

# Northern Health

## Quality Account 2017-18



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# Message from the Chief Executive



**Northern Health's services are underpinned by our absolute commitment to patient safety and improving the patient experience.**

We've had a very successful year and we are delighted to share Northern Health's quality and safety achievements over the last 12 months. These would not be possible without dedication from our staff, cooperation from our patients and their families, as well as involvement with our community members.

Numbers are showing that our Emergency Department at Northern Hospital is currently the busiest in Victoria providing trusted care for 99,446 patients, up 7.9% on last year.

Providing trusted care to all of our patients is our commitment, and with the ongoing transformation and implementation of new structures, we are positioning ourselves to progressively make improvements in clinical practice and the way we provide care over the next two years.

In this report, we are sharing with you some of the many successful staff and patient stories, as we believe that showing what we do every day and how we engage with our community encourages deeper mutual understanding and support.

At Northern Health, we celebrate cultural diversity and inclusion, and tirelessly work on supporting both our multicultural staff, as well as our community members. We have over 5,000 staff members, 70% of whom live in our catchment area and reflect the rich diversity of our community.

We'd like to say thank you to the many volunteers and consumer members who give their time to help us improve care and services at Northern Health. We hope you will continue to do so in the future, working closely with our dedicated staff members towards a shared goal of outstanding care.

I am pleased to present the 2017-18 Northern Health Quality Account, and I look forward to receiving your feedback and learning how we can further improve our services and meet community needs.

**Siva Sivarajah**  
Chief Executive  
Northern Health

# About this Account

## Northern Health acknowledges the traditional owners of this land, the Wurundjeri people of the Kulin Nation. We pay respects to their elders, past and present.

Northern Health's Quality Account is developed for patients and community members to inform them about how quality and safety is monitored and improved throughout the health service.

In this report, information about our services and the changes we have made to improve care and patient outcomes are highlighted, along with our patient stories and data on important quality and safety indicators.

### Feedback by our consumers on last year's report:

- More patient stories
- More imagery needed to visualise the information
- More examples of staff working with consumers

We have taken on your feedback and have endeavoured to further simplify the language used, incorporate photos of staff and consumers, enhancing the information provided.

If English is your second 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.

### 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.

### 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.

### 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.

### 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.

### 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 131 450. Quý vị có thể nói chuyện bằng ngôn ngữ của mình và nhờ họ gọi cho Quality Department (Ban Chất Lượng) theo số (03) 9495 3229. Quý vị không phải trả chi phí dịch vụ ngôn ngữ.

### 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。

# About Northern Health

Northern Health is the major provider of acute, sub-acute and ambulatory specialist services in Melbourne's north.

Our campuses include:

- Broadmeadows Hospital
- Northern Health Bundoora
- Northern Health Craigieburn
- Northern Hospital Epping

We provide a range of inpatient and outpatient services, including:

- Emergency and intensive care
- Acute medical, surgical, paediatric and maternity services
- Sub-acute, palliative care and aged care
- Specialist clinics and community based services.

Northern Health treats patients from many different socio-economic backgrounds who are born in more than 184 countries, speak over **106** different languages and follow over 90 different religions/beliefs.

An average week at Northern Health includes:

- **1,912** emergency presentations
- **555** ambulance arrivals
- **4,400** outpatient appointments
- **194** elective surgery operations
- **73** babies born at Northern Hospital Epping.

We are proud to be busy and productive as we work towards our vision of outstanding health care for our community.

## An average week



EMERGENCY PRESENTATIONS

1,912



AMBULANCE ARRIVALS

555



OUTPATIENTS APPOINTMENTS

4,400



ELECTIVE SURGICAL OPERATIONS

194



BABIES BORN WEEKLY

73



DIFFERENT LANGUAGES

106

# Message from the Executive Director, Transformation, Quality & Safety

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## Bill Shearer: Trusted care to our community

High Reliability Organisations are those which maintain a high level of safety in dangerous and complex environments. In 2017, Northern Health began a journey towards becoming a High Reliability Organisation in partnership with Johns Hopkins Health. This has allowed us to learn from the experience of one of the top three hospitals in the world and adapt that experience and knowledge for Northern Health.

Through this partnership, we are able to examine the way we currently work through the lens of High Reliability, which has led us to design and begin to implement significant and sometimes dramatic changes. These changes have been built around the concept of delivering *trusted care to our community*.

We understand that trusted care is safe, patient-centred, clinically excellent and operationally efficient care. This care is delivered by high functioning teams in an organisation which has a culture that fosters trust both within the health service and from the community we serve.

Johns Hopkins has described some basic tools for delivering High Reliability in healthcare, including the deployment of Comprehensive Unit Based Safety Programs to maximise the safety of our patients, and the use of Clinical Communities to solve the most complex and difficult of clinical problems. We have adapted and extended these to include the concept of the enabled healthcare worker.

The enabled healthcare worker is every one of us. This healthcare worker has knowledge about safety in hospitals and the workplace, knows how to talk to patients with respect and kindness and is passionate about investigating new ways of improving healthcare.

We are all capable of being a champion of safety.

### **Bill Shearer**

Executive Director, Transformation, Quality & Safety

# Consumer, Carer and Community Participation

## Working with our volunteers to service the community – National Volunteer Week



Northern Health celebrated the valuable contribution of our Northern Health volunteers during National Volunteer Week in May this year.

Volunteers play a significant role at Northern Health, such as helping to guide patients and visitors, supporting patients in Emergency and Outpatient Departments, visiting with patients in wards, providing administrative assistance to staff, fundraising and assisting with Northern Health Foundation events and so much more!

Northern Health could not provide all our services, put on great events, or offer the level of care that we do without our dedicated team of volunteers who help make our consumers experience better.

During Volunteer Week, Northern Health's volunteers were treated to an event celebrating the past 12 months and recognising volunteer years of service.



## We value every voice.

**Our Consumer Network** is made up of people like you - patients, carers and community members who are interested in the quality of health care and shaping the services Northern Health provides.

**Northern Health** is always looking to work with new members of the community and ensure we understand what is important to our patients and families when receiving health care and designing health care facilities. Your voice and your stories make a difference to the safety and quality of services that we deliver and ultimately, the experience of our patients and their families.

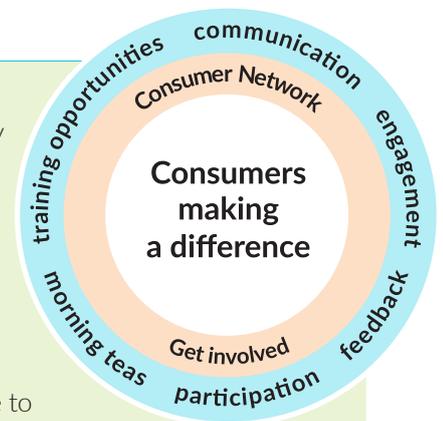
## Outstanding Health Care

### Community Engagement

- Consumer Network – opportunity for community members to “Get Involved”
- Open Access Board Meeting
- Food tasting
- Patient feedback
- Patient survey on their experience
- Whittlesea Disability Network
- Bundoora Extended Care Centre Community Art Space
- Emerge in the North Community Art Workshop
- Women’s Health Week
- Koori Cuddling Program

### Committees

- Patient Experience & Community Advisory Committee – Strategic Planning
- Aboriginal Advisory Committee
- Reconciliation Action Plan Working Group
- Partnering with Consumers Committee
- Strengthening Hospital Response to Family Violence Committee, Working Group
- Nutrition and Hydration Committee
- Consent Clinical Improvement Committee
- Research Governance Committee
- Disability Working Group
- Cultural Responsiveness Plan Working Group
- Refugee and Asylum Seekers Working Group



### Projects: Staff and Consumer Engagement

- Infrastructure Design Projects: Tower 2 and Palliative Care Unit
- Co-Design Projects
- Clinical Services Planning 2017-32
- Ideas Labs: Falls Prevention, Patients Staying Well in the Community
- Executive Patient Safety Walk Arounds
- Queue Flow Project – Outpatients
- Plastics and Hand Surgery Clinic Project

### Health Literacy and Education for Consumers and Staff

- Consumers attend internal and external education sessions
- Consumer Network Education morning teas
- CLEAR Group – patient information review group
- Choosing Wisely
- Northern Health Simulation Lab: Consumers training student doctors, nurses and allied health professionals
- Northern Health Patient Stories

For further information: **9495 3313**



Standard 2  
Partnering with Consumers  
2018 Edition

### Eleanor Sumner retires from the Northern Health Consumer Network

We would like to thank Eleanor for her dedicated service to Northern Health since 2006.

Eleanor contributed her broad consumer knowledge to the Northern Health Patient Experience Community Advisory committee and over the past 3 years, as a member of the Partnering with Consumers committee.

Throughout her life, Eleanor has been committed to advancing consumer rights and has a lifelong commitment to women's issues. This is evident through her involvement in many community advocacy groups including: Member on the Board of Governance Health Issues Centre, Consumer's Federation of Australia to Standards Australia, International Council of Women and many more.

Over the time we have worked with Eleanor on the Partnering with Consumers committee, she has put the patient's and carer's needs as a priority of all her discussions. We are fortunate to have had Eleanor bring her wealth of knowledge and experience to ensure that the patient voice was at the forefront when decisions were being made that affected patient care and service delivery. This has benefited the patient experience at Northern Health.



### Consumers educating our students - the Northern Village Program

There is an African proverb stating "It takes a village to raise a child". Here at the Northern Clinical School, we believe that it takes a community to train a doctor.

The Northern Village Program was established to recruit local members of our community to volunteer to provide medical students with "real life" learning experiences. In turn, we aim to retain Northern doctors in our local community. We believe that positive learning experiences and a wonderful supportive community are strong incentives for doctors to return to work in the north.

Volunteers provide invaluable learning experiences for the students and contribute greatly to the success of the patient based student learning.

One consumer member summed up their "Village" experience:

"It is a rewarding experience, the students are eager to learn about my condition and how it affects me".

We are grateful to the many wonderful consumers who continually volunteer their time and have helped the school over the years, teaching our students about conditions like diabetes, heart failure, arthritis and cancer.

"It is a rewarding experience, the students are eager to learn about my condition and how it affects me".

## Making Information CLEAR

The CLEAR Group, acknowledged for their passion, dedication and hard work by the Accreditation Survey Team in 2017, continue to review all patient information to ensure that it is easy to understand and is helpful information for our consumers. To date, members of this group have reviewed over 189 health information brochures that support our patients and families with their care. All of our patient brochures that have been reviewed and accepted by the CLEAR group are identified by the consumer tick of approval.



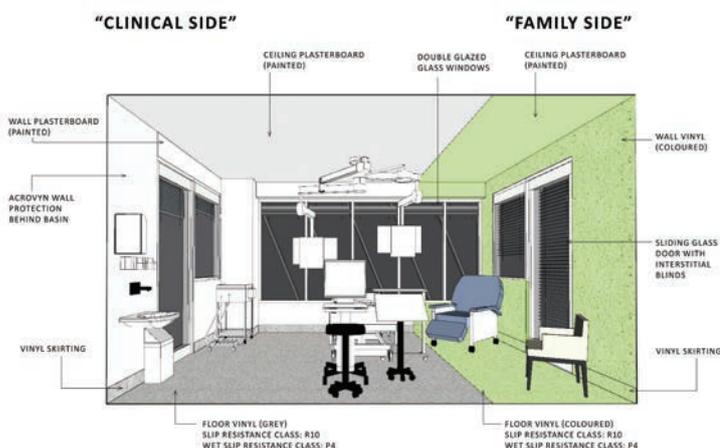
## Working and designing with our community

In May 2017, Northern Health welcomed the largest investment in health for Melbourne's northern community, with the Victorian Government's announcement of \$162.7m in funding from the State Budget for the Tower Expansion (Stage 2) development at the Northern Hospital in Epping. The expansion will see Northern Health's tower grow an additional four storeys.

Since September 2017, consumers and volunteers at Northern Health have been involved at all stages of the design process and provided valuable ideas and suggestions from their experiences at Northern Health and other hospitals. This feedback has been considered and incorporated into the plans for the Tower Expansion design.

Our consumers and volunteers have attended a number of workshops and design meetings with Northern Health staff, the architects and engineers; have reviewed plans at design meetings; and have provided feedback on the design, by viewing a life-size 3D model of one of the Intensive Care Unit bays. This has been a very exciting phase in the design of the Tower Expansion development. Northern Health and the design team thank our consumers and volunteers for the time they have dedicated to being involved in this project and the value of their input in ensuring that the needs of the patients and their families are given due consideration, as shown in the final design of the Intensive Care patient bay.

The construction is well underway so we will soon start to see the ideas of everyone involved come to life!



## Diversity and Inclusion

“Northern Health is committed to providing holistic and culturally appropriate services, improving health and well-being and strengthening connections with our diverse community”.

We acknowledge that vulnerable and marginalised groups require particular attention to ensure that the consumer experience is the best it can be. These groups include people from culturally diverse backgrounds, refugees and asylums seekers, lesbian, gay, bisexual, transgender and intersex people, Aboriginals and Torres Strait Islanders, and people with disabilities.

Efforts to improve the health care experience for members of these groups are coordinated through a single structure called the Diversity Governance Committee. The Committee has five working groups which help the organisation understand and better meet the needs of vulnerable service users.

### Northern Health Diversity Framework 2018-19

- Members of Culturally and Linguistically Diverse (CALD) communities, and/or those with Low English Proficiency
- Aboriginal and Torres Strait Islanders
- Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ)
- People with a disability or disabilities
- Refugees and asylum seekers

The working groups partner with other relevant agencies and consumers to gather and analyse consumer feedback and implement activities that promote greater safety and inclusion. Over the past year a more detailed picture of our diversity has emerged, as has a broad suite of ways to improve the consumer experience.

Northern Health has made significant progress improving safety and inclusion for people from diverse backgrounds.

