Our Vision
To be recognised leaders in rural healthcare

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

Our Values
Caring  Excellence  Respect
Integration  Fairness

NHW has a strategic plan for 2011 - 2014 in place. Developed in consultation with the Board of Management, executive, managers, staff, community members and other health care providers from this region, it has helped us meet and exceed planned objectives.

The strategic plan remains at the forefront of decision making to provide clear direction to all staff at NHW and our achievements against set goals are reviewed every three months. Above is a summary of our vision, mission and values. A more detailed strategic plan is available on our website at www.nhw.hume.org.au.

NHW is in the process of developing its strategic plan for 2015 - 2018.

This year the 2012/13 Quality of Care Report was used by the Year 12 students of Galen Catholic College in Wangaratta.

The reports worked really well for our students to understand the values of our health care system. As part of their course they need to look at the responsibilities of various levels of government in providing health care, then we look at Medicare and Private Health Insurance, and the values of our health care system. I found these reports excellent in helping the students to see that the values were very real, and that they are evident in everyday situations in our local hospital. Students enjoyed reading about the many activities in the hospital, and seeing pictures of people they knew. It really brought this aspect of the course to life, and allowed them to see the relevance of their studies.

Helen5 Faithfull
Teacher, Galen Catholic College

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Welcome

It gives us great pleasure to present Northeast Health Wangaratta’s (NHW’s) 2013/14 Quality of Care report. Every year we are proud to compile this report which highlights the achievements and improvements our staff have made to enhance services for our community.

2013/14 has been a year of significant achievement as NHW with an increase in the numbers of patients treated in many of our service areas. These will be highlighted throughout the report but, of note, we treated 15,884 inpatients, over 17,000 patients in our outpatient clinics, 21,521 patients in our Emergency Department, delivered 565 babies and performed 5,833 operations. While we were treating more patients we were also successfully completing $3.5 million of capital works which included:

- A new Day Procedure theatre
- An expanded Admission and Day Procedure Unit
- Creation of a 4 bed Emergency Care Unit within the Emergency Department
- Refurbishment of the reception, waiting room and triage area in the Emergency Department
- Completion of a purpose built Dental Clinic and Outpatient Clinic precinct

We were delighted to receive formal recognition for our reports which included:

- 8000 homes via ‘The Wangaratta Chronicle’. One reader even stated ‘by far the best annual report I have ever seen’. However there was also concern about the cost of producing such a report and we have taken this into account, reducing the cost in production and printing.

We welcome your comments about this year’s report and hope you enjoy reading about what has happened at your local hospital over the past 12 months.

Margaret Bennett
Chief Executive Officer

Brendan Schutt
Chair, Board of Management

The achievements during the year would not have been possible without the dedicated commitment of our 1,149 staff and Visiting Medical Officers (VMOs), and we recognise them with pride and gratitude. We also celebrate the ongoing contribution of a wonderful team of over 200 volunteers who continue to support patient care in many and varied ways. The colourful daily presence of the volunteers reminds us all of the outstanding community support that NHW is so privileged to receive.

It is mandatory for all public health services in Victoria to produce a Quality of Care report and seek feedback about the report from readers. Last year we received very positive comments about our report which was circulated to over 8000 homes via ‘The Wangaratta Chronicle’. One reader even stated ‘by far the best annual report I have ever seen’. However there was also concern about the cost of producing such a report and we have taken this into account, reducing the cost in production and printing.

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15,884 inpatients
17,000 outpatients
21,521 patients in ED
565 babies delivered
5,833 operations
Goverance for Safety and Quality

To meet this National Standard we must make sure we have management systems that maintain and improve the reliability and quality of patient care as well as improve patient outcomes.

To effectively manage our diverse health service, there is a clear organisational and reporting structure in place that undergoes regular review. Changes to the structure are made as required to make sure every area is managed effectively. The basic reporting structure can be seen in the diagram.

Board of Management

Members of our Board of Management (pictured below) are appointed by the Governor-in-Council following a strict application process. Appointments are made for a period of up to three years. Following three years, members can seek to be reappointed. It is important to have a Board of Management with a wide range of skills that can be utilised in the efficient and informed management of the health service.

We recognise and commend the outstanding service provided to the community by three Board Directors who retired from their honorary Board positions in June 2014. Departing Board Chair, Chris Cunningham, and Board Members Allan Wills and David Lawson, each provided dedicated leadership, expertise and governance of NHW. This enabled the improvement of health services in North East Victoria and has also provided firm foundations for future health service development.

Major achievements 2013/14

• Successful completion of major capital works program, on time and on budget. These capital works have included:
  - Construction of a new Day Procedure Operating Theatre
  - Expansion and refurbishment of the existing day procedure / admissions unit
  - Creation of a new Emergency Care Unit in the Emergency Department (ED)
  - Upgraded and expanded ED waiting area
  - Achievement of a break even budget
  - Successful organisation wide accreditation
  - Runner-up in the state wide Regional Health Service of the Year Awards
  - Improvement in theatre and dental waiting lists
  - Improvement of waiting times in the Emergency Department
  - Decrease in patient falls

Accreditation

The continual improvement of services in the pursuit of better, safer patient, staff and organisational quality of service forms the basis of accreditation in health care, linking directly with our Hardwiring Excellence program. Accreditation involves the assessment of our services by external auditors to make sure we are meeting high standards of performance.

In July 2013, NHW was one of the first health services to undergo full assessment against the 10 National Standards developed for use nationally by the Australian Commission on Safety and Quality in Health Care. They have been designed to make sure health services focus their efforts in line with identified high risk areas for patients. Accreditation against the 10 standards is mandatory, NHW also chose to be reviewed against an additional 5 standards (non-mandatory) to broaden our review and make sure non-clinical services were assessed as well.

Improving our performance

‘Hardwiring Excellence’ is the program we have had in place at NHW since 2011. It has helped build our management framework and meet our three clear and important goals:

1. Improve patient safety and clinical outcomes
2. Improve patient satisfaction
3. Improve staff satisfaction

The program is based on the work of the Studer Group (USA) and embeds or ‘hardwires’ a set of standard practices to improve performance and staff behaviour. A key feature is improved communication and a standardised approach to patient care along with clear expectations of our staff. Through the introduction of this program we have seen some excellent improvements in our performance, and as a result NHW was awarded the Studer Hardwiring Excellence Award in September 2013.

Throughout the Quality of Care report there will be references to this program, as the different components encompass most of what we do in our daily business.

Improvements seen in Patient Satisfaction

<table>
<thead>
<tr>
<th>Patient experience</th>
<th>NHW 2009</th>
<th>Benchmark average 2009</th>
<th>NHW 2013</th>
<th>Benchmark average 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall care satisfaction</td>
<td>77%</td>
<td>77%</td>
<td>81%</td>
<td>79%</td>
</tr>
<tr>
<td>Access and admission</td>
<td>74%</td>
<td>77%</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>Patient Information</td>
<td>82%</td>
<td>82%</td>
<td>87%</td>
<td>84%</td>
</tr>
<tr>
<td>Treatment</td>
<td>77%</td>
<td>78%</td>
<td>83%</td>
<td>80%</td>
</tr>
<tr>
<td>Complaints management</td>
<td>82%</td>
<td>80%</td>
<td>84%</td>
<td>82%</td>
</tr>
<tr>
<td>Physical environment</td>
<td>75%</td>
<td>75%</td>
<td>78%</td>
<td>76%</td>
</tr>
<tr>
<td>Discharge and follow up</td>
<td>75%</td>
<td>75%</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>Consumer participation</td>
<td>79%</td>
<td>79%</td>
<td>85%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Better than benchmark

From Victorian Patient Satisfaction Monitor state wide survey results

The Acute and Community Services at NHW are accredited by the Australian Council on Healthcare Standards (ACHS). All areas for assessment were met and NHW achieved the maximum four years accreditation, with only four recommendations for improvement across the 15 standards.

Our Residential Aged Care facility, Illoura, also currently holds the maximum three years accreditation awarded by the Aged Care Quality Agency. During 2013/14 Illoura also underwent 3 unannounced visits by assessors and accreditation status was upheld. Illoura is next due for accreditation in February 2015.
Monitoring our performance

Every month, standard sets of clinical data are reviewed by the Board of Management, Executive and Managers to make sure we remain focused on improving areas of high priority. For example, the data results may be a high priority because they monitor access to our service or they may be known areas of high risk to patients. Much of our high priority clinical reporting data is highlighted throughout this report and includes:

- Access to Emergency Department
- Theatre waiting lists
- Patient falls rate
- Incidence of pressure injuries
- Aggression and assault

The peak governance committee monitoring clinical performance is the Quality & Safety Committee which includes the entire Board of Management and Executive. Reporting to this is the Clinical Review Committee which is an operational group that receives reports from many working committees, such as falls prevention, infection prevention and control and the medication subcommittee.

Complaints and compliments

Patient complaints are a very effective way of identifying real areas where improvement is needed across the organisation. In 2013/14 we received 105 complaints and a formal response to the complainant was completed within 30 days in 78% of complaints.

Numbers of complaints have increased from 94 in 2012/13 and we believe this is partly due to improved access by use of email. Any feedback, complaints or compliments can be sent to us via: feedback@nhw.hume.org.au. Email has also enabled faster response times to feedback.

We now receive thank you messages from complainants after we have responded to concerns.

Using your comments to improve our performance

In April 2014 all health care services across Victoria started data collection for the new Victorian Health Experience Survey. This replaced the Victorian Patient Satisfaction Monitor which had been in place since 2001 and ceased in June 2013. Surveys are mailed randomly to users of our inpatient service and completion is voluntary.

We also conduct discharge phone calls for patients who have been treated as inpatients. Follow up phone calls are completed within a week of discharge to check if the patient is doing well, was happy with their stay and was provided with everything needed to manage at home. Volunteers conduct this important service and if there are clinical questions, nursing staff telephone the person to respond and assist.

In our Day Stay Unit clinical staff contact patients the day after their stay to check on their wellbeing.

Patient Experience Trackers

The Patient Experience Tracker (PET) is another ‘on the spot’ method of receiving valuable feedback. An electronic hand held device is used to collect comments at the time people receive care. The PET contains 5 simple questions with multiple choice answers. Patients respond to each question by pressing a button, making it a quick and effective way to capture patient experience.

