, current or potential users of our service is important in achieving and providing optimal health care. We have a consumer participation plan which is based around involving our community in:

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

In the past 12 months we have consulted community members in:

- Development of the new Strategic Plan 2011 – 14
- The Redesigning Care Program – providing a patient’s perspective
- Assisting with recommendations from complaints
- Development of patient publications/brochures
- Renaming of clinical areas across NHW

Into the future it is planned to hold a number of community forums annually to gain patient perspectives about their experiences. This process will start with a focus on those women that have used our obstetrics service in the past 12 months. Starting with Obstetric Services.

**Disability Action Plan**

The Australian Bureau of Statistics data for Wangaratta (2006 data) reported 1,372 people, or 5% of the population, indicated they had a level of disability requiring assistance with the activities of daily living. Almost 47% of these people were aged 75 years and over. The Disability Action Plan was completed in October 2010 and contains planned action areas to:

- Reduce barriers to people with a disability who may need to access services, facilities or goods
- Reduce barriers to people with a disability in obtaining and maintaining employment
- Promote the inclusion and participation of people with a disability in the community
- Achieve changes in attitudes and practices which discriminate against people with a disability

NHW is committed to creating an organisation that makes access to services, facilities and goods available to all staff, patients, carers and volunteers, as well as the wider community. We have in place disabled toilets, ramps (where possible), automatic doors, conference phones, a Service Access Unit and information booklets readily available that outline all services offered. NHW receives funding from the Department of Health to access translators and interpreters and we have links to volunteers with Auslan skills. Our Disability Action Plan is registered with the Human Rights and Equal Opportunity Commission (HREOC) and we will report on the achievement of this plan annually.
Cultural Responsiveness

In addition to the Disability Action Plan, a Cultural Diversity Plan was developed in 2011 to ensure our organisation is well placed to meet the needs of those from Culturally and Linguistically Diverse (CALD) backgrounds. This plan highlights a number of different considerations for this potential patient group, including religious, cultural and dietary requirements, as well as access to interpreters. Education of our staff in Cultural Responsiveness is a key action area of our plan and this is commencing for managers in late 2011, via the Centre for Culture, Ethnicity & Health.

Closing the Health Gap

Overall, Australians enjoy amongst the highest standard of health and life expectancy in the world. By comparison, Aboriginal* Australians have a life expectancy less than that of many developing countries. Victorian Aboriginal people experience poorer health and lower life expectancy than the general community. Many Aboriginal people are reluctant to present to hospitals and, when they do so, may have more acute and complex health issues.

In addition to this, under-identification of Aboriginal patients continues to hamper the ability to develop policy and services based on a complete picture of health need and service use. The Improving the Care for Aboriginal and Torres Strait Islander Patients (ICAP) program was introduced in Victoria in 2004, and has recently been reviewed. The program focuses on cultural change in health services to:

• improve access to care, and 
• improve the hospital experience for Aboriginal patients and their families.

The ICAP program aims to address the significant difference in health and life expectancy between Aboriginal and non-Aboriginal Australians, and is a step towards ‘Closing the Health Gap’.

What are we doing at NHW?

To address the goals of the ICAP project, we are:

• making NHW a more welcoming health service for Aboriginal patients, by displaying Aboriginal artwork, flags, and posters
• building a positive relationship between NHW and the local Aboriginal community
• achieving accurate identification of all Aboriginal and Torres Strait Islander patients
• providing culturally competent care

NHW now has a dedicated Closing the Health Gap project worker addressing the ICAP key result areas as identified in the Department of Health’s review of the ICAP program. These key result areas aim to:

• achieve accurate identification of all Aboriginal and Torres Strait Islander patients
• improve access to NHW by Aboriginal and Torres Strait Islander patients
• provide culturally competent care at NHW
• build a positive relationship between NHW and the local Aboriginal community

Did you know…

82.3% of NHW patients felt they were given the opportunity to participate in their care. The average for similar sized hospitals was 79.9%.
Customer feedback

At NHW opinions from those who have used our service first hand forms a valuable part of our quality program. We encourage all feedback, positive or negative, as it allows us to make improvements to our services where necessary. We gain feedback from:

- Satisfaction surveys
- Complaints and compliments
- Post discharge telephone calls

Satisfaction surveys

NHW participates in a state wide patient satisfaction survey program known as the Victorian Patient Satisfaction Monitor (VPSM). This survey is conducted via an independent company, Ultrafeedback, who compiles all results and then compares our results with similar sized hospitals, as well as with all hospitals across Victoria. Results of the VPSM are sent every six months, with system improvements by Ultrafeedback now mean that we are able to access our satisfaction results monthly. Monthly results are not compared to other health services.

Our most recent benchmarked result, to the time of this report, was for the time period July - December 2010. NHW performed better than the average score in all satisfaction areas when compared to our like sized category B hospitals, as can be seen in the graph.

Complaints and compliments

Users of our service are encouraged to provide feedback directly to NHW regarding satisfaction or dissatisfaction about the treatment or services they receive. Information is available at the patient bedside regarding how to provide more formal feedback, if they should wish to do so. We now provide the opportunity to make comment via our website.

In 2010/11, NHW received a total of 73 complaints, less than the previous year when 94 complaints were made. Of these complaints, 74% were answered within our 30 day turnaround target.

Some improvements we have made in the past year as a result of complaints are:

- Review of the process for volunteers assisting patients in clinical areas
- Discharge information for inpatients has been developed in consultation with the Community Advisory Committee
- Additional training for Pharmacy staff at Peter McCallum in chemotherapy preparation to ensure timely preparation of this medication for patients

Post discharge phone calls

NHW volunteers call all patients who have been admitted overnight to our health service, both as a courtesy call to ensure everything is alright at home following their stay, and also to ask a number of questions regarding satisfaction with our service. If it is determined the patient is having difficulties with medical issues, we refer to our clinical staff to call the patient to ensure any problems are rectified as soon as possible.

Discharge phone calls work well alongside the VPSM, as they allow us to ask specific questions in relation to known problem areas. For example, the VPSM identified that food for patients could be improved, so the discharge phone calls were a good way for us to ask patients to identify exactly where improvement was required.
Clinical Risk Management

Clinical Risk Management (CRM) is all about patient safety and at NHW we have a program dedicated to CRM, coordinated through the Quality & Safety Department, but 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 involved
- **Medical record reviews**: Medical and nursing staff review patient records to see if clinical care has met expected standards
- **Patient feedback**: Surveys, complaints and compliments from patients/families/community
- **Clinical indicators**: Data collected to monitor performance over time and also to compare with other hospitals
- **Learning from others in the health care industry**: From coroners recommendations and other external reports

**Incident reporting**

Since December 2007 NHW has used a computer based incident reporting system called ‘Riskman’, and in December 2010 this system was linked to a statewide system called the Victorian Health Incident Management System (VHIMS). The major advantage of being part of a state wide system will be the ability to benchmark, or compare, our reported numbers of events with other organisations.