Our achievements to date:

- Diversity affirming statement on the Northern Health Internet
- Awareness raising and diversity promoting materials on the staff Intranet
- Compulsory training for all staff such as *Respecting One Another* and *Person Centred Care*, and online training modules for medical staff such as *Health Professionals Working to Keep Children Safe*
- A Royal Children’s Hospital Paediatric Refugee Health Doctor providing sessional services at Northern Health Craigieburn
- Refugees joining the Refugee and Asylum Seeker Working Group
- In conjunction with Aboriginal members of the local community, working on a *Reconciliation Action Plan*
- A *Disability Action Plan (2018-2022)* developed with consumer and staff consultation and endorsed by the Northern Health Executive. Improved physical access addressing stigma towards people with disabilities. There has been significant input from consumers with disabilities into our new building design. A review of all public parking at all Northern Health sites has been conducted and community partnership established with the Northern Health Disability Working group and the Whittlesea Disability Network.
- Affirmative statements from service users who identify as LGBTI, such as from Barry, a consumer of Northern Home Care Program services.

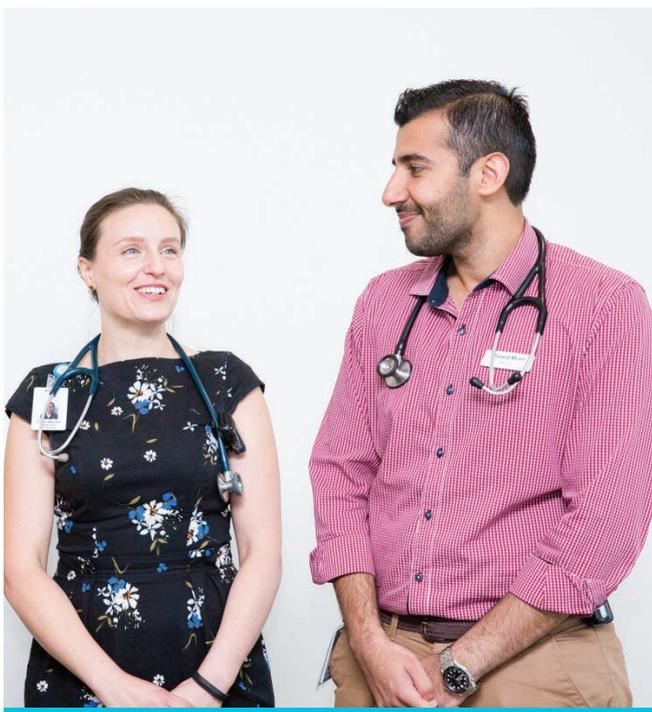
“Northern Health is committed to providing holistic and culturally appropriate services, improving health and well-being and strengthening connections with our diverse community”.

### Voice of our patient Barry

“I am always happy to be approached for feedback as I believe in giving back where I can. When I was researching providers of home care packages I noticed that the Northern Health service literature was very inclusive, not only of the LGBTI community, but also other cultural groups and indigenous people.

From the beginning of the process I felt really comfortable, from getting assessed to being supported at home. It was really simple, without loads of red tape. I have never felt so supported in my life since I joined the NHHCP Program.

It’s a huge relief to know that if something unforeseen happens that I can ring and have someone who can help me with organising services. This is very comforting because I am on my own. Having a Case Manager is like having my own personal professional, and has given me a feeling of security”.



### Voice of our staff

Our staff through the People Matter Survey are showing a positive culture to diversity and inclusion

Description of Question	Northern Health % 2016	Northern Health % 2017	Northern Health % 2018
There is a positive culture within my organisation in relation to employees from varied cultural backgrounds	81	86	88
There is a positive culture in my organisation in relation to employees who are Aboriginal and/or Torres Strait Islander	54	63	67
There is a positive culture in my organisation in relation to employees with a disability	52	61	67
There is a positive culture in my organisation in relation to employees of different age groups	73	71	81
There is a positive culture in my organisation in relation to employees who identify as LGBTI	58	64	71
There is a positive culture in my organisation in relation to employees of different sexes/genders	N/A	80	83
Fosters a fair and inclusive workplace	52	62	66
Support for diversity in the workplace	67	74	76
Working effectively with diversity	76	81	83

## Meeting the needs of our culturally diverse community

Northern Health provides outstanding health care for all patients and their families, regardless of culture or language. We provide care for one of Melbourne’s most culturally diverse communities; of the 196 countries in the world we provide care for people who were born in 184 of them. Our patients speak 106 different languages and have 90 different religions and beliefs (cited by our patients).



The Transcultural and Language Services (TALS) Department at Northern Health is responsible for maintaining the health service’s high levels of cultural competence.

The department is a sector leader providing interpreting and translation services to support our staff and consumers along with transcultural training.

- 
**196**  
 countries in the world  
 Northern Health provides care for patients from
- 
**184**  
 countries
- 
**106**  
 different languages

### 2017-18

- **59,987** interpreter appointments in over **100** languages, a 10% growth, meeting 96% of requests
- **Over 90** transcultural training sessions reaching more than **1,300** staff members
- **40** in-house professional interpreters and translators covering more than **15** different languages
- **68,865** words translated in the top 10 languages

 <b>59,987</b> Interpreter appointments	 <b>90+</b> Transcultural training sessions	 <b>40</b> In-house professional Interpreters	 <b>68,865</b> words translated in the top 10 languages
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Top Languages	Total requests
<b>Arabic</b>	16,884
<b>Italian</b>	7,547
<b>Turkish</b>	7,368
<b>Assyrian</b>	6,926
<b>Greek</b>	6,031
<b>Macedonian</b>	5,461
<b>Vietnamese</b>	2,379
<b>Chaldean</b>	2,158
<b>Persian</b>	1,879
<b>Mandarin</b>	1,703
<b>Punjabi</b>	1,148
<b>Croatian</b>	826
<b>Nepali</b>	824
<b>Serbian</b>	655
<b>Cantonese</b>	552
Spanish	515
Samoan	425
<b>Hindi</b>	416
Somali	402
Tamil	390
<b>Urdu</b>	332
Hmong	305

In-house languages in bold

## Major Project for the TALS team

To improve access to Interpreter Services, the Northern Health TALS team have implemented a new efficient online interpreter booking system that allows better efficiency and coordination of requests across departments to meet patient and family needs.

## Celebrating Cultural Diversity

Northern Health recognised the 19th-23rd of March as Cultural Diversity Week. Central in the week is Harmony Day, held on Wednesday, 21 March this year.

Harmony Day is a day of cultural respect for everyone who calls Australia home, aiming to engage people to participate in their community, respect cultural and religious diversity and foster a sense of belonging for everyone.

Northern Health demonstrates a whole of organisation approach to cultural diversity, and we endeavour to continue leading the way in responding to, and fostering multiculturalism.



## Improving Care of Aboriginal Patients (ICAP)



### 1. Engagement and Partnerships

Northern Health has an established Aboriginal Advisory Committee (NHAAC). The NHAAC comprises of Aboriginal community leaders and representatives from key Aboriginal organisations such as Victorian Aboriginal Health Service (VAHS), Victorian Community Controlled Health Organisation (VACCHO), Bubup Wilam, local City Councils and consumers. The NHAAC plays a key role in monitoring the Aboriginal community's access to the services offered by Northern Health.

Northern Health has also continued to foster relationships with VACCHO, VAHS, and the City of Whittlesea Multicultural and Aboriginal branch. We are currently working on formalising a partnership with Bubup Wilam.

Aboriginal patients give feedback through the Aboriginal Support Unit, the Koori Maternity Service, and the Aboriginal access and support worker. Patients also have the opportunity to give feedback to the Northern Health Patient Experience Team.

### 2. Workforce Development

The Aboriginal Support Unit presents monthly at the orientation of all new staff members. Attendance at orientation is compulsory. The session gives an introduction to the importance of Aboriginal and Torres Strait Islander Culture, the work of the Aboriginal Support Unit and the role of the Aboriginal Liaison officers.

In the last year we have also established a training calendar with two distinctive presentations: *Introduction to Cultural Competence*, and *Asking the Question*. These sessions are provided to staff regularly throughout the year.

Northern Health provides opportunities for Aboriginal and Torres Strait staff to engage with their culture and communities by celebrating NAIDOC Week and other community events.

The Aboriginal team including the Senior Aboriginal Liaison Officer (ALO), Koori Maternity and Access Support and Mental health staff meet on a monthly basis. The team also attended an Aboriginal Team Planning Day.

### 3. Organisational Development

Aboriginal health is a stated priority as reflected in our strategic and business plan, and in our first ever Reconciliation Action Plan. To this end we have formed a high level Reconciliation Action Plan Working Group which has been working on developing the Northern Health Reconciliation Action Plan.

In the last 12 months we have also reviewed Aboriginal policies to ensure that we have outlined the processes for 'Welcome to Country', 'Acknowledgement' and 'Asking the Question'.

Northern Health celebrated a very successful NAIDOC week inviting leaders from the Aboriginal community. The theme 'Because of her, we can!' resonated with patients and staff at all levels.

Northern Health Aboriginal staff were supported to attend cultural events, and professional development opportunities such as the ICAP Conference.

#### 4. Systems of care

Considerable work has gone into improving access to care, and creating culturally safe environments.

We have purchased additional Aboriginal artwork and new acknowledgement plaques.

We have also restructured the Aboriginal Support Unit and employed an additional Aboriginal Liaison Officer to improve access to care for Aboriginal patients.

Our Koori Maternity Service goes from strength to strength; in the last year 80 Aboriginal babies were born at the Northern Hospital, and over 100 families were supported.

#### 2018 NAIDOC Week @ Northern Health

**NAIDOC** is a celebration of Aboriginal culture and a time to share the beauty of First Nations people.

Northern Health celebrated our Indigenous community during NAIDOC Week with an exhibition in the foyer of Northern Hospital Epping, showcasing photographs of Aboriginal women and their roles in society. Events continued throughout the week and included special guests from the Aboriginal community.

This year's NAIDOC theme was **'Because of her, we can!'** and the audience heard from a number of local Aboriginal women about the strong women who have inspired and influenced their lives.

There were many stories reflecting how Aboriginal women have been pillars of our society and have paved the way for the future generations, often acknowledging their ancestors, mothers, Elders, grandmothers, aunts, sisters and daughters. As leaders, trailblazers, politicians, activists and social change advocates, Aboriginal and Torres Strait Islander women fought and continue to fight, for justice, equal rights, rights to country, for law and justice, access to education and employment, and to maintain and celebrate culture, language, music and art.

Aunty Joan said it is important for all hospitals to have Aboriginal Hospital Liaison Officers, nice Victorian artwork, and to see Aboriginal faces employed around the hospital.

Aunty Joan says education is the key to many things in life, and she says it is a two way street, she teaches others about culture as they teach her about her condition and health.

In 1982, Aunty Joan became the first Aboriginal Liaison Officer at St Vincent's Hospital. As an Elder she represented her community on the Northern Health Aboriginal Advisory Committee from 2012-2015.

Sadly Aunty Joan passed away in September 2018 after sharing her story with us. Northern Health is grateful for the way Aunty Joan taught us what respect means to an Elder Aboriginal woman and what is important to our Aboriginal and Torres Strait Islander patients to make them feel culturally safe in our health service.

#### A story from one of our Elders – Aunty Joan Vickery

Aunty Joan, a Gunditjmara Elder said she has been coming to our services for the past 30 years. The staff here at Northern are beautiful to her, they have educated her about her dialysis and catered to her health needs. She says she has got to know many staff, and familiar faces come when she is admitted. Aunty Joan stated she is treated the same as anybody else, but with a large emphasis on 'respect'. She tells me that she has explained to many at the hospital about respect in the Aboriginal community, and what is the definition of an Elder and how to address Elders. She says it makes her feel important and respected as an Aboriginal elder. Aunty Joan also said that there is 'no prejudice' here.



## Senior Aboriginal Liaison Officer Karen Bryant wins Westfield Local Heroes Award

### Dedicated, Passionate and Genuine



Following on from the theme of NAIDOC week **'Because of her, we can!'** our senior Aboriginal Hospital Liaison Officer Karen Bryant, works tirelessly for her Aboriginal and Torres Strait Islander community here at Northern Hospital. Karen supports Aboriginal patients and their families during admissions, navigating the health system, creating a culturally inclusive health experience and supporting patient's health needs during discharge and after stay care.

Karen has been recognised and rewarded by our local community by winning the Westfield Local Heroes Award for services tirelessly provided to the local Aboriginal community over many years. Karen will use the \$10,000 prize money to further enhance the provision of essential material aid for Indigenous patients such as toothpaste, toothbrushes, nappies, non-perishable food and clothing. She will also fund artwork to create a culturally-appropriate and welcoming environment for Indigenous families and children that present to the Northern Hospital.

Karen is passionate about her people feeling culturally safe and will also use the prize money to contribute to Northern Health staff's cultural competence and cultural safety training. Northern Health is very proud of the work Karen does and the fact that this has been recognised by the wider community. Because of her hard work and passion, Northern Health is becoming a culturally safe place for her community.

## Koori Cuddling Volunteer Program

### The Koori Maternity Services and Neonatal Unit at the Northern Hospital



There's nothing like a beautiful new baby; they symbolise a fresh hope. Connecting with, and cuddling a newborn is a sweet and magical experience, but for many babies it's something that is vital to their wellbeing. Research shows cuddles and touch provide health benefits for sick or premature babies.

The Koori Maternity Services now has a Koori Cuddling Program for Aboriginal and Torres Strait Islander families whose babies are in the Special Care Nursery. When Aboriginal or Torres Strait Islander parents are not able to be with their baby, the Koori Maternity Services and Special Care Nursery teams can offer an Aboriginal volunteer to cuddle their babies.

