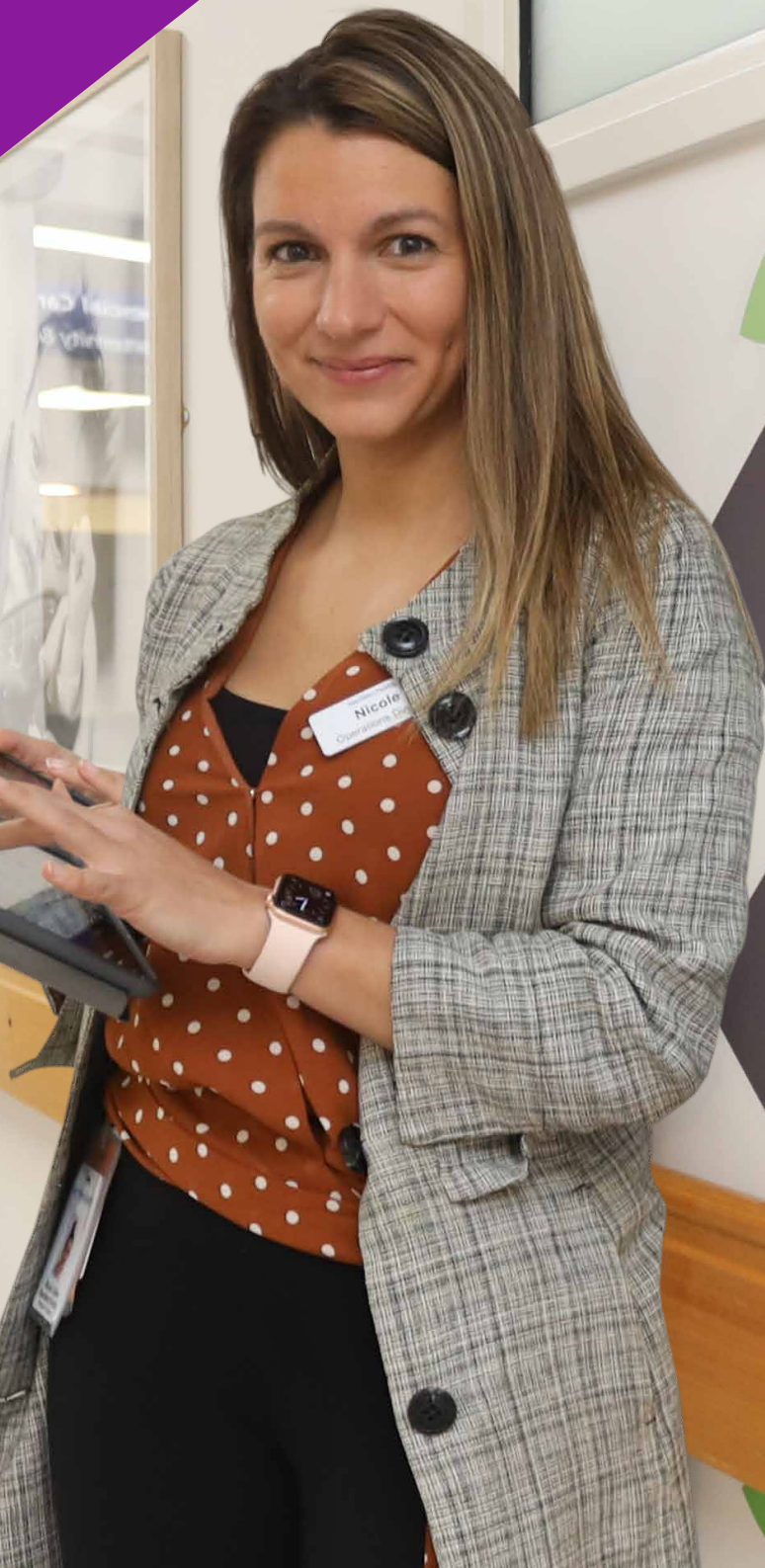


Northern Health

Quality Account 2020-21



Maternity &
Women's Health

Special Care
Nursery

Northern Health

Our Vision

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

Our Values



Our Priorities

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

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.



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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.



Message from the Chief Executive

The year 2020-21 was another challenging year for Northern Health and around the world due to the COVID-19 pandemic.

Despite the uncertainty and challenges, our staff showed their resilience, dedication and commitment to our community, and we are incredibly proud and grateful for all their efforts. Staff put their own health, and the health and safety of their families at risk, to help and care for our patients. For this, we honour and thank them.

The first half of the financial year saw us fighting the height of the COVID-19 pandemic here in Victoria. A number of outbreaks affected our northern community and our health service significantly.

Whilst working under immense pressure during this time, Northern Health staff exemplified our values of safe, kind and together in continuing to provide high quality health services for our community.

In early July 2020, many of our staff at Northern Hospital Epping were affected by COVID-19, necessitating a temporary scaling back of Emergency Department capacity. A whole of hospital response enabled essential services to continue.



