



# Quality Account 2018-19

# Our Vision

Outstanding health care for our community

# Our Mission

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 and work in partnership

# 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.

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

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



# Contents

- [5] Message from the Chief Executive
- [7] About the Quality Account
- [9] About Northern Health
- [11] Cultural safety through art: a gift to the community
- [13] Consumer, carer and community participation
- [29] Quality and Safety
- [43] Ian Brand Public Residential Aged Care



# Message from CEO



Northern Health has achieved another successful year in providing reliable, trusted care to our growing northern community.

As an organisation, we pride ourselves on engaging with our community to understand their cultural and health care needs. This enables us to deliver outstanding care and services.

Our focus is shifting from illness to putting a spotlight on supporting our community in 'Staying Well'. We are focussing on the patient journey through our health service; from coming in, getting better, going home and staying well. In order to achieve this, we are developing strong relationships with other health care providers, community groups and organisations to help us think differently about the future.

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

Our achievements wouldn't be possible without kindness, dedication and teamwork from more than 5,000 staff across our four campuses, partnering with our patients and families and involvement from community members and our volunteers.

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

I am pleased to present the 2018-19 Northern Health Quality Account, and look forward to receiving your feedback and learning how we can further improve our services and meet community needs.

A handwritten signature in black ink, which appears to read 'S. Sivarajah'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

**Siva Sivarajah**  
Chief Executive  
Northern Health



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

# About this Account

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

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

Feedback on last year's report includes:

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

The report will be available on the Northern Health website, [www.nh.org.au](http://www.nh.org.au)

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

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

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

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

## Arabic

إذا رغبت بمعرفة المزيد عن التقرير السنوي للنوعية، يرجى الإتصال بخدمة الترجمة الهاتفية TIS على رقم الهاتف 131450. بإمكانك التحدث بلغتك واطلب منهم الإتصال بقسم النوعية على رقم الهاتف (03) 8405 2457. الخدمات اللغوية مجانية.

## Greek

Αν επιθυμείτε να μάθετε περισσότερα σχετικά με την Ετήσια Έκθεση Για Την Ποιότητα της

Περιθαλψης (Annual Quality Account), παρακαλούμε επικοινωνήστε μαζί μας μέσω της τηλεφωνικής υπηρεσίας διερμηνείας TIS στο 131 450. Μπορείτε να μιλήσετε στη γλώσσα σας, και να τους ζητήσετε να καλέσουν το Τμήμα Ποιότητας στο **(03) 8405 2457**. Η υπηρεσία διερμηνείας διατίθεται δωρεάν.

## Italian

Per saperne di più sul Rapporto annuale sulla qualità (Annual Quality Account), siete pregati di chiamarci al 131 450 usando il servizio di interpretariato telefonico. Potrete parlare la vostra lingua e chiedere che chiamino il Dipartimento per la Qualità al **(03) 8405 2457**. I servizi linguistici sono gratuiti.

## Macedonian

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) 8405 2457**. Услугите за јазикот се бесплатни.

## Turkish

Eğer Yıllık Kalite sanız TIS aracılığı ile bizi 131 450 no'lu telefondan arayınız. Kendi dilinizde konuşarak Kalite Departmanı ile **(03) 8405 2457** no'lu telefondan irtibata geçmelerini isteyiniz. Dil hizmetleri ücretsizdir.

## Vietnamese

Nếu muốn biết thêm chi tiết về Bản Báo Cáo Chất Lượng (Annual Quality Account), xin gọi c ho chúng tôi qua trung gian của TIS theo số 131 450. Quý vị có thể nói chuyện bằng ngôn ngữ của mình và nhờ họ gọi cho Quality Department (Ban Chất Lượng) theo số **(03) 8405 2457**. Quý vị không phải trả chi phí dịch vụ ngôn ngữ.

## Chinese

如果您想了解更多年度质量报告 (Annual Quality Account) 的相关内容，请拨打电话传译 (TIS) 电话131 450和我们联系。您可以说自己的语言，请其转接**(03) 8405 2457**。语言服务是免费的。





# About Northern Health

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

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

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

Northern Hospital has the busiest Emergency Department in Victoria, and is located in the rapidly growing northern suburbs. This is driving

us to think innovatively about the needs of the population and what the health system of the future might need to look like to meet those needs.

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

As an organisation, we are helping our community in 'Staying Well' by developing strong relationships with other health service providers across the region.

## Our care at a glance 2018-19

EMERGENCY PRESENTATIONS

107,807

▲ UP 8.4%

AMBULANCE ARRIVALS

32,315

▲ UP 11.9%

BABIES DELIVERED

3,646

▼ DOWN 4.0%

ELECTIVE SURGICAL OPERATIONS

10,385

▲ UP 2.9%

HOSPITAL ADMISSIONS

98,193

▲ UP 4.6%

CHILDREN'S ADMISSIONS

6,696

▼ DOWN 1.0%

OUTPATIENT APPOINTMENTS

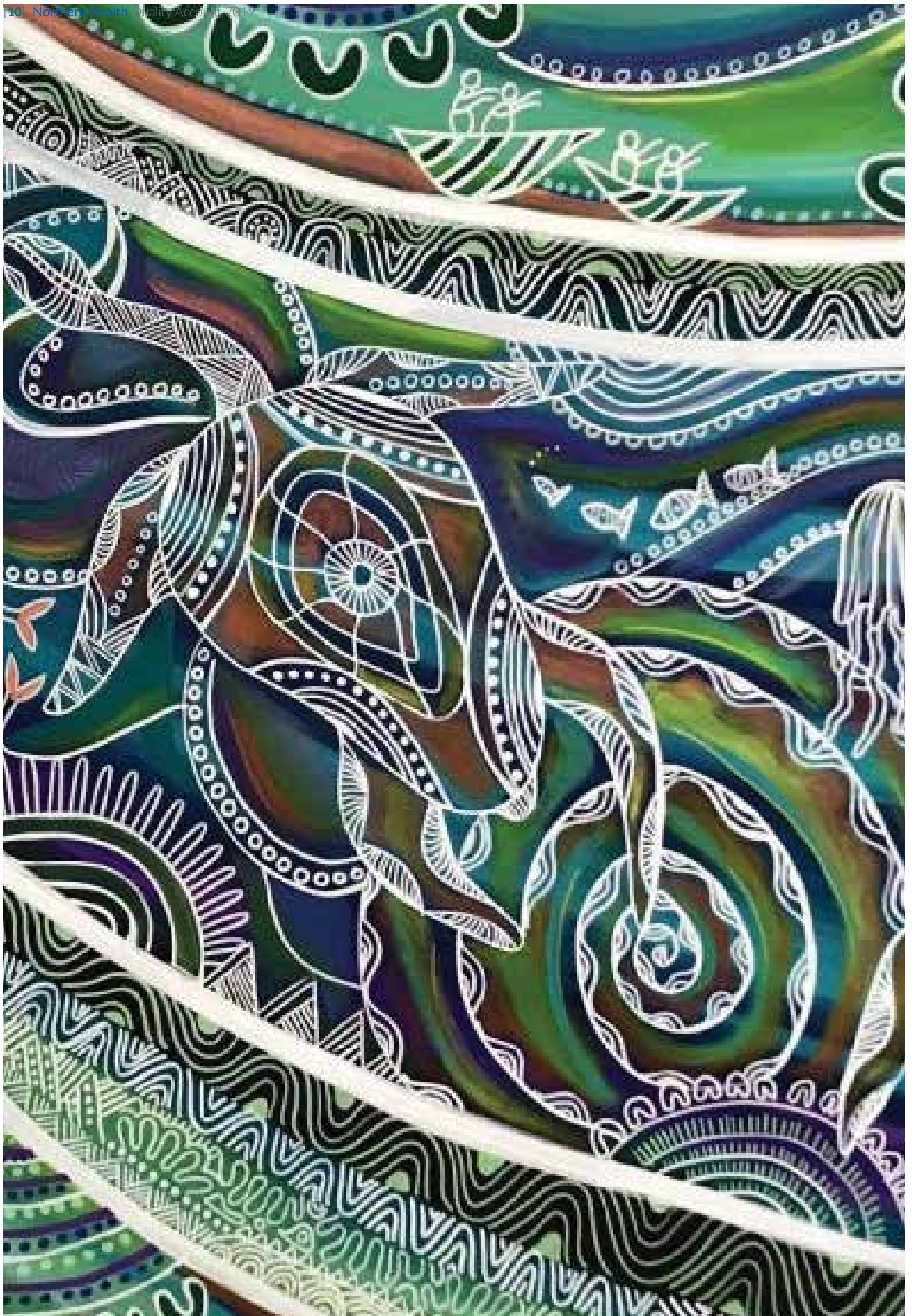
232,496

▲ UP 1.6%

PHARMACY ITEMS DISPENSED

213,709

▲ UP 3.3%



# Cultural safety through art: a gift to the community

In 2019, Northern Health unveiled an artwork by Yorta Yorta woman Kahli Luttrell, in the Day Oncology Unit at Northern Hospital Epping.

The artwork signifies our continued and ongoing commitment to support our Aboriginal Community. Funded by an Aboriginal Cultural Safety Program Grant, the artwork is part of a larger project that aims to improve cultural safety at Northern Health.

Besides commissioning an artwork from a local Aboriginal artist, the project also includes consultation with local elders to identify opportunities for inclusion, displaying of plaques, acknowledging the traditional owners of the land and the development of cultural awareness training packages.

The Koorie contemporary artwork by Ms Luttrell depicts the patient journey, with its seasons and struggles.

This project signifies Northern Health's ongoing commitment to support our Aboriginal community and pays respect to the traditional custodians of the land, past and present – it will also be part of our future.

It aims to strengthen our connections with our diverse community and our journey towards providing a holistic and culturally appropriate service, in turn, providing trusted care to our northern community.

