Northern Health

Quality Account 2019-20

Our Vision

A healthier community, making a difference for every person, every day.

Our Values

Our Priorities

- A safe, positive patient experience
- A healthier community
- An innovative and sustainable future
- Enabled staff, empowered teams
- Engaged learners, inspired researchers

Together, with our community, **#WeAreNorthern**

Northern Health acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past, present and emerging. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land (the Wurundjeri people) on which Northern Health's campuses are built.

We recognise and value the ongoing contribution of Aboriginal people and communities to our lives and we embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

Contents

Message from the Chief Executive	5
Our Services	6
Our care at a glance	7
Our High Reliability Organisation (HRO) transformation and safety highlights	8
About this Account	11
Consumer, carer and community participation	12
The importance of including consumers in our work	19
Diversity and inclusion	22
Maternity and paediatric services	29
Quality and Safety	34
End of life care	45
Aged Care - Ian Brand Nursing Home Aged Care Indicators	47
Community kids share the love	58

Northern Health
WOMINJEKA
WELCOME
مرحبا بكم
Benvenuti
Hoş Geldiniz
ωσήρθατε
дојдовте
quý khách
Andrew
Consumer Network

Message from the Chief Executive

This has been a very different year for all of us. We have faced a global pandemic and had to quickly find new ways to continue to provide trusted care to our growing northern community.

The pandemic has changed both our work and the way we live in the past six months. Numerous every day challenges had to be solved quickly, and I am proud of all our staff in how they have professionally responded, and quickly adapted. As a team, we have not only learned to work differently, but have also upskilled and learned to embrace change.

We rapidly established fever clinics and increased local pathology capacity as part of Victoria's extensive testing program. A temporary reduction in elective surgery provided additional capacity to deal with a potential influx of COVID-19 patients. Our primary concern was to keep our patients and staff safe with extensive best practice infection control procedures in place. In addition, Northern Health clinicians provided In-Reach care for affected residents in Aged Care facilities in our region.

Our vision of a *healthier community, making a difference for every person, every day* guides our everyday work and our plans for the future. As an organisation, we pride ourselves on engaging with our community to understand their cultural and health care needs. This enables us to deliver on our vision, and always keeping our values of safe, kind and together in mind. Thank you to all the community members who continue to send support messages to our staff during the pandemic.

Our Quality Account showcases many of the initiatives and collaborations we have undertaken in the past 12 months and highlights significant improvements in the quality of care and patient safety.

Some of the achievements I am proud of include the launch of Northern Health's Reconciliation Action Plan, the development of the CARE record, and numerous activities and solutions staff have come up with to keep patients and families connected during these unprecedented times.

Our achievements wouldn't be possible without kindness, dedication and teamwork from more than 5,500 staff across our four campuses, partnerships with our patients and families and involvement from the community members and our volunteers.

I would like to say thank you to the many volunteers and consumers who choose to donate their time and skills to help us improve care at Northern Health. We hope you will continue to do so in the future by working closely with our dedicated staff members towards a shared goal of trusted care.

I am pleased to present the 2019-20 Northern Health Quality Account, and 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

Our Services

Northern Health is the key provider of public health care in Melbourne's northern region, one of the fastest growing communities in Australia. We take care of our community by providing a wide range of health services at Northern Hospital Epping, Broadmeadows Hospital, Bundoora Centre and Craigieburn Centre.

We collaborate with our partners to help expand the range of health care services offered to our culturally rich and diverse community, including:

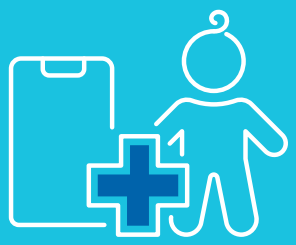
- Emergency and intensive care
- Acute medical, surgical, maternity and paediatric
- Sub-acute, palliative care and aged care
- Specialist clinics and community-based services.

Northern Hospital has the busiest Emergency Department in Victoria, and is located in the rapidly growing northern suburbs, which is driving us to think innovatively about the needs of the population and what the health system of the future might need to look like to meet those needs.

Northern Health provides a vibrant, fast-paced workplace of more than 5,000 staff and 350 dedicated volunteers, many of whom live in the vicinity of our campuses.

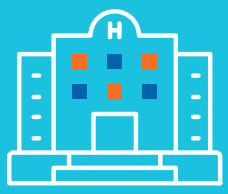
Our care at a glance

EMERGENCY PRESENTATIONS
105,283



PAEDIATRIC EMERGENCY PRESENTATIONS
21,024

AMBULANCE ARRIVALS
34,054



HOSPITAL ADMISSIONS
100,742

BABIES BORN
3,444

ELECTIVE SURGICAL OPERATIONS
16,255

OUTPATIENT APPOINTMENTS
233,188

PATHOLOGY TEST PERFORMED
999,380

Our High Reliability Organisation (HRO) transformation and safety highlights

A High Reliability Organisation maintains a high level of safety in dangerous and complex environments. Northern Health began a journey towards becoming a high reliability organisation in partnership with Johns Hopkins Health in 2017. As the Executive Director of Quality, Safety and Transformation, I am proud to say 2019-20 was a big year for our organisation when it comes to the number of safety initiatives we have implemented bringing us closer to becoming a highly reliable organisation and achieving our goal of trusted care for our community.

We have achieved many goals so far, but our journey is not yet over.

Some highlights from 2019-20 include the establishment of our Comprehensive Unit-based Safety Programs (CUSPs) a key component of our HRO transformation, for improving patient safety through improved teamwork, communication and fostering clinical awareness and best practice. These CUSPs have engaged all ward staff and encourage them to come forward with safety improvement ideas.

We have also established a safety science training program available to all our staff called "Reliable Innovation and Safety Science at Northern Health (RISSN)" giving participants practical project coaching and advice, with the ability to contribute to safety of our patients.

Another safety-focused initiative is our Daily Safety Brief, where we get together to learn more about how we manage and solve our daily safety and operational challenges.

I am proud of our Simulation Clinical Community, which provides the opportunity for staff to come together and simulate a response to real clinical scenarios. They help improve existing practices and develop new solutions for emerging situations such as we have faced in responding to the COVID-19 pandemic.

The last five months have been particularly challenging for all health services in responding to the COVID-19 situation worldwide. This rapidly changing environment has required our expert and considered response to daily challenges as they arise. Staff have had to learn to work differently, undertake additional training and implement new models of care across the health service. Simulation has helped our staff learn new ways to work.

In the words of our Director of the Emergency Department Megan Robb:

"The pandemic has brought us closer as a team and shown how dedicated and adaptable our staff really are. We are supporting one another and working collaboratively with staff across the entire health service, to ensure we can continue to provide the best possible care to our patients and the community.

COVID–19 changes the way you work both personally and professionally. There is a new level of responsibility ensuring the health and safety of staff, patients, colleagues and the community".

The ability to respond and adapt quickly to a challenging environment is a characteristic of Highly Reliable Organisations. The dedication and adaptability of all of our staff to achieve this has been outstanding.

Dr Bill Shearer
Executive Director, Quality, Safety and Transformation

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.

About this Account

Northern Health's Quality Account is developed to inform patients and community members 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 on last year's report includes:

- How does the community know the report is available – where would I find it?
- Define any words that are medical or clinical – it might mean something different to me
- Reduce repetition of information
- Let me know where I can provide feedback.

The report will be available on the Northern Health website, www.nh.org.au

Northern Health has endeavoured to reduce medical or clinical language, or provided definitions to help explain the words and terms used in this report.

If you would like to receive an electronic version of the report, or provide feedback you can do so by:

Contacting our Patient Experience team on **(03) 8405 2457**, sending an email to **feedback@nh.org.au** or visiting **www.nh.org.au.**

If English is your second language, you can call us via the telephone interpreter service on 131 450. You can speak your language and ask them to call the Patient Experience Office. 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 الأتصال بقسم النوعية على رقم الهاتف **(03) 8405 2457**. 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) 8405 2457**. 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) 8405 2457**. 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) 8405 2457**. Услгите за јазикот се бесплатни.

Turkish

Eğer Yıllık Kalite sanız TIS aracılığı ile bizi 131 450 no'lu telefondan arayınız. Kendi dilinizde konuşarak Kalite Departmanı ile **(03) 8405 2457** 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 c ho 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) 8405 2457**. 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) 8405 2457**。语言服务是免费的。

Consumer, carer and community participation

PATIENT EXPERIENCE

Northern Health encourages patients, families, carers, and our community to be involved in making decisions about their care and our services. We gain feedback to help identify gaps in the quality of our service. In this way, we can respond to what matters to you.

THE NORTHERN HEALTH PATIENT EXPERIENCE SURVEY

Our Northern Health Patient Experience Survey is an electronic survey that asks patients or visitors three questions about their recent hospital experience. There is the opportunity to provide comments, too. Northern Health encourages people to speak to staff or their manager as soon as they have an issue. This means issues can be resolved while you are still in our care.

In the past year, 7,656 surveys were completed

- **163 (two per cent)** of surveys completed with the help of an interpreter
- **808 (11 per cent)** of surveys completed by visitors
- **723** comments about care submitted

Q1 Overall, how would you rate the care provided by Northern Health?

97 per cent patients rated care as "good" or "very good"

Q2 How often did health professionals explain things in a way that you could understand?

96 per cent answered "all the time" or "most of the time"

Q3 In your opinion, how clean was the area of the hospital you were in?

73 per cent answered "very clean"

LISTENING TO OUR COMMUNITY – RESPONDING TO FEEDBACK

Gaining your feedback

We accept feedback in the following ways:

In person Talk to the staff caring for you

Call our Patient Experience Office on (03) 8405 2457

Email feedback@nh.org.au

Talk to us feedback forms - available in ten different languages. Please ask a staff member.

Website www.nh.org.au/patients-and-visitors/patient-information/your-feedback/

Post to our Patient Experience Office, 185 Cooper Street, Epping 3076

FEEDBACK RECEIVED BY THE PATIENT EXPERIENCE OFFICE FROM JULY 2019 TO JUNE 2020

1,300 Compliments received with positive comments made via Patient Experience Office or through Northern Health Experience Survey

1,212 Complaints

91% Complaints resolved within 30 days

EXAMPLES OF COMPLIMENTS RECEIVED FROM PATIENTS AND FAMILIES

"To all staff and support personnel at Northern Hospital. Thank you for being our front line in our battle against COVID-19. We love, appreciate, support and admire what you are doing for your patients, community, state and country".

"To all the doctors and nurses working so hard a HUGE thank you for all you do. You are working so hard under such difficult circumstances with a new virus that the world is learning about as we go".

"I would like to thank all the health workers, and allied staff for managing so much every shift, every day in these painfully stressful times. We wish you well and you are in our thoughts".

"To all my dear friends in the Day Oncology Unit, from the pharmacist for her guiding advice, specialist nurse educator, the beautiful volunteer lady who massaged my hands, the drink trolley person, the dedicated undergraduate nursing staff – I send to you a massive thanks and virtual hugs for accompanying me on my cancer journey for the last 15 months".

NORTHERN HEALTH SURVEY – SUPPORTING COMMUNITY DURING COVID-19

The COVID-19 pandemic has affected many aspects of life. Regardless of the pandemic, people still need to look after their general health, and manage any health conditions they may have. Many people though may be unwilling to attend hospitals or their usual doctors.

As a result, in May 2020, Northern Health conducted a survey asking our patients how the pandemic has affected them:

- 865 people were interviewed over five days by nursing staff.
- 15 questions overall with two key areas:
  - How are you going at home through COVID-19?
  - What do you think about using virtual health care?

People that flagged any concerning issues were followed up appropriately to ensure they were safe.

Have you avoided going to your GP over the last two months because of the COVID-19 pandemic?

- **24 per cent** of the survey respondents have avoided going to their GP over the last 2 months because of the COVID-19 pandemic.

Have you avoided coming to Northern Health over the last two months because of the COVID-19 pandemic?

- **22 per cent** of the survey respondents have avoided coming to Northern Health over the last two months because of the COVID-19 pandemic.

This told us that nearly a quarter of people were not receiving their usual health care, and that we needed to do something about this.

Northern Health looked at approaches around treating people at home and keeping them safe. One of these approaches is outlined below.

TELEHEALTH@NORTHERN

Northern Health, as part of its response to COVID- 19, introduced telehealth to support patients attending our Specialist Clinics (Outpatients).

What is Telehealth?

Telehealth is a phone consultation or video consultation, organised with your specialist to help you access the health services you need. The appointment is at an agreed time, just the same as a face to face appointment.

You are provided with a link that lets you into a waiting room where you are greeted and your specialist joins you.

If you require urgent or clinical hands-on appointments, these can still be arranged.

Dr David Tran, a senior paediatrician at Northern Hospital was one of the first to trial telehealth.

He says "A lot of paediatric assessment relies on the observation of a child. In the outpatient setting, we manage conditions that vary from acute to chronic conditions, they don't need to necessarily come into the hospital for it."

For a child to attend their appointment they need to bring in mum and dad, sometimes the other siblings – it can be quite an exercise for the family."

"With telehealth they can have the appointment in the comfort of their home, without disrupting the family routine."

Mum, Belinda Baldry agrees. When she was offered telehealth for her son Kyle, she agreed. "It was so much easier and convenient. There were no distractions. It was more convenient with no waiting rooms and parking."

Consumers were involved in the development of this program, and particularly asked about:

- **Choice** – give me the choice of which type of appointment I would prefer
- **Privacy and confidentiality** - can you assure me that the consultation protects my privacy and information is confidential?

CONNECTING PATIENTS WITH THEIR FAMILIES IN THE ABSENCE OF VISITING

This year has been a challenging one and as the pandemic progressed, consistent feedback was received highlighting that visitor restrictions were a major issue for the community.

"The staff were very good. The only feedback I would like to give is that the visiting hours and restrictions are very hard for the family, especially older visitors".

One of the early changes Northern Health needed to make in response to the COVID-19 pandemic was to limit the number of visitors to our service, particularly as the number of cases grew. This had a significant impact on our patients, their families and carers. We heard from our patients and their families that it was difficult not being able to see each other and that it was harder for our families to get information on how their loved one was as they were not always able to come in and speak with staff.

Narkitaa Van Ekeren, Intensive Care Nurse Unit Manager, said that besides fighting coronavirus, the patients in her unit are also fighting to cope with isolation and distance from their families.

"For the patients, the hardest part is not being able to have families present in the unit and staff have been actively engaged in communicating to families and patients that are awake. We are using Facetime and it provides some comfort to our patients".