We are extremely proud of the ongoing efforts of our staff in our COVID-19 response. Their unwavering strength, flexibility and passion in caring for the community continues to drive us.

Our COVID-19 testing clinics at both Northern Hospital Epping and Craigieburn Centre continued throughout the year, supported by expanded testing capacity at Northern Pathology Victoria.

In early 2021, we commenced our COVID-19 staff and community vaccination program at Northern Hospital Epping. In June 2021, we expanded our vaccination program to a large-scale vaccination centre for the community at Plenty Ranges Arts & Convention Centre in South Morang, in partnership with the City of Whittlesea.

In July 2020, our community teams provided a telephone monitoring service to support Northern Health staff and patients in the community who tested positive to COVID-19. This service was re-established in May 2021 in response to outbreaks in our catchment area.

We were also pleased to be chosen as the first health service in Victoria to conduct an N95 mask fit testing pilot program as part of the Respiratory Protection Program, to keep our staff and patients safe.

Our simulation team conducted a range of multidisciplinary simulations across Northern Health for quality improvement, systems testing, training and operational readiness, including key aspects of our COVID-19 response.

While demand for emergency care fluctuated over the year, our Emergency Department at Northern Hospital Epping continued to treat 103,283 patients – more than any other Emergency Department in Victoria. During the year, we admitted 91,713 patients to hospital, conducted 15,030 elective procedures and assisted with the birth of 3,260 babies.

In response to the Royal Commission into Victoria's Mental Health System, we were pleased that the Victorian Government announced 30 new mental health inpatient beds for Northern Hospital Epping.

The Northern Hospital Stage 2 Expansion Project was completed in early 2021, with three new wards opening and preparations for the opening of three new operating theatres, including a hybrid theatre and increased recovery capacity. A major multi-deck carpark project commenced to relieve pressure on staff car parking needs at Northern Hospital Epping.

We continue to develop innovative approaches to care. In October 2020, our Australian-first, Virtual ED Triage service was established, allowing patients who have a non-life-threatening emergency to talk to our emergency nurses and doctors virtually from the comfort of their homes.

The year 2021 marked the beginning of our Electronic Medical Record (EMR) program journey - to implement a fully integrated digital patient record that will provide our clinicians with a single source of truth for patient information.

Continuing with our digital transformation, Northern Health launched its own Telehealth Hub - a new redesigned and dedicated space where clinicians can use a video call or phone to conduct appointments with patients.

In May 2021, our National Standards Accreditation Survey commenced, but was paused due to a COVID-19 outbreak. The survey then resumed in August and Northern Health received formal notification from the Australian Council on Healthcare Standards that we had met all actions within the National Safety and Quality Health Service Standards.

New staff wellbeing programs were introduced to support staff during these challenging times and a staff physiotherapy clinic was established to provide care for staff either injured at work or who have injuries limiting their ability to do their work safely.

COVID-19 has also brought about significant research partnerships, locally and internationally. These studies are broad, including assessing the clinical outcomes of patients with COVID-19, assessing risks for surgical patients, pregnant women and how health consumers interpret health information during a pandemic.

We thank our staff for their commitment to keeping our community safe in an ever changing and challenging environment.

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 2020-21 Northern Health Quality Account, and look forward to receiving your feedback and learning how we can further improve our services and meet community needs.

Siva Sivarajah
Chief Executive Northern Health

Our Services

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

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

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

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

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





barly
Architect

When
with

OUR CARE AT A GLANCE

103,283

Emergency Presentations



21,455

Paediatric Emergency Presentations



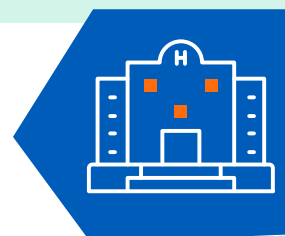
32,357

Ambulance Arrivals



91,713

Hospital Admissions



3,260

Babies Born



15,030

Elective Surgical Procedures





Tom
Doctor

About this Account

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

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

Feedback on last year's report includes:

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

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

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

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

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

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

Arabic

إذا رغبت بمعرفة المزيد عن التقرير السنوي للنوعية، يرجى الإتصال بخدمة الترجمة الهاتفية TIS على رقم الهاتف 131450. بإمكانك التحدث بلغتك واطلب منهم 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

Περιθαλψής (Annual Quality Account), παρακαλούμε επικοινωνήστε μαζί μας μέσω της τηλεφωνικής υπηρεσίας διερμηνείας TIS στο 131 450. Μπορείτε να μιλήσετε στη

γλώσσα σας, και να τους ζητήσετε να καλέσουν το Τμήμα Ποιότητας στο **(03) 8405 2457**. Η υπηρεσία διερμηνείας διατίθεται δωρεάν.

