



2015
16

Annual
Quality
Account



Northern Health

PASSIONATE
We
care

COLLABORATIVE
We are
a team

DEDICATED
We are
focused

PROGRESSIVE
We look
to improve

PARTNERSHIP
We
Collaborate

Our Vision

Outstanding health care for our community.

Our Mission

At Northern Health we are committed to the wellbeing of the people of Melbourne's north. We draw upon the richness, knowledge and strength of northern communities as we partner with them in their care.

Our Strategic Goals

- Patient First - Our patients' expectations are exceeded because we partner with them to deliver innovative and accessible care.
- Quality and Safety - We pursue the highest quality outcomes of care.
- Our People - Passionate and capable people have great careers and provide outstanding health care.
- Sustainability – We eliminate unnecessary processes and costs to ensure long-term financial viability and sustainability.

Our Values

- Passionate – we care
- Dedicated – we are focused
- Progressive – we look to improve
- Collaborative – we are a team
- Partnership – we collaborate.



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Message from the Chief Executive

Northern Health's Annual Quality Account aims to inform the community on Northern Health's commitment and efforts to achieving our vision of outstanding health care for our community.

As the major provider of acute, sub-acute, maternity and ambulatory specialist services in Melbourne's north, we provide care for a diverse community of over 750,000 people, where over 118 languages are spoken and 126 countries are represented.

Inside this document, you will find information comparing Northern Health to our peers in the health

sector across a number of categories and hear what we're doing to improve our work and quality. You will also read about how we are strengthening our Aboriginal community services, meeting the needs of our culturally diverse community, and promoting quality and safety at Northern Health. We achieve this through working with consumers, staff, patients and their families as well as keeping up with community feedback to enhance patient satisfaction, improve clinical outcomes, and engage consumers to be part of creating excellence within Northern Health.

I would like to take this opportunity to thank our staff, patients, volunteers, consumers and their families for their ongoing commitment to providing outstanding health care for our community, and am pleased to present to you the 2016 Northern Health Quality Account.

A handwritten signature in black ink, appearing to read 'S. Sivarajah'.

Siva Sivarajah
Chief Executive
Northern Health



Raising the bar on quality

We value your opinion and invite you to comment on the Annual Quality Account so that we may continue to improve and meet our community's health needs. Please email your comments and suggestions to qsrunit@nh.org.au or phone (03) 9495 3229 to speak with a member of Northern Health's Patient Experience Office. Alternatively you can go to page 30 and follow the instructions to complete the survey.

If English is not your primary language, you may also call us via telephone interpreter service on 131 450. You can speak your language and ask them to call the Patient Experience Office on (03) 9495 3229. Language services are free of charge.

ARABIC

إذا رغبت بمعرفة المزيد عن التقرير السنوي للنوعية، يرجى الإتصال بخدمة الترجمة الهاتفية TIS على رقم الهاتف 131450. بإمكانك التحدث بلغتك واطلب منهم الإتصال بقسم النوعية على رقم الهاتف (03) 9495 3229. الخدمات اللغوية مجانية.

ITALIAN

Per saperne di più sul Rapporto annuale sulla qualità (Annual Quality Account), siete pregati di chiamarci al 131 450 usando il servizio di interpretariato telefonico. Potrete parlare la vostra lingua e chiedere che chiamino il Dipartimento per la Qualità al (03) 9495 3229. I servizi linguistici sono gratuiti.

TURKISH

Eğer Yıllık Kalite Raporu hakkında daha fazla bilgi istiyorsanız TIS aracılığı ile bizi 131 450 no'lu telefondan arayınız. Kendi dilinizde konuşarak Kalite Departmanı ile (03) 9495 3229 no'lu telefondan irtibata geçmelerini isteyiniz. Dil hizmetleri ücretsizdir

GREEK

Αν επιθυμείτε να μάθετε περισσότερα σχετικά με την Ετήσια Έκθεση Για Την Ποιότητα της Περίθαλψης (Annual Quality Account), παρακαλούμε επικοινωνήστε μαζί μας μέσω της τηλεφωνικής υπηρεσίας διερμηνείας TIS στο 131 450.

Μπορείτε να μιλήσετε στη γλώσσα σας, και να τους ζητήσετε να καλέσουν το Τμήμα Ποιότητας στο(03)9495 3229. Η υπηρεσία διερμηνείας διατίθεται δωρεάν.

MACEDONIAN

Ако сакате да знаете повеќе за Годишниот Извештај за Квалитет (Annual Quality Account), ве Молиме повикајте не преку ТИС (TIS), на телефон 131 450. Можете да се јавите зборувајќи Македонски. Замолете ги да Ве поврзат со Одделението за Квалитет (QUALITY DEPARTMENT) на (03) 9495 3229. Услугите за јазикот се бесплатни.

CHINESE

如果您想了解更多年度质量报告 (Annual Quality Account) 的相关内容, 请拨打电话传译 (TIS) 电话131 450和我们联系。您可以说自己的语言, 请其转接(03) 9495 3229。语言服务是免费的。

VIETNAMESE

Nếu muốn biết thêm chi tiết về Bản Báo Cáo Chất Lượng (Annual Quality Account), xin gọi cho chúng tôi qua trung gian của TIS theo số 131450. Quý vị có thể nói chuyện bằng ngôn ngữ của mình và nhờ họ gọi cho Ban Chất Lượng (Quality Department) theo số (03) 9495 3229. Quý vị không phải trả chi phí dịch vụ ngôn ngữ.

About this report

Northern Health's *Quality Account*, formerly *Quality of Care Report* is produced each year to tell our community how we can create outstanding health care for our community.

In this report, information about our services and the changes we have made to improve care and patient outcomes are highlighted. Patients have consented to share their stories to highlight these improvements and showcase our services.

Local residents, who are members of the Northern Health Consumer Network, have given us valuable feedback on last year's *Quality of*

Care Report. We have listened to their suggestions on how to make this year's report more interesting and useful to our community and have made many changes including:

- succinct reporting
- focus on experience (patients)
- articles that are meaningful to our community
- sharing how we engage with consumers/patients
- reduce focus on acute care
- reduce the length of the report.

ACCESSING THE REPORT

The report is available online:
www.nh.org.au

To ensure the report is accessible to our non-English speaking consumers we encourage the use of the free language services. Details on page 7.

We would like to acknowledge the valuable contribution made by all of those who have commented on this year's report, and previous reports, in an effort to help us provide the best possible information about Northern Health.



Northern Health performance at a glance

Victorian Health Experience Survey			
	Northern Health	Benchmark	Further information
Patient Experience scores as per June 2016 rating overall care as good or very good	83% (x)	86%	Refer to page 13
Leaving hospital and discharge processes	82% (x)	88%	Refer to page 28
Residential Aged Care Indicators			
Nine or more medications	4.29 (✓)	4.26	Refer to page 26
Unplanned weight loss	2.55	1.18	
Restraint	0 (✓)	0	
Pressure ulcers stage 4	0 (✓)	0	
Falls with fracture	0 (✓)	0.12	
Victorian Perinatal Services Performance Indicators			
Breast feeding rates	87.7 (x)	94.2	Refer to page 24
Rate of infant formula use in breast fed babies	34.73 (x)	25.3	

Northern Health performance at a glance

Quality & Safety			
	Northern Health	Benchmark	Further information
Accreditation status	Full Compliance (✓)	Full compliance	Refer to page 19
SAB rate Staphylococcus Aureus Bacteraemia	<0.4/10,000 (✓)	<2/10,000	Refer to page 23
ICU central line infection	No Outliers (✓)	No outliers	
Medication safety - Dose specified and correct on drug chart	90.1% (✓)	85%	
Orders signed by prescriber	98.8% (✓)		
Preventing falls and harm from falls	0.01 (✓)	0.01	
Preventing and managing pressure injuries	0.13 (x)	0.07	Refer to page 24
Appropriate use of red blood cells - giving blood for the right reason	100% (✓)	100%	
Hand hygiene compliance	84.3% (✓)	80%	Refer to page 21
Influenza immunisation	75.8 (✓)	75	Refer to page 21

Consumer care and community participation

'DOING IT WITH US NOT FOR US' - COMMUNITY PARTICIPATION AT NORTHERN HEALTH

WHO IS A CONSUMER?