We started using PET tools in March 2014 within our Community Care Centre because this group of clients are not captured in state wide satisfaction survey data.

Below is an example of information that has been collected from people who have used our dental service.

Dental Service patient satisfaction

![Dental Service patient satisfaction chart]

<table>
<thead>
<tr>
<th>Month</th>
<th>Ease of contact</th>
<th>Informed of delays</th>
<th>Staff are supportive, approachable &amp; sensitive</th>
<th>Involvement in care</th>
<th>Overall care</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>96%</td>
<td>89%</td>
<td>89%</td>
<td>82%</td>
<td>100%</td>
</tr>
<tr>
<td>April</td>
<td>91%</td>
<td>88%</td>
<td>92%</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>May</td>
<td>95%</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>June</td>
<td>86%</td>
<td>93%</td>
<td>92%</td>
<td>94%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Partnering with consumers

To meet this National Standard we must include consumers in their care and have a health service that is responsive to the community’s input and needs.

NHWH has many partnerships that involve working with other health care providers, local government, schools and universities. However, as a provider of health care our business involves people and our most important partnership is with those who use or may need to use our facilities.

We involve people in their own health care wherever possible, and also encourage involvement at department and organisation wide level as well.

Community forums

Every year NHWH conducts a number of community forums where we aim to share information about NHWH whilst gaining an understanding of community views. We ask people what they think we are doing well and also what we need to improve. In 2013/14 we held three forums with:

1. Our general community
2. Local aboriginal community
3. Past clients of our Thomas Hogan Rehabilitation Centre

Overwhelmingly the feedback has been very positive but there were also some recommendations for improvement which we are working on to achieve. An example of some of the improvements made or in progress are:

- Lighting at the front entrance of the hospital at night has been improved
- Plans are well underway to improve parking
- Liaison with the Rural City of Wangaratta to move smoking away from the front entrance of the hospital
- Continuing to make sure staff ask every person on admission if they identify as Aboriginal or Torres Strait Islander

Involving you in your health

We believe that effective sharing of information is the key to achieving person centred care. We need to provide information that patients and their carers can easily understand and provide the opportunity for people to be actively involved in their care. We do this by:

- Using bedside handover that includes the patient and their family (see page 10)
- Making sure nurses visit patients every hour when they are in hospital, to ensure all their needs are met and provide the opportunity for regular interaction
- Nurse Unit Managers meeting with patients each day to discuss their care needs and progress
- Using clear explanation of procedures
- Providing appropriate and helpful information on discharge

Did you know...

‘Living Longer. Living Better’ a package of reforms to the aged care sector, aiming to build a better, fairer, more sustainable and nationally consistent aged care system was announced by the Australian Government in 2012.

Our strong relationship with the local Aboriginal community was evident at the smoking ceremony held for the opening of the new outpatient and dental clinic areas. During this ceremony NHWH signed a Statement of Intent, to ‘Close the Health Gap’, showing our commitment to make Aboriginal Health our responsibility. Local school children contributed, with their depiction of aboriginal artwork which is now displayed in the waiting areas.
Volunteers @ NHW

10 WAYS
CONTRIBUTE
Our Volunteers

Delivering meals to community members
Assisting at meal time
Companionship
Taking someone for a walk
Putting together hospital resources
Fundraising via Friends of the Hospital
Emotional & spiritual support
Running activities to engage
Participation in committees
Pet therapy

10 REASONS
why people
VOLUNTEER

Connects you to others
Its good for mind and body
Can advance skills for your career
Brings fun and fulfillment to your life
Promotes personal growth
Strengthens your community
Provides additional resources
Fill a void in your life
To learn something new
To make a difference

Aged Care Residents and Carers meetings
Illoura Residential Aged Care also has its own advisory group in place which meets monthly. All residents who live at Illoura and their carers are invited to this meeting which discusses:

- Any changes to legislation, for example, introduction of the ‘Living Longer. Living Better’ reforms
- Results of resident surveys
- Welcoming new residents
- Reports on incidents such as resident falls and actions taken
- Upcoming lifestyle activities
- Fire and evacuation training
- Any other issues raised by residents and their families

Changes to the meals provided to residents have been a very positive result of suggestions from residents and their families.

Community Advisory Committee

NHW has a Community Advisory Committee in place that is comprised of interested members of our general community keen to assist NHW. Members are part of our Volunteer Team and meet every month to review patient information, provide comment about services being introduced and are kept informed of the general business of NHW so they can then inform the wider community.

They also alert us to areas of concern or needed improvement from the community’s perspective. Every year the Community Advisory Committee is instrumental in the development of the Quality of Care report, in particular making sure it is easily read by the general community.

NHW values the contribution of this group in making sure our efforts, particularly in communication, are user friendly and meet the needs of those who may not understand medical jargon.

In the past 12 months we have welcomed three new members to our Community Advisory Committee.

Infection Prevention and Control

To meet this National Standard we must prevent patients from acquiring preventable infections in hospital and manage them appropriately when they occur.

The Infection Prevention and Control (IP&C) Program at NHW is central to providing the best health outcomes for patients and a safe working environment for staff. It protects our staff and those we care for. The IP&C team consists of an IP&C Consultant, Staff Health Nurse and Hand Hygiene Coordinator.

Infection Surveillance

NHW participates in the state wide hospital infection reporting program called VICNISS, which monitors and compares our infection rates against other like sized organisations in the state. We provide data about numbers of infections in patients that have undergone the following surgeries:

- Hip and knee joint replacements
- Caesarean sections
- Hernia Repairs
- Cholecystectomy (gall bladder removal)
- Colorectal (bowel surgery)
- Appendicectomy

Over the past 10 years there has been many improvements made to reduce infection rates in hip and knee joint patients. The most significant impact on infection rates has been with the refurbishment of operating theatres. Over the last two financial years NHW has continued to have low rates of infections. Infection rates now remain well below the state average, as can be seen in the graph below.

The influenza vaccination campaign, “Don’t Hold Back - Get the Flu Vacc”, commenced in March and ran until August 2014. This year we had our most successful uptake of vaccinations by Health Care Workers ever. The Executive team led by example by participating in the quirky advertising campaign.

Surgical Site Infection- Hip and Knee prosthesis

2002/03
2003/04
2004/05
2005/06
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14

One hip Infection
One knee Infection

This year 83.9% of our staff protected our community by being vaccinated.
This exceeded the Department of Health target of 75%
Pictured: Karen Harding prepares lunches in NHW’s Café

has been achieved in all areas of food safety. The NHW Food Services Department undergoes an annual external food safety audit as well as a food safety inspection by Rural City of Wangaratta Environmental Health Officer to ensure NHW meets the standards set in the Victorian Food Act. Compliance for the 2014 audit has shown that we perform very well, scoring 95% against a target 90% in our high and very high risk areas.

Hand Hygiene Compliance

Effective handwashing is the most important way of preventing the spread of infection. NHW has a well established hand hygiene program in place that teaches staff how and when to effectively clean their hands by using hand rub (DeBug) or soap and water. It also monitors staff compliance with hand hygiene three times a year. These results are reported to the Department of Health.

The national target is currently 70% and NHW is above this with a compliance rate of 78.5%. Audits are conducted to ensure patient and staff safety, and are based around the recognised ‘five moments of hand hygiene’ which are:

1. Before patient contact
2. Before a procedure
3. After a procedure or body fluid exposure
4. After patient contact
5. After contact with patient surroundings

To ensure our cleaning meets required standards, checks are undertaken by our own supervisor staff and also by external auditors. In 2013/14 external audit has shown that we perform very well, scoring 95% against a target 90% in our high and very high risk areas.

Food Safety

All food and beverages at NHW are produced and distributed to all people under the guidelines set down in the NHW Food Safety Plan and the Victorian Food Act.

Correct food handling procedures during the preparation, storage and distribution of food are vital in reducing the risk of illness from food poisoning bacteria such as salmonella and Listeria.

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Pictured: Karen Harding prepares lunches in NHW’s Café

Did you know.. It is OK to ask our staff if they have washed their hands

Central Line Associated Blood Stream Infections

Patients who are very unwell will often have a central line in place. This device is a long fine tube with one or more openings at each end to deliver fluid or medications directly into a vein. Sometimes they become infected which can be serious. It is a requirement to report these infections to the Department of Health. No central line blood stream infections have occurred at NHW since 2008.

Cleaning our hospital

Appropriate and high quality cleaning is of utmost importance in the prevention and spread of infection in hospitals. In particular, there is a strong focus on areas of very high and high risk, which involves our patient care areas such as operating theatres and wards.

To ensure our cleaning meets required standards, checks are undertaken by our own supervisor staff and also by external auditors. In 2013/14 external audit has shown that we perform very well, scoring 95% against a target 90% in our high and very high risk areas.

Hand Hygiene Compliance rate pre DeBug

NHW’s average hand hygiene compliance rate pre DeBug is 34.5%.

NHW’s current average hand hygiene compliance rate is 78.5%.

NHW places great importance on the effective and safe use of medicines, this is overseen by the Medication Safety Committee who review medication errors and close calls reported by our staff. This information is used to make improvements, ensuring our patients’ safety. Improvements include:

• The introduction of a specific medication chart to prescribe for children
• The introduction of a long-stay medication chart for patients in Rehabilitation
• Use of Pharmacy teams in clinical areas, consisting of a pharmacist and qualified pharmacy technician. Technicians ensure timely medication supply to the ward. Pharmacists play an important role in matching up the medications prescribed on admission, with the patients’ medications that they usually take at home. This double checking mechanism increases accuracy.
• Injectable pain-killers used in theatre are now provided in clearly-labelled, ready-to-use syringes, increasing safety and efficiency.
• Newsletter “Pharm-Assist” is produced by Pharmacy staff with news items about safe prescribing, new medications at NHW, and other news items related to medicines.

Medication Safety

To meet this National Standard we must ensure our clinicians safely prescribe, dispense and administer appropriate medicines to informed patients and carers.

Medicines are used extensively in modern healthcare, the range is always increasing, and many are very powerful. Unfortunately, many medicines can cause unexpected and unwanted effects, called adverse drug reactions.