During the pandemic, staff have been wearing PPE while providing care to patients and therefore have found it hard to answer the phone calls coming into the wards. The Patient Experience team started to receive complaints from anxious relatives not being able to get through to the ward. In response, the team offered to help the nursing staff by taking the calls and then providing updates to the callers on how their loved one was going that day. Clinical enquiries provided to the nurse in charge, enabled them to follow up as required or assist patients with video calls to their families.

VICTORIA HEALTHCARE EXPERIENCE SURVEY

The Victorian Healthcare Experience Survey (VHES) is a statewide survey sent to patients recently discharged from all public hospitals. Northern Health receives survey results every three months across four areas:

- Inpatient Adults (admitted patients)
- Maternity (pregnancy and birthing)
- Emergency (urgent and life threatening care)

Every 12 months we receive results for:

- Inpatient Paediatrics (admitted children)
- Paediatric Emergency (urgent care for children)
- Adult Specialist Clinics
- Paediatric Specialist Clinics

Northern Health Committees, including the Patient Experience and Community Advisory Committee, review survey results to help inform their recommendations to improve patient experience.

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

Northern Health receives results from an average of 300 patients every three months.

Adult inpatient results 2019/20

Overall, how would you rate the care you received while you were in hospital?

Northern Health Q1 to 4 2019-20

- **Northern Health positive experience - 87.8%**
- Target - 95%

Overall Experience- Adult Specialist Clinics

- **Northern Health positive experience 90.7%**
- Victorian average- 92.0%

Overall Experience- Paediatric inpatients

- **Northern Health positive experience 87.8%**
- Victorian average- 93.7%

Overall discharge experience Overall Transition Index

- **Northern Health positive experience 73.3%**
- Target 75%

CARE RECORD ROLLED OUT TO SUPPORT PATIENT EXPERIENCE

As part of providing comprehensive and individualised care for each patient Northern Health has developed a Comprehensive Assessment Risk Evaluation (C.A.R.E.) record for admitted patients. As part of the admission process, a nurse interviews the patient or family member, using the C.A.R.E record. Interpreters are provided as required.

The C.A.R.E. record helps identify any safety risks the patient may have, for example the risk of falling. The patient or carer then receives information to help them reduce this risk. Additional staff and services are provided if the patient needs help with clinical, social or care needs. For example, a patient with a high risk of falling is seen by a physiotherapist.

The C.A.R.E. record prompts the nurse to ask the patient "what matters to you today" with the aim of understanding the patients' needs and wants. This understanding of the patient's perspective leads to improved care and overall experience.

> "The questions in the care plan made me feel like the nurses were keen to care for mum in a way that was specific to her."

SUPPORTING PATIENT'S WISHES

Yvonne Cartwright and Andrea Wilson, members of the Residential Care Intervention Program in the Elderly (RECIPE), won the Staff Recognition Award for Patient Experience. The award recognised their team effort in providing exemplary patient-centred care by coordinating a remarkable effort of advocacy in helping an Indigenous man get back to country for end-of-life care.

Karen Bryant, Senior Aboriginal Liaison Officer, added, "These staff went over and above to identify and meet the cultural needs of an Aboriginal patient who was born on Northern Territory country. Once his direction was confirmed, these two ladies coordinated, emailed, telephoned and liaised with two states and a Territory of Australia, engaged with multiple organisations, programs and hospitals to streamline a smooth transition to the country," she said.

Andrea said, "People have often lived incredibly colourful and interesting lives, and knowing someone's background gives you a whole new respect for the patient you are meeting and what their health means to them," she said.

> "Sometimes, we just need to ask."

SUPPORTING PATIENTS AFTER DISCHARGE

New partnership targets post-discharge social isolation

Northern Health is partnering with Bolton Clarke Research Institute (BCRI) and volunteer organisation, Friends for Good, to roll out a new program to reduce social isolation and loneliness in older people after being discharged from hospital.

The peer support program named the *HOW-R-U? project* involves community members, volunteers and Emergency Department staff matching eligible patients with volunteers who will provide weekly telephone support for three months after discharge from Northern Hospital.

Northern Health Chief Allied Health Officer / Partnerships, Briana Baass, said, "In our efforts to achieve our strategic priority of 'A Healthier Community' we recognise the fundamental importance of our physical health and our psychosocial wellbeing. For that reason, initiatives like *HOW-R-U?* are critical to addressing the increasing impact of social isolation and loneliness in our community."

"If we don't pull together with a whole-of-system approach to this, we feel that our patients are more likely to deteriorate and find themselves back in our Emergency Department. This initiative highlights how we can partner with other organisations across the system. It also shines a light on how our volunteer workforce is an integral part of our models of care."

The *HOW-R-U? project*, funded through the Better Care Victoria Innovation Fund, builds on an earlier successful pilot undertaken by BCRI Principal Research Fellow Professor Judy Lowthian.

"Older people experiencing social isolation, loneliness or depressive symptoms are more likely to be at risk of poor health and increased hospitalisation," she said.

Telephone support has been found to reduce feelings of social isolation, loneliness and depression and to improve the quality of life in people receiving this care.

"Work has already begun to identify interventions, which will create opportunities for the provision of social support and referral to community-based services where appropriate."

Partnering in Health Care

Community Engagement

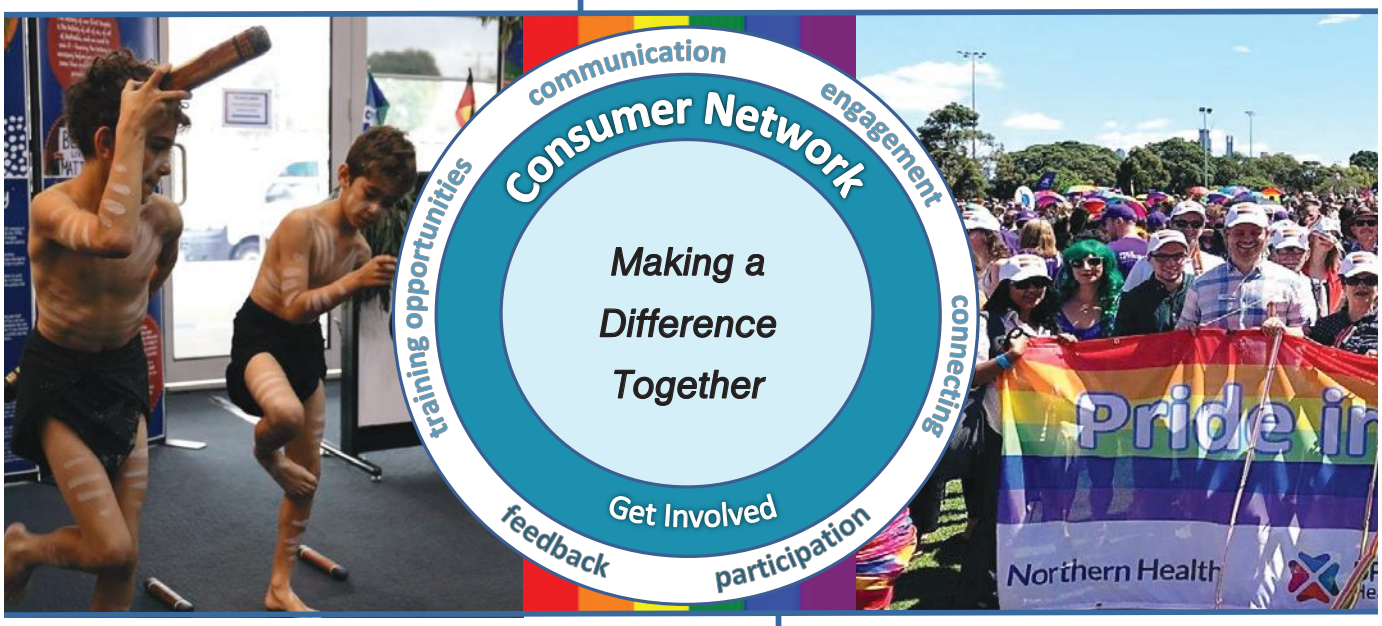
Listening to the community we seek feedback on health care needs, now and into the future. We plan & partner with consumers. Some examples:

- Community group presentations
- Open Access Board meeting
- Patient Feedback & surveys
- Engage in celebrations of our diverse communities

Committees

Consumers are valued members of our committees. We listen and consult with consumers who provide input into key strategic, governance and operational committees. Some examples:

- Aboriginal Advisory committee
- Equity Diversity & Inclusion Working Groups (Aboriginal Reconciliation, Cultural Responsiveness, Disability, Refugee/Asylum Seeker, LGBTiQA+)
- Clinical improvement; Quality & Risk management committees
- Patient Experience & Community Advisory committee



Projects: Staff and Consumer Engagement

Consumers are invited to work on specific projects, this may include planning, design or evaluation, aiming to improve the quality of health care. Some examples:

- Executive Patient Safety Walk arounds
- Emergency Department redesign
- Narrun Wilip-giin Aboriginal Women's workshops

Standard 2
Partnering with Consumers

Health Literacy and Education

Patient information - consumers review our health information to ensure it is useful and relevant. Consumers and staff work together to bridge understanding between lived and clinical experience. Some examples:

- Patient Information Review group - CLEAR
- Consumer education
- Staff education – patient stories, health literacy

Find out how you can get involved: 9495 3313

Northern Health

The importance of including consumers in our work

CONSUMER PARTICIPATION – HOW TO GET INVOLVED WITH YOUR HEALTH CARE

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. If you are interested in further information, please contact 9495 3313.

SPOTLIGHT ON OUR CONSUMERS

Five years ago, Jenefer Williams' mother had a stroke and received treatment at a Melbourne hospital. Jenefer's personal experience of trying to access quality care for her mother, across various levels of health care, was her main motivation to get involved in health care as a consumer.

For Jenefer, the answer was to work with health services to improve opportunities for consumers and community representatives to participate in quality and safety improvement activities.

Jenefer became involved to make a change. She understands the importance of clinical knowledge, however, feels combining this with lived experience, or having the capacity or interest to take a humanistic approach to care will bring the best possible health outcomes. Now, she is involved with the Patient Experience Consumer Advisory Committee as well as the Family Violence Committee.

Jenefer sees health as a partnership between physical and psychological care, both needing attention for people to become and stay well.

"Northern Health can do better, but we do better together, with consumers," she said.

Andrew Lauva (pictured on page 4) enjoys a challenge and solving problems. He has participated in a number of important initiatives, including the working party for the strategic plan, patient experience recruitment and the Partnering with Consumers committee.

Andrew spent the majority of his career working for the Victorian Public Service.

Andrew became interested in volunteering, through his rehabilitation experience at Bundoora Centre. Andrew knows that a consumer brings fresh eyes to a situation and enjoys being an active contributor to the community.

Andrew aims to use his experience to influence and improve the experience for others.

SHARING LIFE EXPERIENCES ACROSS GENERATIONS

A unique program at Northern Health sees Parade College students regularly visit the Bundoora Centre Social Support Group.

The program helps Year 10 students build intergenerational relationships and encourages them to interact with older people in the community.

The Northern Health Social Support Group based at Bundoora Centre is a Commonwealth Home Support Program. Group members live within the community and may have been socially isolated, and the group gives them an opportunity to connect with people and have a fun day out.

"The group members love having the Parade students come in. They make them smile and love to have a joke with them. They ask the students questions – who they barrack for, what they are studying at school, what they want to be when they are older. The students also help out in the old bloke's shed," Lisa James, Social Support Group Manager, said.

Lisa also tells us the students have said it has changed their lives too.

Previous students have said, "I learnt that giving my time is a really valuable experience and a joyful thing to do and something I will hold with me forever" and "The placement was an incredibly rewarding experience. The atmosphere was very warm and welcoming. The whole experience has changed my view on volunteering – it felt very rewarding to be able to do something in the community."

The Parade students helped to work on the Social Support Garden at Bundoora Centre.

The garden officially opened in July 2019 and the students have since helped to maintain it, and recently helped change the winter crop to the summer crop.

SUPPORTING LOCAL INDUSTRY THROUGH COVID-19

Personal Protective Equipment (PPE) is essential for staff on the frontline, fighting COVID-19.

Nicholas Romeo, the Head Scientist and Lab Manager of the Respiratory Department at Northern Health, got involved and helped with acquiring a new local supplier of PPE.

He first asked himself, "Who could make PPE?" and fast concluded it needed a supplier with the ability to fold plastic.

Victor, the proprietor of Norbind Plastics Pty Ltd., a 28 year old business in Epping, says at first he was sceptical when he received a call. But, he decided he had nothing to lose. At the time Nicholas called, he had already stood down the majority of his staff, working them only in rotation.

It turned out, Victor was already supplying the plastic folders that we use at our bed-ends at Northern Health.

In a week's time since their first talk, Victor had a finished prototype for Nicholas to share with the various stakeholders, including emergency department and theatre physicians.

On being given the green light, Victor was in production and delivered his first order in a couple of days. He is now in the process of delivering an additional ten thousand face shields to Northern Health.

Now that he has got his first order under his belt, Victor is already investing on machinery to make cutting the material quicker.

He says "I want to make it more efficient and then ramp up production."

Victor has already had enquiries both from Melbourne and interstate. "If not for Nicholas, I would be facing a very different business scenario. On behalf of my team and myself, I can't thank Northern Health enough, for thinking of local business at a challenging time like this for all of us."

"It's true what they say 'we are in this together',"

COMMUNICATION WITHOUT CONTAMINATION: HOW NORTHERN HEALTH IS PROTECTING OUR HEALTH CARE WORKERS AND PATIENTS

Communication is very important in any emergency; however, as Dr Loren Sher, Head of Paediatric Emergency points out, with COVID -19, there is the added challenge of contamination from communication devices. Staff are dressed in personal protective equipment (PPE), and have frequent communication requirements, changing of PPE and treating emergency patients is a challenge. "How to maintain critical communication between staff without the risk of contamination?" was the problem that Dr Sher put to some friends in business and IT.

"They linked me in to the technology team at HESTA. When HESTA heard we were trying to solve a problem related to COVID-19, they not only helped us with the solution, but also donated the equipment we would need to run the solution," says Dr Sher.

HESTA donated ten Plantronics Bluetooth headsets and one laptop to facilitate hands-free and team communication in the emergency department, while managing patients with suspect or proven COVID-19.

Dr Dean Pritchard, Emergency Physician and Deputy Director of Emergency, says "Hands free communication makes a positive impact on the safety of patients, doctors and nurses during COVID-19. These portable devices mean we no longer touch our faces, feeling confident to take phone calls between managing our COVID-19 patients. Communication is central to our pandemic response, and this generous donation has certainly improved the safety of our frontline clinicians and our patients."