The Department of Health defines consumers as "people who are current or potential users of health care". A consumer may be a patient, carer, support person, or a community member with an interest in the way health care services are delivered.

Northern Health's Consumer Network is made up of people like you – patients, carers and community members – who are interested in health care issues and the services Northern Health provides. There are 40 current members within the Northern Health Consumer Network, representing

the diversity of our community. Members attend information and training sessions we provide to build their understanding of how Northern Health works and their responsibilities as a consumer member.

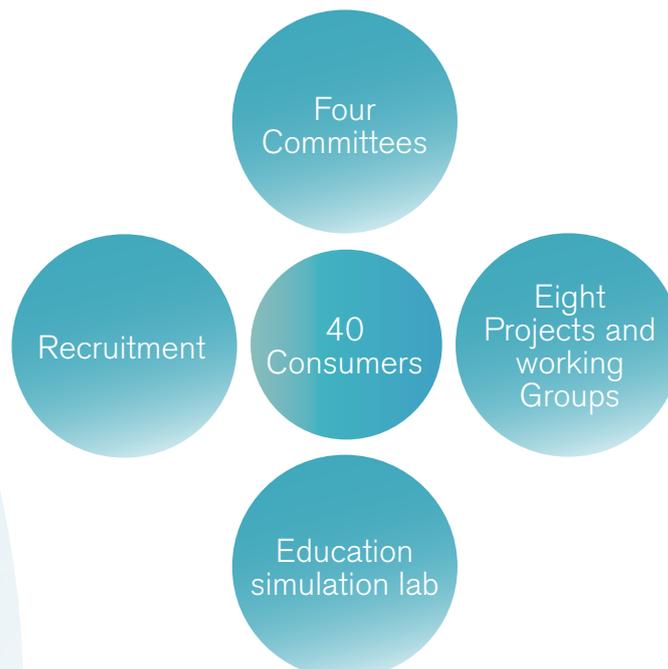
The Northern Health Patient Experience Community Advisory Committee meets six times per year. The Committee consists of nine community members who work together with members of the Northern Health Board and staff so that our community is considered in the decision making processes of the organisation. The Patient Experience Community Advisory Committee draws together a diverse group of people from a range of backgrounds and life skills.

The voice of the consumer has become even more important over the last several years with the implementation of the National Safety and Quality Health Service

Standards. A key component of the National Standards is that as an organisation we are responsive to patient, carer and consumer input and needs. Northern Health strives to have consumer representation on every standards committee to provide the consumer point of view. Consumers are also recruited to become members of specific working groups and subcommittees throughout the organisation.

GET INVOLVED

Northern Health is always looking to recruit new members of the community to become involved in the work of committees, working groups, or other volunteer opportunities. If you are interested, or would like to find out more, please contact us at consumerparticipation@nh.org.au or phone (03) 9495 3229.



Consumer care and community participation cont'd



HEALTH LITERACY IS IMPORTANT TO YOUR HEALTH AND WELLBEING, AND TO THE SAFETY AND QUALITY OF YOUR HEALTH CARE.

The World Health Organisation defines Health Literacy as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health Literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy promotes empowerment.

Health literacy enables people to make well-informed decisions about their health, and ultimately affects the safety and quality of health care. People with low health literacy are more likely to be hospitalised, to go to an Emergency Department, to have poorer health outcomes, and they are less likely to undertake preventative health activities.

Northern Health promotes working in partnership with consumers and carers on patient health publications ensuring the development of information is presented in accordance with appropriate National Health Literacy references.

The Northern Health Consumer Literacy Establish and Review group (CLEAR) was established in 2015 to undertake this work. The group meets once a month to review patient information that is used throughout the health service. The membership of the group covers the diverse needs of Northern Health's population.

As the name suggests, the CLEAR group will help to identify areas that require information to be developed and established.

To date, members have reviewed over 50 patient health information brochures.

If you are interested in being part of this group supporting Northern Health staff in the development of patient information, please contact us at consumerparticipation@nh.org.au or phone (03) 9495 3229.

INTERPRETER SERVICES MEETING THE NEEDS OF DIFFERENT CULTURES

TOP LANGUAGES	TOTAL REQUESTS
Arabic	11634
Italian	6526
Assyrian/Chaldean	6278
Turkish	6203
Greek	5066
Macedonian	4705
Mandarin & Cantonese	2346
Persian	2129
Vietnamese	2035
Croatian	666
Nepali	593
Spanish	580
Punjabi	557
Serbian	450
Tamil	435
Somali	285
Hindi	271
Hmong	243
Sinhalese	208
Khmer	190
Samoan	189
AUSLAN	182
Thai	162
Maltese	160
Albanian	159
Portuguese	151
Urdu	133
Hakka	129

Northern Health is strongly committed to culturally and linguistically diverse (CALD) Australians whose first language is not English, and is able to report on the six mandatory standards of the Department of Health and Human Services' Cultural Responsiveness Framework.

The Northern Health 2013-2016 Cultural Responsiveness Plan clearly demonstrates a whole of organisation approach to cultural responsiveness.

The Plan highlights the work of the award winning Transcultural and Language Services (TALS) Department which is chiefly responsible for maintaining

the health service's high levels of cultural competence. TALS is supported and informed by the Northern Health Diversity Governance Committee which has executive representation and whose members come from different departments and campuses, as well as from the community at large.

The TALS Department is a sector leader which, as well as interpreting and translation services, also offers three different transcultural training sessions throughout the year.

TALS is also involved in important internal and external research projects. Recent projects include work with Monash University, INFORM (Improving Information and Communication for Migrants with Cancer), and the Ethnic Communities Council of Victoria (ECCV). In the past, TALS has also collaborated with Donate Life, the National Ageing Research Institute (NARI), the Australasian College of Emergency Medicine, and Kangan Institute.

TALS community partners include:

- ADEC (Advocacy Disability Ethnicity Community)
- Broadmeadows Family Relationships Centre
- Centre for Culture, Ethnicity and Health
- Monash University School of Languages, Cultures and Linguistics
- RMIT School of Global Studies, Social Science and Planning
- Spectrum Migrant Resource Centre
- Whittlesea City Council
- Whittlesea Disability Network
- Women's Health in the North
- Foundation House
- Ethnic Communities Council of Victoria
- Hume City Council

A full description of TALS activities can be found in the 2013-2016 Cultural Responsiveness Plan available on the Northern Health website.

53,822 INTERPRETER APPOINTMENTS IN OVER 100 LANGUAGES

96 PER CENT OF INTERPRETER REQUESTS FULFILLED

89 TRANSCULTURAL TRAINING SESSIONS REACHING OVER 1100 STAFF MEMBERS

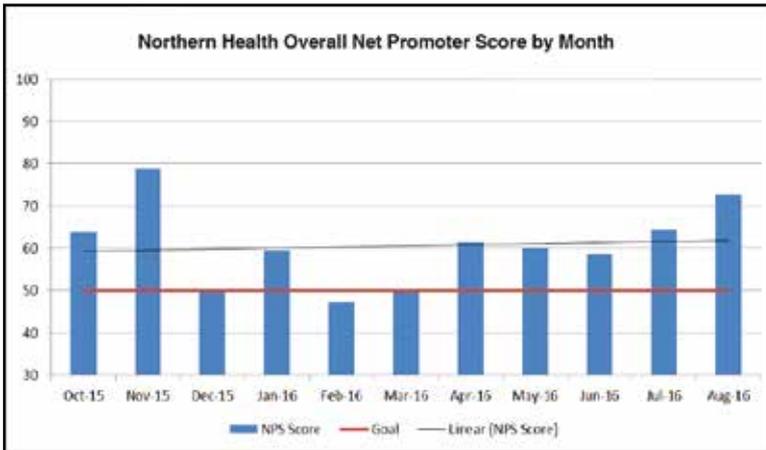
35 IN-HOUSE PROFESSIONAL INTERPRETERS AND TRANSLATORS COVERING 15 DIFFERENT LANGUAGES

44,312 WORDS TRANSLATED IN THE TOP 8 LANGUAGES

Consumer care and community participation cont'd

About the Net Promoter Score cont'd

As you can see from the graph below Northern Health is not only performing well against the internal target of 50, the linear line indicates a gradual trend of the scores increasing over time.



