In 2011 Northeast Health Wangaratta (NHW) completed its strategic plan for 2011–14. It was developed in consultation between the Board of Management, 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](http://www.nhw.hume.org.au).

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<th>Contents</th>
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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
As with our previous reports, this Quality of Care Report has been created with the general community in mind and we have followed a similar format to last year’s report, based on the positive feedback we received. This year’s report is a celebration of the many achievements we have enjoyed throughout the past year. Just some of these achievements include:

- Celebration of 140 years as a health service
- Achievement of full accreditation
- Improvement in NHW’s financial position with a $711,000 improvement against our budgeted position
- Winning the Australasian Hardwiring Excellence Award 2013
- Treatment of 2,301 patients through the newly established MRI service
- Completion of purpose-built Dental and Outpatient Clinics
- Establishment of a ‘Telehealth’ service between NHW and Yarrawonga Health
- Construction commenced on a new day procedure theatre and day stay unit
- Demonstrated scores above or equal to peer and state averages in the Victorian Patient Satisfaction Monitor (VPSM)
- Increased response rate in the People Matters Survey to 41% (28% in similar organisations)
- Consistently delivered higher than average external cleaning audit results
- Achievement of full compliance with the annual food safety audit
- Installation of a lightning protection system and new generator with increased capacity
- Creation of a NHW Facebook page
- Upgraded signage and floor coverings

The results we have achieved would not have been possible without the ongoing commitment of our staff. We acknowledge their work and commend their dedication and expertise. In particular, over the past 12 months we have seen an increasing use of technology that is assisting our clinicians to provide contemporary healthcare. Our role as the major referral hospital for the Central Hume has seen us introduce Telehealth technology to support staff at Yarrawonga Health Urgent Care Centre and this will also be offered to other smaller health services in the region. The use of iPad technology is also increasing, in particular by our Allied Health team. You can read more about these new initiatives on page 27.

We hope that you enjoy reading this report and that it helps to improve your understanding of the services we offer and provides an insight into what has been happening at Wangaratta’s largest employer. As always, we welcome your feedback – please see inside the back cover to let us know what you think.

CHRIS CUNNINGHAM, CHAIR, BOARD OF MANAGEMENT
MARGARET BENNETT, CHIEF EXECUTIVE OFFICER
Managing our service

NHW has a Board of Management comprising representatives from the local community. Appointments to the Board are skills-based and approved by Governor-In-Council for a term of one to three years. The Board has the wide range of professional skills and experience to manage our diverse health service.

The Board of Management is ultimately responsible for the performance of NHW, but delegate operational responsibility to the CEO, who in turn works closely with Executive Directors and Department Managers to ensure high standards are met and maintained.

Every month, the Board reviews and evaluates the performance of all departments to ensure standards are being maintained and people have access to services they need. Information provided to the Board of Management is contained throughout this report for your interest, so you can see how we perform and compare against other health services.

Patient care is our core business and it is vital that the Board of Management, Executive and all our staff constantly consider:

- Providing a high quality service
- Meeting community needs
- Our performance, particularly in relation to other similar hospitals
- Reducing risks
- Meeting legislative requirements
- Improving what we do

“STRONG LEADERSHIP AND SYSTEMS FOR GOVERNANCE IN SAFETY AND QUALITY WAS CONSIDERED BY THE SURVEY TEAM TO BE A PARTICULAR STRENGTH OF NORTHEAST HEALTH WANGARATTA.”

- ACHS ACCREDITATION SURVEYORS 2013
QUALITY OF CARE

Accreditation

Accreditation is mandatory for all health care services and demonstrates that the services we provide are of a high standard of quality and safety. Of particular focus over the 2012/13 year has been the requirement for all public hospitals across Australia to undergo accreditation against the new National Standards. These standards were introduced to make sure health services were addressing areas of known risk in terms of clinical care. They also focus on the management of health services. In addition to the 10 mandatory standards, NHW chose to be reviewed against an additional 5 standards to make sure all aspects of our service were reviewed by external surveyors.

NHW underwent accreditation in 2013 and our results were very positive, with all standards met. The areas of Governance, Infection Prevention & Control and Waste Management were upgraded to the highest level of achievement possible – a fantastic result for NHW and a huge credit to our staff who provide our services.

District Nursing services were also reviewed and continued the excellent trend of results, with all standards met and no recommendations made.

In addition:
- NHW Medical Imaging Department achieved full accreditation via the Diagnostic Imaging Scheme.
- Our Residential Aged Care facility, Illoura, holds full accreditation with the Aged Care Standards and Accreditation Agency.
- The annual food safety audit of our kitchen was completed in 2013 with full compliance.

Hardwiring Excellence

NHW is now into the third year of its ‘Hardwiring Excellence’ program, based on the work of the Studer Group, continually working towards achievement of our strategic objectives. Engagement of our workforce and engaging with the people using our service is a key component of this program, which has the aim of:
- Improving organisational culture
- Making sure everyone is working towards the one goal
- Improving staff morale
- Improving patient satisfaction
- Improving patient safety

“We have done this by:
- Having a clear strategic plan with vision, mission and values, as well as clear priorities for the future
- Development of ‘above and below the line’ behaviors for each department (what the team has decided is acceptable and non acceptable behavior)
- Rewarding excellence
- Managing poor performance
- Strengthening leadership accountability
- Having regular contact with staff and patients to ask them how things are, and what is working well, and what we could do better
- Introducing bedside handover with nursing staff to increase patients involvement in their care
- Improving communication

Impressive results across the organisation are now being seen through a reduction in patient falls as well as improved patient and staff satisfaction. Actual results in these areas can be seen throughout this report.

In recognition of our improvements and commitment to Hardwiring Excellence, NHW has been awarded joint winners of the Hardwiring Excellence Awards 2013 for Australasia.
COMPLAINTS RECEIVED

<table>
<thead>
<tr>
<th>NUMBERS</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
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<tbody>
<tr>
<td>Examples of improvements made as a result of complaints received:</td>
<td>94</td>
<td>94</td>
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</tbody>
</table>

- Escalation to Executive staff for action if a patient is cancelled for surgery twice
- Education of staff regarding customer service
- Review of the Private Patient process
- Reconfiguration of beds in Rehabilitation to increase space and reduce clutter
- Replacement of carpet with vinyl in the new Emergency Department waiting room and patient rooms at Illoura
- Menu review and changes for residents of Illoura

COMPLAINTS

Complaints are viewed as a valuable opportunity to review what we do. All complaints are thoroughly investigated and a response provided to the person making the complaint. Often a more thorough explanation of the treatment provided can assist people in understanding what may have been unclear and has made them unhappy. There is, however, often the opportunity to do things better.

Examples of improvements made as a result of complaints received:

- Escalation to Executive staff for action if a patient is cancelled for surgery twice
- Education of staff regarding customer service
- Review of the Private Patient process
- Reconfiguration of beds in Rehabilitation to increase space and reduce clutter
- Replacement of carpet with vinyl in the new Emergency Department waiting room and patient rooms at Illoura
- Menu review and changes for residents of Illoura

FEEDBACK FROM CONSUMERS

As a healthcare service, the primary function of NHW is providing healthcare for people who come to us for diagnosis or treatment. To us, the best way of knowing if we are meeting the needs of these people is to ask them what they think of our service – what we do well and what we could do better.

We gain this information through:
- Satisfaction Surveys
- Follow up phone calls after discharge
- Complaints
- Compliments
- General feedback

FeedsBack CaN Be Ppvided AT ANY TiMe TO nhw BY:

- Letter
  Addressed to the Chief Executive Officer
  PO Box 386
  Wangaratta 3678

- Telephone
  Speak with the Performance Improvement and Risk Manager on (03) 5722 5482

- In person
  Meet with the Performance Improvement and Risk Manager. You can make an appointment on (03) 5722 5482

- Email
  feedback@nhw.hume.org.au

FEEDBACK TO MAKE THE SYSTEM FOR CONSUMER COMPLAINTS EASIER AND MORE EFFICIENT HAVE BEEN PUT IN PLACE.“

- ACSH ACCREDITATION SURVEYORS 2013

“stratEgies to Make the systeM For ConsuMer CoMplaints eASiER and M ore effiCient have been put in place.”

Satisfaction surveys

NHW participates in the state wide Victorian Patient Satisfaction Monitor (VPSM) which allows us to compare our results against other hospitals across the state. Our Patient Satisfaction Survey results have continued to improve and remain consistently equal to, or better than, both our peer hospitals and all hospitals in the state, in all satisfaction categories.

Other non-inpatient areas also request patient comments and show pleasing results. An example is the Victorian Palliative Care Satisfaction Survey. Results in June 2013 also showed NHW performing better than both the region and the state average.

Survey data also identifies some of the areas we need to improve. Satisfaction results from the VPSM showed us some aspects of our food service we could improve. As a result there has been:

- Regular feedback sought by the Food Services Manager directly from patients to determine improvements needed
- Adjustment of patient menus
- Changes to the process of meal delivery and the plating of meals
- Changes in nursing staff meal break times to allow for improved assistance for patients at meal times

As a result of these actions there has been a large increase in positive feedback about our patient meals.