In 2013/14 NHW:

• Increased the number of pumps across organisation
• Provided staff training in the use of new devices
• Standardised all pain management medication delivery devices across organisation
• Developed new prescriptive order forms to minimise the risk of error

Did you know...

Central Line Associated Blood Stream Infections

To understand how well we manage medicines staff are encouraged to report administration and prescribing errors, drug reactions and hazards, as well as ‘near miss’ events. All incidents reported are reviewed.

As can be seen in the graphic to the right, there are very few instances when a patient is harmed following a medication error. Harm can mean anything from a serious allergic reaction to mild nausea.

Medication Errors 2013/14

Near misses & errors with no harm
Errors which have caused harm

In 2013/14 There was no serious harm caused by medications.
To meet the National Standard for Patient Identification and Procedure Matching we must identify individual patients clearly, use these identifiers when transferring care and match patients with their intended care.

Correct identification

Making sure the right patient receives the right treatment is essential. On admission all patients have their full name and date of birth recorded. An individual patient number is then created for each patient - this becomes their own 'hospital number' each time they receive treatment at NHW. Once this information is received and number allocated, this information is contained on patient identification (ID) bands and patient records.

Patient Identification and Clinical Handover

To assist in ensuring correct patient identification:
- The Emergency Department provides each patient with a paper ID band when they enter the department
- All inpatient wards have their own ID band print so bands can be replaced where needed
- The 'time out' procedure is used in theatre before any procedure starts, providing a double checking mechanism of correct patient having the correct procedure

Audits are conducted to check correct patient identification and in June results showed 96% compliance in all ward areas. To improve this result we are focusing on immediate ID band replacement (if they need to be removed) and replacement of older bands when writing fades.

Handing over' clinical care

To meet the National Standard for Clinical Handover we must have processes for effective handover in place and include the patients and carers in these processes.

Clinical handover is when the care of a patient is effectively shifted to another person taking over that patients care. It is essential that this is done accurately to make sure correct treatment is maintained and follow up is provided. Clinical handover occurs:
- From shift to shift when staff change over (used in inpatient areas)
- When transferring patients for procedures within NHW (eg: Theatre or X-Ray)
- Transferring patients to another health care facility
- On discharge from NHW – when the patient resumes their own care or other health care providers (eg: GP) resume their care.

Bedside handover

At the changeover of shifts, our nursing staff discuss ongoing care needs at the patient’s bedside. We encourage patients be part of this conversation and actively involved in their care. This process also provides the opportunity to check charts and any drips, drains and wounds the patient may have, check all care has been provided, and establish what clinical care is needed in the next shift.

Emergency handover

The Emergency Department has a very high turn over of patients. As well as a clinical handover at shift changes, our staff have introduced a senior ‘touch base’, which involves the senior doctor, triage nurse and nurse in change who meet hourly to discuss the treatment needs of all patients within the department. MediTell

MediTell is an innovative product developed by NHW staff, which not only facilitates face to face handover of patient care, but provides patient information and up to date results. At any point doctors can see a patient’s care requirements. The system alerts of abnormal results to ensure they are not missed. It allows referrals across medical units and for patients to sit on multiple handover lists ensuring their needs are met. ISBAR format:

I: Identify

S: Situation

B: Background

A: Assessment

R: Recommendation

At NHW we administered 1,550 units (bags) of blood to patients in 2013/14

Blood and Blood Products

To meet this National Standard we must make sure patients receive blood transfusions appropriately and safely.

A blood transfusion is when blood (or a part of the blood) is administered into the blood stream of another person. The blood comes from a “Blood Bank” and is from a donor (someone who gives blood). Although blood transfusions can save lives, they can also present a risk to our patients.

NHW has a Blood Transfusion Committee in place to promote best practice in blood and blood product management. Across the organisation, data is collected about any unexpected blood related incidents that may occur, and audits are undertaken to check our compliance with NHW policies.

An example of data reported is the incorrect labelling of blood tubes, this was discussed by the Blood Transfusion Committee. It was identified that this was an area that required improvements because if blood tubes are not labelled correctly, the patient has to have another sample taken. As a result:
- Education of ward staff by pathology staff and the Transfusion Trainer was undertaken
- Posters outlining the correct procedure were produced and displayed (see below)
- Discussions were held with individual staff

We are now seeing improvements in labelling of tubes.

Improvements in blood management in the past 12 months:
- Review and improvement of the blood register helps NHW trace blood from pathology to the patient
- Development of a specific plan for managing blood if the specialised blood fridge fails, so no precious blood is wasted
- A Blood Management Team and protocol for the management of blood in the event of a National shortage is in place – this means people who urgently need blood will always have it available
- We have seen improvements in the increased compliance with correct documentation using the new ‘blood specific’ consent forms. With the ongoing education of junior medical staff, this has increased from 73% in June 2013 to 94% in July 2014
- Medications to reduce blood loss in theatre are now used, reducing the need for blood transfusion

Massive transfusion

In emergency situations there may be the need for large volumes of blood and blood products in a hurry. It is important that we have processes in place for staff to follow making things as easy as possible and providing the best possible outcome for the patient.

There have been a number of changes made to our massive transfusion protocol following massive transfusion events. This has involved a close partnership between NHW and Dorovitch Pathology staff who supply the blood. As a result, we believe we have the best process in place that is effective and easy to follow. Education in the process is key to success and there has been:
- Presentation of the Massive Transfusion Protocol at Grand Rounds for medical staff
- Creation of a simulation DVD of the Massive Transfusion process for general staff education
- Education of Nursing and environmental services staff
Stage of Pressure Injuries Reported 2013/14

Stage 1- 65 cases
Intact skin with non-blanchable redness

Stage 2- 84 cases
Partial thickness loss of the skin or a clear blister

Stage 3- 3 cases
Full thickness tissue loss

Stage 4- 0 cases
Full thickness tissue loss with exposed bone, tendon or muscle

Deep tissue injury- 9 cases
Purple or maroon area of discoloured intact skin or blood-filled blister

Unstageable- 7 cases
The base of the injury cannot be seen, therefore the depth or stage cannot be determined

Preventing & Managing Pressure Injuries

To meet this National Standard we must have a system in place to prevent pressure injuries and effectively manage the injuries when they do occur.

Pressure injuries were once known as bed sores, pressure ulcers or pressure sores. They can occur due to unrelieved pressure usually over a bony area, especially if someone has restricted movement. This can often be the case when someone is in hospital as they may be very unwell or have a procedure that limits movement. Pressure injuries can also be caused by pressure from devices or equipment such as plasters or oxygen tubing pressing on ears. Once pressure injuries form they can be difficult to heal, especially if a person has reduced circulation.

Monitoring our performance

Every month, data that shows the numbers of pressure injuries across NHW is reviewed by the Executive, Managers and Board of Management. Although we ask staff to report all pressure injuries they find, we are focused on any injuries that occur whilst a person is in our care. We review where the injuries happened and how, and also how serious the injury is. As part of the education, staff are trained in how to identify the six stages of severity.

It is very pleasing that the majority of pressure injuries reported are Stage 1 or Stage 2 injuries.

Prevention is better than cure!

As a first line of defence against pressure injuries, NHW has high quality foam pressure reduction mattresses in use on all of our beds and trolleys. The condition of these mattresses are closely monitored and replaced when required to provide maximum protection.

Some patients are at higher risk than others of developing a pressure injury when in hospital, and so all patients are assessed on admission for their risk of developing a pressure injury. If they are assessed as being at medium or high risk, appropriate plans are developed to minimise the likelihood of injury. We also have pressure mapping equipment available which shows exactly where areas of high pressure are. Interventions specific to that patient can then be implemented.

Sometimes it is necessary for patients to have specialised equipment in place if they are at high risk of injury. This specialised equipment can include alternating air mattresses that assist with pressure care by inflating and deflating under the patient, reducing pressure. This allows blood flow to reach the different areas of the body to both prevent and heal pressure injuries. NHW owns a number of these mattresses, but a hiring system has also been put into place which ensures there are mattress always available as needed.

Approximately 80% of nursing staff have completed the pressure injury prevention and management training package

Dietitian involvement

If people have poor diets or suffer from malnutrition, it is known that they are at higher risk of developing a pressure injury. NHW dietitians have now introduced malnutrition screening for high risk patients admitted (see page 27). In addition, every time an incident report is lodged to advise that a pressure injury has been detected, dieticians are now automatically notified. They then review the patient to see if their diet needs improvement to:
- Reduce the risk of further injury
- To assist healing of the injury already present

Education of staff

To ensure staff have a good understanding of pressure injury prevention and management, a comprehensive education program is in place. Approximately 80% of nursing staff have completed the pressure injury prevention and management training package. Some Allied Health staff and medical students have also completed this package. As well as various other education sessions offered throughout the year, staff also participated in the annual pressure injury prevention focus week in June 2013.

To reduce the risk of pressure injuries you need to:
Move, move, move!
Keep active, even a small shift in your position helps

Check your skin
for redness, pain, blistering and keep it moisturised

Have a healthy and nutritious diet
Recognising and Responding to Clinical Deterioration

To meet this National Standard we must ensure patients’ worsening condition is recognised quickly with appropriate action taken.

Expanding the early recognition process

In 2013/14, NHW was one of 10 metropolitan and regional health services chosen as a trial site for the State Wide Paediatric Observation and Response Chart Project, funded by the Paediatric Clinical Network Department of Health Victoria. This trial developed and tested colour coded observation charts specifically for children from birth to 18 years of age, with the intent of producing a suite of standard charts to be used by all Victorian hospitals who treat children. NHW used the charts in the Emergency Department and the Paediatric ward and will continue to use them once the trial is complete.

In addition, an observation and response chart was developed by NHW for use in the Emergency Department to identify patients who may deteriorate in this setting.