2010/11 has shown a decrease in the number of incidents reported, which could be attributed in part to the changeover to VHIMS. However there has also been a decrease in the number of injuries, which is very pleasing. It is important to remember that not all incidents reported are associated with harm to the patient, and many are reported as ‘near miss’ episodes – they almost happened, and if they had, the outcome could have been poor. Staff are encouraged to report actual and potential incidents as they provide us the opportunity to improve safety. We encourage a ‘just’, or fair, system in managing clinical risk, focusing on process rather than individuals.

The three most frequent reported patient incidents in 2010/11 were:
- Falls
- Medication errors
- Aggression and assault (verbal and physical)

**Managing adverse events**

Sentinel events are serious but infrequently occurring events, that result in poor outcomes for patients. When a sentinel event occurs we use a process called Root Cause Analysis (RCA), which allows us to drill down into the events leading up to the incident, so we can determine if there are process or system changes that can be made to reduce the risk of this happening to other patients. In 2010/11 we conducted two RCA investigations which were reported to the Department of Health. Some of the process improvements included:
- Changes to the registration process in the Emergency Department (ED)
- Review of the storage of intravenous fluids in ward areas
- Updating of the ‘Medication and Intravenous Administration’ policy
- Repeating observations on patients waiting in the waiting room in ED for long time periods
- Investigation of an electronic patient tracking system in ED

**Total incidents reported**

<table>
<thead>
<tr>
<th>Years</th>
<th>Total incidents reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>1,450</td>
</tr>
<tr>
<td>2009/10</td>
<td>1,400</td>
</tr>
<tr>
<td>2010/11</td>
<td>1,350</td>
</tr>
</tbody>
</table>

**Did you know…**

We also use a process called Clinical Incident Review to investigate less serious events which have led to poor outcomes, or potentially poor outcomes, for our patients.
Patient safety

Preventing falls

A fall is defined by the World Health Organisation as ‘an event which results in a person coming to rest inadvertently on the ground or other lower level’. Falls may or may not result in injury. The early identification of individual patient’s risk factors is very important - these risk factors can then be addressed. All patients are assessed for falls risk on admission, after surgery and after five days if they remain in hospital.

Some common factors increasing falls risk include:

- Age
- History of falls
- Cognitive impairment
- Certain medical conditions eg. hypotension, diabetes, epilepsy, arthritis
- Taking multiple medications
- Impaired vision
- Dizziness
- Impaired mobility
- Incontinence
- Environmental hazards
- Inappropriate footwear/clothing

Staff report all patient/resident falls through our online incident reporting system and valuable data is obtained from this process, regarding the number of falls, where they occur and how they have happened.

As can be seen the graph, the largest number of falls are from beds and chairs when patients try to get up and move around. To try and reduce these types of falls in high risk patients we:

- Have bed and chair alarms which alert staff if a patient gets up to move
- Use beds which can be lowered right to the floor to reduce the risk of injury

Other data shows that 75% of falls that occur are unwitnessed by staff. As a result of this finding, hourly patient rounding was introduced in our medical ward in May 2011. This involves staff formally checking on patients at least every hour to enquire about their needs, for example, do they need to visit the bathroom or do they have pain.

We are also trialling mobile workstations which allow staff to remain in patient rooms, particularly with those patients who are at high risk of falling.

Did you know...
The number of patient falls at NHW has decreased by 9% in the last 12 months.
To prevent falls we:

- Assess all patients for falls risk
- Use bed/chair alarms, as well as beds that can lower to the floor
- Have introduced hourly patient rounding
- Are trialling mobile workstations in rooms

Falls January 2011-June 2011

<table>
<thead>
<tr>
<th>Type of Fall</th>
<th>Number of Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall from bed/chair</td>
<td>100</td>
</tr>
<tr>
<td>Toilet/bathroom related</td>
<td>80</td>
</tr>
<tr>
<td>Standing/walking/ transferring</td>
<td>60</td>
</tr>
<tr>
<td>Other/unknown</td>
<td>20</td>
</tr>
</tbody>
</table>
Patient safety

Medication management

Medications can help us stay healthy, cure some diseases, relieve symptoms of disease and improve quality of life. But, like any form of treatment, they are not without risks. Monitoring how safely we prescribe, dispense and administer medication is a key component of the Clinical Risk Management Program at NHW. Like falls, staff are encouraged to report any incidents relating to medication or intravenous therapy. Strict processes are in place to ensure the safest possible outcomes for our patients.

Total medication incidents reported from July 2010 – June 2011 was 371, but it is important to understand that 29% of these reported incidents were ‘near miss’ incidents, meaning that the problem was identified by staff before it reached the patient.

Some of the common types of incidents reported were:
- Delayed administration
- Medication missed or not given
- Wrong dose/drug given
- Wrong drug/dose prescribed
- Medications not available

All reported incidents, including the ‘near misses’, are seen as an opportunity to review our processes and improve patient safety. Some improvements to increase medication safety in the past 12 months include:
- In November 2010 a medication safety week was held for staff. Training was provided by pharmacy, nursing and medical staff with a total of sixty four staff attending throughout the week. In addition to the medication safety week, ongoing education sessions are held throughout the year for staff.
- Increased numbers of pharmacists leading to greater presence in clinical areas
- Project to implement the National Tall Man lettering initiative has commenced
- A private counselling room in pharmacy where medications can be explained to patients

Preventing pressure injuries

Pressure ulcers are an internationally recognised patient safety problem and are defined as ‘a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction’.

Risk factors contributing to pressure ulcers
- Immobility
- Increasing age
- Sensory impairments
- Moisture on the skin
- Poor nutrition
- Acute illness

Causes of pressure ulcers
- Unrelieved pressure
- Shear forces
- Friction causing skin damage

Every year we assess our performance regarding our management of pressure injuries via a point prevalence study.

This provides a snapshot of one day and looks at documentation, assessment of pressure injury risk and physical assessment of consenting patients for pressure injuries. Of particular importance in preventing injury is identifying patients that are at high risk so prevention strategies can be put in place. This is done on admission using a recognised tool called the Braden Scale. As seen in the graphic, the 2010 point prevalence survey showed a very pleasing increase in the number of patients who have a Braden Scale completed.
Waiting for treatment

Non Emergency patients who require surgery and community services are often placed on waiting lists and treatment is scheduled according to urgency. NHW staff monitor waiting lists to make sure we are treating patients as efficiently and fairly as possible.

Elective surgery

As described on page 12 (Clinical Redesign) elective surgery patients are classified according to the urgency required for the procedure, category 1 being the most urgent. Staff at NHW do not prioritise patients in terms of clinical urgency – that is determined by the consultant doctor who has consulted with and assessed the patient.