Overall satisfaction rate

NHW AVERAGE 2012

84%

PEER HOSPITAL AVERAGE

79%
Partnering with Consumers

As well as seeking feedback from our community in the form of satisfaction surveys, complaints, compliments and patient ‘rounding’, we also have other partnerships with our community.

Even more ways to ‘like’ NHW

As a new initiative to further enhance our communication with the community, NHW’s Facebook page has been launched at http://www.facebook.com/northeasthealthwangaratta. Our Facebook postings link with all the other communication strategies we use – our website, intranet, regular media releases, ‘Health Focus’ each month in the Wangaratta Chronicle, talks to community groups and community forums. It is a great opportunity to share health promotion and service messages about NHW to a broader audience and demographic.

We welcome contributions from members of our community and users of our health service, and encourage comments, photos, videos, and links that relate to the subjects covered on our page. ‘My Blog’ provides a great opportunity for our CEO Margaret Bennett to personally share her thoughts and communicate directly with everyone. It includes regular updates on current issues in health that may be affecting our community, whilst also providing general news about what’s happening at NHW and the dedicated people who work here.

Involving Patients in Their Own Care

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

Introduction of bedside handover in ward areas is a move towards involving patients more directly in their care, and is discussed more on Page 10. During bedside handover, care is discussed between incoming and outgoing nursing staff and involves the patient. The aim is that patients will become more involved in the process. Family meetings, particularly in the Thomas Hogan Rehabilitation Centre, where long term care is planned, involve the patient, their family, carers and the multidisciplinary care team.

Contributing through participation

There are two primary committees at NHW that are led by the users of our service and community members:

- **Residents and Carers Committee (Illoura Residential Aged Care)**
  - Assists staff in planning and implementing continuous improvements for residents, according to the four standards for residential aged care.

- **Community Advisory Committee (Organisation Wide)**
  - Assists the organisation in providing a community perspective in relation to the planning and operation of programs and services.

The Community Advisory Committee is made up of interested members of the Wangaratta & District community and meets monthly for one hour. The purpose of this committee is to provide a general public perspective about:

- The planning and operation of NHW services
- Feedback from the general community
- Local health issues affecting the community
- Information and publications we provide to our community and patients
- How we can improve what we do

ABOVE
Community Advice – members of our Community Advisory Committee. Left to right: Sue Phillips, Mick Maher, Kerry Marsden, Sheila Broydell and Anne Bell.

IF YOU WOULD LIKE TO JOIN OUR COMMUNITY ADVISORY COMMITTEE, PLEASE CONTACT MICHELLE BUTLER, PERFORMANCE IMPROVEMENT AND RISK MANAGER, ON (03) 5722 5482
Preventing and Controlling Hospital Acquired Infections

Infection Prevention & Control Program

NHW has a well established Infection Prevention and Control (IP&C) Program that works with our clinical staff to prevent our patients developing infections whilst they are in hospital. It also makes sure that patients with known infections do not spread these infections to other patients or staff.

We collect data about infections that are acquired in hospital, in particular for patients who have had the following surgery:

- Major joint replacements
- Caesarean sections
- Hernia repairs
- Cholecystectomies
- Colorectal surgeries
- Appendicectomies

This graph displays the number of infections each year in our hip and knee joint replacements. The downward trend (reduction in infections) reflects our commitment to continual improvement in patient care.

We also continually monitor bloodstream infections in our patients, with consistently low rates of infection.

A highlight for the Staff Health Program was recently being recognised by the Department of Health for our excellent Flu vaccination clinic. For the 2012–2013 period the seasonal influenza vaccination uptake rate for NHW was 78%. This puts our health service in the top 22 per cent of public hospitals in Victoria for this performance measure.

“THERE IS A WELL-DEVELOPED ANTIMICROBIAL STEWARDSHIP PROGRAM AND THE PHARMACY DEPARTMENT AND MICROBIOLOGISTS WORK CLOSELY TOGETHER TO ENSURE EFFECTIVE USE OF ANTIMICROBIALS.”

– ACHS ACCREDITATION SURVEYORS 2013
Effective Hand Hygiene (hand cleaning) is known to be the single most important strategy in preventing health care associated infections. It is a very simple way of preventing infection for our patients, visitors and staff.

We have a hand hygiene program in place at NHW that is effective in raising awareness of this important strategy, right across the organisation. It is not only health care clinicians that need to be vigilant about hand washing – everyone is involved. Hand hygiene education must be completed by all our staff every 2 years and a short test is undertaken after education to make sure staff are not only competent in cleaning their hands thoroughly but also know the reasons why hand washing is so important.

Our staff cleanse their hands by using soap and water or an alcohol based handrub solution, which is also available for visitors to use at all entrances to NHW. We also encourage our visitors to wash their hands with the placement of signs at appropriate points.

The graph below shows that hand hygiene compliance for all staff at NHW has increased since October 30th 2011. The current national benchmark for hand hygiene compliance is 70%, NHW remains above that target and continues to improve.

Risk Rating:

VERY HIGH
Critical Care, Special Care Nursery, Operating Theatres

HIGH
General ward areas

MODERATE
Offices

LOW
Plant rooms, maintenance sheds

Audits are frequently performed to make sure we are meeting standards, both by our staff and also external bodies. Our compliance with external cleaning reviews has shown NHW is maintaining a very high standard in terms of cleaning.

Our last external cleaning audit result was 95.5% against the state target of 90%.

We were awarded the highest rating possible by external accreditation surveyors in 2013 for our high standard of cleaning.

“THERE IS A WELL-ESTABLISHED CLEANING SCHEDULE IN PLACE WITH REGULAR ENVIRONMENTAL AUDIT RESULTS EVIDENCED. THE AUDITED AND BENCHMARKED RESULTS ARE CONSISTENTLY ABOVE TARGETS.”
- ACHS ACCREDITATION SURVEYORS 2013

Hand Hygiene

Cleaning
Keeping the hospital environment clean plays a very important role in the prevention of infection. Our Environmental Services Department is responsible for the majority of cleaning across the organisation, and there is a planned cleaning schedule that ensures all areas of the hospital are cleaned on a regular basis. How often an area is cleaned is dependent on its potential to spread infection. All areas of the hospital are risk rated in order of cleaning importance.

Responsible Use of Antibiotics
‘Superbugs’ are bacteria causing infection that have become resistant to many different antibiotics, making them very difficult to treat. The unrestricted use of antibiotics over many years has seen a growth in the number of multi drug resistant organisms (MRO), meaning that some of the most simple infections cannot be treated, which can have catastrophic results.

NHW is taking positive action to combat this growth in MRO by introducing an antibiotic management or ‘stewardship’ program.

- A workgroup was established in 2012 specifically monitoring antibiotic stewardship
- New medical staff receive information on the prescribing and use of antibiotics
- There are now limitations on prescribing some antibiotics
- We review the use of antibiotics against therapeutic guidelines
- Guidelines are available for our staff regarding antibiotic use

Stop the spread of germs!

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Stop the spread of germs!
Medication Safety

Pharmacy services

NHW has an on-site Pharmacy Department that provides medications for patients in hospital and also medication on discharge. Our Pharmacy Team routinely checks medications that are prescribed by medical staff on admission. This is a double check that medications ordered are correct and also ensures they are available for patients on the ward. Clinical Pharmacists also spend time with patients, particularly those with complex medications or who have had changes made to their medicines, to make sure they have a good understanding of how to manage these at home.

The pharmacy team also:
- Educate patients about their medications
- Dispense hospital prescriptions from Emergency, Day Stay Unit, Dental and all other wards and areas
- Dispense prescriptions from other hospitals
- Supply medication at the best possible price (for medications which are not on the PBS Pharmaceutical Benefits Scheme)
- Supply medication at the same government-fixed PBS price, as any other pharmacy
- Can track Safety Net prescriptions

NHW has also adopted the National Medication Management Plan. This excellent communication tool forms part of the patient history, and contains a list of medicines that have been taken by the patient prior to admission, documents any changes to the medicines that may occur while the patient is in hospital and outlines plans for care.

SAFETY WITH MEDICATION

With thousands of medications on the market today, and the rapid turnover of patients, the risk of error in prescribing and administration of medications is ever increasing. Staff have to be vigilant to ensure the right medicine is given:
- The right drug
- To the right patient
- At the right time
- By the right route
- In the right dose

The prescribing and administration of medicines are closely monitored and errors reported via our incident reporting system. Reports are analysed and discussed at the Medication Safety, Executive and the Board of Management level committees. In the past 12 months there have been no medication errors that have resulted in patient harm. It is also pleasing to see that medication errors overall are decreasing.

TOTAL MEDICATION INCIDENTS

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<td>May</td>
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<tr>
<td>Jun</td>
<td>10</td>
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IT’S A FACT...

