



QUALITY
ACCOUNT
2016-17



Northern Health

Our Vision

Outstanding health care for our community.

Our Strategic Goals

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

Our Mission

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

Our Values

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

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Message from the Chief Executive

Over the past 12 months, Northern Health has been working with our staff, patients and their families to implement new programs and improve our services to ensure we can continue to provide outstanding health care for our community.

In 2017, Northern Health achieved full compliance with the Australian Council for Healthcare Standards Organisational Accreditation. The purpose of Accreditation is to assess performance, identify improvements and provide an opportunity to showcase the hard work and dedication of our staff and volunteers. This was an excellent achievement where all 367 actions from all standards were satisfactorily met and 29 of these actions upgraded to 'Met with Merit'.

The survey team congratulated Northern Health on our culture and staff, evident in our performance against all actions during this survey and highlighted the hard work and dedication of our staff and volunteers. The survey team described Northern Health as, "positive," "innovative, with innovations not seen elsewhere," with, "enthusiastic and motivated staff."

Part of our ongoing achievements include the opening of Northern Health's first Koori Maternity Birthing Room and embarking on important journeys to become an accredited White Ribbon Australia organisation and a Rainbow Accredited Organisation. The passion and dedication of our staff and volunteers also continues to be recognised, with our Koori Maternity Services winning the 'Minister for Health's Award for Improving Indigenous Health' at the Victorian Public Healthcare Awards in December 2016, and three of our outstanding volunteers recognised as finalists at the Minister for Health's Volunteer Awards held in May, with one of our volunteers winning the award for 'Outstanding Achievement by a Volunteer Supporting Diversity.'

By achieving Accreditation, our community can have confidence that the care they receive at Northern Health is safe, of a high quality, and meets national standards.

Thank you to the many volunteers and consumer members who give their time to help us improve care and services at Northern Health. I am pleased to present the 2016-17 Northern Health Quality Account, and I look forward to receiving your feedback and learning how we can further improve our services and meet the needs of our community.

A handwritten signature in black ink, appearing to read 'S. Sivarajah', with a long horizontal flourish extending to the right.

Siva Sivarajah

Chief Executive
Northern Health

*I AM PLEASED TO PRESENT THE 2016-17
NORTHERN HEALTH QUALITY ACCOUNT, AND
I LOOK FORWARD TO RECEIVING YOUR FEEDBACK*

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 Report

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

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

Feedback from our consumers on last year's report:

- Still too much use of jargon and clinical wording
- More imagery needed to visualise the information
- More examples of staff working with consumers
- Consumers with English as a second language may struggle with content.

We have taken on your feedback and have endeavoured to further simplify the language used, and added more photos of staff and consumers.

If English is your second language, you may call us via telephone interpreter service on 131 450. You can speak your language and ask them to call the Patient Experience Office on (03) 9495 3229. Language services are free of charge.

ARABIC

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

GREEK

Αν επιθυμείτε να μάθετε περισσότερα σχετικά με την Ετήσια Έκθεση Για Την Ποιότητα της Περίθαλψης (Annual Quality Account) παρακαλούμε επικοινωνήστε μαζί μας μέσω της τηλεφωνικής υπηρεσίας διερμηνείας TIS στο 131 450. Μπορείτε να μιλήσετε στη γλώσσα σας, και να τους ζητήσετε να καλέσουν το Τμήμα Ποιότητας στο(03)9495 3229. Η υπηρεσία διερμηνείας διατίθεται δωρεάν.

ITALIAN

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

MACEDONIAN

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

TURKISH

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

VIETNAMESE

Nếu muốn biết thêm chi tiết về Bản Báo Cáo Chất Lượng (Annual Quality Account), xin gọi cho chúng tôi qua trung gian của TIS theo số 131450. Quý vị có thể nói chuyện bằng ngôn ngữ của mình và nhờ họ gọi cho Quality Department (Bản Chất Lượng) theo số (03) 94953229. Quý vị không phải trả chi phí dịch vụ ngôn ngữ.

CHINESE

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

Our 2016-17 statistics
reveal record numbers:

NUMBER OF BIRTHS

3,578

EMERGENCY
ATTENDANCES

92,181

INPATIENT
ADMISSIONS

86,714

OUTPATIENT
APPOINTMENTS

206,857

EMERGENCY
PROCEDURES

16,986

AMBULANCE ARRIVALS

25,356

About Northern Health

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

We have five campuses:

- Broadmeadows Hospital
- Bundoora Extended Care Centre
- Craigieburn Health Service
- Panch Health Service
- Northern Hospital Epping.

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

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

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

An average week at Northern Health includes:

- 1,763 emergency presentations, including 366 paediatric patients
- 488 ambulance arrivals
- 6,000 outpatient appointments and community visits
- 453 elective and emergency operations
- 69 babies born at the Northern Hospital Epping.



WE ARE PROUD TO BE
BUSY AND PRODUCTIVE
AS WE WORK TOWARDS
OUR VISION OF OUTSTANDING
HEALTH CARE FOR OUR
COMMUNITY.

Consumer, carer and community participation

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 the services Northern Health provides.

Northern Health is always looking to work with new members of the community, ensuring we understand what is important to our patients and families when receiving health care. You can make a difference by being involved in the work of committees, working groups or other volunteer opportunities as shown below.

We value diversity and encourage your input regardless of your background or perceived skills.

“I believe it is important to advocate and speak out by embracing opportunities; because the ‘how and what’ needs to be decided together. Being a consumer member of Northern Health has given me an opportunity to provide feedback and advocate for change in a partnership environment. Northern Health’s involvement of consumers, in the consultation, design and analysing of feedback has led to the improvement of services in many clinical areas, resulting in better all-round patient care”.

Jenefer Williams – Northern Health consumer

Outstanding Health Care

<h3 style="margin: 0;">Committees</h3> <ul style="list-style-type: none"> Patient Experience & Community Advisory Committee – Strategic Planning Northern Health Aboriginal Advisory Committee Koori Maternity Service re-design & Award Aboriginal Smoking Ceremony Garden Partnering with Consumers Committee Strengthening Hospital Response to Family Violence Committee – Consumer Working Group Standard 9 Committee – Clinical deterioration of patients 	<h3 style="margin: 0;">Community Engagement</h3> <ul style="list-style-type: none"> Consumer Network – opportunity for community members to “Get Involved” Open Access Board Meeting Nutrition – food tasting Net Promotor Score – Patient Feedback. Patient survey on their hospital experience Jacana School of Autism – Student Arts project, VCAL student mock interviews Whittlesea Disability Network Bundoora Extended Care Centre Community Art Space
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<h3 style="margin: 0;">Projects: Staff and Consumer Engagement</h3> <ul style="list-style-type: none"> Co-Design Projects Patient bedside communication boards – Standard 9 Healthlinks Project – Chronic disease Broadmeadows Health Service surgical expansion project Partnering with staff working in the stroke area <ul style="list-style-type: none"> - Discharge planning - Early stroke discharge project Standard 11 Diabetes Project - Cultural food 	<h3 style="margin: 0;">Health Literacy and Education for Consumers and Staff</h3> <ul style="list-style-type: none"> Consumers attend internal and external education sessions Consumer Network Education morning teas CLEAR Group – Patient information review group <p>Staff Education</p> <ul style="list-style-type: none"> Northern Health Simulation Lab practice sessions - Consumers training student doctors, nurses and allied health professionals New employees - orientation to Northern Health - Patient Stories
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For further information: 9495 3313



Making patient information CLEAR

- **There are many things we can do as an organisation to help our patients better understand their health and health care.**
- **Increased understanding can equip our patients, carers and community to participate more actively in their care and improvement in the health service system.**

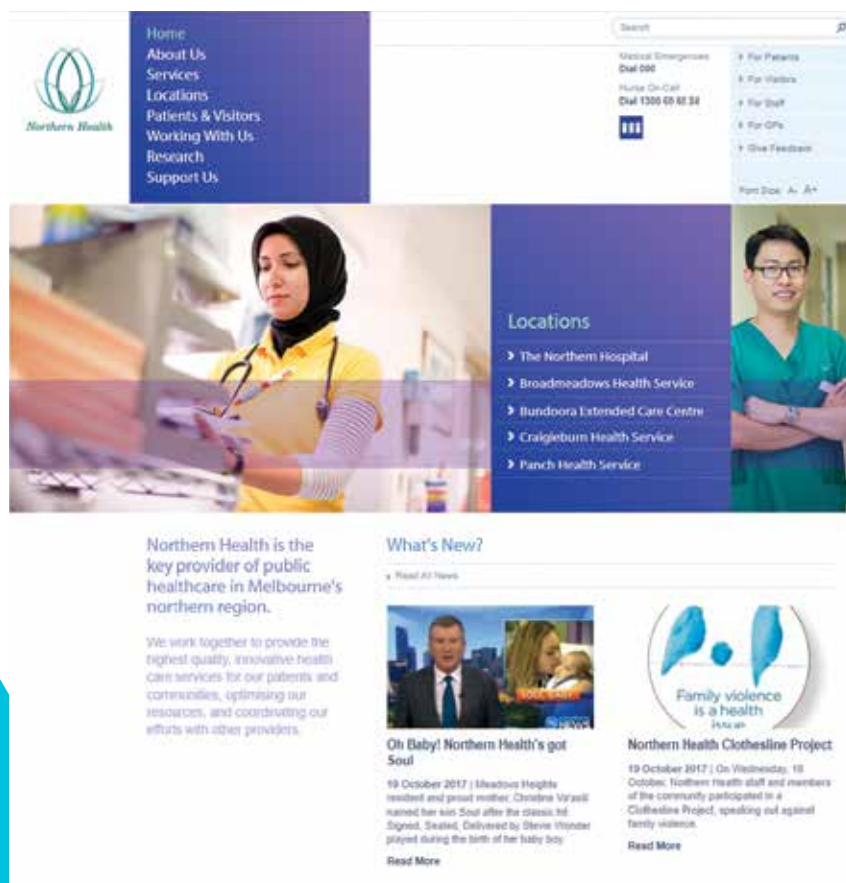
Northern Health promotes working in partnership with consumers and carers on patient health publications, ensuring the development of information is presented in accordance with appropriate National Health Literacy references.

The Northern Health Consumer Literacy Evaluation and Review (CLEAR) group was formed in 2015 to undertake this work. To date, members have reviewed over 120 patient health information brochures that support our patients and families with their care. This includes information such as 'How was your hospital experience?', Patient Rights and Privacy and Confidentiality information. This information has been translated into the top 10 languages based on our patient's needs.

At our recent Accreditation in March 2017, the CLEAR group was acknowledged as “proactive, engaged and passionate about the work it does”. The work of this dedicated consumer group was awarded with a ‘Met with Merit’ rating in acknowledgment of its great work.