OTHER WRITTEN, TELEPHONE, OR MISCELLANEOUS FEEDBACK:

About the use of Feedback at Northern Health

Responding to feedback is everyone's responsibility at Northern Health. We recognise that compliments, suggestions and complaints are a valuable source of feedback which forms a key part of improving our services. The Patient Experience Office is responsible for coordinating responses to complaints and suggestions in an efficient, fair and timely manner and providing feedback on the initiatives undertaken by the health service to improve services.

Each time feedback is received through the Patient Experience Office the details are communicated to a senior Northern Health staff member who feeds back the compliment to their staff or conducts a thorough review of the situation where the feedback is a complaint. The outcome of the investigation, including an explanation of any contributing factors, as well as lessons learned, is communicated back to the consumer. Particulars are also used anonymously for training and teaching purposes in order to implement changes in work practice. Consumers who provide feedback are also invited to take an active part in the improvement strategy to ensure the consumer's perspective is central to recommendations implemented.

Compliments are important as recognition of the dedicated care provided by Northern Health services and staff. They are acknowledged with pride and communicated to those of whom they relate.

Northern Health themes all feedback against 'patient-centred care principles' (pictured in diagram over the page). The themes are reported up to the highest levels of the organisation (Northern Health Executive and Board) and are used to monitor the effectiveness of improvements.

1620 OCCASIONS OF FORMAL FEEDBACK

"I would like to express my sincere thanks and gratitude for the care given my husband in June 2016. My husband was rushed to hospital and was admitted to Emergency Department (ED). The staff there were supportive of my husband and myself, explained what was going on and their plan for my husband. Within half an hour of being admitted to ED, he was transferred to Cath Lab, where an angiogram was performed, and stent inserted in his right coronary artery, which was 100 per cent blocked. The cardiac surgeon was wonderful and came to see me afterwards and explained what he did and that my husband would be ok. He was in Intensive Care Unit (ICU) by 6am, just an hour and a half after reaching ED. ICU and CCU were amazing and we are so grateful to the care they gave my husband and the support they gave us both. The Cath Lab nurse came and visited 2 days post-op to see how he was, which was such a lovely thing to do! From the nurses, Doctors, cardiac surgeon, cardiac physician, radiographers, Cath Lab staff, PSA's, Kitchen staff, all gave wonderful care, we cannot thank everyone enough and we will forever be grateful for their professionalism and compassion. I am so very proud of the whole team, and would recommend the Northern to all."

Patient family member – June 2016

"They were very attentive to my mother. Very professional and polite. Great care from all the nurses and doctors and hospital. Knowledgeable staff. It was clean and comfortable for my mother's care and recovery."

Anonymous compliment – September 2016

Picker Themes- Patient Centred Care Principles



Strengthening services for our Aboriginal community

Did you know that Aboriginal and Torres Strait Islander people can expect to live much shorter lives than other Australians – on average ten years less than those of non-Aboriginal people¹?

Aboriginal and Torres Strait Islander health is important to Northern Health as we believe everyone has the right to benefit from our services to improve their life. At Northern Health we work in partnership with members of the Aboriginal community and Aboriginal Health Services to ensure that everyone has access to the services they need. This is consistent with the Australian campaign to “Close the Gap” initiated in 2016.

NORTHERN HEALTH SUPPORTS:

- A dedicated Aboriginal Health Unit that provides inpatient and discharge support, and collects and analyses admission data so that we can modify and shape our services to meet the needs of our clients.
- Aboriginal Liaison Officers who support all Aboriginal inpatients, outpatients, and visitors to the Emergency Department with:
 - o Referrals to Aboriginal community organisations and mainstream community organisations.
 - o Information on community service organisations and discharge planning.
 - o Identifying patients who need extra help from the Hospital Admission Risk Program, so that they are not unnecessarily re-admitted to hospital.
 - o Ensuring that Northern Health is culturally sensitive, safe, and welcoming to the Aboriginal and Torres Strait Islander culture.

- A Northern Health Aboriginal Advisory Committee helps us understand the issues faced by Aboriginal peoples, and provides strategic direction in the planning and delivery of services for Aboriginal patients and consumers. This committee includes representatives from the Aboriginal community and from External Aboriginal Health Agencies within the hospital, so that we can better understand the needs of Aboriginal patients.
- Celebrating significant cultural events each year including NAIDOC Week – this year we celebrated the NAIDOC theme ‘Songlines’ and displayed a ‘Hall of Fame’ acknowledging Aboriginal artists such as Richard Franklin, Jessica Mauboy, David Wirrapunda. Additionally there were singing performances by local Aboriginal children from Bubup Wilam for Early Learning, Aboriginal Child and Family Centre, local teenager, and Gunditjmarra girl, Terena Montalto, and local didgeridoo and rap dancer Brent Watkins.
- Training sessions about Aboriginal health that are provided across Northern Health, including mandatory training in Aboriginal and Torres Strait Islander cultural awareness.

857 INPATIENT SEPARATIONS
1280 EMERGENCY PRESENTATIONS
1675 OUTPATIENTS APPOINTMENTS
56 DELIVERED ‘BOORAI’S’ (BABIES)

WHAT WE ACHIEVED IN 2015-16:

- We provided cultural support for new Aboriginal health workers engaged in maternity and mental health areas to ensure care is culturally appropriate.
- We continued to participate in health promotion events, expo’s and projects.
- Planning for a smoking ceremony site in the courtyard is completed and landscaping work is due to commence late 2016. The smoking ceremony site is important to the aboriginal culture and will provide a peaceful surrounding to reflect, have a yarn and hold smoking ceremonies to cleanse bodies of the dying.
- Improved the identification of Aboriginal and Torres Strait Islander patients on first contact with the organisation to provide timely and appropriate care.
- Collaborated with the Jacana School of Autism where students created Aboriginal artwork which was hung on the walls of the Allied Health waiting area. Some of the students that participated in this project are pictured below.



¹ Koori health Counts! Victorian Aboriginal Hospital Data 2011 – 2012. Victorian Department of Health 2013

Quality and safety

PEOPLE MATTER SURVEY

The People Matter Survey is an employee opinion survey run by the Victorian Public Sector Commission. The survey includes three core modules and 43 additional modules which the health service elects to participate in. The survey monitors how well Northern Health has

applied the public sector values and employment principles across three core modules. Health services can choose to participate in an additional 43 modules. Northern Health participated in all modules. The survey measures employee perceptions, satisfaction and engagement of the way the values

and employment principles are demonstrated within the health service by leaders, managers and colleagues. The survey was conducted in June 2016 and the results were provided to Northern Health in August 2016.

2015	2016
800 RESPONDENTS	1,020 RESPONDENTS
23 PER CENT OF STAFF	27 PER CENT OF STAFF

SURVEY RESULTS

In September 2016 the Chief Executive held briefing sessions of the results across all Northern Health Campuses. Following the briefing sessions, focus groups were established to further breakdown the key findings. These forums allowed for richer discussion via the face to face forums. The key themes were found and working groups have been established to develop opportunities for improvement.

These include

- (1) Change and Communication
- (2) Culture
- (3) Working Environment
- (4) Employee Support and
- (5) Operational.

PATIENT SAFETY

Patient safety forms part of the 'Supporting Measures' section of the People Matter Survey.

Responses reflect how Northern Health's culture supports Patient Safety at Northern Health.

Responses surveyed included how patient errors are handled, how staff are trained in reporting patient concerns, driving patient safety and recommending friend or relative to be treated at Northern Health.