IN 2012/13, OUR PHARMACY DEPARTMENT DISPENSED

31,521
INDIVIDUAL SCRIPTS

IN 2012/13, OUR PHARMACY DEPARTMENT SUPPLIED
29,442
MEDICATIONS TO WARD DRUG ROOMS AT NHW.
QUALITY OF CARE

“NORTHEAST HEALTH WANGARATTA HAS A PARTICULARLY WELL ORGANISED PHARMACY SERVICE WITH HIGHLY TRAINED AND ENTHUSIASTIC PHARMACISTS AND SUPPORT STAFF.”

- ACHS ACCREDITATION SURVEYORS 2013

PATIENT HINT...

Doctors and pharmacists need to know your current medications when they are planning your care, so please always bring your medications with you when you are coming to the hospital. Bring all your herbal, naturopathic, over-the-counter and prescription medications so our staff know what you are taking so that any new medicines will be safe and effective and will not interact with your current medication.

ALERTS FOR HIGH RISK DRUGS

NHW has adapted the Clinical Excellence Commission’s recommendations surrounding the awareness and use of high risk drugs. High risk drugs are:

A – Antibiotics
P – Potassium and other electrolyte replacements
I – Insulin
N – Narcotics
C – Chemotherapy
H – Heparin and anticoagulants
S – Systems related to medications

This symbol is now being used to alert staff to high risk drugs, so that particular care is taken and any special precautions are taken.

GUARDRAILS

It is common practice for medications provided in hospital to be given by intravenous (IV) drip, which means that the medication is delivered directly into the bloodstream. It is very important that the correct rate and dose of these medications are given and this year we have introduced ‘guardrails’ onto the IV pumps that are used in NHW. Much like the guardrails used on our roads to keep cars on track, these electronic guardrails help keep IV medicine administration on track.

All our IV-drip electronic pumps have a small computer inside. The computer is programmed to ‘know’ the minimum and maximum strength and time for nearly all medicines given by IV drip at NHW. These parameters prevent incorrect doses or rates being set for individual medicines, eliminating the risk of overdose.

OTHER IMPROVEMENTS IN MEDICATION SAFETY

- Storage of medications has been improved by the addition of individual drug safes for each operating room in the theatre suite. Previously there was only one in a central location. This has increased safety by improving availability of medications at the point of care.

- Look alike/sound alike drugs are appropriately labelled and stored to reduce the risk of error by staff.

- ‘TallMan’ lettering has been introduced. This assists staff in more easily differentiating between drugs that have similar-looking written names by writing part of a drug’s name in upper case letters to help distinguish look-alike drugs from one another in order to avoid medication errors.

PAIRS OF EASILY CONFUSED NAMES

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Caltrate</td>
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<tr>
<td>Noroxin</td>
<td>nOROXin</td>
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</table>

- Bedside handover now ensures there is a review of the current medication chart at every shift change. This improves the potential for detecting missed medication and for discussion regarding medication administration.

IT’S A FACT...

VPSM SURVEY HAS SHOWN THAT NHW PATIENTS FEEL MORE SATISFIED THAN THE AVERAGE ‘CATEGORY B’ HOSPITALS WITH THE EXPLANATION OF THE SIDE EFFECTS AND PURPOSES OF MEDICATIONS.
Clinical Handover and Patient Identification

Bedside Handover
Clinical Handover is the transfer of information between clinical professionals to make sure appropriate care is continued. It occurs between all clinical professions in different ways - sometimes it is written and sometimes it is verbal. New guidelines for all staff have been developed in the last 12 months. All handover follows a standardised format known as ISBAR.

I – Identify:
staff identify themselves and the patient

S – Situation:
What is the reason for admission, surgery, procedures etc.

B – Background:
Brief relevant clinical history, test results etc.

A – Assessment:
Most recent vital signs (temperature, blood pressure, pulse, etc). Clinical assessments

R – Recommendation:
What needs to be followed up by the oncoming shift or discharge planning

The introduction of standardised shift to shift nursing handover at the patient’s bedside has been a major process change. Bedside handover, introduced in March 2013, now allows patients to be fully involved in their own care, planning and management throughout their hospital stay.

Some of our patient’s feedback includes:

“I FELT THAT I COULD SPEAK MORE FREELY TO ALL STAFF IN RELATION TO CARE AND TREATMENTS KNOWING THAT I WILL BE LISTENED TO AND THAT REQUESTS ARE PASSED ON FROM EACH SHIFT AND NOT MISSED.”

THE (HOSPITAL NAME HAS BEEN REMOVED) SHOULD TAKE A LEAF OUT OF YOUR BOOK AND LEARN HOW TO SPEAK TO THE PATIENTS AND NOT SPEAK ABOUT THEM LIKE WE ARE NOT THERE.”

PATIENT IDENTIFICATION
Making sure that the correct patient receives the correct care is a routine safety process that is performed in all clinical areas at NHW. The correct identification of a patient is performed either verbally or physically before any procedure or treatment is started.

- We have made changes so patient identification labels now only contain information that will not change during the stay - name, date of birth and hospital identification number
- Patient identification badges are used in areas where patients attend frequently such as renal dialysis
- ‘Time out’ processes are used in the operating theatre, when all activity stops before surgery starts so that the correct patient, correct procedure and correct site are confirmed.
- Stickers have been introduced for use on patient folders for patients with same or similar names

OUR STAFF WILL ASK YOU ON ARRIVAL AND PRIOR TO ANY TREATMENT OR PROCEDURE:

‘Can you please tell me your name?’
‘Can you tell me your date of birth?’

ABOVE
Sharing vital information; Registered nurses Tayla Allan and Viv Dobell check a patient’s bedside chart.
Blood and Blood Products

Blood safety

Blood transfusion is quite simply the transfer of blood from one person to another and it can be a life saving procedure. A blood transfusion may be needed if someone has had a lot of bleeding during surgery or because of an accident, or they may suffer from anaemia or other medical conditions. Although the transfusion of blood and blood products (such as plasma) is relatively common, there are risks associated with its administration. There has been substantial work undertaken in the past 18 months to improve the management of blood and the transfusion process at NHW.

CONSENTING TO TRANSFUSION

Because blood transfusion carries its own specific risks, NHW has now separated our blood consent form from the general surgical consent form. The blood and blood product consent form is very comprehensive and is used to inform patients about the procedure (patients also receive a blood transfusion fact sheet). In addition, it contains information for medical staff so they can confirm the reasons why the transfusion is needed. There is also information about the general risks of transfusion as a prompt for doctors to discuss with patients. We believe this new consent form is an important move towards obtaining true informed consent for blood and blood product delivery.

IT’S A FACT...

ALL DONATED BLOOD IS SCREENED FOR BLOOD-BORNE DISEASES SUCH AS HEPATITIS AND HIV

APPROPRIATE USE OF BLOOD

Blood is a precious resource, available from the generous donations of others, so we need to be sure blood is used only when it is truly required. NHW has a guideline available for medical staff to use which helps them to make clinical management decisions and reduce the risk of unnecessary transfusion and blood waste.

EDUCATION OF STAFF

NHW has employed a ‘Transfusion Trainer’ since February 2010. The main role of this position is to:

- Educate nurses, midwives, doctors and other staff involved in the transfusion process
- Ensure the safe and appropriate use of blood components in accordance with national and international guidelines

Education surrounding blood and blood product management is provided on an ongoing basis for all clinical staff and also for porter staff who are responsible for the transport of blood and blood products between the NHW main hospital and Dorevitch Pathology on Clarke Street. All clinical staff must complete a Blood Safe learning package at commencement of employment.

MASSIVE TRANSFUSION

There are times during medical emergencies when large amounts of blood need to be given to patients very quickly in an effort to save a life. When blood is given in large amounts and at a fast rate, there is an increased risk of complication. There are certain extra procedures that must be carried out to increase the safety of this procedure. NHW has a Massive Transfusion Policy in place and a flowchart to assist clinical staff make the right decisions in emergency situations. We have tested this policy with a ‘desktop’ exercise in 2013 and made some minor adjustments to our process to improve it further. We have also had several instances in the past 12 months where massive transfusions have been undertaken at NHW with no complications.

RIGHT

Managing blood safely.
Preventing and Managing Pressure Injuries

A pressure injury is defined as an injury caused by unrelieved pressure resulting in damage of the skin and underlying tissue. They are commonly known as pressure sores or bed sores. Pressure injuries are most commonly found over bony areas such as the hips or heels. Pressure injuries are an internationally recognised patient safety problem and are largely preventable.

We are very much focused on prevention. A key objective at Northeast Health Wangaratta is to reduce our incidence of pressure injuries. NHW has a multidisciplinary team that oversees the pressure injury prevention program at NHW. The involvement of the whole clinical team is important in making sure the ongoing care needs of patients are met, beyond their hospital stay. Occupational Therapists are involved in the prescription of correct equipment for prevention and management of pressure injury. Nursing staff care for patients in hospital 24 hours a day and are primarily responsible for the ongoing care of patients who may be at risk of developing pressure injury.