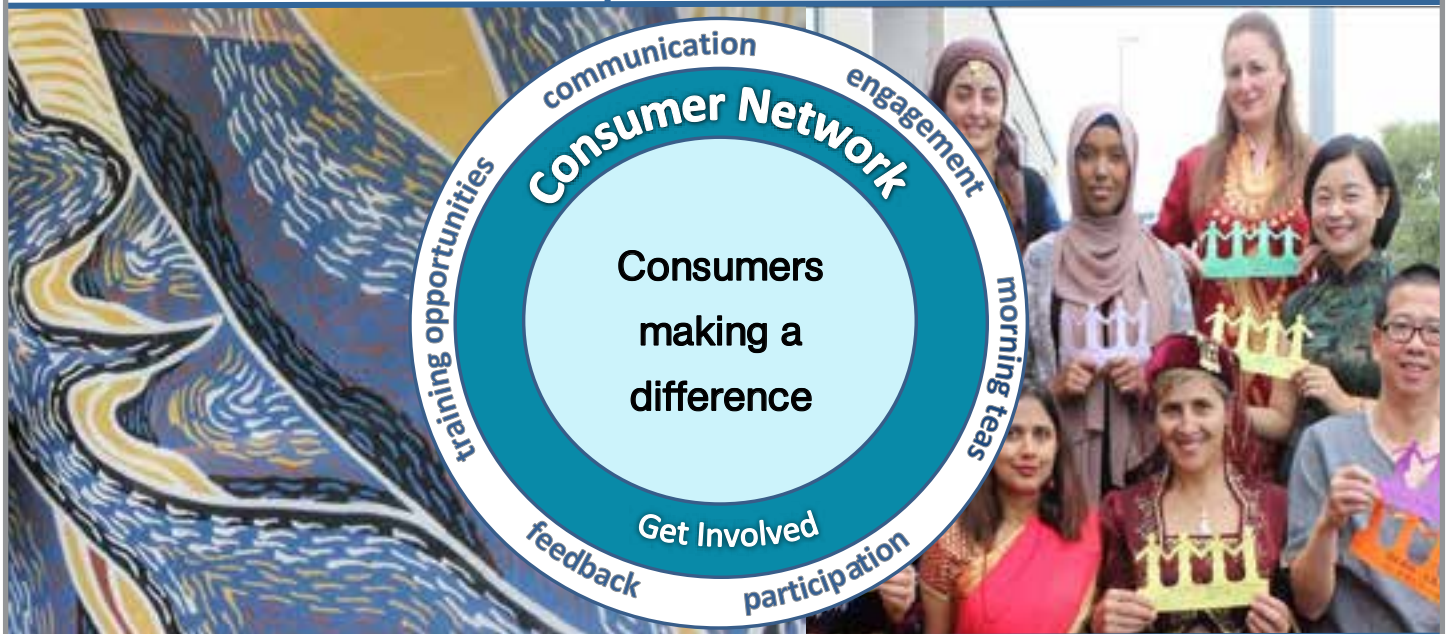
# Outstanding Health Care

## Community Engagement

- Bundoora Centre Arts Space
- Community group visits
- Clinical Service Planning
- Launch Jorning-Bik Aboriginal Smoking Ceremony garden
- Open Access Board meeting
- NAIDOC week celebration
- Patient feedback & surveys

## Committees

- Aboriginal Advisory Group
- Cleaning services
- Communication for safety
- Comprehensive care
- Diversity working groups (Aboriginal Reconciliation, Cultural Responsiveness, Disability, Refugee/Asylum seeker, LGBTi)
- Partnering with Consumers
- Patient Experience & Community Advisory Group
- Strengthening our Hospital response to family violence



## Projects: Staff and Consumer Engagement

- Executive Patient Safety Walk around
- Consumer advisers
  - Staff recruitment panels
  - Grant application reviews
- Food tasting
- Improving women's health
- Palliative Care design
- Falls Prevention

## Health Literacy and Education for Consumers and Staff

- Choosing Wisely Australia – 5 questions to ask your doctor in 12 languages  
[www.choosingwisely.org.au](http://www.choosingwisely.org.au)
- Patient information Review Group - CLEAR
- Patient stories
- Safer Care Victoria forum
- Staff and consumer education and training
- Staff and community forums
  - Family Violence
  - Refugee and Asylum seeker



**Standard 2**  
**Partnering with Consumers**

2019

# Consumer, carer and community participation

## Diversity and Inclusion

Northern Health is committed to providing culturally appropriate services that improve the health and wellbeing and strengthen connections with our diverse community.

We acknowledge that vulnerable and marginalised groups require particular attention to ensure that the consumer experience is the best it can be. These groups include people from culturally diverse backgrounds, including refugees and

asylum seekers, lesbian, gay, bisexual, transgender and intersex people, Aboriginals and Torres Strait Islanders, and people with disabilities.

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

### **DIVERSITY – People Matter Survey 2018-19 (Victorian Public Sector Commission for Hospitals).**

This table shows the results in response to the question: There is a positive culture in my organisation in relation to:

DESCRIPTION OF QUESTION	NH 2016	NH 2017	NH 2018	NH 2019	CG 2019*
Employees from varied cultural backgrounds	81%	86%	88%	87%	85%
Employees who are Aboriginal and/or Torres Strait Islander	54%	63%	67%	75%	75%
Employees with a disability	52%	61%	67%	70%	70%
Employees of different age groups	73%	71%	81%	83%	83%
Employees who identify as LGBTIQ	58%	64%	71%	75%	78%
Employees of different sexes/genders	N/A	80%	83%	85%	85%

\*comparison group

**In the past year, over a fifth of our services at Northern Health required an interpreter**

“I wish every doctor had their own regular interpreter working with them.” Patient

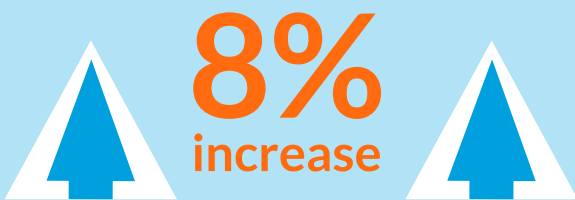
**SUPPORTING PEOPLE TO RECEIVE HEALTH INFORMATION IN THEIR LANGUAGE**

Our Transcultural and Language Services Department (TALS) covers 17 different languages in house. Our team is growing to meet the demand of our richly diverse community.

“I want to thank the interpreters for all their effort to help us.” Patient

**74,096**  
requests in  
**101 LANGUAGES**

This equals 250 requests  
**every day**



**Do you know what our top 6 languages are?**

LANGUAGE	NO. OF REQUESTS
ARABIC	18020
TURKISH	7925
ITALIAN	7586
ASSYRIAN	7290
GREEK	6075
MACEDONIAN	5991
VIETNAMESE	2685
CHALDEAN	2492
MANDARIN	1933
PERSIAN	1770
PUNJABI	1300
CROATIAN	903
NEPALI	861
SERBIAN	627
CANTONESE	591
HINDI	489
URDU	415

TALS also translated 104, 541 words (45 different documents) into the top 10 languages, and welcomed 57 interpreting students who completed their practicum at Northern Health.

To support Northern Health staff meet the needs of our community, the Transcultural and Language service delivered 199 training sessions on cultural awareness to 1455 staff members.

“Thanks for the service, I wish I will not need it in future as my English gets better.”

Patient

## Northern Health trials interpreting via portable electronic devices

Northern Health teams work on numerous projects with the aim of improving patient experience for our diverse community.

One of these projects is the Video Interpreting via Portable Device trial, which looks at delivering quick video interpreting services on demand, whilst improving patient experience by reducing the waiting time for the interpreter.

“Northern Hospital interpreters are the best.” Patient

The idea behind video interpreting is to use technology to deliver interpreting services via video in an efficient and timely manner. As the health service grows, it can take considerable time for interpreters to go back and forth between areas. Sometimes, a doctor or a nurse needs

an interpreter just for a minute or two. These situations are ideal for trialling video interpreting, it is quick, effective, and cost efficient.

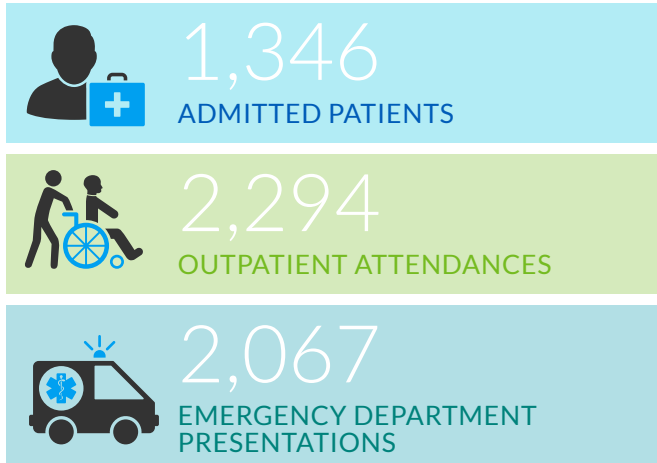
“We had a situation when we were called from the delivery suite. The clinicians needed an emergency consent for a caesarean and the video was the perfect solution. All they needed to do was to press a button on the iPad and the interpreter responded in seconds. Both the patient and the clinicians were happy with the immediate response.” Interpreter



### ABORIGINAL HEALTH SERVICE AT NORTHERN HEALTH

**From 1 July 2018 – 30 June 2019**

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



### SMOKING CEREMONY - SMOKING CEREMONY GARDEN LAUNCH

In the past year, Northern Health opened its Smoking Ceremony Garden. The opening of Jornung-Bik, Smoking Ceremony Garden, is part of a larger initiative that aims to improve cultural safety at Northern Health, and provide Wurundjeri people and the greater community a culturally appropriate space.

Smoking ceremonies have been observed for thousands of years to cleanse places and promote the wellbeing of people and guests of Country.

This Aboriginal custom involves burning native plants which have cleansing properties. They are believed to ward off bad spirits from the people and the land and make pathways for a brighter future.



“The need for the garden was identified when an Aboriginal patient on a 12 year cancer journey entered Northern Health palliative care, before entering the dream time. At the request of the patient’s family, they wished to perform a Smoking Ceremony in the patient’s final days on the ward.” Nursing staff



## WORKING WITH THE GENEROSITY OF OUR COMMUNITY TO CREATE CULTURALLY SAFE PLACES - STOW FAMILY GARDEN

The Stow Family Garden was originally established at Northern Hospital by the Stow Family in 1998, and has recently been rejuvenated as part of our program to create culturally safe spaces on the hospital grounds. Local Yorta Yorta Aboriginal artist, Kahli Luttrell, painted the artwork featured in the garden, which represents the land, plants, animals, growth and the sky with Bunjil, the creator, flying through overlooking the land and keeping it safe.

The Wurundjeri totem, the Waa (meaning Crow), is watching over. The line work represents the pathways of our people who use Northern Hospital to access services that link and provide support to the Aboriginal community.

The dots represent the many people who have travelled through both past and present, and also different meeting groups that discuss growth for their future, how best to respect the land and keep it safe for future growth and generations.

“By having an Aboriginal influence on this garden, Northern Health is creating an environment that promotes cultural safety, which is welcoming to the Aboriginal community that visits Northern Hospital.” Karen Bryant, Northern Health Senior Aboriginal Hospital Liaison Officer.



## IDAHOBIT: CELEBRATING DIVERSITY IN OUR COMMUNITY

Northern Health celebrated IDAHOBIT – International Day Against Homophobia, Biphobia, Interphobia & Transphobia – a day where we stand with the LGBTIQ community.

Sexuality and gender identity or intersex status aren't always visible, so creating a culture where everyone feels safe is so important.

At Northern Health, staff are encouraged to celebrate diversity and are committed to creating a safe space for staff, patients and members of the community.

As part of the IDAHOBIT celebrations this year, Northern Health hosted the Inaugural Genderbread Bake-Off with a display in the main foyer of the hospital.

Two information sessions were delivered to staff by, Dr Ruth McNair. Dr McNair specialises in lesbian and bisexual women's health, transgender health, mental health and wellbeing, and is an Honorary Associate Professor at the University of Melbourne, teaching LGBTIQ community research. Dr McNair talked to staff about being inclusive and strategies for improved health care in this space. She said, overall, creating a safe space for the LGBTIQ community will improve patient experience.

“Thank you to all the amazing staff in ED, who work under extreme pressure but always stay positive, professional and most importantly empathetic towards those they care for.” Patient



## DISABILITY ACTION PLAN DEVELOPMENT

The Northern Health Disability Action Plan 2018-22 focuses on reducing barriers and promoting inclusion for people with disabilities. The plan is supported by the Northern Health Disability Working Group.

