In 2011 NHW completed its strategic plan for 2011–14. It was developed following consultation with the Board of Management, Department of Health, executive, managers, staff, other health care providers from this region and community members. This document sets clear goals and directions for the entire organisation, and is available on our website at www.nhw.hume.org.au.

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OUR VISION
To be recognised leaders in rural healthcare.

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

OUR VALUES
Caring
We are responsive to and care for our community, our patients, their families, carers and our staff.

Excellence
We continually strive to deliver efficient, innovative and evidence-based healthcare.

Respect
We believe that positive outcomes are achieved through trust and mutual understanding.

Integrity
We are open and ethical in all our actions.

Fairness
We promote equity and fair access that is sensitive to individual needs.

WHAT WE WILL ACHIEVE BY 2014
– 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
– 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.

Front cover: Haydn Bishop, a resident at Illoura Aged Care, and Anita Bishop, his granddaughter, who is a nurse there.
Welcome to the 2011–12 Quality of Care Report for Northeast Health Wangaratta (NhW). This report highlights our achievements in clinical service delivery over the past year and is produced in conjunction with our Annual Finance and Performance report. This year we have changed the format of our report so it can be included in today’s Chronicle. We believe this broader distribution will provide easier access to this report ensuring our community is well-informed of our activities, progress and our achievements.

This year we are celebrating NhW’s 140th anniversary (1872–2012). It provides our community and staff with an opportunity to reflect and to commemorate the evolution of care over the years, the growth in service capacity and the central role the health service plays within the Rural City of Wangaratta and the broader communities of North East Victoria.

There have been many achievements for NHW in the 2011/12 financial year including:

– Establishment of an MRI service at NHW in partnership with Regional Imaging Limited following a well supported community fund raising campaign.
– Further strengthening of tertiary partnerships to enhance education capacity and workforce development.
– Improvements in our building and infrastructure with replacement of the generator and electrical upgrades to enhance lightning protection.
– Refurbishment of a six bed ward within the Thomas Hogan Rehabilitation Unit for Transition Care Patients.
– Establishment of the Northeast Border Mental Health Service, in conjunction with Albury Wodonga Health and Beechworth Health Service.
– Embedding the Hardwiring for Excellence Program, aimed at improving communication, rewarding great performance and improving patient experience
– Patient satisfaction results that exceed the average for our peer and all hospitals across Victoria.
– A high level of staff satisfaction and engagement as demonstrated by NHW’s results in the annual state-wide benchmarked ‘People Matters’ staff satisfaction survey.

We hope you enjoy reading about the clinical achievements at NHW and find the report useful and informative. If you would like to provide us with your thoughts about this report, please see the details inside the back cover – we will appreciate your feedback. Copies of all our publications and information about our services are available on our website at www.nhw.hume.org.au.
This year Northeast Health Wangaratta will celebrate its 140th birthday, highlighting the important role it has played in providing for the health needs of the people of Wangaratta and surrounding district.

The hospital motto was adopted in 1895:

Qui autem miseretur pauperis beatus erit

(He who takes pity on the poor shall be blessed)

Matron Boyd (1928–49) was responsible for planting the Jacaranda trees in front of the hospital in Green Street. At night she would cover the young trees with cloth to protect them from the frost. These trees are a tribute to her caring ways and every summer create a beautiful haze of blue (right).

Until its opening in 1872, hospital services for the people of Wangaratta had been provided by Ovens District Hospital in Beechworth, which had been in operation since 1856. It was felt, however, that being the centre of a large agricultural centre with a population that was growing rapidly, a hospital was required in Wangaratta.
Some months prior to her death in 1923, a little woman, Mrs Ellen King, was admitted to the hospital where she remained unrecognised. She was better known under her first married name – Kelly – Ned’s mother.

The Wangaratta Hospital first opened its doors on the 5th January in 1872 and was able to accommodate a total of 10 patients – this was quickly expanded to 20 to meet the demand. A ‘dead house’ and a stable were also built in 1872 at a cost of £85 – a pig sty, chicken house, cow shed and fumigating room were also early extra additions.

A Boiler House (left) was commissioned and opened at a cost of £127,000. Hot water for the laundry was provided by a wood burning boiler (right). The second boiler house and chimney stack was erected in 1942.

1872
Organisational structure

- Resident Medical Officer (part time)
- Honorary Medical Officer
- Honorary Medical Officer
- House Steward (head wards man)
- Matron

A Hospital Committee was established and Wangaratta Hospital was first built on its current site at a cost of £1482. In September 1871, the Hospital Committee was disbanded and a Committee of Management was elected, with John B Docker the first President from 1871–1875.
A lot has changed in 140 years! Today NHW is the principal health service and referral hospital for the Central Hume, servicing a catchment of around 100,000 people. It is also the largest employer in the Rural City of Wangaratta, providing work for over 1200 staff.

NHW provides a diverse range of clinical services that include:
- A 24 hour a day, 7 days a week 12 trolley Emergency Department
- Inpatient beds that include:
  - 27 medical
  - 25 surgical
  - 12 paediatric
  - 6 obstetric/
    6 special care nursery
  - 31 rehabilitation/
    subacute care
  - 8 critical care
  - 10 Day Stay beds
  - 7 Dialysis chairs
  - 8 Oncology chairs
- 62 Residential Aged Care beds off site at Illoura (on the corner of Phillipson and College Streets)
- Mental Health Services: 20 inpatient acute beds and an extensive community and older persons service
- Community (non inpatient) services, that include dental, community nursing and outpatient therapy services.

An external review of the services we provide, undertaken in 2010, showed that we have a high level of self sufficiency - that is, we cater very well for the clinical requirements of our community.

As well as the significant increases to services, particularly in the Community Health area, there has been a corresponding growth in the buildings and facilities. Further exciting developments will occur in 2012/13, which will see a period of significant upgrade to meet the growing demands on our services.

What a site! NHW as it is today.

Improved technology
Nurses Adrian Sgariotto, Eleanor Milton and Jenny Aumann in Critical Care.
In the next financial year we will see:

- Upgrade of the Emergency Department with the inclusion of a four bed, short stay ward
- Addition of a new Day Procedure operating theatre
- Extension and refurbishment of the current Day Stay Unit

- Creation of an outpatient services precinct in the old nursing home which fronts Clark Street. Currently community services occupies half this building, however dental services and outpatient clinics will soon occupy the other half in much improved facilities.

A full list of the services we provide and contact numbers can be seen on our newly updated website at www.nhw.hume.org.au

The executive team
From left to right: Paul Crimmin, Sue Wilson, Michael Nuck, Don Tidbury, Margaret Bennett, Meryn Pease, Michelle Butler, Les Butler, Dr John Elcock.
Governance is a term used to describe how organisations are directed and managed. Clinical Governance in health services ensures there are clear accountabilities and that consumers are the clear focus of our service.

At NHW we aim to provide a comprehensive Clinical Governance system through:

1. Achievable and measurable strategic goals
2. Allocation of appropriate resources to achieve these goals
3. Development of a culture that values quality & safety
4. Meeting legislation
5. Comprehensive committee structures/ effective communication channels
7. Reporting, reviewing and responding to data to improve services
8. Ensuring all staff have clear roles and responsibilities

THE BOARD OF MANAGEMENT

People wishing to apply for Board membership of public hospitals apply for positions and a process of appointment by the Minister for Health is undertaken. This process is in place to make sure board members of health services in Victoria have the appropriate range of skills as a group to effectively govern, or manage, the service.

The Board of Management at NHW meet monthly to:

- Provide strategic leadership
- Monitor the quality and safety of patient care
- Ensure resources are efficiently utilised to provide maximum access for the Wangaratta community and the Central Hume sub-region
- Guarantee an appropriate and acceptable service is provided
- Encourage a culture of continuous improvement and innovation
- Ensure the organisation has appropriate policies and procedures and meets legislative compliance
- Monitor financial management
- Manage identified risk

Effective committee structures ensure that the Board oversees every aspect of the organisation. Equal consideration is given to both financial and clinical issues and in particular the Board receives monthly reports on our key areas of clinical risk such as:

- Patient falls
- Medication Errors
- Pressure Injuries
- Waiting times in Emergency Department
- Waiting times for surgery
EXTERNAL REVIEW

Having our services reviewed by external auditors to meet set standards ensures NHW meets a prescribed high standard of care. The two main types of accreditation undertaken are through the Australian Council on Healthcare Standards (ACHS) and the Aged Care Standards and Accreditation Agency (ACSAA).