Dieticians have also become increasingly involved in this program. When a patient is identified as being at risk of developing a pressure injury, or a pressure injury has been detected, our dieticians are alerted via our incident reporting system so they can assess the nutritional needs of the patient. Poor nutrition is a known contributor to the development of pressure injury.

WHAT CAN YOU DO AT HOME TO PREVENT PRESSURE INJURIES?

1. MOVE OFTEN
   IF ABLE, THE BEST THING TO DO IS TO RELIEVE THE PRESSURE BY KEEPING ACTIVE, AND CHANGING YOUR POSITION FREQUENTLY, WHETHER YOU ARE LYING IN BED OR SITTING IN A CHAIR.

2. LOOK AFTER YOUR SKIN
   KEEP YOUR SKIN & BEDDING DRY. AVOID MASSAGING YOUR SKIN OVER BONY PARTS OF YOUR BODY.

3. EAT A BALANCED DIET

A photo of some of our pressure injury prevention team with the new pressure mapping device is shown on the right. Occupational Therapists are involved in the prescription of correct equipment for prevention and management of pressure injury. Nursing staff care for patients in hospital 24 hours a day and are primarily responsible for the ongoing care of patients who may be at risk of developing pressure injury. Dieticians have also become increasingly involved in this program. When a patient is identified as being at risk of developing a pressure injury, or a pressure injury has been detected, our dieticians are alerted via our incident reporting system so they can assess the nutritional needs of the patient. Poor nutrition is a known contributor to the development of pressure injury.

A photo of Alison Thiel, Joseph Wai, Mary Rinaudo, and Kim Brown is shown on the left.占

ABOVE
Left to right: Alison Thiel, Joseph Wai, Mary Rinaudo, and Kim Brown.
What do we do at NHW to prevent pressure injuries?

- Assess patients on admission to determine their risk of developing pressure injuries
- Identify each patient’s risk factors and reduce where possible
- Encourage patients to move regularly if they are able
- Regularly move or turn those patients who cannot do so themselves
- Educate patients and their carers about pressure injuries and prevention
- Use specialized equipment to assist in relieving pressure
- Pressure reduction foam mattresses are used on all beds and trolleys
- Equipment is reviewed regularly to maintain a high standard
- Pressure injury & management education is provided for staff

In 2003, the Department of Health initiated the Pressure Ulcer Point Prevalence Survey (PUPPS) which was performed by all health services across Victoria. This involved gaining consent from patients and then physically inspecting the skin to determine how many pressure injuries were present in health services on a given day. This was able to show the extent of prevalence across the state. Staff who undertook this survey had special training and as well as performing skin inspections, documentation was reviewed to relevant information about the presence and management of injuries was in place.

Although health services are no longer required to perform PUPPS audits by the Department of Health, NHW has maintained this process as an annual event so we can see if our work to improve documentation and reduce pressure injury is making a difference. The graph included shows the decrease in prevalence of hospital acquired pressure injuries since 2003.

Who is at risk of developing pressure injuries?

ANYONE WHO:
- IS CONFINED TO A BED OR A CHAIR
- IS UNABLE TO MOVE
- HAS LOSS OF SENSATION
- SUFFERS A LOSS OF BOWEL OR BLADDER CONTROL
- HAS POOR NUTRITION AND/OR IS UNDERWEIGHT
- IS UNWELL FOR AN EXTENDED TIME

IT’S A FACT....
SINCE JUNE 2012, 389 STAFF (NURSES, MEDICAL STUDENTS AND ALLIED HEALTH) HAVE ATTENDED WOUND MANAGEMENT EDUCATION AT NHW

IT’S A FACT....
OUR PRESSURE INJURY PROGRAM WILL BE ENHANCED IN 2013/14 BY THE EMPLOYMENT OF A WOUND CARE CONSULTANT

INTO THE FUTURE
Funding has been received for the purchase of a ‘pressure mapping’ device which will help our staff determine areas of high pressure in our patients through use of heat sensor technology. This will inform staff about pressure points in individual patients and will enable us to more accurately introduce pressure injury prevention strategies. It will also be very valuable in providing education to our staff about pressure points and injury prevention, so they will know what equipment is best to use.
Recognising and Responding to Clinical Deterioration

RESPONDING TO CLINICAL EMERGENCIES

All clinical staff at NHW attend annual Basic Life Support training as part of the mandatory training program. Staff who work in the Critical Care Unit (CCU) and Emergency Department (ED) also compete Advanced Life Support training and these staff attend all Code Blue, or medical emergency, calls made across the organisation. Patient at Risk (PAR) teams, staffed by nurses from the Critical Care Unit, are in place to provide early emergency care to patients where the relevant medical officer/s are unable to attend promptly.

The Education and Research Unit of NHW has been facilitating ‘mock’ code blue scenarios since 2011. Mock code blue scenarios are held in the ED and the CCU every 2 to 3 months. All staff (medical, nursing & allied health) from both departments are invited to participate or observe in these learning scenarios, and the medical and anaesthetic registrars also attend. These staff members make up the key Medical Emergency Responders in the organisation. The mock code blue scenarios provide the opportunity for staff to practise the specialist skills involved in life saving techniques.

THE OBJECTIVES OF THE MOCK CODE BLUE EVENTS ARE:

1. To see if participants are working within the 2010 Australian Resuscitation Council Advanced Life Support Guidelines

2. To examine leadership and team work within the Medical Emergency Response team from both a medical and nursing perspective

The mock code blue events have provided us with the opportunity to examine and fine tune organisational and human factors that impact on successful resuscitation and better patient outcomes. We are now starting to conduct these events in the general ward areas and plan to perform some in our non inpatient areas such as the Community Care Centre.

{image}

RIGHT
Practice makes perfect: L-R: Deb Hobijn, Cath Chanter and Kate Lynch practice their Basic Life Support skills.
**Advanced Care Planning**

Respecting Patient Choices is the name of the advanced care planning program at Northeast Health Wangaratta, based on a program established by Austin Health in Melbourne. Advanced care planning can assist you and your family in making choices about your future medical treatment and the documentation of an Advanced Care Plan is a way of recording and communicating your wishes about your future health care.

If you became seriously ill or had a serious accident, and were unlikely to recover, what sort of medical treatment would you want? Who would you want to make decisions for you about your medical treatment?

By planning ahead, you can provide information for your loved ones so they can make the best decisions for you, should you be unable to make those decisions for yourself. When families and health professionals know they are making medical decisions according to your wishes, much of the burden of decision-making can be lessened.

If you are admitted to hospital, make sure you have your advance care plan with you if possible – our staff know to ask for these documents and will respect the information contained within them.

**Escalating concerns**

Another way of ensuring the safest possible patient care is through the formal clinical escalation process introduced in 2013. If our clinical staff have a genuine concern for the clinical wellbeing of a patient, and do not think that the management of that patient is sufficient, or the response is timely enough, we now have a formal policy in place that encourages staff to take their concerns to the next level of authority. This is important in assisting our staff to make decisions in cases where the patient’s condition may be unstable or deteriorating.

**Deteriorating patient project**

Early recognition of the worsening of a patient’s condition can prevent serious outcomes for patients, such as unplanned transfers to critical care, cardiac arrest and death. NHW has a specific project that is making sure staff are:

- recognising worsening clinical condition
- taking appropriate action

The introduction of colour coded observation charts commenced in the medical and surgical wards in 2012 and are now being introduced to other clinical areas.

The colour coding quickly alerts staff visually that the patient’s vital signs (temperature, blood pressure, heart and respiratory rates) are worsening and advises staff on the appropriate action to take.

**HOW YOU CAN PLAN AHEAD**

1. Talk about your wishes regarding your future health care with your family and friends.
2. Appoint an Enduring Power of Attorney (Medical Treatment) who you trust to understand your wishes and reinforce your health care decisions for you should you become incapable of making decisions.
3. Discuss your medical condition and treatment options with your doctor.
4. Write down your preferences in an advance care plan.

**For further information please contact** our Respecting Patient Choices staff at NHW, on (03) 5722 5184. There is also information on our website at www.nhw.hume.org.au

**IT’S A FACT...**

IN 2012/13 THERE WERE A TOTAL OF 56 CODE BLUE EMERGENCY CALLS

100% OF STAFF FELT THAT THEY HAD A GOOD UNDERSTANDING OF THE ABNORMAL OBSERVATIONS THAT WOULD REQUIRE THEM TO ACTIVATE THE rapid RESPONSE SYSTEM.

- FROM STAFF SURVEY ON CARE OF THE DETERIORATING PATIENT
Falls in hospital pose a significant safety risk to patients due to age, unfamiliar surroundings and poor health which may affect mobility and balance. Many falls can be prevented both in hospital and at home.

NHW has an active falls prevention program in place which aims to reduce both the number of falls and also the injuries related to falls. Over the last 12 months we have seen a gradual decrease in the number of falls across our organisation, month by month, which is now remaining at a consistently low rate.