"I regularly use the headsets – they are invaluable to enable hands free phone answering."

"I do love the Bluetooth headsets - able to answer calls with voice commands."

Diversity and inclusion

SUPPORTING PEOPLE TO RECEIVE HEALTH INFORMATION IN THEIR LANGUAGE

Our patients were born in over **170 countries**, speak **over 100 different languages**, and follow **75 religions or beliefs**.

In the 2019-20 Financial year, Transcultural and Language services and the Aboriginal Support Unit trained **1,184** staff members face to face; a further **4,484** were trained online.

In the last financial year Transcultural and Language services translated **169, 524 words** in the Top 15 in-house languages.

55 university students completed their practicum at Transcultural and Language services in 2019-20.

76,743

requests in

OVER 100 LANGUAGES

92% REQUESTS MET

3.5%

increase

LANGUAGE	NO. OF REQUESTS
ARABIC	19,318
TURKISH	7,891
ITALIAN	7,332
ASSYRIAN	7,030
GREEK	6,056
MACEDONIAN	5,632
VIETNAMESE	2,847
CHALDEAN	2,175
MANDARIN	1,932
PERSIAN	1,867
PUNJABI	1,523
NEPALI	870
CROATIAN	830
HINDI	780
URDU	685
SERBIAN	676
CANTONESE	595

What the patients said to us in the 2020 Transcultural and Language services Patient Survey:

"At times I am concerned I don't understand what the doctors say, the interpreters give me a lot of reassurance."

> "Interpreters make everything easy at the hospital appointment."

> "Thanks to the interpreters I know what is going on with me, and I can take my medication correctly."

> "When I get an interpreter I feel relaxed."

> "Thanks to the interpreter I feel I can take an active role in my health care."

CONNECTING PATIENTS TO INTERPRETERS IN OUR SPECIALIST CLINICS

In 2019, Northern Health went live with its self-check in system, Q-flow. This has led to a more streamlined check in process for patients attending this service. The next step has been to ensure that this system works with our interpreters, so that patients will have quick easy access to an interpreter as required. This new software launched in May 2020, is quite revolutionary for patients as it ensures that at each visit, they will have access to an interpreter.

How does this work

The system allows interpreters to receive notifications when their patient has arrived, when their patient is second in line and when the patient is called into the room.

What are the benefits?

This minimises waiting time for interpreters and patients.

Finally, the most important and revolutionary feature is that once an interpreter is in an active consultation, all the other bookings at Specialist clinics for that interpreter will be 'frozen' until the interpreter has completed that consultation. The software efficiently manages the interpreter's time, by streamlining their appointments, and ensuring there are no double bookings, clashes or appointments missed. This assists Northern Health to reduce patients seen without an interpreter, ultimately improving their health outcomes.

NORTHERN HEALTH iPATIENT TRACKER IN MULTIPLE LANGUAGES

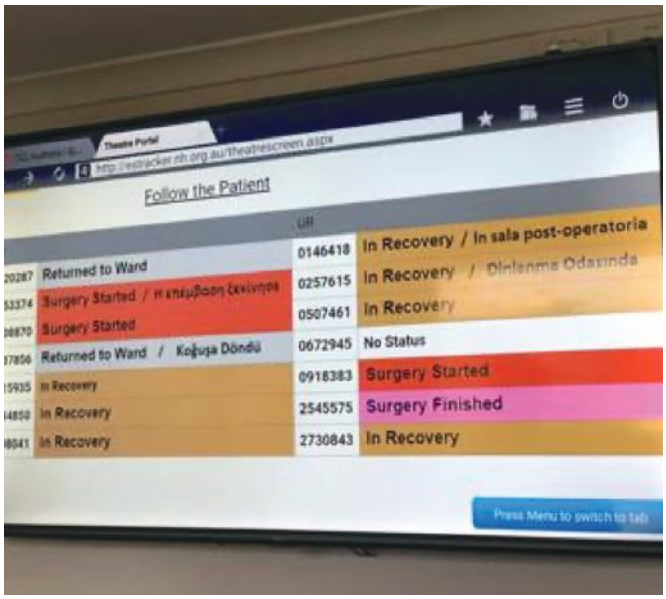
In November 2019, Northern Health's Surgical Services team launched iPatient Tracker. This resulted from consumer feedback during an Executive Patient Safety Walkaround. Waiting families expressed concern that they did not know where their loved one was up to once they went into the Operating Theatre and wanted access to better information.

The iPatient Tracker is a dashboard that allows relatives to keep track of their loved one as they progress through the theatre journey.

How it works

Patient relatives receive the patient's unique identification number (with consent from the patient); as the patient arrives into the theatre complex. Relatives then watch the screen as the patient journey unfolds (see picture below).

Translation and Language Services (TALS) contributed to this important project with the translation of the information in multiple languages and collaborated with the Information Communication and Technology Department so that the information can appear on the screen in both English and the patients preferred language.



REFUGEE AND ASYLUM SEEKER HEALTH STUDY DAY

Northern Health hosted a Refugee and Asylum Seeker Health Study Day in October 2019, and welcomed a range of expert speakers.

Jason Cirone, Northern Health Refugee and Asylum Seeker Working Group Chair, said "This day was aimed at providing valuable insights into the personal journeys of refugees and asylum seekers, strengthening our partnerships with other refugee support agencies, and improving services and outcomes for this very vulnerable community."

"We were very fortunate to have two presenters speak about their personal experiences as refugees. Kurdish refugee, Amir Abdi, spoke of his journey to Australia as a young blind man. He provided valuable insights on how we can engage sensitively with people with such profound disabilities and traumatic pasts," he said.

Northern Health Doctor Dr Batool Albatat, spoke openly about her experiences as an asylum seeker from Iraq, of arriving in Australia as a child, with only part of her family.

"No-one spoke any English when they arrived. While she experienced discrimination during her first days in the country, Batool now enjoys the multiculturalism and diversity of Northern Health," Jason added.

Melbourne's north has become home to many refugees and asylum seekers over the past 10 years. The City of Hume, in particular, receives the largest settlement of refugees than any other municipality in Victoria, with over 664 people moving to the local government area during the 2018-19 year.

LGBTIQ+ IDEAS LABS

LGBTIQ+ staff and friends recently participated in an Ideas Labs across our four sites.

Through discussion, participants identified there may be more Northern Health could do to promote pride within the LGBTIQ+ community of the north. This includes improving LGBTIQ+ visibility through leadership, higher profile of LGBTIQ+ people and the use of relevant signs and symbols (e.g. rainbow flags).

Northern Health participated in celebrating LGBTIQ+ through special events involving the broader community and proudly marched with partners in the north at the 25th Anniversary Midsumma Pride march on 2 February – in recognition of our support for the LGBTQIA+ community.

"Amongst the bright colours and rainbows, marching as a health service sends a strong message to our community. It says we are willing to change our practice to be more inclusive and create a safer space for the LGBTQIA+ community and staff," said Electra Ulrich, Senior Dietitian and Co-chair of the Northern Health LGBTQIA+ Working Group.

Participants in the Ideas Labs also felt that Northern Health should increase visible support for staff and generate a positive sense of identity and community, with safety and inclusion being our ultimate goal.

LAUNCHING THE RAP

The Open Access Board Meeting in October 2019 saw the launch of Northern Health's 2019-21 Innovate Reconciliation Action Plan, known as the RAP.

"This is Northern Health's first ever RAP and is a ground-breaking plan which demonstrates our commitment to the Aboriginal community of the north," said Ms Williams, Northern Health Board Chair.

"We have worked with the local Aboriginal community to develop our Reconciliation Action Plan to address health inequalities and provide the same high-quality services to all Aboriginal and Torres Strait Islander community members," she added.

It was a special day for The Aboriginal Support Unit, as along with the launch of the RAP, they presented the new name and identity of their unit.

Karen Bryant, Senior Aboriginal Liaison Officer, explained Narrun Wilip-Giin was a Woiwurrung name that meant "Spirit Keepers". She said it had "special significance to the Aboriginal Support Unit who work to keep the spirits up of our people in their health journey."

ABORIGINAL HEALTH SERVICE AT NORTHERN HEALTH

From 1 July 2019 – 30 June 2020

Number of Aboriginal and Torres Strait Islander people accessing Northern Health services.

1,112
ADMITTED PATIENTS

2,553
OUTPATIENT ATTENDANCES

1,936
EMERGENCY DEPARTMENT PRESENTATIONS

Vision and Principles of our RAP

Our vision is to improve the standard of care and health outcomes of Aboriginal and Torres Strait Islander Peoples. Northern Health's first Reconciliation Action Plan seeks to create opportunities for Aboriginal and Torres Strait Islander Peoples, their communities and organisations, to partner with us and influence the design and implementation of accessible and patient-centred services. In doing so we strive to contribute to Closing the Gap via tangible health related measures which can be monitored by our Aboriginal and Torres Strait Islander community.

The Northern Health Aboriginal Advisory Committee (NHAAC) and Northern Health have determined the following to be our guiding principles:

Equity:

Access to services must be improved; Northern Health will endeavour to attend to every Aboriginal and Torres Strait Islander consumer, and reduce premature discharges, unplanned re-admissions, and the fail-to-attend rates. Aboriginal people have a right to receive the best service Northern Health can offer.

Respect:

The wrongs of the past must be recognised in order for reconciliation to progress. Self-determination: Aboriginal and Torres Strait Islander consumers and carers are encouraged to gain a better understanding of the health system and their rights, and actively participate in determining their journey to recovery.

Diversity:

Northern Health commits to employing more Aboriginal staff and increasing the cultural diversity of the workforce. Northern Health will employ more Aboriginal Liaison Officers.

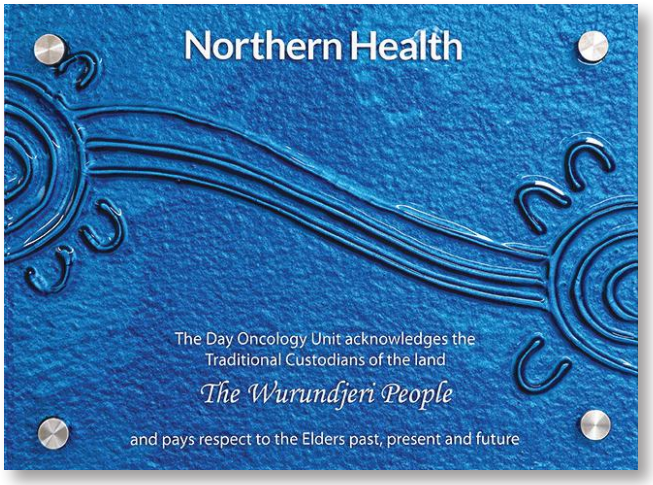
Education:

Northern Health will actively improve the cultural awareness among its staff members. Northern Health will raise awareness about the health system and its services in the community.

Responsiveness:

Reconciliation and "Closing the Gap" is everyone's responsibility. A whole of organisation approach to cultural diversity is required.

"It's not an Aboriginal problem, it's our problem" – participant in NHAAC consultations



ACKNOWLEDGEMENT TO COUNTRY PLAQUES

Northern Health commissioned 29 Acknowledgement Plaques from two 100 per cent Aboriginal owned businesses, Kinya Lerrk and Wathaurong Glass.

The purpose of the plaques is to acknowledge the traditional custodians of the land and a reminder for all Australians that we all walk on sacred ground. The plaques are on display for all to enjoy in foyers, wards and other prominent areas.

Three designs were commissioned; four made from fired glass and twenty-five made with the cultural design name of "Country" and "Mulana".

These plaques promote cultural safety and create an environment that is safe for Aboriginal and Torres Strait Islander people. Karen Bryant, Senior Aboriginal Liaison Officer Narrun Wilip-giin Aboriginal Support Unit (ASU) stated, "Cultural safety is about respect, shared meaning and shared knowledge. It is also an opportunity to educate the wider community of the need for continual progress on the journey of Reconciliation."

NAIDOC 2019: VOICE, TREATY, TRUTH

Northern Health celebrated NAIDOC Week 2019 with the theme being – Voice, Treaty, Truth, highlighting the three key elements to the reforms that were set out in the Uluru Statement from the Heart.

The Statement outlines the path forward for recognising Indigenous Australians in the nation's constitution. It is an invitation to work together for a shared future.

Senior Aboriginal Hospital Liaison Officer Karen Bryant says it is a timely invitation.

"Lasting and effective agreement cannot be achieved unless we have a shared, truthful understanding of our history, of how we got to where we stand."

Karen makes the point, "This is not just the history of our First Peoples, it is the history of all of us, of all of Australia, and we need to own it!"

Guest speakers included proud Yorta Yorta/Gunditjmara Woman, Kanisha Bamblett, and Associate Professor Luke Burchill from the University of Melbourne and lead for their Aboriginal Cardiovascular Health Disparities Program.

"NAIDOC week is about coming together as a community for all Australians, both Aboriginal and non-Aboriginal, to recognise the richness of Aboriginal culture around the country," Assoc. Professor Burchill said.

The Northern Hospital front foyer transformed into a display of Aboriginal history, taking us on a journey about Voice, Treaty, Truth.

Chief Executive, Siva Sivarajah said, "Creating a warm and culturally welcoming space for our Aboriginal community has been a priority for Northern Health this past year."

"These initiatives aim to provide a welcoming environment for our Aboriginal community at Northern Health, as well as strengthen our connections to our diverse community."

Maternity and paediatric services

SALVATION ARMY SUPPORT SAFE SLEEP FOR BABIES

When Michelle Morrow, Nurse Unit Manager, Maternity, identified that introducing a Pepi-Pod safe sleep space program at Northern Hospital could prevent infant falls due to co-sleeping, she approached the Northern Health Foundation to seek funding support.

The Pepi-Pod sits on a bed alongside a new mother, with the safety rail up, so mothers can attend to their baby's needs in those important first hours or days of life. Pepi-Pods are especially important if a new mother has had a caesarean section and is less able to move.

"From a midwife's perspective, we encourage mothers to take as much care of their infants as they can, as the time from having a baby to going home can be a very small window," explained Michelle.

When Josie Verga, Fundraising and Engagement Manager, Northern Health Foundation was approached by Michelle she knew just who to talk to. Joan Mathews, Coordinator of the Salvation Army "Sew Beautiful" Craft Group support many worthy causes at Northern Health. Once the group learnt about the Pepi-Pod project from Josie they agreed it was a project they really wanted to support.

Michelle was thrilled to welcome the group and thank them personally for their support. At the time of their visit, there were six mums using the Pepi-Pods. The women met a new mum and were "blown away" to see first-hand, the Pepi-Pod in use.