We perform better than Department of Health targets for treating patients in all categories. With the work being performed in Clinical Redesign, these figures in Category 2 and 3 should improve further.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Desirable treatment times</th>
<th>DH Target</th>
<th>NHW 2009/10</th>
<th>NHW 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Urgent</td>
<td>Within 30 days</td>
<td>100%</td>
<td>99.6%</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Semi Urgent</td>
<td>Within 90 days</td>
<td>80%</td>
<td>88%</td>
<td>86%</td>
</tr>
<tr>
<td>3</td>
<td>Non Urgent</td>
<td>Within 365 days</td>
<td>90%</td>
<td>94%</td>
<td>96%</td>
</tr>
</tbody>
</table>

Community services

Community services include Physiotherapy, Occupational Therapy, Speech Pathology and Dietetics. The hospital receives specific funding to provide community based services and we must work within this allocated funding to provide the best quality service to those with the greatest need. Community health services receive referrals from medical practitioners, other health providers or directly from clients themselves. To ensure appropriate access to those individuals with the greatest need, all referrals are prioritised by clinical urgency. As a result of prioritisation some clients will be placed on a waiting list for services.

Waitlist data is collected and analysed every month and strategies are developed to control the number of clients waiting for services. Current management practices include:

- Assisted referrals to other agencies
- Accessing supportive funding to provide interim services
- Providing health promotion information
- Some services have started group programs for specific conditions that are not considered a high priority

Maximising appointment access by reducing the number of people who do not attend appointments has also proven to be a successful strategy. We now use SMS technology to remind people of appointments. In 2010/11, 5.5% of patients did not arrive for community health appointments and we are looking to reduce this number further in 2011/12.

Did you know...

- There were 3874 elective (planned) patient admissions at NHW in 2010/11
- There were 5428 operations performed by medical staff
- 2795 of elective procedures were performed as day cases
Clinical redesign

The Redesigning Care Program is committed to improving the patient’s journey. In the last 12 months, teams have completed two major improvement programs:

1. Improving the patient discharge journey
2. Improving the patients’ elective surgery journey

‘Lean thinking’ and problem solving methodology are used to address issues related to access, efficiency and service quality. A series of well designed interventions are implemented to improve communication, eliminate waste/duplication and standardise processes to find the most efficient pathway possible without compromising patient quality and safety. The Redesigning Care Program at NHW has been funded and supported by the Department of Health Redesigning Hospital Care Program.

Program to improve the patients discharge journey

Building on redesign work commenced in 2009/2010, our team of dedicated clinicians and support staff have continued to embrace the improvements designed to facilitate a more timely and smooth discharge home. Prior to Redesign, the average percentage of patients going home prior to 12 midday was 25%. The table below clearly displays the improvement made in this clinical area.

<table>
<thead>
<tr>
<th>% Patients discharged to home before 12mid</th>
<th>July 2010</th>
<th>June 2011</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Number of patients discharged home)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Ward</td>
<td>40% (163)</td>
<td>66% (152)</td>
<td>26%</td>
</tr>
<tr>
<td>Medical Ward</td>
<td>19% (47)</td>
<td>47% (51)</td>
<td>28%</td>
</tr>
<tr>
<td>Medical Assessment Planning Subunit (MAPS)</td>
<td>8% (25)</td>
<td>21% (19)</td>
<td>11%</td>
</tr>
</tbody>
</table>

Process changes that have achieved this improvement include:

- Using Patient Journey Boards (large whiteboards) to improve visual information flow and reduce interruptions. These boards are constantly updated and provide staff with information about patient status – tests ordered, planned discharge dates, etc.
- Strengthening discharge medication script processes with the pharmacy department
- Ongoing commitment to discharge planning from allied health, medical, nursing and support staff
- Involvement of the Homeward Bound Volunteer (Monday to Friday) to assist in getting a patients packed up and ready for home
- Introduction and use of the Patient Transit Lounge (up to 30% of patients being discharged now use the lounge)
- Support from Radiology and Pathology departments to ensure priority treatment for patients going home
Clinical redesign

The resulting improvements regarding surgical waiting lists can be seen below:

<table>
<thead>
<tr>
<th>Measures</th>
<th>Base Sept 2010</th>
<th>Expected</th>
<th>Achieved June 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective surgery patients treated within clinically recommended time</td>
<td>91%</td>
<td>95%</td>
<td>97%</td>
</tr>
<tr>
<td>Theatre utilisation</td>
<td>79%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>Long waiting patients</td>
<td>83</td>
<td>45</td>
<td>32</td>
</tr>
<tr>
<td>HIPs* per 100 scheduled admissions</td>
<td>9</td>
<td>8</td>
<td>9.6</td>
</tr>
<tr>
<td>Theatre overtime and recall per month</td>
<td>$21,800</td>
<td>$17,400</td>
<td>$16,880</td>
</tr>
</tbody>
</table>

*Hospital initiated postponements

The program also introduced a ‘patient walkthrough’ program that seeks to use the patient’s first hand experience at each stage of their surgical journey.

Feedback is received about the entire process including arrival at the Admissions Unit, transfer to Theatre, the post operative phase and discharge. Key findings from this program provide improvement opportunities for the staff who provide care at each stage of the journey.

In the coming year work will be undertaken to improve the medical patient journey from arrival at the Emergency Department through to transfer to the ward.

Program to improve the patients elective surgery journey

The focus of this program has been to ensure our patients have their elective surgery within the clinically recommended time for their condition. The clinically recommended treatment timeframe for surgery is determined by the treating specialist as either category one (within 30 days), category two (within 90 days) or category three (within 365 days). Waiting days are calculated from the date patient details are entered onto the NHW elective surgery waiting list.

Process changes introduced to ensure patients are treated within allocated timeframes have included the following:

- Establishment of one waitlist - this has involved working collaboratively with specialist consultants and their practice managers
- Development of a series of audit tools, governance and operational manuals to prioritise and standardise the way we manage our waitlist. Compliance with the Department of Health Elective Surgery Access Policy (ESAP) has been maintained.
- Focusing on patients who are waiting a long time and making sure we are treating patients in turn
- Establishment of a Perioperative Services Committee, comprising Executive, consultants and theatre staff to provide governance, support and direction
- Use of Patient Journey Boards in Theatre, Admissions and Day Stay Units to provide information “at a glance” of where the patients’ journey is at
- Progression of electronic notification to medical staff (rather than posted letters)
- Revision of the ‘Request for Admission’ form to provide a more user friendly document for patients and health professionals
Emergency care

Over the past 7 years the numbers of patients that are assessed and treated within the Emergency Department (ED) has grown considerably, as can be seen in the graph. In 2010/11 there were 20,211 patients who were seen in the ED at NHW. Increasing patient numbers, and increasingly complex patient types have seen the ED and general hospital staff develop a formal framework to manage the increasing demands on our services. We have introduced formal plans to manage access to beds and ED cubicles, and work is being undertaken to review medical staff profiles and rostering to better meet the needs of our community. Some of the symptoms of this increased demand on service such as overnight ED stays and bed shortages are increasingly common, and the hospital is working to ensure it is kept to a minimum, and the impact on patients is minor.