To achieve this improvement, we have:
- Introduced workstations in corridors close to patient rooms to provide much closer supervision by clinical staff
- Introduced signage, developed in the Thomas Hogan Centre Rehabilitation Unit to remind patients ‘Don’t fall, please call’
- Placed signs, or identifiers, above patient beds to alert staff that patients require assistance to walk
- Standardised shift to shift nursing handovers at the bedside to more fully involve patients in their care
- Ensured that all patients over 65 years of age presenting to the ED are screened for their falls risk and appropriate actions taken
- Provided education of staff

YOU CAN REDUCE THE RISK OF FALLING BY:

1. Reducing clutter around the home (eg. electrical cords are out of the way)
2. Wearing properly fitting footwear
3. Having your vision and hearing tested regularly
4. Discussing any dizziness, balance or memory concerns with your GP
5. Being aware of the possible side-effects of your medications, as some increase the likelihood of falls
Patient ‘rounding’

As part of the Hardwiring Excellence program (see page 3) we have started the process of ‘rounding’ with inpatients every hour to make sure their needs are met. This has been shown to significantly reduce the number of patient falls as patients are under close observation and they understand that staff will be back to see them at regular intervals if they need anything.

Every hour when staff round or visit patients they will:
- Assess patient comfort
- See if the patient needs help to change position
- Determine if the patient needs pain relief or assistance to go to the bathroom/toilet
- Ask if there is anything the patient needs or would like to ask

If patients know staff will be returning on a regular basis to provide assistance, they are less likely to try and get out of bed and walk unassisted or become agitated and unsafe because of pain or discomfort.

Patient rounding has commenced in July 2013 in Thomas Hogan Centre Rehabilitation Unit and will be also introduced to other inpatient areas.

Outpatient care

Maintaining strength and balance is an important aspect of preventing falls, particularly in the elderly and those that have undergone changes with their ability to walk due to their medical condition or even surgery. Our Community Care Centre offers a wide range of group therapy sessions to assist people reach their maximum potential.

When people are referred for care as outpatients in the Subacute Ambulatory Care Service (SACS) in the Community Care Centre, they have an initial assessment over the telephone to determine their overall care needs. At this point our staff are able to identify those who may be at risk of falls and if they require referral to appropriate services. Between 25–35% of referrals are identified as having a falls risk, requiring further intervention.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Admissions</th>
<th>Falls Risk Identified</th>
<th>Falls and Mobility Group Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>475</td>
<td>118</td>
<td>45</td>
</tr>
<tr>
<td>2013 (Jan to June)</td>
<td>265</td>
<td>98</td>
<td>18</td>
</tr>
</tbody>
</table>

ORGANISATION WIDE FALLS PER 1000 BED DAYS

Innovation

Our Clinical Leader of Physiotherapy, Mark Tamaray, is currently undertaking a Clinical Leadership in Quality & Safety Program, funded by the Department of Health Victoria. Mark is looking at the management of high falls risk patients in the subacute setting. It is anticipated that a standardised approach used by all clinical staff (doctors, nurses, allied health) will reduce patient falls, improve patient safety and increase staff awareness of falls prevention.
Access to Emergency Services

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

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

The growing pressure on the ED has led to changes in practice and also the physical environment to help meet demand and reduce waiting times for our patients whilst still maintaining a high quality and safe service. Some improvements include:

- Improved communication of patient information between staff. Senior medical and nursing staff now meet every two hours to discuss patient progress and needs.
- Patients are now treated in chairs rather than trolleys where appropriate to help assist the flow of patients.
- New recliner chairs have been purchased for patient use.
- Work is in progress to improve communication between staff and patients in the waiting room.

"WHEN PATIENTS ARRIVE AT THE ED, THEY ARE SEEN BY A SENIOR NURSE WHO EFFECTIVELY ‘SORTS’ THEM INTO FIVE CATEGORIES OF URGENCY, WITH 1 BEING THE MOST URGENT."

- John Elcock, Director Medical Services
Redevelopment

The ED at NHW is currently being redeveloped to improve patient flow and increase capacity. The improved department will see:

- A LARGER WAITING ROOM WITH IMPROVED VINYL FLOOR COVERINGS TO ALLOW BETTER CLEANING
- AN ADDITIONAL FOUR TROLLEYS/CHAIRS FOR SHORT STAY TYPE PATIENTS
- A LARGER ROOM FOR THE TRIAGE OF PATIENTS
- NEW RECEPTION AREAS

Consent

Prior to the commencement of any surgical procedure in hospital, our staff need to get approval, or consent, from patients. It is important that patients provide us with informed consent and do not just sign the form required. Informed consent is based on a discussion between the doctor and patient. Discussion should include the benefits and risks of the procedure and allow the patient time to ask any questions they may have. In 2012/13 our consent forms for patients were reviewed and changed to enable documentation of informed consent.

A new way to P.A.R.T.Y.

P.A.R.T.Y (Prevent Alcohol and Risk-related Trauma in Youth) is an education program that aims to reduce risk-related death and disability in senior school students. The program was developed by the Alfred Hospital and from this, a tailored program for regional areas was developed called P.A.R.T.Y. OUTREACH. It provides students with a snapshot of the possible traumatic and often preventable consequences of risk-related behaviours that can lead to life-long disabilities. Trauma is responsible for 40 percent of deaths in the 15–25 year-old age group, and many more are disabled from the effects of injuries sustained through involvement in a major trauma situation.

P.A.R.T.Y. OUTREACH ran in Wangaratta for senior students on May 15th and 16th 2013 and was tailored to meet the needs of the Wangaratta community through collaboration with the Wangaratta City Council, NHW, Victoria Police – Wangaratta Youth Resource Office, and Ambulance Victoria – Wangaratta Branch.

IT’S A FACT...

NHW TREATED

20,752

PATIENTS IN THE EMERGENCY DEPARTMENT IN 2012/13
Elective surgery

All public hospitals are required to report to the Department of Health on their performance in relation to elective surgery. In particular, there are target times in place for patients to be seen for surgery, depending on the urgency of their condition. Like patients attending the Emergency Department, patients who are booked for surgery are sorted in order of priority. This is done by the surgeon who will perform the operation.

Every week our surgical waiting lists are reviewed by the surgical waiting list team to actively manage this process. In 2012/13 waiting lists were reviewed to ensure the information for every patient was correct and that they still required surgery. This process is ongoing. Waiting lists are currently below set targets.

There are three categories:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>IDEAL TIME TO TREATMENT</th>
<th>DHS TARGET</th>
<th>NHW 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Urgent</td>
<td>Within 30 days</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Semi Urgent</td>
<td>Within 90 days</td>
<td>80%</td>
<td>99%</td>
</tr>
<tr>
<td>3</td>
<td>Non Urgent</td>
<td>Within 365 days</td>
<td>94.5%</td>
<td>91%</td>
</tr>
</tbody>
</table>

ELECTIVE SURGERY

NHW has a total of 3 operating suites and provides a wide range of surgical services which include:
- Orthopaedics
- General Surgery
- Gynaecology & Obstetrics
- Urogynecology
- Ear, nose and throat
- Paediatric surgery
- Endoscopy
- Dental

Surgery performed is both elective (planned) or emergency (unplanned).

<table>
<thead>
<tr>
<th>SURGERY PERFORMED</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective</td>
<td>4,200</td>
<td>4,392</td>
</tr>
<tr>
<td>Emergency</td>
<td>1,306</td>
<td>1,179</td>
</tr>
<tr>
<td>Total</td>
<td>5,506</td>
<td>5,572</td>
</tr>
</tbody>
</table>

IT’S A FACT...

5,572 OPERATIONS WERE PERFORMED AT NHW IN 2012/13
Hospital initiated postponements

OUR TARGET IS

8 per 100

Scheduled admissions

JULY 2012

9.1 per 100

Scheduled admissions

JUNE 2013

6.6 per 100

Scheduled admissions

Surgical improvements for our patients in the past 12 months have included:

- Extension of urology services provided now we have a Wangaratta based urologist, Dr Mark Forbes
- Purchase of laser equipment used for the removal of bladder and kidney stones means we can now treat patients on site rather than referring them elsewhere
- Purchase of a new microscope now allows surgery for middle ear conditions
- Increased use of laparoscopic surgery by our new surgeon, Dr Adam Chicowicz. This means less invasive surgery is available for suitable patients for procedures such as hernia repairs and appendicectomies

CANCELLATION OF SURGERY

Unfortunately there are times when surgery is cancelled due to unforeseen circumstances. This may include patients cancelling their own procedures due to other illness or not being entirely fit for surgery. What is of concern to us, and what we monitor closely, are the numbers of cancellations that are made by NHW.

Reasons for surgery cancellation include staff sickness and lack of available beds. This can be a particular problem over periods when the hospital is busy such as winter. Cancelling patients is always the last resort as we understand the stress and inconvenience that is caused. If cancellation is necessary our staff try to reschedule surgery as soon as possible.