As they explained: "I think the practicality of the pods for new mums is great and to hear a young mum say that she got some sleep with her baby, thanks to the Pepi-Pod is very heartening. It is good to see them in use".

MATERNITY

Our maternity service aims, in partnership with women and families, to deliver outstanding health care to women and newborn babies. Our service continues to provide high quality birthing services to our growing community, with over 3400 births in 2019-20.

Northern Health measures the safety and quality of its maternity services by submitting data to Safer Care Victoria each year, for comparison against other maternity services in Victoria. This benchmarking report, known as the Victorian Perinatal Services Performance Indicators (VPSPI), highlights opportunities for improvement activities throughout the Maternity sector, and for individual health services. Northern Health is required to report our performance against two indicators from the VPSPI 2018-19 Report.

Indicator 10: Low APGAR score

The APGAR score is a score out of 10 used to measure how well the baby is soon after birth; we expect that babies born after 37 weeks gestation will be born in a healthy state and not require significant resuscitation. The score, measured at one and five minutes of life, demonstrates how well the newborn has transitioned after birth, based on colour, breathing, heart rate, muscle tone and reflexes. A "low" APGAR score is one that is less than seven at five minutes of age.

Result

Of all term (greater than 37 week's gestation) babies born at Northern Health in 2019-20, 1.2 per cent were born with an APGAR score less than 7 at five minutes of age.

Target

The 2018-19 VPSPI reported the "most favourable" quartile at 0.8 per cent and the "least favourable" quartile at 1.6 per cent. Northern Health is performing within the expected range and better than most other similar maternity services (Level 4 & 5 capability).

Actions and outcomes

- Regular monitoring of our performance by our divisional leaders at quality and risk meetings
- All babies who are born with APGAR's that are less than seven at five minutes are reviewed by the multidisciplinary team (team of different specialists) to identify areas for clinical and system improvement
- Neonatal resuscitation and fetal surveillance education is provided to clinicians working in birthing suite
- Practical Obstetric Multi-Professional Training (PROMPT) is provided to all clinicians who work in birthing suite to prepare for effective management of obstetric emergencies
- Systems to identify high risk pregnancies in the antenatal period so that women receive appropriate care and planning for birth
- Shared decision making around the timing of birth in partnership with women and families when risk is identified

Indicator 3: Severe Fetal Growth Restriction (FGR)

This indicator identifies the number of babies that were born severely growth restricted; that is, with a birthweight much less than the average baby, who is born at or after 40 weeks gestation. Very small babies are at higher risk for stillbirth and other poor outcomes. Recognising these babies is not always easy but we want to identify as many of these babies before their due date as possible so that we can reduce these risks.

Result

On reviewing Northern Health's performance in 2019-20, 22 per cent of all babies born who had a birthweight less than the third centile, were born after 40 weeks gestation. That means that we identified approximately three out of four babies who were very small and timed their birth accordingly.

Target

The statewide average for both public and private hospitals in Victoria in 2018-19 was 23 per cent, with the "least favourable" quartile at 30 per cent and the "most favourable" quartile at 16.7 per cent. Northern Health performed within the expected range and comparatively to other level five maternity services.

Actions and outcomes

Northern Health has joined Safer Care Victoria's, "Safer baby collaborative". Through this project, we are implementing initiatives to improve fetal growth restriction identification and management. These include:

- Risk screening at every appointment of a woman's pregnancy care
- Consistency in measuring fetal growth and tracking growth from 24 weeks
- Education and training on fetal growth restriction and guidelines for staff
- Regular monitoring of our performance
- All babies who are born with a birthweight less than the third centile reviewed by our team to identify areas for improvement
- Shared decision making with women about timing of delivery when severe fetal growth restriction is detected

SAFER CARE FOR WOMEN AND BABIES

Safer Care at Northern Health - Collaborating with Safer Care Victoria on state-wide initiatives to achieve - Better Births and Safer Babies

Yvonne Chan, the Nurse Manager of Birthing suite is part of the **"Better Births"** project, a Safer Care Victoria initiative that aims to reduce third and fourth degree tear rates in women who give birth.

There is a number of strategies which we are working on, and they include things like using warm compresses during labour and birth, making sure we are using a hands-on technique and that we have a consistent practice, as well as involving the women in this journey and providing education for staff," Yvonne explained.

Abby Monaghan Quality Coordinator for the Women's and Children's Division is part of the **"Safer Baby"** collaborative which aims to reduce the number of stillborn babies by 30 per cent after 28 weeks.

"With this project, we are working on implementing different strategies to minimise risk – they include helping women quit smoking, detecting fetal growth restriction or small babies, advertising sleeping on the side in the third trimester and reporting decreased fetal movements and coming into hospital to be assessed," Abby explained.

Through the collaboration with 30 hospitals, the initiative aims to establish similar processes of care across Victoria.

> "No matter where you go for your care, you get consistent and effective care that is based on best practice. We are trying to get every woman empowered to be able to reduce the risk of stillbirth, and consistently have education and support from the hospital."

AUTISM SPECTRUM DISORDER (ASD) ASSESSMENT CLINIC AT CRAIGIEBURN: LOCAL FAMILIES TO ACCESS EARLY DIAGNOSIS AND SUPPORT

Craigieburn resident and mother of two, Kim Semmens shared her experience of Northern Health's Northern Autism Spectrum Disorder Assessment Clinic (NASDAC) at Craigieburn Centre – the only one of its kind in Melbourne's north. The clinic's aim is for children to receive assessment early to help them access supports earlier.

After her eldest son, six-year-old Archie, had a diagnosis of ASD, Kim monitored her second son, four-year-old Lenny, for signs of the disorder. Once the doctor decided it was time to progress with an assessment, we booked into the new clinic at Craigieburn Centre.

"The ASD Assessment Clinic consisted of a developmental paediatrician, a speech pathologist and an occupational therapist. With my first son, I had to do all of those things separately and privately, and each one had different waiting times which can be confusing when dealing with all the different things."

> "With Lenny, we went in and had all three specialists there. After coming in on a Friday, we had the letter of diagnosis by Monday. It was definitely less stressful for Lenny as he had been to the clinic before and was comfortable. With my older son, he was very overwhelmed with change."

Dr Jolene Fraser who works at the clinic said, "As autism is a spectrum, every child is different and can present differently, the joint assessment is more comprehensive and efficient."

Kim tells us "Being able to get the diagnosis quickly unlocked a whole heap of services for me to immediately get some really great help and also help for our whole family.

"Every community needs a clinic like this. For me and my second son, it was such a better experience and I feel we were able to get a really accurate assessment of him because he was really calm and feeling comfortable."

CARING FOR CHILDREN CLOSER TO HOME

A new partnership between Northern Health and The Royal Children's Hospital (RCH) has proven an outstanding success, with local parents giving the new scheme an average satisfaction rating of 9.2 out of 10.

The partnership, developed jointly by the Heads of Paediatrics and Nurse Unit Managers at both Northern Hospital and the RCH, allows children from the north to be cared for closer to their home.

Northern Health Clinical Director of Paediatrics, Dr David Tran, was integral to the development of the partnership, which sees Northern Health aim to offer two beds per day for the RCH to transfer children who live in the northern catchment back to our hospital. Here our highly dedicated paediatricians, paediatric nurses and allied health staff can care for them.

In the first 12 months of the partnership, we transferred 84 patients. Ninety per cent of patients and families also noted they would return to Northern Hospital as their first choice closer to home.

Dr Tran said, "This partnership with The Royal Children's Hospital has been an important part of caring for children – closer to their home. It helps the community build trust in our paediatric care and allows for their ongoing inpatient and outpatient follow up to be managed through Northern Health."

KIDDY CAR ARRIVES AT THEATRE

Children coming for surgery at Northern Hospital Epping can now drive into the operating theatre, thanks to the new Range Rover kiddy car.

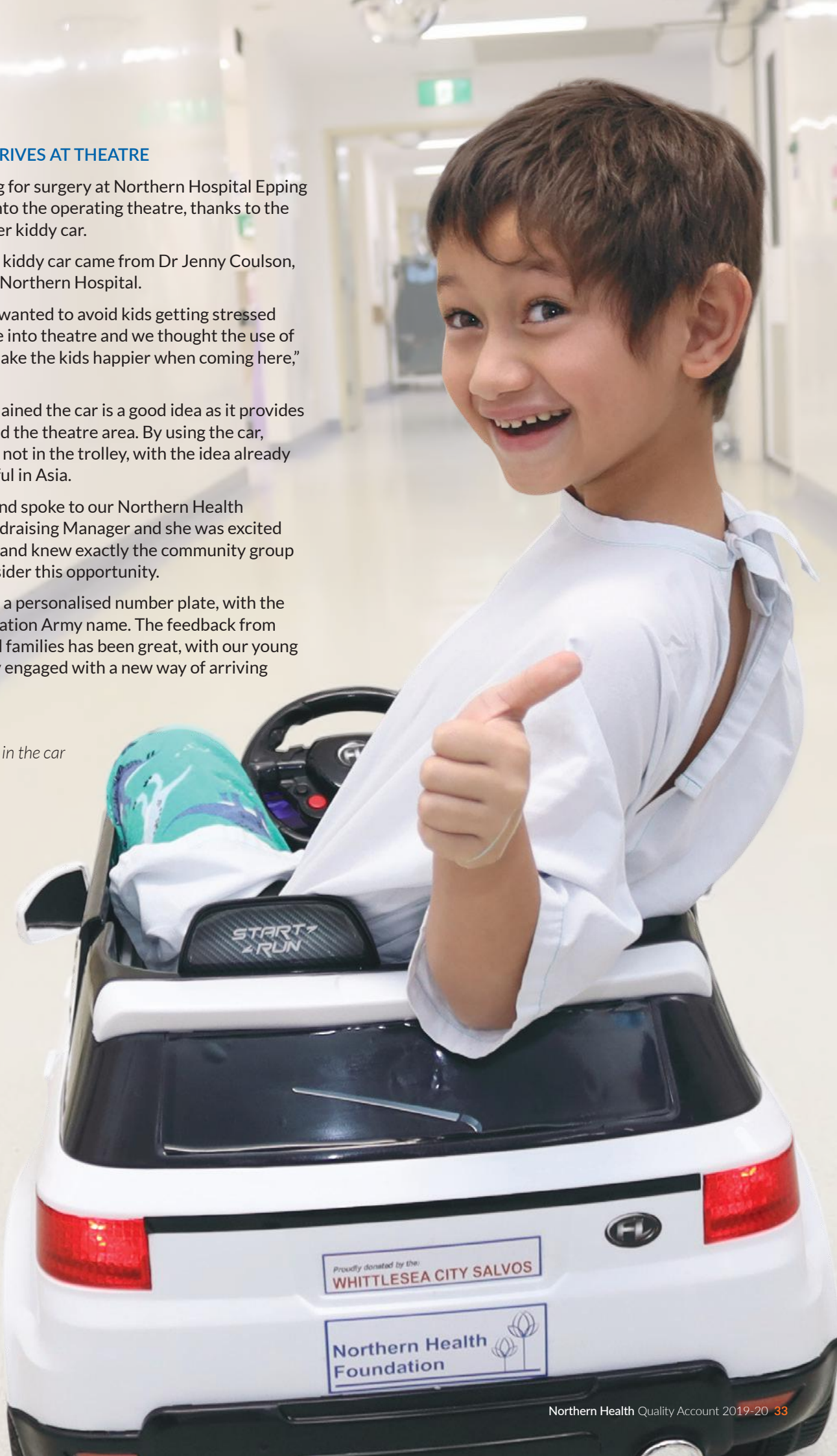
The idea for the kiddy car came from Dr Jenny Coulson, Anaesthetist at Northern Hospital.

"As a group, we wanted to avoid kids getting stressed when they come into theatre and we thought the use of the car would make the kids happier when coming here," she explained.

Dr Coulson explained the car is a good idea as it provides transport around the theatre area. By using the car, the children are not in the trolley, with the idea already proven successful in Asia.

"I reached out and spoke to our Northern Health Foundation Fundraising Manager and she was excited about the story and knew exactly the community group who would consider this opportunity.

The car also has a personalised number plate, with the Whittlesea Salvation Army name. The feedback from the children and families has been great, with our young patients happily engaged with a new way of arriving into theatre.



Our patient Kalel in the car

Quality and Safety

Workplace culture contributes to quality and safety for both staff and patients.

STAFF WELLBEING MATTERS IN ED

Our Emergency Department (ED) takes staff wellbeing seriously, with a number of creative and fun initiatives rolling out to ease the everyday challenges.

Dr Kirin Channa, Emergency Physician and ED Quality Lead, formed the Committee in 2019, after a staff survey showed how the team would like to improve their mental and physical health.

"We started Rest and Recovery sessions, therapy dogs coming into ED, exercise classes, fruit platters and similar. However, with COVID-19 measures, we had to find some new ways of keeping well," she said.

Staff Wellbeing Wall

The ED wellbeing wall is a place where staff can give a shout out to their colleagues. This has had great feedback so far, with staff coming to the wall at the end of the shift to see the bright and colourful messages from their colleagues.

"Recognition goes a long way and it really helps staff feel motivated. People love reading something new every day about a different staff member," Dr Channa said.

Exercising at home

Seham Shahin, Emergency Department Physiotherapist, added exercise is crucial, and everyone is affected with these lockdown changes. She started providing resistance bands for staff to exercise at home.

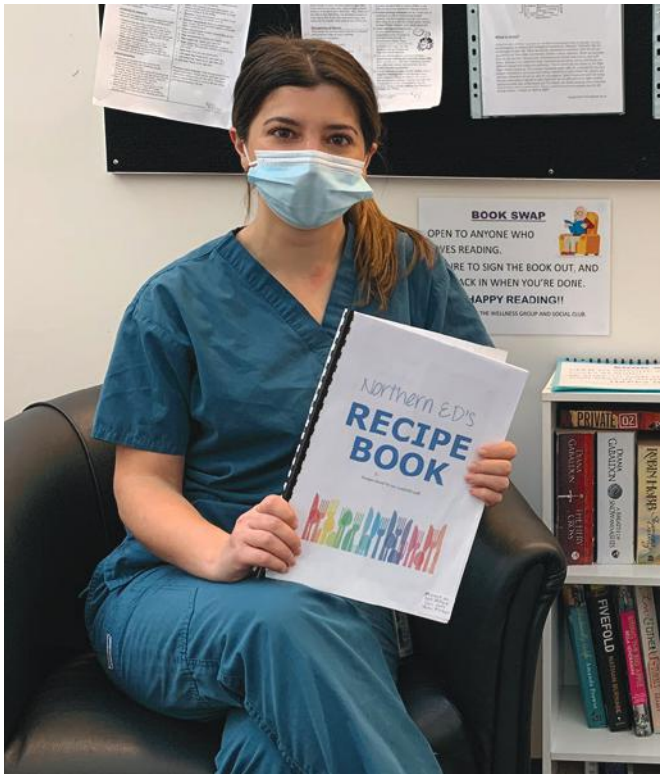
"For shift workers, the curfew affects the ability to be

outdoors and do what you usually do. We are linking staff with apps and YouTube videos that show how to use the resistance bands and keep exercising. It's about giving people different options.