In the past 12 months, the following activities were undertaken:

- International Day of People with a Disability competition was held in December to design art that promotes awareness of disability
- Planning commenced to raise awareness regarding disability at an International Disability Day activity in December 2019
- Two staff trained to undertake disability access audits (a check of how easy it is to get around) at Northern Health campuses
- Commencement of physical access audits at Bundoora Centre to assess where facility improvements may be required to promote physical access
- Draft guidelines developed to enhance consumer engagement in capital developments and site works that may impact on people with a disability
- Draft checklist developed to ensure Northern Health community events are accessible for people with a disability.

## THE IMPORTANCE OF INCLUDING CONSUMERS IN OUR WORK

Jo McKenna, who is a valued consumer network member, and a wheelchair user, has been actively involved in this Working Group.

Jo has played a key role in ensuring that the design and layout of buildings considers needs of people that may be users of wheelchairs, scooters, walking frames or walking sticks, as well as those with limited vision.

Jo brings her lived experience to this role; if there is a disabled toilet, can all wheelchairs fit through the doorway and can taps and light switches all be reached?

Jo says it is important for consumers to be involved in the development of such a plan as there are so many people with disabilities and able bodied people may not consider their needs. All people should have the right to easy access to services and people with disabilities must have their needs considered.

Jo feels that she has personally contributed to the plan, particularly with toilet design, the direction in which doors open and the height and location of hand rails. Jo was an invaluable contributor to the Tower 2 Intensive Care Unit design project, providing feedback on the width of corridors and spaces around beds, as well as considering the height of surfaces.

Over the past year, consumers and volunteers at Northern Health have been involved at all stages of the design process, and provided valuable ideas and suggestions from their experiences at Northern Health and other hospitals.

This feedback was considered and incorporated into the plans for the tower expansion design, and recently the consumers and volunteers had the opportunity to see the design come to life. The consumers had really valuable suggestions, which have been incorporated into the building.

“To see it from the drawings on the table to how the ICU looks today is just brilliant, as a consumer, it was great to have a voice.” Faye, Consumer

“We were engaged from the start, so it’s very nice to see the finished project we have all contributed to. The hospital really listened to us.” Veronica, Consumer

## CONSUMER PARTICIPATION - HOW TO GET INVOLVED WITH YOUR HEALTH CARE

**We value every voice.**

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

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

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



## Patient Experience

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

### THE NORTHERN HEALTH PATIENT EXPERIENCE SURVEY

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

#### In the past year 8,076 surveys were completed:

- 404 (five per cent) surveys were completed with the help of an interpreter
- 888 (11 per cent) surveys were completed by visitors
- 920 comments about care were submitted.

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

96 per cent of patients rated care as **good or very good**



96%

4%

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

95 per cent answered **all the time or most of the time**



95%

5%

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

73 per cent answered **very clean**



73%

27%



## LISTENING TO OUR COMMUNITY - RESPONDING TO FEEDBACK

### Gaining your feedback

We accept feedback in the following ways:



**In person** Talk to the staff caring for you



**Call** our Patient Experience Office on (03) 8405 2457



**Email** [feedback@nh.org.au](mailto:feedback@nh.org.au)



**How was your hospital experience?** feedback forms are available in nine different languages. Please ask a staff member



**Facebook** [northernhealthau](https://www.facebook.com/northernhealthau)



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

## Northern Health Data: 2018-19



1143

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



1027

Complaints



87%

Complaints resolved within 30 days

### Northern Health – Responding to consumer feedback

We looked at complaints received by the Patient Experience Office for our Specialist Clinics (Outpatients) which showed that waiting was the biggest concern.

#### Of these 215 complaints the top themes were:

1. Wait to get an appointment - 32 per cent
2. Wait time to be seen in clinic - 17 per cent
3. Difficulty getting through to outpatients on the phone - 12 per cent
4. Poor communication/perceived rudeness of staff - 12 per cent
5. Rescheduling of appointments - 8 per cent

To address this, a new patient flow management system Q-Flow has been introduced for specialist outpatient clinics. The system is designed to improve both efficiency and the patient experience when attending these clinics.

The new check-in system helps to improve the waiting times for appointments and increases how well the clinics are run. Patients are able to check themselves in for their appointment via self-serve kiosks, similar to check-in kiosks at airports.

Once checked in, patients receive a printed ticket and are directed to the waiting area nearest to their clinic. Using the Q-Flow system, the clinician can then call the patient directly to the clinic room through information screens that are located in the waiting areas.

“Q-Flow provides the opportunity to improve the safety and effectiveness of how we run Specialist Clinics at Northern Health. It is a big change for our patients and staff and provides significant improvement to the overall experience in Specialist Clinics.” Staff member



Julie King – our first patient to use the new check-in kiosks!

## 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 survey results every three months across five areas:

- Adult inpatient (admitted patients)
- Paediatric inpatients (admitted children)
- Adult Emergency (urgent and life threatening care)
- Paediatric Emergency (urgent care for children)
- Maternity (pregnancy and birthing).

“The bedside manner and care given by staff in Emergency, even when it was at capacity, was exceptional and efficient.” *Patient*

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.

Northern Health receives results from an average of 200 patients every three months.

### ADULT INPATIENT EXPERIENCES

#### Adult inpatient results 2018-19

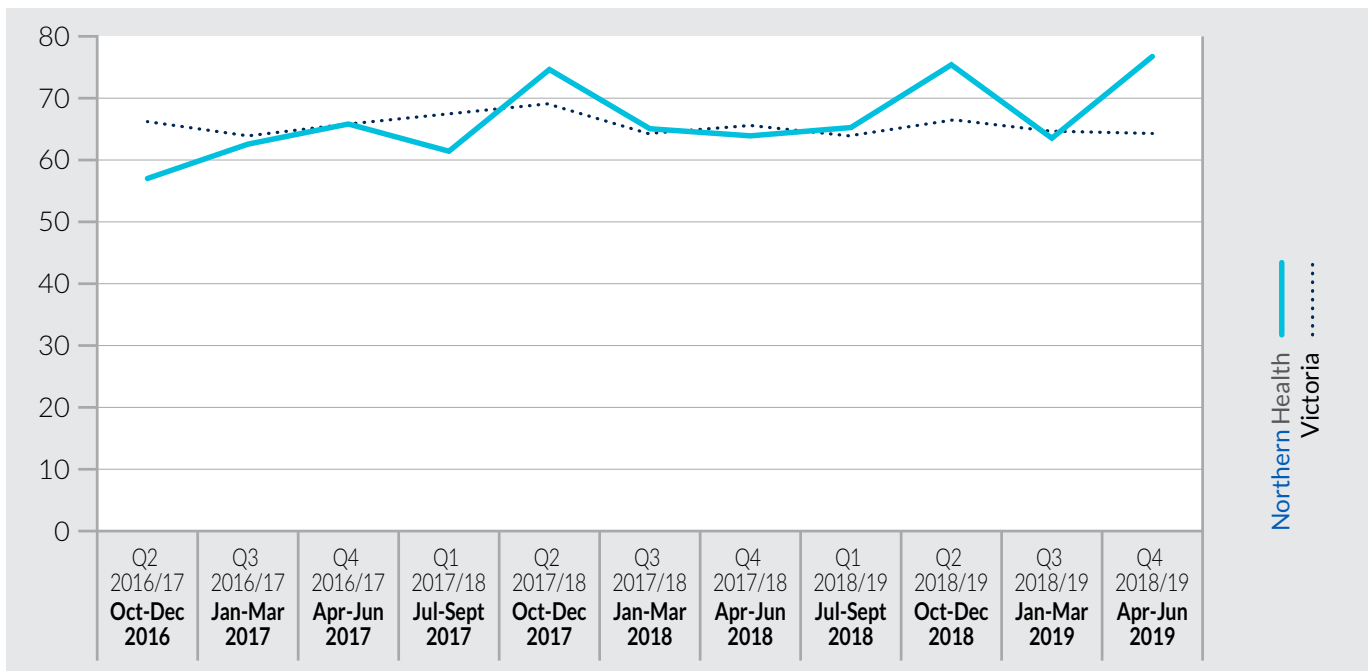
**Overall, how would you rate the care you received while you were in hospital?**

- Northern Health positive experience - **89 per cent**
- Target - **95 per cent**
- Victorian benchmark - **92 per cent**

### FOCUS ON FOOD

Northern Health understands that satisfaction with food while in hospital can impact patient experience, including nutrition, wellbeing and recovery. A range of clinical, nutritional, cultural and religious dietary requirements are carefully considered in menu planning to ensure that individual patient needs are met. The focus on food and meeting patients’ needs is reflected in the patient experience and satisfaction with the meals they are receiving.

### How would you rate the hospital food?



## Food Allergies

Food allergies are on the rise in Australia. Northern Health has undertaken measures so patients can have confidence in the food they are eating.

These include:

- Coded all foods available to inpatients with our 25 most commonly seen food allergies
- Automatically removed allergen containing foods from the menus of patients admitted with identified food allergies
- Introduced ingredient and allergen labelling to all in-house prepared sandwiches
- Prepared ingredient and allergen labelling guides for packaged foods available in the Emergency Department.

An extensive education program has been provided to nursing and food service staff to support these processes. Plans are also underway to introduce labelled low allergy meals into our Emergency Department.

## Cultural and dietary preferences

Many Northern Health patients require either Halal, (this is meat that has been prepared in a specific way according to Muslim laws), no pork or vegetarian diet codes. Northern Health sources a range of specifically prepared Halal meals. We provide vegetarian main meal options at every lunch and dinner meal service. The majority of our diet codes for patients with special dietary requirements are available in Halal, no pork or vegetarian suitable options.

We have two consumer representatives from culturally diverse backgrounds on the Nutrition and Hydration Clinical Improvement Committee. They regularly participate in food taste testing and provide invaluable advice on how we can continue to improve the food service provided to our patients.

Our consumers have told us that we need to improve the range of meals available to our paediatric patients. We have sought extensive feedback from patients and consumer representatives, and work is underway to improve our range of sandwiches, and to implement paediatric Halal and paediatric vegetarian diet codes.



## DISCHARGE – LEAVING HOSPITAL FOR HOME

**A key strategic direction for Northern Health is helping our patients stay well at home**

### Patient Experience – Discharge Care

Northern Health aims to improve relationships with patients, carers and GPs through clear communication. One way in which we communicate with GPs is via a Discharge Summary when a patient goes home from hospital.

**At Northern Health in May 2019, 98 per cent of our patients had a Discharge Summary completed, with most of these completed on the day of discharge.**

A printed copy of the Discharge Summary is given to patients for their reference and information. The Discharge Summary is provided to the patient's preferred GP.



This compares to a state wide average of 43 per cent. Northern Health received feedback in April 2019 from a local GP that a Discharge Summary written by one of our junior doctors was:

One of the best I've received and I hope you can pass on my commendations for this. *Local GP*





## Northern Health Discharge Data

## Overall discharge experience



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



Did hospital staff take your family or home situation into account when planning your discharge?



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



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



Did you receive copies of communications sent between hospital doctors and your GP?