Dental Services

Securing funding for the redevelopment of Dental and Outpatient clinical area, co-located with our Community Care Centre, saw the opening of this new purpose built facility on July 1st 2013.

This has allowed:
- Integration of all our dental services, previously provided in a rental house and dental van in less than optimal surroundings for staff and patients
- Much improved and spacious clinic rooms

An added benefit of locating dental services in the Community Care Centre is the creation of a ‘one stop shop’ for all community based services under one roof, assisting in easy cross referrals of patients.

PATIENT TIP...

BEFORE YOU SIGN A CONSENT FORM, MAKE SURE YOU ARE FULLY AWARE OF THE RISKS OF THE PROCEDURE, AS WELL AS THE BENEFITS. DISCUSS THESE WITH YOUR DOCTOR.
Access to MRI

In 2012 the Magnetic Resonance Imaging (MRI) service was established in partnership with Regional Imaging Limited. Formally opened for business in July, the MRI service has been well utilised by the wider community ever since. Previously our patients had to travel to Albury or Melbourne to have MRI (Magnetic Resonance Imaging) tests performed.

In 2012/13:
- Over 2,300 MRI examinations have been performed
- Medicare eligibility was granted in February, providing greater access for all people:
  - Pensioners, concession card holders and children are now bulk billed
  - DVA patients have no out of pocket expenses
  - Fees reduced for all other patients
- The performance of the MRI and the Medical Imaging department enable the hospital to continually invest in new equipment with an additional ultrasound unit purchased in June to meet growing demand and the Bone densitometry unit was also upgraded

Maternity Services

Northeast Health Wangaratta has reason to celebrate its maternity services with 5,392 babies born at the hospital in the last 10 years. Males out-numbered females by 2,757 to 2,635. NHW is even more equipped in 2013 to provide the best maternity services to the women of North East Victoria.

There are several options for expectant mothers at NHW, if they are low risk or are seeking a normal birth following a previous caesarean section, they can access the Community Midwife program in the dedicated ‘Mother and Baby Resource Centre’, alternatively the Antenatal Team, now situated in brand new Outpatient Suites in Clarke Street, offer a model that supports low and high risk birthing care. Each expectant woman has a birthing plan, which describes their individual choices for care and options during labour and how they wish to feed their baby.

Recently there has been a review of the maternity services model which has seen a strengthening of the sub-regional role provided by NHW, with the appointment of Dr Leo Fogarty as the Sub-Regional Director of Clinical Governance in Obstetrics, supporting the health services of Benalla, Mansfield and Yarrawonga in their provision of obstetric services.
Provision of Care

Meeting community needs

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 (2011) shows the following population data (displayed on the right).

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>89.7%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1.5%</td>
</tr>
<tr>
<td>Italy</td>
<td>1.6%</td>
</tr>
<tr>
<td>Germany</td>
<td>0.6%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0.7%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

We achieve this by:

- Having a ‘Cultural Diversity’ and a ‘Disability Action’ Plan to guide our ongoing improvement
- Providing international standard signage wherever possible
- Staff having access to a 24 hour interpreter service
- Providing patient information and brochures in languages other than English
- Providing wheelchair access across NHW, either by ramps or lift access
- Having dedicated car parking spaces for disability clients to improve ease of access
- Introducing street access, dedicated car parking and a lift for clients of the Community Care Centre
- Providing additional information for our staff on the hospital intranet site, including cultural guides
- Supporting Equal Opportunity in employment of staff

RIGHT
District Nursing
Brochure translated into Italian.

![District Nursing Brochure](image)
Closing the Health Gap

There has been a great deal of achievement in working with the local Aboriginal Community to improve indigenous health over the past two years. The focus has been on providing a welcoming and culturally sensitive environment and also identifying if a person is of Aboriginal or Torres Strait Islander descent.

- We have welcoming plaques at all entrances
- We now fly the Aboriginal or Torres Strait Islander flags at all times
- Our staff have completed a continuous quality improvement plan which:
  - Assessed our current achievements
  - Identified gaps
  - Planned our actions into the future to meet identified needs

Two forums were held with our local elders in 2012 and another in 2013 where NHW was congratulated by the Aboriginal community for the efforts made to:

- Identify Aboriginal people on presentation to hospital
- Employ an Aboriginal Transition Officer (ATO) who works between NHW and Ovens and King Community Health Service
- Enabling contact to be made between the ATO and local Aboriginal Community members who may be in hospital
- Acknowledge and address the special needs of this group to improve general health outcomes
- Make the Aboriginal community feel welcome through welcome plaques, display of local artwork and flying the Aboriginal and Torres Strait Island flags at all times

Provision of Care

“The focus has been on providing a welcoming and culturally sensitive environment and also identifying if a person is of Aboriginal or Torres Strait Islander descent so our ATO can provide assistance and follow up support.”

- Margaret Bennett, CEO
Improving Care for Older People

In 2012, NHW commenced an Improving Care for Older People (iCop) Project, funded by the Department of Health, specifically focused on improving care for patients who have dementia and/or delirium in the acute setting. Improving care for this specific patient group is of great importance at NHW, as there were concerns regarding:

- The requirement for providing one on one supervision of these patients ('specialling') leading to inappropriate use of nursing staff time or patients being 'specialled' by non-clinical staff
- A lack of awareness of the special needs of our patients with dementia and/or delirium
- A lack of standardised practice and documentation surrounding the specialised care requirements of these patients

As a result of this project, patients at NHW can now expect an improved standard of clinical care and management. Those who have dementia and/or delirium, and their families, can now:

- Receive care from clinical staff who have a greater awareness of dementia and delirium through education and who now access a ‘specialling’ guideline that outlines the expectations whilst undertaking this role
- Have a Behavior Assessment and Management Chart that assists staff in the documentation of behavioural symptoms and also provides them with suggested interventions for addressing the patient's needs
- Access diverisonal therapy activities, such as ‘fiddle mats’ and ‘nuts and bolts’, that provide a non medication alternative to manage the symptoms of dementia and delirium
- Take time out in the Sensory Garden. This provides the patient with the opportunity to maintain independence, and again assists in managing physical symptoms

“AS A RESULT OF THIS PROJECT, PATIENTS AT NHW CAN NOW EXPECT AN IMPROVED STANDARD OF CLINICAL CARE AND MANAGEMENT.”

– MERYN PEASE, DON
Provision of Care

ILLOURA RESIDENTIAL
AGED CARE

The team at Illoura, our 62 bed Residential Aged Care Facility, are constantly striving to improve care for our residents based on best practice. Our highly skilled workforce has worked to improve outcomes for our residents. Care delivery at Illoura is enhanced through the Geriatric Nurse Practitioner program, which has seen a partnership between our Nurse Practitioner and a wide range of General Practitioners.

Significant improvements over the past 12 months have seen:
- Reduction of hospital admissions supported by the Nurse Practitioner/GP program, assisting residents to stay in their ‘home’
- Commencement of a multidisciplinary clinical review program for residents at high risk of falling
- Family case conference program introduced to review individual care delivery and outcomes
- Interviews conducted 6 weeks after admission to ensure individual residents needs are being met
- Emergency planning systems now well supported by a specific ‘Fire and Seasonal preparation’ plan
- 100% of residents with a current and regularly reviewed care plan
- 100% of residents with an advanced care plan developed (See page 15)
- The management of Diabetic Residents improve by 13%, achieving 100% benchmark for best practice delivery
- Residents with unplanned weight loss reduced by 50%
- Continence management improved from 94% to 100%
- Physiotherapy service provision increased by 8 hrs per week
- Introduction of an additional ‘Quiet’ Dining Room for our dementia specific unit, coupled with appropriate music therapy to reduce challenging behaviors
- Maintenance of a Quality Improvement Program in partnership with NHW and implementation of a comprehensive Quality Plan
- Resident compliments increase by 30%

Organ donation

In the last 12 months at NHW we have supported the dying wishes of three patients and their families through the organ donation process. These generous patients, with the support of their grieving families, saved up to 15 lives through the donation of organs resulting in:

- **6 KIDNEY TRANSPLANTS**
- **3 LIVER TRANSPLANTS**
- **2 LUNG TRANSPLANTS**
- **4 CORNEAL DONATIONS** resulted in 4 individuals regaining their sight
- **SEVERAL HEART VALVE AND TISSUE TRANSPLANTS**

The circumstances in which organ donation is possible are rare. Everyone who has been involved in the process of organ donation at NHW expresses that it is a great privilege to play a part in this very special gift offered by these patients and their families in very difficult times. Staff treat these patients and their families with greatest care, compassion and reverence.

Please discuss your organ donation wishes with your loved ones. For more information please visit [www.donatelife.gov.au](http://www.donatelife.gov.au)
Telehealth

In early 2013 a Telehealth service was established between NHW and Yarrawonga Health Service to assist in the management of category 4 & 5 patients after hours. Following the development of procedures, installation of Information Technology equipment and the training of staff the service went ‘live’ in March 2013. It allows medical staff who are based in the Emergency Department at NHW, to ‘see’ patients in Yarrawonga on a television screen and talk to them about their medical condition. This allows our medical staff to assist with diagnosis and management of their clinical condition without having to call in medical staff at Yarrawonga, which is not staffed by doctors at all times.