All patients who attend the ED are assessed by a senior nurse trained in triage, which is a system used to prioritise patients in terms of the severity of the condition. Category 1 patients are the most serious and require immediate treatment whereas category 5 patients are non urgent conditions. This process determines the order in which patients are treated. Target times are allocated by the Department of Health regarding the suggested maximum waiting times for patients in each category, and we continually monitor our performance in relation to these targets.

2010/11 Performance Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Ideal time to be seen</th>
<th>NHW percentage of patients seen within time</th>
<th>Department of Health percentage target</th>
</tr>
</thead>
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<tr>
<td>1</td>
<td>Immediately</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Within 10 minutes</td>
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<tr>
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<td>Within 120 minutes</td>
<td>75%</td>
<td>NIL</td>
</tr>
</tbody>
</table>

Improving trauma care

On Wednesday 13 April, 2011 NHW held a Regional Trauma Day Program offering trauma skills training by a multi-professional team of medical and nursing staff. There was opportunity to practice hands on emergency skills using ‘skill stations’ facilitated by experienced clinicians.

Did you know...

NHW has received $3.5 million from the State Government to redevelop the ED, Outpatient Clinic and Day Surgery areas at NHW. This work will commence in 2011/12. The ED works will see the development of a short stay observation ward and improved patient flow within the department which will benefit the patients and staff through increased capacity and improved facilities.
Innovation

Heartbeat! Rhythm for generations

The Neuro Support Drumming Group is a community initiative that was developed in partnership with Wangaratta West Primary School, the Neuro Support Group and NHW. Neuro-rehabilitation provides support to clients who have a neurological condition which may impair physical, cognitive or communication ability. Rehabilitation focuses on interventions that stimulate new pathways to help restore normal function. This particular form of rehabilitation uses ‘hands on’ music – hand drumming – to help restore movement and function.

Students in grades 3 – 6 from Wangaratta West Primary School assist clients to participate in the hand drumming activity, using the rhythm and beat as a stimulus for movement co-ordination, recall and response. The pilot group was so successful that the school has incorporated it into the 2011 curriculum for students.

The program is run for one hour a week over 6 weeks and the pilot group consisted of 6 clients, 3 carers and 9 students.

Some of the pilot project outcomes were:

- Clients improved their drumming technique when partnered by a student
- Greater speed of movement
- Improved coordination and mastery of complex rhythms
- Increased ability to follow instruction, remember patterns and maintain attention
- 100% of clients felt that they had achieved their personal goals, were motivated and felt the program was worth continuing

Did you know…

Stacey Manfield, Clinical Leader of Occupational Therapy at NHW, presented this innovative program as a poster at the ‘Neuroscience, music learning and memory’ conference in Edinburgh, Scotland.
Volunteers make a difference

Profile: Jacob - VCAL Student
Jacob volunteers at Illoura in the lifestyle program.

Why do you volunteer and why at NHW?
I didn’t know what I was getting myself into when I first signed up to volunteer at Illoura. But from the first day I loved it. I hadn’t considered health as a career choice, but am now looking at nursing.

What do you get from volunteering?
I really feel like I make a difference, every time I’m there, putting a smile on people’s faces is an amazing feeling.

What does Jacob mean to Illoura - Lee O’Neill, Lifestyle Coordinator
Jacob’s commitment to his role and the rapport he has built with both staff and residents here at Illoura has been exceptional. As a volunteer to the lifestyle program Jacob has shown insight, care, and enthusiasm for the elderly residents’ way beyond what we would have expected from a person of his age.

What does volunteering mean to Galen College - Darren Hovey, Deputy Principal, Learning and Teaching
Over the past year I have had the great opportunity to witness first hand the impact Jacob’s work placement is having on him. As the year has progress Jacob has discussed a pathway for his future that was not an option in 2010. have visited Jacob in the workplace on two occasions and each time I have been amazed by the way he interacts with the adults at Illoura. His gentle and caring nature is something that is not always on display at school, as this is not perceived as ‘cool’, but at Illoura it is on display for all to see. For me, the greatest benefit for Jacob’s placement is something that we may not see at Galen, in the years to come I am sure that the experiences that he has been given at Illoura will play a big part in the formation of who he will be. I thank all those involved in the placement and look forward to many more stories like Jacob’s.

Profile: Ernst - General Support Volunteer
Ernst volunteers in our both our publications area and Facilities and Maintenance Department.

Why do you volunteer?
I am a pensioner and it keeps me occupied.

Why did you choose to volunteer at NHW?
It’s close to home and there is variety in the jobs that can be done.

What do you get from volunteering?
Satisfaction of a job well done and the meeting of different people.

What does Ernst mean to Facilities and Maintenance, NHW - Kim Bruton, Chief Engineer
Facilities and Maintenance have been fortunate to have the services of Ernst from the volunteer program for NHW. Ernst has used his formative engineering skills from his past to assist us to update and rationalize the building maintenance manuals for NHW. He has also been instrumental in the replacement of the fire safety / warden point upgrades throughout the campus. Ernst a pleasure to have about and provides valuable assistance to the organisation. We look forward to his long association with this program.

Did you know…
Volunteers provide emotional, spiritual and practical support to patients, residents, family and staff. More than 180 volunteers provide approximately 2 hours a week each to our organisation.
Profile: Kate - Carer Support Volunteer
Kate volunteers in both our Emergency Department and as part of our Pastoral Care team.

Why do you volunteer?
I volunteer to help others by making a difference and giving back to the community.

Why did you choose to volunteer at NHW?
I have always had an interest in health and wellbeing and feel privileged to work as part of a team in such a strong and effective organisation. I volunteer in the Emergency Department as a patient/staff liaison where I try to make life easier for clinical staff so that they can concentrate on their job. It's easy for me to make a cup of tea for a patient or visitor but it makes a big difference to them when they are out of their comfort zone. I also volunteer in the Thomas Hogan Rehabilitation Ward as a pastoral care worker. It can really make someone's day to just have a person come into their room and ask how they are and give them a warm smile. Being in hospital can be stressful and tedious so having the chance to have a casual chat can be very good medicine!

What do you get from volunteering?
Volunteering gives me a connection to the community and continually teaches me something new about people, co-operation, compassion and about myself. I believe that we need to support each other in life and I have found that in helping others there are many unexpected rewards. By giving just a few hours every week it is possible to make a vital difference in the lives of many people.

What does Kate mean to Pastoral Care - Ange van der Leeuw, Pastoral Care Coordinator
Kate has been a valuable member of the NHW Pastoral Care team, both in visiting patients on the Thomas Hogan ward and in supporting other Pastoral Care volunteers. She provides a listening ear as people often share their ‘illness or even life story’ and is willing to sit in the hard places with people hearing their grief and their pain as they face change, difficult diagnoses or loneliness and isolation.
Twelve months of news in brief

NHW goes Smoke Free!