## STAYING WELL: ACUTE (HOSPITAL) TO COMMUNITY COORDINATION TEAM

**Note: Acute means that someone needs urgent care for their health issue**

The Acute to Community Coordination Team are helping Northern Health patients Stay Well when they are discharged and head home. The team reviews patients across Northern Hospital who:

- Have had unplanned admissions (three or more in the previous six months)
- Are at risk of readmission (coming back into hospital)
- May not be able to manage at home.

With extensive knowledge of the health service and community programs, the Acute to Community Coordination Team link patients to services they need, helping them transition from the hospital to the community, and continue to recover at home.

**Coordinators provide discharge support via phone within one to three days of going home. They check on the patient's wellbeing and how their recovery is going – ensuring they are staying on track, improving their health, and referring them onto community programs if required.**



## CHOOSING WISELY

Choosing Wisely is a global initiative aimed at reducing unnecessary tests, treatments and procedures and encouraging people to ask questions about their health care management. Choosing Wisely came to Australia in 2015 partnered with NPS MedicineWise to promote frank and open conversations between consumers and clinicians.

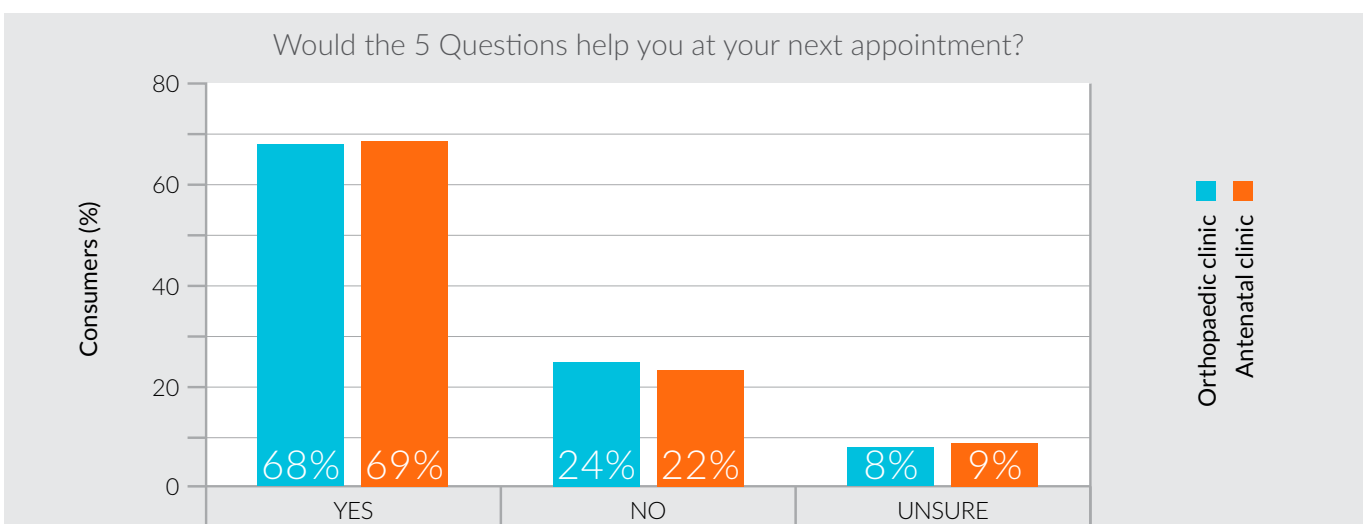
Northern Health joined the initiative in 2018 and implemented several projects including:

- The Consumer Project - 242 consumers were interviewed in our Orthopaedic and Antenatal Outpatient clinics. People of all ages were asked about using the *'5 Questions to ask your Doctor'* brochure.

The **5 Questions** brochure promotes conversations between the patient and clinician and is available on the Northern Health website and in hardcopy in Outpatients clinics. The brochure is available in 10 languages and Northern Health created Turkish and Persian translations.

The majority of consumers stated they would find the 5 Questions helpful at their next appointment.

One of our Consumer Representatives, Maureen Canzano, who was part of the Project Committee, used the brochure during one of her daughter's appointments. Using the questions in the brochure, Maureen realised her daughter did not need to go into hospital for a test and instead was managed by their local GP.





# Quality and Safety

## ACCREDITATION

The National Standards for safety and quality in health services are set by The Australian Commission on Safety and Quality in Healthcare (the Commission).

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

### Why do we have National Standards?

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

### What is Accreditation?

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

### Accreditation status

Northern Health expanded its accreditation program to include an additional five standards. This accreditation program known as EQulPNational provides a consistent focus of

quality and safety across all aspects of clinical and corporate services. Northern Health was surveyed against these fifteen Standards in March 2017 by the Australian Council on Health Care Standards (ACHS) an independent accrediting agency. Northern Health met all 367 actions, with 29 actions upgraded to a 'Met with merit'. This was an excellent result and there were no recommendations that required any further action.

### Northern Health is accredited until July 2021.

The second edition of the National Standards as shown below came into effect on 1 January 2019.

Northern Health has now transitioned to the eight new Standards. Each Standard has a dedicated committee with the relevant expertise and an interest in making a difference to quality and safety. Whenever possible, consumers are involved in this work.

### Northern Health will be assessed against the second edition of the National Standards in May 2020.

### Why these eight Standards?

These eight Standards outline the requirements to provide appropriate governance for safety and quality and set the expectation of partnering with our consumers in all that we do to provide best practice and reduce harm. They focus on high risk areas where harm to patients can occur, such as hospital infections, falls and medication errors.



Clinical Governance Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-Associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard

## LISTENING TO OUR STAFF

One formal way we seek to hear from our staff is through the annual 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 factors including engagement, job satisfaction, senior leadership, wellbeing, quality and safety and change management.

### People Matter Survey 2018-19

In the past year, Northern Health has put a significant focus on safety in the workplace. The table below shows impressive and positive changes in the last 12 months. Well done to all staff in creating a safer workplace for everyone.

## PROMOTING A SAFE WORKPLACE CULTURE

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

**In 2018-19 Northern Health undertook the following actions to ensure our staff feel supported, that our workplace is safe and that our patients have positive outcomes:**

### Executive Safety Walk Arounds

As part of the journey in becoming a Highly Reliable Organisation (HRO), Northern Health has commenced Executive Safety Walk Arounds. This is an opportunity for our clinical and non-clinical Executive Directors and consumers to focus on a particular area of the hospital and understand, through discussion with staff and patients, any safety concerns or risks in that area and what we could do to improve.

Some of the significant changes achieved to improve safety and patient experience include:

- The purchase of computers on wheels to support easier delivery of clinical care
- New observation machines and a two-year capital request plan to support the purchase of additional machines for Broadmeadows Hospital and Day Surgery

DESCRIPTION OF QUESTION	TARGET	2018	2019
I am encouraged by my colleagues to report any patient safety concerns I may have	80%	83%	93%
Patient care errors are handled appropriately in my work area	80%	74%	91%
My suggestions about patient safety would be acted upon if I expressed them to my manager	80%	75%	89%
The culture in my work area makes it easy to learn from the errors of others	80%	70%	89%
Management is driving us to be a safety-centred organisation	80%	72%	87%
This health service does a good job of training new and existing staff	80%	63%	79%
Trainees in my discipline are adequately supervised	80%	64%	85%
I would recommend a friend or relative to be treated as a patient here	80%	57%	75%

- Improving the patient experience by updating patient lounge areas - a new electronic screen is being installed which will help family members track the movement of their loved ones through the Day Procedure Centre.

The Walk Arouns are a real opportunity for the Executive Team and consumers to meet with staff on the floor and take action to ensure Northern Health is a safer health service for our patients, whilst improving the patient experience.

### Daily Safety Briefs

Led by our Chief Operating Officer, Senior Leaders from across the health service come together for 30 minutes every day to discuss clinical and work environment safety concerns. Each area of the hospital is expected to report on any safety incidents or concerns for action. This provides staff with the opportunity to highlight any concerns and have the confidence to know that action will be taken. Depending on the nature of the incident or concern, a smaller group of leaders may 'huddle' to resolve the issue or the area will take an action to implement change. All actions are listed on a whiteboard and reported on at the following day's briefing.

### Mental Health First Aid Training

Northern Health recognises that reduced wellbeing impacts on both patient and staff safety. In response to feedback from staff, Northern Health provided Mental Health First Aid Training for 70 Managers. The two day program trained managers to provide immediate assistance to colleagues who may be struggling with mental health issues or experiencing a mental health crisis.

### Conversations on Mental Wellness Week

Led by our OH&S and Wellbeing team and coinciding with RUOK? Day, Northern Health ran Conversations on Mental Wellness in 2018 and 2019. The purpose of this program is to provide staff with the opportunity to stop, take a break and talk about mental wellness in a supported way. A number of events and activities took place including rest and recovery sessions, guest speakers, panel discussions and a bake-off.





## FAMILY VIOLENCE FORUMS

Northern Health is committed to improving the health and wellbeing of those experiencing family violence in Melbourne's north and has been on this journey for several years. We were the second health service in Victoria to be awarded White Ribbon Accreditation, a program which recognises workplaces that promote respectful relationships and gender equality.

In November 2018, Northern Health held a, 'Breaking Through the Barriers' forum, focused on practical ways professionals can be more supportive, approachable, and effective in supporting people when family violence is present.

Anyone can be a victim/survivor of family violence, but there are some communities within society that face a higher risk.

Northern Health's primary catchments, the City of Hume, City of Whittlesea and Mitchell Shire Council, experience 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.

## IMPROVEMENTS TO QUALITY OF PATIENT CARE AS WE RESPOND TO ADVERSE EVENTS

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

We require our employees to report adverse events as these tell us where to focus our efforts for improvement. A wide range of events are reported. Some examples include medication errors, patient falls, hospital infections and difficulties with coordinating patient care.

All adverse events are recorded electronically in our Victorian Hospitals Incident Management System. This information is submitted to the Victorian Department of Health and Human Services every three months.



## The impact of adverse events on our consumers

The impact of **adverse events** is measured by a standardised Incident Severity Rating (ISR). The rating is allocated according to the level of harm and/or the care needed as a result of the incident.

**ISR 1 - Severe harm or death of the patient.** This rating includes permanent loss of function needing advanced treatment and/or a higher level of specialised care.

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

**ISR 3 - Mild harm** to the patient. This also includes inconvenience to our patients.

**ISR 4 - No harm** to the patient. This is also known as a 'near miss'.

The vast majority of reported adverse events are ISR 3 and ISR 4 incidents with mild or no harm to patients.

**In the 2018-19 year, Northern Health had 20 ISR 1 events and 80 ISR 2 events.**

Two of these ISR 1 events met the Safer Care Victoria's criteria for mandatory reporting. These are known as sentinel events. Safer Care Victoria has strict criteria for reporting sentinel events. A sentinel event is a particular type of serious incident that is wholly preventable and has caused serious harm to, or death of a patient. There are eleven sentinel event categories in Victoria. All health services are required to report sentinel events to Safer Care Victoria and detailed investigations are undertaken.

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

In 2018-19 we have implemented the following improvements as a direct result of adverse event analysis:

### Step on Sepsis Program

Septicaemia (sepsis) is a very serious blood infection that requires treatment with intravenous antibiotics. It is well known that early recognition and treatment of sepsis makes a big difference to patient recovery and outcomes.