Patient safety is included in the work plan schedule for endorsement at December 2016 Board Meeting.

1. Public Sector Values	2. Employment Principles	3. Supporting Measures	Additional Modules
Responsiveness	Merit	Job Satisfaction	Learning & Development
Integrity	Equal Employment	Employee engagement	Sexual Harassment
Impartiality	Opportunity	Intention to leave	Change Management
Accountability	Fair & Reasonable	Feedback	Wellbeing
Leadership	Treatment	Effective Promotion	
Human Right	Avenues of Redress	Leading Change	
Effective Promotion of Policies and Processes		Role Clarity	
		Role enables	
		Intrinsic rewards	
		Discrimination	
		Bullying & Harassment	
		Patient Safety	

**NB* Work Plans scheduled for endorsement at December 2016 Board Meeting.*

Patient Safety	%
Patient care errors are handled appropriately in my work area	68
This health service does a good job of training new and existing staff	53
I am encouraged by my colleagues to report any patient safety concerns I may have	76
The culture in my work area makes it easy to learn from the errors of others	59
Trainees in my discipline are adequately supervised	57
My suggestions about patient safety would be acted upon if I expressed them to my manager	65
Management is driving us to be a safety-centred organisation	66
I would recommend a friend or relative to be treated as a patient here	43

**NB* Average agreement with patient safety is 61 per cent for Northern Health vs. group average of 70 per cent recorded.*

Positive workplace culture - Prevention of bullying and harassment

Workplace bullying is repeated and unreasonable behaviour directed toward a worker or a group of workers that creates a risk to health and safety. Harassment is treating someone less favourably than another person or group because of a particular characteristic such as ethnic origin, gender, age, disability or religion. Bullying and harassment have been shown to have significant negative outcomes for individuals.

Northern Health recognises the importance of ensuring we have strong programs to ensure that all staff have adequate training in relation to what is expected and acceptable behaviour, and how to seek support if exposed to harassment or bullying. For this reason it is mandatory that all staff to complete training every three years.

In March 2016 the Victorian Auditor General tabled a paper in Parliament outlining 12 recommendations for health services to implement. Northern Health is actively working to implement these recommendations where gaps in our service have been identified.

OVERVIEW – BULLYING AND HARASSMENT

The Victorian Auditor-General released a report in March 2016 regarding Bullying and Harassment within the Health Sector, with the following concerns handed down:

- Priority on identifying and understanding the risk of bullying and harassment
- Level of leadership, oversight and accountability for managing bullying and harassment risk
- Experienced under-reporting of inappropriate behaviour
- Inadequate policies, procedures, training and education
- Had ineffective early intervention strategies.

**NB* the report identified more collaboration is required to develop evidence-based, best practice guidance and programs tailored to organisation / sector.*

CHALLENGES IDENTIFIED

Northern Health is aware that a fundamental shift in workplace culture is required to address

- leadership
- governance
- data sharing
- development of the skills of the workplace and to
- embed continuous improvement.

RISK ASSESSMENT

Northern Health has reviewed and completed:

- Risk assessment, completed against the VAGO report recommendations.
- Action plan to be tabled for the Executive Committee February 2017, to meet recommendations
- Reviewed alignment to the current framework for bullying and harassment, recommended by DHHS indicates gaps in our risk control arrangements.

Actions to improve our consistency with this framework include:

- Inclusion of the Wellbeing, Diversity and Inclusion and Sexual Harassment modules in the People Matter Surveys
- Implement a risk management approach to reduce the risk and incidence of bullying and harassment by routine regular performance monitoring and annual reporting requirements

- Demonstrated implementation and evaluation of strategies that promote a positive workplace culture, prevent bullying and harassment and enable trends to be monitored
- People managers have consistent training about their obligations of their role to build a culture of trust and manage bullying and harassment
- Human Resources and Safety First have the skills, processes and systems in place to improve reporting, provide an integrated response to preventing and managing bullying and harassment, and promote a positive workplace culture.

THE WAY FORWARD

The risk assessment findings and action to-date indicate that Northern Health's risk control arrangements for the prevention and management of inappropriate behaviour, bullying and harassment are only partially effective, and the risk is rated appropriately on the risk register.

**NB* Risk assessment report was presented to Executive Committee for endorsement as a strategic risk on July 2016 and to be managed accordingly.*

OVER THE PAST 12 MONTHS NORTHERN HEALTH HAS HAD:

23 BULLYING AND HARASSMENT INCIDENTS REPORTED

23 BULLYING AND HARASSMENT INCIDENTS INVESTIGATED

6 BULLYING AND HARASSMENT INCIDENTS UPHELD.

Accreditation status

Accreditation provides a quality guarantee for our community. Northern Health's accreditation status is valid until July 2017.

At Northern Health we are working to continuously improve our safety and quality systems and in 2015 expanded our accreditation program to EQUiPNational which covers 15 National Standards. This will ensure a consistent focus on quality and safety across the organisation. EQUiPNational consists of a four year cycle with an annual assessment event each year.

In September 2015, Northern Health underwent a periodic review

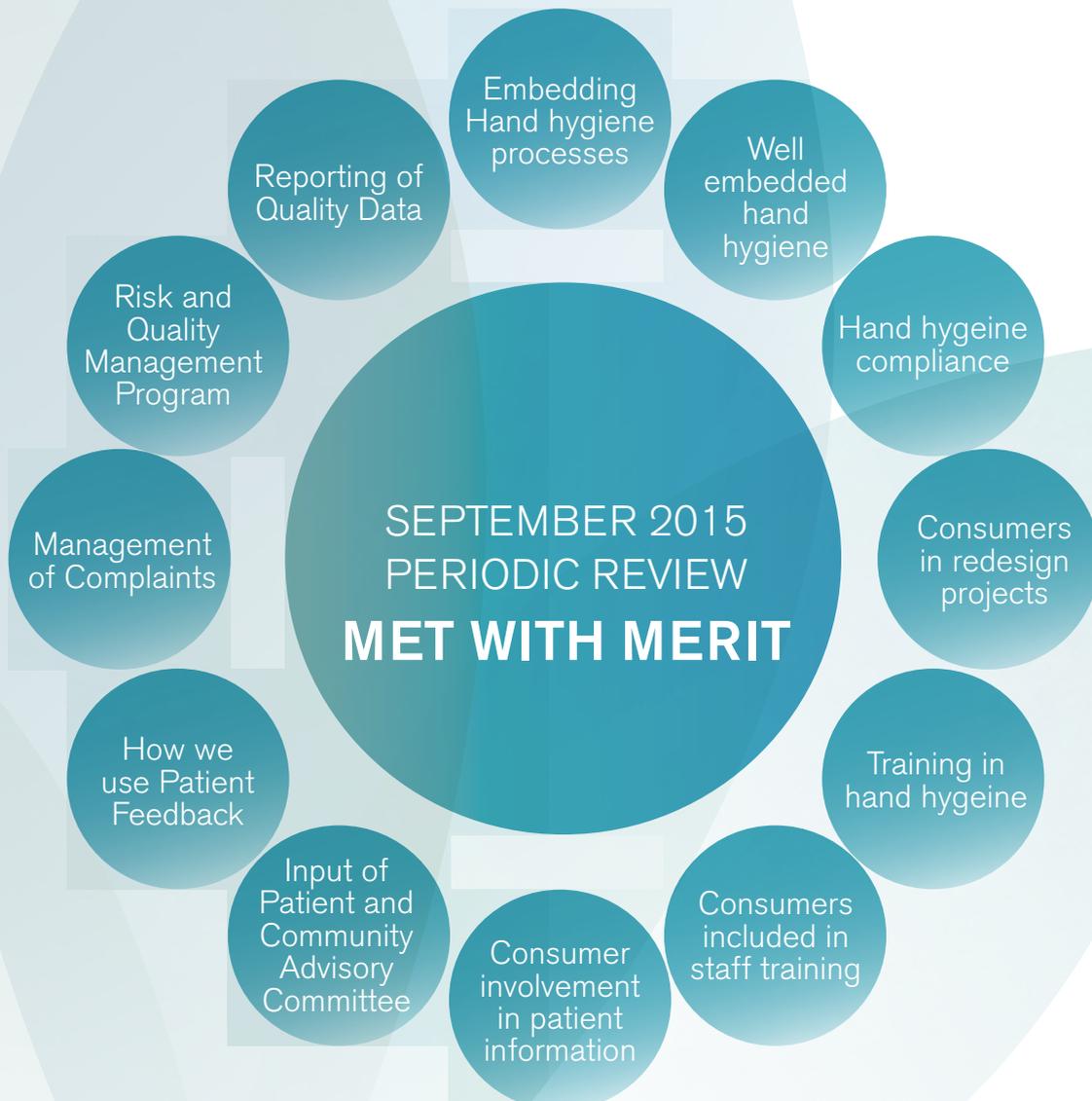
by the Australian Council on Health Care Standards (ACHS) as part of our four year cycle for accreditation. The focus of the review was to assess our performance against all actions in the following three standards

- (1) Governance for Safety and Quality
- (2) Partnering with Consumers and
- (3) Preventing and Controlling Health Care Associated Infections.