Italian

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

Macedonian

Ако сакате да знаете повеќе за Годишниот Извештај за Квалитет (Annual Quality Account), ве Молиме повикајте не преку ТИС (TIS), на телефон 131 450. Можете да се јавите зборувајќи Македонски. Замолете ги да Ве поврзат со Одделението за Квалитет (QUALITY DEPARTMENT) на **(03) 8405 2457**. 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。

Consumer, Carer and Community Participation

PATIENT EXPERIENCE

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

The Northern Health Patient Experience Survey

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

Two new questions were added to the survey in October 2020:

- Overall, did you feel you were treated with dignity and respect?
- Do you feel your care at Northern Health has been affected by the COVID-19 pandemic?

These new questions enable us to collect data on areas of concern from complaints received or areas we are focussing on as an organisation. The responses will be monitored and questions will change over time.

In the past year, 8,976 surveys were completed

- 193 (two per cent) of surveys completed with the help of an interpreter
- 625 (seven per cent) of surveys completed by visitors
- 1092 comments about care submitted

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

97% patients rated care as “good” or “very good”



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

97% answered “all the time” or “most of the time”



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

79% answered “very clean” or “clean”



Q4 Overall, did you feel you were treated with dignity and respect?

96% answered “Yes, always”



Q5 Do you feel that your care at Northern Health has been affected by the COVID-19 pandemic?

94% said the impact was positive or no change, 6% answered “Yes, in a negative way”

The main reason for a negative impact was the impact of not being able to have visitors.



Feedback received by Northern Health from July 2020 to June 2021



1,681

Compliments received through Patient Experience Office and Northern Health Patient Experience Survey



1,442

Complaints received through Patient Experience Office and Northern Health Patient Experience Survey



94%

Complaints resolved within 30 days

Example of compliments received by families

“You guys deserve the biggest **THANKYOU**, you only ever hear about the bad experiences... I wanted to just send my Thanks and to let everyone there know that you are all doing an amazing job and are amazing people. In the hardest and most challenging of times, where our system is near breaking point, you were nothing but professional, comforting and **FANTASTIC!!** There are no words that can express my gratitude to you all... Keep doing what you are doing, I know times are tough, but please don't lose your passion. The world needs more Angels like you all. Thank you so much!”

LISTENING TO OUR COMMUNITY

Gaining your feedback

We accept feedback in the following ways:



In person Talk to the staff caring for you



Call our Patient Experience Office on (03) 8405 2457



Email feedback@nh.org.au



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



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



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



Victorian Healthcare Experience Survey (VHES)

The VHES program is a patient experience survey run by the Department of Health. It collects patient feedback on all Victorian public health services. The survey is currently being updated and simplified. This update is occurring based on patient feedback. The survey will resume next year.

Australian-first virtual Emergency Department launches – with interpreters

Due to the pandemic, some people are scared to come into the emergency department. Putting off or delaying getting medical help can make health issues worse. The hospital wanted to make it easier and safer for everyone to receive emergency care, when they need it.

Northern Health developed a virtual emergency department. This means that you can talk to nurses and doctors through your phone or a video call, from your home. The Northern Health's community have embraced this new service, the number of people accessing it continues to grow.

Number of patients who have used the service in the 2020/21 year is **3,082**

The virtual emergency department can be found on Northern Health's website here. Instructions are available in English and Arabic

<https://www.nh.org.au/service/emergency-department/>

1. First you need to register
2. You will be placed in a waiting room – this will be on your phone/video
3. A nurse will speak with you and next steps discussed.

Northern Health offers interpreting services for patients who are more comfortable speaking to our medical staff in their own language.

Dr Loren Sher says, "We launched the interpreting service and have seen many patients with an interpreter. The service is provided through Northern Health's interpreting team and for all languages," she said.

Reaching out to patients in a pandemic

Northern Health is offering its successful COVID-19 telephone monitoring service to support patients in the community who test positive to coronavirus.

Through the service, nursing staff and allied health staff monitor Northern Health patients or patients that live in the northern suburbs, who have tested positive to COVID-19 and are recovering at home. The patients are assessed for signs of worsening illness. This means they can quickly access hospital admission if required.

The service went live in July 2020 during Victoria's second wave of COVID-19. The service was suspended in November 2020, but restarted in May 2021 after the state's recent coronavirus outbreak.

More than 950 patients, notified of a positive COVID-19 result, were referred to the service. At the initial call, consent was gained for the patient to be monitored and a clinical assessment incorporating health risk, social and welfare needs assessment was undertaken.

Patients are provided with education on how to isolate at home and how to identify symptoms that may indicate they are getting sicker.

INCLUDING CONSUMERS IN OUR WORK

Consumer participation – how to get involved with your health care

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

Northern Health is always looking to work with new members of the community and ensure we understand what is important to our patients and families when receiving health care and designing health care facilities. Your voice and your stories make a difference to the safety and quality of services that we deliver and ultimately, the experience of our patients and their families. If you are interested in further information, please contact consumerparticipation@nh.org.au or call (03) 9495 3313.