Comparison of Code Blue Calls

<table>
<thead>
<tr>
<th>Year</th>
<th>Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>30</td>
</tr>
<tr>
<td>2007</td>
<td>28</td>
</tr>
<tr>
<td>2008</td>
<td>55</td>
</tr>
<tr>
<td>2009</td>
<td>50</td>
</tr>
<tr>
<td>2010</td>
<td>46</td>
</tr>
<tr>
<td>2011</td>
<td>45</td>
</tr>
<tr>
<td>2012</td>
<td>37</td>
</tr>
<tr>
<td>2013</td>
<td>67</td>
</tr>
</tbody>
</table>

Unplanned Critical Care Admissions

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls</td>
<td>119</td>
<td>73</td>
</tr>
</tbody>
</table>

Advance care planning

In 2014, the Department of Health released a strategy for Victorian Health Services 2014 – 2018 ‘Advance Care Planning: Have the conversation’. Advance Care Planning (ACP) is not a new concept at NHW. We have had an ACP program in place since 2008, based on Austin Health’s ‘Respecting Patient Choices’ program. The philosophy of ACP is simple: to have clear documentation of a person’s wishes in relation to medical care as they become more unwell and are unable to speak for themselves and tell people what they want. It allows family and medical staff to make good treatment decisions, knowing that is what you wanted. This makes it easier for everyone.

Over the past year NHW has been working towards:
- Ensuring all clients within the acute and community services are offered support to complete an ACP
- Making sure staff respect ACPs in place
- Developing policies and guidelines in regard to ACP

An ACP Committee is in place that involves not only staff from NHW but our local Primary Care Partnership. Into the future, this committee will oversee improvements such as making paper based documents available electronically, increasing our review on how well ACP are used across NHW, and making sure ACP is everybody’s business.

Rural Critical Care

NHW provides registered nurses the opportunity to enhance their skills in specialised care of emergency and critical patients through its Rural Critical Care course run in conjunction with the University of Melbourne Postgraduate Certificate or Diploma of Nursing Practice.

A personal reflection

For me, the advanced care plan is really helpful, because it gives a gentle way to invoke discussion with family and close friends about my attitude to, and my particular wishes, about my foreseeable death, and the journey to it. It also, importantly, allows me to choose the best possible advocate to deal with any people, institutions, doctors or nursing staff who might not co-operate with me at important moments.

I have been living with cancer for 5 years now, this has led to chemotherapy, radiation and regular blood transfusions, however, in my head I’m only slightly a cancer patient. Rather I’m the same irritating, forgetful, unusual, friendly person who sees the funny side of lots of weird stuff including cancer.

In my case, open and frank discussion about my illness began with family, friends and workmates from my initial diagnosis and that continues to be a good thing because there’s no dirty dark secret to impede loving and lively interaction with the good people who support me.

While I can, I make the decisions about treatment and who I choose to provide it. I am confident that along the lines of my advanced care plan, my support crew will move into action if and when needed.

What more can you ask?

Anonymous
Preventing Falls and Harm from Falls

To meet this National Standard we must have systems in place to prevent patient falls and minimise harm from falls.

At NHW we recognize that falls are a major hazard and patient risk can be increased by sudden illness and unfamiliar surrounding when patients are admitted to hospital. Staff at NHW have been working hard to reduce the falls rate across the organisation, and we have seen some pleasing results over the past 12 months, with a reduction of 100 patient falls across all of areas NHW, including our residential aged care facility.

Falls prevention is seen as a team approach and all clinical staff have a part to play, but we also encourage patients, residents and visitors to be involved in our falls prevention program.

Patients
For admissions to hospital, patients are advised to:
- Bring their glasses, hearing aids, walking aids, medications, suitable clothing and footwear
- Use the call bell and wait for assistance if advised to do so
- Familiarize themselves with their room

Staff will help:
- Patients to settle in and keep their surroundings safe
- Assess the risk of a patient falling and develop prevention strategies with the patient and their family
- Involve other staff who specialise in reducing falls risk
- Ensure patients are safe when they are discharged

Visitors can assist by:
- Ensuring the room is free of clutter
- Helping to keep personal items and call bell within reach
- Spending time with the patient
- Letting nursing staff know the patient is alone when they leave

April Falls Month 2014
April 2014 was dedicated as ‘April Falls Month’ to raise awareness of the importance of falls prevention. Throughout the month education was provided for all staff and also the community. There were falls prevention displays within the hospital and Community Care Centre as well as a falls prevention article in the “Wangaratta Chronicle”. Staff wore shirts made to encourage inpatients to ‘please call, don’t fall’.

In the future we will enhance our falls prevention program by:
- Improving the information we give to patients and carers about falls prevention
- Introducing a falls risk assessment for our paediatric patients
- Providing clinical work stations close to rooms in Thomas Hogan Rehabilitation Centre

How do we compare?
As well as monitoring numbers of falls at NHW every month we compare our performance against other health services. NHW is one of 11 hospitals in Victoria who participate in benchmarking falls, via the Victorian Falls Benchmarking Committee. We compare both acute and subacute (rehabilitation) areas. Generally we compare favourably.

In the 2013/14 year we have also started benchmarking falls with a like sized regional aged care service. Again the results are very positive. We use these in conjunction with the Residential Aged Care clinical indicator data that is reported to the Department of Health and compared across Victorian residential aged care services. From April to June 2014 our aged care falls rate was 4.72 falls per 1,000 bed days compared with a state wide high care rate of 7.26.

Falls and balance clinic
The Falls and balance clinic is a six week program that involves a Physiotherapist, Specialist Medical Practitioner, Occupational Therapist and Allied Health Assistant. The clinic is held in the Community Care Centre and clients attend to:
- Become aware of what increases the risk of falls
- Learn how to identify falls risk factors and how to modify these within their lifestyle
- Learn strategies to reduce falls risk
- Have their balance assessed and an exercise program developed
- Exercise in a supervised and supported environment

In 2014 the falls and balance clinic has conducted 36 sessions, with 38 clients participating in the 6 week program and have another 2 scheduled groups for this year. Referrals are received through self referral, carers, family or other services, GP’s and hospitals.

The aim of the falls and balance clinic is to:
- Educate people on how to stay safe at home and in the community
- How to participate safely in leisure activities
- Managing daily activities
- Encourage participation in regular exercise, including setup of a home exercise program

Benchmarking acute patient falls:
NHW is the THIRD BEST performing health service in Victoria

<table>
<thead>
<tr>
<th>Benchmarking acute patient falls:</th>
<th>NHW is the THIRD BEST performing health service in Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013/14</strong></td>
<td><strong>2.96 ACUTE PATIENT FALLS REPORTED PER 1,000 BED DAYS</strong></td>
</tr>
<tr>
<td><strong>2012/13</strong></td>
<td><strong>2.28 PER 1,000 BED DAYS</strong></td>
</tr>
</tbody>
</table>

Did you know..
1 in 3 people over 65 fall each year and 15,000 people fall every year in Australia.
Service Delivery

Emergency Department

Emergency Care Unit

This has been achieved by:
• A new electronic whiteboard system which clearly identifies times patients have been waiting. Alerts remind staff that the four hour time period is approaching
• Non cubicle areas for fast treatment of patients (eg: coughs and colds)
• Additional senior ED specialist doctor to assist with workload and supervision of junior staff
• Only using the trolleys in cubicles for patients needing to lie down, using recliner chairs for others
• Introduction of the Emergency Care Unit

Attendances to the Emergency Department (ED) at NHW have continued to grow again in the last 12 months and our staff treated 21,521 patients. Along with the gradually increasing numbers, is the requirement that all public health services will assess and treat patients, and have them discharged from the department within four hours. These are known as Non-cubicle areas for fast treatment of patients (eg: coughs and colds) and have them discharged from the department within four hours. These are known as National Emergency Access Target (NEAT) times. Discharge can mean to home, transfer to another health care facility or admission to NHW. We are required to report our achievement against this four hour target to the Department of Health.

NHW has seen an improvement in meeting these targets, with a lot of work undertaken to improve efficiency whilst maintaining a high standard of patient care:

Emergency Department Treatment Times

As well as having patients through the ED within four hours, NHW staff also have to make sure patients are seen within acceptable times. When patients arrive at ED they are seen first by a nurse who determines the urgency of their condition. This is called triage and there are 5 triage categories:

Target times to be seen in each triage category are set by the Department of Health, and we report against these targets. We have seen significant improvements in achievement of these targets from January to June 2014.

We understand that at times patients may remain in the waiting room for some time before they are assessed more fully within the ED. To make sure patients who are waiting are cared for and monitored a new nursing position has been created, the Clinical Initiatives Nurse, who can order early tests such as basic x-rays and blood tests. They will keep the waiting patients updated, ensure their condition is not getting worse and answer any questions they may have.

Managing quality of care

A potential risk of trying to meet four hour targets and reducing elective surgery waiting lists is that the quality of patient care may be compromised. We closely monitor the quality of care for patients using:
• Satisfaction survey results
• Complaints and compliments
• Data, for example readmissions to ED
• Adverse event and incident reporting

At NHW we have a robust incident reporting system and monitor our data closely. Every month, a group of specialist medical consultants attend the Medical Risk Management Committee to review patient histories of patients who have:
• Unexpectedly returned to theatre
• An unplanned transfer to Critical Care
• Died unexpectedly
• Been readmitted to hospital

This process allows us to review the course of care to determine if it is appropriate and if processes need to be improved. From this meeting there have been improvements made including:
• Review of our trauma policy
• Education of staff in the Massive Blood Transfusion process and use of anticoagulation (blood thinning medication)
• Clearer processes for staff in reporting cases to the Coroner
• Ongoing instruction regarding the documentation of clinical treatment

Emergency Department Treatment Times

<table>
<thead>
<tr>
<th>Triage category</th>
<th>Recommended times to be seen</th>
<th>DHS Target</th>
<th>NHW Performance Jul-Dec 2013</th>
<th>NHW Performance Jan-Jun 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediately</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Within 10 minutes</td>
<td>80%</td>
<td>65%</td>
<td>90%</td>
</tr>
<tr>
<td>3</td>
<td>Within 30 minutes</td>
<td>75%</td>
<td>62%</td>
<td>79%</td>
</tr>
<tr>
<td>4</td>
<td>Within 1 hour</td>
<td>60%</td>
<td>59%</td>
<td>76%</td>
</tr>
<tr>
<td>5</td>
<td>Within 2 hours</td>
<td>60%</td>
<td>66%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Community Service Access

In March 2013 NHW received one-off waitlist funding under the National Partnership Improving Public Hospital Services Schedule. This has allowed us to enhance our services through additional staffing, and the following results have been achieved in three key areas:

<table>
<thead>
<tr>
<th>Service area</th>
<th>June 2013 waiting list number</th>
<th>June 2014 waiting list number</th>
<th>Total decrease in waiting list</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td>35</td>
<td>11</td>
<td>68%</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>127</td>
<td>67</td>
<td>47%</td>
</tr>
<tr>
<td>Continence</td>
<td>42</td>
<td>19</td>
<td>54%</td>
</tr>
</tbody>
</table>

MRI

Service delivery at NHW has been enhanced significantly since the introduction of our MRI machine in July 2012. Clinical care has been enhanced by having access to this specialist diagnostic service without having to send patients outside Wangaratta, equalling more timely treatment where required.