Some Aboriginal or Torres Strait islander families may be unable to attend the hospital on a daily or regular basis due to various reasons such as family commitments, long distance travel or mum or dad may be unwell. In this instance, a Koori Cuddler can be offered to the family in their absence. All Koori Cuddlers are either Aboriginal or Torres Strait Islander people who have been through the appropriate screening and training to safely cuddle babies in the Neonatal Unit.

For many Aboriginal or Torres Strait islander families having a Koori Cuddler brings a sense of trust which comes from a shared culture and experiences. Volunteers participating in the Koori Cuddling Program are trained to assist Aboriginal and Torres Strait Islander families in the following ways:

- Comfort and settle the baby under the guidance and supervision of Special Care Nursery staff when the family cannot be present. This may involve holding the baby when he or she is unsettled, rocking them gently to sleep, and generally helping to provide a soothing environment.
- Provide companionship and cultural support.
- Someone the family can share a yarn and a cup of coffee with.

## Quality, Safety and Patient Experience – Maternity Services

The Northern Health Maternity service has continued to grow, partnering with women choosing to birth at Northern Health. Over 3,700 births have occurred in 2017-18. Our aim is to deliver health services that provide an outstanding level of care to the women, their partners and the babies.

Northern Health submits our results against each of the Victorian Perinatal Services Indicators to the Department of Health and Human Services, where they are compared with other maternity units within the state and have been published in the 2016-17 Victorian perinatal services performance indicator report. The indicators that are monitored have significance to the welfare of the mother and baby.



The following two indicators were identified as being least favourable when compared with our peer maternity units.

### **Indicator 8c Rate of the final feed being taken exclusively and directly from the breast by breastfed babies born at 37+ weeks' gestation.**

Breast milk provides the best form of nutrition for the growth and development of a healthy newborn. The benefits breastfeeding provides for the mother is reducing the risk of breast and ovarian cancers, and for children, reduction of allergies, infections, obesity and heart disease in childhood.

#### **Our results:**

Of the 90% of women who initiate breastfeeding following birth only 66% are exclusively breastfeeding on discharge.

#### **The target:**

The performance target for Level 5 and 4 Maternity units such as Northern Health's is between 75% to 90.5%.

#### **What actions have we taken to increase our rate of breastfeeding?**

- We developed a Breastfeeding Education Program for all staff working in the Maternity, Paediatric and Emergency services.
- Promotion of improved skin to skin contact time at birth.
- We analysed our data and found that only 9.6% of our birthing mothers had declared their intention to breast feed in the antenatal period.
- Early breast assessment and education regarding method and advantages of breastfeeding.
- Education regarding antenatal breast milk expression from 36 weeks gestation has been incorporated into the individualised care plan for each woman.
- 59% of women who birth at the Northern Hospital are in an "unhealthy weight range". When we analysed the likelihood to breastfeed, only 25% of women with a body mass  $\geq 40$  successfully breast fed on discharge.
- Only babies with a medical indication that the baby requires formula are given formula during their stay in hospital. Women who intend to formula feed are required to bring their own formula supply into hospital.

### Indicator 6b: Readmissions of a baby within 28 days of discharge from a birthing episode admission in a Victorian Public Hospital during the postnatal period – baby

It has been common to see a small percentage of newborns readmitted to hospital within the first 28 days of life most commonly due to poor feeding, weight loss and jaundice. Other reasons can include infections, inability to maintain normal temperature, convulsions and apnoea (temporary cessation of breathing).

Potentially this readmission may have been preventable and therefore reducing the level of anxiety and stress to the parents and family.

#### Our results:

On reviewing Northern Health's birthing outcomes, 5.4% of babies born at the Northern Hospital are readmitted within 28 days of birth.

#### The target:

The state-wide average for 2016-17 was 4.2%.

We have recognised that the major reasons babies are readmitted at Northern Health in the first 28 days are associated with:

1. Jaundice
2. Poor feeding – dehydration and failure to gain weight
  - a. Associated with the baby failing to attach at the breast
  - b. Poor maternal breast milk supply
3. Sleepy baby associated with increasing jaundice
4. Prematurity
5. Infection – sepsis, meningitis, viral or bacterial, urinary tract infection

#### What actions have we taken to reduce the risk of readmission

- Increased our focus on better recognition of babies at risk of readmission and as a result, now established a plan of care for the baby designed to reduce the risk of readmission.
- Partnership between midwives and the paediatric team in recognising and implementing a care pathway on the postnatal ward prior to discharge.
- Planned introduction of home-based phototherapy in 2018 to treat jaundice in the home.

### Bringing Compassionate Care to our patients and their families

Kiri Platek was selected as the Johnson and Johnson Victorian midwife of the year for 2018.

This long standing award accepts nominations from around Australia and this year they received thousands of submissions from both women and families who had given birth in Victoria.

Kiri works both in neonatal and birth suite and was nominated by the father of a baby who was admitted to the neonatal unit. His submission outlined the responsive, compassionate and consistent care that Kiri provided over some time for himself, his wife and their newborn child.

The award was presented to Kiri on International Midwives Day.



Kiri Platek (Northern Health Midwife)

## Private Midwifery Model of care provides options for our maternity patients



*Private Practice Midwife Andrea Quanchi with Jenni Pham of Epping and baby Brian at Northern Hospital Epping*

Northern Health was the first hospital in Victoria to introduce a private midwifery model of care and received a Public Health Care award for this work in 2017. Since this time we have engaged with two new Private Midwives and birthed over 100 babies in this program. This is a program designed to increase birthing options for the women and families of the Northern Community.

A Private Midwifery model of care allows women to choose their midwife and partner with them through the whole process - antenatal, labour, birth and postnatal period. This partnership has measurable benefits and does improve birth outcomes. It has been evident through our program with reduced time in hospital after the birth, reduced intervention, reduced epidurals and episiotomies.

Northern Health has shared this success with the Department of Health and Human Services and other Health Services and is now actively supporting other organisations to implement this model of care.



## Family Violence

**Hospitals are often the first point of contact for people experiencing family violence, making this work critical for our community and staff members.**

Family violence is a serious health issue. Northern Health is committed to providing inclusive, high quality care and support services to those affected by family violence. By Strengthening Northern Health’s Response to Family Violence, we are able to support both our community and our staff who are affected by family violence. The Strengthening Hospital Response to Family Violence project is being rolled out across Victoria. Northern Health is dedicated to implementing a sustainable system of training to provide continual and consistent care and support for patients and staff affected by family violence.

Northern Health prioritises continued training of front line staff on how to recognise and respond to family violence within their workplace setting. We have also concentrated on manager training to ensure managers are well equipped to support staff experiencing family violence.

### What have we achieved in 2017-18?

- After a 15 month journey, **Northern Health received White Ribbon Accreditation.**



This is a significant achievement, as Northern Health is only the second health service in Victoria to be awarded White Ribbon Accreditation. White Ribbon Workplaces promote a whole of organisation commitment to stop violence against women. In order to become White Ribbon Accredited, Northern Health had to meet 15 criteria to create a safer and more respectful workplace, promote respectful relationships and gender equality within the workplace, and demonstrate a culture of zero tolerance of violence against women.

- Northern Health has been supporting Kilmore & District Hospital with Strengthening Hospital Response to Family Violence within their health service. We have developed a strong collaborative relationship which has seen Kilmore & District Hospital exceed the outcomes expected of an initial year of implementation. We have regular meetings and combined training sessions between the health organisations further cementing a very positive and constructive partnership for both health organisations.

- Northern Health has also developed, and continues to cultivate our Go To Resource team. The team is made up of clinical staff in each area who are responsible for promoting awareness, patient assessment and training staff to recognise and respond to family violence. All participants have volunteered to take on this role on top of their current responsibilities which we are really grateful for.

## Responding to what matters to you

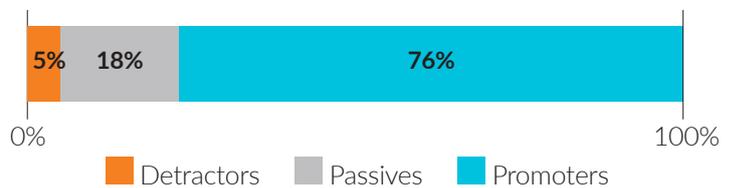
At Northern Health we have several ways to seek feedback from our consumers and carers.

### Gaining your feedback

The “How was your hospital experience?” feedback form is available at all Northern Health campuses. In 2017-18 **10,705** of these forms were completed by patients or their carers across all Northern Health campuses. The document is also available in eight languages.

This form offers patients and families an opportunity to provide compliments, suggestions for improvement or raise concerns. It asks for a rating from zero to ten of how likely they would be to recommend our service to a relative or friend.

76% of our completed forms gave a score of 9 or 10 (extremely likely to recommend our service) and only 5% gave a score of six or less.



We are moving away from paper forms to collect this feedback with the launch of the new electronic Northern Health Patient Experience Survey in July 2018. The survey allows patients, carers and visitors the option of requesting follow up from the area manager to discuss their feedback. All consumer complaints are registered, reviewed and followed up with the complainant by the Northern Health Patient Experience team.

**How Was Your Hospital Experience?**

**Key Points**

- Compliments? Concerns? Suggestions for improvement?
- Your Feedback will help us to improve our Services?

Date: \_\_\_\_\_ Ward/Department: \_\_\_\_\_

Campus:

- The Northern Hospital
- Bundoora Extended Care Centre
- Broadmeadows Health Service
- Craigieburn Health Service

**Hospital Rating**

How likely is it that you would **recommend Northern Health** to a relative or friend? (Please circle a number)

0 1 2 3 4 5 6 7 8 9 10

Not at all likely Extremely likely

What is the main reason you gave us this score?

\_\_\_\_\_

**Suggestions for improvement**

What could we have done to make your experience better?

\_\_\_\_\_

**For More Information:**  
 Phone: (03) 9495 3229  
 Email: [feedback@nh.org.au](mailto:feedback@nh.org.au)

If you need an interpreter, please speak to a staff member, or call us via Telephone Interpreter Service on 131 450

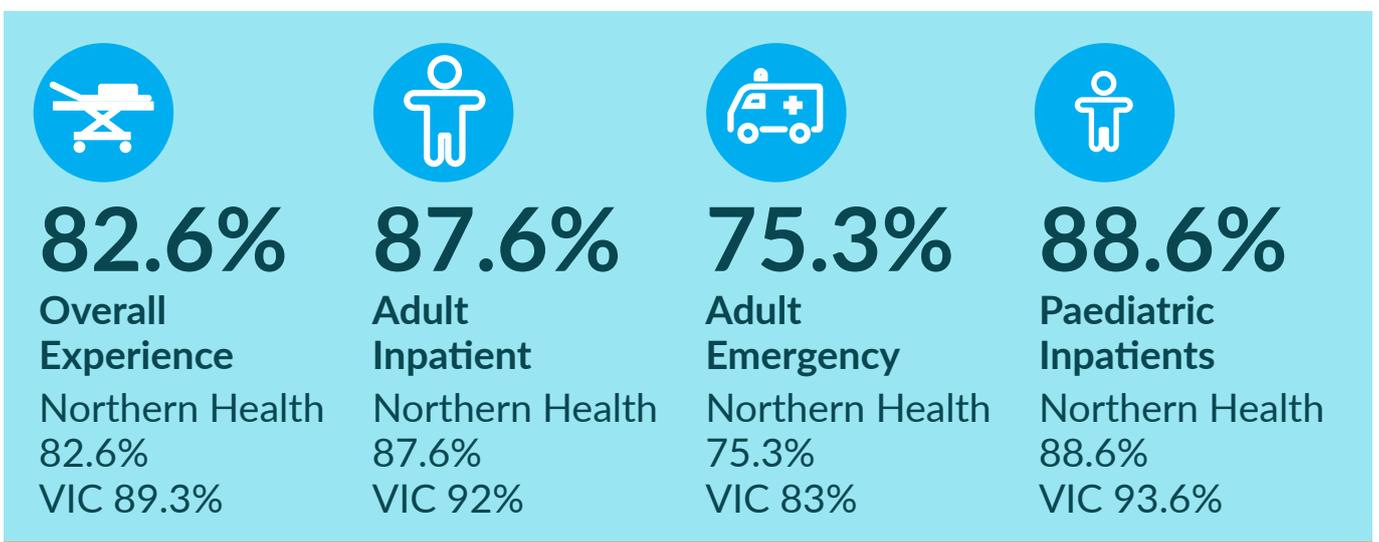
### The Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey that is sent to patients recently discharged from all public hospitals. Northern Health receives our survey results every three months for the following four areas - Inpatient Adults, Paediatrics, Maternity and Emergency.

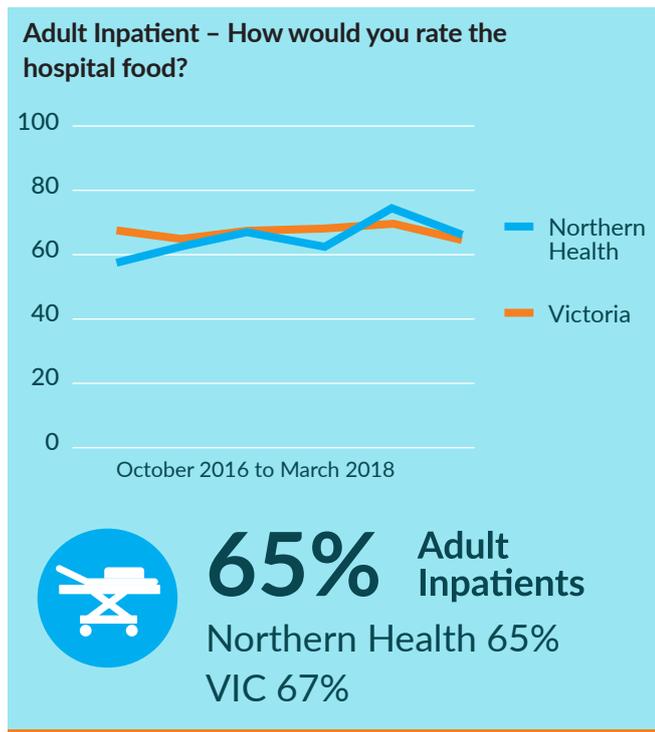
The survey results are reviewed at a number of Northern Health committees including the Northern Health Patient Experience and Community Advisory Committee. The results are used to highlight areas that need our focused attention to make the right improvements to improve patient experience.