Some examples of how consumers are involved in our work

A group of consumer network members were engaged in a staff education project called “Teach Back”. Consumers told researchers they wish to be more actively involved in the communication process too. From consumer feedback, a new interactive health literacy module for consumers was developed called “Check Back”. To access Check Back visit <https://checkback.org/>

Individual consumers on projects also make a difference. A consumer identified areas where patients may be concerned and was able to contribute to solutions for follow-up care for patients who have completed treatment for early breast cancer. The consumer ensured patients remain the focus, contributing to health service guidelines and new patient brochures that will support consumers who are navigating this stage of their cancer journey.

All Northern Health’s information for patients and families is reviewed by a group of consumers first. This group is called CLEAR - they check that the information makes sense, is useful and relevant. Once CLEAR have reviewed the information, it gets a Consumer tick and it is ready for use.

DIVERSITY AND INCLUSION

Supporting people to receive health information in their language

Our patients were born in over 170 countries, speak over 100 different languages, and follow 85 religions or beliefs. In the 2020-21 financial year, Transcultural and Language services and the Aboriginal Support Unit trained 348 staff members face to face; a further 6,124 were trained online. In the last financial year Transcultural and Language services translated 65 documents or 149,502 words in the Top 8 languages

80,750 requests for interpreting were received in over 100 languages. 89% interpreting requests were met.

LANGUAGE	NO. OF REQUESTS
ARABIC	20,394
TURKISH	7,743
ITALIAN	6,746
GREEK	5,988
ASSYRIAN NEO-ARAMAIC	5,882
MACEDONIAN	5,466
VIETNAMESE	2,847
CHALDEAN	2,175
MANDARIN	1,932
PERSIAN	1,867
PUNJABI	1,523
NEPALI	870
CROATIAN	830
HINDI	780
URDU	685
SERBIAN	676
CANTONESE	595

TALS team: interpreting during a pandemic

Northern Health has a very broad culturally and linguistically diverse patient population. Many of our patients may have English as another language. Being new to a country means having to learn how a health system works, as well as understanding very specific health language.

Our excellent Transcultural & Language Services (TALS) department, with 37 in-house interpreters, covers our most in-demand languages.

Northern Health's TALS team is the biggest in-house hospital language service team in Victoria. In these pandemic times, they are one of many non-clinical teams at Northern Health that adapted quickly to changes in their everyday work, while maintaining high levels of professional service to patients and clinicians.

Yue Hu, Manager, Transcultural & Language Services, explained the major change for the TALS team was the shift from face to face appointments to telehealth and phone and video appointments.

"Our team quickly responded by creating a work flow plan and sending it out to all clinical leads, as a guide on how to use TALS as a contact centre for patients when they wish to access the interpreting service," she said.

"The feedback has been great, and has reduced the stress of our staff members in coping with such a large amount of phone calls. As all the clinics are still running, the team is still very busy. Since the beginning of COVID-19, 63 per cent of the interpreting requests have been completed over the phone," Yue explained.

Health navigators helping promote COVID-19 vaccination

Since December 2020, Northern Health has been working with Melbourne Polytechnic to improve

understanding of our health system among students enrolled into the English as an Additional Language (EAL) program.

Morteza Fayyazi and Fatima Ait Bela Ouali are new migrants to Australia and EAL students, curious to learn more about the Australian health system and share the information with their communities. For Morteza, who holds a Bachelor of Nursing degree from Iran, interest in health systems comes natural.

"I started working as a health navigator two weeks ago. We talk about COVID-19 vaccination and safety, and we share information with the people we know – I sometimes go to Mill Park library or even just talk to people I know at the gym. I know people from various backgrounds, especially from the Iranian community," he explained.

Fatima came to Australia four years ago from Morocco and got involved by attending a class on healthcare every Monday.

"I want to know more about the health system in Australia, especially because it is so different than the system at home. Those differences are the biggest challenges for migrants. Half of the health navigators who work with us are from the refugee backgrounds, while others are new migrants," she said.

Students who have participated in the Health Navigator elective, a partnership program between Melbourne Polytechnic and Northern Health, will be employed to deliver information to multicultural communities in the City of Whittlesea.

Northern Health is proud to have the opportunity to help facilitate programs that engage with our local migrant and refugee community.

Refugees and
asylum seekers



Aboriginal health service at Northern Health

From 1 July 2020 – 30 June 2021

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



Colours of kindness: Launch of Aboriginal & Torres Strait Islander Children's Colouring Book

Hospital stays can sometimes be long and challenging and, at times scary, especially for children.

With this in mind, Narrun Wilip-giin (Aboriginal Support Unit) developed a colouring book for Aboriginal and Torres Strait Islander children during their hospital stay at Northern Health.

The book is beautifully illustrated and designed by Aboriginal artist Gary Saunders, a proud Bangerang, Wiradjuri, Yorta Yorta and Dja Dja Wurrung man, "It contains 20 pages of magnificent Australian animals to colour, pass time and keep our children connected to

their culture and to feel supported whilst away from their home," says Gary.