Recipe books

Julia who is an Associate Nurse Unit Manager and the wellbeing lead in the team, has also developed a recipe book.

Everyone sent me a recipe they love and we have compiled it into one book of comfort food and healthy recipes. It's been difficult and keeping on top of our wellbeing is imperative."



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 eight Standards set the minimum requirements for all public and private health services across Australia.

Why do we have National standards?

The Standards outline the minimum requirements to protect (you) 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. They also focus on high-risk areas where harm to patients can occur such as hospital infections, falls and medication errors.

What is accreditation?

Accreditation provides a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected systems of safety and quality are met.

A team of trained surveyors from an independent accrediting agency come to Northern Health to review all the actions set out by the Commission for each Standard. Their role is to ensure that we have the systems in place to provide safe quality care to all our patients across Northern Health.

As part of our assessment they observe how we provide care and interact with our patients and their families. They also talk to patients to hear first - hand about their experience of the care they are receiving.

Accreditation Status

Northern Health was last surveyed in March 2017 by the Australian Council on Healthcare 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.

Northern Health is currently accredited until July 2021.

Due to the COVID 19 pandemic, Northern Health's assessment, which was due in May 2020 has been delayed. The Commission temporarily suspended on site assessments so that the Health system could focus on delivering care during this period of unprecedented demand. Northern Health has a strong program of quality and safety and continues to deliver high quality safe care during this time.

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

Maria
Nurse

INCIDENTS AND ADVERSE EVENTS

An adverse event is "an incident in which unintended harm resulted to a person receiving health care".

We require our staff to report adverse events as these tell us where to focus our efforts for improving. We report on a wide range of events. Some examples include patient falls whilst in hospital, pressure injuries, hospital infections and difficulties coordinating care for our patients.

The Victorian Hospitals Incident Management System is the electronic incident reporting system for adverse events. The information gathered helps us to identify opportunities for quality improvement. The Department of Health and Human Services receive these reports every three months.

How do adverse events affect our consumers?

Adverse events are measured by a standardised method called the Incident Severity Rating (ISR). The rating is determined by the level of harm and/or the care needed due to an incident.

ISR 1 – Severe harm or death of the patient. This rating includes permanent loss of function needing advanced treatment and/or a higher level of specialised care – for example, surgery or admission to the Intensive Care Unit.

ISR 2 – Moderate harm to the patient. This involves a temporary loss of function needing advanced treatment and/or a higher level of specialised care.

ISR 3 – Mild harm to the patient. This also includes inconvenience to our patients, such as excessive waiting for care.

ISR 4 – No harm to the patients. A "near miss" has the potential for harm.

The vast majority of reported incidents are ISR 3 and 4 with mild or no harm to patients. Each incident is a learning opportunity.

In the 2019-20 year, Northern Health had 13 ISR 1 events and 117 ISR 2 events.

Seven of these ISR 1 events met Safer Care Victoria's criteria for mandatory reporting under strict statewide criteria. These criteria expanded for all Victorian Health services from July 2019. These adverse events are "sentinel" events. They are specific types of serious incidents that are preventable and lead to serious harm or death of a patient. There are 11 categories in Victoria. All health services are required to report sentinel events to Safer Care Victoria and detailed investigations are undertaken.

At Northern Health, we are committed to using the learnings from our adverse events to reduce harm and improve the quality of care that we deliver to our patients.

In 2019-20, we have implemented the following improvements as a direct result of adverse event analysis.

Preventing food allergy exposure whilst receiving in-inpatient care

Anaphylaxis due to food allergies can be very serious. It is a growing concern in our community. Our hospital has strict menu systems that support providing food that is safe for all our patients at meal times. Sometimes patients may receive additional food outside regular meal times, for example, after an operation. Following two reports of anaphylaxis, we have improved the storage and labelling of foods provided outside meal times. Additionally, we have improved storage and patient access to their own "Epi-pens" in the unlikely event that an allergic reaction occurs.

Responding to important test results

Thousands of blood tests, pathology samples and radiology tests (such as x-rays and scans) are conducted each day, in caring for our patients. These test results are vital to follow up. This may not occur for a variety of reasons. For example, breakdowns in communication or delayed/non-attendance at clinic appointments. During the last 12 months, we have strengthened safety systems to ensure follow up occurs. This includes improvements to our software systems and adding extra safety steps involving doctors and pathology teams. We are very pleased to say that we have achieved great improvement in this area.

Preventing harm from patient falls in hospital

Preventing falls in susceptible patients is an ongoing challenge in healthcare. We have admission procedures to assess a patient's risk of falling and guide the use of strategies for reducing the risk. In response to clusters of falls with harm, we have increased our focus on falls prevention and are actively exploring further opportunities to reduce the risk. This includes ensuring attentiveness to toileting needs, particularly in patients who are confused and less likely to ask for assistance.

Improving urgent transfers to Northern Hospital

On occasions, we are required to transfer patients from one of our other campuses to Epping for a higher level of care e.g. the Intensive Care Unit. This may be in response to unexpected deterioration or a complication of treatment. In response to reports of unnecessary delay, we have reviewed and updated our intercampus transfer processes. We have revised our procedures to simplify the steps and provide greater clarity for clinical teams when managing these events.

INFECTION PREVENTION: CLEAN HANDS AGAINST THE VIRUS

Infection prevention is a key part of Northern Health's COVID-19 Incident Management Response team.

The Infection Prevention team, led by Madelaine Flynn, has a key role in educating staff in infection prevention principles, Personal Protective Equipment (PPE) application and removal, hand hygiene, cough etiquette and providing support to staff at all levels and in all areas.

> "COVID-19 is now affecting all countries, we are confident that we have the knowledge and experience to provide the best advice on the infection prevention practices," Madelaine said.

According to the World Health Organisation (WHO), hand hygiene is the single most effective strategy to prevent hospital-acquired infections.

"With the COVID-19 pandemic, we see an increased focus on hand hygiene and the importance of following the procedures to keep ourselves and our patients protected. The most important protective action we can do for our patients to prevent transmission of disease is to perform effective hand hygiene and follow the five steps of hand hygiene," she said.

Hand Hygiene training is required for all staff annually and Northern Health monitor this very closely.

Northern Health has participated in the National Hand Hygiene initiative, which requires Health services across the country to monitor and report on rates of staff compliance with the 5 moments for hand hygiene.

FROM 1 JULY 2019 TO 30 JUNE 2020, NORTHERN HEALTH ACHIEVED THE FOLLOWING

51 auditors collected 12,931 moments of hand hygiene and of these, 11,414 were performed correctly,

achieving an average rate of **88.3%**

exceeding the national target of 83 per cent.

VICTORIAN DATA FOR THE PERIODS ARE AS FOLLOWS:

Period 3 October 2019 **85.3%**

(91,914 out of 107,797 moments correct)

National Data: Period 3 2019 - 85.7 per cent

Period 1 March 2020 **86.3%**

(97,801 out of 113,309 moments correct)

National Data: Period 1 2020 - 87 per cent.

Period 2 Voluntary Period ending June 2020 **87.5%**

(50,831 out of 58,111 moments correct)

National Data: Period 2 2020 Voluntary period 88.2 per cent.

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 undertake regular surveillance and reporting for the statewide program Victorian Healthcare Associated Infection surveillance Coordinating centre (VICNISS).

Northern Health has consistently remained below the annual target of one per 10,000 occupied bed days (OBD's) since 2015.

The Northern Health SAB results for 2019/2020 are **0.4 per 10,000 OBD's**

This achieves the target of **<1.0 per 10,000 OBD's**

VICNISS five year aggregate rate is **0.7 rate per 10,000 OBD**

Central Line Infections (CLABSI)

Central lines are an 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 Victorian Healthcare Associated Infection surveillance Coordinating centre (VICNISS). **There were no CLABSI's identified in the 2019-20 reporting period following a targeted campaign of increased awareness and education of the Intensive Care staff.**

Northern Hospital CLABSI rate for 2019/2020 **is 0.0**

This achieves the target of **0 CLABSI's**

VICNISS five year aggregate rate is **0.5 per 1000 central line days**

INFLUENZA PROTECTION CAMPAIGN FOR THE NORTHERN COMMUNITY

With the global COVID-19 pandemic, getting the flu shot this year was even more important.

To ensure our community stays protected, Northern Health commenced its Community Flu campaign by holding a "Staff Family Vaccination Weekend" in April this year. All staff were encouraged to bring their family in to get their free flu shots.

The community flu campaign is an important Northern Health initiative for the family and friends of our patients and staff to improve well-being in our northern community and in particular keeps our vulnerable patients protected from influenza.

The community flu campaign had another successful year providing **20,759** free flu vaccinations protecting our patients and those living in our local community.

In 2020, Northern Health achieved **94.3 per cent** of **health care workers immunised against the flu** exceeding the required target. The Victorian Department of Health increased the target rate from 84 per cent in 2019 to 90 per cent in 2020.

FEVER CLINIC AT NORTHERN HEALTH

When the pandemic started, our Fever Clinic was quickly up and running to be able to test our community members for possible COVID-19 and provide a local hub for everyone suspecting they might have the virus.

Madeleine Slaviero is a registered nurse who has been at Northern Health for three years, and is now a Fever Clinic nurse. Before the pandemic, she was working across different campuses of Northern Health.

"When I first heard I would be working at the fever clinic I was a bit anxious, just because there was a lot of unknowns when it all started. Over time, I saw that we are well protected, in full Personal Protective Equipment (PPE) and now it just becomes like another day," she said.

As members of our community are anxious about the current situation, calming them down and explaining the process is also a part of what the Fever Clinic nurses do.

Fever Clinic Manager, Natasha Knapic is proud of the teamwork.

> "The teamwork within the Fever Clinic has been outstanding. Staff have willingly gone to work in an area of the hospital where we are not only treating, but also actively inviting, people who think they have COVID-19. It has been an honour to see the collaboration and respect within team interactions."

COVID-19 SIMULATION

As coronavirus began to spread across the globe, Northern Hospital held a hospital-wide in-situ simulation, which included a patient who came in who had a suspected case of COVID-19. **Please note that simulations use mannequin patients, not real life!** The simulation involved multiple departments and teams, including Emergency, Anaesthetics, Intensive Care Unit (ICU), Operating Theatre recovery, High Reliability Organisation (HRO) and Patient Services Attendants (PSAs).

Dr Nancy Sadka, Emergency Physician, explained the aim of the simulation is to test our systems on how to manage these patients. The scenario for the simulation started with a call from Ambulance Victoria saying that they have a suspected COVID-19 patient with recent travel history and symptoms consistent with pneumonia.

"The patient was in respiratory distress (having trouble breathing) and needed to be intubated (have a breathing tube inserted). With the patient's symptoms, staff could not wait for the positive test to take precautions – we took precautions from the beginning to the end. We went to three areas of the hospital to test our systems and processes. The simulation started in the Emergency Department, then moved on to Operating Theatre Recovery and ended in the Intensive Care Unit," she said.

Around 30-35 hospital staff were involved in the simulation, and Nancy feels this was an excellent test of our systems.

"Different teams were working together. The infection control team was involved to see how we don (put on) and doff (take off) our PPE and all this was done to help prepare us as an organisation. It has helped us feel confident to manage these patients," she said.

Dr Sadka added that in-situ simulations help create the culture where all teams, together, build staff confidence for real-life scenarios.

Brooke Williams and Tracey Martin HRO project officers have facilitated numerous simulations at Northern Health.

Brooke said "what I have learned through my ongoing simulation experience is that sometimes people can forget the things they know when they are under high pressure. That is why practising these high-intensity scenarios is so important. When a real patient comes, we are better equipped to handle the situation."

SIMULATION TRAINING FOR DOCTORS AND NURSES RESPONDING TO CLINICAL DETERIORATION

At Broadmeadows Hospital, we have developed a "Deteriorating Patient" program for doctors and nurses working in the subacute and rehabilitation areas. The program includes "mock up" or "simulation" exercises. It allows clinical team members to practice their coordinated response when a patient unexpectedly deteriorates.

PARTNERING WITH THE COMMUNITY ON AWARENESS OF SAFETY AND QUALITY

Northern Health celebrated World Restart a Heart Day on 18 October 2019 and invited the community to get involved.

Restart a Heart Day is a global initiative to raise awareness and education of Cardio-Pulmonary Resuscitation (CPR) in the community to help save more lives.

23,000 Australians suffer a cardiac arrest every year. That is 63 people every day, but only one in 10 survive.

Would you know what to do if someone you know suffers a cardiac arrest?

As a bystander, if you know how to perform CPR, you can help to improve survival rates whilst waiting for emergency services to arrive.

Clinical Deterioration and Resuscitation Coordinator, Narkitaa Van Ekeren said, "Families often express regret for not knowing how to perform effective CPR on a loved one following a cardiac arrest."

To help the community, staff provided hands on education and training at Northern Hospital, Broadmeadows Hospital and Bundoora Centre, teaching them how to perform CPR and how to use an AED (automated external defibrillator).

A giant heart danced on the day to create some fun and promote community engagement with the activities. Interest and feedback from the community was very positive.

Learning to **restart a heart** through these three simple steps below could save the life of someone you know and love.

An automated external defibrillator (AED) should be used if available. This checks the heart rhythm and guides you through delivering a shock to restore the normal rhythm.

ESCALATION OF CARE

REACH

Northern Health recognises that families and carers can identify when their family members are becoming unwell. In response to this, Northern Health implemented the Recognise, Engage, Act, Call, Help is on its way (R.E.A.C.H) program. This program empowers patients, family members, and carers to call for help if they identify worrying changes by following the three-step process below.

To ensure patients and their carers are informed of their right to escalate their concerns and the process to do this, the REACH brochure is included in the Welcome Pack given to patients on admission to Northern Health. In the last 12 months, there have been 15 REACH calls made by patients or relatives to escalate care. This number has increased since the 12 months prior, suggesting the revised posters and the addition of the brochure to the welcome pack has empowered families to raise their concerns when they are worried that they or their family members are getting sicker.