In February 2012 our Aged Care facility ‘Illoura’ completed a full accreditation visit by the ACSAA which resulted in 44 out of 44 compliant outcomes and achievement of 3 years accreditation status.

The Medical Imaging Department was granted accreditation in 2012 under the Department of Health and Ageing’s Diagnostic Imaging Accreditation Scheme.

Inpatient, Community and Mental Health Services were last assessed by ACHS in April 2011 and full accreditation status was upheld. However there are now major changes to hospital accreditation that will be enforced from January 2013. From that date all hospital in Australia will be required to be assessed against ten National Safety and Quality Health Service Standards. They have been developed by the Australian Commission on Safety and Quality in Healthcare after extensive consultation, designed to assist health services provide safe and high quality health care.

NhW has reviewed the requirements of all these standards and work is underway to make sure we meet standards. Workgroups or committees were already in place for a number of these standards as they are areas of known patient risk requiring our full attention.

The ten standards we will be assessed against are:

**Standard 1**
Governance for Safety and Quality in Health Service Organisations

**Standard 2**
Partnering with Consumers

**Standard 3**
Preventing and Controlling Healthcare Associated Infections

**Standard 4**
Medication Safety

**Standard 5**
Patient Identification and procedure Matching

**Standard 6**
Clinical Handover

**Standard 7**
Blood and Blood Products

**Standard 8**
Preventing and Managing Pressure Injuries

**Standard 9**
Recognising and Responding to Clinical Deterioration in Acute Health Care

**Standard 10**
Preventing Falls and Harm from Falls
AN INCREASINGLY DIVERSE COMMUNITY

The Rural City of Wangaratta has a population in excess of 26,000 about 17,170 of whom live in the immediate township of Wangaratta, with 1.2% of this population identified as indigenous Australians. NHW serves catchment community of some 28 townships beyond the boundaries of the Rural City with a population of approximately 70,000 people. According to Australian Bureau of Statistic census figures (2011), 87% of the Wangaratta population was born in Australia, 1.9% in the UK, 0.7% in New Zealand, 0.6% in Germany and 1.5% in Italy. The remaining 8.3% were born elsewhere overseas.

In planning healthcare services we need to consider the composition of our community and look at anticipated areas of need. We have a current Clinical Services Plan that has identified areas of growth and demand across the organization and it ensures resources are distributed appropriately to meet needs.

Compared to 2002 Census data there has been a decrease of 5% in the number of people born in Australia and living within the Rural City of Wangaratta. As a health service we need to ensure we are equipped to meet the needs of people from all cultures and abilities. We have undertaken assessments around catering for those with disability and a cultural diversity plan is in place.

Some of the actions taken to meet the needs of our diverse community:
- Senior Managers undertook cultural diversity training by the ‘Centre for Culture, Ethnicity & Health’ in November 2011
- Introduction of universal language signage across the organisation has commenced
- Installation of self opening doors in the Community Care Centre to allow easy access for wheelchairs and less mobile clients attending therapy sessions
- We have many publications in languages other than english (LOTE) across NHW, in particular home care information for common procedures and patient surveys
- NHW is an equal opportunity employer
- Interpreter services are available via telephone if required

Of the Wangaratta population:
1.2% identify as indigenous Australians
87% born in Australia
1.9% born in UK
0.7% born in New Zealand
0.6% born in Germany
1.5% born in Italy
Remaining 8.3% are born elsewhere overseas

According to Australian Bureau of Statistics census figures (2011)
CLOSED THE HEALTH GAP

Aboriginal and Torres Strait Islander (ATSI) people experience poorer health than non ATSI people in nearly every aspect of health measurement and there is still a significant gap in life expectancy. The life expectancy for Aboriginal Australians is 67.2 for males and 72.9 for females compared with 78.7 and 83.5 for non Aboriginal Australians respectively. The State Government is committed to improving the health and wellbeing of indigenous Australians and, in turn, NHW has made significant inroads to actively acknowledge our local Aboriginal Community and improve the health status of this group.

- Welcome plaques are now on display at main entrances.
- Aboriginal and Torres Strait Islander flags now fly permanently at the front of the hospital.
- Artwork by local Aboriginal artist, Chris Thorne, was commissioned and is now on display in the Emergency Department foyer area. A ‘smoking ceremony’ was held at the handover of this artwork to NHW and was attended by around 50 staff and community members.
- Creation of a ‘Cultural Guide for People Working with Aboriginal and Torres Strait Islander People’, through extensive consultation with the Department of Health, Ovens and King Community Health (O&KCH), NHW, Hume Primary Care Partnership and Mungabareena Aboriginal Corporation. This resource will be made available to other services, such as GP practices and other community organisations.
- Identification of ASTI status on admission or presentation to hospital is important so cultural needs can be met. Recording of Indigenous status is now consistent with National Standards, and is a compulsory field in electronic registration at both NHW and O&KCH.
- An ATSI information page for staff has been developed for staff, is continually updated and is available on the internal computer network.
- ‘Asking the question’ training was introduced in November 2011 and again conducted in February 2012, with 50 staff attending the training from both NHW and O&KCHS. This training DVD is now on the NHW intranet for staff to access.
- Posters promoting identification are now on display in all waiting rooms and outside the hospital cafe.

To assist in further advancing our work in this area an Aboriginal Transition Officer position has now also been created.

The Aboriginal and Torres Strait Islander flags are both recognised flags of Australia under the Flags Act 1953.

The Aboriginal flag was designed in 1971 by Harold Thomas, and is a symbol of the Aboriginal peoples race and identity. Black represents the Aboriginal people of Australia. Red represents the red earth and the spiritual relationship to the land, as well as the red ochre used in ceremonies. Yellow represents the Sun, the giver of all life and protector.

The Torres Strait Islander flag is attributed to the late Bernard Namok of Thursday Island, with the flag symbolising the unity of all Torres Strait Islander people, and each part of the flag representing parts of the Torres Strait Islander culture. Green represents the land. Blue represents the sea. White represents peace, and Black represents the Torres Strait Islander peoples.

For more information, go to www.health.vic.gov.au/aboriginalhealth/victoria/regions.
Caring for our community is our core business and so it is essential that we value the contributions of consumers of our service. Consumers can provide any business with valuable information regarding how well it is performing and health care is no exception. We receive feedback via complaints, compliments, suggestions, patient satisfaction surveys and via follow up phone calls after discharge. All of these avenues provide our community with a way of letting us know what they think and important information to let us know what is working well and what needs improvement.

**Complaints/compliments/suggestions**

This year NHW received a total of 94 complaints.

- 84% had final completion within 30 days, an improvement on 74% in 2010/2011
  - 43 (46%) written
  - 37 (39%) verbal / phone
  - 14 (15%) personal visits
- 63 formal letters of thanks to NHW were also received, but this excludes cards and notes sent directly to ward areas, of which there are too many to count!

Some improvements made as a result of complaints/suggestions:

- Review of privacy for new mothers in the Special Care Nursery
- Reinforcement of the NHW valuables policy to ensure valuables envelopes are used and valuables placed in the hospital safe
- Review of Private Patient processes
- Introduction of a ‘count sheet’ for procedures performed in labour wards
- Introduction of new equipment in the operating theatre.

**SATISFACTION SURVEY RESULTS**

NHW participates in the statewide Victorian Patient Satisfaction Monitor (VPsM) run by the Department of Health that allows organisations to compare their performance with similar size/type hospitals across Victoria. Participation is entirely voluntary and surveys are sent out at random to discharged patients each month. This year as well as surveying people that have been inpatients, we are now sending surveys to people who have attended our Emergency Department.

As can be seen in the graph below, NHW performs very well when compared to our peer hospitals and also the state, sitting above the average in every satisfaction area. These results from January to June 2012 we topped the State for Group B hospitals in overall satisfaction and had the highest score in other satisfaction areas.