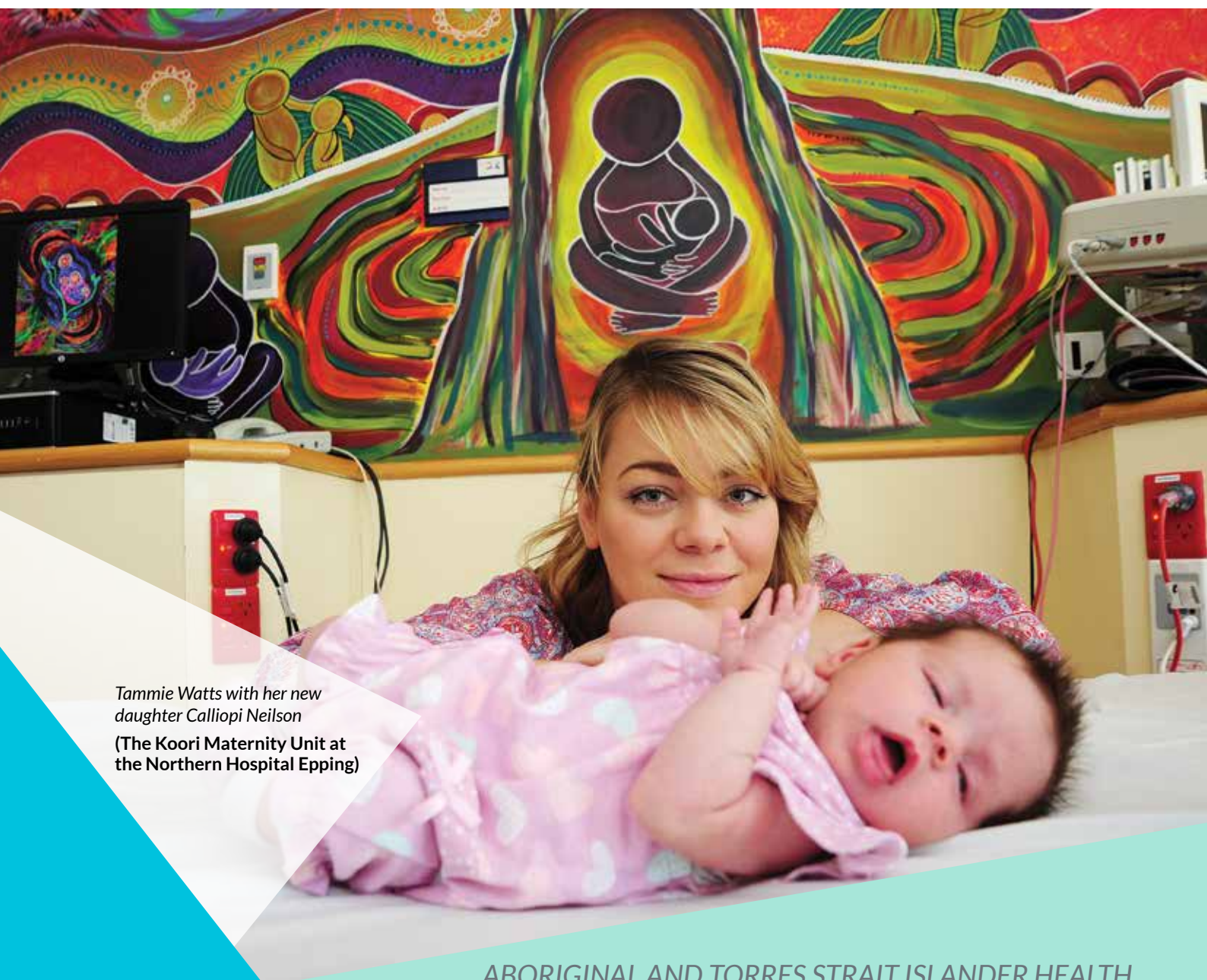
Website refresh

We reviewed our Northern Health website with input from our community. This feedback led to a more patient-centred structure, navigation and content approach for our patients and visitors.



Strengthening services for our Aboriginal community

We work in partnership with members of the Aboriginal community and Aboriginal Health Services to ensure that everyone has access to the services they need. This is consistent with the Australian campaign to “Close the Gap” initiated in 2016.



Tammie Watts with her new daughter Calliopi Neilson
(The Koori Maternity Unit at the Northern Hospital Epping)

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH IS IMPORTANT TO NORTHERN HEALTH AS WE BELIEVE EVERYONE HAS THE RIGHT TO BENEFIT FROM OUR SERVICES TO IMPROVE THEIR LIFE.

Photo credit: Dennis Manktelo - Star Weekly

Northern Health wins Victorian Public Healthcare Award

In 2016 Northern Health's Koori Maternity Service won the Minister for Health's Award for improving Indigenous Health – Closing the Gap.

A special birthing room was opened in February 2017 at the Northern Hospital Epping to give Koori women a culturally safe and inclusive space to give birth. Hospital staff, patients, Wurundjeri Elders and community were given the opportunity to have input into the creation of the new room.

Northern Health Chief Executive, Siva Sivarajah, said families using the hospital's Koori Maternity Service had identified the need for a birthing room that was in keeping with their culture.

"We wanted to create a space that paid respect to the Traditional Custodians of the land that our hospital resides on – the Wurundjeri people – and a room that will be part of the Wurundjeri future."

"Outcomes have been overwhelmingly positive, including increased birth weights, decreased smoking and alcohol consumption while pregnant, and a positive impact on the broader health of mothers and babies," said Mr Sivarajah.

"By providing a holistic and culturally appropriate service, the Koori maternity service is changing lives, improving health and wellbeing, and strengthening Northern Health's connections with our diverse community."

NAIDOC Week at Northern Health

Northern Health celebrated the outstanding contribution of Indigenous Australians to the community, during National Aborigines and Islanders Day Observance Committee (NAIDOC) Week.



Guests included:

- Bronwyn Halfpenny MP, Member for Thomastown
- Fiona Patten MLC, Member for Northern Metropolitan Region
- Cr Ricky Kirkham, Mayor, City of Whittlesea
- Phillip Bain, CEO, Plenty Valley Community Health
- Kelli Hunter, local Aboriginal Elder
- Local Aboriginal community members.

Respecting our community and Aboriginal culture



AS THE ABORIGINAL HOSPITAL LIAISON OFFICER FOR NORTHERN HEALTH AND A MEMBER OF THE NORTHERN HEALTH ABORIGINAL ADVISORY COMMITTEE, KAREN BRYANT SUPPORTS THE ORGANISATION TO DELIVER CULTURALLY APPROPRIATE SERVICES TO ABORIGINAL PEOPLE ATTENDING NORTHERN HEALTH.

What is your background?

I am a proud Gunditjmara woman from the western districts of Victoria. Born on Bunurong country in the south I have been living on Wurundjeri country in the north, in Mernda, for the past 35 years. During this time I've raised four children and now have a granddaughter. I have spent my career working in Aboriginal community controlled health organisations, family violence and the early years sector. For the past 10 years I've worked within an acute hospital setting which has been rewarding, working with both the Aboriginal community and the broader community.

What is your role as the Aboriginal Liaison Officer at Northern Health?

I work with the Aboriginal community and support patients to navigate the acute hospital system. My role provides culturally appropriate support, information, material aid, guidance and advocacy for Aboriginal patients at all sites of Northern Health. I also provide training to health staff, represent Northern Health on various committees, undertake health promotion activities for the Aboriginal community, give conference presentations and provide mentoring.

Why is your role so important to Aboriginal people?

The role of an Aboriginal Hospital Liaison Officer is crucial to improving the health outcomes of Aboriginal and Torres Strait Islander people. It's important to the Aboriginal community knowing they will have cultural support and guidance through their hospital journey at Northern Health, giving them a more positive experience.

How are you helping to 'Close the Gap' at Northern Health?

My passion is to work with my people to make their experiences more positive and respectful, and to encourage and guide my 'mob' on their health needs. My role provides input to planning and implementation of health care systems, and to improve the health care services for Aboriginal and Torres Strait Islander people. Aboriginal health is everybody's responsibility, and here at Northern Health we are committed to closing the health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Improving Care of Aboriginal Patients (ICAP)

This initiative is a collaborative partnership between the health service, the local Aboriginal Community Controlled Health Organisations (ACCHO), Elders and Aboriginal community members.

1. Engagement and Partnerships

Elements of engagement and partnership include:

- An established Aboriginal Advisory Committee that advises on the cultural responsiveness of Northern Health, providing strategic direction in the planning and delivery of culturally appropriate services for Aboriginal people attending Northern Health.
- Collaboration with the Wurundjeri Land Council and Elders in the design and development of the Koori Birthing Room.
- Working with Aboriginal mothers to determine what a culturally safe environment is for them during birth.
- A strong partnership with Plenty Valley Community Health with access to the Urban Specialist Outreach Assistance Program Clinics Dental and Allied Health Services.
- A strong partnership with Northern Area Mental Health Service inpatient unit and strongly supporting the establishment of the Aboriginal Mental Health Liaison position.
- A strong collaboration with the Victorian Aboriginal Health Service along with the Victorian Aboriginal Community Controlled Health Organisation for the purposes of supporting Aboriginal patient health pathways.
- Representation on a range of network meetings that promote partnerships with both local Aboriginal community members and key Aboriginal agencies including City of Whittlesea Reconciliation committee; Metropolitan Aboriginal Aged Care and Disability Network; Bubup Wilam for Early Learning.

2. Workforce development

Workforce training, development and support is provided and appropriately targeted to Aboriginal and non-Aboriginal staff at all levels of the organisation. This includes strategies to support staff retention, professional development, on the job support and mentoring, cultural respect and supervisor training.

- Aboriginal Health is incorporated within Northern Health's corporate orientation that all new employees attend.
- We deliver ongoing staff education around "Asking the Question" of our patients: "Are you of Aboriginal or Torres Strait Islander descent?"
- Our Aboriginal workforce attends training opportunities.
- We deliver cultural safety education for Northern Health management and the senior leadership team.

3. Organisational development

Aboriginal health is a stated priority, as reflected in our strategic and business plans, as well as in a specific Aboriginal health action plan.

- We conduct annual events such as NAIDOC Week and Reconciliation Week celebrations that bring staff and community together.
- We educate our staff through the development of “Asking the question” training, and our internal intranet page that provides information and resources for all staff on Aboriginal Health.
- We have implemented “Asking the Question” policies and resources such as mouse mats and computer stickers for all Northern Health staff.

4. Systems of care

Culturally competent health care and a holistic approach to health are provided to Aboriginal patients with regard for the place of family. Culturally responsive health care supports access, assessment, care planning, patient support, discharge planning, referral, monitoring and recall processes.

- We have developed and distributed posters to inform the community about our commitment to asking the question of cultural identity.
- Northern Health is committed to showcasing Aboriginal artwork, posters and brochures across all campuses.
- Koori Maternity Service provides individualised care for Aboriginal and Torres Strait Islander women and their families. The Koori Maternity Program is staffed by a midwife and an Aboriginal health worker who liaises with other health care workers as required. Continuity of care by the Koori Maternity Service team is provided throughout the ante-natal, birthing and post-natal stages.
- Northern Health commissioned an Aboriginal artist to design and paint a wall mural in the Aboriginal birthing room.
- We are establishing a culturally safe space for patients and families to have access to an area to perform a smoking ceremony. These smoking ceremonies are a traditional custom among Aboriginal Australians in which native plants are burnt to produce smoke to ward off bad spirits, acknowledge ancestors and pay respect to the land and sea of country. The smoke is believed to have healing and cleansing properties.



Top Languages	Total Interpreter Requests
Arabic	13829
Assyrian + Chaldean	7563
Turkish	6539
Italian	6338
Greek	5561
Macedonian	4891
Vietnamese	2561
Persian	2094
Mandarin	1629
Croatian	802
Punjabi	780
Nepali	649
Cantonese	560
Serbian	480
Spanish	476
Tamil	427
Hindi	425
Somali	373
Samoan	311
Khmer	279
Hmong	266
Urdu	247
Maltese	227
Sinhalese	220
Albanian	183
Hakka	154
Portuguese	147
AUSLAN	142

In-house languages in red

Meeting the needs of our different cultures

Northern Health is strongly committed to culturally and linguistically diverse Australians whose first language is not English. Northern Health provides care for a community from many different backgrounds, born in 184 countries, speaking over 106 different languages and serving the highest population of Indigenous Australians in metropolitan Melbourne. The population is predicted to grow by over 50 per cent by 2031.

The Transcultural and Language Services department of Northern Health is responsible for maintaining the health service’s high levels of cultural competence.

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

In the 2016-17 reporting year, the department handled:

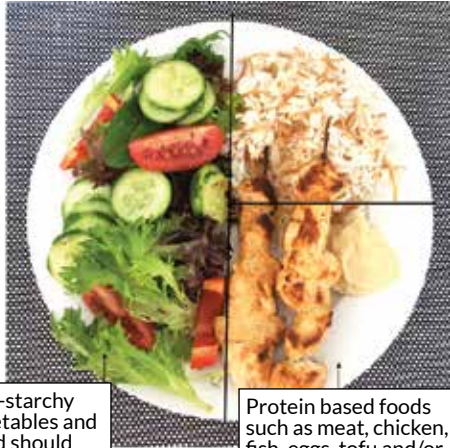
- 59,987 interpreter appointments in over 100 languages, a 10 per cent growth, meeting 96 per cent of requests
- Over 90 transcultural training sessions reaching more than 1,000 staff members
- 39 in-house professional interpreters and translators covering 15 different languages
- 34 documents (or 86,780 words) translated into the top eight languages.