The overall patient experience target from the Department of Health and Human Services is for 95% of patients responding to the survey to report a positive experience.

The results are used to highlight areas that need our focused attention.



## Using consumer feedback and the consumer voice on our Nutrition Committee to improve our patient's experience of hospital food



Eating and drinking well in hospital plays a vital role in helping patients recover. Up to one in three patients in Australian hospitals are malnourished which delays recovery and increases the length of time spent in hospital. Our VHES results in 2016 and early 2017 showed us that our patients were not enjoying the food that might contribute to malnutrition and poor patient experience.

At Northern Health we provide meals to patients of all ages, from infants to the elderly. Our patients are also from many different cultural backgrounds and religious beliefs, and have many different dietary requirements. Responding to our patient's feedback about food has become a key priority for our Support Services Department and food provider ISS.

### What have we done?

- We have introduced a electronic survey to be used at the bedside to capture our patient's feedback in real time. This allows us to respond while the patient is still within our care. If a patient records a poor or fair response, the food services manager then visits the patient to thank them for participating in the survey and to find out what can be done to improve their experience while they are still in hospital.  
**Result** – Through this process, we are gaining a greater understanding from our patients on what matters to them regarding the food they are served, and the results from our patient surveys are trending in a positive direction.
- Patient's feedback resulted in a complete review of the menu options from Medichef.  
**Result** – Increased satisfaction with the food.
- Development of two new diet codes of dental soft and milk/lactulose free.  
**Result** – Improved safety and patient choice.
- Established a Food Improvement Committee to improve the meal experience.  
**Result** – Improved food choices and satisfaction.

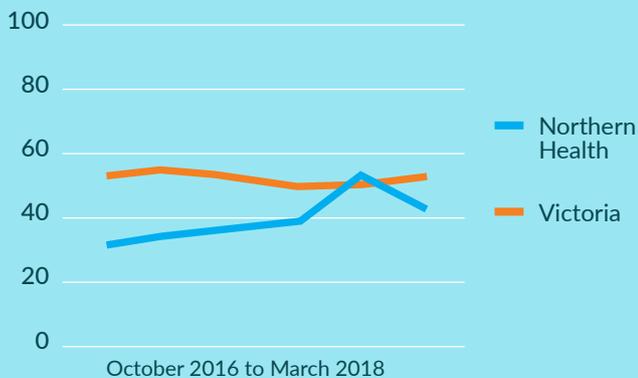
Our consumer representative is a critical voice in raising important concerns from the perspective of our patients, their families and friends. Having a consumer representative on the committee responsible for Nutrition and Hydration helps ensure that the food and drinks provided at Northern Health are appropriate, appealing and readily available for patients. We are very grateful for this voice.

### Initiatives resulting from suggestions from our consumer representative:

- Sandwiches now have ingredient labels so staff, patients and families can easily identify if there are any food allergens or ingredients that are inappropriate for cultural or religious reasons
- Raised awareness regarding the availability of out of hours snacks on the maternity unit for our new mothers
- Commenced the development of a Children's Halal diet code.

## Improving ambulance offload time in the Emergency Department to address waiting times

**Adult Emergency – Do you think the time you spent waiting in the Emergency Department was about right?**



**39.5% Adult Emergency**  
Northern Health 39.5%  
VIC 52%



### Adult Emergency

Despite growing numbers of patients coming to our Emergency Department, patients are reporting through the VHES an improvement in their perception of waiting times in Emergency.

Northern Health is the busiest Emergency Department in Victoria with more than 99,448 presentations in the last financial year with a predicted population growth of 10% per annum, and this is expected to increase. This means that timely access to care and emergency response is vital. Due to the increasing demand, Northern Emergency Department has introduced many initiatives to increase the flow through the Emergency Department and the inpatient areas, and improve our patient's experience. One such initiative has been to ensure timely access and treatment for patients arriving by ambulance.

The time it takes for an ambulance to offload a patient once they reach an Emergency Department is known as ambulance offload. Northern Health was consistently underperforming with only 78% of ambulances offloaded within the target time of 40 minutes.

To deliver timely care - "Driving towards zero harm" the AV offload initiative commenced in 2016, in collaboration with Ambulance Victoria (AV).

#### The aims of the initiative were:

- To reduce the length of stay in the Emergency Department which is associated with better patient outcomes
- To ensure that ambulances were available out in the community to respond to time critical illness
- To problem solve transfer delays and improve offload times
- To create a model of care that empowers nurses and ambulance officers to own and continuously improve patient experience and community care.

**What did we do?**

- Created clear roles and responsibilities for the ambulance triage nurse and charge nurse
- Role descriptions were created for every role in the emergency department
- Accountability for our performance has been a key to success
- Three dedicated Ambulance Victoria (AV) cubicles were allocated to meet high demand
- An AV dashboard showing ambulances on route was used to enable staff to plan, prepare and escalate for unexpected surges in ambulance presentations

**What have we achieved?**

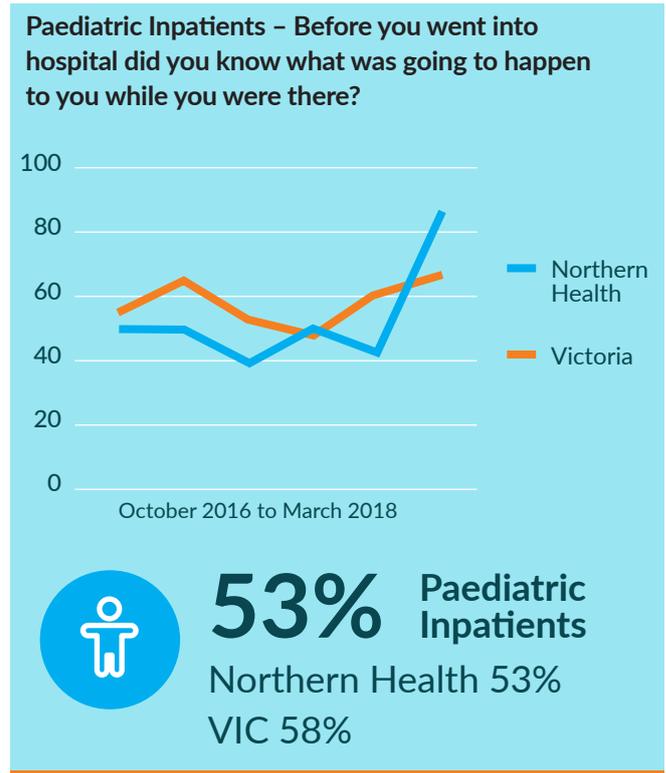
- The average time to see a doctor in the Emergency Department has improved from 240 minutes in November 2016 to 130 minutes in May 2018.
- Decreased diversion of ambulances wanting to come to Northern Health. The current handover time is less than 40 minutes 96% of the time.
- Improved length of stay in the Emergency Department leading to timely treatment in the right place.
- Timely offload has freed up ambulances to return to the community that they serve and therefore reduce the risk of delayed response to an emergency call.
- Our performance in the last twelve months has been sustained at 95%, exceeding the target of 90% within 40 minutes and we are now the best performers in the State.
- Numerous Victorian Health services continue to visit and share our learnings.

**Ambulance Victoria**

“Ambulance Victoria has witnessed the transformation of the Northern Hospital’s offload performance since the implementation of the ongoing offload strategy”.

Our ambulance colleagues have commented “We come to the Northern because they are friendly and helpful, and I can make six drop offs at the Northern Emergency Department and AV offload is consistent despite high volumes”.

**Improving the experience of our children**



**Taking the fear out of coming into hospital**

To help improve the experience of children who have planned stays in hospital we offer tours of the Children’s ward. Our pediatricians recommend parents bring their children in before their admission to show the child the ward and where they are going. This has been helpful for children who are distressed about coming into hospital.

Tours are often taken by parents of children with autism, who find it hard to be outside their familiar environment and routine. One family came to visit three times before surgery to familiarise their son with the ward. Children can talk to the staff and ask their questions about what happens in hospital.



### Teddy Bear Hospital

A special program at the Northern Hospital Epping is making hospital visits less confronting for children. The Teddy Bear Hospital allows children to act as parents of a teddy undergoing a pretend medical consultation with one of our University of Melbourne medical students.

Northern Health operates the busiest Emergency Department in the state, experiencing over 99,446 presentations annually, with one in five patients a child. The Teddy Bear Hospital is a safe, controlled and fun environment to introduce children to their local hospital.

Northern Health operates the busiest Emergency Department in the state, experiencing over 99,446 presentations annually, with one in five patients a child.



## The Early Stroke Discharge Service

### Overall, how would you rate your experience of discharge?

Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?



**72% Adult Inpatient Discharge**  
 Northern Health 72%  
 VIC 69%

Achieving an effective discharge requires clear planning and understanding of the goals and the needs of the patient once they are in their home environment. Some conditions require intensive follow up in the community to give the patient the reassurance that they are not alone as they recover.

## The Early Stroke Discharge Service (ESD)

The Early Stroke Discharge program was designed to provide rapid and specialised stroke rehabilitation in the community with aims to improve the coordination of care from the hospital to the community rehabilitation services. This has enabled patients to be seen in the community in a more rapid, intense and coordinated manner. The ESD service aims to reduce the length of time patients spend in hospital and improve the wait time and frequency of community therapy for patients with mild to moderate stroke.

Most patients are seen in their homes within 48 hours of their discharge from hospital with allied health input, including Physiotherapy, Occupational Therapy, Speech Therapy and Social Work all working to achieve the goals set by the team and the patient.

The post hospital discharge and transition back to the community is the period that stroke survivors often identify as feeling most vulnerable. The Northern Health ESD program addresses this with coordinated, supportive and timely allied health care.

Patients that received the service during 2017 described the service as being caring and supportive.

“The services have been over my expectations as I didn’t know about this service being available after a stroke - very thoughtful to have these services in place”.

“I have really appreciated the visits of the physio and OT and our morale has been lifted up because of their support and help through this whole process. This service will keep people like us so very reassured”.

“The services have been over my expectations as I didn’t know about this service being available after a stroke - very thoughtful to have these services in place”.

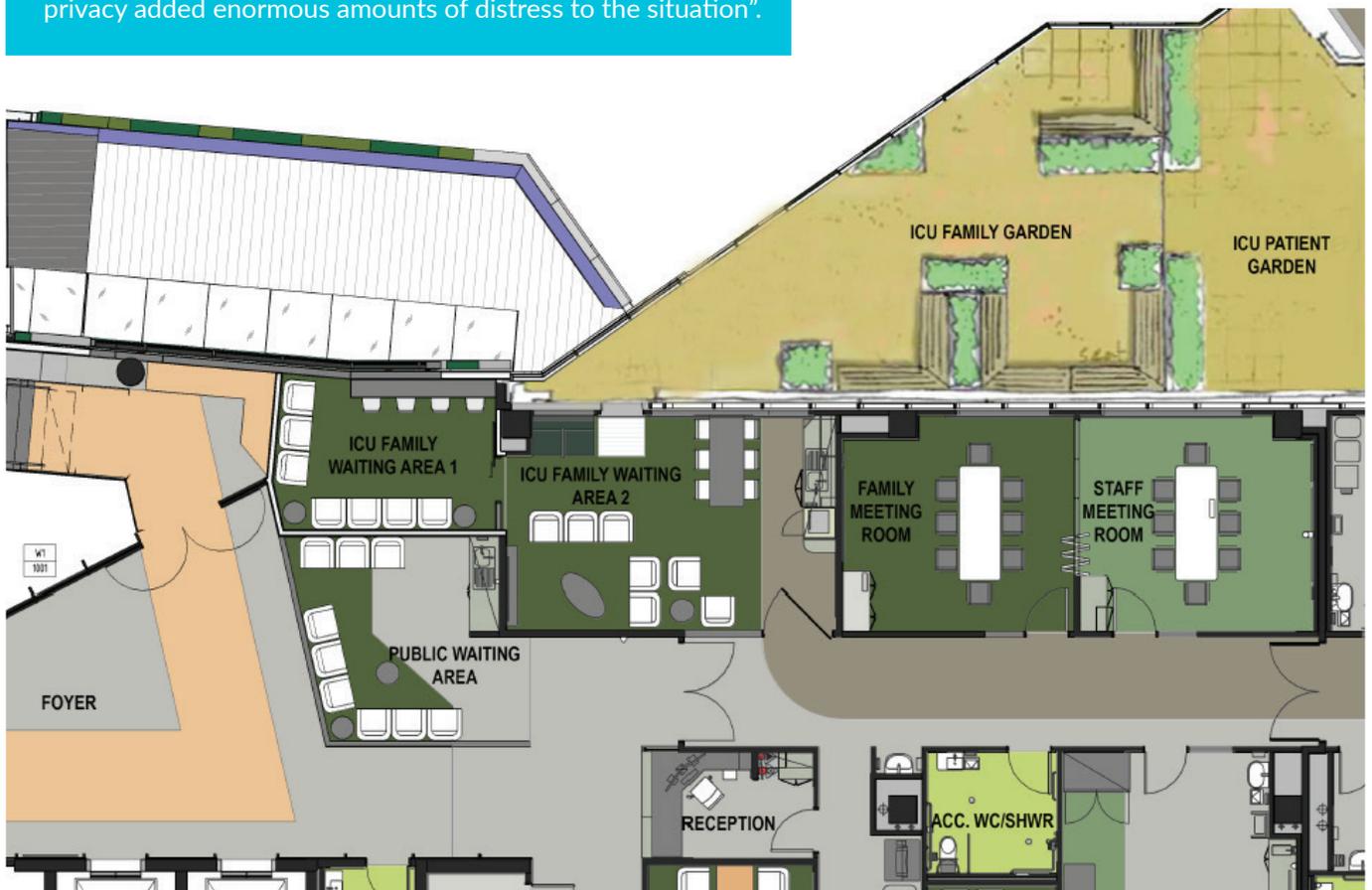


### Improving Services through patient feedback

“I would like to start by commending all the staff in the I.C.U. They did a wonderful job looking after my father; they were caring, patient, and professional and were always willing to answer any questions we had”.