**SATISFACTION WITH OUR SERVICE**

**VICTORIAN PATIENT SATISFACTION MONITOR JULY – DECEMBER 2011**

**THERE WERE 2 INPATIENTS TREATED FOR SNAKE BITE IN 2011/12. REMEMBER FIRST AID AFTER SNAKE BITE:**

1. Call 000 immediately for an ambulance
2. Try and keep calm (it is very important to stay still)
3. Bandage the limb firmly with even pressure from the outer extremity, working up the limb
4. Splint the limb to keep it immobile
I would like to thank the community of Wangaratta and especially the staff of Northeast Health Wangaratta for the care and consideration they showed to my family after my sister-in-law, Pat Byrne, was bitten by a tiger snake and hospitalised for five days.

You all made a very traumatic experience bearable in the circumstances. Pat was in intensive care with nursing around the clock but nothing was too much trouble. Pat’s husband, Mick, and I were informed every step of the way and we couldn’t be happier with the care she received.

I’m pleased to say she is making remarkable progress thanks to the initial first aid of our fellow bike riders at the scene, the swift attention of paramedics in three ambulances and the wonderful care at Northeast Health Wangaratta.

Thank you again from the bottom of my heart.

Dot Byrne, Newport

THANKFUL FOR CARE AFTER SNAKE BITE
Pat Byrne was rushed to NHW after receiving a bite from a tiger snake whilst riding her bicycle on holidays in the North East.

DISCHARGE PHONE CALLS
We aim to contact all patients that have had surgery or who have had an overnight admission to check on their wellbeing and also make sure they were happy with their care. Information collected is used by different hospital staff for different purposes, and the feedback is overwhelmingly positive. An example of this is the information collected around pain management. This shows that we manage pain well, but comments from patients help guide us to areas that may need improvement.
As part of our Strategic Plan for 2011-2014, NHW has made a strong commitment to improve consumer participation, helping our organisation meet the needs and expectations of our community where possible.

We have a community participation plan that encourages participation of community/patients/clients at:
- An individual care level
- A program level
- A health service organisation level.

Providing people with information about our health service, consulting with them and encouraging participation is important:
- Information is provided via bimonthly one page features called ‘Health Focus’ in the Wangaratta Chronicle, and also through annual Quality of Care reports such as this
- We have a Community Advisory Committee that meets every two months and provides a valuable link between NHW and the general community. We consult with this group regarding services and information provided to patients and they provide information to NHW about community views and needs.

At the time I was president of Zonta and replied to an invitation by the hospital to service club members at the time to join the Community Advisory Committee. As a former teacher in Health and Human Development and welfare I opted to volunteer as I had an interest in this sphere. I also believe Community input is valuable and report back to Zonta and to individuals about the progress and issues at NHW.’

Anne Bell has been a member of the Community Advisory Committee at NHW since 2003.
Volunteer commitment, dedication and hard work have directly contributed to patient care and Northeast Health's vision “To be leaders in rural health care.”

Throughout the year our 160+ volunteers worked tirelessly contributing over 16,000 hours of their own time to support and improve patient care at Northeast Health across a wide range of departments including our wards, the Emergency, Illoura, Community Services & Mental Health.

Their actions, warmth and humility epitomize Northeast Health’s values of Caring, Excellence, Respect, Integrity and Fairness. Our volunteers deliver an enormous range of programs services including:

- Bedside care volunteer in wards
- Palliative care volunteers in wards and the community
- Pastoral care support
- Meal Time buddies
- Mobile Library
- Pet Therapy
- Administration and publications
- Fundraising through the “Friends of the Hospital” auxiliary. This year FOTH donated nearly $25,000 towards clinical equipment for the organisation

If you are interested in joining our wonderful team of volunteers, please contact our Volunteer Coordinator on 5722 5297.
Clinical Risk Management is all about patient safety and preventing problems before they occur. Patient safety at NHW is monitored through the Quality & Safety Unit but is the responsibility of all staff. To work out what areas we need to focus on to improve safety, we look at areas of high risk for our patients. We rely on published research and findings (regarding what are proven high risks for patients) and also by closely monitoring clinical care within NHW.

**PREVENTING FALLS**

Falls are a significant cause of harm to older people. Although many falls occur at home and result in admission to hospital, unfortunately falls in hospital and Aged Care facilities are also a problem. Many of these falls can be prevented and injuries reduced.

All staff at NHW are responsible for falls prevention and it remains a key priority across the organisation. Everyone has a role to play: cleaning of floors and environment, maintenance of equipment, good nutrition, identification of falls risk and assistance with walking/showering and assessing the home environment for safe discharge.

NHW is actively working towards lowering the rate of falls. In the past 12 months a multidisciplinary falls prevention committee has been re-established which will review how patients are assessed on admission for risk of falling, equipment available for staff and provide education/information for staff, patients and carers. Every month data is analysed to try and determine the cause of falls. We look at what the patient is doing at the time of the fall, where patients are falling and at what times of day. Practical measures for staff to have greater supervision of patients are being investigated. In 2012 we have also introduced a system of visual indicators to alert staff of patients who may be at high risk of falling.

**ACTIVITY AT THE TIME OF FALL**

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 floor or other lower level’.
PREVENTING FALLS AT HOME

1. Wear safe shoes and have foot problems treated straight away.
2. Keep your home and garden safe and free of clutter, and report public hazards such as uneven footpaths.
3. Maintain good vision and have regular eye checks. Turn on a light at night when walking inside your house.
4. Find out more about your medications – they can sometimes cause falls.
5. Discuss any changes in your balance or mobility with your doctor. Report any feelings of dizziness or unsteadiness.

PRESSURE INJURY

Pressure injuries are an internationally recognised patient safety problem.

Aimed specifically at reducing the incidence of pressure injuries, a Pressure Injury subcommittee has been established.

In 2003 NHW first took part in a statewide study, whereby all patients in hospital at that point in time had their skin checked and documentation was reviewed to see if appropriate care was being taken. NHW has continued with this annual survey, seeing pleasing improvements in assessment and a decrease in the number of injuries occurring during the patients stay.

In the past 12 months we have purchased more equipment such as air overlays for mattresses to assist in preventing and managing pressure injuries. We also now have a hiring system in place to ensure equipment we may not own is available with minimal or no delay.

What is a pressure injury?

Also known as a pressure ulcer, pressure sore or bed sore. It is an area of skin and underlying tissue that has been damaged due to unrelieved pressure.

PUPPS SURVEY RESULTS (PRESSURE INJURIES)

Tips for preventing pressure injuries (or pressure sores):

1. MOVE MOVE MOVE - RELIEVE ANY PRESSURE BY MOVING POSITION FREQUENTLY
2. LOOK AFTER YOUR SKIN - BY KEEPING IT CLEAN, DRY AND MOISTURISED
3. EAT A BALANCED DIET

CARING FOR SKIN

An identified need for review and improvement has led to the streamlining of wound management processes across NHW. The wound management program being introduced has already proven successful in Canada, the United Kingdom and the U.S.A. In Australia it has achieved outstanding success at Ballarat Health Services. NHW has taken the program a step further with the involvement of all service sectors from Acute Care, Rehabilitation, Community Nursing and Residential Aged Care.

An internationally renowned Canadian Nurse Practitioner with advanced qualifications in wound management has been involved in an initial skin integrity audit and education of nurses, both in theory and at the bedside. She has trained a number of wound management trainers at the hospital who will now carry the education forward. To date 158 clinical staff have been trained and by the end of this phase of the program it is expected that all of the hospital staff will have attended this formal education.

A new wound care product list is being developed, and updated policies, guidelines and documentation implemented. This program is now being implemented across other organisations within the Hume Region, helping to standardise care, improve patient outcomes and save cost through greater product efficiency. NHW now has a multidisciplinary Skin Integrity Working Party to oversee the program rollout.
MEDICATION SAFETY
Medication errors are one of the most common causes of patient harm. NHW actively works towards reducing this risk of harm and in 2011/12 we have:
- Introduced the National Medication Management Plan to wards
- Introduced the paediatric and long stay versions of the National Inpatient Medication Chart
- Conducted a medication safety week for clinical staff
- Opened a counselling room for pharmacists to use when discussing discharge medications with patients
- Increased medication deliveries to wards to ensure availability for patients
- Introduction of ‘Pharm-Assist’ medication bulletin, produced by our Pharmacy Department, which contains articles on product changes, safety, errors, results of Pharmaceutical Advisory Committee meetings
- Increased reporting of medication errors, particularly prescribing, to enable process improvement
- Reviewed existing medication ordering charts and streamlined forms to reduce the risk of drug error.