Our patients value speaking in their own language

Interpreter: “I was in the Day Procedure Unit interpreting for a patient, who was having a procedure. The anaesthetist had just finished explaining the procedure, when the Greek speaking patient looked at me with a big smile and asked me to translate the following:”

Patient: “I’m very happy with all the doctors and the nursing staff. I trust them and that’s why I’m not afraid. Also, being able to communicate in my mother language gives me even more courage and confidence. Thank you everyone.”

Healthy eating during pregnancy for Iraqi women



Non-starchy vegetables and salad should take up 1/2 of your plate

Protein based foods such as meat, chicken, fish, eggs, tofu and/or cheese should take up 1/4 of your plate

Diabetes is a common condition where there is too much glucose in the blood. Gestational diabetes is diabetes that develops during pregnancy in three to eight per cent of pregnant women. More than half the women attending the Gestational Diabetes clinics across Northern Health are born outside Australia, with Iraqi-born women being one of the largest cultural groups.

We wanted to explore cultural food practices and beliefs, perceptions of a healthy pregnancy, as well as noting health literacy of pregnant Iraqi women who attend our antenatal clinics. The aim was to use this information to create a culturally appropriate healthy eating handout for Iraqi women with gestational diabetes.

An example of consumer participation

Conversations were undertaken with 11 Iraqi women attending our antenatal clinics. Common themes of their health perception and food practices during pregnancy were identified. Some examples of these themes include:

- *rice is a common staple in the Iraqi diet,*
- *either two or three meals per day is common when pregnant*
- *eating 'everything' is healthy while you are pregnant.*

What our consumers said would help

- a patient information brochure to take home that is short with lots of pictures showing healthy eating options.

What we developed for our consumers

- a *Healthy Eating* patient information guide for Iraqi women with gestational diabetes
- dietitians at Northern Health are using the new culturally appropriate handout in their clinics to educate Iraqi women on healthy eating recommendations to help manage their gestational diabetes
- the handout is available in both English and Arabic.



Diversity and Inclusion

Northern Health's Diversity Governance Committee was established to ensure that our health care services meet the needs of our diverse community and that our staff reflects the diversity of the community we serve. The committee is responsible for ensuring that the organisation promotes diversity as a value and practice, and has the governance structures in place to support inclusiveness of diverse communities as service users and as staff members.

There are a range of activities and projects that assist us to achieve our objectives including:

- Development of the Northern Health Diversity Framework which underpins policies, planning and activities in relation to delivering health care to our diverse communities and building staff understanding and capabilities
- Diversity training sessions for Northern Health staff and volunteers
- Community and consumer engagement co-design activities
- Action/work plans are aligned with the Northern Health Diversity Framework and monitoring progress against these plans, in particular:
 - Department of Health and Human Services Statement of Priorities
 - Koolin Balit: Aboriginal Health Strategy
 - Development of the Northern Health Cultural Responsiveness Plan.

Work has commenced to develop action plans that are aligned to the recommendations of the following state-wide plans and directions:

- Victorian State Disability Plan 2017-2020
- Lesbian, Gay, Bisexual, Transgender and Intersex Health and Wellbeing Action Plan for Victoria 2014-2018.

Disability Action Plan

Northern Health's Disability Working Group has been newly formed to ensure our organisation responds to the needs of patients, visitors and staff with a disability and has the governance structures in place to support inclusiveness of people with a disability.

The working group is responsible for the monitoring and evaluation of the Northern Health Disability Action Plan. Some objectives include:

- Making it easier for people with a disability to utilise all services across Northern Health.
- Increasing awareness about the specific rights and needs of people with disabilities and their carers, our employees and broader community.
- Achieving changes on attitudes and practices which discriminate against people with a disability.
- Fostering and creating a health care service where people with a disability are given the same opportunities as the broader community.
- Focus on practical and deliverable initiatives to improve accessibility and pathways of care.

Our consumers work with us to provide advice and ensure that services being developed take into consideration the needs of consumers with a disability. In our recent capital development at Broadmeadows Hospital, changes were made to the operating theatres' internal and external waiting areas, patient changing area and discharge flow. The pharmacy waiting area and bench height were also modified based on consumer feedback.

Family Violence is a health issue

Northern Health believes that family violence is a serious health issue. Victims and survivors of family violence are among our community, in workplaces, schools, community groups and they come to our hospitals.

Northern Health's primary catchments, the City of Hume and the City of Whittlesea, experience some of the highest rates of family violence in Victoria, making it vitally important for our staff to develop skills to help them effectively identify and respond to family violence.

Our health service has an important role in the health and safety of our community, working together to address family violence. In response to the state-wide family violence plan, Northern Health has established a Strengthening Hospital Response to Family Violence Committee to oversee the successful implementation of the "Strengthening Hospital Response to Family Violence" service model.

The steering committee is made up of Northern Health staff, consumer members and external stakeholders such as Victoria Police. The committee is benefiting from the input of consumer members as they have been key in developing insight and providing a greater understanding of Family Violence within the committee and the wider project.

Our consumers have also been involved in ensuring the visibility and promotion of this work and by leading community activities such as the 'It's in the bag' project in which staff donated handbags with toiletries for women in need. The dedication and passion demonstrated for this work by the consumers has contributed to the successful engagement and implementation of a framework that will strengthen Northern Health's response for both staff and community into the future.



Members of the Northern Health Strengthening Hospital Response to Family Violence Committee

“The Family Violence Committee looks at the dynamics of family violence, types of abuse, prevalence within the hospital’s catchment, contributing factors, policies, the importance of working with community partners and up to date training for all of its clinical work force. My role within this steering committee is to have input in a responsible shared understanding.

I have been challenged within my consumer role, I feel valued and listened to, and I have witnessed significant improvements in the delivery of service in many areas at the Northern Hospital”.

Jenefer Williams,
Family Violence Committee consumer member



What we have achieved to date:

- Development of a family violence assessment, response and referral guideline for Northern Health.
- Implementation of the Strengthening Hospital Response to Family Violence Committee.
- Education for management and clinical staff to identify and respond sensitively and appropriately to family violence disclosures.
- Adopted a six step model of brief intervention to identify and respond to family violence, underpinned by principles of sensitive practice, respect and gender equality.
- General understanding - face to face and online training for staff. This establishes the definition and underlying causes of family violence.
- Sensitive enquiry training - This model teaches staff to assess for risks of Family Violence and to enquire in a sensitive and appropriate manner. If a disclosure is made, the clinician is provided with skills to acknowledge and refer appropriately.
- Post training staff surveys demonstrate an improved understanding and the importance of follow up support.
- Family violence posters, translation of four patient posters into eight different languages. These posters have been shared widely with other Victorian health services.
- Establishment of advance practice Family Violence Social Worker role.
- White Ribbon Accreditation process commenced and is currently in phase two.
- External agencies engaged and referral pathways established.

Responding to what really matters to you



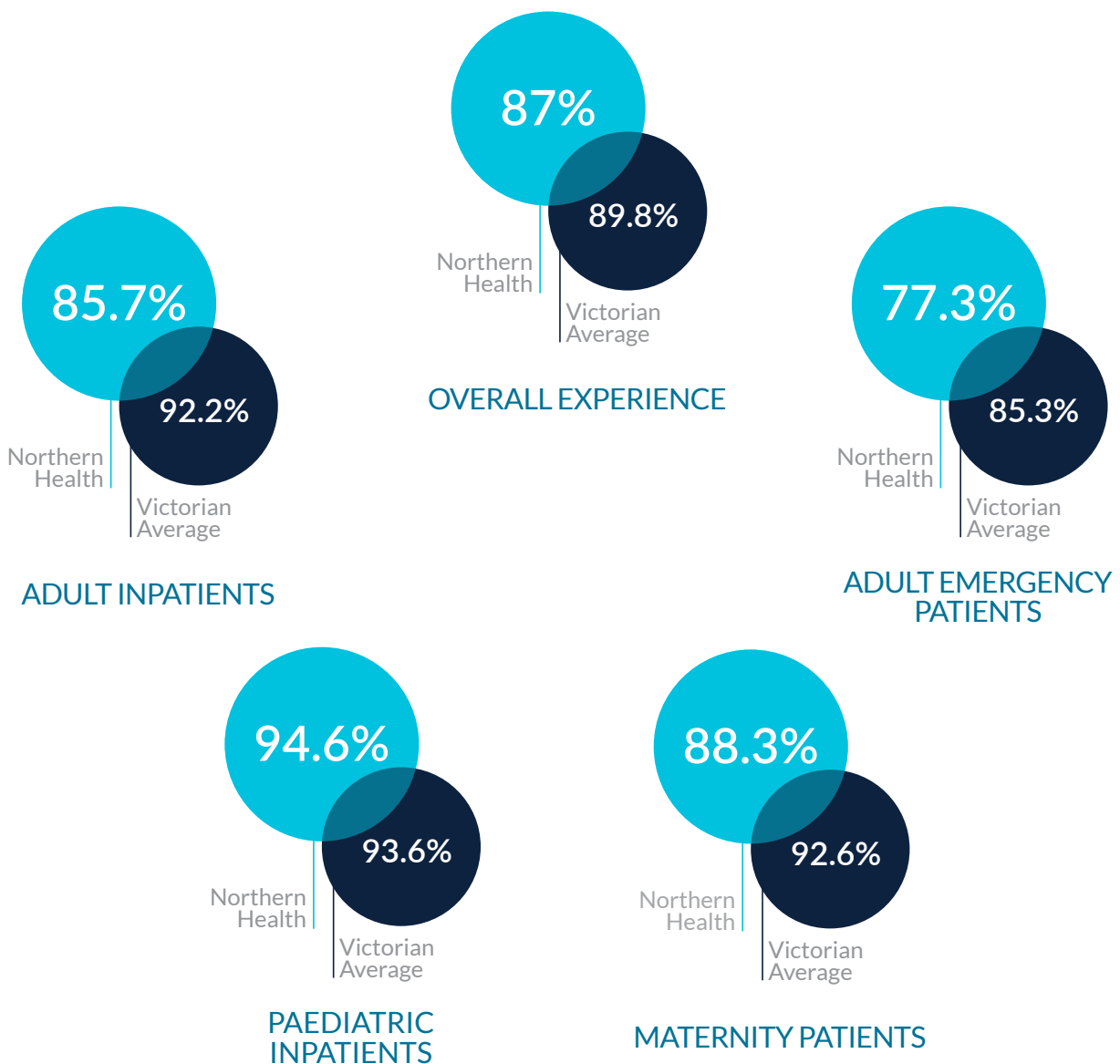
At Northern Health we have several ways to seek feedback from our consumers and carers.

The Victorian Healthcare Experience Survey

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

The survey results are reviewed at a number of Northern Health committees including the Northern Health Patient Experience and Community Advisory Committee. The results are used to make 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.

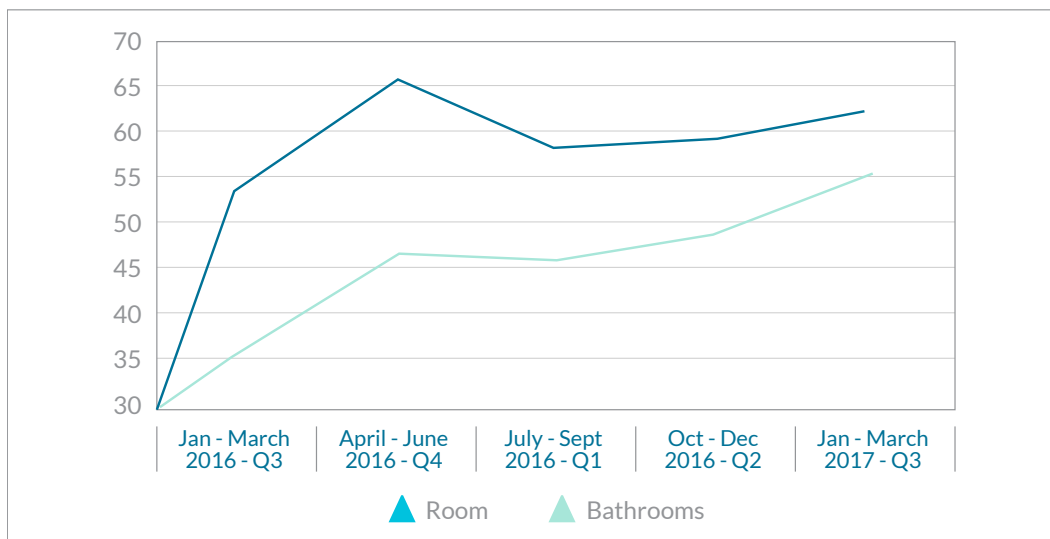


What are we doing about it?