Karen Bryant, Senior Aboriginal Liaison Officer, launched the book on National Aboriginal and Torres Strait Islander Children's Day. Karen says the book will provide a positive influence to children going through a very challenging time in hospital.

"It is a goal for the Aboriginal Support Unit, to develop and strengthen Northern Health's excellent services for our Aboriginal and Torres Strait Islander community," adds Karen.



Karen Bryant's new honour
- Making a difference to
Aboriginal and Torres Strait
Islanders Community



Our Senior Aboriginal Liaison Officer Karen Bryant has been inducted into the Victorian Aboriginal Honour Roll.

The honour roll celebrates and recognises the achievements of Aboriginal Victorians, both past and present, who have made a profound contribution to their community and the state.

“I am very happy to be acknowledged in this way. I am feeling very honoured to be among the 12 other inductees and to hear their stories is a beautiful and humbling experience,” Karen said.

Karen has worked at Northern Health for 14 years and says she has seen the organisation and Aboriginal services at Northern Health expand over the years.

“The Aboriginal Liaison Officer (ALO) team works with patients at the Northern Hospital, Broadmeadows, Craigieburn and Bundoora sites. The ALO role is predominately working with the Aboriginal and Torres Strait Islander patients coming in and we often work with the spouses of Aboriginal families. We have some great changes evolving all the time and many actions coming from the Northern Health Reconciliation Plan.”

Karen says she is always wanting to improve the education of non-Aboriginal people about cultural safety matters and cultural awareness, but also educating Aboriginal patients on the importance of the hospital, health services and options on services, clinics and programs within the hospital setting.

LGBTQIA+ Community March

On Sunday, 23 May 2021, Northern Health marched at Pride March to show support for the lesbian, gay, bisexual, transgender, intersex, queer and asexual (LGBTQIA+) community.

Northern Health has taken part in the march as part of Pride in the North in collaboration with DPV Health, Nexus Health, Sunbury Cobaw Community Health, Kilmore District Health and Hume-Whittlesea Primary Care Partnership.

Electra Ulrich, co-chair of the LGBTQIA+ Working Group, took part in the march. She said as someone who identifies as part of the rainbow community, Pride March held an important personal meaning.

“I have gone to a number of Pride Marches when I was

younger, and to be marching as part of my work at Northern Health, sends a message to the community, but also to one internally for me, that I can be myself at work, that I don't need to hide and that I am accepted. I hope that other staff members and the consumers of our health service hear that too,” she said.

Chrissy Nicolaidis, co-chair of the LGBTQIA+ Working Group, also marched on the day. She said it was an important message to the LGBTQIA+ community that health services are inclusive.

“We know that members of the LGBTQIA+ community don't always feel safe accessing healthcare. We hope that health and community organisations in the north marching together to show our support will allow members of the community to feel more confident to access these services.”



Quality and safety

NATIONAL STANDARDS OF CARE IN OUR HOSPITALS

All Health Services in Australia are required to follow Standards of Care for safety and quality. There are eight Standards set by The Australian Commission on Safety and Quality in Health care (the Commission) that outline the minimum requirements to protect the public from harm, and to improve the quality of health care.

At Northern Health we have a committee for each of the National Standards who oversee the work.



Clinical Governance Standard



Partnering with Consumers Standard



Comprehensive Care Standard



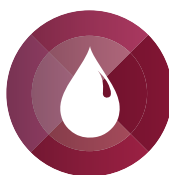
Communicating for Safety Standard



Preventing and Controlling Healthcare-Associated Infection Standard



Medication Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard

Accreditation

What is accreditation?

The Commission has an accreditation scheme where all health services are assessed every three years by an independent accrediting agency. The Australian Council on Healthcare Standards (ACHS) an independent accrediting agency has just completed our accreditation assessment that started in May 2021 (suspended due to COVID) and finished in August 2021.

The survey team check that we have the required systems in place to provide safe quality care to all our patients. As part of the assessment they observe first - hand how we provide care and interact with our patients and their families, talking to them to hear about their experience of the care they are receiving.

Northern Health met all the requirements within the Standards with no recommendation requiring any corrective actions.

Northern Health is accredited until July 2025.

Making blood transfusions safe

Janice (Jan) Stevens has been a Northern Health patient for eight years. She came to Northern for the first time when her haematologist suggested participating in clinical trials. More than a year ago, Jan joined the Standard 7 Blood Management Committee.

The Standard 7 Blood Management Committee oversees the transfusion practice and management of blood and blood products at Northern Health. The Committee is there to ensure the transfusion practice is safe and appropriate.

“Blood is a very precious product and there isn’t an unlimited supply. The Blood Management Committee oversees that we use this resource appropriately and wisely so that blood will be available for future generations. That is why the committee is ensuring we are not wasting blood, and we are practising safe transfusion,” Betty Dumayas, Transfusion Nurse Consultant explained.