Every REACH call is an opportunity to learn and respond to patient and family concerns.

The main area of concern from the REACH calls over the past 12 months was patients and families worrying about the plan for their loved one.

This year, with strict visitor restrictions access to family members has been an issue and caused additional anxiety.

This anxiety played out when a family member, unable to see his mother, activated the R.E.A.C.H. 1800 number from outside of the hospital. He activated the call as his mother did not speak English and he felt that there was miscommunication of information because of the language barrier. Within five minutes of activating the REACH call, the Medical Emergency Team (MET) arrived and were able to assess that the patient was medically stable.

In discussion with the son, they clarified mother's spoken language and ensured the mother had access to an interpreter. The MET Team reassured the patient and family that the patient was safe and in the appropriate environment within the hospital. Staff then discussed the care plan with the family and patient. The patient and family were very happy with the rapid response and that their worries and concerns, were promptly and adequately addressed.

End of life care

DYING TO KNOW DAY

Northern Health marked Dying to Know Day in the Northern Hospital foyer, to change the stigma around talking about death by activating conversations and curiosity.

Bridget Senior, End of Life Nurse Lead, said this is a national initiative, which has been running for around six years.

"The aim is to promote conversation about death, dying and bereavement. Various teams including Social Work, Chaplaincy, Aboriginal Support Unit, Advance Care Planning, Organ Donation, Translation and Language Services (TALS), Donate Life, our Palliative Care team and Banksia Community Palliative Care and the office of the Coroner, provided displays and information.

A great success of the day was St Monica's College STEAM team, with their teacher Natalie Ilsley created the "Tree of Life" activity to promote conversation with staff, and the community about what is important to them at end of life.

"The community wrote their wishes on the leaves that the STEAM class had made and stuck it on the branches of the tree they created. It was a great discussion point throughout the day with the main focus being around the importance of family at the end of life," Bridget said.

PALLIATIVE CARE: IT IS MORE THAN YOU THINK

Palliative care can help people with life-limiting illnesses to live as well as possible, for as long as possible – supporting their physical, emotional, spiritual and social needs.

Alwyn Kennedy, a patient at our Palliative Care Unit (PCU), is a case in point.

Alwyn came to the Palliative Care Unit after an increasingly difficult time at home. He has Motor Neurone Disease and appreciates the care he received.

Says Alwyn, "I always thought that people only went to Palliative care when they have nowhere else to go."

However, when Alwyn came to the unit he learnt that palliative care is not just about end of life care.

Alwyn values the advice he has been given, ranging from strategies on how to manage his breathing, painful pressure points, how to keep his throat clear and even advice on how to position himself in his bed.

Alwyn says, "You can receive help, care, attention and advice on how to keep going as long as you can, in a better state."

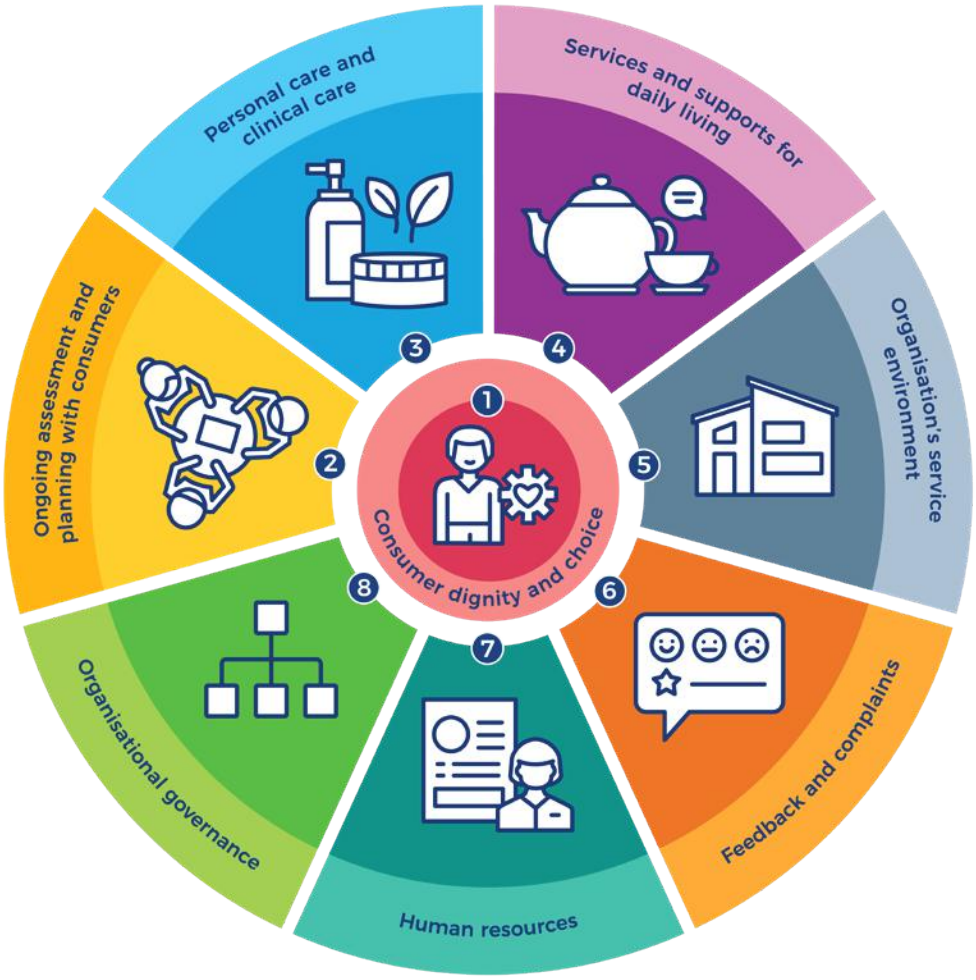
Leanne Shannon
Nursing Unit Manager
2018
Express Post

Aged Care

Ian Brand Nursing Home Aged Care Indicators

Ian Brand is home to 30 residents who enjoy a warm, caring environment staffed by registered nurses who provide security, comfort and professional care together with the support team. Our home provides nursing care for high care residents, a socially interactive program with activities, emotional and spiritual support in accommodation that is private and welcoming.

IAN BRAND NURSING HOME IS ACCREDITED UNDER THE AGED CARE STANDARDS UNTIL THE 10TH OF AUGUST 2021. TRANSITION TO THE NEW AGED CARE QUALITY STANDARDS TOOK EFFECT ON 1 JULY 2019.



The new Quality Standards focus on outcomes for the consumers and reflect the level of care and services they expect.

The implementation of the new quality standards were assessed when Ian Brand experienced an unannounced visit from the Aged Care Quality Agency in November to review our practices. Ian Brand met the new standards with the reintroduction of wound care photography for monitoring wound healing.

Ian Brand also received a second unannounced visit to review COVID-19 management plans and strategies. Ian Brand was able to show robust plans and infection prevention strategies to keep its residents safe from COVID-19.

The introduction of daily health monitoring ensured early signs of infection could be identified early.

It has been a challenging time for all consumers and staff with consumers having to isolate if they had left the facility for whatever reason on their return.

The restriction of no visiting led to innovated solutions to keep our consumers connected with their families and friends through technology using devices and video chats as well as meeting through the fence, socially distancing or through the windows. Ian Brand has successfully avoided COVID 19 into the facility to date which is testimony to the diligence of all staff caring for the consumers.

Other improvements have included a floral mural on the outdoor shed which has added colour to the garden space, (see photo) improved paving in the garden to provide a safe surface for wheelchair access and a designed, tranquil garden court yard with water feature.

PATIENT STORY - Neil

Neil has been a resident at Ian Brand for two years.

He came here after having a fall at home and having to wait on the floor for some time prior to help arriving. This affected his confidence in living at home alone. Neil has some cognitive challenges and is hard of hearing however, this hasn't stopped him being an active member of the 'Coffee Club' and taking part in the design of the 'Consumer Driven' Care Plan.

Born in Melbourne, he grew up in Yackandandah. He worked as a tram conductor in Melbourne, QLD and NSW, prior to returning back to Melbourne to care for his mother.

Neil gets around with a four wheel frame and loves a cappuccino and biscuit. Before COVID he would speedily walk across to the cafeteria on a Monday with the other residents for the club get together.

When observing him in the facility with the other residents he sits quietly and watches the world go by as well as participating in the activities. However, a past hobby has ultimately set him up for his reasonably good health today and his remarkable recovery from serious health issues.

Neil is an ex ballroom dancer. He danced from the age of 16 through till he was 65. His passion is 'New Vogue' and as he enjoys watching videos of ballroom competitions, reliving the moves, as his limbs sway to the music. This life long active hobby has been a contributing factor to his recovery from a surgical repair of a hip fracture after a fall. He returned to Ian Brand on day six post-surgery for his continued recovery. He was up and walking the length of the facility within days and walking across to the coffee club within three weeks after his operation.

His remarkable recovery at Ian Brand was testimony to the excellent care he received from all the dedicated staff helping him to recover and his own resilience to bounce back to normal mobility.

QUALITY INDICATORS FOR PUBLIC SERVICES RESIDENTIAL AGED CARE PROVIDERS REPORT QUARTERLY TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. THEY ARE A SNAPSHOT OF WHAT IS OCCURRING ON A PARTICULAR DAY.

Ian Brand reports the following eight (8) quality indicators.

1. **Weight loss**
2. **Falls and falls with fracture**
3. **Nine or more medications (polypharmacy)**
4. **Antipsychotic Medicines**
5. **Proton Pump Inhibitors**
6. **Five or more administration times**
7. **Pressure injuries**
8. **Restraint.**

The graphs following show our performance from July 2018 (Quarter 1, 2018-19) to March 2020 (Quarter 3 2019-20) reporting periods. Due to COVID 19 our full year comparison against like facilities is only shown for quarter three 2019-20. Like facilities is equivalent to a 30-45 bed facility. The following provides a guide in interpreting the graphs:

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

WEIGHT LOSS JULY 2018-MARCH 2020

Ian Brand currently weighs consumers monthly as part of the "Consumer of the day" process.

Some residents may have a weight loss but remain within their healthy weight range. Others choose to lose weight with a diet controlled plan or GP controlled purposeful weight loss such as excess fluid removal. These losses are not reported as they are planned.

Consumers who have identified unplanned weight loss are reweighed the next day to confirm the weight. If weight loss is confirmed and unplanned a GP review is undertaken.

A three day food chart to monitor intake is commenced which assists with the GP review.

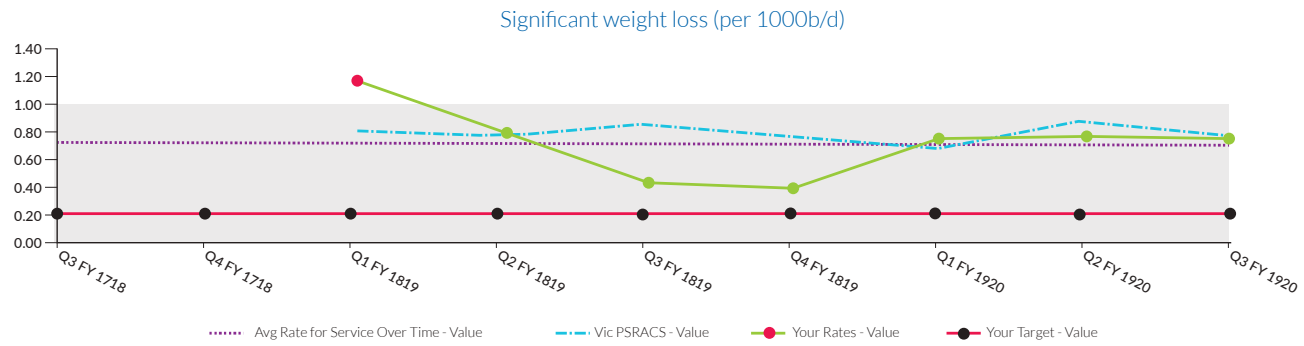
If prescribed, supplements are introduced and weight monitoring is increased.

Weight loss is not audited and reported for those consumers in palliative care but continue to be monitored.

Significant Weight Loss

Ian Brand 0.76 per 1000 bed days
Like Facilities (30-45 bed rates) 0.70 per 1000 bed days

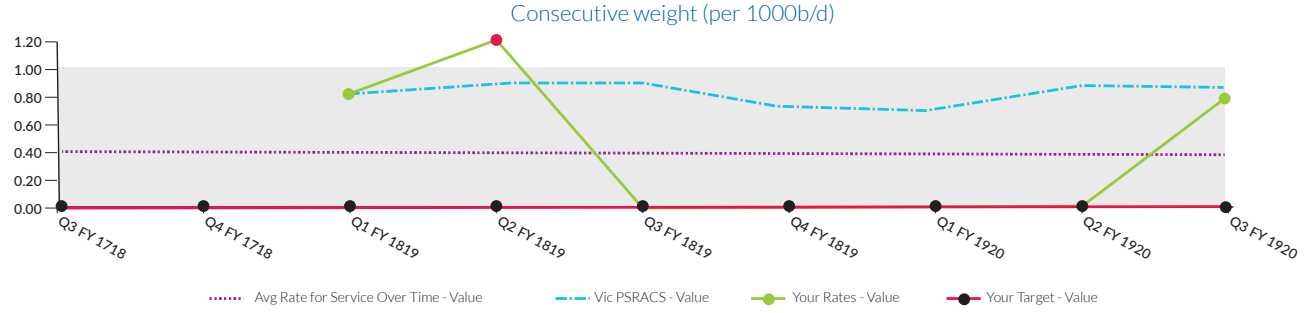
Significant weight loss (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			1.21	0.80	0.43	0.39	0.76	0.77	0.76
Avg Rate for Service Over Time	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
Vic PSRACS			0.82	0.79	0.87	0.75	0.69	0.91	0.78



Consecutive Weight loss (over 3 months)

Ian Brand 0.76 per 1000 bed days
Like Facilities (30-45 bed rates) 0.88 per 1000 bed days

Consecutive weight (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.80	1.19	0.00	0.00	0.00	0.00	0.76
Avg Rate for Service Over Time	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39
Vic PSRACS			0.81	0.87	0.88	0.70	0.70	0.86	0.84

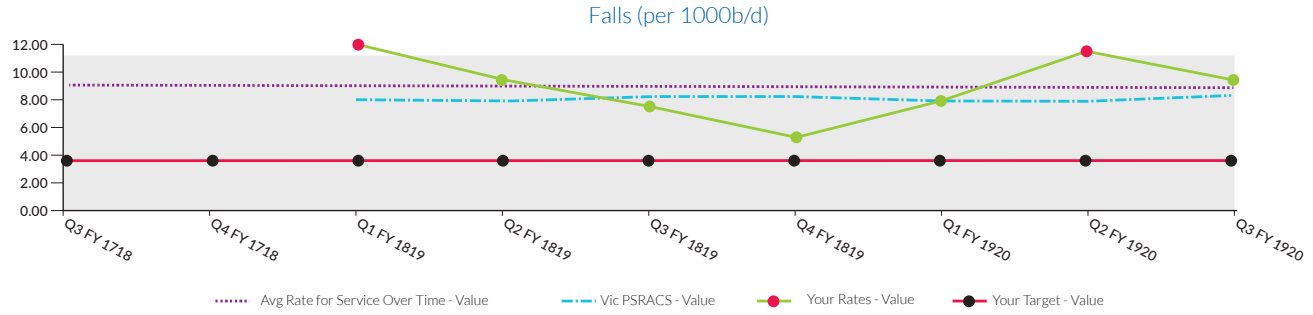


FALLS JULY 2018-MARCH 2020

Ian Brand 9.17 per 1000 bed days
Like Facilities (30-45 bed rates) 8.47 per 1000 bed days

To maintain independence, some consumers and their families are aware that the consumer may have a fall. A falls risk assessment is carried out and that risk accepted by the consumer and /or their family as it is their choice to take that risk and complies with the Aged Care Standard 1- Consumer Dignity and choice. This acceptance is reflected in the number of falls that have been reported. There has been an increased number of falls over the year due to an increase in the number of independently mobile residents who have accepted the risk of the likelihood of falling however this number remains within our range.