Our VHES results and patient feedback in 2016 showed us that the cleanliness of our facilities could be improved as it was not meeting the expectations of our patients. This feedback became a key priority for the Support Services Department and our cleaning contractor to focus on.

We have introduced a tablet-based survey to be taken to the bedside to capture our patient's feedback in real time. This allows us to respond to a patient's feedback while they are still within our care. If a patient records a poor or fair response, the manager then visits the patient to thank them for participating in the survey and find out what can be done to improve the service. Through this process we are gaining a greater understanding from our patients in what matters to them regarding room and bathroom cleanliness.

Our patients' experience of **cleaning** is improving.

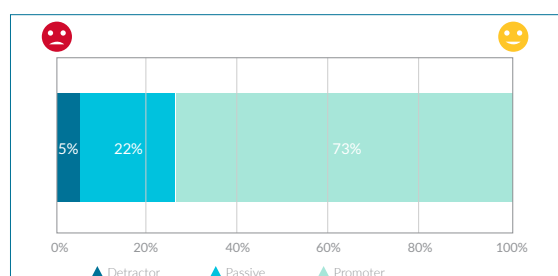


Gaining your feedback

The “How was your hospital experience?” feedback form is available at all Northern Health campuses. In 2016-17, 16,010 of these forms were completed on our wards by patients or their carers. The document is also available in eight languages.

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

Seventy four per cent of our completed forms gave a score of nine or 10 (extremely likely to recommend our service) and only six per cent gave a score of six or less.



OUR PATIENTS AND CONSUMERS SAID

WE RESPONDED

Health Independence Program

The Health Independence Program offers several different services all with different appointment cards. This can be confusing for our patients.

We are developing a new universal appointment card for all of our Health Independence Program services across Northern Health

Special Care Nursery

The nurses were always very busy. I couldn't always be at the hospital and I was worried about my daughter when I couldn't be there.

We have a new team of specifically trained volunteers to assist families and staff in settling and comforting babies when circumstances prevent parents from staying with their baby. Families on our Neonatal Unit are invited to participate in the program.

The ward can be noisy and busy; it would be good to have a relaxing space for parents away from the treatment area.

A meeting room has been converted to create a parents' room with comfortable chairs, a television and reading materials with photos of many of the babies who have come through the ward decorating the walls.

Emergency Department

I had to wait a long time to be seen in the Emergency Department and the chairs were uncomfortable.

We are improving our waiting area - we have new chairs and a television that provides information about the triage process in Emergency. We are looking at installing artwork to create a more welcoming environment.

Quality and Safety - Listening to our staff

OUR STAFF
OFTEN IDENTIFY
OPPORTUNITIES
FOR IMPROVEMENT
IN THE WAY WE DO
THINGS.



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

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

PATIENT SAFETY (improvement range 5% - 11%)			
Description of Question	NH % 2016	NH % 2017	CG % 2017
Patient care errors are handled appropriately in my work areas	68	75	76
This health service does a good job of training new and existing staff	53	61	66
I am encouraged by my colleagues to report any patient safety concerns I may have	76	81	84
The culture in my work area makes it easy to learn from the errors of others	59	69	70
Trainees in my discipline are adequately supervised	57	65	65
My suggestions about patient safety would be acted upon if I expressed them to my manager	65	73	78
Management is driving us to be a be safety-centred organisation	66	74	78
I would recommend a friend or relative to be treated as a patient here	43	54	79

OUR STAFF ASKED FOR

WE RESPONDED

Better access to training and development opportunities

We have created improved access for our learning and development calendar and have created targeted leaderships programs for our health professionals.

Improve staff capability in response to family and domestic violence situations

We have introduced a training program that is embedded within Northern Health's orientation program to provide an awareness of family violence to all staff and volunteers. Further training has been provided to equip frontline staff and managers to recognise and deal with this important issue.

Improvement in how staff respond to occupational violence

We have implemented an organisation-wide Management of Clinical Aggression Training program. We have trained facilitators who provide ongoing training for our staff.

Better communication within Northern Health on important issues and change initiatives

Increased frequency of the CE Update, the Chief Executive distributed newsletter and how this is communicated to staff. Executives now also send out regular newsletters to staff to update on important issues, changes or events in their areas.

Better processes, support and training around bullying and harassment

We have incorporated our Respecting One Another training package into our staff orientation program to ensure all new staff are across this important issue. We have also included a module called Preventing and Managing Bullying and Harassment in our general learning and development calendar for all managers. Staff who experience any bullying or harassment can seek support through our People and Culture department and are offered counselling through our Employee Assistance Program (EAP).

Better opportunities to discuss patient safety issues with the manager

Introduced Executive Patient Safety walk arounds in all clinical areas across Northern Health. These are undertaken by an executive, the manager of the area and a consumer whenever possible. Staff on the floor are spoken to as part of the walk around and have an opportunity to review and discuss any patient safety issues of concern for follow up by the manager or executive.

Occupational Violence impacts on our staff and consumers

Up to 95 per cent of health care workers have experienced verbal or physical assault. Occupational violence continues to be the predominant occupational health and safety incident type reported across Northern Health.



The Northern Health Executive takes this issue very seriously, and is committed to the safety and wellbeing of our staff ensuring that we have the right responses in place and that our staff are adequately trained to both manage incidences of aggression and violence, and reduce risk in the workplace.

Immediate response - code grey and planned code grey

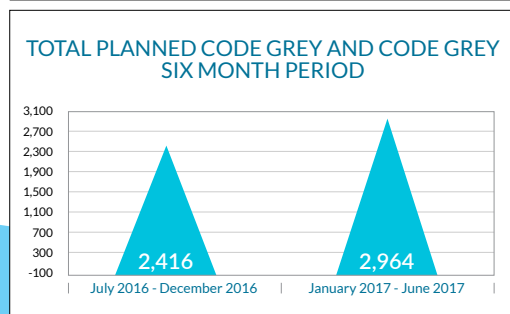
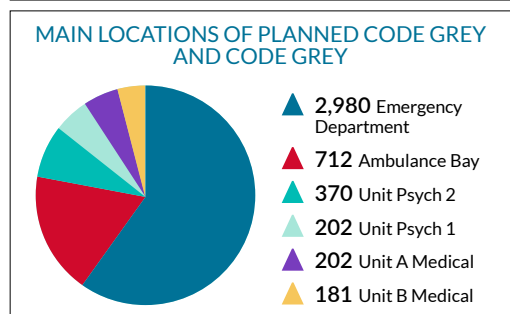
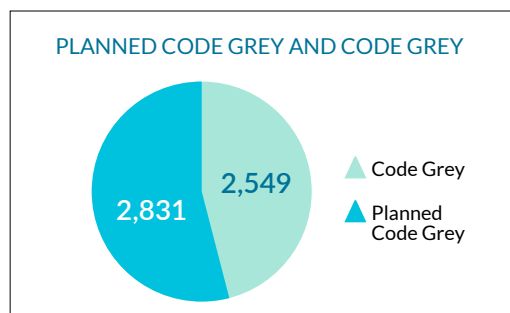
Like our process for medical emergencies, Northern Health has a process for managing aggressive behaviour. A **code grey** is defined as: a **hospital-wide** coordinated clinical and security response to actual or potential aggression or violence (unarmed threat). **Planned code grey** signifies an anticipated unarmed threat including potential for aggression from a patient, visitor or intruder likely to cause injury to self or others. A planned code grey often allows time to put in place risk prevention measures before the risk occurs.

Both code grey and planned code grey activate an internal alert or emergency response to manage and resolve incidents. Code greys occur more often in our Emergency Department, yet they can occur in wards and other areas less frequently.

The incidents of violence and aggression are captured in our incident reporting system

In response to the increasing incidence of aggression in the work place in 2016-17 Northern Health has

- Established an Occupational Violence and Aggression Committee to ensure that we are responding effectively to the minimisation and management of occupational violence and aggression in the workplace.
- Significantly increased the presence of security guards on each shift across Northern Health.
- Embarked on a training program with lead qualified trainers representing different work areas and campuses providing training to peers. The training program is being rolled out across Northern Health commencing with high risk areas. Our highest risk area, the Emergency Department, has almost reached 100 per cent of nursing, medical, security and clerical staff trained.



NO MATTER WHAT THE SITUATION,
OCCUPATIONAL VIOLENCE AND
AGGRESSION IS NEVER OK.

Accreditation



Accreditation is an external review of our safety and quality systems and processes to assess our performance as a health service against The National Safety and Quality Health Service Standards.

The Standards, developed by the Australian Commission on Safety and Quality in Health Care set the minimum requirement to be met for all public and private health services to protect the public from harm and to improve the quality of health care.

Northern Health expanded its Accreditation program in 2015 to include an additional five standards. This accreditation program, known as EQUiPNational, provides a consistent focus of quality and safety across all aspects of our clinical and corporate services.

In March 2017, Northern Health underwent a full Accreditation survey of all 15 Standards conducted by the Australian Council on Health Care Standards (ACHS).

Certificate of Accreditation

Dr Christine Dennis, CEO of The Australian Council on Healthcare Standards, joined with Northern Health board members and staff to celebrate and congratulate us on our success in achieving full Accreditation. The survey team congratulated Northern Health on its considerable management journey in partnership with its growing multicultural community and committed staff. This has resulted in its achievements in all 367 individual actions assessed, with 29 of these upgraded to a 'Met with Merit' status which is an excellent result.

Northern Health is accredited until **20 July 2021**.

Quality and safety and contributing positively to the patient experience is everyone's responsibility at Northern Health.

The surveyors complimented the hard work and dedication of our staff, consumers and volunteers, highlighting:

- **Consumers** are at the centre of everything Northern Health does and the range of engagement activities is impressive. The CLEAR group was acknowledged as being "proactive, engaged and passionate about the work it does".
- **Staff** have a sense of pride in where they work, and there is evidence of a stable workforce with strong leadership with a really well embedded culture of engagement.
- **Volunteers** are proud of working here and feel like the work that they do add value to the organisation and they feel a part of the Northern Health team.
- **Northern Health** is "positive," "innovative, with innovations not seen elsewhere," with, "enthusiastic and motivated staff."



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



At Northern Health we strive to ensure that we are providing high quality patient care, and use a variety of different methods to improve the care we provide to our patients. Northern Health promotes a safety culture, encouraging and supporting staff to report clinical incidents.

Learning from adverse events is a critical element of this process.

An adverse event is defined as “an incident in which unintended harm resulted to a person receiving health care” (Australian Commission on Safety and Quality in Healthcare). Adverse events are classified according to the level of harm and or care required as a result of the adverse event:

- ISR 1- severe harm or death - harm reached the patient with permanent loss of function resulting in advanced treatment/higher level specialised care (transfer to intensive care or theatre and transfer to a higher level/specialised of care) or death.
- ISR 2- Moderate - harm reached the subject with a temporary loss of function requiring advanced treatment/higher level/specialised care (transfer to intensive care or theatre).
- Sentinel events are relatively infrequent, clear-cut events that result in harm to a patient as a result of hospital system or process deficits. There are nine categories in Victoria which require reporting under the Department of Health’s Sentinel Event reporting program, these are:
 1. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function
 2. Suicide in an inpatient unit
 3. Retained instruments or other material after surgery requiring re-operation or further surgical procedure
 4. Intravascular gas embolism resulting in death or neurological damage
 5. Blood transfusion reaction resulting from wrong blood type administered
 6. Medication error leading to the death of patient reasonably believed to be due to incorrect administration of drugs
 7. Maternal death or serious injury associated with labour or delivery
 8. Infant discharged to wrong family
 9. ‘Other catastrophic event’ where the cause is likely to be a result of a serious system failure.

In 2016-17 Northern Health had 30 ISR 1 events, six of which were sentinel events and 87 ISR 2 events.