The ability to bulk bill pensioners, concession card holders and children, as well as having no out of pocket expenses for DVA patients has improved access further still. Fees were also reduced for all other patients.

MRI diagnostic service

<table>
<thead>
<tr>
<th>TREATMENTS 2012/13</th>
<th>TREATMENTS 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,300</td>
<td>3,423</td>
</tr>
</tbody>
</table>
**Service Delivery**

**Surgical Services**

**Elective Surgery**

Waiting lists for elective surgery are managed in line with the Department of Health (DHS) Elective Surgery Access policy. Waiting lists include patients who are ‘ready for care’ and who need to be treated within a specified time frame, based on urgency. The urgency is decided by the surgeon who will perform surgery.

Did you know...

In 2013/14 our surgeons, anaesthetists and theatre staff performed 5,833 operations.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>DH Target</th>
<th>NHW 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Urgent</td>
<td>Within 30 days</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2 Semi Urgent</td>
<td>Within 90 days</td>
<td>75%</td>
<td>98%</td>
</tr>
<tr>
<td>3 Non Urgent</td>
<td>Within 365 days</td>
<td>93%</td>
<td>88%</td>
</tr>
</tbody>
</table>

NHW actively manages patients waiting for surgery to assist in the timely treatment for all patients. There is a weekly meeting held with Executive, the Operating Theatre Nurse Unit Manager and elective surgery administration staff to monitor our waiting lists.

In 2013/14, NHW was successful in a bid for additional money from the Department of Health to perform an additional 20 knee replacement and 12 shoulder repair operations. These operations were achieved through a partnership between NHW and Wangaratta Private Hospital, where public patients were treated at the private hospital.

Establishment of an anaesthetic clinic on site now provides easy access for patients who need to see an anaesthetist before surgery. Anaesthetic risks are assessed and required tests are ordered ensuring patients are in the best health possible, decreasing delays in surgery due to not being fit for surgery.

There has also been an increase in pre-anaesthetic and pre-admission consultation. This has allowed improved pre-operative management and making sure patients are in the best possible health before surgery. This ensures best outcomes for the patient and allows smooth flow through the operative and post operative phases.

**New Day Procedure Theatre**

As part of the capital works at NHW, a new Day Procedure Theatre started treating patients in February 2014. Used mainly for endoscopy procedures, it has increased its capacity to perform more operations and allowed more flexibility in the existing operating theatres. From February to June 2014 NHW treated 639 patients in the day procedure theatre alone.

**Telehealth Project**

Ten small rural hospitals in the Hume Region are now using telehealth after hours, to support GPs and nurses to provide a 24 hour medical service at their local urgent care centres – the staff in 6 more health services are currently being trained. The Emergency Department (ED) Telehealth service allows patients in remote locations to be seen by NHW ED doctors via videoconference (VC) when a local GP is not available. Patients who don’t need admission to hospital can be treated locally, avoiding a trip out of town.

In May 2013, $1 million was granted to NHW by the Victorian Minister of Health to establish this service across the Hume Region. This followed the successful overnight ED telehealth pilot program with the Yarrawonga Urgent Care Centre which went ‘live’ in March 2013. A regional model of telehealth service being developed will support referral pathways for the Hume Region’s three EDs:

- Wangaratta ED will be linked to Central Hume hospitals
- Shepparton ED will be linked to Goulburn Valley hospitals
- Wodonga ED will be linked to Upper Hume hospitals

The project has provided public health services in the Hume Region with the opportunity to become “VC enabled”. Internet connection upgrades have provided secure, reliable, good quality videoconferencing capacity. Portable videoconferencing units, called ‘practitioner carts’, have been provided to health services for flexible use throughout the health service. This will enable them to be used for expanded telehealth services, such as specialist consultation for outpatients, residential aged care residents, outpatient clinics or mental health services.

Early evaluation of patient and clinician feedback by the University of Melbourne indicates ED telehealth has “improved accessibility of medical care”, and delivers a “responsive, patient oriented service”. After one year of service, feedback from Yarrawonga GPs notes that telehealth has been “life changing”, reducing the impact of overnight calls and their capacity to consult the following day.

**Number of patients ready for care on our waiting lists:**

<table>
<thead>
<tr>
<th>Department of Health target for July 2014</th>
<th>689</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULY 2013</td>
<td>832</td>
</tr>
<tr>
<td>JULY 2014</td>
<td>689</td>
</tr>
</tbody>
</table>

**Victorian Stroke Telemedicine**

NHW is one of 16 Victorian health services selected by The Florey Institute, Melbourne, to participate in the Victorian Stroke Telemedicine project. The project will use video conferencing to provide a 24 hour link to a specialist Stroke Neurologist when required, to assess patient eligibility for ‘clot busting’ medication infusion. Eligibility is based on symptoms and CT scan results. NHW ED undertook pioneering work in this area in 2011 and have a track record in providing best care possible to stroke patients.

**Residential In Reach Service**

The NHW Residential In Reach Services (RIR) team provide an opportunity to deliver hospital type care to people living in Residential Aged Care Services. The aim of the service is to optimise the quality of care for the resident within the residential care facility, thereby preventing unnecessary presentations to hospital. This potentially allows the resident to remain in their own environment whilst still receiving appropriate medical treatment. It can be an alternative to the Emergency Department and hospital for older people who become acutely unwell or need simple clinical procedures.

The RIR team provides a multidisciplinary service to High and Low Level Residential Care facilities in the Central Hume Region.

In addition to providing care, the RIR service enhances relationships and communication between the General Practitioner, the Residential Aged Care Facilities and the hospital through clinical support, improved access to alternative services and improved planning around adverse clinical events.

RIR is a consultative service that offers prompt assessment and short term support with specialist assessment, care provision, treatment and case management to improve access to care during an acute or aged related illness.
Service Delivery

Connecting with our community

Most recent Australian Bureau of Statistics data (2011) shows the Rural City of Wangaratta has a population of 26,816. Of these 87.7% are people who are Australian born. The remaining population are from Italy, England, New Zealand, Germany and Netherlands. 1% of our population have identified themselves as Aboriginal or Torres Strait Islanders.

There are only a small percentage of people who identify as Aboriginal or Torres Strait Islanders. NHW is from Italy, England, New Zealand, Germany and the Netherlands. 1% of our population have identified themselves as Aboriginal or Torres Strait Islanders.

NHW (2011) shows the Rural City of Wangaratta has a population group in Wangaratta and surrounding districts is small, as noted in the demographic data above, NHW is committed to improving the health and wellbeing of indigenous Australians. NHW has:

- An Aboriginal Transition Officer appointed who offers assistance with follow up care for Aboriginal and Torres Strait Islander people who present to NHW
- Regular involvement in NAIDOC day, providing health checks and gathering feedback regarding Aboriginal people’s experiences with NHW.
- An NHW ATSI cultural guide provides information to help staff better understand Aboriginal culture and respond appropriately to Aboriginal clients
- A commitment to accurately identifying all Aboriginal and Torres Strait Islander patients
- Created a more welcoming health service for the Aboriginal community by displaying Aboriginal artwork, flags, posters and welcome plaques at entrances.
- Ongoing education ensure culturally competent care is provided
- A positive relationship between NHW, the local Aboriginal community and regional Aboriginal Community Controlled Health Services.

Respecting differences

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. Although the ATSI population group in Wangaratta and surrounding districts is small, as noted in the demographic data above, NHW is committed to improving the health and wellbeing of indigenous Australians. NHW has:

- An Aboriginal Transition Officer appointed who offers assistance with follow up care for Aboriginal and/or Torres Strait Islander people who present to NHW
- Regular involvement in NAIDOC day, providing health checks and gathering feedback regarding Aboriginal people’s experiences with NHW.
- An NHW ATSI cultural guide provides information to help staff better understand Aboriginal culture and respond appropriately to Aboriginal clients
- A commitment to accurately identifying all Aboriginal and Torres Strait Islander patients
- Created a more welcoming health service for the Aboriginal community by displaying Aboriginal artwork, flags, posters and welcome plaques at entrances.
- Ongoing education ensure culturally competent care is provided
- A positive relationship between NHW, the local Aboriginal community and regional Aboriginal Community Controlled Health Services.

Promoting Health Across Wangaratta

Healthy Eating

Over the last 18 months there has been a regional approach to Health Promotion in the Central Hume region, which means that NHW Health Promotion staff now work collaboratively with health promotion staff from Gateway Health, Alpine Health, Benalla Health and Women’s Health Goulburn North East. There is a regional health promotion plan in place with the priority being healthy eating.

This priority was chosen as data showed:
- 67.8% of males in the Rural City of Wangaratta were overweight or obese
- 48.4% of females in the Rural City of Wangaratta were overweight or obese
- 41.9% of adults in the Rural City of Wangaratta did not meet fruit and vegetable consumption guidelines


There have been a range of strategies developed to improve the access to healthy food and address the barriers to healthy eating. Much of the work underway is also in partnership with other community agencies. Some of these strategies include:

- Local People, Local Food Solutions - Community members have been trained to become research volunteers and are speaking with their networks about what makes it easy and what makes it hard to eat well. This information will help our staff to work on community-driven solutions with the research volunteers and the broader community to overcome food insecurity in Wangaratta.
- The Wangaratta Community ‘Food for All’ Initiative – Community members/groups meet regularly to discuss ideas about improving food access in Wangaratta. The ‘Food Box’ project at Pangerang Neighbourhood House. Boxes of fresh fruit and vegetables are available to the community at minimal cost.
- ‘Communities Latching on to Breastfeeding’ - A local marketing campaign focusing on community support to increase the opportunities to breastfeed, which has resulted in a private area for breastfeeding at the new Co-Store development and a number of local businesses signing up to be a ‘breastfeeding welcome here’ venue. A resource kit has been developed and is available for others to use to promote breastfeeding through strengthened community supports and increased normalisation of breastfeeding in public.