Falls (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			11.66	9.16	7.33	5.02	7.64	11.18	9.17
Avg Rate for Service Over Time	8.74	8.74	8.74	8.74	8.74	8.74	8.74	8.74	8.74
Vic PSRACS			7.68	7.52	7.91	7.91	7.67	7.58	8.07

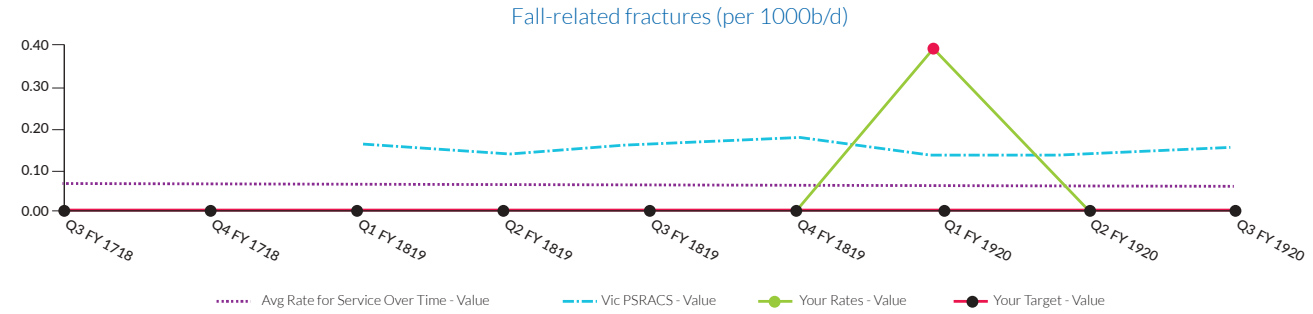


FALLS RELATED FRACTURES

Ian Brand 0.0 per 1000 bed days
Like Facilities (30-45 bed rates) 0.19 per 1000 bed days

There was one fall with fractured hip that occurred in September 2019 whilst the resident was in isolation due to a gastroenteritis outbreak in the facility. The resident had a successful surgical intervention and resumed normal independence within three weeks of the fall. (See Neil's story)

Fall-related fractures (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	0.00	0.00	0.00	0.38	0.00	0.00
Avg Rate for Service Over Time	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
Vic PSRACS			0.15	0.13	0.15	0.17	0.12	0.13	0.15



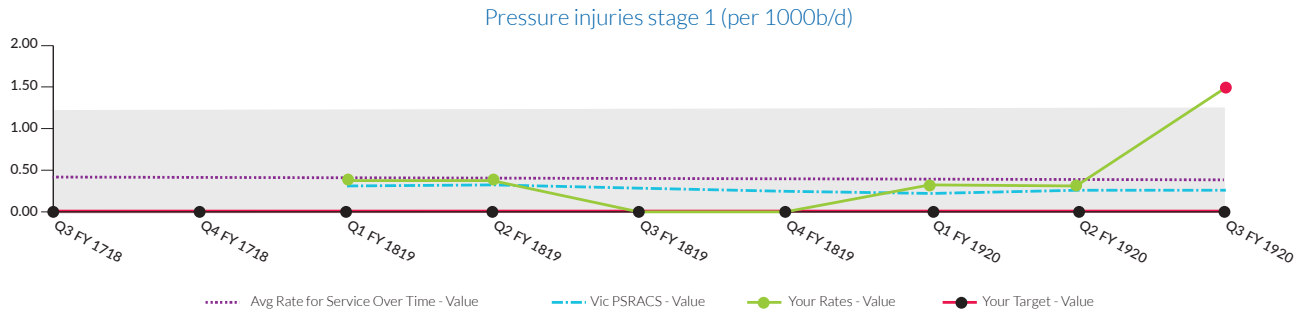
PRESSURE INJURIES JULY 2018-MARCH 2020

Pressure Injuries Stage 1

Ian Brand 1.53 per 1000 bed days
Like Facilities (30-45 bed rates) 0.25 per 1000 bed days

Pressure injuries are reported not only if acquired in care but if the consumer 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.

Pressure Injuries Stage 1 (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.40	0.40	0.00	0.00	0.38	0.39	1.53
Avg Rate for Service Over Time	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44
Vic PSRACS			0.35	0.37	0.30	0.26	0.25	0.31	0.31

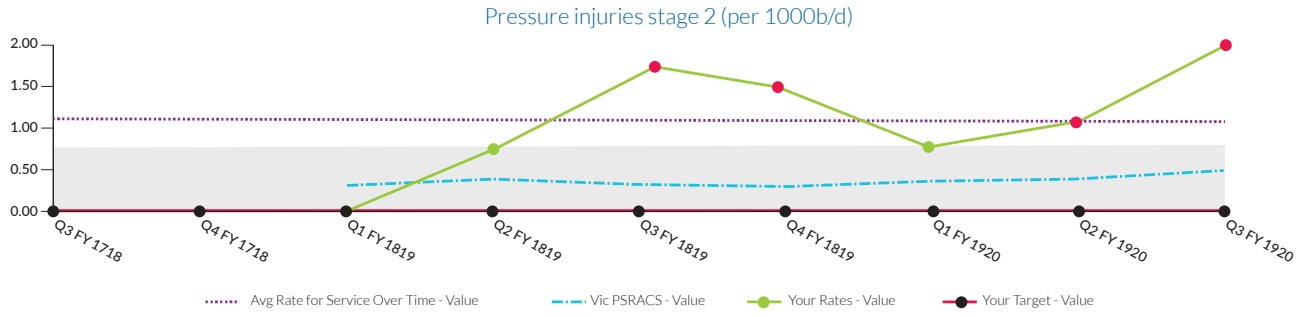


Pressure Injuries Stage 2

Ian Brand 1.19per 1000 bed days
Like Facilities (30-45 bed rates) 0.38 per 1000 bed days

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

Pressure Injuries Stage 2 (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	0.80	1.73	1.54	0.76	1.16	1.91
Avg Rate for Service Over Time	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13
Vic PSRACS			0.36	0.42	0.36	0.27	0.34	0.35	0.43

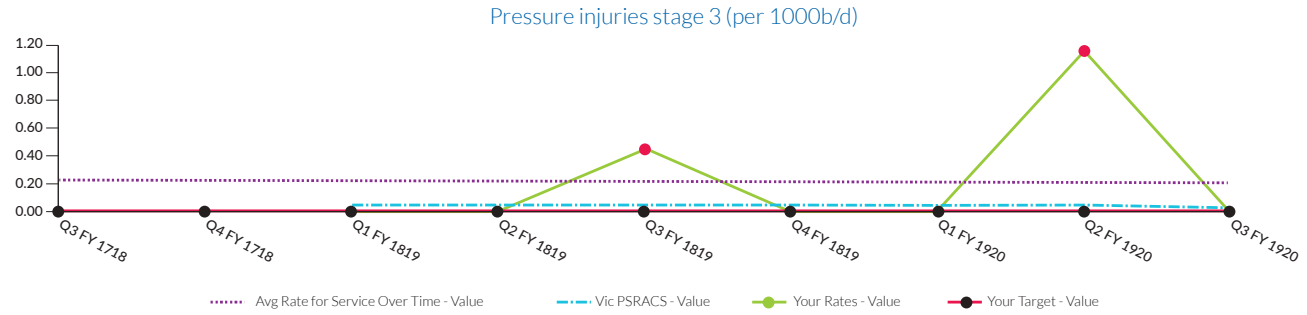


Pressure Injuries Stage 3

Ian Brand 0.0 per 1000 bed days
Like Facilities (30-45 bed rates) 0.04 per 1000 bed days

Stage 3 pressure injures reported in error in Q2 (October - December 2019) reporting. A consumer was admitted with wounds that were mistaken as Stage 3 injuries, later confirmed by Wound Nurse as vascular ulcers and NOT pressure injuries. This has been discussed between wound consultant, consumer, family and medical staff.

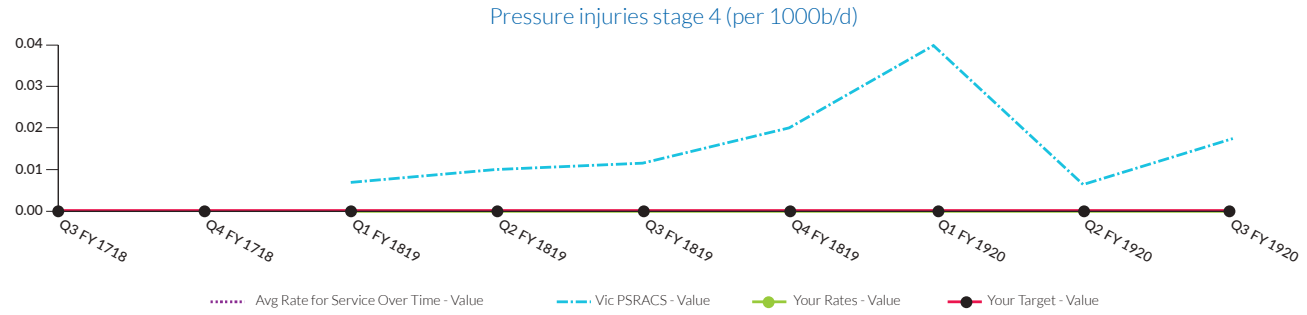
Pressure Injuries Stage 3 (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	0.00	0.43	0.00	0.00	1.16	0.00
Avg Rate for Service Over Time	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23
Vic PSRACS			0.04	0.04	0.04	0.04	0.04	0.04	0.03



Pressure Injuries Stage 4

Ian Brand 0.00 per 1000 bed days
Like Facilities (30-45 bed rates) 0.01 per 1000 bed days

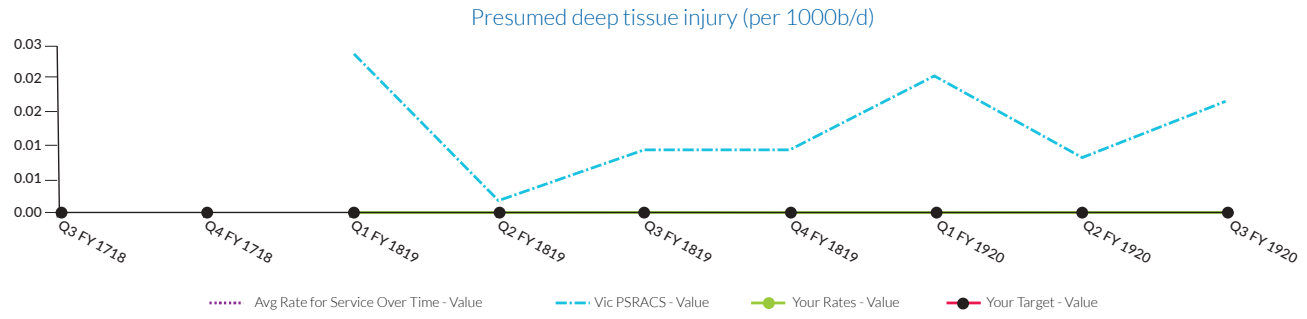
Pressure Injuries Stage 4 (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Avg Rate for Service Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vic PSRACS			0.01	0.01	0.01	0.02	0.04	0.01	0.02



Suspected/Presumed Deep Tissue

Ian Brand 0.00 per 1000 bed days
Like Facilities (30-45 bed rates) 0.01 per 1000 bed days

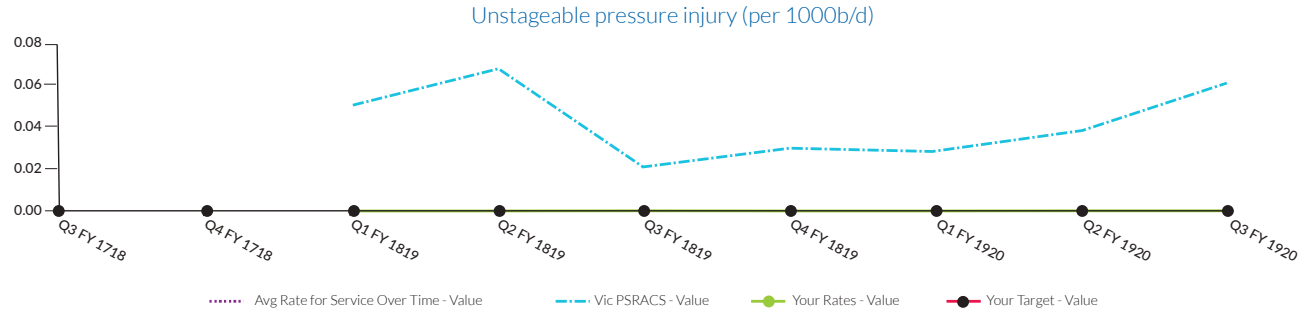
Presumed deep tissue injury (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Avg Rate for Service Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vic PSRACS			0.02	0.00	0.01	0.01	0.02	0.01	0.02



Unstageable Pressure injury

Ian Brand 0.00 per 1000 bed days
Like Facilities (30-45 bed rates) 0.08 per 1000 bed days

Unstageable pressure injuries (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Avg 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			0.05	0.07	0.02	0.03	0.03	0.03	0.06



MEDICATIONS JULY 2018-MARCH 2020

"Nine or More Medications". "Proton Pump Inhibitors", "Antipsychotic Medicines" and "five or more administration times"

Ian Brand monitors individual consumers to ensure appropriate medication plans are in place. These plans are under the review of the Medication Advisory Committee.