PREVENTING INFECTION
The Infection Prevention and Control team at NHW concentrates on minimising the risk of infection to staff and volunteers by providing education, promoting hand hygiene and having comprehensive policies and strategies in place for staff to follow. Over the past two years we have seen a decrease in the numbers of patients with hospital acquired infections.

HAND HYGIENE
Good hand hygiene is one of the most effective ways to minimise the risk of healthcare associated infections. Innovative health promotion campaigns in hand hygiene such as competitions, crosswords and creation of an alter ego named ‘H’ the Hand Hygiene Fairy. ‘H’ has spread her hand hygiene knowledge and enthusiasm among the staff at NHW, educating health care workers about correct hand hygiene practices – for example before and after touching a patient. Current hand hygiene compliance rates at NHW are 75.3% which is above the national benchmark of 70%. You can view our performance in hand hygiene at the “My Hospitals” website at www.myhospitals.gov.au.

HAND HYGIENE COMPLIANCE

I am one of several clinical pharmacists working at NHW. Our role is not only to provide medicines, but also to help confirm what medicines patients were taking before their admission to hospital, and to help doctors prescribe medicines appropriately. We also help guide nurses on how best to administer medicines, and work with patients to help them know about their medicines so that when they leave hospital they have a good understanding of how to manage their medicines at home. Our main aim is to make sure medicines are correct & appropriate for each patient.

Susan Parry is a pharmacist and joined the NHW Pharmacy team in October 2010.
ANTIMICROBIAL STEWARDSHIP
A big name for an important program! Antibiotics are highly effective when used to kill bacteria that cause disease, but there is growing concern about the resistance being developed to antibiotics. Improper use of antibiotics provides favourable conditions for resistant bacteria to emerge and multiply, therefore we need to optimise the way antibiotics are used and prescribed.

A new workgroup has been established to look at antimicrobial stewardship, which will help to reduce the inappropriate use of antibiotics, by monitoring use and ensuring antibiotics are indicated for use.

INFECTION CONTROL ACHIEVEMENTS IN 2011/12:
- We have had no Central line Associated Blood Stream Infections in over 12 months
- Our rates of major joint infections have remained below the state average for 2011/12
- New safety cannulas have been introduced to reduce the risk of needlestick injury
- Introduced new cleaning wipes to promote ease of highly effective cleaning
- Introduction of new infectious waste bins to reduce clinical waste

CARE OF THE DETERIORATING PATIENT
The ability to recognise and act quickly for patients who may be getting worse clinically is essential in preventing poor patient outcomes. Over the past 12 months NHW has been examining how we care for deteriorating patients, and a specific project has been commenced to improve what we do.

To help us provide even safer patient care we have:
- Introduced a new colour coded patient observation chart which alert clinicians in a very visual manner that a patient is getting sicker and needs additional support. Extensive education has been required in this significant change in practice.
- Provided more structure around how cases of clinical deterioration are reviewed.
- Determined a clear pathway of communication around deterioration so general staff know who to contact in specific situations.

As part of this project we are also looking at the criteria for when staff should call our Patient at Risk team for extra assistance. Consideration is being given to how the colour coded observation chart will follow the patient from admission to discharge, including use in the Emergency Department.

A CLEAN ENVIRONMENT
An important aspect in keeping infection rates low is maintaining a clean environment. Cleanliness of all areas of the hospital are regularly audited to make sure standards are being maintained. Different areas within the hospital are ranked according to priority and cleaning is assigned accordingly.

RISK RATING:
- **Very High**
  - Critical Care
  - Special Care Nursery
  - Operating Theatres
- **High**
  - General ward areas
- **Low**
  - Offices
- **Very Low**
  - Plant rooms
  - Maintenance sheds

The external cleaning rates remain above targets set by the Department of Health. Our overall result was 95.8% (the state target was 90%).
BLOOD SAFETY

NHW has a dedicated part time transfusion trainer nurse who is responsible for ensuring staff have appropriate resources and training to provide safe blood transfusions to patients. In 2011/12 there have been no adverse incidents associated with blood transfusions.

- We are reviewing and updating general protocols and guidelines surrounding the ordering and administration of blood and blood products.
- A more specific guideline for the management of a massive haemorrhage is also being developed. Massive transfusions are rarely required, but the guideline will assist appropriate and consistent decision making for clinicians, reducing the risk of error.
- Easily understood consumer information booklets and leaflets on blood transfusion and blood product administration are now available in all wards and departments. These can also be accessed by staff via the intranet and printed in a number of languages if required.
- We are now more closely monitoring the use of blood products to ensure that there is no wastage of this precious resource.
- A new consent form specifically for blood and blood products has been developed to ensure indications for blood have been considered and the patient is fully aware of the potential risks of transfusion.

Mr Alan Harris was a patient at NHW in 2012 and due to a significant haemorrhage, he required a massive blood transfusion. He received 29 units (over 7 litres) of red blood cells, 19 units of plasma, 32 bags of albumin, and other blood products.

'On Tuesday 29th May I was admitted to NHW for a medical procedure. On Friday morning I woke up and was congratulated by my wife that the operation had been successful. Special thanks to Mr Mark Forbes, the anaesthetist, theatre staff and all those angels in the day and night for their wonderful professional and capable care during the next 15 days. Words alone cannot convey my appreciation to all blood donors – please keep donating as it does save lives. The residents of Wangaratta and surrounding districts are very fortunate to have such an outstanding facility to care for us. I am now on the road to recovery, helped by after care at the Community Care Centre.

I and my family thank you all.

Alan Harris

Blood donors are always needed – please check out the Red Cross website today at www.donateblood.com.au
WAITING LISTS
All patients undergoing surgery at NHW are placed on a waiting list according to the urgency of their condition. Urgency classifications are:

**Category 1 - URGENT**
30 DAYS
IDEAL TIME TO TREATMENT

**Category 2 - SEMI-URGENT**
90 DAYS
IDEAL TIME TO TREATMENT

**Category 3 - NON URGENT**
365 DAYS
IDEAL TIME TO TREATMENT

It is the surgeon who determines the urgency of treatment and therefore what category a patient is allocated to determine waiting time for surgery.

DOING IT BETTER
Between February and July 2011 the Redesigning Care team undertook a program to improve the NHWs elective surgery management process. Initial work was undertaken to understand the current process of how patients were placed on waiting lists and mapping the documentation sent to patients, specialists & general practitioners. The program focused on reducing the number of patients waiting over expected time frames for their surgery.

To achieve a reduction in ‘long waiters’ we:
- Commenced weekly meetings to review current waitlists and more actively manage them – this continues today
- Worked closely with surgeons and their administrative staff to determine the best way of managing lists
- Developed new processes so that waiting lists are now managed at NHW rather than in surgeons rooms
- Reviewed and updated the Request for Admission form

At commencement of the project:
- 89% of all elective surgery patients treated within clinically recommended time in September 2010
- 100% compliance with the Elective Surgery Access Policy could not be guaranteed

At completion of the project:
- 97% of all elective surgery patients treated within clinically recommended time in July 2012
- 100% of Elective Surgery Access Policy compliance measures could be assured

**ELECTIVE SURGICAL PATIENTS SEEN WITHIN TIME**

![Graph showing percentage of patients treated within recommended time frame over different months.]
EMERGENCY CARE

The Emergency Department (ED) is a 7 day a week, 24 hour service and continues to see a large volume of patients. Over many years NHW has monitored the numbers of patients being seen within appropriate time frames and overall we perform well. Patients are given a triage category when they present to the ED, based on the severity of their condition – 1 being life threatening, 5 being non urgent.

As can be seen in the table, in 2011/12 we met or exceeded targets in four of the five triage categories. Into the future we need to improve our performance still further as there are new targets being introduced by the Department of Health. They aim to have patients discharged from the department within 4 hours, whether they are going home, being transferred to another hospital or being admitted to NHW. Maintaining a high standard of patient care whilst treating patients in a timely manner will be challenging, and we are currently looking at existing processes to achieve this requirement.