There was also an assessment of mandatory actions in our additional five standards.

Northern Health achieved an excellent result where all actions from all standards being assessed (133) were given a satisfactory rating and therefore maintaining our accreditation status. In addition Northern Health demonstrated excellence in 12 areas receiving the highest Met with Merit rating. These areas are highlighted in the diagram below.

Northern Health will be formally assessed again by ACHS and undergo a full organisational wide survey of all 15 EQUiPNational Standards in March 2017.



Adverse events

An adverse event is an incident that results in harm to a patient. Examples include medication errors, patient falls or an infection as a result of treatment.

Over the past 12 months, northern health has conducted a review into how we can prevent adverse events from occurring.

Having previously worked within large metropolitan health services and both commencing at northern health during this period, Siva Sivarajah, Chief Executive and Alison Dwyer, Chief Medical Officer, made the following observations:

- The review process was very robust, supported by a thorough investigation and an independent panel and signed off by the area responsible for overseeing the implementation and Northern Health Executive.
- The improvement work identified through the review process was based on activities that are known to improve predictability of practice rather than policy and procedure changes and education that are dependent on recollection or access of information.

- There were a lot of identified improvements.
- The timeliness of completing reviews and implementing identified improvements varied across specialities.
- The engagement from senior leadership varied across the organisation.

WHAT HAS NORTHERN HEALTH DONE IN RESPONSE?

- The strengths of the investigation and review process have been maintained.
- The sign off of improvement work has been strengthened with the formulation of a Clinical Review Panel (CRP). The CRP reviews cases and proposed improvements from a cross program, discipline and speciality perspective and to ensure learnings are transferred across the organisation. The CRP is made up of clinicians across medical, nursing and allied health.
- Decision making tools have been introduced to support the identification of improvement work to follow completion of the independent review.
- The expectations and time frames for completing reviews, implementing improvements and evaluating the effectiveness have been tightened with an increased focus on implementation and evaluation. The revised expectations are supported by a new reporting framework that reports up to the Board against key milestones in the investigation and review of adverse events and the subsequent implementation and evaluation of improvements.
- The roles and accountabilities of senior leadership have been restated by the Chief Executive and Chief Medical Officer with their performance measured against these accountabilities.

Quality indicators

HEALTH CARE IMMUNISATION

Vaccinations protect against infection. Vaccinations save lives and protect those who are too young or too sick to be immunised. At Northern Health, the health and safety of our staff and patients is important to us. This year, to ensure as many staff as possible had access to flu vaccination, we had a dedicated team working across the four health service sites over eight weeks, seven days a week, including after hours. This program was supported by the Executive and a strong communication plan. Of the 3322 staff employed at Northern Health, 2519 staff were vaccinated. The state benchmark was 75 per cent and Northern Health achieved 75.8 per cent.

HAND HYGIENE

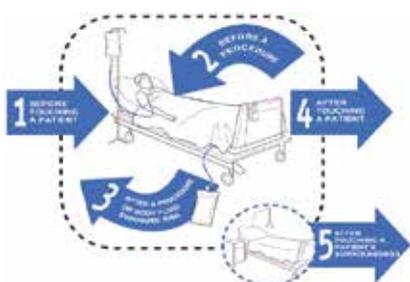
We can reduce infections in hospital by simply washing our hands.

The Department of Health and human services believes that this activity is so important that it keeps an eye on hospital staff to make sure hands are washed between looking after each patient. This is measured three times a year in 605 public and private hospitals Australia-wide. At the moment it is expected that staff will wash their hands 80 per cent of the time. The goal is that staff will always wash their hands between each patient they look after.

Northern Health conducts audits four times a year to measure staff hand hygiene practices. The units audited are rotated to ensure everyone understands the

importance of hand hygiene. Each audit consists of six units being reviewed. In Northern Health's most recent audit, 84.3 per cent of staff washed their hands compared to 78 per cent the same time last year (see figure below). A total of 8414 moments of hand hygiene were measured across six units (up from 2108 moments the same time last year). This is well above the Department of Health's 80 per cent target.

Northern Health has been able to maintain results above our peers through maintaining a program that ensures we have trained auditors in all clinical areas that are supported with ongoing education. Hand hygiene results are provided to all managers of the units that are audited.



Northern Health Hand Hygiene Compliance Rate against Victorian Target 2015/2016



Figure: Five Moments of Hand Hygiene – audited at Northern Health © World Health Organisation 2009

Moment	Correct moments	Total moments	Compliance rate	Lower confidence interval	Upper confidence interval
Before touching a patient	1,979	2,497	79.3%	77.6%	80.8%
Before a procedure	501	594	84.3%	81.2%	87.0%
After a procedure or body fluid exposure risk	794	855	92.9%	90.9%	94.4%
After touching a patient	2,407	2,689	89.5%	88.3%	90.6%
After touching a patient's surroundings	1,409	1,779	79.2%	77.3%	81.0%



Bloodstream infections

27 MONTHS CLABSI FREE

Staphylococcus Aureus or Golden Staph is the most common cause of hospital infections. Over half of Golden Staph infections happen as a result of a procedure and are potentially preventable.

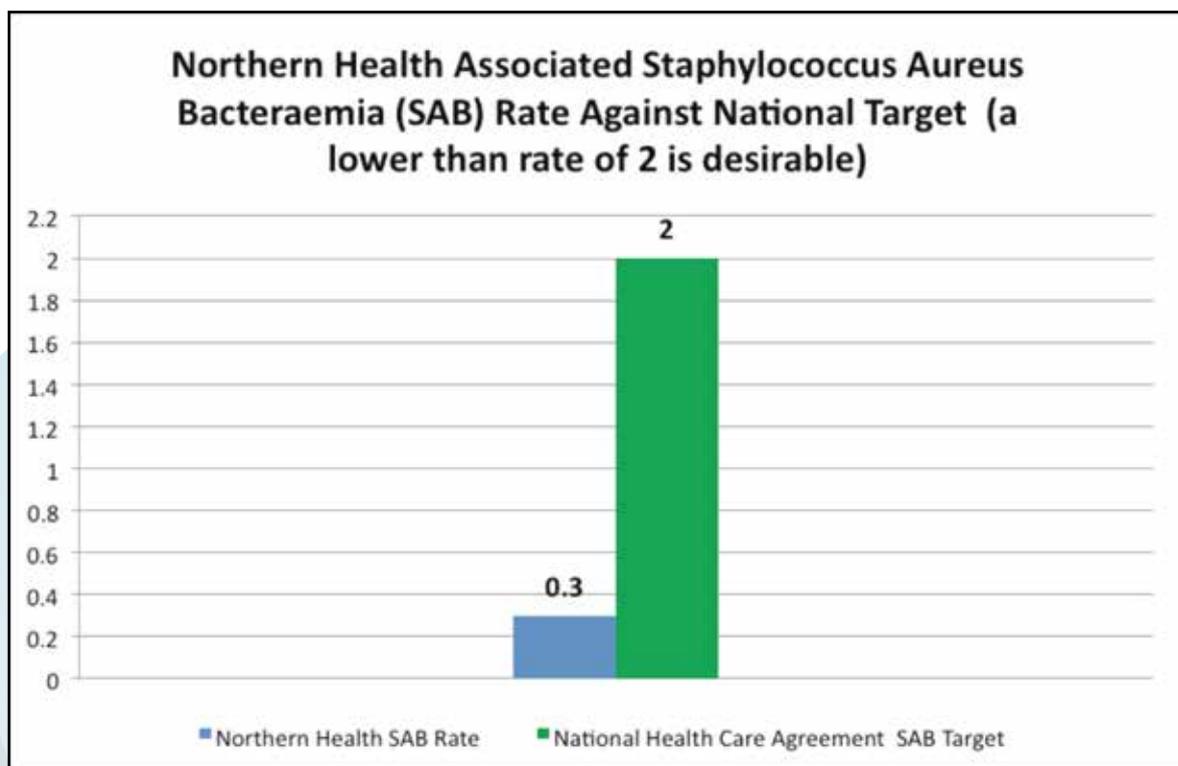
Golden Staph infections can cause serious illness and can be life threatening. This is why Northern Health has a surveillance program to investigate infections when they occur to work out why and how the infection occurred. The graph below shows how Northern Health compares to other hospitals of the same size in Victoria (aggregate rate). The national benchmark is