Recognition of the value of this initiative in supporting our surrounding health services has resulted in $1 million funding being made available for NHW to establish after hours telehealth across the Hume Region. This will assist district hospitals when after hours GP cover is not available.

ABOVE
Telehealth: Dr Ian Wilson in NHW Emergency Department assesses a ‘patient’ in Yarrawonga.

USING IPADS TO IMPROVE HEALTH AND WELLNESS

Technology is now a part of life for many people, and the use of iPads is growing increasingly for a variety of everyday tasks such as internet use, emails, shopping & banking. They are also being used increasingly in health care and there are a number of areas within NHW that are now using iPad technology with success.

REHABILITATION

People admitted to Thomas Hogan Rehabilitation Centre can often have difficulty completing everyday tasks as a result of their illness. The aim of introducing the iPad is to allow people to improve their living skills and independence in a modern and innovative way. Thomas Hogan Rehabilitation Centre staff also use the iPad in other ways:

- A Speech Pathologist can work with a stroke client to regain speech and language skills using specialised applications
- A Dietitian uses the iPad to count carbohydrates for people with diabetes
- A Social Worker uses the internet on the iPad to assist people to find accommodation or access support services

COMMUNITY SERVICES

The use of iPad technology has allowed therapists the opportunity to provide more engaging therapy sessions that are tailored to individual clients. This can assist people make faster progress towards improving their clinical condition. An example of this is the use with children who attend our Speech Therapy sessions, who like all younger generations, are very adept at new technology.

Better Health Channel iPhone and iPad

The Better Health Channel is the Victorian Government’s health and medical website, designed to provide health information to all Victorians. It helps people take control of their health and wellbeing and make better informed health decisions.

The Better Health Channel can be found at www.betterhealth.vic.gov.au and there are also free iPhone and iPad applications which can be downloaded from this site.

Using iPads to improve health and wellness
Workforce

The right staff for the right jobs

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

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

Registrations of clinical staff such as nurses and Physiotherapists have their registrations checked annually on the Australian Health Practitioner Registration Authority website. Medical staff also have their registrations checked annually on the Medical Board website.

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

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

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

“OUR COMMITMENT TO THE ONGOING DEVELOPMENT OF A DYNAMIC AND CAPABLE ORGANISATION REQUIRES THAT WE WILL ENSURE A SKILLED, ENERGETIC AND INNOVATIVE WORKFORCE.”

- MARGARET BENNETT, CEO.
People Matters Survey

Every year NHW invites employees to take part in a satisfaction survey conducted by the State Services Authority. Participation is voluntary and we encourage staff to take part as it provides wonderful information about what our staff think about their employment at NHW – what we are doing well and what we could do better.

In 2013 we had a fantastic response rate to the survey and feedback from staff was very positive, particularly when compared to averages across the state of Victoria.

**PEOPLE MATTERS STAFF SURVEY RESULTS**

<table>
<thead>
<tr>
<th>STAFF SATISFACTION</th>
<th>2010</th>
<th>2013</th>
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<tbody>
<tr>
<td></td>
<td>NHW</td>
<td>BENCHMARK</td>
</tr>
<tr>
<td>Response rate</td>
<td>31%</td>
<td>24%</td>
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<tr>
<td>Senior managers</td>
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<td>70%</td>
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<td>and rewarded</td>
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<td>82%</td>
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<tr>
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<td>of choice</td>
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<tr>
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<td>35%</td>
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<tr>
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<tr>
<td>Aware of</td>
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<td>86%</td>
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<td>supporting the values</td>
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**“EXCELLENT TEAMWORK BETWEEN ALL THE UNITS AND SUPPORT FROM THE ED SENIOR MEDICAL STAFF.”**

– ROLAND

**“FANTASTIC SUPPORT WITH AN AMAZING VARIETY OF LEARNING OPPORTUNITIES. GREAT TEAMWORK.”**

– SHANNON

NHW INTERN

Education and Research

The Education and Research Unit coordinates the education and staff support program for students on placement and all staff working across the organisation. Over the past year we have supported more than 10,000 student placement days across the range of medical, nursing and allied health services we offer, in partnership with many tertiary facilities. We celebrated the achievements of 88 of our staff who completed various study programs.

To help staff meet their ongoing competency and training requirements we also implemented a new online learning program. Northeast Health Wangaratta along with other local health services across the Hume and Loddon Mallee/Grampian Regions, in partnership with E3, have established a dedicated set of online learning resources for people working in healthcare. The staff of NHW are amongst more than 750,000 workers worldwide using E3 to support their local training programs. Online learning is not new to our staff, but this new program means individuals can now access their training resources anytime, any day, from anywhere, from one easily accessible central site. An example of the online learning now available is the new resource to ensure clinical staff the meet training requirements in aseptic technique, important in reducing the risk of infections in our patients.

**JUNIOR MEDICAL STAFF**

New training positions and increasing clinical demand in Emergency, Anaesthetics and Obstetrics & Gynaecology has resulted in the Junior Medical Workforce increasing to thirty six in 2013. Junior Medical Officers (JMO’s) work across all clinical areas providing a 24/7 service and are supervised by experienced Senior and Visiting Medical Officers. Whilst many JMO’s can be on rotation from other Health Services, we pride ourselves on growing our own workforce.

From January 2013 NHW recommenced our own Medical Intern Program (three Interns) in addition to Interns on rotation from Melbourne Health and Murray to the Mountain Program. This program has been very successful and will further increase to five Interns from 2014.
VOLUNTEERS: MAKING A DIFFERENCE

This year the theme for National Volunteer week was "Thanks a Million"! Included was the opportunity for staff to pose for a photo to say ‘thanks a million’. Staff were more than willing to participate in recognition of the support volunteers provide them. This montage of photos was displayed during National Volunteers Week 2013 in NHW’s front foyer and is now on permanent display in our Volunteer Services Area.

IF YOU WOULD LIKE TO JOIN OUR WONDERFUL TEAM OF VOLUNTEERS, CONTACT KERRYN MITCHELL, COORDINATOR VOLUNTEER SERVICES, ON (03) 5722 5297.
Our Volunteer Team

- Our general assistance volunteers provided the following over the year:

4,100
Phone calls to recently discharged patients

2,500
Midwifery packs created

2,600
Medical record folder shells put together

7,800
Preadmission packs produced

10,920
Discharge folder shells put together

520
District nursing packs produced

NHW engages more than 200 volunteers in 2 streams, bedside care and general assistance.

Our volunteers average 104 hours a year each, totaling approximately 21,500 hours per year and undertake 32 hours of training before commencement.

Included in the broad range of volunteer roles, we now PROVIDE support in:

- Dialysis
- Education
- Community Health
- and Partnerships

With the relationship fostered with Galen Secondary College over the past 3 years, we have seen for the first time, 25 students take up the opportunity to volunteer and provide support to residents at Illoura Residential Aged Care during lunchtimes. Thomas Hogan Rehabilitation Centre has also started a structured volunteer support program and has volunteers involved 5 days a week in many varied roles, from bedside care to high teas.

That’s a lot of cake…. Friends of the Hospital are another group of tireless workers from our community who provide the hospital with much needed funds for the purchase of equipment for our patients. This group of excellent cooks provide the goodies for the famous monthly cake stalls held at the hospital in the café and also conducts raffles. In 2012/13 the Friends of the Hospital raised $30,181 and this money helped NHW purchase bed alarms, break fall mats, a bladder scanner and a hysteroscope for use in the operating theatre, amongst other equipment.
Managing Information

Keeping your information private

When you are a patient in hospital or a client using community services, it is very important that personal information is kept private and is not seen by anyone who is not directly involved in your care or management. We are governed by very strict privacy laws in relation to record keeping and the release of information to others. All our staff sign confidentiality agreements at the beginning of their employment and these are strictly enforced. There is no tolerance for breaches of privacy. All patients, or their representatives, will be asked if they consent to their clinical information being provided to their GP or other health care provider.

FREEDOM OF INFORMATION

People who have used our health service are able to access their medical records via the Freedom of Information process. Only the actual person or their nominated representative are able to access records and relevant paperwork must be completed to start this process. There may be fees involved in providing this information, to cover the costs of photocopying and staff time.

MANAGING INFORMATION

Health Services collect large amounts of information about their performance and also clinical information about patients and any treatments they may have. There are many systems in use for the collection of data and these are supported by our Health Information Team and also our Information Technology (IT) department. IT helps to maintain the computer systems that are increasingly used across the service and Health Information Services manage the patient information.

Extensive education, particularly with medical staff, has taken place over the past 12–18 months to improve the standard of documentation in order to improve patient care and ensure NHW receives all the funding it should for the patients we treat. The improved documentation has resulted in improved patient management and increased revenue for NHW.