### TRIAGE CATEGORY

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TARGET TIME</th>
<th>NHW TARGET</th>
<th>DH TARGET</th>
<th>TOTAL NHW PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediately</td>
<td>100%</td>
<td>100%</td>
<td>55</td>
</tr>
<tr>
<td>2</td>
<td>Within 10 minutes</td>
<td>83%</td>
<td>80%</td>
<td>978</td>
</tr>
<tr>
<td>3</td>
<td>Within 30 minutes</td>
<td>74%</td>
<td>75%</td>
<td>5,079</td>
</tr>
<tr>
<td>4</td>
<td>Within 1 hour</td>
<td>70%</td>
<td>60%</td>
<td>10,232</td>
</tr>
<tr>
<td>5</td>
<td>Within 2 hours</td>
<td>77%</td>
<td>60%</td>
<td>4,462</td>
</tr>
</tbody>
</table>

**Did you know...**

Our dental services provided treatment to 6,590 people, 13.3% above our target figure and 10.9% more than 2010/11. 47% of these clients required emergency care.
REDESIGNING HOSPITAL CARE
Improving the Flow of Patients through the Emergency Department (ED)

The Redesigning Hospital Care Program at NHW is now entering its fourth year. This program is based on the principles of ‘Lean Thinking’ developed by Toyota. Many health services now use this proven methodology to improve processes related to access, efficiency and service quality for patients.

In 2011/12 project focus has been on the movement of medical patients admitted to the ward from ED. Data collected showed us that this group of patients were discharged from ED within an average of 2.5 hours if they were going home, but if they needed admission to the ward the average time was around 6 hours.

Actions taken to improve waiting times:
- A Patient Journey Board (PJb) has been introduced to improve visual communication for clinicians and highlights tests undertaken and care required.
- Interim Orders are used so Senior ED doctors can assess patients and commence treatment so patients can be admitted to the ward. The patient then has a comprehensive admission done by their admitting doctors team within four hours. This enables quicker admission to the ward particularly in busy times in the ED.
- A defined process has been developed to clarify the nurses’ and doctors’ responsibility in the patient journey.
- Standardisation of the handover process between ED, the nursing coordinator and ward staff, with new patients now written on the ward PJb before they get there.
- Ward nursing staff collect patients from ED where possible for improved handover between direct carers.

Evaluation is still being undertaken in relation to use of interim orders as unfortunately over winter there has been limited bed availability on the wards.

We believe our appointment of a Discharge Planner for NHW will help to improve processes and patient flow. This should improve the bed access for ED patients.

Sustained results seen...
Having patients discharged before 12 midday was an aim of redesign in 2010/11 to improve bed availability and patient flow. Embedded process changes from this project have seen continued improvement in the percentage of patients discharged before midday. Some wards have sustained a significant improvement whilst others have continued to slowly improve.

CUBICLE TO BLOODS TAKEN-TIME

<table>
<thead>
<tr>
<th>% of Patients discharged home before 12 midday</th>
<th>July 2010</th>
<th>to June 2011</th>
<th>to June 2012</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Ward</td>
<td>40% (163)</td>
<td>66% (152)</td>
<td>66% (130)</td>
<td>sustained</td>
</tr>
<tr>
<td>Medical Ward</td>
<td>19% (47)</td>
<td>47% (51)</td>
<td>50% (58)</td>
<td>3%</td>
</tr>
<tr>
<td>Medical Assessment &amp; Planning Unit</td>
<td>8% (25)</td>
<td>21% (19)</td>
<td>37% (27)</td>
<td>16%</td>
</tr>
</tbody>
</table>
NEW SERVICES/
NEW FACES

MEDICAL APPOINTMENTS
To assist in providing improved access to an excellent standard of patient care, NHW has been successful in recruiting five new medical specialists to provide expert medical services to our community.

↑ Dr Melanie Gayanayakais Obstetrician & Gynaecologist

↑ Dr Johnson Symon Anaesthetist

↑ Dr Geoff Rofe Emergency Physician

↑ Dr Penny Smith Rehabilitation Physician

↑ Dr Niroshi Perera Paediatrician

MRI ARRIVES IN WANGARATTA
My name is Alistair Browne and I commenced as the NHW MRI Supervisor in May 2012. The MRI machine began scanning patients in July 2012 and in its first month we performed over 200 examinations. MRI uses a powerful magnetic field and radio waves to produce images, without using radiation. It is used to investigate or diagnose conditions that affect both bone and soft tissue, such as:
- Brain pathology, including stroke, cancer and MS
- Joint injuries, such as damaged ligaments, tendons and muscle
- Spinal injury or disease, such as Disc disease
- Disease of internal organs including the Liver, heart and digestive organs
- Bone lesions or fractures

Previously patients from Wangaratta and surrounding areas had to travel outside our region to undergo these scans, so the installation of this equipment has been an enormous benefit to our community.

Alistair Browne
NHW MRI Supervisor

TRANSITION CARE
TCP beds the newly developed transition care beds within the Thomas Hogan Rehabilitation Centre at NHW were completed in June 2012. The Transition Care Program commenced in 2011 and provides short-term care to optimise independence for individuals in an appropriate environment. Services provided include physiotherapy, occupational therapy, social work, nursing and personal care. Care is usually provided for a period of 8 weeks, with a maximum of 12 weeks. During the time spent in transitional care individuals, their carers and families are supported to make an informed choice about long-term care needs – whether they are safe to return home or need ongoing support in an aged care facility.

The redevelopment of this area within Thomas Hogan Rehabilitation Centre was enabled through a government grant of $412,500. This grant contributed to the completion of 6 new purpose built, home like rooms, a purpose built inpatient gym area and general improvements to other therapy areas.
EARLY MOTHERHOOD PROGRAM

Our Early Motherhood Program is a specialist home based service working with women and their families who may experience distress in the perinatal period. Evaluation by the University of Melbourne highlighted the positive outcomes of the program and as a result it is now being used as a model of care across Victoria. This program was runner up in the ‘Outstanding Achievement by an Individual or Team in Mental Healthcare’ at the Victorian Public Healthcare Awards in November 2011.

INTEGRATION OF MENTAL HEALTH SERVICES

A major focus for the mental health services and management at NHW has been the work undertaken to progress the integration of the clinical mental health services of Albury-Wodonga, Beechworth and Wangaratta into one cohesive service. In July the Minister for Mental Health, the Hon. Mary Wooldridge visited the Border and North East and announced final approval to proceed with integration under Albury Wodonga Health. The new entity will have over 200 staff with a wide range of programs throughout the North East.

Our acute inpatient services and Wangaratta based older persons and adult community services will remain in Wangaratta and continue to have strong ties with NHW.

Mid-December 2012 is the expected date for services integration under the auspice of Albury Wodonga Health. The new service will be known as North East & Border Mental Health Service and have a new single governance structure. The services that are offered currently will continue to operate in the Wangaratta area.

HEART BEAT

On the 16th of May the Heart Beat Drumming Group performed to an audience of around 500 people at the 7th World Congress for NeuroRehabilitation at the Melbourne Convention Centre. It was a great honour to represent Northeast Victoria at an international medical health professional conference.

Heart Beat is a hand drumming group made up of senior students from Wangaratta West Primary School and adults from the region who have a neurological deficit. The aim of Heart Beat is to stimulate nerve pathways through learning and rhythm. The students are partnered with adults and act as mentors, assisting the adults to participate in African drumming activities. Students display a natural empathy and an instinctive ability to support the learning of their adult partner. Georgina Wills Music Teacher from Wangaratta West Primary School (WWPS), facilitates each session with the therapeutic support of Stacey Manfield, Occupational Therapist from NHW, and Donna Samon, Private Physiotherapist and Coordinator of the Neuro Support Group.

The program runs every term of the school year for 6 weeks, for an hour each week and results for participants have been amazing. The connection forged between the student and adult is extraordinary. We believe that this is what makes the group so unique and successful.

The measure of success is the smile on everybody’s faces!

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IMPROVING QUALITY

PARKINSON’S GROUP
For some time there has been a Therapy group for people who have Parkinson’s Disease, run through the Community Care Centre at NHW, which promotes exercise, physical activity and general well being. In May 2012 a Nintendo Wii was purchased to include in the therapy sessions. A number of recent studies have shown the benefits of this ‘therapy’ when used for patients with a neurological disorder such as those who have had a stroke or who have Parkinson’s Disease.