All adverse events are investigated using a robust process which includes a thorough investigation by staff skilled in clinical incident investigation and a review by an independent panel. A sign off occurs by the Northern Health Executive and the area responsible for overseeing the implementation of any recommendations. The executive team is held accountable by the Northern Health Board for the timely implementation of improvements identified through the review process. The improvement work identified through the review process is based on activities that are known to improve predictability of practice rather than policy and procedure changes and education that are dependent on recollection or access of information.

Northern Health has implemented the following improvements as a direct result of analysing our adverse events and sentinel events:

- Improved the guidelines for patients with conservatively managed spinal fractures, to ensure coordination of medical, nursing and allied health delivery of care.
- Updated our policy on falls to reflect the need to consider medical imaging in patients who sustain a fall as an inpatient.
- Improved trauma management systems and activation to ensure appropriate clinical expertise in surgical, anaesthetic and intensive care support.
- Developed a guideline for managing procedures that require sedation and pain relief in the Emergency Department. This guideline supports the safe performance of procedures such as treatment of fractures and repairing lacerations in children.
- Improved the off-site access to medical imaging for on-call neurologists in the setting of acute stroke care management after hours, to allow rapid diagnosis and management of strokes at all times.
- Reviewed our secure ward environments in the acute medical setting for patients who are at-risk of absconding to minimise subsequent potential harm arising for at risk patients.
- Addition of a prompt at the entry point of the Emergency Department (Triage) for patients who have documented advance care plans and goals of patient care, to ensure that the patient's wishes are available to clinicians in the Emergency Department.

Health care associated infections - Keeping you safe in our hands



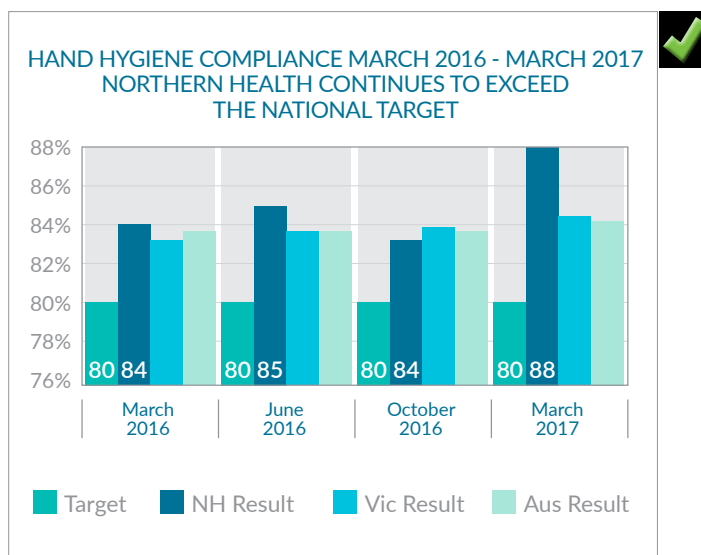
Hand hygiene

We can reduce infections in hospital by simply washing our hands

Hand hygiene, achieved by washing with soap and water or by applying an alcohol-based hand rub has long been recognised as one of the most simple and effective ways to prevent the transmission of harmful organisms from person to person. Since 2010 Northern Health has participated in the National Hand Hygiene Initiative which requires that health services across the country monitor and report on rates of hand hygiene compliance within their service. The rate is then measured against the target of 80 per cent set by the Victorian and Australian Government Departments of Health.

Northern Health has continued to exceed these targets for all reporting periods in the 2016-17 year.

We have over 60 auditors across our sites who observed 11,326 moments and of these 9,257 were performed correctly. This gives a hand hygiene compliance rate of 81.7 per cent for 2016-17.

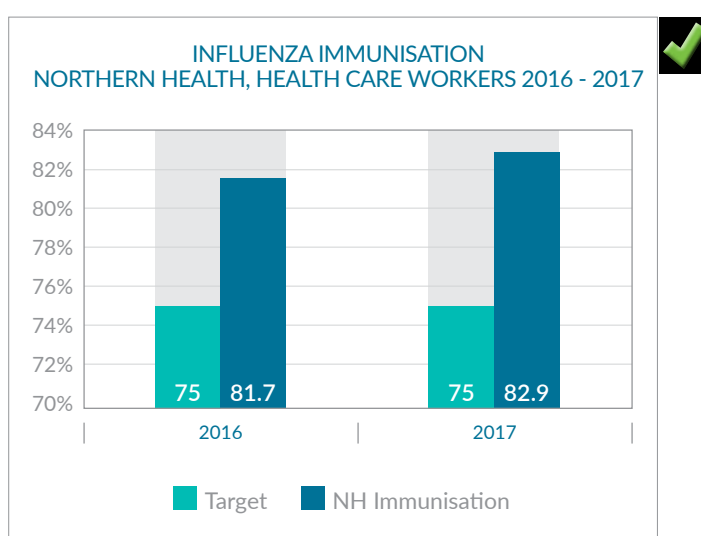


Health care worker influenza immunisation

Influenza is easily spread in a hospital setting and this year the number of patients presenting to the Northern Hospital Epping with confirmed influenza has increased dramatically. Our patients are vulnerable to infection and by providing annual influenza immunisation to our workforce we are able to provide some measure of protection.

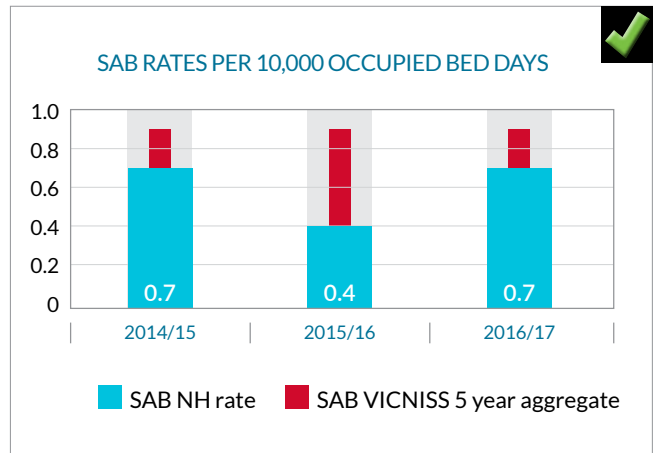
During the 2016 reporting period (from 18 April – 19 August) against a target of 75 per cent, Northern Health achieved an immunisation rate of 81.7 per cent placing us third highest in the state for staff influenza immunisation.

During the 2017 reporting period (from 3 April – 4 August) our team of nurse vaccinators have provided vaccinations seven days a week across our four sites to 3,468 staff. With a total staff number of 4,181 this gives us an immunisation rate of 82.9 per cent again exceeding the State target of 75 per cent.



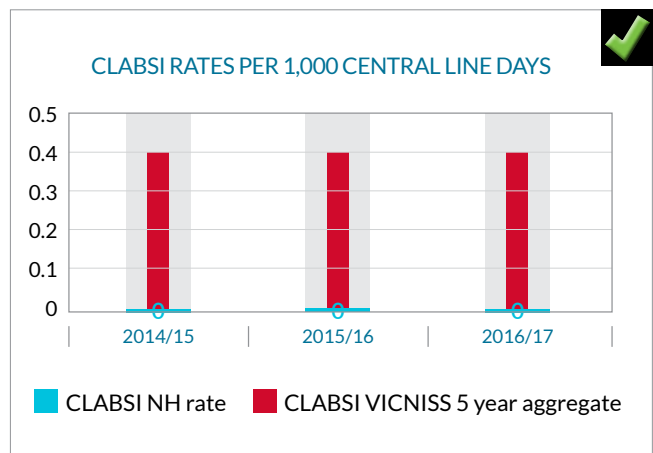
Bloodstream infections

If an infection is able to enter a patient's bloodstream it can have significant impact on their health. It can make them much sicker, increase their time in hospital or even, in extreme cases, result in death. Northern Health's Infection Prevention team constantly undertakes surveillance and reporting for the state-wide program (VICNISS). As part of this program we report any infection in the blood from *Staphylococcus aureus*, known as a Staph aureus bacteraemia or SAB. The VICNISS 5 year aggregate rate is 0.9 infections for every 10,000 occupied bed days. This year Northern Health has a SAB rate of 0.7 infections per 10,000 occupied bed days. Northern Health has consistently remained below the five year aggregate since 2014.



Central Line Infections

Another indicator reported by Northern Health is the Central Line-Associated Blood Stream Infection (CLABSI) rate. Central lines are a specialised intravenous device used for administering certain medications and large volumes of IV fluids. The position of the end of the central line in the body, (close to the heart) leaves the patient particularly vulnerable for blood stream infections and central lines are often used in very unwell patients. These factors make it particularly important to monitor for CLABSI's. The VICNISS five year aggregate is an infection rate of 0.4 for every 1,000 central line days. No Northern Health patient has experienced a CLABSI in the last three years. Northern Health's ongoing commitment to patient safety is demonstrated in this result.

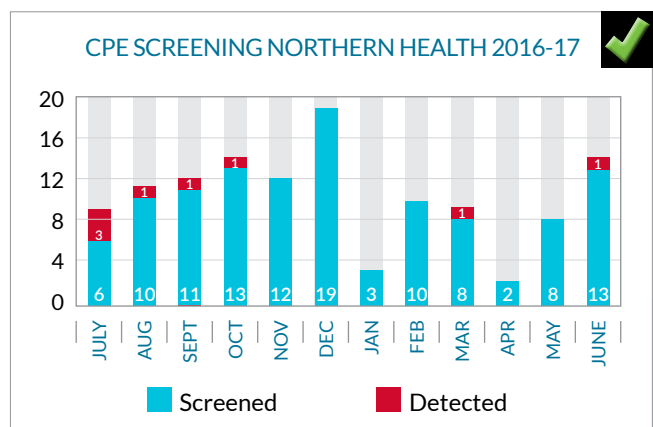


The emergence of antibiotic resistant organisms is a real and growing threat to health care in Australia.

We increasingly see infections that can no longer be treated with the antibiotics that previously proved effective, with many of these antibiotic resistant bugs being brought in by overseas travellers. One such bug is Carbapenemase-producing Enterobacteriaceae (CPE).

Both federal and state Departments of Health and Human Services have implemented screening protocols in an attempt to identify and prevent transmission of CPE from patient to patient.

Northern Health has guidelines in place that are strictly applied to help identify and prevent the transmission of CPE. In the last 12 months we have screened 129 patients and of these have identified five patients who tested positive to CPE. These patients are all cared for with additional protection to prevent the spread of CPE to other patients.



Working smarter to improve medication safety



Best practice

Pharmacists play a vital role improving patient safety with medications. Some of the most beneficial safety benefits are when pharmacists educate patients. To do this, they need to be able to see as many patients as possible.

Our challenge

Our Observation Unit has patients with a length of stay between 36 and 48 hours, and compared to other wards, it discharges half of its patients every day. A new model of pharmacy service was required to enable the pharmacist to free up time to check the safety of all prescribed medicines.

What did we do?

At Northern Health we have expanded the role of the pharmacy technician in our Observation Unit. The technician performs many of the administrative tasks and supply functions formally undertaken by the ward pharmacist.



Has it made a difference?

The Nurse Unit Manager, Judy Sonneveld, explains some of the benefits:

“Ginny Dhillon, our pharmacy technician, provides an innovative service for improving safety with medicines. Ginny concentrates on the supply of the medication, reducing the time patients wait for their prescriptions, and allows Carmella, our ward pharmacist, to discuss treatment options with doctors and explain how to administer specific medicines to nurses too.”

Carmella Condello is envied amongst her pharmacy colleagues as she is currently the only pharmacist with a ward-based technician. “Ginny allows me the time to really understand the medication issues patients are having. I can pick up drug interactions, identify unintentional changes and discuss these with the doctors. I’m often calling community pharmacists to make sure they are aware of changes to a patient’s discharge medications to ensure optimal care for the patient when they leave hospital.”

Positive outcomes

The Director of Pharmacy plans to gradually roll this model out across the hospital. “The pharmacist sees 100 per cent of the drug charts daily. The new way of working gets medicines to the wards quicker, reducing missed doses and reducing the time patients wait for their discharge medicines by 55 per cent. Conventional thinking might have increased pharmacist numbers, but by applying this model we are expanding the role of the technician, improving the effectiveness of the pharmacist and improving patient safety.”