In 2018, Northern Health re-launched and strengthened its campaign "Step on Sepsis" with increased approaches and speed of administering antibiotics. A dedicated group of staff rolled out the



campaign across all campuses. This included criteria for recognising sepsis, posters and education sessions for clinical staff, and the development of Step on Sepsis flow charts for use throughout the wards. The Emergency Department also developed a special sepsis alert code for triage nurses to flag at risk patients to the treating medical team as soon as the patient presents. Data is routinely collected and fed back to clinical teams to track the timeliness of giving antibiotics and maintain a focus on early treatment. This is ongoing improvement work and progress is monitored through our governing committees.

### Multidisciplinary team meetings for cancer patients

Northern Health has commenced a review of our multidisciplinary team meetings. Multidisciplinary team meetings are attended by doctors and other specialists planning care for patients with cancer. These meetings are an important part of planning the best and most appropriate treatment for these patients. Medical experts in the field gather to discuss individual cases and have shared input into decisions about treatment options. The restructure of these meetings will lead to improved coordination of patient care.

### Responding to incidents involving urgent transfer of unwell children

Northern Health is focused on achieving timely urgent inter-hospital transfers to specialist paediatric health services. We have grown in our capacity to care for very unwell children with our Paediatric High Dependency Unit. However, some children still require transfer to more specialised services. We have developed processes to ensure urgent transfer of critically unwell children is not delayed.

### Safe Practice Forum: stories we can all learn from

At Northern Health, the Safe Practice Forum (SPF) is a monthly meeting intended for all staff where patient stories are shared.

These stories can help the organisation provide safer and better patient experiences. Stories are sometimes drawn from incident or feedback systems, and have been reviewed by clinicians to identify improvements in care.

The format is that of a case presentation, the audience is invited to participate as if they were actually managing and then reviewing the case. The content is confidential and discussion is open to all staff.

These discussions highlight areas where patients are at risk, identify improvements, and demonstrate to as many staff as possible the processes involved in reviewing cases and developing strategies for improving care. It is in effect, a glance behind the scenes of incident investigation.

### Are you worried?

Patients and family members are often best placed to recognise subtle changes in themselves or that of a loved one, for example, if they are becoming unwell very quickly. In August 2016 Northern Health implemented the **Recognise Engage Act Call Help (R.E.A.C.H)** program.

This program was adopted from the NSW Clinical Excellence Commission, allowing patients and family members the opportunity to voice their

concerns when a 'worrying change' is identified, following the three step process below.

In response to feedback that the REACH posters were hard to understand and the increased number of paediatric (children) admissions and presentations to the hospital, the Standard 8 Clinical Deterioration Committee, along with the patient consumer (CLEAR) group, has recently reviewed the REACH information poster. *See next page.*

**At Northern Health, we take each REACH call as an opportunity to learn how we could have responded better to a patient or family members worrying concern. In the last 12 months, there have been seven calls to the service.**

On one occasion a patient activated step three of the REACH process after talking with his bedside nurse and medical team. He was concerned with his increasing leg pain and swelling. The Medical Emergency Team (MET) responded within five minutes and was able to provide additional education about pain management, increase the current pain medication and gave additional immediate medication to provide relief whilst the medical team were contacted to discuss a review of current treatment options. The MET team were able to involve the patient's family over the phone to provide additional reassurance to the patient. The management for the leg swelling did not change. However, the patient felt that the immediate response from the MET team in addressing his pain allowed him to get some rest.



# Are you worried you or your loved one is getting sicker?

If yes... REACH out.

STEP  
**1**

Speak to your  
nurse. Tell them  
your concerns.

STEP  
**2**

If you're still worried,  
ask your nurse for a  
'clinical review'.  
This should occur  
within 30 minutes.

STEP  
**3**

If a doctor has seen  
you or your loved  
one and you're  
still worried, call  
**REACH** on  
**1800 897 216**

## MAKING THE REACH CALL

*Tell the operator:*

- **Who you are** – a patient, family member or carer, or tell them the name of the patient
- That you need to call REACH
- The name of the ward
- The bed number you, or the person you care for, is in



If you need an  
interpreter, please  
speak to a staff  
member or call us  
via TIS on 131 450.

**Northern Health**

Northern Hospital

# R.E.A.C.H.

REACH program was developed by the NSW Clinical Excellence Commission

## HEALTH CARE ASSOCIATED INFECTIONS

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



## Hand hygiene

Hand hygiene is the most effective way to stop the spread of infection in a health care environment.

Since 2010, Northern Health has participated in the national Hand Hygiene Initiative which requires health services across the country to monitor and report on rates of staff compliance with the 5 Moments of Hand Hygiene.

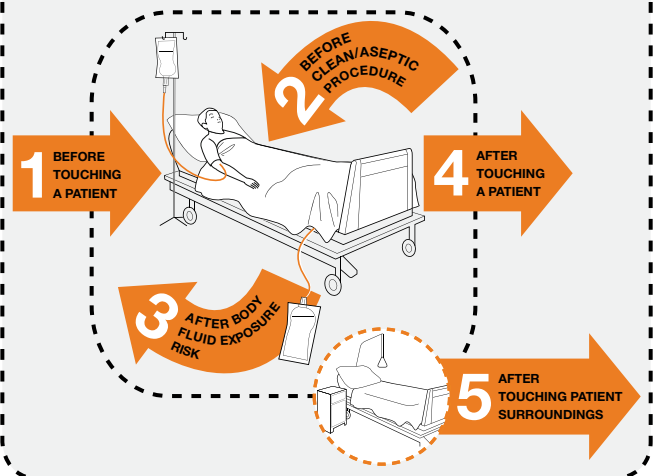
### TARGET

In 2018-19 Northern Health's **64 auditors observed 12,173** moments of hand hygiene and of these, 10,556 were performed correctly,

achieving an average rate of **86.7%**

exceeding the national target of 80 per cent.

### The 5 Moments of Hand Hygiene:

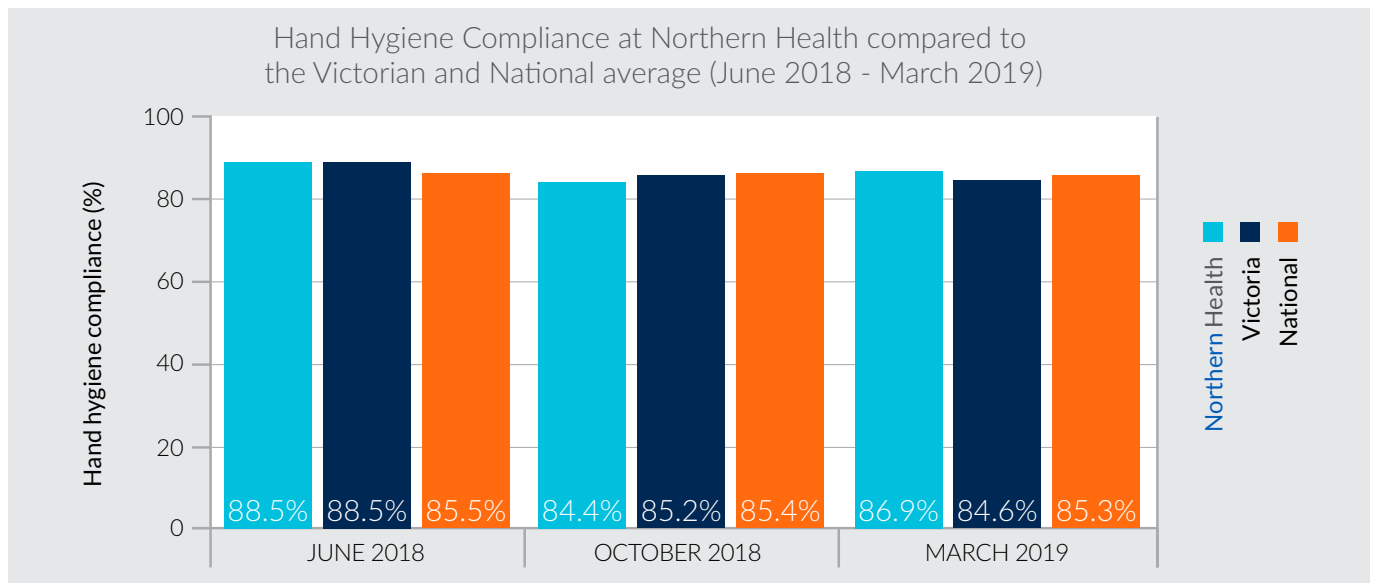


### Actions and Outcomes

Strategies implemented at Northern Health to improve hand hygiene:

- Education for staff
- Review of hand hygiene products
- Review of hand hygiene product placement
- Timely feedback to staff on results.

### Northern Health - Hand Hygiene results



### Central Line Infections (CLABSI)

Central lines are an intravenous device used for administering certain medications and large volumes of intravenous fluids. The position of the end of the central line in the body (close to the heart) leaves the patient vulnerable for blood stream infections. These factors make it particularly important to monitor for these infections and report our results to Victorian Healthcare Associated Infection surveillance Coordinating centre (VICNISS).

Early in 2018-19 Northern Health had one ICU (Intensive Care Unit) hospital acquired central line associated blood stream infection. Northern Health has implemented improvement measures to reduce this rate.

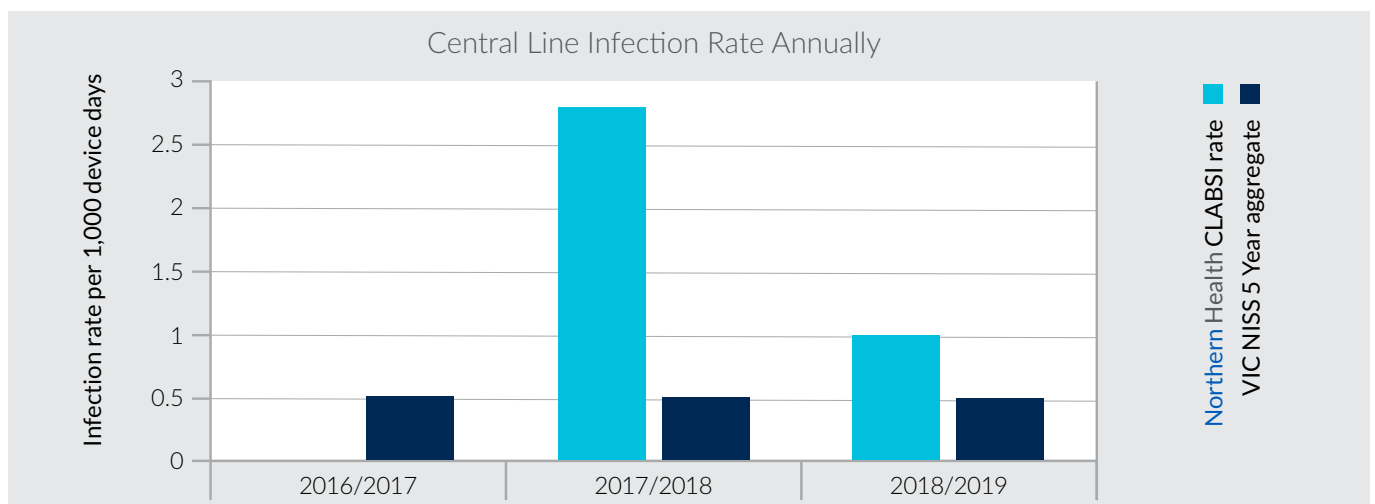
Surveillance since then has not identified any new central line infections. Northern Health continues

to reinforce the importance of Aseptic Non Touch Technique (ANTT), hand hygiene and training for staff.