Our Parkinson’s group has started using it weekly and already staff have found that it has improved social interaction and a lot of laughter has been heard from the group! The balancing games that are used include soccer, skiing, bowling, tennis and golf. These require hand / eye coordination, visual perception and high level balance. Although this is a new activity, progress of the patients in terms of balance will be measured after three months.

Many of the patients who attend the group were very active prior to their illness and the aim is to maintain this level of activity for as long as possible. Another aim is to reduce the risk of falling through improved balance.

ACUTE PAIN SERVICE
The Acute Pain Service at NHW is led by the Anaesthetic Department and Clinical Nurse Consultant, Lisa Gephart. The aim of this service is to provide specialist pain management services, primarily to postoperative patients and obstetric services.

The Acute Pain Service have:
- Improved and individualised pain management therapies through the review of current documents and medication prescribing, resulting in changes to practice.
- Reviewed and redeveloped current education and learning packages for all nursing staff.
- Developed guidelines to assist nursing staff in the management of postoperative patients, in particular the management of Peripheral Nerve Blocks (regional infusions) and complex pain problems.
- Continued involvement with Regional counterparts and consultation with organisations such as the Australian Pain Society, Chronic Pain Australia and our own local Regional Acute Pain Service.
- Investigated the use of current equipment and devices for Epidural and Regional Pain management.
- The current review of patient information in regards to Post operative Pain Management and what to expect.
- Introduced ‘Spinal/Epidural discharge cards’, given to patients to outline the signs and symptoms of complications from such procedures, and ensure patients are fully informed should problems arise after discharge.

THE HOSPITAL ADMISSION RISK PROGRAM (HARP)
HARP manages patients with chronic disease and our staff work with patients and their families to maximise health independence, and decrease avoidable hospital admissions. Over the past two years there has also been stronger liaison between HARP staff and the patients GP or Physician. These interventions have shown a consistent reduction in hospital readmissions over the last 3 years, despite increasing patient numbers within the program. In 2009/10 an 8% readmission to hospital rate was seen, in 2010/11 this was reduced to 6% and in 2011/12 the rate was 4%.

Patient cards
The new epidural/spinal anaesthetic card given to patients.

Geoff Matthews
Geoff attends the Parkinson's Therapy Group. He says ‘I am trying to improve my balance as that is what I'm not good at’.
SMILES 4 MILES
Late in 2011 NHW was granted funding for Smiles 4 Miles, a Statewide pre-school oral health initiative.

This program aims to encourage and recognise early childhood settings who are leading the way in promoting healthy environments for children. The program uses a all-round approach including curriculum, policy, parent engagement, community links, and role modelling. The program also gives early childhood settings the opportunity to explore and implement innovative ways to promote a healthy environment using the key messages of Eat Well, Drink Well, Clean Well, Play Well, and Stay Well. The program has been very successful with 8 kindergartens registering for the program and over 400 children receiving the oral health messages of Smiles 4 Miles.

BABY BOOM AT NHW!
We had a record year for babies born at NHW in 2011/12 with 601 births, 26 babies more than the previous highest number. In the past 40 years there have been 19,503 babies born at NHW.

REVIEW OF MIDWIFERY SERVICES
As part of our subregional role, NHW recognised the clinical benefits of a Director of Obstetrics position for the Central Hume Region. This role has now been introduced in a collaborative partnership approach and will assist the safe delivery of maternity care. The Director provides specialist advice to district hospitals providing an obstetric service. Policies, procedures and processes are being standardised across the region.

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Expertise
Linda Vaccaro assists new mother Melinda Wheeler and baby Darcy.

Expertise
Linda Vaccaro assists new mother Melinda Wheeler and baby Darcy.

My name is Linda Vaccaro and I have worked at NHW for the past 44 years. I became a lactation consultant 19 years ago and initiated the lactation clinic at NHW, working with new mothers to help optimise breastfeeding. What I love about my job is assisting new mothers in the journey to parenthood. It is a very challenging but rewarding job. Only last week two mothers came in to see me who I had assisted when their babies were born. Although they had great difficulties at the start they were both still breastfeeding after 12 months, and that is what I love. We provide a very flexible service aimed at the needs of local women and the feedback we receive is fantastic.
‘Illoura’ which means ‘a peaceful place’ is NHW’s 62 bed Residential Aged Care facility that is located in College Street Wangaratta. Although Illoura is located away from the hospital, it is governed by the Board of Management and Executive as are all services at NHW. Continual improvement and monitoring ensures optimal care is provided to our elderly and frail in a homelike environment.

**IMPROVEMENTS IN 2011/12**

- A New Menu introduced developed in consultation with residents
- Introduction of a ‘Café board’ at the entrance of each Dining Room describing the menu for the day
- Enhancement of the dining room ambience with the introduction of table cloths and flower arrangements for all tables
- Introduction of new crockery to promote a more ‘homely’ atmosphere
- The Manager of Food Services regularly visits and meets one on one with many residents for feedback
- Introduction of a quiet music time between 3 and 6pm
- Care plans are provided in hard copy for easy access by staff
- Introduction of clinical case reviews in partnership with Aged Psychiatry services, Gerontic Nurse Practitioner, Pharmacist and nurses to improve behavior and medication management
- Promotion of outdoor activities and access to the outdoors
- The development of set performance indicators to monitor trends in care delivery
- Development of working parties led by staff members to monitor and improve a range of care areas for our residents
- Resident/relative meetings have been increased to monthly
- ‘Advanced Care Planning’ for the residents and their relatives
- 2012 Resident/Relative survey has indicated a 94% satisfaction rate, including a 16% improvement in the satisfaction with cleanliness

Department of Infrastructure reports show that between 2001 and 2015, the population of Wangaratta over the age of 65 will increase by 60%. In response to Victoria’s overall ageing population, the Department of Health have highlighted a need to change current practices within health services to meet future demand for services specific to an older community. There is a need to introduce practices that will ensure quality of care for the older person.

At NHW, we have an Improving Care of the Older Person project that is improving the care of our dementia and delirium patient’s.

- A patient management chart has been introduced which guides nursing staff to provide better care for these patients and are more aware of their needs.
- Diversional therapy resources have been introduced and are available to patients and their families during hospital admission, to help keep this patient group occupied and settled.
- The Sensory Garden is a place that patient’s and their families can access to have some ‘time out’ and breathe some fresh air. Renovations will be made in 2012/13 to enhance this area further and improve usage.

## MAINTAINING LIFESTYLE

The loss of independence that can come with admission to an aged care facility is recognised and Illoura has an excellent lifestyle program in place to encourage residents to maintain current leisure and recreation interests. Residents are assisted to participate in activities of their choice by a team of qualified leisure & lifestyle assistants and suitably trained volunteers.

Residents are:
- assisted to go on outings in the community
- supported to participate in interactive activities within the facility
- communicate with family and friends using Skype and email
- able to participate in both group and individual activities

Residents were very involved in the recent Olympic Games, with a strong theme across Illoura. This incorporated an arm chair travel to London.

The lifestyle program at Illoura was commended at our Accreditation Survey in February 2012.

If you would like to tour the facility or make enquiries about admissions to Illoura, please contact Chris Symmons on 5721 0302.
COMMUNITY NURSING

DISTRICT / COMMUNITY NURSING
An extract from an article written by Bill O’Callaghan (with thanks).

The District Nursing Service at NHW was first established in 1969 to help care for people in their own homes. The service was designed to encourage people to remain living independently at home as long as possible and to take responsibility for their own health care.

Initially, the nurses daily visited 30 patients who had been referred by doctors. Their duties included changing and dressing injuries, showering or sponging, giving injections and medication. But, more importantly, they provided, as did the Meals on Wheels service, a contact with the outside world. The early 90s saw a huge change in the service with the introduction of more acute-type nursing, such as hospital in the home, where the patient’s home became a hospital ward. Additionally, there was post-acute care for patients after they were discharged from hospital.

The nurses must be resourceful, be prepared to expect the unexpected and be on call in any climatic condition. A sense of humor is a must and one would need a sense of humor to have endured some of the experiences the ladies related; putting out a fire, falling through rotten floorboards, being attacked by cats and dogs, negotiating with farm animals, getting bogged, warding off magpies, being misdirected and having car trouble, such as a flat tyre (fortunately a postman was able to change it).