“My only complaint is the facilities for families in ICU. Our father was not expected to survive so there were quite a few of us in the waiting room. At the same time, there were other family groups going through the same thing. There was not enough seating. There was one private room that one family was using but not enough chairs for others. There was no private space where you can sit while waiting. At one point we had a family meeting with a doctor and other people were asked to leave the waiting room so the doctor could speak to us privately. Any time you have a loved one in ICU it is very stressful and to not have a chair to sit on and the lack of privacy added enormous amounts of distress to the situation”.

This feedback has been an integral part of our consumer voice during the recent design phase of our new Intensive Care Unit which will be completed at the end of 2018. The family spaces include a general waiting room and two large family waiting rooms that can be used for individual families and a family meeting room. Other amenities include shower, toilets, lockers and beverage facilities for the use of families. There is also an external garden area for the use of families.





## Emergency Accommodation Relief for Families of Intensive Care Patients

### What a difference Sarah has made by sharing her experience

In the past year, 93 Northern Health Intensive Care patients and their families had to travel over 80 kilometres to access our vital services, spending a total 935 nights away from home. Families of Intensive Care Unit (ICU) patients come to our hospital to be with their loved ones, often at short notice, needing to find accommodation in unfamiliar surroundings during what is already a highly stressful time.

Sarah Connelly knows the stress of this all too well. Her fiancé, Brent Trough, was transferred from Dimboola to the Northern Hospital ICU due to a brain infection. The next day without notice she had to pack up her life, including her elderly grandmother in her care and make the 360k trip to Melbourne to support and care for Brent. Sarah spent the whole day and night in ICU alongside him leaving the hospital after midnight without having secured a place to stay. Putting our loved ones before all else means that details like where to stay seem insignificant, but remain vitally important. During Brent's week in hospital, Sarah and her grandmother stayed in three different hotels and were almost forced to sleep in the car on the first night as they had no booking.

This is one of many stories where unwanted anxiety and stress is created during what is already a difficult time for many families. Listening to Sarah, we understood the

urgency to provide better support for families in Sarah's predicament. In the short term we are addressing this by providing nearby accommodation that alleviates this stress for families and carers.

The Northern Health Foundation has responded to this need for local accommodation by establishing the Emergency Accommodation Relief Appeal, raising funds to lessen the burden on families of patients in Northern Health's care by providing a home away from home. Land for a house was purchased in Wollert with construction commencing in January 2018 and will be available for families and carers of some of our sickest patients in Intensive Care by the end of 2018.

## Healthy Food and Drink Options

I was taking my mother to her Outpatient appointment and had my 18 month-old daughter with us. We waited 90 minutes for her appointment and I was walking with my daughter who was becoming restless. I saw in the vending machine that the only thing available was coke or other drinks with very high sugar. I try to limit how much sugar my kids have and would have wanted to have water or at least a lower sugar, lower colouring option if I needed to get a drink for my kids.

Northern Health supports healthy lifestyle choices for our patients and our community. We want to support healthy weight management and weight loss, particularly of our maternity and paediatric patients, by making better food and drink choices available at our campuses.

There are three retail food outlets at Northern Health and multiple vending machines supplying drinks for staff, patients and the public. When they were reviewed, all of our vending machines and the retail outlets offered a range of drinks with high sugar content and these standards were not being met.

The complaint warranted quicker action than we had been taking to negotiate a change with our retail and vending machine providers to make available healthier food and drink options.

We will continue to work with the retail outlets to encourage and retain healthy choices.

# Quality and Safety



## Listening to our staff

One formal way we seek to hear our staff’s ideas is through the People Matter Survey. This is an employee opinion survey conducted annually by the Victorian Public Sector Commission for all hospitals.

The survey measures the perceptions of staff across a range of topics including job satisfaction, change management, leadership, health, safety and wellbeing and provides Northern Health’s (NH) results against all hospitals shown as the comparative group (CG) in the table opposite.

Description of Question	Northern Health % 2017	Northern Health % 2018	CG % 2018
Patient care errors are handled appropriately in my work areas	75	74	76
This health service does a good job of training new and existing staff	61	63	65
I am encouraged by my colleagues to report any patient safety concerns I may have	81	83	84
The culture in my work area makes it easy to learn from the errors of others	69	70	70
Trainees in my discipline are adequately supervised	65	67	64
My suggestions about patient safety would be acted upon if I expressed them to my manager	73	75	78
Management is driving us to be a safety-centred organisation	74	72	79
I would recommend a friend or relative to be treated as a patient here	54	57	79

## Promoting a positive workplace culture

At Northern Health we are committed to ensuring that our staff feel valued and safe and that we provide every opportunity for them to contribute to the safety and quality of the care they provide and the workplace that they provide it in.

### Our staff often identify opportunities for improvement in the way we do things.

In 2017-18 Northern Health has undertaken the following actions to ensure our staff feel supported, that their concerns are taken seriously and that their workplace is safe:

- **Sharing ideas for improvement through a Chief Executive (CE) Ideas Lab**

As part of the transformational journey in becoming a Highly Reliable Organisation, Northern Health (NH) has implemented monthly CE 'Ideas Labs'. This is an opportunity for staff from across the organisation to contribute to how Northern Health can improve quality and safety for our patients through shared problem solving. The first Ideas Lab was held in May 2018 and focused on how to ensure continuity of services over 7 days a week. Some of the key projects that have been started as a result of this workshop include:

- Documentation of Estimated Date of Discharge for all patients
- Implementation of Criteria Lead Discharge
- Analysis of whether an increase of additional services on the weekend will improve patient outcomes and staff satisfaction

## Our staff often identify opportunities for improvement in the way we do things.

- **Creating a safer workplace**

Our staff report a high volume of violent and aggressive incidents in one of our wards providing geriatric assessment and care to patients with behavioural and psychological symptoms of dementia. We encouraged staff to report these incidents, and undertook surveys and focus groups with the staff, in addition to environmental risk assessment, to identify opportunities to better manage the risk of these events and provide a safe clinical space for patients and staff.

This extensive consultation and assessment process led to a successful submission to the Department of Health and Human Services for funding of equipment and infrastructure improvements, including installation of sound proofing; a new wall and doorway; duress system upgrades, replacement of windows with external blinds and more. These works were completed during 2018, and initial reports and data indicates a reduction in incident volume and severity, with further evaluation underway.

- **Improving the psychological wellbeing of our staff**

Northern Health recognises that the reduced psychological well-being of staff impacts on both patient and staff safety. In response to staff feedback where staff reported that they were emotionally drained, stressed and anxious about coming to work, Northern Health has embarked on a Psychological Wellbeing strategy supported by a new position of a Workforce Psychological Wellbeing Coordinator.

Our Employee Assistance Provider continues to be utilised by our staff, though this resource is primarily one of *intervention*, rather than *protection* or *promotion* (as outlined below).

Applying best practice principles, Northern Health has developed a strategic Psychological Wellbeing Framework, with three areas of focus: Protection, Prevention, and Intervention.

This position will support Northern Health to develop and implement the Psychological Wellbeing Framework. This will be with the aim to build a more resilient workforce that can manage change, withstand adverse psychological events and focus systemically on psycho-social aspects of recovery from major life events, injury and trauma.

## The National Standards for Safety and Quality Accreditation

The National Standards for Quality and Safety in a Health Service are set by The Australian Commission on Safety and Quality in Health Care (the Commission).

These Standards set the minimum requirement to be met for all public and private health services across Australia.

### Why do we have National Standards?

The Standards outline the minimum requirements to protect the public from harm, and to improve the quality of health care. They provide a nationally consistent statement about the standard of care consumers can expect from their health service organisation.

### What is accreditation?

This is a review of all the actions required as set out by the Commission for each Standard to ensure that we have the systems in place to provide safe quality care to all our patients across Northern Health. Accreditation provides a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected outcomes of safety and quality are met.

### Accreditation Status

**Northern Health is accredited until July 2021.**

Northern Health expanded its accreditation program to include an additional five Standards. This accreditation program known as EQuIPNational provides a consistent focus of quality and safety across all aspects of clinical and corporate services.

Northern Health underwent a full survey of all fifteen Standards in March 2017 conducted by the Australian Council on Health Care Standards (ACHS), an independent accrediting agency. Northern Health met all 367 actions, with 29 actions upgraded to a Met with merit. This was an excellent result and there were no recommendations that required any further action.

**The second edition of the National Standards will be in place from January 2019.**

Northern Health is currently transitioning to the second edition of the National Standards. The Standards cover areas of Governance, Partnering with Consumers and Clinical areas where there are a high number of adverse events that cause harm or have the potential to cause harm to patients. Some examples of adverse events that cause harm are falls, pressure injuries and medication errors.

**How many Standards do we have?** There will be eight Standards from 2019 that health services will be accredited against. At Northern Health each Standard has a committee of people with the expertise and the interest in making a difference to quality and safety and reducing harm to patients related to their Standard.



Clinical Governance Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-Associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard

## Improvements to quality of patient care as a result of adverse events



An **adverse event** is defined as “an incident in which unintended harm resulted to a person receiving health care”.

All adverse events are recorded in our Victorian Hospitals Incident Management System. This information is transmitted to the Department of Health and Human Services monthly.

At Northern Health we strive to ensure that we are providing high quality patient care, and use a variety of different methods to improve the care we provide to our patients. We promote a safety culture, encouraging and supporting staff to report clinical incidents. Learning from adverse events and making improvements is a critical element of this process.

Adverse events are classified by assigning an Incident Severity Rating (ISR) according to the level of harm and/or care required as a result of the adverse event.

**ISR 1 - Severe harm or death** – harm reached the patient with permanent loss of function resulting in advanced treatment/higher level specialised care (transfer to Intensive Care or Theatre and transfer to a higher level/specialised care) or death.

**ISR 2 - Moderate** – harm reached the subject with a temporary loss of function requiring advanced treatment/higher level/specialised care (transfer to Intensive Care or Theatre).

Last year, Northern Health had 24 ISR 1 events and 75 ISR 2 events, a reduction from the previous year.

All adverse events are investigated using a robust process which includes a thorough investigation by staff skilled in clinical incident investigation, and a review by an independent panel. A sign off occurs by the Northern Health Executive and the area responsible for overseeing the implementation of any recommendations. The executive team is held accountable by the Northern Health Board for the timely implementation of improvements identified through the review process.

Disclosure of review findings is provided to relevant parties including the patient and/or their family.

Northern Health has implemented the following improvements in 2017-18 as a direct result of analysing our adverse events:

- In the last 12 months Northern Health has been working with the Pathology and Radiology Service providers to improve the processes, access to and reporting of time critical tests.
- In response to a number of incidents that involved trauma patients, Northern Health has completed a comprehensive review. This resulted in:
  - Improved trauma activation processes, documentation standards to support assessment and care planning including primary and secondary trauma surveys.
  - Introduction of spinal management care pathways.
  - Work with tertiary trauma centres to improve the process of transferring patients out of Northern Health when Northern Health does not have the speciality services required. The effectiveness of this work is monitored through a six monthly audit that monitors whether systems and processes are being followed.
- Not all patients that have had a stroke present with the symptoms of facial droop, weakness and slurred speech. Some patients that have had a stroke present with dizziness. Northern Health conducted a review of patients that had been diagnosed with a stroke where dizziness was their initial presenting feature. Based on the findings of this review, Northern Health has introduced clinical guidelines and specific education and training to support the early identification of stroke in patients that present complaining of dizziness.
- Northern Health has tightened up the processes around who is responsible for caring for a patient where the patient may have been admitted for a medical reason under a medical unit but during the course of their stay have required a surgical procedure. Patients are now transferred to the care of the surgical unit for 48 hours following a procedure, to aid early identification and management of post-operative complications.

## Health Care Associated Infections

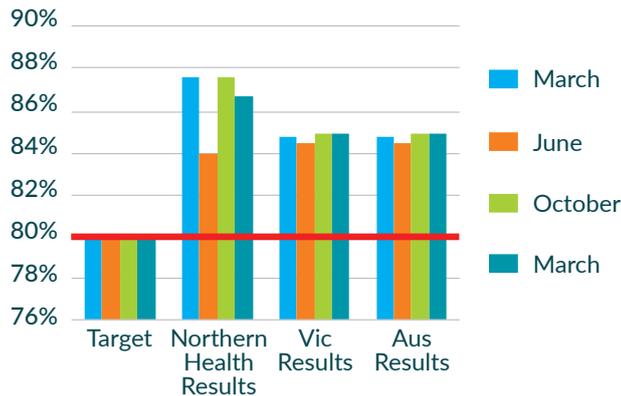


Infection prevention and control is a health and safety issue which means that all staff working in health are responsible for providing a safe environment for patients, families and staff. At Northern Health this work is overseen by a team of Infectious Disease Physicians, Infection Prevention Nurse Consultants and a committee of specialist staff that ensure all infection standards are being met and opportunities for improvement work is identified and undertaken.