With much fanfare, on May 31st 2011, World No Tobacco Day, NHW went Smoke Free. This was the culmination of much work and consultation with staff and the general community and was celebrated with a BBQ for staff and the general public. Some of the changes made in going Smoke Free have been:

- Clear signage has been installed to identify all smoke free areas
- Easily identified butt bins introduced
- Nicotine patches available for staff at half cost price
- Smoking cessation clinic offers 1:1 support for those wishing to quit
- Quit resource packs now available in all clinical areas

PROMPT electronic document system

The PROMPT system was introduced for managing all documents: policies, guidelines, publications and forms. The advantages of this system is:

- Participating organisations can share documents
- Prompt provides:
  » Automated numbering
  » Auto archiving (archived documents will still be instantly available)
  » Automatic advice of document review dates
  » Automatic alerts if changes are made to linked documents
  » Automatic version updates and an audit trail of changes made
  » Automatic conversion of PDF to word documents when downloaded
- The reporting function will assist in governance of documents
- Only one person can check out or revise a specific document at any one time

Dragon Boat racing

Twenty one NHW staff took part in the 2011 Brave Hearts Dragon Boat Regatta in Wodonga. Brave Hearts raises awareness and funds for cancer sufferers though this ultimate team sport, enabling participants to experience support and fellowship. The Tatsu Warriers from NHW were then invited to compete in the Melbourne International Dragon Boat Festival.

The trip to Melbourne proved very successful with the NHW team entering four races and winning the Cancer Survivor and Supporter mixed 20 and coming second in the Corporate Mixed 20 race.
Twelve months of news in brief

Environment plan
NHW has listed the need to improve environmental sustainability as a commitment in our 2011-2014 strategic plan. In helping us to achieve this aim, an environmental sustainability plan is being developed. This plan will help us to achieve a reduced carbon footprint through:

- Conserving energy produced by non-renewable resources and methods which pollute the environment
- Conserving water resources and minimise wastewater disposal
- Minimising and, where possible, eliminating the use of harmful substances
- Ensuring the correct and safe disposal of all substances
- Minimising waste generation through reduction, reuse and recycling
- Minimising pollution – noise, visual electromagnetic radiation, and odour
- Addressing environmental concerns in all planning and landscaping decisions
- Encouraging procurement procedures that adhere to the principles of the environmental policy

Fresh Eyes Feedback
Commenced in 2011. All new staff are now invited to meet with Executive and provide feedback at a morning tea held several months after their commencement. We aim to identify both strengths and weaknesses of their introduction to NHW. As a result of the first morning tea session we are now streamlining the orientation process and clinical orientation booklets.

Bulk Billing of radiology services
In November, 2010 it was announced that there would be bulk billing of eligible procedures in Medical Imaging including x-rays, CT scans and ultrasound.

Some of the presentations our staff made at conferences


Lesley Lewis: Australian Infection Control Association National Conference in Perth. ‘Compliance Audits + Culture Change = Sustained Improvement’.


Gary Croton: Concurrent Disorders - Current Discourses International Conference in Surfers Paradise ‘Australia’s journey to dual diagnosis capability - the parths we’ve travelled, the roads ahead’.
Clinical improvement

Blood safety

A blood transfusion is when blood (or a part of the blood) is administered into the blood stream of another person. The blood comes from a “Blood Bank” and is usually from a donor (someone who gives blood) although if the transfusion is planned, some people choose to store their own blood in advance which can then be used for the transfusion. Although blood transfusions can save lives, they can also present a risk to our patients.

In 2010/11 NHW received Department of Health funding for a ‘Transfusion Trainer’, one day a week, to monitor and review our management of blood and blood products. Achievements and improvements in relation to blood transfusion within the 12 month period include:

• New ‘in line’ transfusion filters were introduced hospital wide to replace the old micro aggregate filters. This meets best practice standards and is also more cost effective.
• Increased awareness of transfusion risks and requirements through staff education. Numbers of staff completing e-learning packages has increased.
• Increased numbers of patients signing specific consent forms for blood transfusion
• Review of current practice in relation to storage of blood and in particular blood products such as anti D
• Introduction of a Blood Transfusion Committee to oversee current processes, blood usage and audit results
• Blood safety champions were recruited and are now in place in clinical areas to raise awareness and assist with local issues surrounding blood and blood product transfusion
• Approximately 100 attendees at a Blood Safety Awareness week which featured daily guest speakers. A presentation was specifically provided to medical staff at Grand Rounds by Dr Marija Borosak of the Australian Red Cross Blood Service.
• Improved compliance with signing of the blood register from 66% to 88%, along with the development of a new register to meet legal requirements

Oncology

Following the opening of our Oncology Unit in October 2009, there have been continued improvements in this area. The staff treated 1149 patients in 2010/11, with an outstanding degree of satisfaction from clients.

As part of an ongoing education focus, in June 2011 a Cancer Resource Centre was opened within the unit, providing access to current information regarding cancer for hospital staff and the community. Students from a local school are contributing to this valuable resource by donating an iPad so additional information can be sourced from the internet within the Centre. Volunteers ensure the information brochures are well stocked. In addition to the Resource Centre, cancer education is also provided to surrounding health care providers by the Hume RICS Cancer Resource Nurse.

Did you know…

The oncology unit regularly celebrates ‘Thock Thursday’. The “Thocks” (socks) are made with love by one of our community members and longstanding volunteers to NHW and are enjoyed by all!
Preventing infection

The Infection Prevention and Control Team at NHW includes Infection Control Consultants, a Staff Health Nurse and Hand Hygiene Co-ordinator, who work together with health care workers and volunteers to improve safety. The primary focus is to prevent hospital associated infections and control the risk of communicable diseases. This provides a safe environment for patients, staff and visitors.

Infection Rates

Over the past years, infections in hip and knee replacement patients have been of concern to NHW. Despite strict adherence to procedures and maintaining best practice with care, the infection rate has been higher than the state average for this category of surgery, particularly hip replacements. A number of significant improvements occurred in early 2010 and we are now starting to see the benefits, with no infections in this patient group in 2010/11.

Two of the improvements that have made a difference are:

- Introduction of a ‘gated’ ward area in the surgical unit so all orthopaedic patients are grouped together
- Complete refurbishment of the operating theatre suites, with replacement of exposed timber and worn floor coverings, improvement of work flow practices and an upgrade and cleaning of the air conditioning system

Audits

The Infection Prevention and Control Team at NHW, together with the Hume Region Infection Control staff, routinely audit our compliance against the Australian Standards and guidelines for Infection Control. Audit results are reviewed at the Infection Control Committee which has representatives from clinical areas, plus managers and executive staff. One of the audits undertaken in the past 12 months was looking at our sterilisation of reusable instruments and equipment. Audit results showed 93% compliance.

Improvement action that took place included:

- Improvement of documentation processes with review and improvement of policies and guidelines
- Purchase of new equipment, including a drying cabinet

Following these actions a repeat audit showed 95% compliance. NHW has also installed a new ultrasonic washer and we anticipate the compliance will be even higher the next audit.
Staff health

Hand Hygiene
Research shows that the most effective way of preventing the spread of infection is through effective handwashing. At NHW we have a hand hygiene program for staff that provides ongoing education of staff and also audits the compliance of staff in maintaining handwashing at every opportunity. NHW performs better than the Department of Health target of 65% compliance.