Some patients have been on the books for several years. The service comes at a small cost, which is dependent on pensioner status, private health insurance and Department of Veteran Affairs eligibility. Post-acute funding is also available for a month if certain criteria are met. While reference to the service is generally made by a doctor, it can also be made by individuals, carers or other organisations.

Bill made enquiries about the service, so that he could know more about it, and spoke briefly to past and present clients. They too spoke glowingly of the service and were adamant it was better to be visited at home rather than being a patient in a nursing home.

To complete his story, Bill asked a local doctor to evaluate the work of the district nurses. “We couldn’t function without them,” was how he summarized their contribution. Neither could hundreds of people in the rural city.

WHAT IS PALLIATIVE CARE?
When an illness cannot be cured, the focus of care changes to helping people to have the best quality of life possible while managing their symptoms.

Palliative care concentrates on maintaining quality of life by addressing physical symptoms, such as pain or nausea. It also helps with the emotional, social and spiritual needs. Palliative care services support the person who is ill, their carers and family. Where possible, care is provided in the patient’s place of choice. We are a community based service, but also work within the local hospitals and care facilities.

Our team of Specialist Nurses, Social Workers, Family Care Coordinator and Bereavement Support (who support family and carers after death) works closely with other health care professionals including, but not limited to, Physicians, GP’s and the District Nurses. The team also has telephone support from Specialist Palliative Care Physicians.

PALLIATIVE CARE SATISFACTION SURVEY RESULTS

I enjoy being a district nurse as you get to see the difference you can make to people’s lives through maintaining & supporting their independence & ability to remain safely living at home in the local community.

Hannah Vincent has been a District Nurse at NHW for the past 3 years.
PROMOTING HEALTH

NHW IS SMOKE FREE

It is now 12 months since NHW went totally smoke free on ‘World No Tobacco day’ in 2011. To assess how this initiative had been received by staff, we undertook a survey, completed by a total of 112 staff members. Overall responses were very positive and information received will help guide our work in this area into the future, making sure it is accepted and sustained. In response to the survey results, the following actions have been planned:
- Seeking support to make the footpath at the front of the main hospital and Emergency Department entrances smoke free also
- Continue to provide subsidised nicotine patches for staff
- Continue to provide free nicotine patches for inpatients
- Work with the Ovens and King Community Health Service Health Coaching Program to provide support for patients, community members and staff that want to quit smoking, or make other lifestyle changes to improve their health
- NHW to join the Victorian Network of Smoke Free Healthcare Services

STAFF HEALTH

This year staff have actively embraced the message of “one direction to flu protection”, with our highest ever vaccination rate of 60.3%. Infection Prevention and staff health nurses operated vaccination clinics twice a day/ twice a week during flu season for staff, volunteers and eligible patients. A roving service to wards and non inpatient services such as Community Nursing, Aged Care, Community Mental Health and Kerferd was provided so all staff had the opportunity for vaccination.

The importance of providing an immunisation service for all staff has been recognised with the education of another Nurse Immuniser and HIV/Hep C counsellor.

<table>
<thead>
<tr>
<th>Total staff Vaccinated at NHW</th>
</tr>
</thead>
<tbody>
<tr>
<td>49.1% 2010 (573/1168)</td>
</tr>
<tr>
<td>47% 2011 (549/1168)</td>
</tr>
<tr>
<td>60.7% 2012 (742/1233)</td>
</tr>
</tbody>
</table>

WORK HEALTH CHECKS

In keeping with the promotion from Worksafe Victoria, work health checks were offered to our staff in April and May 2012. These confidential checks were provided to NHW staff by health professionals who worked outside NHW and offered:
- Free health checks at work
- Advice about health and the risk of getting preventable diseases such as heart disease and type 2 diabetes
- Confidential individual results
- Advice regarding positive ways to reduce risk factors and maintain good health

A total of 210 staff underwent health assessment and education. Results have been provided and will be used to improve physical health where we can do this as an organisation. An example of this will be the establishment of walking groups, available for all staff but particularly aimed at those with office type positions. As noted previously, the changes to the new café will also assist in making healthy food choices. Follow up Work Health checks will be conducted in 2012/13.

OCCUPATIONAL HEALTH

NHW has an active OH&S program in place that ensures the safety and wellbeing of our staff and promotes a healthy workplace. Over the past 12 months the safety of our staff has been improved by:
- Increasing security in our Paediatric unit with the installation of new security doors, generously funded through the police Blue Ribbon Foundation
- 165 staff attending education during Health and Safety week
- Installation of overhead tracking in two rooms within our medical ward – this allows staff to move patients without lifting
- Widening paths at Illoura
- Improving CCTV security at Illoura
- A staged program replacing carpet with vinyl in corridor areas, to improve ease of moving wheeled equipment

New café!

In the year 2011/12 our new café was opened for staff and the general public with extremely positive feedback. Our kitchen staff produced 333,939 meals. There were 22,143 meals produced for Meals on Wheels alone.
Examples of green, amber and red food and drinks that may be useful for you at home:

**GREEN**  
*(eat everyday, the best choices)*

- Water
- Reduced fat plain/flavoured milk <300mL in size
- Fresh fruit
- Plain or fruit scones without butter
- Coffee, tea or hot chocolate <300mL with reduced fat milk
- Sandwiches with lean, non processed meat, reduced fat cheese and/or salad

**AMBER**  
*(eat sometimes, choose carefully)*

- Full cream & reduced fat plain/flavoured milk <300mL in size
- Fruit Juice <300mL in size
- Diet soft drinks
- Sandwiches with lean processed meat (e.g. ham, corned beef)

**RED**  
*(limit these foods, avoid in general)*

- Full cream & reduced fat plain/flavoured milk >300mL
- Fruit juice >300mL
- Soft drinks
- Sport drinks (e.g. powerade) and standard iced tea
- Sandwiches with high fat meats (e.g. salami, bacon)
- Deep fried foods
- Chips & Chocolate bars

---

**TRAFFIC LIGHTS AT NHW CAFÉ?**

The Food Service department in collaboration with Dietetics and Health Promotion teams have introduced recommendations of state wide guidelines:  
*Hospital choices: food and drink guidelines for Victorian public hospitals.* These guidelines aim to increase the availability of healthy food and drink in Victorian public hospitals by actively promoting a greater choice of nutritious food and drink. The objectives of the guidelines are to:

- Improve the availability of healthy choices
- Identify and promote healthy choices
- Identify and reduce the availability of less healthy choices
- Ensure healthy choices are available at all times.

Food and drink are classified into three categories using a traffic light system according to nutritional value (green, amber and red). There is no food or drink that is completely banned. 

↓ Healthy!  
Dietician Katherine Einsiedel and Food Services Assistant Lou Baker show some of the new signage in the café.
ASSISTING SECONDARY STUDENTS
In partnership GoTAFE and TEC, NHW provide a Vocational Education Training in Schools (VETis) program for secondary students as a full Certificate III in Health Services Assistants and Certificate III in Allied Health Assistants.
- Students attain a nationally recognised qualification.
- Clinical Placements are provided at NHW, across a wide variety of clinical areas as a key component of the course one day each fortnight.
- Consider in year 10 or 11 as an elective option.
- The qualification can contribute to a student’s Unit 3 and 4 sequences for VCE and provide a 10% increment towards the ATAR score.
- The program provides an insight into the wide range of jobs in the health industry and helps students determine a possible future pathway in the health service industry; such as nursing, allied health assistant, physiotherapy, dietetics, occupational therapy, social work, speech pathology, mental health, medicine, medical imaging, dental and pharmacy.

In 2011/12 NHW provided placement for 7 VETis and feedback included:
“The course is really good because you learn all about medical stuff and to see if you want to work in the health industry”
“The course has been a fantastic opportunity, it has given us all the chance to work in the hospital, with the patients themselves and learn how to act, work and communicate with the patients and staff members”

RESEARCH SCHOLARSHIP
The NHW research scholarship was introduced in 2012 and will assist us to support individual research scholars with both the time and educational supports necessary to develop and complete research activities. Our scholars will be provided support to develop skills in research design and methodology, bioethics, literature searching and review, data collection, analysis, writing for publication and scientific presentation. All scholars will be aligned with an approved research project and will be mentored by experienced researchers.