**Northern Health has reduced its health care associated Central line infections from the previous financial year as indicated in the graph below. This was achieved by increased awareness of surveillance within the intensive care unit and ongoing education with relevant staff.**

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

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



## INFLUENZA PROTECTION CAMPAIGN TARGETED OUR STAFF, PATIENTS AND THE COMMUNITY

### Health Care Worker Influenza Immunisation

#### Report

In 2019, Northern Health achieved 87.1 per cent of staff vaccinated for influenza.

#### Target

The Victorian Department of Health increased the target rate of health care worker flu immunisation from 80 per cent in 2018 to 84 per cent in 2019.

### Community Flu Initiative - Action And Outcomes

Northern Health made the decision to do things differently by proactively promoting and providing

influenza vaccinations to our community. Our strategy was to protect staff and their families, patients and our community, aligning with Northern Health's priority of 'staying well' and Victoria's Health 2040 strategy of better health and access.

We believe that by providing free immunisation to the family and friends of our patients and staff, we achieve greater immunity in the community. This improves wellbeing in our northern community and in particular, keeps our vulnerable patients protected from influenza infection.

Flu Vaccination Clinic –  
“What a fantastic service, everyone so lovely!” Patient



The Flu Clinic located at Northern Hospital Epping vaccinated over 20,000 community members, approximately 50% more than the previous year. Over 900 admitted patients were vaccinated, too.

## MATERNITY SERVICES



**Northern Health's maternity service's aim, in partnership with women and families, is to deliver outstanding health care to women and newborn babies. Our service continues to grow with the community as we saw over 3,500 births at the Northern Hospital in 2018-19.**

Each year Northern Health submits our outcome results to the Victorian Perinatal Service Indicators (VPSPIs) where they are compared to other maternity services across Victoria. By undertaking this benchmarking we are able to highlight opportunities for improvement activities. Northern Health is required to report our performance against two indicators from the VPSPi 2017-18 Report.

### Indicator 10: Low Apgar score

The Apgar score is a score out of 10 that is used to measure how well the baby is soon after birth. The score, measured at one and five minutes of life,

show a newborn's healthy transition from birth and whether they need resuscitation or not.

### Result

Of all babies born at Northern Health in 2018-19, just over 1 in 100 (1.2 per cent) were born with an Apgar score less than 7 at five minutes of age.

### Target

The performance target from the 2017-18 VPSPIs "most favourable" quartile was 0.7 per cent. Northern Health is performing better against this target when compared to other maternity capability level 5 organisations. On average 1.6 per cent of babies were born with Apgars less than 7 at term for level 5 maternity services.

### Actions and outcomes

- Regular monitoring of our performance by our divisional leaders at our quality and risk meetings

- All babies who are born with Apgars that are less than 7 at five minutes are reviewed by our multidisciplinary team (team of different specialists) to identify areas for clinical and system improvement
- Neonatal resuscitation and fetal surveillance education is provided to clinicians working in birthing suite
- Practical Obstetric Multi-Professional Training (PROMPT) is provided to all clinicians who work in birthing suite to prepare for effective management of obstetric emergencies
- Systems are in place to identify high risk pregnancies in the antenatal period so that women receive appropriate care and planning for birth
- Shared decision making around the timing of birth in partnership with women and families when risk is identified.

These include:

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

### Indicator 3: Severe fetal growth restriction

#### Report

This indicator identifies the number of babies that were born severely growth restricted, that is, with a birthweight much less than the average baby, born at or after 40 weeks gestation. Smaller babies are more likely to be sick at birth. Recognising these babies is not always easy but we want to recognise as many of these babies before their due date as possible.

#### Result

On reviewing Northern Health's performance, just over a quarter, (27 per cent) of all babies born after 40 weeks gestation had a birthweight less than the third centile.

#### Target

The state-wide average for both public and private hospitals in Victoria is 28.1 per cent. Other level 5 maternity capability services averaged 25.5 per cent of all babies born after 40 weeks gestation were less than the third centile.

#### Actions and outcomes

Northern Health has joined Safer Care Victoria's, Safer Baby Collaborative. Through the collaborative we will implement initiatives to improve fetal growth restriction management.

### SUPPORTING WOMEN IN PREGNANCY: MENTAL HEALTH AND FAMILY VIOLENCE RISKS

In April 2019, Northern Health became the first acute health service to adopt the iCOPE screening tool for all women accessing ante natal services (before baby is born). The iCOPE is an interactive digital screening platform that provides a system for collecting data to support research about the number of women in Australia with depression during pregnancy. Using the Edinburgh Depression Screening Tool as a basis, it can screen for possible family violence and mental health problems.

This helps provide interventions and opportunities for follow up in pregnancy and after the baby is born. All women found to be at risk of either mental health issues or family violence are referred to either the perinatal mental health clinic at North West Mental Health service Northern Hospital Epping or the social work department at Northern Health. Funded by the Hume Whittlesea Primary Care Partnership, this screening platform has been extended to incorporate an audio version (in addition to the translated version) to aid women, with the project designed for women with refugee and/or asylum seeker backgrounds.

The aim of this project is to understand if the screening tool can identify women with mental health issues. Although the Commonwealth and



State data shows a high number of refugees and asylum seekers settling in the northern catchment, this data has been difficult to capture for Northern Health as there was no specific data required to be collected.

As a result of this project, Northern Health is able to identify refugee and asylum seeker women through a change of the antenatal admission process, and is able to better support these women and their families. Northern Health looks forward to sharing outcomes of this project in the future.

### Combining culture and community for better outcomes

The Assyrian/Chaldean population, mainly displaced from Iraq makes up a large sector of the refugee population in the northern suburbs of Melbourne. Women of refugee backgrounds are at risk of poorer outcomes and are more likely to have complex health needs. They may face difficulties in accessing pregnancy care or understanding Australia's health system.

Northern Health was selected by Murdoch Children's Research Institute (MCRI) to be one of four regions in Melbourne to pilot a new approach to antenatal and postnatal care. This is how the 'Happy Mothers Group Pregnancy Care' sessions were born.

The sessions run fortnightly at Craigieburn Centre and cover topics on pregnancy, childbirth, parenting, breast feeding, health and wellbeing.

The overall aim of the group is to encourage women to get involved with pregnancy and postnatal services and early childhood health. It is a great way for them to get to know other mothers, too. Women are encouraged to share their experiences of pregnancy, labour, birth, breast feeding and parenting overseas and in Australia.

The mothers receive education about breastfeeding and parenting. The program is provided by public maternity hospitals, settlement services and maternal and child health services.





# Ian Brand public residential aged care

Ian Brand is home to 30 residents and is staffed by registered nurses who provide security, comfort and professional care. Our home provides nursing care for high care residents, along with a socially interactive program, emotional and spiritual support.

## Aged Care Quality Standards

agedcarequality.gov.au

**Standard 1**

Consumer outcome  
*I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.*

**Standard 2**

Consumer outcome  
*I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.*

**Standard 3**

Consumer outcome  
*I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.*

**Standard 4**

Consumer outcome  
*I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.*

**Standard 8**

Consumer outcome  
*I am confident the organisation is well run. I can partner in improving the delivery of care and services.*

**Standard 7**

Consumer outcome  
*I get quality care and services when I need them from people who are knowledgeable, capable and caring.*

**Standard 6**

Consumer outcome  
*I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.*

**Standard 5**

Consumer outcome  
*I feel I belong and I am safe and comfortable in the organisation's service environment.*

Australian Government  
Aged Care Quality and Safety Commission

Engage  
Empower  
**Safeguard**

There have been significant improvements in the last year at Ian Brand with a refurbishment completion and the introduction of service assistants. On 1 July 2019, the new Aged Care Quality Standards came into effect.

The new Quality Standards focus on outcomes for consumers and reflect the level of care and services they expect. Ian Brand began its transition to the new standards in December 2018.

The new standards provide opportunities for consumers to work in collaboration with staff to achieve their goals of care and the lifestyle of their choice.

An example of this collaboration has been the Consumer Driven Care Plan where consumers helped design a care plan template that was meaningful, individual and easy to understand. Consumers met with staff to discuss how they

wanted their care plan to look and what was important to them. This collaboration led to a new template being designed and staff were then educated to assist the consumers to use this for their own individual care plan.

A new regular activity has been the introduction of the 'Monday Coffee Club'. A group of consumers meet each Monday in the Bundoora café for social interactions.

“It is a great way to get out and about, get the sun on your face.” Paul, resident

“It’s very relaxing.” Neil, resident





**From October 2018, new quality indicators were introduced for Public Services Residential Aged Care providers to report quarterly to the Department of Health and Human Services.**

Ian Brand commenced reporting on eight quality indicators from October 2018. For this report, we are reporting on following 5 indicators:

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

The graphs following show our performance including the 2016-17, 2017-18 and 2018-19 reporting periods.

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

The following provides a guide in interpreting the graphs:

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

## Falls and Falls with Fractures 2018-19

Some consumers who have been assessed at high risk of falling choose to take the risk and mobilise to maintain their independence. All care is provided to keep the consumers as safe as possible while maintaining their right to make this choice. While this is in keeping with Consumer Dignity and Choice (Aged Care Standard 1 ) this choice has been reflected in the number of falls that have been reported. There has been improvement over the year with a 50% reduction in the rate of falls per 1000 bed days. Our consumers are observed in a common, high visibility area by staff to ensure their safety.

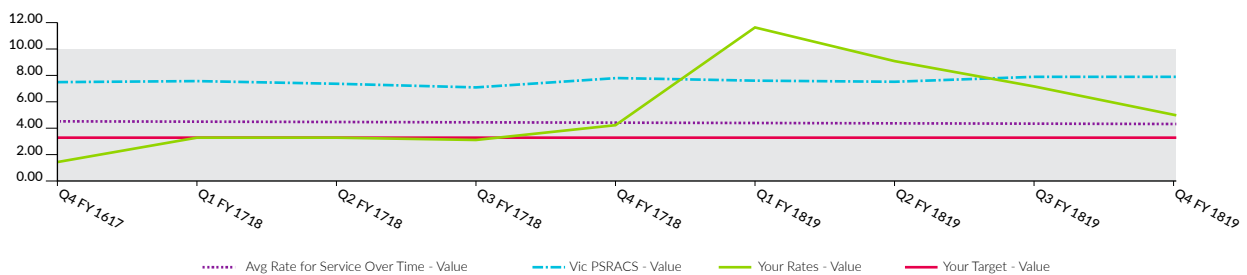
**This has resulted in nil falls with serious injury or fracture.**

Ian Brand 8.28 per 1000 bed days

Like Facilities (30-45 bed rates) 7.64 per 1000 bed days

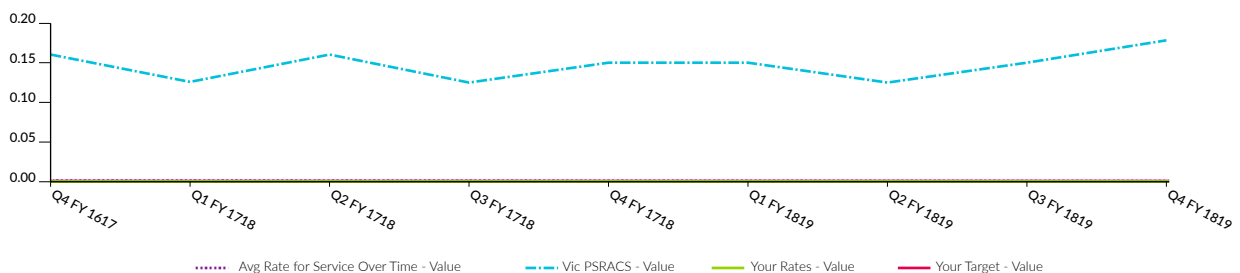
Falls (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	1.47	3.34	3.34	3.30	4.03	11.66	9.16	7.33	5.02
Avg Rate for Service Over Time	4.52	4.52	4.52	4.52	4.52	4.52	4.52	4.52	4.52
Vic PSRACS	7.47	7.58	7.44	7.01	7.79	7.68	7.52	7.91	7.96

Falls (per 1000b/d)



Fall-related fractures (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Avg Rate for Service Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vic PSRACS	0.16	0.13	0.16	0.13	0.15	0.15	0.13	0.15	0.17

Fall-related fractures (per 1000b/d)







## Weight Loss 2018-19

- Ian Brand currently weighs consumers monthly. Consumers are reweighed the next day if there is a weight loss to confirm the weight
- If weight loss is confirmed a GP review is undertaken
- A 3 day food chart to monitor intake is commenced which assists with the GP review
- If prescribed, supplements are introduced and weight monitoring is increased
- Weight loss is not audited and reported for those consumers in palliative care but continue to be monitored.