Clinical deterioration - patient and family escalation



Northern Health has strengthened its approach to clinical deterioration by giving the patient and their family a voice.

We are ensuring we provide care in partnership with patients, families and their carers and that they are listened to when they are worried about a recent change in their own condition or that of a loved one.

R.E.A.C.H – Recognise-Engage-Act-Call-Help

In August 2016 REACH, a patient/family escalation system developed by the NSW Clinical Excellence Commission, was introduced and launched throughout the inpatient areas of Northern Health.

To date we have received eight REACH calls; six from families and two from patients.

Our patients tell us that this service is valued:

“Family felt service was fantastic and could not believe this was available.”

“ICU Nurse was excellent, medical staff that attended the REACH call were wonderful.”

“My mother felt happy using the REACH escalation service.”

“My family was very happy with outcome of the call and prompt escalation of service.”

Our posters provide a guide for our patients and families on how to raise concerns

NORTHERN HEALTH INPATIENTS

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

R	Recognise	You may Recognise a worrying change in your loved one's condition or, if you are a patient, a worrying change in yourself.
E	Engage	Engage with the nurse that is looking after your loved one or you. Tell the nurse your concerns.
A	Act	Act , if your concern is not responded to, or you or your loved one is getting worse. Ask to speak to the nurse in charge and request a 'clinical review'.
C	Call	If you are still concerned Call the Medical Emergency Team by dialing:
H	Help is on its way	Help will be on its way.

Ask your nurse for a 'clinical review' or call the Medical Emergency Team:

- at TNH - The Northern Hospital, dial 1800 897 216
- at BHS - Broadmeadows Health Service, dial 1800 897 205
- at BECC - Bundoora Extended Care, dial 1800 892 126

We know that you know yourself or your loved one best

REACH out to us if you are concerned

Improving discharge processes and support at home



Patients admitted for care at Northern Health fall into two discharge groups; 75 per cent of patients who are routine discharges (uncomplicated) and 25 per cent who are complex, requiring more support to leave hospital and stay well in the community.

Results from the Victorian Health Experience Survey (VHES) shown below suggest that some of our patients do not feel adequately prepared for discharge. The importance of informing and involving all patients and carers in the discharge process is acknowledged. In response to these results Northern Health has made some recent improvements that will benefit all patients and some more specific targeted improvements for those patients **with complex health needs**.

What you have told us

Q.69 - Before you left hospital did the doctors and nurses give you sufficient information about managing your health and care at home?

2015-16 Northern Health Health average	2016-17 Northern Health Health average	2016-17 State average	Northern Health performance against the state average
68.3%	69.2%	70.8%	Below

Q.70 - Did hospital staff take your family or home situation into account when planning your discharge?

2015-16 Northern Health Health average	2016-17 Northern Health Health average	2016-17 State average	Northern Health performance against the state average
67.5%	66.2%	72.7%	Below

What we have done?

Recent improvements are aimed at improving the experience for patients and directly responding to their feedback by providing all patients or their carers with early comprehensive information about discharge plans. We have developed a 'Preparing to leave hospital (Discharge Planning)' patient and family information brochure. In addition, a 'Discharge Plan: Part B Patient Information' has been introduced to be completed just prior to discharge. The information provided is specific to individuals taking into account the needs of their family and home situation and includes advice on upcoming appointments and ongoing services, contact details and recommendations to ensure the ongoing care and safety of the patient at home.

Q.72 - If follow up with your General Practitioner (GP) was required, was he or she given all the information about the treatment or advice that you received while in hospital?

2015-16 Northern Health Health average	2016-17 Northern Health Health average	2016-17 State average	Northern Health performance against the state average
92.9%	91.9%	90.2%	Above

Q.73 - Did you receive copies of communications sent between hospital doctors and your GP?

2015-16 Northern Health Health average	2016-17 Northern Health Health average	2016-17 State average	Northern Health performance against the state average
60.6%	62.5%	41%	Above

A printed discharge summary is provided to all patients at discharge. This is also faxed to the GP to support timely transfer of care back to the community. A copy of this information is retained in the medical record. An audit process has been established and excellent compliance has been achieved.

Q.71 - Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids)

2015-16 Northern Health Health average	2016-17 Northern Health Health average	2016-17 State average	Northern Health performance against the state average
63%	67.2%	69.6%	Below

Complex Patients

The Discharge Planning and Support Service (DPSS) staffed by experienced clinicians uses a risk screening tool to identify patients who will need discharge support. This team provides assistance for patients navigating the ambulatory and community setting.

Complex patients eligible for the Health Links complex care innovation are identified and provided with a timely comprehensive assessment to determine care requirements and appropriate discharge pathways.

In January 2017, DPSS commenced post discharge welfare calls for eligible Health Links complex care patients. These calls take place within 48 hours of discharge and aim to touch base and ensure transfer of care to the community is timely, including engaging with the GP. Early evaluation of calls provides overwhelming approval from patients with comments including:

- “thankful for phone call and happy with the follow up” and “grateful to receive phone call as they hadn’t had something like this before, great to know care comes to the home.”

Overall, how would you rate the discharge process?

2015-16 Northern Health Health average	2016-17 Northern Health Health average	2016-17 State average	Northern Health performance against the state average
81.6%	79.3%	84.7%	Below

To understand whether our improvement strategies are meeting patient and their family’s needs, the Discharge Support Service conducted an internal survey of patients with very pleasing results:

- 97 per cent of those surveyed thought that they were given sufficient information about managing health and care at home.
- 97 per cent of those surveyed reported that hospital staff took their family and home situation into account when planning discharge.
- 94 per cent of those surveyed thought adequate arrangements had been made for post discharge.
- 97 per cent of those surveyed rated the discharge process as good or very good.

Safe and appropriate use of blood and blood products



The Northern Health Standard 7 (Blood and Blood Products) Clinical Improvement Committee has overall governance over the safety and appropriateness of blood products and establishes policies, reviews and audits current practice, monitors wastage, investigates incidents, and identifies and implements opportunities for practice improvement.

A major function of the committee is local review and monitoring of transfusion associated incidents, which are reported through the Victorian Hospital Incident Management System. Serious reactions follow this process and are also reported to the Blood Matters Program Serious Transfusion Incident reporting system.

This state wide system captures serious adverse events involving the transfusion of fresh blood or blood components with recommendations for improvements for better, safer transfusion practice.

<i>Serious transfusion reactions at Northern Health 2016-17</i>	Episodes of transfusion	Number of Reactions
Number of red blood cell transfusion episodes	3865	1
Rate of confirmed red blood cell reactions (per cent)		0.0003
Confirmed red blood cell reactions reported to Serious Transfusion Incident Report (Blood Matters Program)		1
Number of platelet transfusion episodes	221	0
Confirmed platelet reactions reported to Serious Transfusion Incident Report		0



Northern Health's rate of red blood cell reactions was well below the Australia Council of Healthcare Standards benchmark of 0.18 per 100 transfusions.

No serious platelet reactions were identified. (Source: Australasian Clinical Indicator Report 2007-2014)

Preventing falls and harm from falls

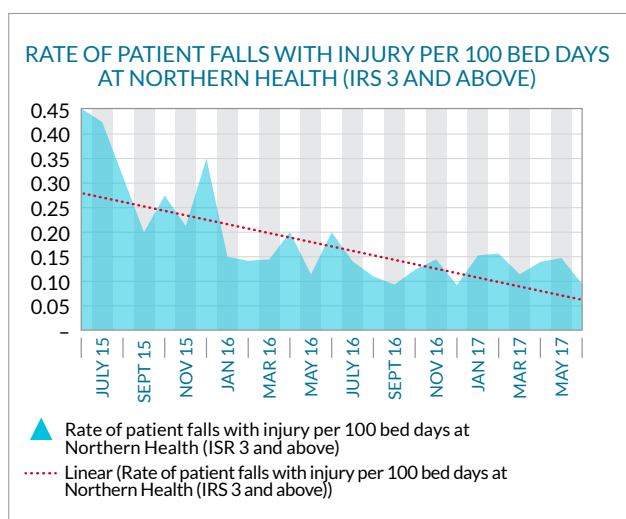
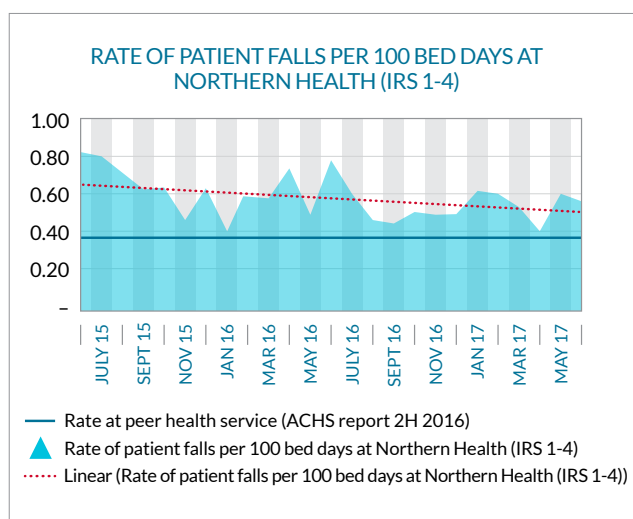


Falls-related injury is one of the leading causes of hospital admissions for Australians over the age of 65 years with an increased risk of falling in hospital due to illness, post-surgical procedure, or confusion (Standard 10 Preventing Falls and Harm from Falls. Safety and Quality Improvement Guide, ASQHS October 2012).

Northern Health recognises our falls risk and are responding to ensure that our patients are safe by identifying our high falls risk patients, implementing the appropriate strategies to prevent falls, and if a fall occurs our patients receive immediate post fall care, and reassessment of falls risk.

Northern Health takes all falls seriously and is committed to continue to improve and develop our preventative actions, and our response to falls.

Data July 2015 - June 2017 shows a reduction in falls and falls with injury



Improvement actions taken to reduce the incidence of falls in 2016-17:

Preventative

- Implemented a Standard 10 Preventing Falls and Harm from Falls committee in Jan of 2017, with multi-disciplinary membership from all directorates of Northern Health, separating from the previous combined committee of Pressure Injuries and Falls.
- Monthly data is analysed and trends are identified to guide areas for improvement in both falls prevention and management of a patient post fall. An analysis of the times of falls on the inpatient units, led to a review of how meal breaks are taken by the nursing teams to ensure safe staffing levels remain at all times.
- Implemented a mobility chart for every inpatient that is colour coded and clear in the mobilisation needs of the patient.

- A focus on falls assessment and the use of prevention strategies in areas such as the Intensive Care Unit, Children's Unit and Renal Dialysis where falls are infrequent but can occur.
- Purchase of new beds that have been reviewed with the appropriateness of use for falls risk patients.
- Equipment audit, to ensure adequate mobility equipment for all areas of Northern Health.
- Strengthened our audit of practice to include a physical assessment of the patient to ensure that the current documented and intervention strategies match the patient's needs. The audit is conducted with the patient and family providing an opportunity for both patient and staff education.

Responsive

- Developed a post fall review tool to ensure a multi-disciplinary immediate response to a patient post fall.
- Introduced safety crosses in use on all Knowing How We Are Doing Boards in clinical areas tracking number of falls and falls with injuries by day, with lessons learnt listed.

NORTHERN HEALTH UNDERWENT ACCREDITATION IN MARCH 2017 WITH STANDARD 10 MEETING ALL OF THE CRITERIA AND ACHIEVING TWO 'MET WITH MERITS' FOR THE WORK THAT HAS BEEN ACHIEVED IN THE PREVENTION AND MANAGEMENT OF FALLS.