“My name is Karrie Long and I am the recipient of the inaugural NHW Research Scholarship. The research I am undertaking is a replication of the ‘RESCUE’ study undertaken at several large metropolitan hospitals, studying patients who were classified as patients at risk (PAR). I am looking at how this can be applied in a rural setting.

NHW currently uses a system called Patient at Risk (PAR) which is led by critical care nursing staff as opposed to MET (Medical Emergency Team) teams used in Metropolitan hospitals which are led by Medical Staff. All adult inpatients will be included in this study.

Data collection will begin in October 2012 and will assess how our current system is working – there is very little information published about this in regional hospitals of our size and type so we are hoping this information will be useful for others.

I will learn skills in how to undertake research and it will be an opportunity to communicate with leaders in research. I will also have an excellent mentor in Helen Haines who will assist me in this project.”
**RURAL CRITICAL CARE (RCC)**

NHW offers Registered Nurses the opportunity to gain qualification in Critical Care/ Emergency Nursing in a rural setting, without the need to travel to metropolitan areas. The Rural Critical Care Stream is affiliated with the University of Melbourne Postgraduate Certificate or Diploma of Nursing Practice, and a coordinator/lecturer is based at NHW.

Designated Clinical Educators in the Emergency Department and CCU assist these students apply theory into practice.

The Wangaratta Learning and Teaching Centre was constructed in a partnership between NHW and the University of Melbourne. It was officially opened by Mr Nicholas Wakeling MP, Parliamentary Secretary for Health, on 25th November 2011.

**2012 recruits**

(Back) Dr. Justin Potts, Dr. Farha Islam, Dr. Sarah Demediuk, Dr. Alison Mahony, Dr. Kasha Michalak (front) Dr. Sarah Berrieman, Dr. Dorothy Ling, Dr. Victoria Hall, Dr. Mani Sathiviraarajah.

**2012 recruits**

From left and anticlockwise: Deb Hobijn (lecturer), Jessica Carmon, Eleanor Milton, Yvonne Hargreaves, Anthony Ivone, Samantha St Clair, Jessica Brooks and Zoe O’Callaghan (absent Louise Carrington).

**RURAL HEALTH ACADEMIC NETWORK (RHAN): THE UNIVERSITY OF MELBOURNE AND NORTHEAST HEALTH WANGARATTA**

NHW Education & Research Unit and The University of Melbourne Rural Health Academic Centre have a research collaboration based on the joint appointment of a RHAN coordinator. The RHAN network began in late 2006 with coordinators currently appointed at Moira Health Alliance, Benalla Health, Alexandra District Health and Echuca Health.

The RHAN position at NHW is set up to lead or support clinical, systems and organisational research, provide mentorship and supervision of students undertaking post graduate research degrees or research components and work towards setting a strong rural research agenda.

Examples of just some of the research undertaken at NHW:

- **Having a baby in Vasternorrland and having a baby in Wangaratta:** Collaboration between NHW (Helen Haines), The University of Melbourne Rural Health Academic Centre, Mid Sweden University, Uppsala University Sweden, Karolinska Institute Sweden.

- **The Seven Ds: Dementia, Delirium, Vit D Deficiency, Drops, Drugs, Depression.**
  Principal Investigators: Dr. Rick McLean, Deanne Burge.

- **Diabetes in Residential Aged Care – A prevalence study.**
  Principal Investigators: Dr. Robert Krones, Dr. Ali Koschel. Medical Students: G Calder, L Mc Shane

- **Inter hospital transfers of patients from two non-intensivist run intensive care units in rural Victoria.**
  Principal Investigators: Mr. Frank Miller, Dr. Xiuzhi Pham.

**MEDICAL WORKFORCE**

In 2012 NHW will provide internships for 8 recently registered medical practitioners. Many of the interns will complete a 10 week rotation in surgery or medicine, providing experience that will enable them to consolidate and extend their theoretical knowledge as well as clinical, and professional skills. They are supported at NHW by an experienced and dedicated multi disciplinary team and Visiting Medical Officers.

Interns are on rotation from the Royal Melbourne or Western hospitals and this year NHW has welcomed 2 interns from the Murray to Mountains program. This program provides a unique experience for doctors during their intern year and provides them with an even more comprehensive experience in both rural and regional hospitals and medical clinics.
HEALTHY & WISE
The Healthy & Wise Program has been developed for those who would like to improve their health, wellbeing and satisfaction with life and has been running across towns of the North East for over 13 years. Sue Cowan, Mental Health Promotions Officer, says ‘Healthy and Wise is an enriching program where participants continue to applaud the extensive health content and opportunity to be put in touch with local services and activities, as well as enjoy the social experience. Attendees are able to learn many ways to improve their health at the weekly sessions. The comprehensive program draws on a series of guest speakers including local Allied Health services, Centrelink, Regional Community Legal Service, Social & Civic clubs, recreational and leisure groups.’

Did you know...
- We treated the highest numbers of patients ever in Kerferd Unit – the previous highest year was exceeded by over 10%.
- 9.73% of total discharges from Kerferd Unit resulted in a readmission within 28 days. The Statewide readmission target is less than 14%; the mental health service has performed very well against the target.
- The adult mental health team is outgrowing its accommodation and looking at options. The considerable psychology team has recently relocated to premises in Dixon Street made available when the child and adolescent service moved to new premises in Faithful Street.

MENTAL HEALTH SERVICES BASED FROM NHW ARE:

<table>
<thead>
<tr>
<th>BED-BASED SERVICE</th>
<th>ROLE</th>
<th>LOCATION</th>
<th>PATIENTS DISCHARGED 2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerferd Unit</td>
<td>Provides acute bed-based care for the North East Victoria region with 15 adult beds and 5 aged beds. Provides the out of hours mental health triage phone service for the Central &amp; Upper Hume regions.</td>
<td>Docker Street</td>
<td>439 (411 adult, 28 aged)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AMBULATORY SERVICES</th>
<th>OCCASIONS OF SERVICE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Community Mental Health</td>
<td>Provides home-based &amp; outpatient care in the Central Hume region. Key services provided are treatment, mental health triage and crisis assessment.</td>
</tr>
<tr>
<td>Integrated Primary Mental Health Service (IPMHS)</td>
<td>Works in partnership with the North East Division of General Practitioners to provide free mental health services to those people suffering anxiety and depression.</td>
</tr>
<tr>
<td>Older Persons Mental Health</td>
<td>Outpatient service specialising in the care of people over the age of 65.</td>
</tr>
<tr>
<td>Early Psychosis</td>
<td>Younger persons mental health.</td>
</tr>
<tr>
<td>Perinatal Mental Health</td>
<td>Provides mental health assessment and support services for women pre and post birth.</td>
</tr>
<tr>
<td>Secure Extended Care Diversion Program</td>
<td>A recently implemented Statewide initiative to provide intensive clinical service to maintain and support clients with severe mental illness and complex social problems to live securely in the community.</td>
</tr>
</tbody>
</table>

* 7 months of statewide industrial action during 2011/12 significantly impacted reporting in the ambulatory services.
EXCELLENCE AWARDS

Every year NHW celebrates the achievements of our staff at a formal awards ceremony. This year the NHW staff Excellence Awards were held on March 28th 2012 at the Wangaratta TAFE Auditorium. Academic achievement was acknowledged and a number of major awards were also presented on the evening.

RECIPIENTS OF OUR MAJOR STAFF AWARDS WERE:
- Award for Excellence in Support Services – Robyn Whinray
- Award for Excellence in Allied Health – Liz Clancy
- Award for Excellence in Paediatrics – Kerrie Kelly
- Award for Excellence in Mental Health – Sandra Davidson
- Charles Neal Award for Excellence in Aged Care – Lydia Riley
- WJ Richardson Award for Excellence in Nursing & Midwifery – Rhonda Lea
- Award for Excellence in Medicine – Mr Stephen Franz
- Leaders of the Future Award – Billi Fasano & Susan Clamp

CONGRATULATIONS TO ALL OUR WORTHY WINNERS!

Winners!

Was the content of the report easy to read? Y N

How could the Quality of Care report be improved?

What did you like about this report?

Is there other information you would like to see reported in future?

Thank you for your feedback.