### Hand Hygiene

Good hand hygiene is one of the most effective ways to stop the spread of infection in a health care environment. Since 2010, Northern Health has participated in the national Hand Hygiene Initiative which requires that health services across the country monitor and report on rates of staff compliance with hand hygiene. In 2017-18 Northern Health's 66 auditors observed 12,207 moments of hand hygiene and of these, 10,540 were performed correctly, achieving an average rate of 86.3% exceeding the national target of 80%.

Northern Health Hand Hygiene results  
March 2017 - March 2018



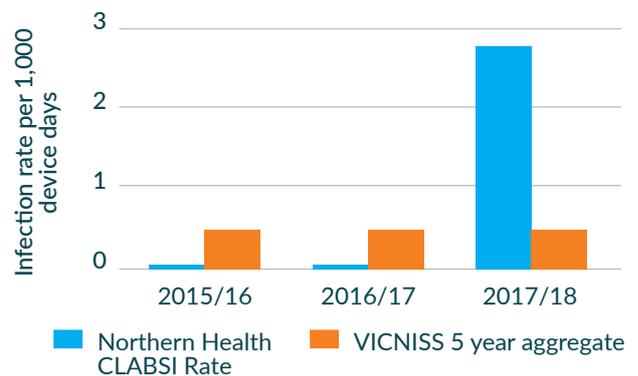
### Central Line Infections

Central lines are a special intravenous device used for administering certain medications and large volumes of intravenous fluids. The position of the end of the central line in the body (close to the heart) leaves the patient vulnerable for blood stream infections. These factors make it particularly important to monitor for these infections and report our results to VICNISS. In 2017/18 Northern Health experienced an increased number of

central line infections exceeding the VICNISS five year aggregate rate of 0.5 for every 1,000 device days and has commenced improvement measures to reduce this rate.

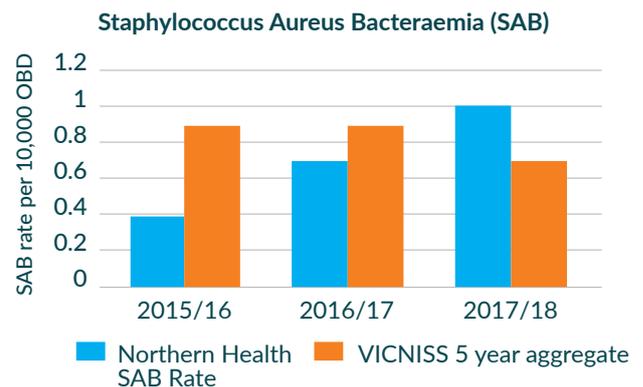
Results have been fed back to the Intensive Care medical and nursing leaders in the form of an information/ education session. An extensive review of the cases could not identify a causative factor, therefore an increased focus on central line insertion practices, increased audits of Aseptic No Touch Technique (ANTT) used when inserting lines, and hand hygiene have been conducted within the unit. Surveillance from the most recent quarter did not identify any new central line infections.

### Central Line Associated Blood Stream Infection (CLABSI)



### Blood Stream Infections - Staphylococcus Aureus Bacteraemia (SAB)

Blood stream infections have a serious effect on a patient's health and can even result in death. Northern Health's infection prevention team undertakes regular surveillance and reporting for the state wide program VICNISS and has consistently remained below the annual target of 1 per 10,000 bed days since 2015.



### Health Care Worker Influenza Immunisation

The 2017 influenza season saw the highest level of confirmed influenza cases across the country and resulted in significant mortality including children and the elderly.

In 2017, Northern Health achieved 82.6% of staff vaccinated for influenza, which exceeded the state target of 75%.

### Severity of the 2017 flu season called for a new approach at Northern Health.

Due to the severity of the flu season and the impact on both staff and patients, Northern Health Executive decided to trial a new approach to further improve staff vaccination rates in 2018.

#### What actions did we take?

- Northern Health provided grants to nursing staff in 2017 to undertake Nurse Immuniser Qualifications. This increased the number of vaccinators across the organisation, improving accessibility for staff.
- Staff were able to be vaccinated across all workplaces and all shifts.
- In addition, booths were established in prominent locations on all campuses to improve visibility and availability of vaccination.

#### Outcome

Northern Health achieved a vaccination rate this year of **87.90%**, far exceeding the Victorian target of 80%.



# 87.9%

**Northern Health – Vaccination rate this year, Victorian set target of 80%**



### Community Flu Initiative

Northern Health made the decision to do things differently by proactively promoting and providing influenza vaccinations to our community. Our strategy was to protect staff and their families, patients and our community, aligning with Northern Health's priority of 'staying well' and Victoria's Health 2040 strategy of better health and access.

We believed that by providing free immunisation to the family and friends of our patients and staff, greater immunity would provide improved wellbeing in our community and in particular, keep our vulnerable patients protected from influenza infection.

We ordered additional vaccine in early February that was able to sustain us right through to the end of the campaign period.

Through the program which operated across all sites, we **vaccinated 11,000 community members** through 'pop up' clinics located in prominent positions and specialty clinics and over **1,000 admitted patients**.

This public health initiative was well received by the community and required input and collaboration from the Executive, multidisciplinary groups and volunteers to achieve this great success.



## Clinical Deterioration – Patient and Family Escalation

### Are you concerned about a recent change in your condition or that of your loved one?

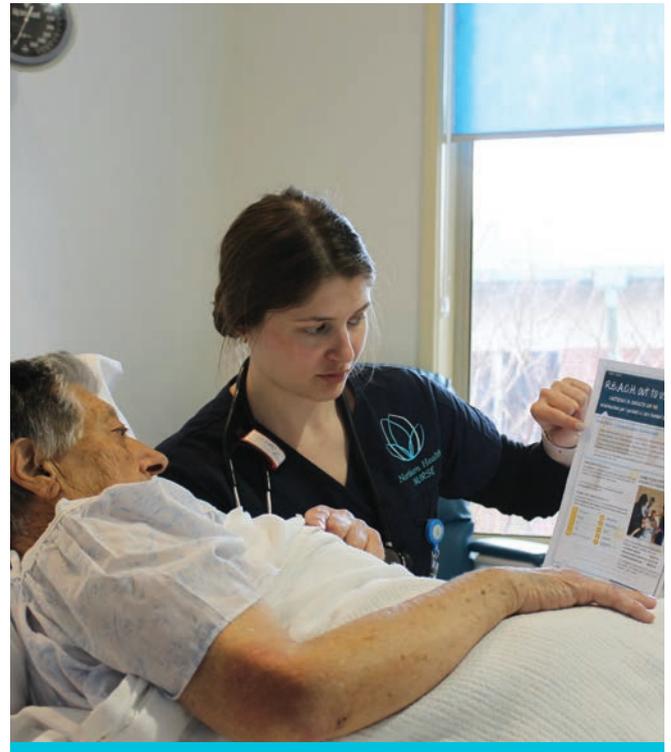
Patients and family members are often ideally placed to recognise the most subtle changes in themselves or that of a loved one. In August 2016 Northern Health implemented the R.E.A.C.H – Recognise-Engage-Act-Call-Help program, adopted from the NSW Clinical Excellence Commission. This program has allowed patient and family members the ability to actively voice their concerns when a ‘worrying change’ is occurring.

When a R.E.A.C.H call is activated, a dedicated independent Medical Emergency Team (MET) responds within five minutes. To date, there have been 14 calls to the service.

On one occasion, a daughter of a patient called the R.E.A.C.H number after speaking with her mother’s doctors. The daughter was still concerned about the management and level of care her mother was receiving (she wanted her mother to go back to Intensive Care). The R.E.A.C.H team responded and began addressing her concerns by reassessing the patient, listening to the daughter’s concerns, and discussing the current management plans with the patient’s treating consultants.

The daughter was still not satisfied with the outcome of this call so the R.E.A.C.H team sought advice from the Medical Executive on call, who then arranged for a second medical opinion out of hours. Although the treatment and management for the patient did not change as a result of this second medical opinion, the daughter was extremely satisfied with the R.E.A.C.H processes and that her concern was addressed at the highest level.

At Northern Health we take every R.E.A.C.H call as an opportunity to learn how we could have responded better to a patient or family members concern. On this occasion, it was identified that the patient and her daughter had English as a second language. While it was thought that the treating medical team had clearly communicated the treatment plan to the family and patient, it was evident during the R.E.A.C.H response that there was not sufficient understanding of the gravity of the patient’s condition and the treatment options that she would respond to. Northern Health has continued to improve its approach with how we communicate to our Non-English speaking patient and families with R.E.A.C.H information brochures now available in the top 8 languages, supporting our patients and families to be fully engaged in shared decision making about their care.

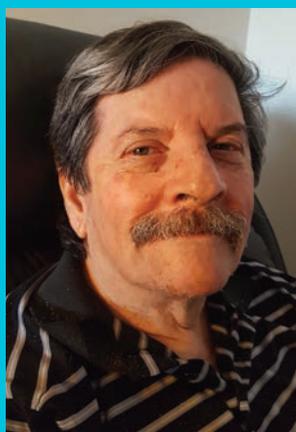


## Ian Brand Public Residential Aged Care

Ian Brand is home to 30 residents who enjoy a warm, caring environment staffed by nurses and housekeepers who provide security, comfort and professional care. Our home provides nursing care for high care residents providing a socially interactive program with activities, emotional and spiritual support in accommodation that is private and welcoming. We seek the active involvement of residents and family through our regular meetings, surveys, communal celebrations and activities, lunches and attending social programs externally with our lifestyle coordinators, nursing staff and family.

To ensure the best care for our residents, Ian Brand works to achieve the care standards and quality indicators set out by the Australian Aged Care Quality Agency. **Ian Brand went through accreditation in May 2018 and passed all 44 outcomes from the Standards and has been accredited for a further three years.**

Ian Brand is home to 30 residents who enjoy a warm, caring environment.



### John's story

John Murray came to Ian Brand (IB) three years ago after waking on the floor of his home unable to move his legs and see out of his left eye. He had suffered a stroke. He spent some time in hospital where he was told that he would not be able to return home alone and would need to come into care.

Upon arrival, John required full nursing care, needing a hoist for transfers. Initially, he found his transition to care quite difficult as he was grieving for the loss of his independence, his home and his mobility. John said, "as soon as he was able to accept his predicament he was able to look forward."

Over time, John has regained his ability to walk with

a frame and supervision. John feels that living in residential care has enhanced his life as prior to his stroke he was on a bit of a downward spiral and now he feels that he has a totally different outlook on his life.

He lives in a community where he has people who care for him, assist him with his personal care needs and provide emotional support when needed.

Recently when refurbishments occurred, new furniture was purchased for all the rooms as part of the upgrade for IB, John requested to keep his two bedside drawers from home instead of getting a new set of drawers. As John says, "he has few possessions of monetary value but these two drawers hold great sentimental value." These take pride of joy in his room along with photos of his family.

John has a supportive network of friends who visit and take him out for lunch every Monday to the local RSL, where he enjoys his catch up with friends. John feels that coming into IB has enabled him to continue to enjoy a good quality of life.

Ian Brand reports on the following five quality indicators to the Department of Health and Human Services on a quarterly basis:

1. Weight loss
2. Falls and falls with fracture
3. Nine or more medications (polypharmacy)
4. Pressure injuries
5. Restraint.

The graphs below show our performance including the 2015-16, 2016-17 and 2017-2018 reporting periods.

The following provides a guide in interpreting the graphs:

- The green shading in the graphs show within range
- The red shading shows outside of range
- The green dots plot Ian Brand's performance within range
- The red dots plot Ian Brand's performance when it exceeds the limit
- The black dotted line represents other Public Sector Residential Aged Care Services (PSRACS)
- The blue dotted line is the average rate for the service.

Like facilities is equivalent to a 30-45 bed facility.

## Weight Loss 2017-18

### Unplanned Weight Loss ✓

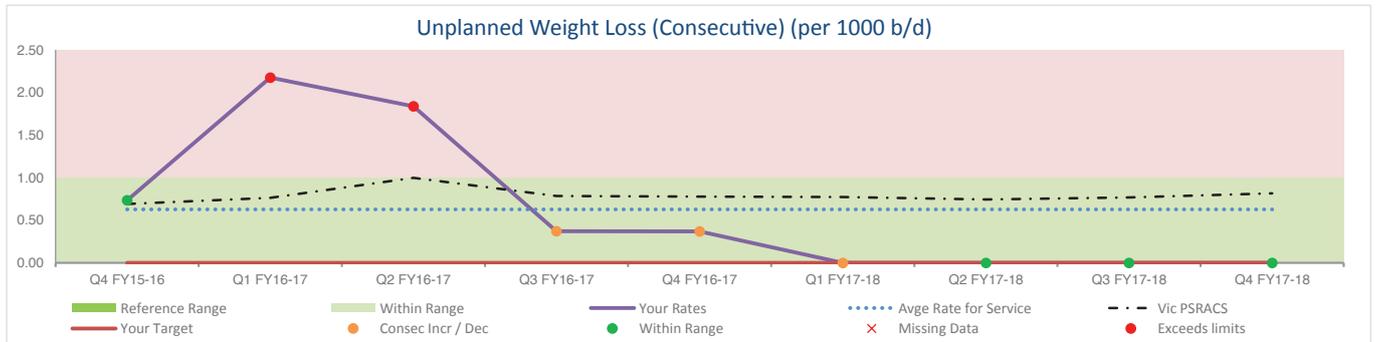
Ian Brand: 0.0/1,000 bed days

Like Facilities: 0.76/1000 bed days

There has been no unplanned weight loss at Ian Brand for 2017-18. Any unplanned weight loss is monitored through care provision, assessment, interventions and referrals to a dietitian. It is managed by the dietitian in consultation with the family.