less than two cases per 10,000 bed days. Northern Health is a high performing organisation with 0.3 infections per 10,000 bed days for 2015-16.

In addition to monitoring Golden Staph blood stream infections, Northern Health monitors infections, associated with Central Line Associated Blood Stream Infections also known as CLABSI. The five year aggregate (rate) across 23 participating Intensive Care Units is 0.6. Northern Health has not had a CLASBI since 2013-14, and is nine reporting quarters CLABSI free.

Northern Health has strong programs programs to ensure ongoing positive results. These include;

- online training for all clinical staff
- central line insertion bundles to ensure the practice of insertion is the same for all line insertions
- the use of BIOPATCH protective disk as part of the dressing over the line to prevent infections
- a high level of engagement from staff as they are involved in the collection of infection information.



Preventing pressure injuries

Do you know that people are more likely to develop pressure injuries, ulcers or bedsores when they are in hospital? This is because people are less active and often don't have the same food and fluids as they do at home. These factors combined means that a patient's skin and underlying tissue is more susceptible to damage, as it may not be getting enough relief from pressure, blood flow or overall hydration and nutrition.

How can pressure injuries be prevented while patients are in hospital?

Northern Health uses an evidence-based approach to preventing pressure injuries. It includes conducting a pressure injury risk assessment for all patients being admitted. If you are assessed as high-risk, we follow a set of interventions, including inspecting

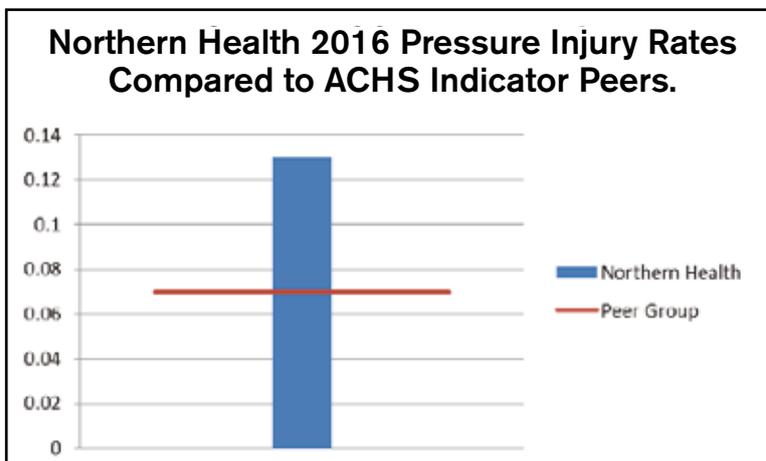
your skin daily, managing moisture, keeping your skin dry, optimising nutrition and hydration and minimising any pressure on your skin by changing your position frequently and using special pressure relieving equipment.

At Northern Health we use the following to prevent pressure injuries from occurring:

- **air-mattress:** these devices reduce pressure over bony areas which are at risk of pressure injuries
- **chair cushions:** reduce the pressure exerted on the sacrum when patients are seated
- **turns:** regular changing of the patient's position, particularly for those who need assistance to move, alleviates prolonged pressure in one particular area

- **heel wedges:** these devices lift a patient's heels off the mattress and alleviate direct pressure which is important because heels are particularly susceptible to pressure injuries
- **ear protection:** ears are also susceptible to pressure areas and special foam devices can be placed around oxygen tubing and the like, to protect ears from pressure.

Northern Health has recently completed an organisation wide Pressure Injury Prevalence Survey (PUPPS) and an audit of equipment. The PUPPS involved independently assessing every patient in the hospital and comparing the assessment with the patients recorded assessment. The PUPPS audit identified gaps in the charts used to assess and guide the care of patients in respect to Pressure Injuries. Northern Health is currently revising these charts to support decision making and care planning for patients at risk of developing or have developed a Pressure Injury. The equipment audit reviewed what equipment we have, where it is located and how it is maintained or if it is sourced from external agencies. This audit has informed what equipment Northern Health needs to order and improvements to repair and maintenance schedules.



Breastfeeding

The Victorian Perinatal Services Performance Indicators Program aims to improve outcomes for Victorian women and their newborns through the reporting of benchmark performance information that are known to improve outcomes for both mother and baby in public maternity services. Northern Health uses this

information to monitor the quality of care and service we provide to our women during their pregnancy, delivery and following delivery of their baby. Breastfeeding has many benefits for both mother and baby and is part of the Victorian perinatal services performance indicators program.

We know in Australia the number of women who start breastfeeding drops significantly after discharge from hospital and continues to decrease to about 14 per cent at six months post-birth (Australian Institute of Family Studies 2008).

The advantages of exclusive breastfeeding are considerable and include:

- supports growth, cognitive development and immunity (ability to fight infection) in newborns
- reduced risk of chest, ear, stomach and intestinal tract infections
- protective against sudden infant death syndrome (SIDS), diabetes and heart disease.

There are health benefits to the mother as well, which include a lower risk of type 2 diabetes, obesity pre-menopausal breast and ovarian cancer.

IMPROVEMENT ACTIVITY

There are three indicators that Northern Health reports against related to breastfeeding:

- rate of women who breast feed where their baby was born after 37 weeks gestation
- rate of formula use in breast feed babies born after 37 weeks gestation
- rate of final feed taken exclusively from the breast.

To improve results against indicator 8a Northern Health has:

- implemented targeted breast feeding education which includes assessment of attachment
- enhanced maternal understanding of cues for breast feed readiness

Northern Health has also made changes to reduce the use of formula and encourage breastfeeding. These include;

- how we manage newborns with hypoglycemia (babies with a low blood sugar)
- enhanced skin to skin contact following birth and breast feeding within the first hours following birth
- ensuring mothers have fully consented where they indicate they would like to supplement feeds with formula.