Visiting Hours
 10 am – 8 pm
 You must observe all COVID-19 restrictions (see below)
 There are no restrictions on the number of visitors permitted at this location, however, we cannot guarantee that you will be able to visit at this time.

COVID-19
 visitor restrictions in place
 for your safety

Temperature checks are mandatory for all staff, patients and visitors entering Northern Health.

Thank you for understanding.

Northern Health

KEEPING YOU SAFE

Northern Health, any acts of violence or aggression are unacceptable. We want all our staff, patients, consumers and visitors to feel safe and respected.

To ensure our environment safe, we would like to inform you of the following:

- Prohibited items: Weapons, objects causing possible harm, illicit drugs and other prohibited items are not permitted on these premises.
- Search: A search of any persons and any prohibited items may be conducted and the Police notified.
- Access: Access to certain areas is restricted, unless approved by Northern Health.
- Closed areas: Some areas are closed 24/7 in public areas of Northern Health.
- Security staff: Security staff may be visible in some situations these cameras may be switched on.

Thank you for being a part of Northern Health.

WOMINJ WELCO

مرحبا بكم
 Benvenuto
 Hoş Geldin
 Καλωσήρθατε
 Добродојдо
 Chào quý khách
 欢迎光临
 خوش آمد
 ସ୍ୱାଗତ
 स्वागत छ
 Dobrodošli
 स्वागत हे

Northern Health acknowledges traditional custodians of the land and respects to elders past and present.

Incidents and adverse events

An adverse event is “an incident in which unintended harm resulted to a person receiving health care”. We require our staff to report adverse events as these tell us where to focus our efforts for improving. We report on a wide range of events. Some examples include patient falls whilst in hospital, pressure injuries, hospital infections and difficulties coordinating care for our patients.

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

How do we classify the severity of an adverse event

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

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

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

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

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

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

In 2020-21, Northern Health had 10 ISR 1 events and 148 ISR 2 events. 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.

Two (2) of these ISR 1 events met Safer Care Victoria’s criteria for mandatory reporting under strict state-wide criteria. These adverse events are ‘sentinel’ events. They are specific types of serious incidents that are preventable and lead to serious harm or death of a patient. All health services are required to report **sentinel** events to Safer Care Victoria and detailed investigations are undertaken.

Standardise timeframes for cardiac monitoring in the Emergency Department

Chest pain and discomfort are common symptoms seen within our Emergency Department every year. Whilst most patients receive the right care at the right time, sometimes there are inconsistencies with the timeframes of the tests required to ascertain the extent of the patient’s heart health. One such test is Electrocardiogram, also called ECGs. During the review of an adverse event, it was determined that when an ECG was requested there was a delay of approximately one hour until the ECG was performed. In response to this finding, the Emergency Department has defined an expected target time to ECG depending on the degree of urgency for the presenting patient. The Emergency Department will be monitoring this target to ensure that the patient has their ECG within the prescribed timeframe.

Intravenous Iron infusions

A complication of having an iron infusion is that the iron can leak into the tissues around the needle (drip site) and can cause long lasting or permanent skin staining (tattooing).

Following the review of several of these adverse events it was reported by some patients that they were not fully aware of the risk of iron leaking around the needle site during the infusion leading to possible permanent skin staining.

The following changes have been made to ensure that the patient is aware of the associated risks and can help us reduce these incidences:

- We have developed a specific consent form for iron infusions that includes all the risks to be discussed with the patient
- All patients receiving an iron infusion need to sign this consent after all the benefits and risks of the treatment have been explained by the doctor
- The patient is given an information brochure that also outlines the benefits and the risks
- On the day of the infusion the nurse checks the consent form and ensures that the patient has had the risks explained to them
- The staff undertake 5 minutely checks to ensure that the infusion is running correctly and there is no redness at the needle site
- The patient is asked to let the nurse know immediately if they are having any discomfort.



Consumers making a difference

Northern Health consumers are making a difference and improving health care processes and outcomes by regularly participating on various committees, and being a patient voice during reviews.

Sophie Rodier, Manager, Patient Experience, explained that a Root Cause Analysis (RCAs) panel can be formed in response to an adverse event. This panel aims to identify why an incident occurred and what can be done to prevent it from happening again.

“It is important that staff and consumers are involved in this process. Five of these panels held in 2020 have had a consumer member from the Northern Health Consumer Network. We have also had family contribution into three of these reviews, which has led

to a greater focus on patient experience during these reviews,” she said.

One of these consumers is Adamina Ivcovici, a consumer RCA panel member, who is finding her involvement to be a very valuable experience.

“It was an open environment and I felt comfortable to speak up. Everyone saw the events very differently but seemed happy to be quite critical when they needed to be or debate points rigorously. The Chair made sure that everyone had input and the chance to be heard. I think sometimes it’s easier as an outsider to see where a process might be lacking, which is where having consumers in any piece of improvement work can be so valuable. While others could bring their clinical expertise, I tried to look at the human elements of the incident we were reviewing,” she said.