![Handwashing Compliance Graph](image)

Staff Health
A staff health clinic is provided for NHW staff to assist in protecting them against preventable diseases. This clinic is available one day a week and provides free vaccinations and serology testing for our staff. Serology testing is a blood test that checks for levels of immunity against preventable diseases. We provided 681 free vaccinations for our staff and volunteers in 2010/11. The types of vaccines routinely provided include:

- Fluvax
- Whooping Cough (Boostrix)
- Measles, Mumps and Rubella
- Chicken Pox
- Hepatitis B

In 2009/10 there was a rise in the numbers of whooping cough cases reported across the State of Victoria. Whooping cough is a highly contagious bacterial disease that causes uncontrollable violent coughing which can impair breathing.

Whilst vaccination against whooping cough has always been provided to staff in high risk areas such as paediatrics and obstetrics, in 2011 there has been a campaign to increase these vaccinations. There has also been encouragement for all staff to have the vaccination and the uptake has been pleasing with a rise from 16 in 2010 to 68 vaccinations in 2011.

**Did you know...**
49.1% of our staff received a Fluvax in 2010 compared with a state aggregate rate of 46.2%.
Staff safety

The Occupational Health & Safety (OH&S) program at NHW is continually improving to ensure a safe and healthy work environment for all workers (including volunteers and contractors) and visitors. A positive health and safety culture is reflected by the implementation of initiatives such as the following:

Paediatric ward
After many years of discussion and planning, and a generous donation from the Blue Ribbon Foundation, plans have been developed and work is now beginning surrounding the removal of the existing ‘pool fence’ gates into the paediatric area.

The gates will be replaced with appropriate and secure access doors that will address identified issues regarding OH&S, security and fire safety.

Dental van improvements
This is an example of how small changes can make a big difference. A cement slab has now been laid at the doorway of the dental van, and has significantly improved safety for staff and patients.

Previously, the steps did not meet the ground and there was a large gap from the bottom step to the ground. As people would descend off the bottom step onto the ground, the steps would move and this in turn would shake the van creating a risk for staff and patients. The gap from the bottom step to the ground also posed a tripping hazard to people using the steps.

In addition there was a problem with people slipping in the mud after rain at the front entrance which has now been eliminated with the new concrete ramp.

Environmental Services – Master Mover
Environmental Services have introduced a new piece of equipment called a Master Mover. The Master Mover is being used to move and deliver the linen trolleys in a safe manner around the hospital, minimising the risk of injury to the Environmental Services staff.

The master mover has been a great initiative in improving staff safety.

Did you know…
NHW embraced Health & Safety Week for staff in November, 2010 with five days of guest speakers, staff health checks, interactive presentations and practical demonstrations.
Mental health services offered at NHW include:

- Kerferd 20 bed inpatient psychiatric unit (15 adult and 5 aged care beds)
- Community Mental Health
- Integrated Primary Mental Health
- Aged Psychiatric Services

We offer the only acute inpatient service in North East Victoria. Kerferd unit cares for clients from a broad catchment area including the Rural Cities of Wangaratta, Wodonga and Benalla, plus the Shires of Towong, Indigo, Alpine, Mansfield and some of Moira.

Mental health complaints process review

In 2010, the Department of Health made grants available specifically to promote consumer participation in service development initiatives. Services were invited to make submissions for projects focussing on positive culture and leadership or complaints management.

NHW made a submission for funding to review and evaluate the existing complaints management systems in each of the three North East Victorian Mental Health Service campuses – NHW, Albury Wodonga Health and Beechworth Health Service. Key to the success of the submission was the project work being led by the Consumer Consultant. She collaborated with a supportive project team and stakeholder group across the 3 agencies. The project essentially performed an audit of complaints management to identify gaps and risk areas, and make recommendations relating to an integrated complaints and feedback system that promotes a client-centered focus in resolving complaints and supports recovery-orientated practices.

A significant project outcome included the promotion of the consumer consultant role in service development initiatives.

Improving care for older clients

NHW now has three endorsed Nurse Practitioners – one in Mental Health, one in Gerontology and one in Palliative Care. An improvement to the care model for older clients of the mental health service, both in the community and acute inpatient unit, is the involvement of the Gerontology Nurse Practitioner.

Any client admitted to inpatient mental health services over the age of 50 now undergoes a comprehensive physical assessment to complement the mental health care they are receiving. People with mental illness have a higher burden of chronic disease and are less likely to access health care. The Gerontology Nurse Practitioner is able to potentially diagnose and address physical health issues improving overall health outcomes. Community Aged Psychiatry clients also have the opportunity to access this expertise.

Wendy Walker from the Aged Psychiatry Service was accepted to present a poster at the 19th European Congress of Psychiatry (EPA) Conference in Vienna held on the 12 – 15th March 2011. Her poster “Healthy & Wise: Does it make a difference?” presented an evaluation of the health promotion program developed for the prevention of depression, anxiety and stress in older adults living in the community.
Mental health

Improving care for those in crisis

NHW provides mental health services to assist people who are in crisis with mental problems. We have a crisis assessment team available 24 hours a day, 7 days a week. A number of reported incidents with clients indicated that there needed to be an improvement with the standard of documentation of crisis assessments. An audit of client histories was undertaken by the community mental health staff with a number of gaps being found in the current process of assessment documentation. In response to this, a process mapping exercise was undertaken to look at what was currently happening and the required areas for improvement. Following this, a clinical review pathway for crisis response was developed. This highlights all the necessary steps in triage, assessment, intake with the community mental health team, episode of care management and discharge. This pathway now provides very clear direction for staff to follow to ensure efficient, high quality documentation and consistency in patient management. A further audit of documentation will occur in the future to determine effectiveness of this pathway.

Seclusion of clients

Seclusion of clients, to manage acute behavioural disturbance, sometimes occurs in the Kerferd inpatient unit. It is an emergency intervention that can only be used if it is necessary to protect the health and safety of the person involved or the health and safety of others. Seclusion is regulated under the Mental Health Act and is implemented according to the Act and the Chief Psychiatrist guideline for seclusion in approved mental health services.

Episodes of seclusion are a mental health service performance indicator and emphasis is on reducing seclusion where possible. As can be seen in the graph, the seclusion rate in 2010/11 has improved from the previous year. We hope to maintain this improvement. All client seclusions are reported monthly to the Office of the Chief Psychiatrist under mandatory reporting requirements.

In 2010, a Seclusion and Restraint Review Committee was formed to internally monitor and review inpatient seclusions. Membership of the group includes the Authorised Psychiatrist, Nurse Unit Manager, Associate Nurse Unit Manager, Medical Officer, High Dependency Unit Nurse, Consumer and Carer Consultants, allied health and other registered staff.