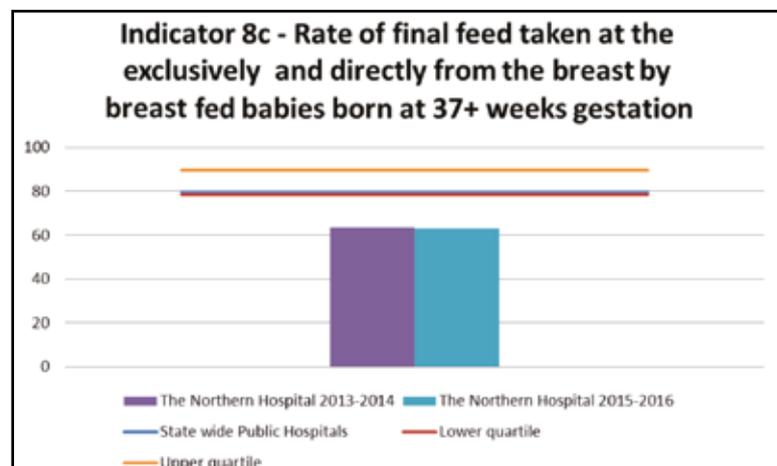
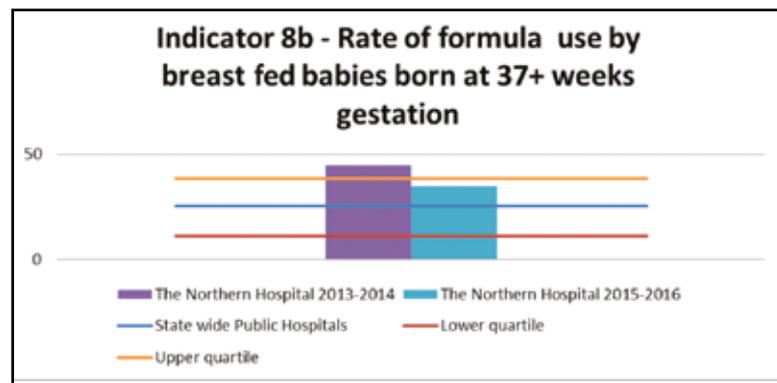
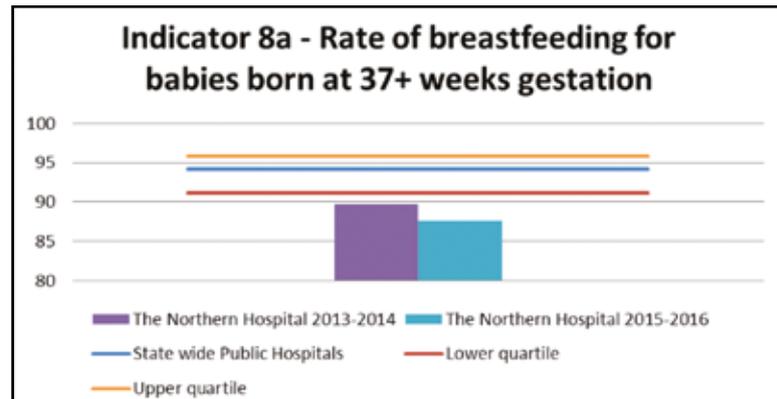
Indicator 8c relates to both indicator 8a and 8b and relates to the last

feed in hospital directly from the breast or bottle. Northern Health recognises that breastfeeding is a learnt skill.

provide improved consistency in clinical practices, policy development and to continue monitoring of skill mix and staffing levels across Maternity, Neonatal and Paediatric Services.

IMPROVEMENT ACTIVITY

In response to these results, in May 2016, the Breastfeeding Steering Committee was established to



Victorian Audit of Surgical Mortality

The Victorian Audit of Surgical Mortality (VASM) is a collaboration between the Victorian Government's Department of Health, the Victorian Surgical Consultative Council and the Royal Australasian College of Surgeons. VASM is funded by the Victorian Department of Health and reviews all deaths associated with surgical care. VASM provides

hospitals with useful learnings of the factors that have contributed to death in patients during or after surgery.

Northern Health uses the learnings from VASM to identify opportunities for improvement in the way care is provided to patients at Northern Health, and as an education tool for staff. In addition to using VASM

reports to identify opportunities for improvement, Northern Health reviews all deaths internally. Where there are identified systems or process gaps, a formal review of the case is conducted by an independent review panel. Further information on adverse event management can be located on page 20.

Ian Brand Nursing Home – Residential aged care indicators

Ian Brand Nursing Home (IBNH) is a 30 bed facility providing for the high care needs of our aged residents.

IBNH follows the care standards set out by the Australian Aged Care Quality Agency (AACQA) which incorporates the Quality of Care Principles 2014.

Public sector residential aged care facilities have been collecting information and reporting indicators on five high-risk care areas important to the health and wellbeing of residents since 2006. These are pressure injuries, falls and fractures, use of physical restraint, use of nine or more medicines, and unplanned weight loss. Ian Brand Nursing Home collects information and provides reports every three months. The results are used to inform where we need to focus our improvement work.

As you can see from the table on the next page Ian Brand Nursing Home performs favourably against most of the indicators. The indicators are measured against 1000 bed days of stay. Ian Brand Nursing Home continues to perform well because of the collaborative relationship between residents, their families and the health professional team that cares for them.

PRESSURE INJURIES

Of the six categories of pressure injury, Ian Brand Nursing Home has recorded results within the target range, for all except stage 3. Stage 3 pressure injuries exceeds the upper range due to one resident being admitted with two stage 3 pressure injuries. These figures are the only reason for exceeding the target range in this category.

WEIGHT LOSS

Ian Brand Nursing Home weight loss figures are higher than similar facilities. We monitor our residents' weight on a monthly basis or where there is a medical need for increased monitoring. Where there is concern about a resident's change in weight they are referred to a dietician (food specialist) who reviews their diet and suggests changes.

Ian Brand Nursing Home has investigated the high numbers of weight loss and found most of these residents were palliative care residents (end of life). These residents are usually not suitable for referral to a dietician for more aggressive dietary assistance.

Ian Brand Nursing Home Residential Aged Care Indicators Over Time

Your Rates (per 1000 bed days)	Q4 FY15-16			Prior Qtr Change: Q3 FY15-16		YTD		Last 9 Quarters
	Actual	Target	Upper Limit	Actual	% Change	Actual	Target	
Pressure injuries stage 1	0.00	0.00	1.20	0.00	0.0%	0.00	0.00	
Pressure injuries stage 2	0.73	0.00	0.80	0.76	-2.9%	0.46	0.00	
Pressure injuries stage 3	0.73	0.00	0.00	0.76	-2.9%	0.55	0.00	
Pressure injuries stage 4	0.00	0.00	0.00	0.00	0.0%	0.00	0.00	
Suspected deep tissue injury	0.00	0.00	0.00	0.00	0.0%	0.00	0.00	
Unstageable pressure injury	0.00	0.00	0.00	0.00	0.0%	0.00	0.00	
Falls	4.78	3.30	11.00	4.92	-2.9%	2.95	3.30	
Fall related fractures	0.00	0.00	0.00	0.00	0.0%	0.00	0.00	
Intent to restrain	0.00	0.00	0.00	0.00	0.0%	0.00	0.00	
Physical restraint devices	0.00	0.00	0.00	0.00	0.0%	0.00	0.00	
9 or more medicines	2.94	2.10	3.50	3.03	-2.9%	2.30	2.10	
Significant weight loss (> 3 Kgs)	0.00	0.20	1.00	0.00	0.0%	0.46	0.20	
Unplanned weight loss (Consecutive)	0.73	0.00	1.00	0.76	-2.9%	0.92	0.00	
Occupancy	100.8%			97.9%	-3.0%			

Continuity of Care

NORTHERN HEALTH AND THE PATIENT DISCHARGE EXPERIENCE

At Northern Health we recognise that being ready for discharge home is important. We have been working on improving the discharge experience for our patients by:

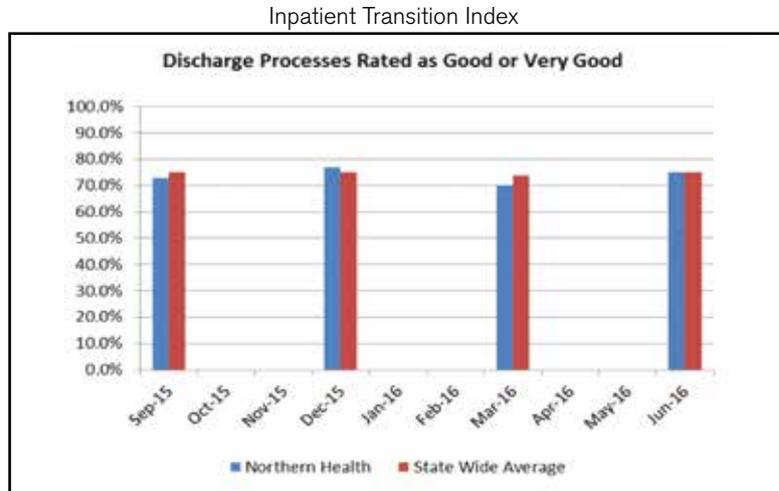
- focusing on better communication with patients and families about when patients can expect to be discharged
- linking patients and families in with support resources
- improving the quality of discharge information to their local doctor
- aligning medical reviews, equipment and medication on the day of discharge so that the process is seamless for patients and their families.