2016-17: 1.9./1,000 bed days

Unplanned Weight Loss (Consecutive) (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	0.73	2.17	1.84	0.37	0.37	0.00	0.00	0.00	0.00
Average Rate for Service Over Time	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63
Vic PSRACS	0.69	0.76	1.00	0.78	0.78	0.77	0.74	0.77	0.82



## Falls

### Falls 2017-18 ✓

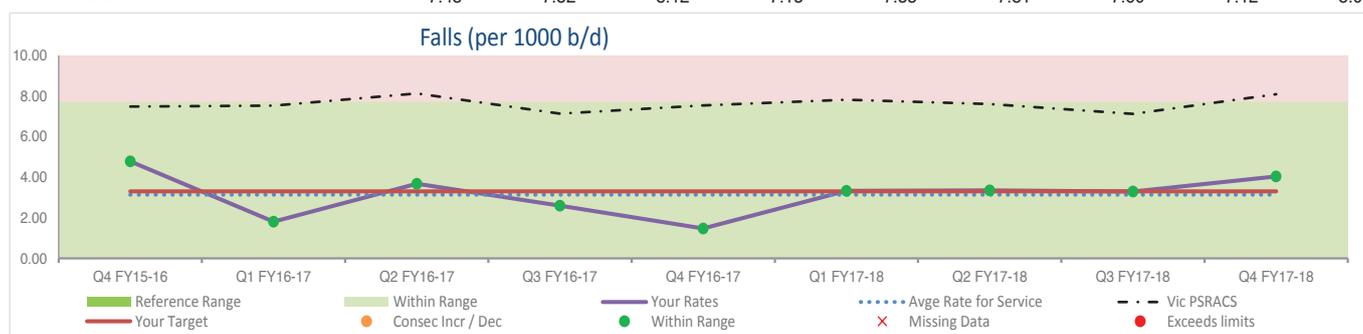
Ian Brand: 3.5/1,000 bed days

Like facilities: 7.65/1,000 bed days

Ian Brand compares favourably to similar sized residential facilities. Our falls rate increase over the last quarter reflects the choice of resident's families of whom are known to fall accepting the risk.

2016-17: 2.39/1000 bed days

Falls (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	4.78	1.81	3.67	2.59	1.47	3.33	3.35	3.30	4.03
Average Rate for Service Over Time	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14	3.14
Vic PSRACS	7.48	7.52	8.12	7.13	7.53	7.81	7.60	7.12	8.09



## Falls with fracture

### Falls with fracture 2017-18 ✓

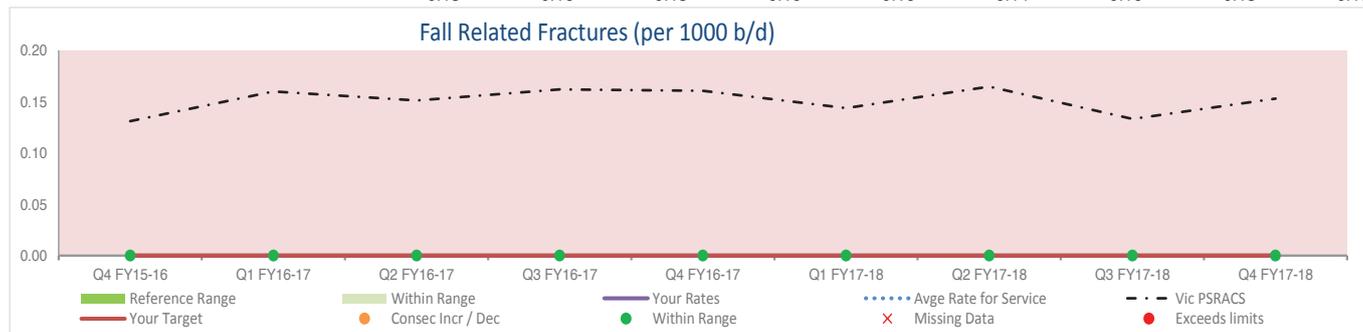
Ian Brand: 0.00/1,000 bed days

Like facilities: 0.14/1,000 bed days

Ian Brand did not record any incidents of fall with fracture in the last year and compared favourably to similar facilities.

2016-17: 0.00/1,000 bed days

Fall Related Fractures (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Average Rate for Service Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vic PSRACS	0.13	0.16	0.15	0.16	0.16	0.14	0.16	0.13	0.15



## Polypharmacy

### Polypharmacy (nine or more medications) 2017-18 ✗

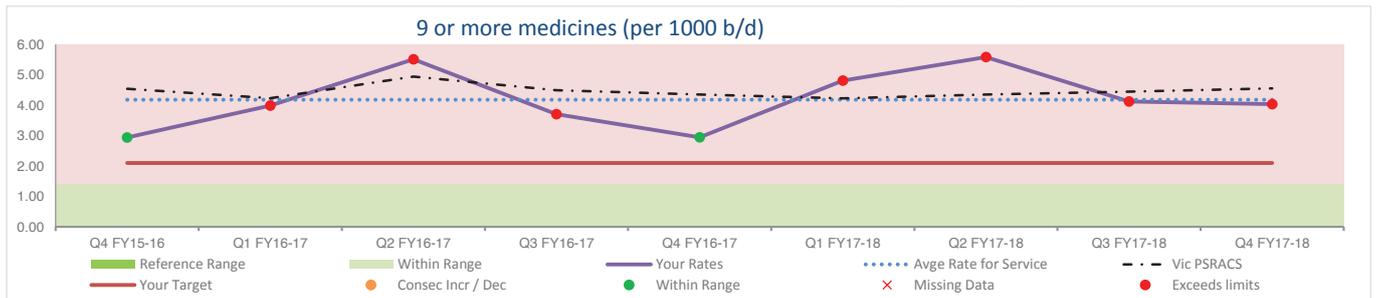
Ian Brand: 4.64/1,000 bed days

Like facilities: 4.39/1,000 bed days

Ian Brand monitors individual residents to ensure appropriate medication plans are in place. These plans are under the review of the Medication Advisory Committee. An independent pharmacist reviews all new admissions and residents with complex care requirements and reports to each resident's General Practitioner. Ian Brand has reduced this indicator over the reporting period and compares equally with similar sized residential facilities.

2016-17: 4.04/1,000 bed days

9 or more medicines (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	2.94	3.99	5.51	3.70	2.94	4.81	5.58	4.12	4.03
Average Rate for Service Over Time	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
Vic PSRACS	4.54	4.23	4.94	4.49	4.35	4.23	4.35	4.45	4.56



## Pressure Injuries 2017-18

### Pressure Injuries Stage 1 ✓

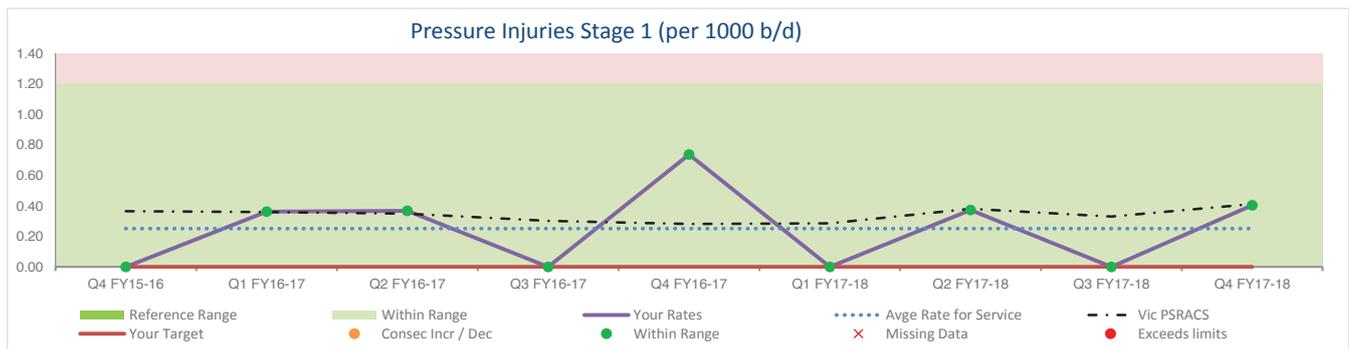
Ian Brand: 0.19/1,000 bed days

Like facilities: 0.35/1,000 bed days

Pressure injuries are reported not only if acquired in care but if the resident was admitted with a pressure injury. Care plans are developed on admission to reduce the chance of injury and manage any injury present on arrival. A focus on nutrition, mobility and positioning are integral to our care, as is staff being trained in manual handling and injury prevention.

2016-17: 0.37/1000 bed days

Pressure Injuries Stage 1 (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	0.00	0.36	0.37	0.00	0.74	0.00	0.37	0.00	0.40
Average Rate for Service Over Time	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Vic PSRACS	0.36	0.36	0.35	0.30	0.28	0.29	0.38	0.33	0.41



### Pressure Injuries Stage 2 X

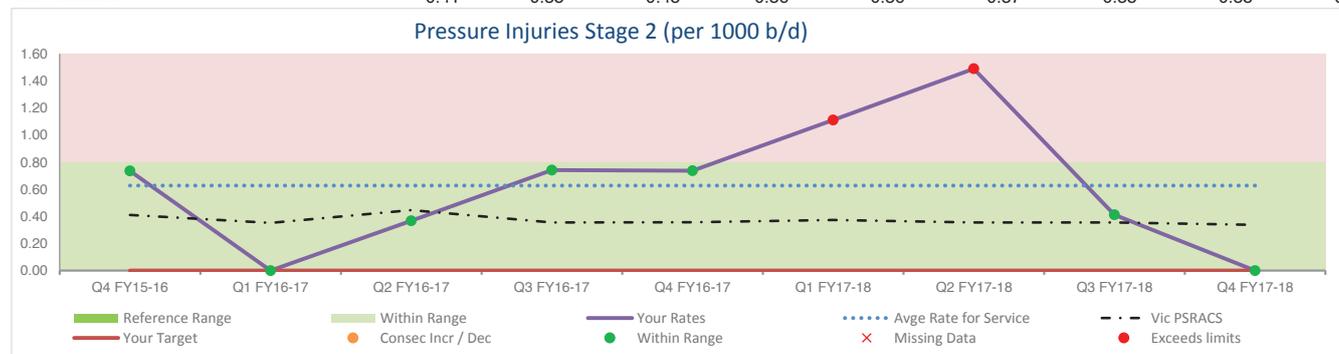
Ian Brand: 0.75/1,000 bed days

Like facilities: 0.35/1,000 bed days

Plan of care is the same as Stage 1 pressure injuries. The resident is also referred to the wound consultant if required. Management is discussed between the resident, family and medical staff.

2016-17: 0.46/1,000 bed days

Pressure Injuries Stage 2 (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	0.73	0.00	0.37	0.74	0.74	1.11	1.49	0.41	0.00
Average Rate for Service Over Time	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63
Vic PSRACS	0.41	0.35	0.45	0.36	0.36	0.37	0.35	0.35	0.34



### Pressure Injuries Stage 3 X

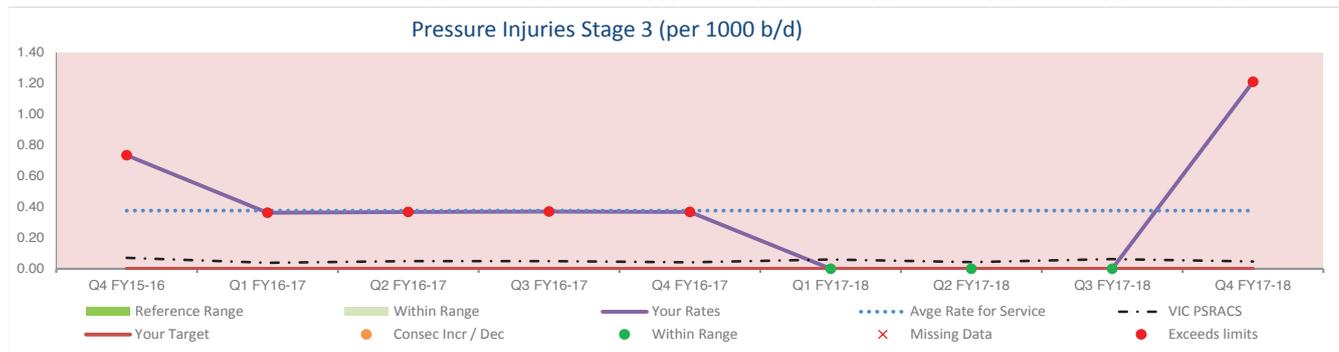
Ian Brand: 0.30/1,000 bed days

Like facilities: 0.07/1,000 bed days

Stage 3 pressure injures reported are due to one resident admitted with stage 3 pressure injuries. While the pressure injuries were not acquired in our care they are recorded and continue to be reflected in figures. This has been discussed between wound consultant, resident, family and medical staff.