The aims of the Committee are to:

- Review the seclusion episode in relation to antecedents (past history/circumstances)
- Identify preventative strategies used to circumvent the need for seclusion and communicate reasons for there failure
- Review compliance with the Mental Health Act 1986
- Review system wide management issues that may need addressing to prevent further seclusion episodes
- Consider other avenues which may have been used to prevent or minimise the disturbed behaviour
- Update clinical risk assessment and the safety or management plan
- Review clinical documentation

This committee meets monthly and findings from the review process will inform the development of staff educational needs in providing the most safe and appropriate care for our clients.

Did you know…

- NHW acute mental health unit, Kerferd, had 7% of clients readmitted against the State target of 14%.
Non-inpatient care

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. These services incorporate:

- District Nursing, Hospital in the Home, Palliative Care (home based services)
- Community Health- Physiotherapy, Occupational Therapy, Dietetics, Social Work, Diabetes Education, Continence Services, Speech Pathology, Stomal Therapy
- Dental Services
- Hospital Admission Risk Program
- Aged Care in the Community

As well as providing essential follow up therapy and care after a hospital stay, these services can also prevent the need for a hospital presentation or admission.

District Nursing client satisfaction
Unlike the inpatient services that are surveyed by the Victorian Patient Satisfaction Monitor, a client satisfaction survey is undertaken for District Nursing clients each year. This year the survey was benchmarked (compared) against four other services in the Hume region. The results of this survey showed that NHW rated highest or equal to their peers for client satisfaction in the following areas:

- Involving client and carers in their treatment choices
- Providing high level of support for carers
- Providing well coordinated and consistent care
- Client confidence that they could voice any concerns, be listened to, respected and have these concerns actioned.

Think you’re sitting on a problem?
One of the community health programs run by NHW is a continence clinic staffed by trained continence nurses and a continence physiotherapist. The service aims to promote bowel and bladder health and assist these people who have dysfunction or incontinence of the bladder or bowel.

Continence awareness week was held in August 2010 and the theme was bowel health; ‘Think you’re sitting on a problem?’. The aim of the week was to provide information on good bowel health and highlight where help could be sought both locally and nationally. Three main activities were undertaken:

- A public display in the Wangaratta CBD
- An information email to over 1200 staff
- A public display within NHW

Community members were able to access information brochures and speak face to face with staff regarding bowel health and a number of referrals to the service resulted from this promotion. For their efforts in undertaking this innovative campaign, the continence team were awarded national winners of the Continence Promotion Competition run by the Continence Foundation of Australia.

Did you know…
A normal bladder:

- Can hold from 400 to 600 mls of urine
- Empties completely 4 to 8 times a day
Non-inpatient care

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

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 2010/11, our dental services treated 49,532 patients across the 6 chairs in operation.

Palliative care
Palliative care is the term used to describe the specialised care and support provided for someone living with a life limiting illness and also involves care and support for family and carers during this emotionally and physically challenging time.

In 2010/11, the Palliative Care service at NHW:

- supported 45 clients to die at home, at their request
- Were involved in several community activities either via visual displays or active participation in community groups:
  - Ukulele carers group in partnership with Ovens and King Community Health (O&KCH) and Villa Maria
  - Bereavement activity group
  - Bereavement walking group
  - Palliative care week stall at Paddies market
  - Grief week planting of remembrance tree, and sausage sizzle, in partnership with O&KCH
  - Harmony day
  - Evening discussions to church groups
- Had a visiting nurse practitioner from New Zealand spend one week with the team to see how palliative care services are delivered in a rural area
- Held the annual memorial service in October to give the opportunity for any family members/carers of people who had been clients of the palliative care service a time to reflect and remember their loved ones.
- Were guest speakers at a community forum “getting your affairs in order”, attended by 81 community members. The forum discussed wills, establishing an advanced care plan, power of attorney, funerals, financial/medical power of attorneys, palliative care.

Did you know...
The District Nursing Service at NHW

- provided 27,901 home visits in 2010/11
- Of those 27,901 visits
  - 5648 visits were for wound care
  - 10,852 visits were related to medication monitoring and administration
- See an average of 245 clients each month
Support services

Health care organisations would not operate without the team of people providing support to the clinical staff. There are many departments not directly involved in patient care that are vital in the everyday function of NHW, and these areas also continue to monitor their performance and improve wherever possible. Following are some of the improvements and achievements by support services over 2010/11.

Cleaning

Environmental services staff play a vital role in maintaining a clean environment, assisting in the prevention of infection for both patients and staff. The effectiveness of the cleaning program is audited on a regular basis looking at very high, high, medium and low risk areas. In very high and high risk areas (e.g., operating theatres, critical care and ward areas), audits are performed monthly to make sure standards are maintained above 90% compliance. In medium risk areas (e.g., Community Services Areas) audits are performed three monthly and low risk areas (e.g., Engineering Workshops) every 12 months. Results of audits are sent to the Department of Health (DH) every three months to ensure compliance with standards. We continually maintain excellent results, with the last audit results in February 2011 shown in the accompanying graph.

Food Services

Allana Henley, Apprentice Chef at NHW was the recipient of a Silver Award at the 2011 Australian TAFE apprenticeship ‘Cook of the Year’ competition.

Facilities & Maintenance / Food Services

A refurbished cafe was opened for staff and community in mid 2011 to replace the old coffee shop and staff cafeteria. The new combined facility is a vast improvement and is appreciated by all.

Supply & Finance

In accordance with the Department of Health’s Information and Communication Technology strategy, the Materials Management System software, Oracle, was implemented throughout the Supply and Finance Departments during the year. This has enabled the streamlining of purchasing, inventory control and financial processes throughout the health service.

Did you know…

In 2010/11 the kitchen staff produced:

- 64,000 meals for Illoura
- 120,000 meals for inpatients
- 33,000 external meals (e.g., Meals on Wheels)
Aged care

Aged care

'Illoura', meaning 'a peaceful place' is NHW’s 62 bed residential aged care facility located in College Street Wangaratta, a separate campus to the main hospital. We aim to make the environment as home like and stimulating as possible whilst providing the special nursing care and assistance required by this group of people.

Maintaining quality of care

Although 'Illoura' is considered 'home' to its residents, we still need to monitor the care provided so we know the standard is of the highest possible quality. Data is collected about a number of clinical areas of care, known to be appropriate indicators in aged care. Illoura reports on these indicators to the Department of Health every three months, and results are compared to statewide rates. We monitor and report on:

- Resident falls
- Residents prescribed more than 9 medications
- Pressure ulcers
- Unplanned weight loss
- Use of physical restraint

Unplanned weight loss

All residents of Illoura are weighed every month as part of their ongoing care, to make sure they are maintaining adequate nutrition. This performance indicator measures any weight loss experienced by residents and does not consider reasons for the weight loss, for example if a resident may be nearing the end of life and not eating. A weight program was introduced in 2010 after increasing numbers of resident weight loss was noted. There is now increased monitoring if a weight loss is recorded and staff have been educated regarding the need for dietary supplements and how to prepare these supplements correctly. Overall, a decrease in unplanned resident weight loss has been achieved.