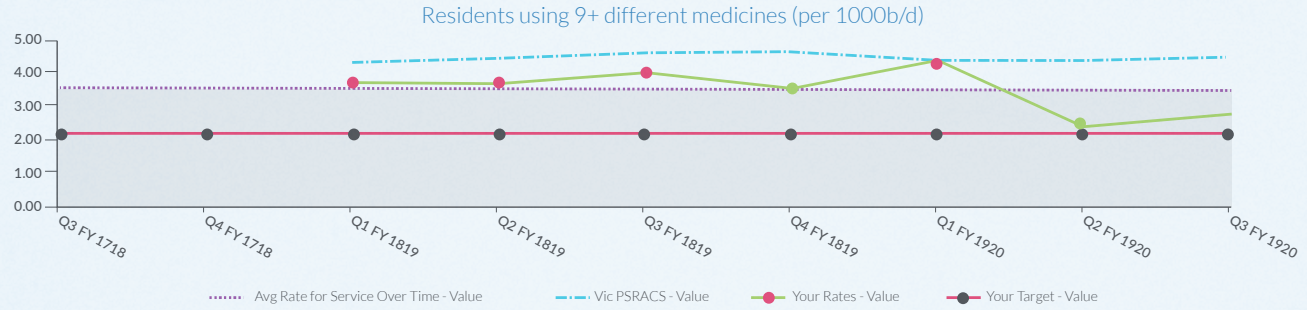
General Practitioners (GP) continue to review medication prescribed to our consumers monthly in an effort to reduce these indicators. Particular attention is given to the antipsychotic medicines and the proton pump inhibitors like Nexium as well as the administration times.

There are also regular "Resident medication management reviews" (RMMR) undertaken by an external pharmacist who reports to each consumer's GP.

9 or More Medications

Ian Brand 2.67 per 1000 bed days
Like Facilities (30-45 bed rates) 4.70 per 1000 bed days

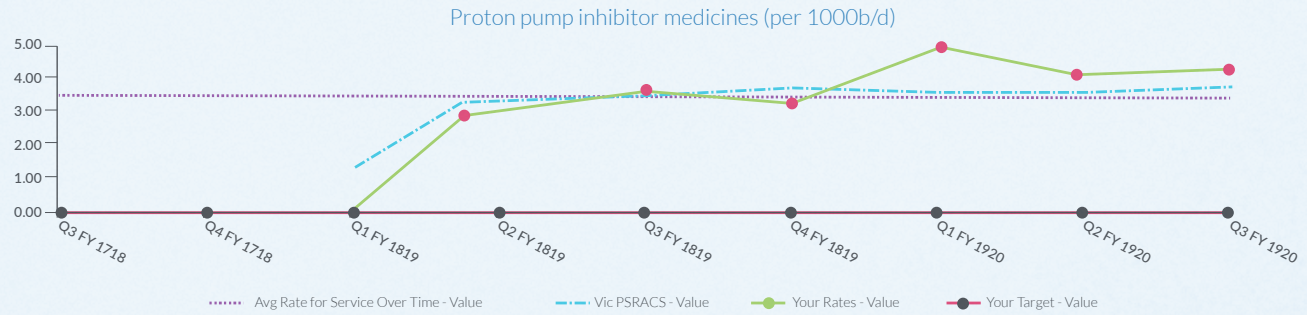
Residents using 9+ different medicines (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			3.62	3.58	3.88	3.47	4.20	2.31	2.67
Avg Rate for Service Over Time	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.36
Vic PSRACS			4.25	4.35	4.52	4.55	4.27	4.30	4.39



Proton Pump Inhibitors

Ian Brand 4.59 per 1000 bed days
Like Facilities (30-45 bed rates) 3.92 per 1000 bed days

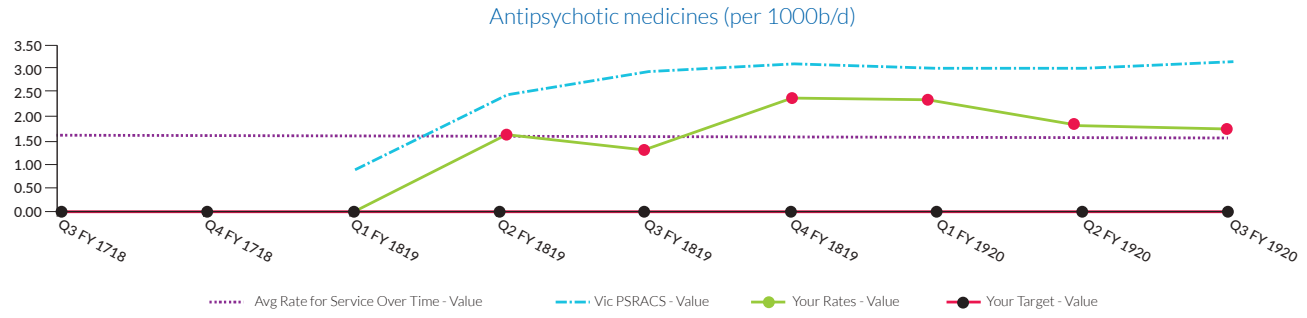
Proton pump inhibitor medicines (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	2.79	3.45	3.09	4.96	4.24	4.59
Avg Rate for Service Over Time	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30
Vic PSRACS			1.27	3.10	3.24	3.53	3.44	3.47	3.75



Antipsychotic Medicines

Ian Brand 1.91 per 1000 bed days
Like Facilities (30-45 bed rates) 3.91 per 1000 bed days

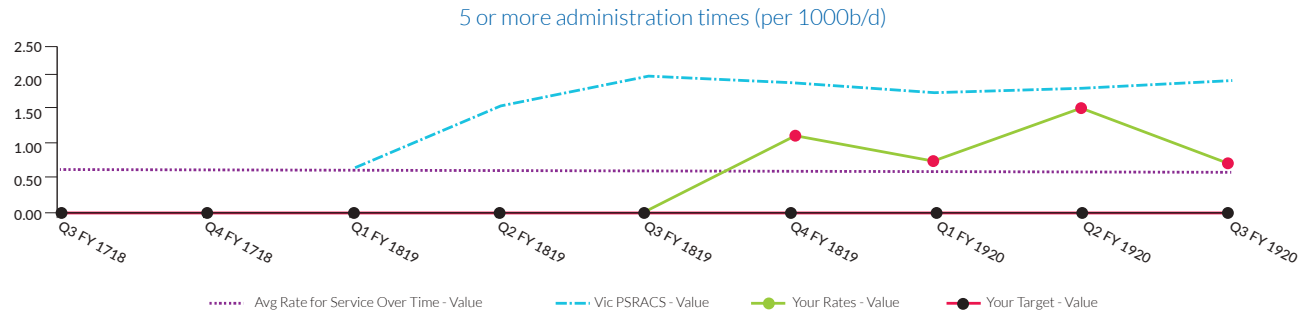
Antipsychotic medicines (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	1.59	1.29	2.31	2.29	1.93	1.91
Avg Rate for Service Over Time	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62	1.62
Vic PSRACS			0.86	2.33	2.83	3.02	2.99	2.98	3.19



5 or more administration times

Ian Brand 0.76 per 1000 bed days
Like Facilities (30-45 bed rates) 2.19 per 1000 bed days

5 or more administration times (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	0.00	0.00	1.16	0.76	1.54	0.76
Avg Rate for Service Over Time	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60
Vic PSRACS			0.58	1.41	2.01	1.92	1.73	1.79	1.86



RESTRAINT JULY 2018-MARCH 2020

Ian Brand Nursing Home aims to be a restraint free home with no intent to restrain.

There are two categories of restraint reported.
Restraint A – intent to restrain
Restraint B – types of restraint in use which includes the following: bedrails

For audit purposes the device (e.g. bedrail) is to be counted whether it is being used to **intentionally restrain a consumer or not.**

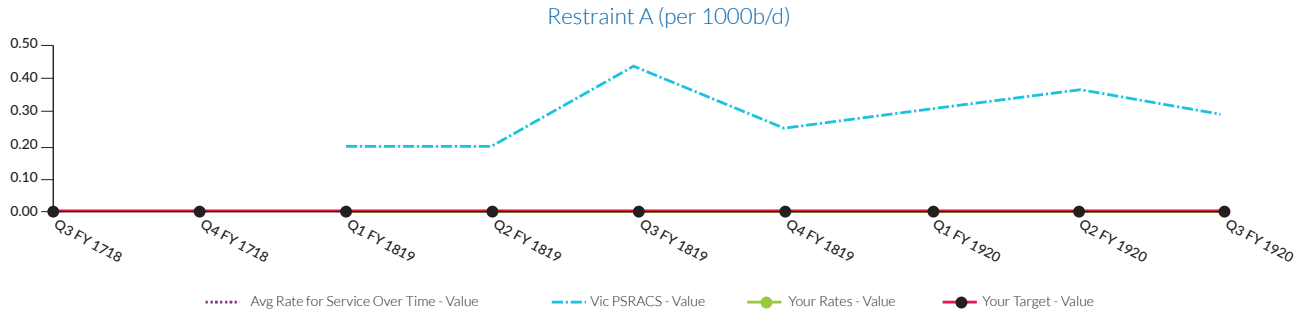
Consumers who have requested a bed rail have been reviewed by the physiotherapist and their GP. The appropriateness and suitability for use is documented in progress notes. A risk assessment has been completed for each of the consumers and is reviewed with the "Consumer of the day" process monthly. This process is in accordance with the new Aged Care Standard 1- Consumer Dignity and Choices.

A monthly audit is conducted to ensure safety and appropriateness of continued use.

Restraint A

Ian Brand 0.00 per 1000 bed days
Like Facilities (30-45 bed rates) 0.08 per 1000 bed days

Restraint A (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Avg 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			0.21	0.21	0.43	0.25	0.31	0.36	0.29

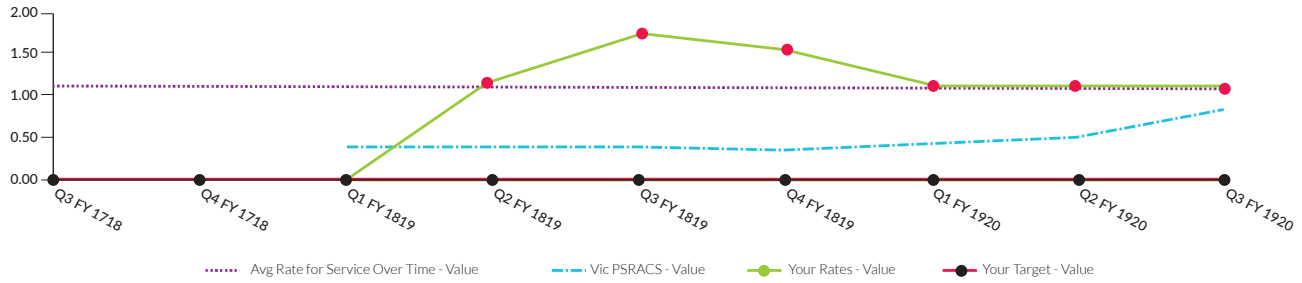


Restraint B

Ian Brand 1.15 per 1000 bed days
Like Facilities (30-45 bed rates) 0.38 per 1000 bed days

We currently have one consumer who uses a small bed rail to turn himself in bed. This maintains his independence.

Restraint B (per 1000b/d)	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920
Your Rates			0.00	1.19	1.73	1.54	1.15	1.16	1.15
Avg Rate for Service Over Time	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13
Vic PSRACS			0.42	0.45	0.45	0.41	0.46	0.51	0.85



Community kids share the love

Young members of our community are sending messages of hope and support, even in times of social distancing, and especially to our health care workers on the front line of the COVID-19 pandemic.

In order to help protect our volunteers, we made the difficult decision to suspend our volunteer program across all sites. Northern Health is missing the volunteers. We are very grateful for the dedication and hard work of our volunteers and look forward to welcoming them back when it is safe to do so.

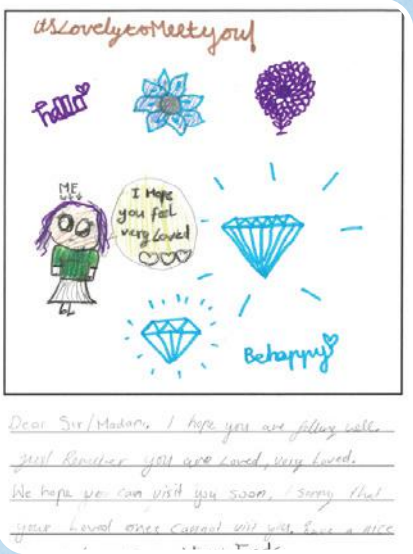
> "In recognition of our wonderful staff, some of our volunteers' grandchildren and nieces and nephews have written letters and drawn pictures to thank staff for all they are doing during this challenging time."

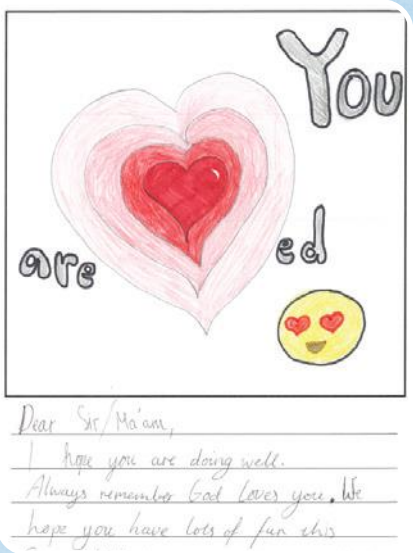
All clinical and non-clinical staff across Northern Health are banding together to support each other and help keep our community safe. The volunteers and their loved ones had a collective message for all of us.

Thank you to all of our staff that are continuing to work during this health crisis.

From Northern Health volunteers and their family/friends.

Three year old Myah and her drawing for staff





Letters from Northside Christian College Students

Northern Health

Broadmeadows Hospital
35 Johnstone Street Broadmeadows Vic 3047
T. (03) 8345 5000

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

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

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

www.nh.org.au