Responsible Alcohol Consumption

In addition, there is a specific focus in Wangaratta itself around improving healthy drinking behaviours based on statistics from the Victorian Health Population Survey and Victoria’s Police data. This data showed:
- 18.9% of males in the Hume region consumed alcohol at least weekly at a risky or high risk level (Victoria 13.4%)
- 24.4% of females in the Hume region consumed alcohol at least weekly at a risky or high risk level (Victoria 19.9%)

(Source: Victorian Population Health Survey, 2008)

An alcohol screening and brief intervention program was run with the Maternal and Child Health Nurses (MCHN) and Gateway Health Practice Nurses to educate people about their drinking behaviours, its impact on their health, and strategies to reduce their drinking. People were screened with a validated tool; if they scored in the ‘risky to high risk’ category they were provided with brief intervention and offered referral to a drug and alcohol counsellor or GP. The MCHN adopted this program as part of their practice, while further training will be offered in Wangaratta for other practice nurses.

An online interactive pregnancy journey map was developed to increase pregnant women’s knowledge of the journey of pregnancy from a medical perspective as well as local services. It advises of the interventions required at various points of the journey (for example, blood tests at 6 weeks, and ultrasound at 18 weeks). It also provides advice about healthy living, covering such areas as: healthy eating, physical activity, smoking and alcohol use.

Pictured: Sakina Babia, Aboriginal Health Liaison Transition Officer

Many people ask about this flag which flies at the front of NHW along with the Australian and Aboriginal flags. It is the Torres Strait Islander flag, which symbolises the unity of all Torres Strait Islander people.

Green represents land (agriculture), black represents people and blue represents the sea (hunting – food source).

In the centre of the flag is the white Dhari, traditional head dress.

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Provision of Care

Improving Dental Health

Part of the major capital works program in 2013/14 included the creation of a purpose built dental clinic which is now co-located in Clark Street with general outpatient clinics as a part of the Community Care Centre. Dental services moved from a dental van and small red brick house in Green Street to its new surroundings on July 1st 2013.

Reducing Waiting Times

The improved facilities have allowed our experienced team of dentists, oral health therapists and dental assistants to see more patients, resulting in the reduction of a very lengthy waiting list to just over 12 months. The National Partnership Agreement provided substantial funds which allowed the introduction of “Franctic Fridays” where patients off the waiting list were screened and allocated appointments depending on their treatment needs. Over 600 patients were removed from waiting lists via this strategy.

The dental service, for the first time, was able to employ a trainee dental assistant through a school based apprenticeship as well as another trainee. Both these staff members will complete their training at the end of 2014 or early 2015. So trainee. Both these staff members will complete school based apprenticeship as well as another trainee. Both these staff members will complete their training at the end of 2014 or early 2015.

NHW provides a maternity service that supports the Central Hume Region through providing more complex and emergency obstetric care for new mothers. There are currently 6 maternity beds, 6 special care nursery cots and 4 labour rooms supported by a team of experienced midwives and consultant obstetricians. Antenatal care is provided through clinics and antenatal classes.

The Community Midwives Program (CMP) and Lactation Clinic are services offered at NHW that are highly regarded by clients and our peers. CMP provides expectant mothers the option of midwife care during pregnancy, labour and after birth. Expectant mothers are assigned a midwife from the CMP team who is their primary care provider, so there is the opportunity to develop a strong rapport prior to delivery.

The lactation clinic provides assistance with breastfeeding in a homely environment to give babies the very best help in gaining good breastfeeding techniques. A satisfaction survey conducted in 2014 showed 100% of mothers felt the service improved their confidence with feeding and was a worthwhile experience.

Reviewing our performance

Every Tuesday, obstetric doctors meet to review the clinical care provided to patients in the previous week and discuss any upcoming ‘at risk’ deliveries that are booked in to NHW, so our staff are well prepared. In addition, we have a Maternity and Newborn Governance Committee which meets monthly to discuss performance data, complaints, incidents and make recommendations for improvement. This meeting also involves our Paediatricians.

Improvements made in maternity services in 2013/14 include:

- Introduction of an online referral form
- Review of the number of people allowed in theatre for caesarean sections
- Successful application to train staff in PROMPT (Practical Obstetric Multi-Professional Training) based on a successful system used in the United Kingdom
- An additional registrar position - this one year training position is aimed at training GPs for advanced rural / remote practice
- Further training in ultrasound for both registrars to enable some ultrasound examinations to be done in the antenatal clinic or the maternity ward
- Commencement of monthly visits to Yarrawonga as a satellite of our antenatal clinic - NHW has provided this service in Myrtleford for several years
- A Special care nursery education program was developed in consultation with the paediatricians, Nurse Unit Manager and midwifery educator.
- Successful implementation of a timetable for medical students attending antenatal services to ensure students experience the range services we provide. All students receive a Medical Student Information Pack on their first day which includes all relevant information to enhance their learning.

Dear staff at Northeast Health

Kangararita

I just wanted to write a quick note of appreciation for the care and service we received whilst staying in the maternity ward at North East Health during the birth of my son on the 15th of March - staying for 3 nights and leaving the hospital on Saturday the 16th.

We are new residents to the Kangararita area, having had our other two children in Melbourne and Geelong.

This birth far exceeded my experience during the delivery of my previous children - having never been cared for so well compared to my time at the North East Health. Of course the arrival of our son was a lovely experience however the staff at the hospital just made it all that better for me. The staff couldn’t do enough for myself and my baby in totally caring for us with all our needs for pain, comfort, support and providing time for me to rest.

Kind Regards

Donna McAninly

Donna is pictured above with her son Sidney.

NHW Dental Service team:
The Illoura Residential Aged Care facility is located on the corner of College and Phillipson Streets in Wangaratta, boasting a tranquil rural outlook. It is a modern 62 bed, fully accredited facility, comprising 46 single rooms and 8 double/twin bedrooms. It offers long term care and respite services. Supported by our experienced staff, every effort is made to create a home like environment for our residents. We think it is a great place to call home!

During 2014, the lifestyle team at Illoura have begun the introduction of a new program for the residents who have dementia. Based on the Montessori program, this new approach will help shape a purposeful, meaningful community in which people with dementia can live.

All staff are adopting the Montessori principles which focus on the person’s capabilities, capturing their interest and showing respect. Giving residents more choice, and providing signs and visual cues to enable them to actively participate in daily activities has helped residents feel in control of their lives.

To start the program staff have begun to introduce activities to residents directly linked to their interests. Some of these activities include:

- Supporting residents to build a chicken coop from a flat pack
- Building several raised garden beds
- Encouraging residents to care for the chickens, feed and lock them up at the end of the day, collect the eggs, etc
- Assisting to cook pancakes, scones etc
- Encouragement to pick fruit from the trees to make jams and marmalade
- Collecting washing from the clothesline and folding it up
- Activities to enhance memory and give the ability to re-learn old and new tasks

Already we are seeing positive signs with decreased falls and aggressive incidents. There has also been positive feedback from staff, residents and their families about the program.

Provision of Care

Illoura
Residential Aged Care

Creation of a Mobility Garden

A partnership between NHW’s Community Care Centre and Goulburn Ovens Institute of TAFE, Horticultural Program has seen the planning and implementation of a mobility garden to complement the existing facilities at the Community Care Centre.

Seven students undertaking a Certificate III in Horticulture, Conservation and Land Management were provided a brief by NHW staff in what they needed from the garden and students were tasked with presenting their individual designs to NHW management and staff. The resulting garden plan eventually included aspects of several plans.

The primary aims of the garden are to:

- Provide a safe and accessible outdoor area for clients, families and carers to engage in therapeutic and rehabilitation tasks using similar terrains and access points that clients may need to negotiate within the community
- Provide quiet areas for counselling and one to one therapy sessions
- Have an edible garden which promotes healthy eating and activities of daily living
- Have an outdoor area that is inviting for clients and staff for meetings

Works were commenced August 2014 and staff are kept updated via the NHW facebook and website which includes photographs of progress. This has been an exciting project which has seen strong partnerships between Wangaratta TAFE and NHW being forged. Further to this, the project has provided a practical context for TAFE students to experience and enhance their skills in working for a contractor, design a garden according to specific requirements, develop a budget and complete construction. Benefits for NHW patients and staff will be enjoyed for years to come.

Nutrition

Malnutrition occurs when a person’s nutritional needs are not met, either by not having enough food or not eating the right food. Patients who are already malnourished on admission will have a higher risk of infections, falls and pressure injuries. They are also prone to complications and require longer hospital stay for recovery. It is thereby important that this condition is identified and treated as soon as possible.

To assess how many patients were at risk of malnutrition, four dietetic graduates from the Charles Sturt University, under the direction of Segar and Tina Martin, performed a point prevalence study in December 2013. The students screened all in-patients for their malnutrition risk. The results showed the importance of a hospital-wide nutrition screening tool and the need to have an increased awareness of the nutritional status of in-patients on admission.

As a result, Allied Health Assistance staff have been trained to screen patients and refer to dieticians for assessment when indicated. The process of screening all high risk patients such as oncology and orthopaedics has commenced so action can be taken where necessary to improve their food intake for the best clinical outcomes.

Galen Student Volunteers

There are now 20 Galen College students who are trained to help feed residents at meal times or assist lifestyle assistants with activities.

The student volunteer program has been running for four years and we continue to look at new ways to develop and improve this partnership which benefits both the residents and the students.

Picture: Dietetic students Clare Fox, Caitlin Maunton, Jasmin Seger and Tina Martin.
The Redesigning Care program is committed to improving the patient’s journey. Problem solving methodology is used to address identified issues relating to access, efficiency and service quality. Well designed interventions are introduced to improve communication, eliminate waste or duplication and standardise processes without compromising patient quality and safety. In the last 12 months, clinical redesign has:

1 Streamlined the referral process between the acute hospital and in Thomas Hogan Rehabilitation Centre

2 Increased the use of Hospital in the Home

The Redesigning Care Program at NHW has been funded by the Department of Health Redesigning Hospital Care Program.