STAFF SAFETY AND WELLBEING

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

The wellbeing of our staff at Northern Health is critical to ensure we provide the best possible care to our patients and community. In early 2021, Northern Health applied for a 'Healthcare Worker Wellbeing Grant' from the Department of Health and is one of few metropolitan Health Services awarded this grant.

The grant has funded a Wellbeing Team (a Wellbeing Team Leader, Wellbeing Project Psychologist and a Wellbeing Advisor) – who are dedicated to the wellbeing of our 5,300 staff. The grant helps our staff to be 'enabled to thrive' and supports our work in putting in place an evidence-based Wellbeing program 'THRIVE'. The key elements of the program are Protect, Promote and Support, implementing a Peer Support Program and psychological safety education across Northern Health.

With the continued lockdowns and waves of COVID-19 in the community, the wellbeing focus for Northern Health this year was ensuring our people got through the challenging time and that their mental health and wellbeing was supported in the best way possible. The team made individual wellbeing check in calls to all staff who had to furlough for 14 days in 2021. Additionally, our TREAT 'Rest and Recovery' and 'Collective Pause' sessions were made available with more staff than ever before attending.

There is a huge amount of work in the wellbeing space planned for 2021-22 through the development of the Employee Wellbeing Strategy, roll out of Mental Health First Aid training, implementation of shared reflection sessions, continued delivery of our TREAT sessions and a broadening of available support services for our staff who are always there for our patients.

"I would like to Thank you for the care and dedication in caring for my injury (ankle & lower back). I was in intense pain. Initially I was unsure where to seek treatment for this pain, and continue to solider on thinking its normal. But I am definitely very glad I came to see you. Without the treatment I received I was seriously considering pivoting my career from Nursing, I was anxious, depressed from pain and stressed about calling in sick to work.

I really love my job, so I am grateful for the treatment, and hope you continue this vital clinic for future staff at TNH." (Staff quote)

Staff Physiotherapy Clinic opens

To look after our staff the best possible way, Northern Health's Occupational Health and Safety Department has launched the Staff Health Clinic – Physiotherapy. The clinic is a new service designed to look after the musculoskeletal health of Northern Health staff.

The clinic sees Northern Health employees from all areas. It aims to provide high quality one on one physiotherapy care to staff who sustain injuries whilst at work, to help recovery and return to work safely and quickly. The clinic also provides care to staff who have musculoskeletal injuries or conditions that may not have happened at work, that may limit their ability to do their job safely and comfortably.

"If you hurt your back trying to get a patient out of bed, or if you hurt your shoulder trying to move a box, or you've fallen over and hurt your ankle, we will see you. If you have injuries or pains in your normal life outside of work, like if you hurt your back in the garden or playing sport or even if you've had a flare up of an old injury, contact us. This is a short-term service, as we are aiming to see people no more than six times," explained Tom Cooper, Physiotherapist, who leads the clinic.

How are staff being supported?

- In the first 3 months of operation - 91 individual referrals have been received, 67 individuals have accessed the service with 164 individual appointments provided
- 92% of staff rate their satisfaction highly of at least an 8/10 or higher
- 79% of staff felt their condition improved with treatment

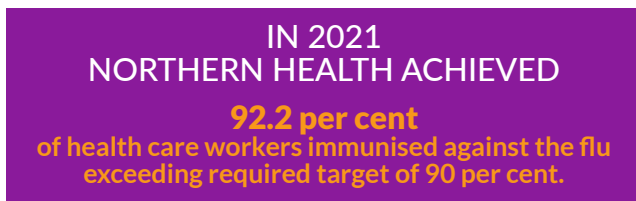


Infection Prevention

Hand Hygiene



Staff influenza vaccination



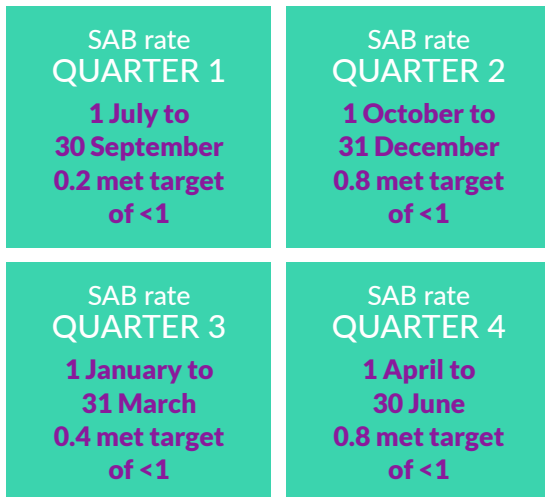
Blood Stream Infections - Staphylococcus aureus bacteraemia (SAB)

Blood stream infections have a serious effect on a patient’s health and can even result in death. Northern Health’s infection prevention team undertake regular surveillance and reporting for the statewide program Victorian Healthcare Associated Infection surveillance Coordinating centre (VICNISS).