Patients have the opportunity to provide feedback on the discharge process through the 'inpatient transition index' questions in the Victorian Health Care Experience Survey (further information on this survey can be located on page 13). The upper-right graph outlines Northern Health's performance against other Victorian hospitals. In the last quarter, Northern Health's performance was equal to our peers.

Northern Health will continue to actively work on improving the discharge experience for our patients.

ADVANCE CARE PLANNING AT NORTHERN HEALTH

At Northern Health we recognise that advance care planning is an important part of respecting patient choices. Advanced care planning is the process for making and writing down future health care wishes in advance. An advanced care plan is a consent process that informs families and doctors of the patient's wishes about medical treatment, including surgery in the event they become seriously ill whilst in hospital and are unable to



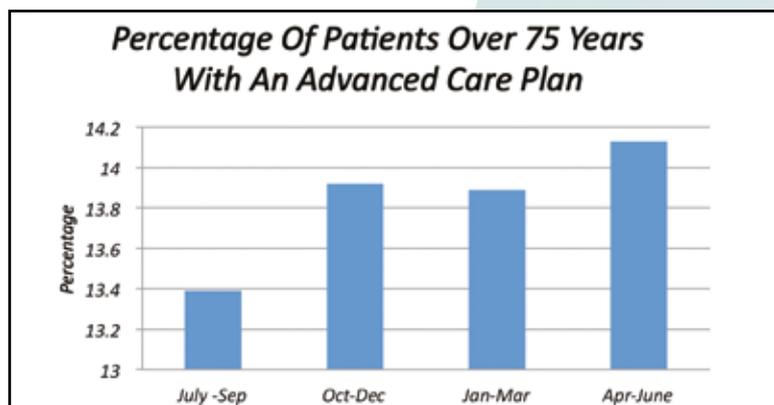
communicate those wishes.

IMPROVEMENT ACTIVITY

Northern Health is active in educating our staff and the broader community about advanced care planning. In 2015-16, almost 100 members of local seniors groups and retirement villages, and over 500 staff and health professionals from other health services attended advance care planning education or information sessions delivered by the Northern Health Advance Care Planning Program. We aim to ensure health professionals across all settings have the ability to identify an appropriate time to introduce and explain advance care planning to patients, to undertake the advance care planning process including documentation of an advance care plan, and to activate an advance care plan when the patient is unable to participate in their own

medical treatment decision making conversations.

In 2015-16, 13.4 per cent of Northern Health patients 75 years of age and over had an advance care plan in place or had identified a substitute medical decision-maker. As outlined in the graph below, over 2015-16 the percentage of patients with an advanced care plan was increased. Northern Health has developed a system to enable a patient's advance care planning documentation to be stored in the legal divider of the patient's medical record, and a system of alerts to ensure these documents are noted by clinical staff. At Northern Health, advance care planning is part of usual care; all staff are expected to ask about patients' advance care plans, know where to file and find these in the medical record, and know when to activate an advance care plan.



MARY AND JOHN'S STORY

Mary was 78 years old with multiple health conditions when she was admitted to the Transition Care Program. She'd been to hospital many times over the last few years and during a previous admission, had spoken with a staff member about Medical Enduring Power of Attorney, but had not completed any forms. She and her husband John had talked about what she would want if she ever became really sick again. She decided to appoint John as Medical Enduring Power of Attorney and wrote down the things that were important to her in an advance care plan. She talked and wrote about their strong relationship and that she would like John to look after her at home if possible so they could stay together. She didn't really know if there were treatments that she would not want, but trusted John to make a decision at the time. John said he would listen to what the doctors advised and ask them what the outcome of any treatment would be, and think about what Mary had told him before making a decision on her behalf. A couple of years later, Mary became very unwell, and had to be admitted to hospital. The doctors spoke with Mary and John, and treatment was started so Mary would be well enough to go home. Her condition continued to deteriorate, and Mary became drowsy and unable to speak to the doctors. After speaking further with John, and taking her advance care plan into account, the decision was made to provide her with palliative care. Mary died a few days later, with John by her side.

END OF LIFE CARE AT NORTHERN HEALTH

At Northern Health:

- All patients deserve the best possible end of life and palliative care, which relieves pain and suffering and provides empowering support to people and their family, friends and carers.
- Northern Health has a strong focus on person-centred care, valuing and respecting people's preferences and values for end of life care.
- The Palliative Care Consultancy Service at Northern Health works with patients, families and staff to ensure everyone has timely access to information and end of life services.
- It is everyone's responsibility to provide high-quality end of life care for their patients

Public health services must report on their progress towards an organisational policy for providing safe, high quality end of life care.

Northern Health is well supported by

policies and guidelines that support and inform staff regarding end of life care across the organisation. In 2016, a new Guideline – 'End of Life' Care was developed and implemented that will support best practice management of patients at the end of life addressing all of their needs. This guideline is supported by other procedures and guidelines that address specific needs such as advance care planning, goals of patient care, palliative care consultancy services and spiritual care.

Northern Health is currently developing a symptom management guideline that will provide direction on management of common problems experienced by patients management of pain, nausea and vomiting, constipation, difficulty breathing and confusion or agitation. This will set a standard and guide care/treatment ensuring the highest quality of care.

Northern Health voluntarily participates in the Palliative Care Outcome Collaborative (PCOC) which provides Northern Health with a detailed benchmarked

report to identify our strengths and areas for improvement. Our results have been excellent with both the Palliative Care Consultancy Service and Palliative Care Unit meeting benchmarks.

IMPROVEMENT ACTIVITY

Education on all aspects of end of Life Care is provided to Northern Health staff and community members. The Palliative Care Consultancy team provides ongoing education across Northern Health and conducts a palliative care study day open to all Northern Health staff annually to assist in service improvement and staff development in this area as well as regular education sessions to medical staff. In addition, education is provided by the Advance Care Planning Program, Organ and Tissue Donation service, Pastoral Care Services, Social work and medical staff on aspects of end of life care including pain control, bereavement support and organ and tissue donation.

Tell us what you think

Thank you for reading our report. Your opinion matters and we would like your feedback - positive or critical. All feedback helps us understand how our services affect you and helps us make them better. Northern Health is here to meet the needs of the community it serves.

YOU can provide your feedback by:

- emailing comments and suggestions to consumerparticipation@nh.org.au
- phoning (03) 9495 3229 to speak with a member of Northern Health's Patient Experience Office
- calling us via the telephone interpreter service on 13 14 50 if English is your second language. You can speak your language and ask them to call the Patient Experience Office on (03) 9495 3229. Language services are free of charge.



Broadmeadows Health Service

35 Johnstone Street Broadmeadows Vic 3074
T. (03) 8345 5000 F. (03) 8345 5655

Bundoora Extended Care Centre

1231 Plenty Road Bundoora Vic 3083
T. (03) 9495 3100 F. (03) 9467 4365

Craigieburn Health Service

274-304 Craigieburn Road Craigieburn Vic 3064
T. (03) 8338 3000 F. (03) 8338 3110

Panch Health Service

300 Bell Street Preston Vic 3072
T. (03) 9485 9000 F. (03) 9485 9010

The Northern Hospital

185 Cooper Street Epping Vic 3076
T. (03) 8405 8000 F. (03) 8405 8524