Referral system from Acute to Rehabilitation Services

There are times when patients who have been treated in the acute hospital may need to spend some time in Thomas Hogan Rehabilitation Centre (THC) to improve their mobility and strength or general function before they are discharged. The sooner patients can be referred and accepted into THC, the sooner they can be transferred and therapy commenced, improving patient outcomes.

At the commencement of this project there were five different referral pathways that could be used to start this process. The aim was to create one referral pathway and make the process more timely, appropriate and goal oriented. To improve, the redesign team and staff:

- Mapped current processes
- Undertook staff questionnaires
- Reviewed the Patient Journey Board
- Tracked staff and patients

One referral tool was developed and is now used by all clinical staff who refer patients to THC, including medical, allied health and nursing staff. Some of the results to date can be seen in the table below:

<table>
<thead>
<tr>
<th>Measurable results</th>
<th>Before Redesign</th>
<th>After Redesign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Acute length of stay for patients being transferred to THC</td>
<td>11.8 days</td>
<td>7.07 days</td>
</tr>
<tr>
<td>Average Acute length of stay for patients being transferred to THC (Orthopaedic patients only)</td>
<td>New Process</td>
<td>6.32 days</td>
</tr>
<tr>
<td>Number of referral pathways from acute to sub-acute</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Care coordination goals in place within 48 hours</td>
<td>47%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Improving use of HITH

Hospital in the Home (HITH), as its name suggests, treats patients in their own home with therapies they would have received as an inpatient. Data collected showed that we had the capacity to increase the numbers of patients treated in HITH, to increase the numbers of beds available for patients requiring treatment in hospital. To increase capacity, the Redesign team assisted with:

- Creation of a new role of Intake and Assessment Nurse to assist the HITH coordinator facilitating admissions to HITH
- A 6 month comprehensive education program for existing HITH and DNS staff regarding the role of the AI Nurse
- Hospital wide education regarding HITH services
- Implementation of an 8am to 8pm service with one point of referral

As a result direct admissions to HITH increased by 39% over 6 months from November 2013 to June 2014.

NHW has a vibrant Speech Pathology Service consisting of five Speech Pathologists. We offer services to patients within the hospital, the Community Care Centre (children: birth-school entry and adults aged over 18 years), the home and residential aged care facilities. The services provided help people who have communication and/or swallowing difficulties.

In 2014 the Speech Pathology Service has successfully restructured the Video Fluoroscopy Clinic, which is a diagnostic service for people with swallowing difficulties. NHW not only offers this clinic to our local community, but other smaller hospitals and community health services around the region. This ensures people with swallowing difficulties are provided with an accurate diagnosis and appropriate recommendations for management are made by their treating team.

Along with directly helping the Wangaratta community those with swallowing difficulties, the speech pathology staff has also had a vital role helping people who have had a stroke. A common result of a stroke is reduced communication skills. In 2014 a communication group was introduced into the Thomas Hogan Rehabilitation Centre to assist people to reach their communication potential using specific learnt communication strategies.

NHW Speech Pathologists worked with colleagues from around the world on the International Communication Project 2014 (ICP 2014). This project aims to increase people’s awareness and understanding, around the world of communication disorders, and how they impact on lives. NHW Speech Pathologists embraced ICP 2014 and brought attention to this important issue, particularly in the Wangaratta region, through newspaper articles and displays in the community.
Provision of Care

Breast Care & Gynaecological Cancer Service

The Breast Care & Gynaecological Cancer Service is an innovative specialist support service for women and men with breast cancer, and women with gynaecological cancers. We are one of the only services that combine these two areas of expertise. A Breast Care & Gynaecological Cancer Nurse provides support and information throughout the cancer journey, including at diagnosis, throughout treatment and if cancer returns. The Breast Care & Gynaecological Cancer Nurse can also provide support and information regarding breast awareness and wellbeing for individuals or for the community.

In 2013/14, the Breast Care & Gynaecological Cancer Service has provided support to approximately 90 women. This included women with benign breast disease, early and advanced breast and gynaecological cancer.

This year the service has also collaborated to provide a “Spoil Me Day” at Boynton’s Feathertop where the Breast Care & Gynaecological Nurse provided advice and support.

The Breast Care & Gynaecological Cancer Service works in partnership with other programs and health professionals to provide services to the community including:

• Early Intervention Program for Lymphoedema (115 clients in 2013/14)
  This free program aims to prevent lymphoedema in women who have had breast cancer treatment. A tool called a ‘bioimpedence unit’ is used to identify very early signs of impeded lymphatic flow. All patients with Breast Care are eligible to participate in this service.

• Encore Program (2 programs this year)
  A free, eight week exercise and information program to help restore mobility, flexibility and confidence. It is designed specifically for women who have experienced breast cancer at any time of their life and targets the side effects of surgery and treatment through mobility, stretching, aerobic and resistance exercises. Program consists of land base exercise and Hydrotherapy exercises.

• Look Good Feel Better (4 programs this year)
  Helps teach beauty techniques to restore appearance and boost self esteem during cancer treatment.

Thanks so much Sally and Jodie for your advice, support and care during my breast cancer journey. We are blessed to have a service like yours available with such dedicated and caring staff. I am blessed to have the opportunity to enjoy life again.

Love,

Wendy Houston

Work Force

NHWV is the largest employer in Wangaratta and currently employs a total of 1,149 staff. In addition, we have 55 Visiting Medical Specialists who can admit patients to NHWV. Through the Hardwiring Excellence Program, there has been a focus on communication and workplace culture making sure there is consistency in approach across NHWV. Every staff member every month is expected to have a one on one documented conversation with their manager about:

• What is working well
• What needs improvement
• If additional equipment or tools are needed
• Who should be recognized for doing a good job

This enables every staff member the opportunity to have their say about their workplace and it makes sure improvements are made where needed. It also allows staff to recognise other staff for exceptional work, which is acknowledged.

From this and other strategies from Hardwiring Excellence, we have seen improvement in staff satisfaction over the past four years. Every year our staff are invited to participate in the ‘People Matters’ survey conducted by the State Services Authority. Results are compared, or benchmarked, against similar sized hospitals and also across the state. Our improvement can be seen in the table above right which highlights just a few of the satisfaction areas.

Medical Workforce

The Medical Workforce unit has been very proactive in expanding junior medical staff numbers to meet the needs of the hospital and community. There has been expansion of accredited Registrar training positions in the areas of Rehabilitation, General Medicine, Emergency Medicine and Anaesthetics. Additional Intern and Resident positions in General Surgery, Urology, General Medicine, Rehabilitation and Emergency has increased the Junior Medical Workforce to 44 in February 2014 (from 35 in February 2013).

Further strengthening our partnerships with metropolitan hospitals and regional training programs/providers has been critical to this success, along with the ongoing commitment and unwavering support of our Visiting and Senior Medical Officers.

People in Health Summit

The NHW Education and Research Team were recently recognised at the inaugural People in Health Summit in Melbourne, hosted by the Department of Health. Our team were short listed for the Rural & Regional Health Workforce Initiative Award, for the work done in promoting careers in health to school students through work experience. NHWV staff also featured in a video played at the Summit promoting careers in rural health.
Information Management

To meet this standard we need to demonstrate improvement and practice excellence in health records management, corporate records management, information technology and how we collect and store information.

Whenever a person receives treatment or is seen within a health service, information is collected about that visit. This information is held within a medical record that is managed by our Health Information Service. Health services also collect large amounts of data in order to monitor our performance – not only how many procedures we do, or how many patients we see, but to review how well we perform.

In 2013/14, there has been work undertaken at NHW to more fully link all the individual information management services and systems, and there is now an Information Management Team that meets every month. This team is comprised of:

- Health Information (medical records)
- Information Technology
- Reporting and Analysis Manager (new position)
- A Special Projects Manager (also a new position)

In particular this team is looking to improve the reporting of consistent data from across all areas of NHW – acute services, community, emergency, human resources and financial. There have already been improvements in data reporting with:

- Monthly performance reports for Executive Management
- Weekly activity reports now sent to managers
- A Special Projects Manager (also a new position)
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Feedback from a local GP

‘NHW issues summaries of a significantly higher quality than even the best of the big Melbourne public hospitals. The good points are:

- They arrive promptly via efficient electronic download
- They have a high level of accuracy and completeness particularly when from the medical units.

Freedom of Information

Anyone who has been a patient of NHW or who has used our health service is able to request a copy of their medical records via the Freedom of Information process. To maintain privacy, only the actual person, or their nominated representative, are able to request records, and appropriate forms need to be completed so we can be sure we are meeting correct privacy laws. There may be costs involved in providing this information, to cover the costs of photocopying and staff time. In 2013/14 we processed 427 FOI requests.

Work Experience Program

The NHW work experience program sees as many as 60-70 students every year attend the health service. The program provides an insight into many areas of the health service and introduces students to career options they may not have considered or even be aware of. Our work experience program rotates students through multiple departments, provides support and materials for workplace supervisors, and ensures students are supported during their experience to ensure they gain maximum value from their time at NHW.

VETIS (Vocational Education and Training in Schools) Program

Enrolling in the VETIS program, students from years 10, 11 or 12 can complete a Certificate III in Health Services Assistance and a Certificate III Allied Health Assistance.

Students attend TAFE and their practical placements are based at NHW on alternative weeks over two years. As a result of the pilot program at NHW in 2009, the local VETIS program is now running across a number of health services, schools and TAFE campuses across the Hume region. During 2014 NHW hosted 10 first year and 10 second year students.

School Based Traineeships

To support an entry level health career pathway for local students, an innovative school based workforce strategy has been developed by NHW. The aim is to expose local high school students to the wide variety of career options available to them across the Central Hume Region.

In 2014 in collaboration with the local employment agencies (ATEL and CVGT), GOTAFE, Partners in Training and local secondary schools, NHW has launched a number of school based traineeships in both clinical and non clinical disciplines.

Non Clinical School Based Traineeships

Eight non clinical program students undertook work placement in Finance, Business Administration, Facilities Management and Hospitality Services.