2016-17: 0.37/1,000 bed days

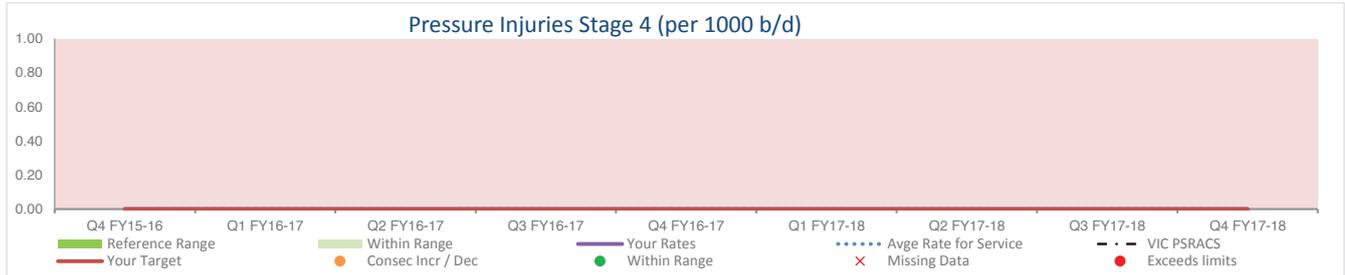
Pressure Injuries Stage 3 (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	0.73	0.36	0.37	0.37	0.37	0.00	0.00	0.00	1.21
Average Rate for Service Over Time	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
Vic PSRACS	0.07	0.04	0.05	0.05	0.05	0.04	0.04	0.06	0.05



### Pressure Injuries Stage 4: Suspected Deep Tissue Injury and Unstageable Pressure Injury ✓

Ian Brand: 0.0/1,000 bed days

Pressure Injuries Stage 4 (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Average Rate for Service Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vic PSRACS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



### Restraint 2017-18

#### Physical Restraint ✓

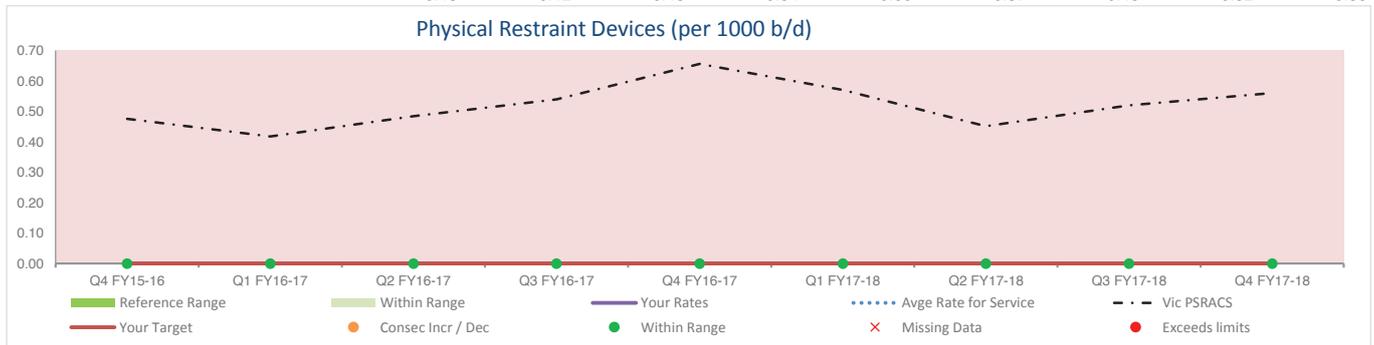
Ian Brand: 0.00/1,000 bed days

Like facilities: 0.00/1,000 bed days

Ian Brand does not utilise restraint as a care strategy and has not recorded any incidents of restraint. Safe care and behaviour management is achieved by collaboration between residents, families, GPs and nursing staff to develop an agreed care plan that meets the needs of the individual.

2016-17 0.00/1,000 bed days

Physical Restraint Devices (per 1000 b/d)	Q4 FY15-16	Q1 FY16-17	Q2 FY16-17	Q3 FY16-17	Q4 FY16-17	Q1 FY17-18	Q2 FY17-18	Q3 FY17-18	Q4 FY17-18
4427 - Ian Brand Nursing Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Average Rate for Service Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vic PSRACS	0.48	0.42	0.48	0.54	0.66	0.57	0.45	0.52	0.56



# Continuity of Care

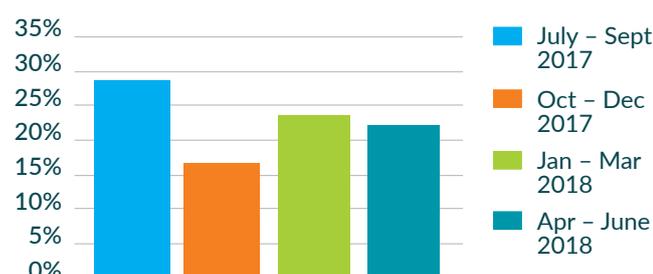
## Advance Care Planning

Advance care planning is thinking about, talking about and writing down preferences for future healthcare. It is preparing for a time when a person may be too sick and unable to be part of medical treatment decision making for themselves.

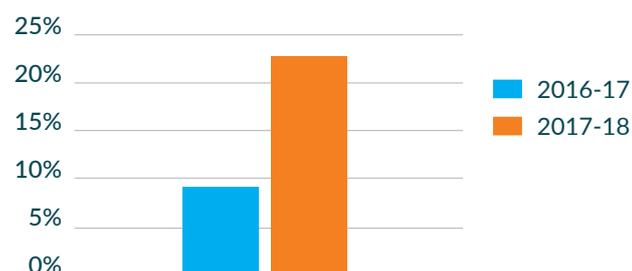
In March 2018, new Victorian legislation was introduced, the *Medical Treatment Planning and Decisions Act 2016*. We provided extensive staff training to ensure all clinical staff are aware of their obligations under this legislation. In addition, all Northern Health procedures and forms were reviewed to make sure these reflect the new legislation.

One focus has been for clinical staff to ask about and document prior Advance Care Directives and the Medical Treatment Decision Maker for every patient. This helps to ensure that if an illness or injury means that you cannot make a medical treatment decision for yourself, we know who your Medical Treatment Decision Maker is, and if you have provided some guidance or instructions for medical treatment in an Advance Care Directive.

Percentage of patients 75 years and over with an Advance Care Directive or appointed Medical Treatment Decision Maker 2017-18



Percentage of patients 75 years and over with an Advance Care Directive or appointed Medical Treatment Decision Maker 2016-17 and 2017-18



Making health care decisions for another person can be difficult, especially if you've never talked about this sort of thing before. At Northern Health, patients and their loved ones are supported to talk about future healthcare preferences through advance care planning.

### Martin\* and Heather\* have been married for many years, with Heather supporting Martin through physical and mental illnesses.

A few years ago, Martin told Heather if he became very unwell, he 'wouldn't want the doctors to go to extremes'. With help from staff, they had a conversation about what he meant by this, and what sort of healthcare outcomes he would want for himself.

He talked about wanting to be comfortable and clean, and being able to enjoy the company of their children and grandchildren. This conversation was the start of Martin's advance care plan.

More recently, Heather has had to have some really difficult discussions with the doctors, as Martin has been very unwell, and unable to communicate for himself. Heather has told the doctors that Martin would want the focus of his care to be on comfort, maintaining his dignity and avoiding pain and distress. Martin's doctors have written this in his patient file and his medical treatment plan reflects these preferences.

Whilst Heather keeps hoping Martin will pull through, she doesn't want him to suffer, and she takes comfort knowing the medical decisions she is making with the doctors are the same as Martin would make for himself.

*\*names have been changed.*

## 30 years of paws-itive impact – caring in partnership with our community



In 2018, *Pet Therapy Services* at Northern Health Bundoora achieved the milestone of 30 years, or 210 dog years of service. The trained, gentle dogs and their owners have provided over 1,800 visits to patients, helping deter feelings of anxiety and loneliness. The Pet Therapy Program was developed in 1988 by an Occupational Therapist, also a member of The Kintala Club of Heidelberg, establishing a partnership that still exists today.

Pet therapy has been proven to relieve worries and anxieties and provides a positive antidote to a sense of loss, isolation and lack of fulfilment, in addition to the social and physical stimulation to the patient.

Northern Health recognises the importance of partnerships and cultivating relationships with our staff, volunteers, patients and local community to achieve milestones such as this.

Our Pet Therapy Program is an excellent example of the benefits of working together with our community for innovative learning, understanding our patients' needs and the common goal of caring.

## Supporting End of life care at Northern Health

Northern Health has an Integrated Palliative Care Service that provides a specialist service to improve the quality of life for people and their family and carers who are near the end of their life.

This service has a wide range of staff with specialist qualifications in palliative care. The staff provide expert support and advice in areas such as pain and symptom management, social, psychological, spiritual and emotional well-being, including bereavement support and counselling. This team works closely with the community and partners with patients' GPs' and other community palliative care services.

Northern Health has a 16 bed Inpatient Palliative Care Unit, in which patients can be admitted to help with symptoms management and provide care as they near end of life. Patients within this unit receive expert care for both their physical, emotional and spiritual needs ensuring that care is centred on the individual wishes and needs of each patient and their families.

As end of life care is the responsibility of all Northern Health staff, the specialist palliative care consultancy team has an important role to support our staff to better understand and manage patients at end of life. Northern Health provides a 24 hour a day, seven day a week medical on-call service for advice to health care professionals involved in the care of our patients.

A particular focus to improve the quality of care for our patients and their families throughout 2017-18 has been in the following areas:

- The Palliative Care Inpatient Unit was moved to a new site at Heritage Gardens, Epping which is situated across the road from the Northern Hospital campus. This new unit provides 16 single rooms all with an ensuite and facilities for families and carers to remain with their loved ones. This well-appointed facility provides the right physical environment for these patients and their families.

- Focus continues on communication skills training for our staff with multiple sessions occurring over the last 12 months. These sessions provide staff with the skills to have difficult conversations and responding to emotion. There is also an emphasis on recognising when a patient is at the end of their life to ensure that appropriate, compassionate and timely end of life care can be provided.

#### Engaging communities and embracing diversity:

- Research occurred at Northern Health in which 39 hospital-employed interpreters, representing 22 language groups, were interviewed to explore how Victoria's culturally and linguistically diverse (CALD) communities might perceive advance care planning and end of life care. The findings from this research have been presented at both national and international conferences and published: *Health and death literacy and cultural diversity: insights from hospital-employed interpreters' (BMJ Supportive & Palliative Care 2017)*.
- Northern Health has developed an Aboriginal smoking ceremony garden which will allow a smoking ceremony to be carried out for any Aboriginal or Torres Strait Islander people. The garden has been established with Indigenous plants, Aboriginal art work and an educational bollard with a braille plate for those visually impaired. Smoking ceremonies are significant to Aboriginal people, as it is a form of cleansing. It is also utilised to help dying patients to have their spirits move on, leave their place of death and guide them 'back to country' to the dreaming (Non-Aboriginal people may call this 'heaven'). It can be utilised when patients have passed and the family requests it.
- Northern Health has attended multiple CALD community events to increase awareness of the gift of organ donation. This has included attendance at the Sundanese, Chinese, new arrivals refugees and Eritrean Oromo and Somali community forums.

### The Gift of Giving

Ward 1 at our Bundoora site led by Nurse Unit Manager Kirralee Jensen, has implemented a palliative care quilt project, providing comfort not only to the patient but also memories and a keepsake for the family.

Kirralee says that when a quilt is given to the patient it is explained that they have been handmade by a group of dedicated volunteers who donate them to our ward so that they can be given as a gift from us to keep and treasure.

It is usually at this moment that patients and their families hug the staff member who is presenting them with the quilt and more often than not there are tears of gratitude.

*The first patient to receive a quilt from us was with us for an extended period of time. She was then sent home only to be readmitted several months later. Upon her arrival to the ward she had brought her quilt with her for comfort.*

*A patient's wife was so humbled by the gesture of the quilt that was given to her husband in his final days that she requested the quilt be buried with him.*

Kirralee said that there are many stories like those above. The emotion is overwhelming for both patients and staff throughout this process of gift giving.



## Pastoral Care

### Our patient's story

A patient asked if the lady who visited her could visit her again as she found her very helpful.

Up until that time, the patient would not engage with members of her treating oncology or palliative care teams.

Our Pastoral Care worker had visited her and just sat, listened and prayed with her.

She also asked the Pastoral Care worker to come to a family meeting with her for support. Following the bedside visit and the family meeting with Pastoral Care support, the patient was able to accept the care that was being offered to her.

The patient's daughter, realising that her mother was very ill, requested to use the chapel for a small wedding ceremony knowing that her mother would not be alive for their planned November wedding.

The ceremony in the chapel was made possible through some great teamwork between the ward staff and Pastoral Care providing a special moment for the patient and the family who treasured having their mother share their special wedding ceremony before she passed away.



## Reaching out to families after their loved one has passed away

### Annual Memorial Service

Each year our Pastoral Care Team reaches out to the families of patients who have passed away at Northern Health by inviting them to participate in a memorial service. The service is focussed around prayer, families sharing stories about their loved one and lighting a candle in their memory.

Families find the service very comforting and often provide feedback on what they find helpful and meaningful.



*To see we are not the only ones grieving.*

*Being able to hear everyone's stories I felt like I was not alone.*

*The lighting of the candles and to remember our loved ones.*

*Being surrounded by so many people understanding the journey that we are on.*

*I found so many people are going through the same thing of losing someone. I think it is a great thing that the hospital is doing this service. It's great for my children to realise that others have lost a parent and help them realise that there are places to go. Thank you so much for tonight.*

*All of it was meaningful, very peaceful and compassionate.*

*Speaking of our loved one was very comforting.*



# Feedback opportunities



## Consumer

Your feedback helps us. We strongly believe that this report needs to be easily understood by our community. Therefore, we have taken on your feedback emphasising the need to use plain language, avoid jargon and to engage with readers, while still providing a range of information and data that is important to our patients and families.

- Email comments and suggestions to **consumerparticipation@nh.org.au**
- Phone (03) 8405 8000 to speak with a member of Northern Health's Patient Experience Office
- Call us via the telephone interpreter service on **13 14 50**
- Join the Northern Health Consumer Network
- Join our Patient Experience and Consumer Advisory Committee
- Attend our Open Access Board Meeting - an annual event where members of the community are invited to provide input into shaping Northern Health

## Patient

- Complete a "How was your hospital experience?" feedback form at **www.nh.org.au**
- Complete the Victorian Health Experience Survey. This survey evaluates and reports on the patient experience within public hospital services throughout Victoria
- Email us at: **feedback@nh.org.au**
- Phone: **(03) 8405 8000**
- Send a letter to:  
Patient Experience Office  
Northern Hospital  
185 Cooper Street, Epping Vic 3076  
**www.nh.org.au**

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# Northern Health

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## **Broadmeadows Hospital**

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

## **Northern Health Bundoora**

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

## **Northern Health Craigieburn**

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

## **Northern Hospital**

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