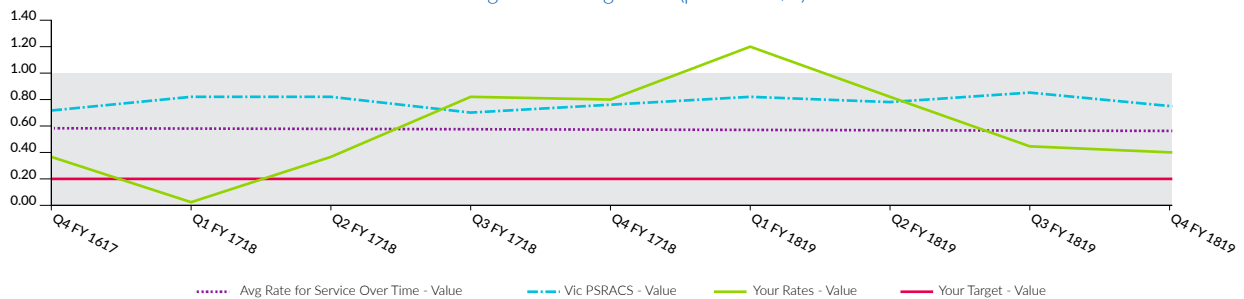
### Significant Weight Loss

Ian Brand 0.71 per 1000 bed days

Like Facilities (30-45 bed rates) 0.74 per 1000 bed days

Significant weight loss (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.37	0.00	0.37	0.82	0.81	1.21	0.80	0.43	0.39
Avg Rate for Service Over Time	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
Vic PSRACS	0.73	0.82	0.82	0.70	0.78	0.82	0.79	0.87	0.75

Significant weight loss (per 1000b/d)



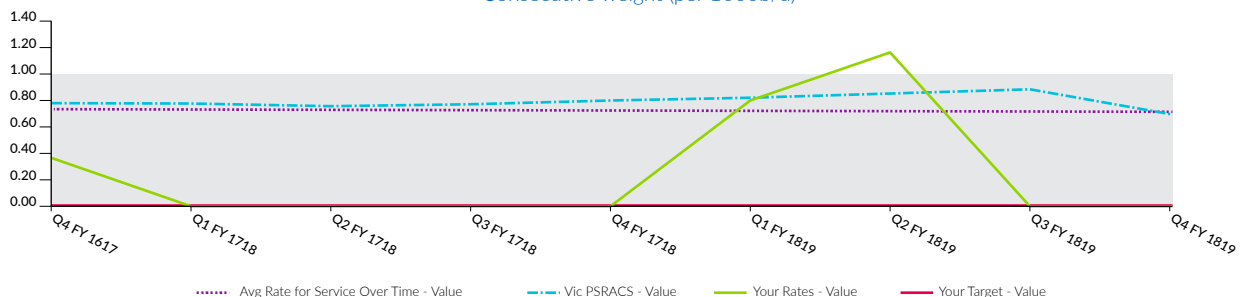
### Consecutive Weight loss (over 3 months)

Ian Brand 0.50 per 1000 bed days

Like Facilities (30-45 bed rates) 0.83 per 1000 bed days

Consecutive weight (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.37	0.00	0.00	0.00	0.00	0.80	1.19	0.00	0.00
Avg Rate for Service Over Time	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72
Vic PSRACS	0.77	0.77	0.72	0.76	0.79	0.81	0.87	0.88	0.71

Consecutive weight (per 1000b/d)



## Nine or More Medications

Ian Brand monitors individual consumer's medications to ensure appropriate medication plans are in place. The purpose of the monitoring is to reduce number of unnecessary medications, ensure the medicines are appropriate for the condition, and that there is no reaction with other medications causing side effects that may impact on the consumer. These plans are under the review of the GP on a regular basis.

The following actions have been taken:

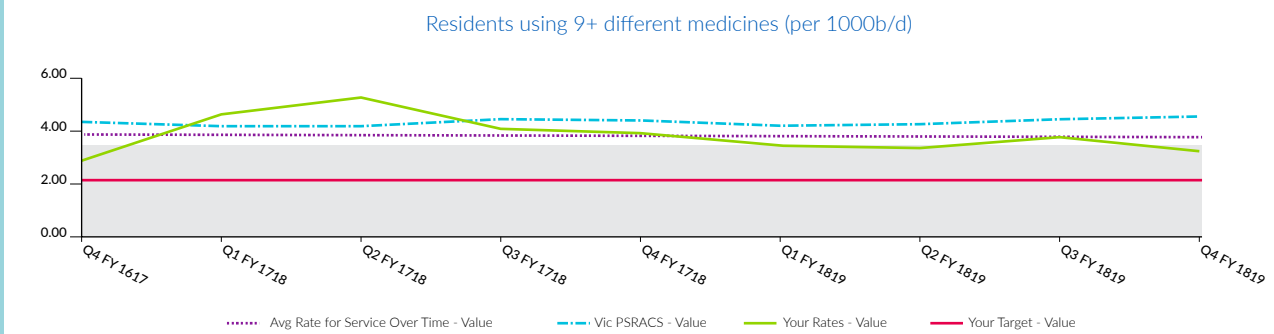
- General Practitioners (GP) review medication prescribed to our consumers
- Particular attention is given to the antipsychotic medicines and the proton pump inhibitors as well as the administration times
- Regular 'Resident medication management reviews' (RMMR) undertaken by an external pharmacist who reports to each consumer's GP.

### 9 or More Medications

Ian Brand 3.63 per 1000 bed days

Like Facilities (30-45 bed rates) 4.29 per 1000 bed days

Residents using 9+ different medicines (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	2.94	4.83	5.57	4.12	4.03	3.62	3.58	3.88	3.47
Avg Rate for Service Over Time	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86	3.86
Vic PSRACS	4.31	4.23	4.29	4.40	4.39	4.25	4.35	4.52	4.58



## Pressure Injuries 2018-19 – An explanation

- Stage 1 Pressure Injury- persistent redness
- Stage 2 Pressure injury- skin slightly broken
- Stage 3 Pressure Injury- deeper skin loss
- Stage 4 Pressure Injury- muscle exposed
- Unstageable Pressure Injury- broken skin unable to stage (unstageable means the severity cannot be determined)
- Suspected deep tissue injury- unbroken skin unable to stage.

## Pressure Injuries Stage 1

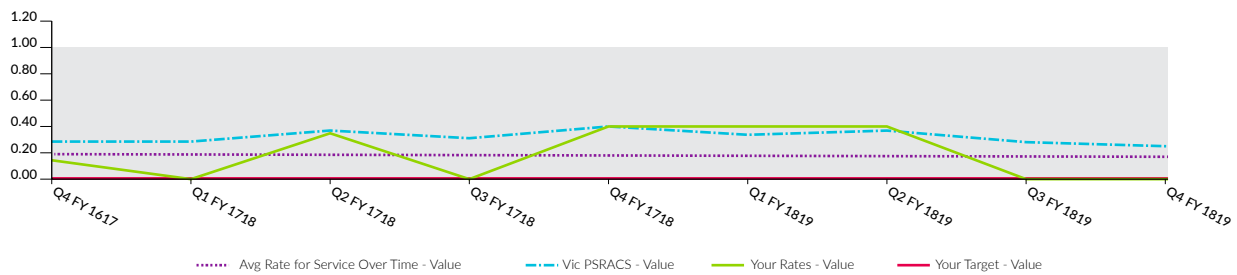
Ian Brand 0.2 per 1000 bed days

Like Facilities (30-45 bed rates) 0.31 per 1000 bed day

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

Pressure injuries stage 1 (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.74	0.00	0.37	0.00	0.40	0.40	0.40	0.00	0.00
Avg Rate for Service Over Time	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19
Vic PSRACS	0.28	0.28	0.38	0.33	0.40	0.35	0.37	0.30	0.26

Pressure injuries stage 1 (per 1000b/d)



## Pressure Injuries Stage 2

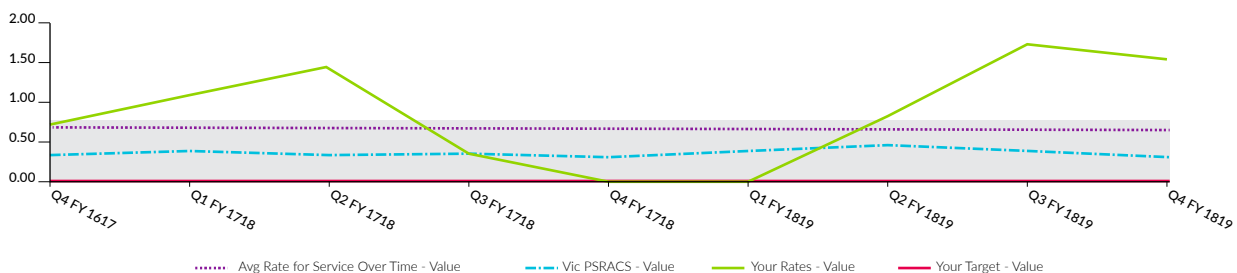
Ian Brand 1.01per 1000 bed days

Like Facilities (30-45 bed rates) 0.35 per 1000 bed days

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

Pressure injuries stage 2 (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.74	1.11	1.49	0.41	0.00	0.00	0.80	1.73	1.54
Avg Rate for Service Over Time	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
Vic PSRACS	0.35	0.36	0.35	0.35	0.32	0.36	0.42	0.36	0.28

Pressure injuries stage 2 (per 1000b/d)



### Pressure injuries Stage 3

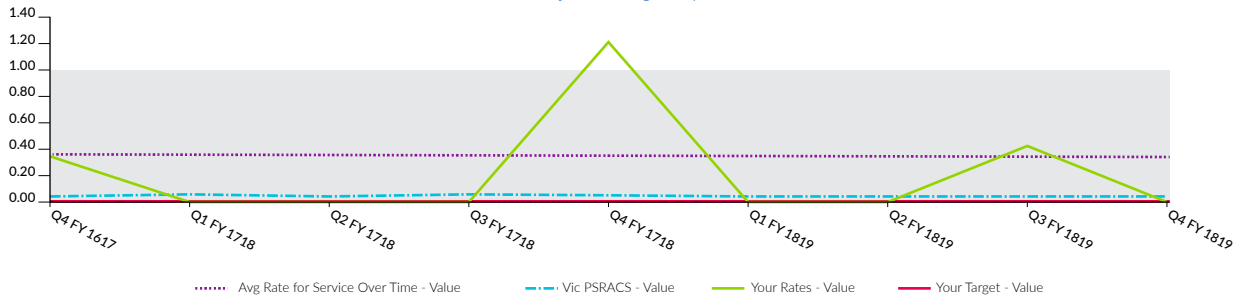
Ian Brand 0.10 per 1000 bed days

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

Stage 3 pressure injures reported are due to one consumer admitted with stage 4 pressure injuries that had improved. 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, consumer, family and medical staff.