There has also been the introduction of a monthly prize for medical staff, presented by the Health Information Team, for the doctor with the best discharge summary.

Summaries are judged according to:
- how quickly they are completed after a patient is discharged – this means the information can then be sent to the patients GP and is very important for ongoing care
- The content of the summary itself and whether it contains all the relevant information for accurate ongoing care outside the hospital

IT’S A FACT...

IN 2012/13 THERE WAS A TOTAL OF 452 FREEDOM OF INFORMATION REQUESTS COMPLETED

RIGHT
For the record: Health Information Manager Ruth Sinclair at work.

ABOVE
Welcoming smile: Erin Hooker greets staff at Health Information reception.
As well as a Clinical Risk Management program that looks at patient safety, NHW has a comprehensive Occupational Health & Safety (OHS) Program that has been established for many years. OHS is all about ensuring our staff are employed in a safe and supportive environment.

All departments have their own OHS representatives who attend monthly meetings to discuss potential risks to staff and discuss improvements to processes. The OHS program is overseen by the OHS Coordinator. In 2012/13 there have been many improvements made to improve the safety of our staff.

- Workplace health checks were offered in conjunction with Worksafe Victoria. These checks were provided by clinical staff independent of NHW and were completely confidential. 327 staff took part in these checks in 2013 and advice was provided in relation to health and lifestyle to assist better health outcomes for our staff.

- Carpet flooring in most corridors have been upgraded to linoleum, decreasing the risk of manual handling injuries to staff.

- A new reception area in the Medical Imaging Department has vastly improved ergonomics for staff in that area whilst increasing staff security.

- Duress pendants purchased for staff use in high risk areas, particularly for use after hours.

- New lead aprons have been purchased for staff in medical imaging.

- Changes to the old vault in Pharmacy to reduce the risk of injury from the very heavy door.

Many staff safety concerns will be addressed with the building works that are currently underway in the Emergency Department and Day Stay areas. Once completed there will be improvements in many areas such as larger examination rooms in Admission and Day Stay Unit and improved drug storage in the Emergency Department.
Corporate Systems and Safety

All staff across NHW are trained in emergency management and this training continues on an annual basis as a mandatory requirement of employment. All staff have annual training in how to respond appropriately in the event of:

FIRE
PERSONAL THREAT
BOMB THREAT
INTERNAL EMERGENCY
EVACUATION

Some of this education is provided via learning packages on the computer and some, like fire training and evacuation, is hands on practical training. Evacuation drills in all departments are conducted every year by our Chief Fire Warden who is also our Chief Engineer.

BULLSEYE FIRE EXTINGUISHER TRAINING

NHW trains staff in fire safety on site using a ‘Bullseye’ fire extinguisher training system. It is a laser and smart water extinguisher system, which can be used inside (with the laser) or outside (with the water). Realistic training scenarios can be simulated in any environment, allowing the trainer to provide education in the department staff work in (for example, the kitchen). This helps to make the training more relevant and realistic, and the laser system is also fun for staff to use.

ABOVE
Chief Warden: Kim Bruton leads the emergency response process for fire and evacuation.

External Emergency Management

Our staff also have to know how to respond in the case of external emergency, so if there is a major incident where many people require treatment at the hospital, our staff are able to react appropriately.

We were able to test this system in March 2013 when a tornado hit the Yarrawonga/Bundalong area. It was unknown the extent of the damage and human casualties, so NHW was placed on standby and received patients under the code brown disaster plan arrangement.

In addition we have experienced internal emergencies. On Christmas Eve in 2012 NHW experienced a direct lightning strike which meant that all power supply was lost. Our generator provided emergency power to vital services such as CCU and the operating theatre for ventilator machines. However there was a significant impact on our computer and technical systems. Following this event we have had a lightning protection system installed to eliminate this risk in the future.
Waste Management

As a large organisation, NHW is very conscious of its need to become more sustainable from an environmental perspective. Much work has been undertaken to improve the amount of waste we produce and we were awarded the highest rating possible at our accreditation survey in 2013 for our efforts in waste reduction.

Waste stations were introduced, commencing in administrative areas in July 2012. They include clear signage to assist in the correct disposal of waste, and we have increased recycling by almost 100%.

- Incandescent down lights have been replaced with compact fluorescents or LED lights
- Printer cartridges are recycled and printer settings are defaulted to double sided to reduce paper waste
- Air conditioner filter and maintenance regimes have been improved
- There are flow restrictions for water usage

Research

RURAL HEALTH ACADEMIC NETWORK (RHAN)

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

RESEARCH AT NORTHEAST HEALTH WANGARATTA

The strategic priority area of people, learning and research is vital for ensuring that our care is evidence based and that our staff grow their capacity to be innovative and to contribute to world’s best practice in rural health care. NHW’s Education & Research Unit and The University of Melbourne Rural Health Academic Centre have a strong research collaboration which is supported by a National Health and Medical Research Council (NHMRC) fully constituted Human Research Ethics Committee (HREC) and a multidisciplinary Research and Innovation Committee (RIC).

Our research efforts aim to lead or support clinical, systems and organisational research, to build local research capacity, to provide mentorship and supervision of undergraduate and post graduate students undertaking research and to work towards setting a strong rural research agenda.

Our research activity at NHW is a reflection of all of those goals. The research output demonstrates NHW specific projects and case reports, collaborative work with other rural health sites, partnership projects with our community, GPs, medical, nursing and allied health staff and students, and with our metropolitan tertiary hospital referral centres. We have collaborated with a range of national universities on multi site projects. In addition we have an extensive international collaboration with Uppsala University and Mid Sweden University Department of Women’s and Children’s Health including a regular visiting professor program.

Over 2012/13 members of our staff have authored ten new peer reviewed publications across disciplines such as surgery, anaesthetics, rural health and reproductive health and presented papers and posters at a variety of national and international research conferences.

In 2013 NHW will host its first ‘Research Week’ during November 24–29th showcasing local researchers.

LEFT

Dr Helen Haines thesis was based on the fears, attitudes and beliefs surrounding childbirth.
The Staff Awards Night was held at the Wangaratta TAFE on March 21st 2013.

Winners of the 2012 Excellence Awards were:

1. John Carroll (Pharmacy) – Award for Excellence in Paediatrics.
2. Jayne Bell (Allied Health Assistant) – Commendation in Allied Health Services.
3. Jonelle Hill – Uebergang (Deputy Director of Nursing) – Excellence in Leadership.
4. Dr. Elizabeth Walker (Clinical Redesign) – Leaders of the Future Award.
5. Celia McKenzie (Environmental Services) – Award for Excellence in Support Services.

Each year NHW celebrates the commitment to excellence by our staff and recognises the individuals who we believe go ‘above and beyond’ the requirements of their positions. Additional study undertaken by our staff is also acknowledged on this special night.
PLEASE LET US KNOW WHAT YOU THINK OF THIS REPORT...

It will help to make future reports even better! Please complete this brief survey and returning it via mail to:

Performance Improvement & Risk Manager
Northeast Health Wangaratta
PO Box 366
WANGARATTA 3678

Alternatively, you can provide any comments via our website under the ‘About’ tab / Annual Reports at www.nhw.hume.org.au

Was the content of the report easy to read?
☐ Yes    ☐ No

How could the Quality of Care report be improved?
________________________________________
________________________________________
________________________________________
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What did you like about this report?
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Is there other information you would like to see reported in future?
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Thank you for your feedback.

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Jo Zamperoni (Mental Health Administration) – Award for Excellence in Mental Health.

Prof Rick McLean (VMO Specialist Physician) – Award for Excellence in Medicine.

Nicola Coats (ICOP Project) – Charles Neal Award for Excellence in Aged Care.

Kim Comensoli (Infection Prevention & Control) – WB Richardson Award for Excellence in Nursing & Midwifery.

Susan Parry (Pharmacy) – Award for Excellence in Allied Health.

Brodie Kelly (Nursing) – Leaders of the Future Award.
FEEDBACK CAN BE PROVIDED AT ANY TIME TO NHW BY:

**Letter**
Addressed to the Chief Executive Officer
PO Box 386
Wangaratta 3678

**Telephone**
Speak with the Performance Improvement and Risk Manager on (03) 5722 5482

**In person**
Meet with the Performance Improvement and Risk Manager. You can make an appointment on (03) 5722 5482

**Email**
feedback@nhw.hume.org.au

**Facebook**
www.facebook.com/NortheastHealthWangaratta

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IF YOU WOULD LIKE TO JOIN A WONDERFUL TEAM OF VOLUNTEERS, CONTACT KERRYN MITCHELL, COORDINATOR VOLUNTEER SERVICES, ON (03) 5722 5297

IF YOU WOULD LIKE TO JOIN OUR COMMUNITY ADVISORY COMMITTEE, PLEASE CONTACT MICHELLE BUTLER, PERFORMANCE IMPROVEMENT AND RISK MANAGER, ON (03) 5722 5482