Pressure injury management and skin care



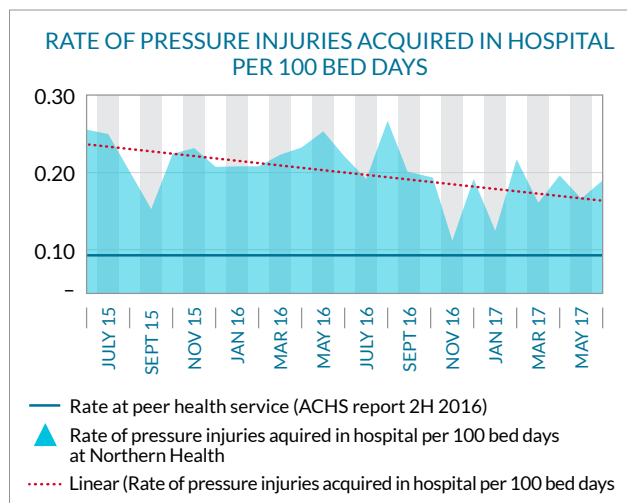
Northern Health understands the significant impact that pressure injuries, commonly known as bed sores, have on our patients. The potential for an increased length of stay, the associated pain and the impact on mobility and quality of life cannot be underestimated.

Northern Health has a well-established risk assessment tool utilised on every patient admitted to the health service. This tool assesses the risk of developing a pressure injury and supports the implementation of standardised strategies to reduce the risk.

Data July 2015 - May 2017

While pressure injury occurrence is trending down we remain above the average rate at peer hospitals.

The need to reduce the number of pressure injuries acquired in care across all divisions at Northern Health remains a significant priority for the Pressure Injury Clinical Improvement Committee and all clinical areas.



Improvement actions taken to reduce the incidence of pressure injuries in 2016-17:

- We created a Clinical Improvement Committee in 2017 specifically focused on skin care and pressure injury management that includes a community consumer who provides invaluable support in relation to how best to engage with our patients in a way that is meaningful.
- We developed a clinical practice community of staff to support local data review, train frontline staff to reduce pressure injury hazards and support local key improvement projects.
- We conducted an annual pressure prevalence survey in late June across all patient areas including the Emergency Department. Fifty staff (auditors) who assess patients were trained prior to the annual survey and this is seen as an excellent opportunity to educate staff in the identification and staging of pressure injuries. The results of this survey inform our education program for the upcoming year.
- Strengthened our audit of practice to include a physical assessment of the patient to ensure that the current documented and intervention strategies match the patient's needs. The audit is conducted with the patient and family providing an opportunity for both patient and staff education.
- Pressure relieving equipment has been standardised and made available across all Northern Health sites ensuring that staff, no matter where they work within Northern Health, will be familiar with and able to use the equipment. Arrangements have also been made to ensure that equipment assigned to a patient to keep them safe can travel with them when they are transferred to another Northern Health campus.
- The Clinical Improvement Committee has investigated the most recent innovations in skin care management in the hospital setting, and as a result Northern Health is in the planning stages of implementing a prophylactic dressing to be applied on high risk patients where pressure injuries normally develop.

Quality and safety - Maternity services

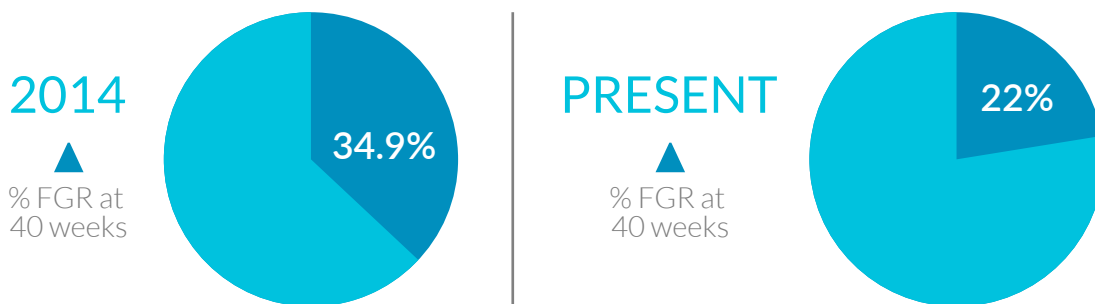
Northern Health Maternity Service collects and monitors a variety of information to tell us how well we are doing with the safety of our women and babies, and what areas we need to improve in. Part of the information gathered includes indicators that the Department of Health and Human Services require all maternity hospitals to collect which are submitted in the Victorian Perinatal Services performance indicators.

The following three indicators have been identified as being least favourable when compared against other organisations in the *Victorian perinatal service performance indicator report 2014*.

Indicator 3 - Rate of severe fetal growth restriction (FGR) in a singleton pregnancy undelivered by 40 weeks 2014

Babies that have poor growth during the pregnancy may be at risk of serious complications and it is recommended that these babies are identified and then delivered before they reach 40 weeks gestation.

Northern Health's rate for severe fetal growth restriction in 2014 was 34.9 per cent in comparison to state-wide average of 34.6 per cent. Since 2014 there has been significant work done to improve the monitoring and identification of these at-risk babies. This has resulted in an improvement from 34.6 per cent to 22 per cent.



What has Northern Health done to improve?

- Restructured the pregnancy clinics to ensure improved access to care for pregnant women who have risk factors.
- Extra pregnancy clinics were established to ensure that woman were able to get an appointment at the time it was needed to monitor their baby's growth and wellbeing.
- Improved timeliness and access to ultrasounds used to detect fetal growth restriction.
- Further education was provided for both midwives and doctors on the monitoring of pregnant woman.



Indicator 8c: Rate of final feed being taken exclusively and directly for the breast by breast babies born at 37 + weeks gestation in Victorian public hospital 2014

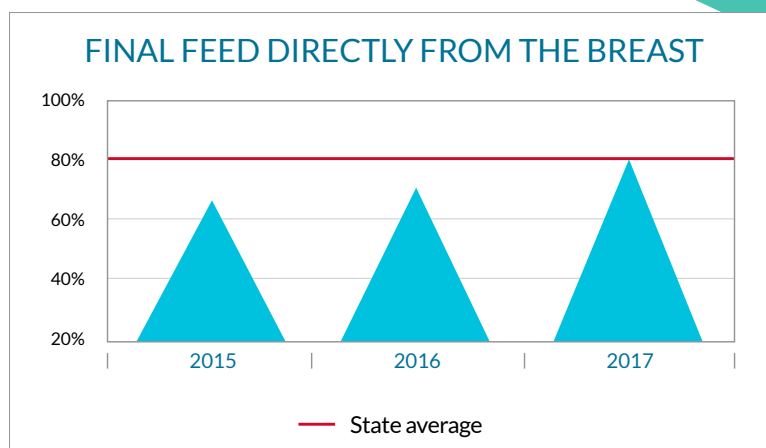
In line with the World Health Organisation, Northern Health promotes breast milk as the best form of nutrition for all babies. It has many advantages for the baby including decreasing chances of allergies and infections, as well as obesity and heart disease later on in life.

Breastfeeding also has benefits to the mother such as reducing the risk of breast and ovarian cancer, as well as helping the womb return to its pre-pregnancy size.

Northern Health recognised that there was work to do in promoting, encouraging and supporting mothers to breastfeed. Since 2015 there has been significant work undertaken by midwives, doctors and lactation consultant in improving the breast feeding rates at Northern Health.

This work has included:

- Providing the opportunity for all mothers to have skin to skin contact with their baby immediately after birth. This includes a mother who has had a caesarean section and in this case “skin to skin” is initiated immediately in the recovery room.
- Increasing breast feeding education when women are pregnant ensuring that all women are given the right information and assistance to support breastfeeding.
- Increased training and education for the midwives and doctors to ensure consistent advice and support is given to all women.



Indicator 5: Perinatal mortality ratio for babies born at 32 weeks or more using five years pooled data in Victorian public hospitals 2010-2015

This indicator allows hospitals to measure the rate of death of babies who are born, in comparison to all other hospitals in Victoria. There are many factors that may contribute to why a baby may die and for each event Northern Health undertakes a formal review.

In 2014 the Northern Health rate was 1.23 per cent in comparison to a state-wide average of 1.0. Over the last three years Northern Health has undertaken considerable work to reduce this to 1.11 per cent. This work has included:

- Review of all pregnancy clinics to ensure all women have access to the appropriate pregnancy monitoring and care.
- It is now mandatory for all staff to have training each year on the interpretation and use of the fetal surveillance monitoring system. This training is provided on site and all midwives and doctors are required to attend.
- The purchase and installation of a new fetal monitoring system in birthing suite and the antenatal monitoring areas. This monitoring system has remote access, enabling obstetricians to look at the baby being monitored no matter where they are.

Victorian Audit of Surgical Mortality

Response to VASM

The VASM Audit for 1 July 2012 to 30 June 2016 for Northern Health highlighted three areas of clinical priority:

- Deep vein thrombosis (DVT) prophylaxis
- Use of critical care facilities
- Fluid balance.

The Division of Surgery is addressing the three areas of clinical priority:

1. *Deep Vein Thrombosis Prophylaxis:*

Northern Health Division of Surgery plans to review DVT prophylaxis in all emergency admissions in a prospective study for the next 12 months. This study will commence with the assistance of the DVT Prophylaxis Committee.

2. *Use of critical care facilities:*

Northern Health Division of Surgery, with the assistance of the Director of Critical Care Services, will undertake a review of all surgical deaths occurring in 2016 where a Medical Emergency Team (MET) call occurred in the first 24 hours post-operatively. The Division of Surgery has undertaken an audit of MET Calls within 36 hours of surgery (emergency and elective) for the Acute General Surgery Unit (AGSU) patients and for Surgical Unit 1/Colorectal elective patients to better understand the reasons for MET calls as well as to determine whether an algorithm can be developed to manage patients who may benefit from admission to the Critical Care Unit.

3. *Fluid balance:*

Northern Health Division of Surgery, with the assistance of the Department of Anaesthesia and Peri-Operative Services and the Quality Unit, will undertake a review of peri-operative fluid management to assist with informing staff of appropriate use of fluids in the peri-operative period. The Division of Surgery has also undertaken an audit of MET calls within 36 hours of surgery (emergency and elective) for Acute General Surgery Unit (AGSU) patients and for Surgical Unit 1/Colorectal elective patients to better understand the reasons for MET calls including fluid management to determine whether an algorithm can be developed to manage patients who may benefit from admission to the Critical Care Unit. The findings of this audit were presented at the Surgical Forum 20 July 2017. The results will now be broken down further to develop learnings about fluid management of post-operative patients.

Ian Brand Nursing Home – Public residential aged care

Ian Brand Nursing Home (IBNH) is a public aged care facility providing for the high care needs of our aged residents. We offer a home-like environment under the leadership of registered nurses. To ensure the best care for our residents, IBNH works to achieve the care standards and quality indicators set out by the Australian Aged Care Quality Agency (AACQA). Ian Brand is accredited through August 2018.

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

It's a privilege to care in partnership with families

Through the eyes of Jaya's wife Pushba

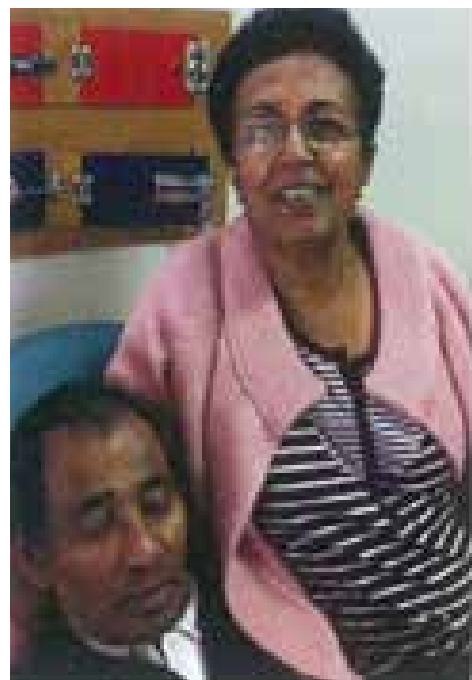
Jaya, Jaya a name that I used a thousand times a day, a few years before....and your response every time was pleasant. With no big fuss about any request that was made.

You were so quick in making friends anywhere in the world and all my friends became your good friends. They all remember you which you don't realise but remind me about the simple truth about loss and sadness in life.

Being a support to those in need was always your preference. Your respect and support to elders was amazing.... You had natural knack to support community initiatives that assures me confidence in continuing with my involvements in such initiatives.

All that is lost.....too quickly. Yet as we have rightly said we have to go on with life appreciating the best within the circumstances. Our biggest fortune is to have found one of the best care places in Australia for you. A blessing in disguise!