Clinical School Based Traineeships

Five students were mentored by NHW Allied Health Assistants to complete clinical training in the Certificate III in Allied Health Assistance. In addition, one student was hosted by Dental Health Services to complete a Certificate III in Dental Assistance.

Student Profile

Jordan Wilson (pictured above)

Age 16

Wangaratta High School
Department Supply and Logistics
Mentor Theo Kalkandis and his team

“I think I want to work in hospitality so this is helping me get an idea if its what I really want to do.”

Pictured: Indy, Certificate II Health Support Services (Food Services Assistant), with Mentor Ian, Food Services Manager.

“I has been wonderful to see the vision of onsite Allied Health trainees come to fruition at Northeast Health Wangaratta.”

Pictured Mentor Emily, Allied Health Assistant, with Stephen, Certificate III Allied Health Assistance (Community Care Centre).

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Ongoing care

Providing other health care providers with information about your stay is an essential part of information management. After a person has been treated in hospital there is a summary written by the doctor about the person’s treatment, including any procedures that were undertaken, medication changes, blood test and pathology results and ongoing care needs. We aim to have high quality information to General Practitioners (GPs) within 24 hours of a patients discharge and there has been an ongoing campaign to improve in this area, driven by the Medical Workforce Unit.

Junior medical staff who complete exceptional discharge summaries are considered for a monthly prize which is awarded by the Health Information Team. In addition, Consultant doctors are advised of great work that is done by their juniors, providing recognition for a job well done.

Surgical teams in particular have shown a great improvement in providing summaries within 24 hours from 65% in January 2014 to 89% in June 2014.

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Improvement in provision of surgical summaries

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
<th>Provided within 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUARY 2014</td>
<td>65%</td>
<td>provided &lt;24hrs</td>
</tr>
<tr>
<td>JUNE 2014</td>
<td>89%</td>
<td>provided &lt;24hrs</td>
</tr>
</tbody>
</table>
The Occupational Health & Safety (OH&S) program at NHW continually monitors the workplace to ensure a safe and healthy work environment is maintained for all workers including volunteers, contractors and visitors. There is a positive health and safety culture amongst our staff where reporting of staff incidents and hazards are encouraged. Reported events are discussed at monthly OH&S meetings to make sure appropriate action has taken place.

Improvements to the health and safety of our staff in 2013/14 have included:

- Construction of a footpath in Dixon Street to improve access
- Replacement of carpet flooring in the surgical ward with vinyl (assists pushing wheeled beds and equipment)
- Swipe card-restricted access into the operating theatre corridor
- Increased space between chairs in the dialysis unit following expansion
- Changes to Pharmacy storage cupboards in wards to reduce bending
- A reintegration of the Smoking Committee, with an emphasis on assisting staff and patients quitting.
- Promotion of the Victorian Government “Live Lighter” program through the Intranet, providing valuable health information to staff.
- Council approval for a designated Pedestrian Crossing at the front of the Hospital
- Health and wellbeing promotions including walking groups, stretching sessions, Foot Health month promotion and Smoking cessation clinics through our dedicated Staff Health Clinic
- Installation of a new pendent in Theatre 2 to allow staff better access and reduce trip hazards
- An 80% reduction in accepted Work Cover claims

NHW has received a $25,000 training grant to educate our staff in aggression management skills. This training will occur in 2014/15.

Aggression and Assault

It has been widely reported in the media that there is an increasing risk to health care workers in terms of aggression and violence, particularly in areas such as the Emergency Department. NHW closely monitors the risk to our staff and encourages staff to report episodes where they experience physical or verbal abuse, or feel unsafe or threatened. Every effort is made to protect our staff. To do this we have:

- Security staff on site
- CTV surveillance at all entrances and in high risk areas
- Excellent relationships with the Wangaratta police
- A policy of zero tolerance to aggression and violence
- Duress alarms for staff
- Satellite security for staff based in the community
- Staff who have had previous training in managing difficult clients
- Security staff available to escort staff to and from their cars during the evening and night

Managing Internal Emergencies

A recognised standard within healthcare facilities in Australia is the colour coded emergency response system. These codes (pictured below) form part of our Emergency Management Program and each colour helps define the actions required of staff when responding to an incident.

It is mandatory that:

- These codes are reviewed and updated every 12 months
- Staff are trained in the appropriate response to these codes on a regular basis
- That we routinely test our responses

Testing External Emergency Response

In May 2014 NHW teamed up with Rural Ambulance Victoria and the Department of Health to conduct an “Emergo Train” exercise. This system uses a hands on approach to test our response to a large external medical disaster, should this ever occur. Emergo Train is an interactive simulation system developed at the Centre for Teaching and Research in Disaster Medicine and Traumatology (KMC) at the University of Linköping, Sweden.

The simulation uses a system of magnetic symbols representing staff, resources and patients. Each patient is moved around areas of the hospital depending on their condition, priority and necessary treatment, just as would occur in a real situation. The realism of the exercise is maintained by using real time and the resources available in the hospital on that given day. The exercise concludes when all casualties have been cleared from the disaster site.

Emergo Train is not intended to test the clinical skills of participants, but ensures that the processes and systems we have in place can cope with such a disaster, should it arise. This is the third time we have tested this system and will continue to train our staff into the future using this method.

Improvements made as a result of Emergo Train:

- Further clarification of staff roles
- Review of action cards in some areas to clearly define responsibilities
- Confirmation of Liaison positions from Wangaratta Private Hospital and Ambulance Victoria
- Development of a different system to accurately identify patients in times of mass admission

It is mandatory that:

- That we routinely test our responses

NHW Emergency Codes

- RED: Fire / Smoke
- BLUE: Medical Emergency
- BLACK: Personal Threat
- BROWN: External Emergency
- PURPLE: Bomb Threat
- ORANGE: Evacuation
- YELLOW: Internal Emergency

Picture: NHW Emergency Department staff organise patient care within their simulated department on the whiteboard.

Did you know...

Pictured: Louise Huxtable using new footpath on Dixon Street
Corporate Systems & Safety

Waste Management

Improvements in waste management have been seen in recycling of bottles, cans, cardboard and paper. This has been achieved through introduction of different coloured bins with clear signage in ward areas, with white bins being used for recycling and grey bins for general waste.

The plastic liners used in the recycling bins are now also biodegradable and break down within 45 days. Education of staff in which bins to use, and also what items can be recycled, has been provided by Environmental Services staff.

Expansion of the rubbish stations used in non inpatient areas has also increased our recycling rates by encouraging better sorting of recyclable materials.

Recycling: Bottles, Cans, Cardboards and Paper

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<thead>
<tr>
<th>Year</th>
<th>Volume (m³)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>1.480m³</td>
</tr>
<tr>
<td>2012-2013</td>
<td>1.553m³</td>
</tr>
<tr>
<td>2013-2014</td>
<td>1.831m³</td>
</tr>
</tbody>
</table>

Research

The research partnership between NHW Education & Research Unit and The University of Melbourne through the Rural Health Academic Network (RHAN) continues to grow with some significant new research activity over the past year. A very successful Research Week was celebrated in November 2013, with many staff members presenting their research findings and attending research skills workshops. An important highlight was the presentation by our visiting Professor Dr Sten Rubertsson from Uppsala University, Sweden, who spoke about cardiac arrest and mechanical chest compression from his recently published international randomised controlled trial.

Our research teams demonstrate the interdisciplinary nature of clinical practice and the vital importance of partnerships and collaboration. An example of this is a recently completed study into diabetes in Residential Aged Care Facilities (nursing homes) led by Dr Robert Krones. The study included medical students and nurses from across the region. Results showed a prevalence of diabetes in North East Victoria was significantly higher than the general Australian population data for this age group. The study concluded that with the increasing prevalence of Type 2 diabetes in our general communities, the number of diabetic residents in aged care facilities will further increase, contributing to a significant burden of care.

NHW’s leadership in the Hume Region Telehealth project (see page 21) has been captured in a research collaboration to evaluate the project outcomes with the Health and Bioinformatics Research Unit at the University of Melbourne and the RHAN. New research partnerships with the Victorian Telestroke project and the Victorian Cardiac Outcomes Register are further examples of our leadership in rural health research and our contribution to the evidence base for improving patient care in the area of chronic disease.

Technology for communication

Around the world, technology is transforming the way in which we communicate and at NHW we have an ongoing commitment to improving our standards of communication through various forms of online media such as our website and Facebook page.

So you can... Like us on Facebook and become a part of the growing NHW community, read the CEO’s blog to gain a personal insight from Margaret Bennett, keep up to date with major news stories and articles on our website blog, search our career section or simply find out more about NHW and the services we provide.

Hot off the Press!

We are very excited to announce a complete overhaul of our current website that will make it easier to locate information that is relevant to you, no matter what device you are using. The new website will be launched later this year with a brand new web address which will better represent NHW as an organisation and make it easier for people to find us online. So join us on Facebook and be the first to get a sneak peak of the website before it goes live.

Rewarding Excellence

Annual Staff Excellence Awards were held at the Wangaratta Performing Arts Centre on March 27th 2014. In front of 160 attendees, educational achievements were recognised and major achievement awards celebrated.

Winners of our annual major achievement awards were:

1. Ross Moore
2. Brooke Winzer
3. Crystal Sessions
4. Stacey Bunn
5. Heather Wricham
6. Dr Andreas Baisch
7. Maree Delaney
8. Barbara Johnson & Stephanie Lowen

A special presentation of a ‘Certificate of Community Service’ was made to Mr Michael Falkenberg, Orthopaedic Surgeon, who has been part of the medical team at NHW for 25 years. The Chair of the Victorian Regional Committee of the Royal Australasian College of Surgeons, Robert Soonder, travelled to Wangaratta to present this prestigious award to Mr Falkenberg for his outstanding service.
Feedback
Please let us know what you think of this report, or of our service at any time by:

Letter
Chief Executive Officer
PO Box 386
Wangaratta 3676

Telephone
Speak with the Performance Improvement Manager by calling:
(03) 5722 5482

In Person
Meet with the Performance Improvement Manager, make an appointment on:
(03) 5722 5482

Email
feedback@nhw.hume.org.au

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