Reducing resident falls

Illoura is part of the organisation wide falls prevention program at NHW, and over the past year a dramatic improvement has been seen in this area.

Other improvements have included:

- Increased use of volunteers at Illoura, particularly from local secondary schools.
- Memorial services are now held four times a year for residents that have died - families and other residents are invited to attend and these have been well attended.
- Provision is now made for residents to partake in art after hours after the lifestyle program has finished for the day. There are a number of residents who enjoy painting and drawing during this time.
- Two staff completed a course in oral and dental care and then trained all other clinical staff at Illoura. This has improved the oral health of residents and aided in improved nutrition, hydration and speech. Closer relationships have been formed with Dental Services at NHW to assist in training, assessment and treatment of residents.
Accreditation

Accreditation is a recognised process that health services use to ensure that they deliver safe, high quality health care to established standards for their patients. It is based on a continuous improvement process and is devised and developed by health care professionals for Australian health care services. Granting accreditation provides public recognition of achievement, being an independent measure of performance in relation to safe, quality care.

Accreditation is a mandatory process for all Victorian public acute health services and all providers of residential aged care services. NHW actively participates in a number of comprehensive accreditation programs including The Australian Council on Health Care Standards (ACHS), and Aged Care Standards and Accreditation Agency Ltd (ACASA).

ACHS - acute, community, mental health

In April 2011 NHW underwent a two day ACHS Periodic Review, where two ACHS surveyors conducted a two day onsite visit to the organisation. The surveyors were especially impressed with our work in relation to Infection Control and awarded NHW an ‘extensive achievement’ rating for this program.

Whilst the surveyors provided us with a very positive report overall, they also made recommendations for improvement in some areas, which in some cases have already been actioned and completed, with others to be acted upon before the next full accreditation survey in 2013.

ACASA - aged care

On January 18th 2011 ACSAA conducted an unannounced visit to Illoura, our Residential Aged Care Facility. As suggested, the auditors arrived unannounced to review the service. They met with residents, staff and volunteers. Again there were suggestions provided to improve the care provided to residents, but we were deemed compliant with the 44 outcome standards. NHW currently holds the maximum 3 year accreditation.

ACSA is scheduled to visit Illoura in February 2012 for further full assessment.

Major improvements in 2010 / 2011

- Introduction of PROMPT – a computer based system used for the management of policy and procedure documents. Staff now access to current approved documents via the computer in their workplace.
- Introduction of hourly patient ‘rounding’ to improve patient outcomes
- Replacement of old lino /carpet in hospital foyer, hallways and lifts to improve safety for staff, patients and visitors as well as improving the appearance
- Placement of ‘vision panels’ in fire doors to reduce the risk of opening these doors onto others when they are closed
- Swipe card access in Emergency Department to improve security
- Becoming a ‘Smoke Free’ organisation
- Introduction of a patient transit lounge for those waiting to enter/exit the hospital
Education of staff

A vital component in maintaining standards of safe and high quality care is through training and education of our staff. NHW has an Education Team who not only organise and provide ongoing support and education for our trained staff, they also assist with the placement and training of students from external organisations.

Student training

In 2011 around 800 nursing students and 61 Allied Health students, including those studying Physiotherapy, Occupational Therapy, Dietetics, Speech Pathology, Medical Imaging, Pharmacy, and Social Work will undertake a clinical placement at NHW. Nursing students are provided placement across a range of clinical areas to gain broad experience in acute, community, aged care and specialist areas such as renal dialysis and the emergency department. Students are supported in their placement by Clinical Support Nurses (CNS) who are part of the education team but based in ward areas. Allied health students gain experience in acute, sub acute (rehabilitation) and community.

Evaluation of the placements has shown that students were very satisfied with their placement at NHW. Some of the comments from recent students include:

- Having CNS staff on the ward enable me to make the most of my placement at NHW. Caragh and Tracy were fantastic supervisors - always available for any concerns or support that I needed.
- Enjoyed my placement here, have met my training needs and will be taking the knowledge I have learnt back with me to share with other students and staff.
- Found CCU staff to be of great help and knowledge to assist with developing my skills, Thank you very much
- Thank you, I was privileged to have such great supervisors and team members at Northeast Health Wangaratta who helped me in my learning experience
- My placement experience was valuable learning and helped prepare me for clinical practice as it gave me the opportunity to gain confidence in my own skills and expanded by knowledge
- I really enjoyed my clinical placement as I found that most staff were friendly and helpful

Vocational Education Training (VET) students

NHW commenced partnership with local secondary schools and Goulburn Ovens TAFE to offer Vocational Education Training (VET) onsite for year 10 – 12 students in 2009. Students interested becoming an allied health assistant or assistants in nursing are able to attend NHW from 9am until 3pm one day a week during school terms, where they learn the ‘hands on’ aspects of these roles. The first program at NHW began in February 2009 with 10 students and in 2011 there are 17 students attending. The course has been successful in assisting students pursue health related careers, with three VET graduates now undertaking a Division 2 Nursing Course at TAFE, and one undertaking an Allied Health Assistants Course.

Did you know...

In 2010/2011 NHW assisted 57 secondary students with work experience. These students were from:

- Galen Catholic College
- Wangaratta High School
- Wangaratta technical School
- Bright P12 College
- Corowa High School
- Yarrawonga High school
- Woodend
- Caulfield Grammar
Education of staff

Improved facilities for students

At the beginning of 2011 the University of Melbourne Rural Health Academic Centre simulation and clinical skills facility was completed. This facility has allowed the development of exciting learning experiences for medical students and other health care professionals in the rural environment. The new facility offers state of the art auditorium, tutorial and practical learning facilities. The use of simulation learning, where staff are placed in ‘real life’ situations and respond with emergency treatment, will be of particular benefit in learning, not only for beginning clinical staff, but for qualified staff as part of their ongoing testing of competence.

Medical students – Extended Rural Cohort program

In July 2010 the Wangaratta hub of the University of Melbourne Extended Rural Cohort program commenced. Working 2 days a week in general practice and also undertaking clinical placement at NHW, medical students completed Semester 10 of their medical studies. This community based medical education program commenced with 4 medical students and this number will increase substantially over the next 2 years.

Best Care for Older People Everywhere - minimising functional decline

From Monday 4th April – Friday 8th April 2011, a focus week to highlight best practice standards of care for older people was held for all clinical staff. There were 5 education stations that covered the following five areas of importance:

- Cognition
- Nutrition
- Continence
- Medication
- Mobility/vigor/self care

90 staff where involved in the focus week which was a very pleasing result, leading to increased awareness and improved patient care.

Management training

NHW and Benalla District Memorial Hospital put in a joint submission and received a VHA grant to conduct a Leadership Development Program to help support the professional development of leaders of both organisations. Eleven staff from NHW completed this course.