Pressure injuries stage 3 (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.37	0.00	0.00	0.00	1.21	0.00	0.00	0.43	0.00
Avg Rate for Service Over Time	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
Vic PSRACS	0.04	0.06	0.04	0.06	0.05	0.04	0.04	0.04	0.04

Pressure injuries stage 3 (per 1000b/d)



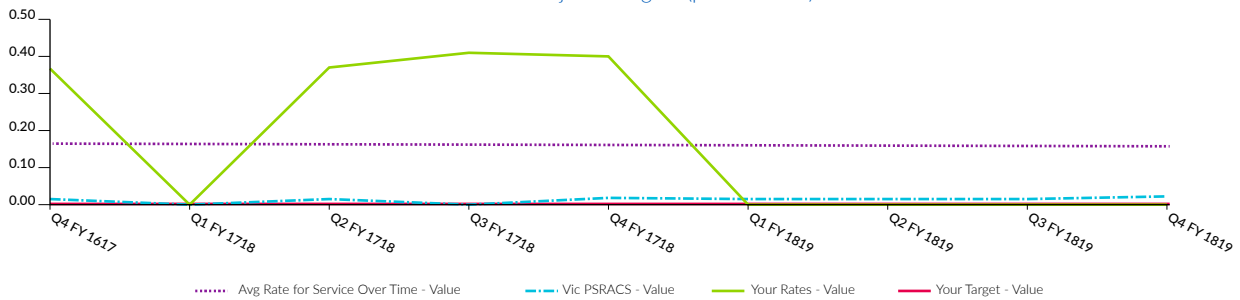
### Pressure injuries Stage 4

Ian Brand 0.00 per 1000 bed days

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

Pressure injuries stage 4 (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.37	0.00	0.37	0.41	0.40	0.00	0.00	0.00	0.00
Avg Rate for Service Over Time	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17
Vic PSRACS	0.01	0.00	0.01	0.00	0.01	0.01	0.01	0.01	0.02

Pressure injuries stage 4 (per 1000b/d)



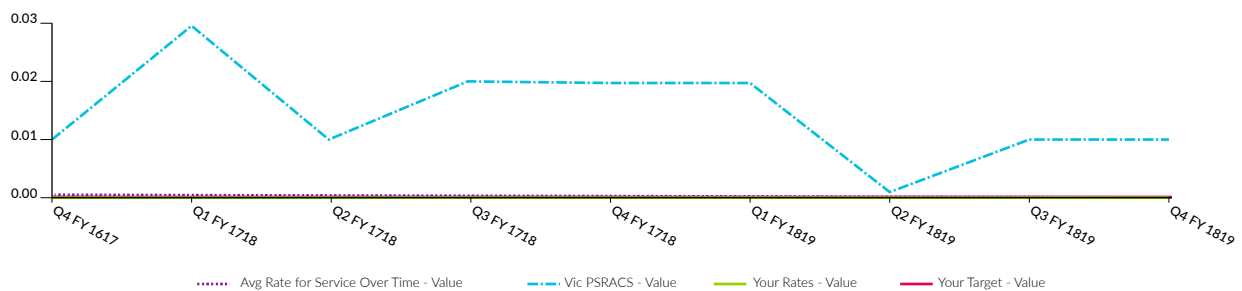
### Suspected/Presumed Deep Tissue

Ian Brand 0.00 per 1000 bed days

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

Presumed deep tissue injury (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Avg Rate for Service Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vic PSRACS	0.01	0.03	0.01	0.02	0.02	0.02	0.00	0.01	0.01

Presumed deep tissue injury (per 1000b/d)



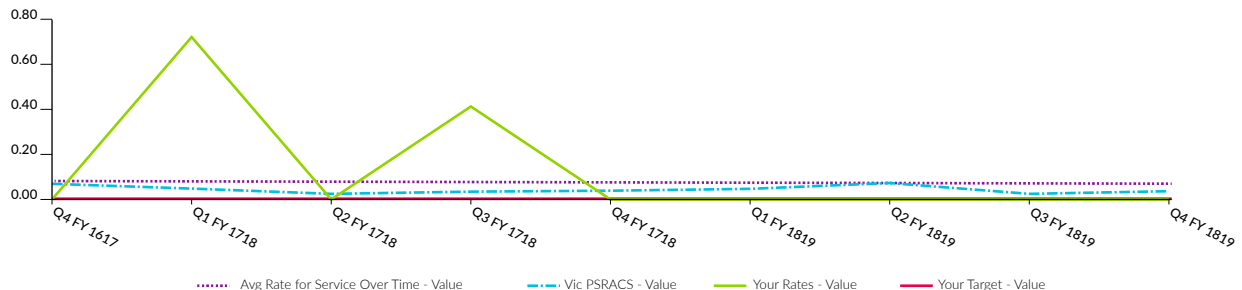
### Unstageable Pressure injury

Ian Brand 0.00 per 1000 bed days

Like Facilities (30-45 bed rates) 0.5 per 1000 bed days

Unstageable pressure injuries (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.00	0.74	0.00	0.41	0.00	0.00	0.00	0.00	0.00
Avg Rate for Service Over Time	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Vic PSRACS	0.06	0.04	0.02	0.03	0.03	0.05	0.07	0.02	0.03

Unstageable pressure injuries (per 1000b/d)



## Restraint 2018-19

Ian Brand Nursing Home aims to be a restraint free home with no intent to restrain. The type of person who would require some form of restraint would be someone with involuntary movements that may lash out to hurt themselves or others.

There are two categories of restraint reported.

**Restraint A**- intent to restrain

**Restraint B** - types of restraint in use which includes the following: bedrails

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

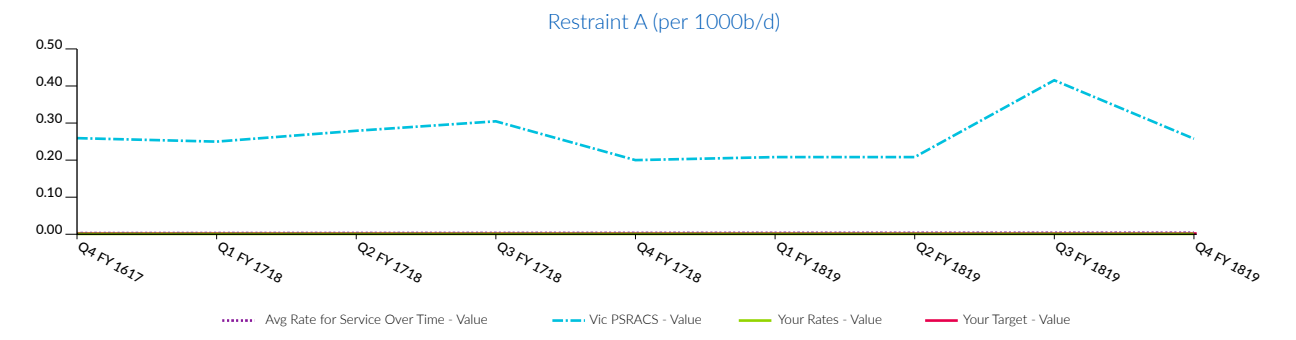
- All consumers who request a bed rail are reviewed by the physiotherapist and their GP. The appropriateness and suitability for use is documented in progress notes
- A risk assessment has been completed for each of the consumers and is reviewed monthly
- This process is in accordance with the new Aged Care Standard 1- Consumer Dignity and Choices
- A monthly audit is conducted to ensure safety and appropriateness of continued use.

### Restraint A

Ian Brand 0.00 per 1000 bed days

Like Facilities (30-45 bed rates) 0.13 per 1000 bed days

Restraint A (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Avg Rate for Service Over Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vic PSRACS	0.26	0.25	0.28	0.31	0.20	0.21	0.21	0.43	0.25



## Restraint B

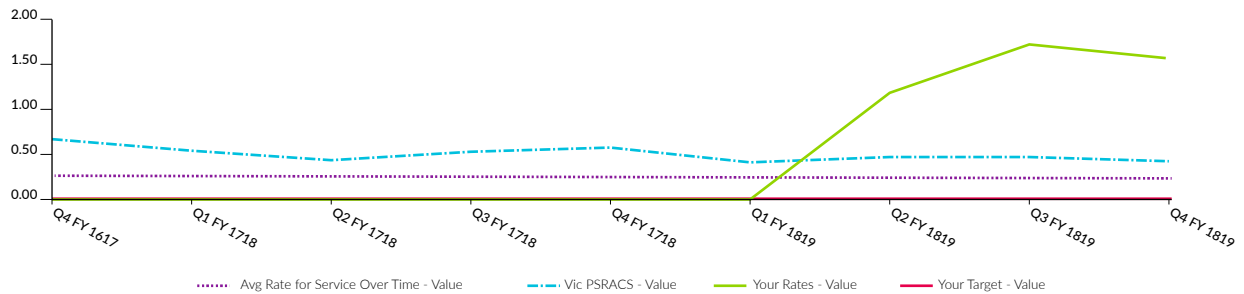
Ian Brand 1.11 per 1000 bed days

Like Facilities (30-45 bed rates) 0.35 per 1000 bed days

New consumers requested the use of a bedrails on their beds in Q2. This continues to be reported. Bed rails come under the restraint B. A bedrail has been placed onto their beds not as a form of restraint but at the consumer's request to assist them with turning when in bed.

Restraint B (per 1000b/d)	Q4 FY 1617	Q1 FY 1718	Q2 FY 1718	Q3 FY 1718	Q4 FY 1718	Q1 FY 1819	Q2 FY 1819	Q3 FY 1819	Q4 FY 1819
Your Rates	0.00	0.00	0.00	0.00	0.00	0.00	1.19	1.73	1.54
Avg Rate for Service Over Time	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28
Vic PSRACS	0.65	0.59	0.43	0.51	0.55	0.42	0.45	0.45	0.41

Restrain B (per 1000b/d)



**Northern Hospital**

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

**Broadmeadows Hospital**

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

**Bundoora Centre**

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

**Craigieburn Centre**

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