We honour the respect you get and the extremely high standards of professional care of staff in looking after you 24 hours a day, seven days a week. Appreciate the opportunities given to families to raise their concerns. Thanks to all.....



Ian Brand Nursing Home (IBNH) reports on the following five quality indicators to the Department of Health and Human services on a quarterly basis:

- Weight loss
- Falls and falls with fracture
- Nine or more medications (polypharmacy)
- Pressure injuries
- Restraint.

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

The following provides a guide in interpreting the graphs:

- The green shading in the graphs show within range
- The red shading shows outside of range.
- The green dots plot Ian Brand Nursing Home's performance within range
- The red dots plot Ian Brand Nursing Home's performance when it exceeds the limit
- The black dotted line represents other public sector residential aged care services (PSRACS)
- The blue dotted line is the average rate for the service.

Like facilities equivalent to a 30-45 bed facility

Weight Loss 2016-17

Unplanned Weight Loss X

IBNH: 1.19/1000 bed days

Like Facilities: 0.92/1000 bed days

The care for unplanned weight loss provides for recognition and assessment, interventions and referrals to a dietitian. Our residents with unplanned weight loss have a medical condition and are being managed by the dietitian in consultation with the family.

2015 -16 1.22/1000 bed days



Like facilities equivalent to a 30-45 bed facility

Falls 2016-17

Falls last year ✓

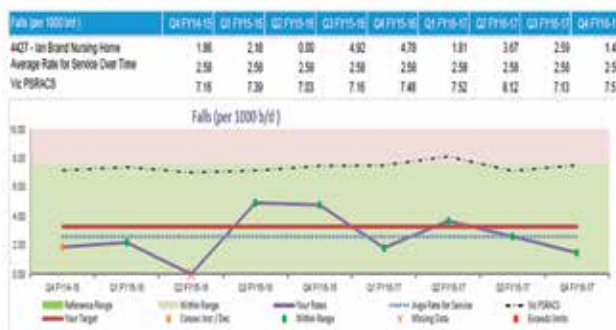
IBNH: 2.39/1000 bed days

Like facilities: 7.36/1000 bed days

IBNH compares favourably to similar sized residential facilities recording falls on or below target in the last year

Falls 2016-17

2015-16 3.86



Falls with fracture ✓

IBNH: 0.00/1000 bed days

Like facilities: 0.18/1000 bed days

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

2015-16 0.00/1000 bed days



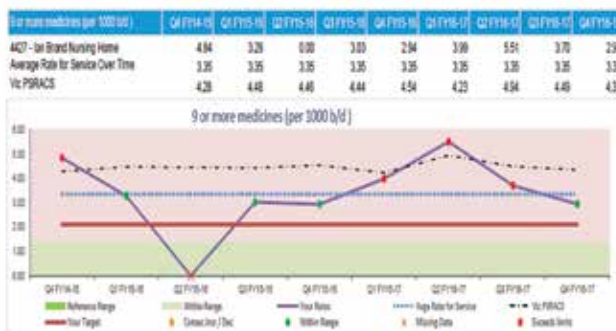
Polypharmacy (nine or more medications) 2016-17

IBNH: 4.04/1000 bed days ✓

Like facilities: 4.20/1000 bed days

IBNH monitors individual residents to ensure appropriate medication plans under the review of the Medication Advisory Committee. An independent pharmacist reviews all new admissions and residents with complex care requirements with reports to our resident General Practitioners. Ian Brand Nursing Home compares equally with similar residential facilities within the reporting period.

2015-16 3.08/1000 bed days



Pressure injuries 2016-17

Stage 1: ✗

IBNH: 0.37/1000 bed days

Like facilities: 0.25/1000 bed days

Pressure injuries care plans in IBNH are developed to reduce the chance of injury. A focus on nutrition, mobility and positioning are integral to our care and staff are trained in manual handling and injury prevention. This spike in the last quarter was due to the reporting of a skin tear.

2015-16 0.2/1000 bed days



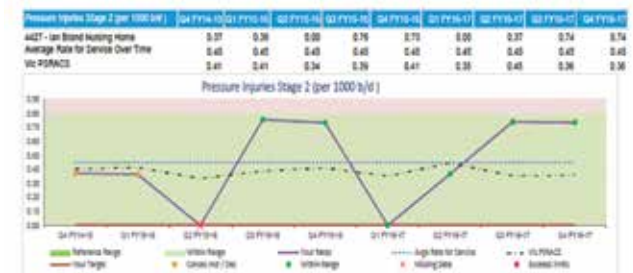
Stage 2: ✗

IBNH: 0.46/1000 bed days

Like facilities: 0.33/1000 bed days

As for Stage 1, all residents are managed with a focus on nutrition, mobility, positioning and pressure relieving equipment. The resident is also referred to the wound consultant if required. Management is discussed between the resident, family and medical staff.

2015-16 0.62/1000 bed days



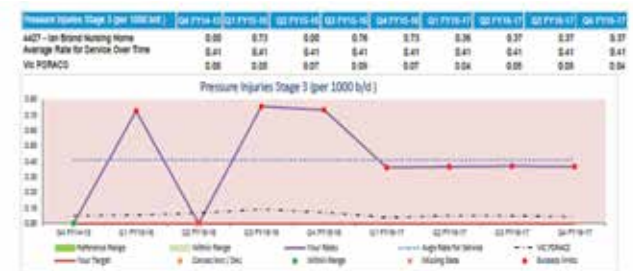
Stage 3: ✗

IBNH: 0.37/1000 bed days

Like facilities: 0.05/1000 bed days

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

2015-16 0.74/1000 bed days



Stage 4: ✗

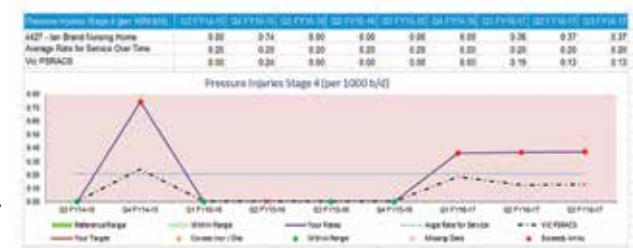
Suspected deep tissue injury and unstageable pressure injuries

IBNH: 0.37/1000 bed days

Like facilities: 0.02/1000 bed days

Again this is due to a long term resident admitted with a Stage 4 pressure injury. This resident is being managed by a wound consultant.

2015-16 0.74/1000 bed days



Restraint 2016-17

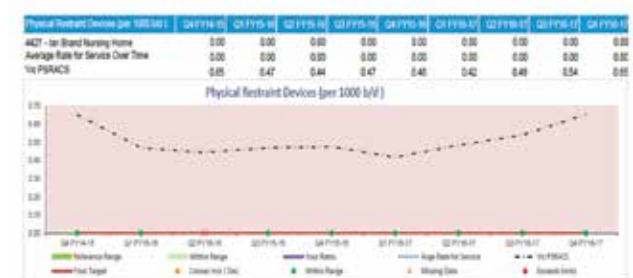
Physical restraint ✓

IBNH: 0.00/1000 bed days

Like facilities: 0.00/1000 bed days

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

2015-16 0.00/1000 bed days



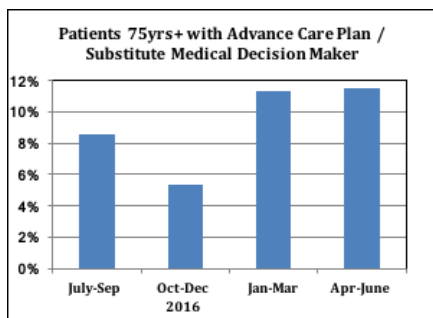


Advance Care Planning

Advance Care Planning is thinking about, talking about and writing down preferences for future health care. It includes identifying and appointing a substitute medical decision maker like a Medical Enduring Power of Attorney. This prepares for a time when a person may be too sick and unable to be part of medical treatment decision making for themselves.

At Northern Health we have undertaken and published research to better understand, through the experiences and insights of hospital interpreters, how people from culturally and linguistic diverse communities might respond to advance care planning and end-of-life discussions. This research found that a value-based approach to advance care planning is recommended as a way to capture the person's individual values and beliefs.

Our focus this year has been to ensure staff are able to accurately record if a person has undertaken advance care planning prior to the admission to hospital and to document the substitute medical decision maker. Education for nursing and medical staff has been undertaken, and guidelines and forms have been updated to support this.



Case study

Kevin* was 80 when he appointed his daughter Brenda* as his Medical Enduring Power of Attorney and wrote an advance care plan. He'd been living with Brenda for the last few years since his wife died. His advance care plan stated he would not want life-prolonging treatments like resuscitation if he lost the ability to think for himself. He said he'd had a few strokes in the past, and his Parkinson's disease was getting worse.

A few years later, Kevin was admitted to hospital, confused and unable to communicate. For some time, his Parkinson's meant he'd been unable to eat and drink properly and he could hardly move at all. Brenda told the doctor that her dad has been suffering for some time now, and he would not want to go on like this. The doctor and Brenda agreed that the care to be provided in hospital would be to make him comfortable at the end of life.

**Names have been changed to protect patient privacy.*



End of life care at Northern Health

Palliative Care Service

Northern Health has an Integrated Palliative Care Service that provides a specialist service to improve the quality of life for persons with a progressive life limiting malignant or non-malignant illness, as well as their families and carers.

This includes an inpatient palliative care unit for symptom management, respite and end of life care at the Northern Hospital Epping and a Palliative Care Consult Service to inpatients at the Northern Hospital Epping Broadmeadows Hospital and Bundoora Extended Care Centre that assists with symptom management and planning for future care.

The Integrated Palliative Care Service has a multidisciplinary team of staff with specialist qualifications in palliative care who offer pain and symptom management, social, psychological, spiritual and emotional support, including bereavement support and counselling. The team aims to work closely with hospital and community health care providers including GPs and other community and inpatient palliative care services to ensure seamless care and enable patients to receive palliative care in their place of choice.

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

A particular focus to improve the quality of care for our patients and their families throughout 2016-17 has been in the following areas:

- **New guideline: Palliative Care Services - Symptom Management**

The Palliative Care Services - Symptom Management Guideline will help support best practice management of patients at the end of life and those who are dying.

- **New link to resources: Ready for Care**

This resource supports acute hospital staff in their discharge planning for patients who are in the last 12 months of life. Patients may be stable, deteriorating, unstable or actively dying.

The aim of the resource is to make discharge safe and secure for patients, families and carers, whether it is to the person's home, residential aged care or a disability service.

- **Education**

The team provides education for all staff on end of life care. Education sessions including the STEP oncology/palliative care course for nurses, education sessions for emergency medical staff, pain management for graduate nurses and teaching sessions for allied health staff.

The team is also involved in education in the wider community, participating in teaching programs including the Program of Experience in the Palliative Approach made available for primary health care providers to develop skills in the palliative approach within a palliative care service.

- **Communicating skills training**

Equipping health clinicians to have effective and sensitive discussions about end of life care with patients and families is identified as a priority at Northern Health. Communication skills training workshops have been conducted this year for medical, nursing and allied health staff that focus on having difficult conversations at the end of life.

Consumer feedback opportunities



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

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

Patient feedback opportunities

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

EQuIP NATIONAL STANDARDS 1-15



STANDARD 1
Governance for Safety and Quality
in Health Service Organisations



STANDARD 2
Partnering with Consumers



STANDARD 3
Preventing and Controlling
Healthcare Associated Infections



STANDARD 4
Medication Safety



STANDARD 5
Patient Identification and
Procedure Matching



STANDARD 6
Clinical Handover



STANDARD 7
Blood and Blood Products



STANDARD 8
Preventing and Managing
Pressure Injuries



STANDARD 9
Recognising and Responding to Clinical
Deterioration in Acute Health Care



STANDARD 10
Preventing Falls and Harm
from Falls



STANDARD 11
Service Delivery



STANDARD 12
Provision of Care



STANDARD 13
Workforce Planning and Management



STANDARD 14
Information Management



STANDARD 15
Corporate Systems and Safety





Broadmeadows Health Service

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

Bundoora Extended Care Centre

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

Craigieburn Health Service

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

Panch Health Service

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

The Northern Hospital

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



Northern Health