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

Result against the target

SAB rate 2020/21 per 10,000 bed days



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).

Result against the target

There were 4 CLABSIs identified in the 2020-21 reporting period.

CLABSI rate 2020/21 per 1000 devices



Northern Health takes any central line infection very seriously. All four cases were jointly reviewed by our Infectious Diseases Doctors and the Intensive Care Doctors to identify any preventable factors that may have contributed to the infections.

The following actions have been put in place to reduce the risk of further infections:

- Early replacement of a device if it is inserted in a place other than in the Intensive Care Unit
- Review of the existing procedures for central line insertion to ensure consistency and safety across all shifts at Northern Health.
- Improve documentation of the insertion and maintenance of all central lines. Use of an observer to document the insertion procedure.



COVID-19 Vaccination Program

Northern Health has commenced operating a new COVID-19 Vaccination Clinic at the Plenty Ranges Arts & Convention Centre in South Morang.

Jan Kourlis, pictured above who was first in line said after receiving her vaccination, “The staff were fabulous, they told me exactly what you need to know and I recommend it highly!”

Debra Bourne, Chief Nursing and Midwifery Officer, said “The response of multiple teams at Northern Health to enable us to establish a large COVID vaccination unit off site in such a short period of time has been remarkable. It was a wonderful example of staff living our values and working together to overcome multiple hurdles to create a service in such a short time frame. I am extremely thankful for the hard work that they all have shown”.

Consumer quotes about COVID-19 Vaccination Program

“Excellent, efficient, caring and friendly Staff at the COVID vaccination departmentthank you.”

“I would like to congratulate the Northern Hospital on the excellent set up for COVID vaccinations, I went online last night and booked my vaccination for first thing this morning, the team was quick and efficient. I have my second vaccination booked already! The whole experience was very simple and the wonderful team ease any anxiety you may have.”

“The staff in the COVID Vaccination Clinic were highly professional and caring. I had gone for the vaccination and they treated me very well and it was an amazing feeling to interact with staff like those who were on duty today.”

MATERNITY AND PAEDIATRIC SERVICES

Our maternity service, in partnership with women and families aims to deliver outstanding health care to women and newborn babies. Our service continues to provide high quality birthing services to our growing community, with 3260 births in 2020-21.

Northern Health measures the safety and quality of its maternity services by submitting data to Safer Care Victoria each year, for comparison against other maternity services in Victoria. This benchmarking report, known as the Victorian Perinatal Services Performance Indicators (VPSPI), highlights opportunities for improvement activities throughout the Maternity sector, and for individual health services. Two of the indicators that we report our performance on include Severe Fetal Growth Restriction and low APGAR scores.

Indicator-Severe Fetal Growth Restriction (FGR)

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

Result

On reviewing Northern Health's performance in 2020-21, 16.1 per cent of all babies born who had a birthweight less than the third centile, were born after 40 weeks gestation. That means that we identified approximately five out of six babies who were very small and timed their birth accordingly.

Target

The state-wide average for both public and private hospitals in Victoria in 2019-20 (the latest published results) was 23 per cent, with the "least favourable" quartile at 27.3 per cent and the "most favourable" quartile at 17.6 per cent. In 2020-21, Northern Health performed better than the expected range in 2019-20 and better than most other level five maternity services.

Actions and outcomes

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

- Risk screening at every appointment of a woman's pregnancy care
- Consistency in measuring fetal growth and tracking growth from 24 weeks
- Education and training on fetal growth restriction and guidelines for staff
- Regular monitoring of our performance
- All babies who are born with a birthweight less than the third centile are 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

Indicator-Low APGAR score

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

Result

Of all term (greater than 37 week's gestation) babies born at Northern Health in 2020-21, 0.9 per cent were born with an APGAR score less than 7 at five minutes of age (1.2% 2019-20).

Target

The latest published results are the 2019-20 VPSPI that reported the "most favourable" quartile at 0.9 per cent and the "least favourable" quartile at 1.8 per cent. Northern Health is performing within the expected range and better than most other similar maternity services (Level 4 & 5 capability).

Actions and outcomes

- Regular monitoring of our performance by our divisional leaders at quality and risk meetings
- All babies who are born with APGAR's that are

less than seven at five minutes are reviewed by the multidisciplinary team (team of different specialists) to identify areas for clinical and system improvement

- Neonatal resuscitation and fetal surveillance education is provided to clinicians working in birthing suite
- Practical Obstetric Multi-Professional Training (PROMPT) is provided to all clinicians who work in birthing suite to prepare for effective management of obstetric emergencies
- Systems 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.

Working closely with our women and families during the pandemic to closely monitor their well being

The pandemic has changed the way we work and we

have had to implement new and creative ways to ensure we continue to provide the best possible care to our community. The maternity team has done this through the launch of virtual childbirth education classes and the Eve app.

Virtual childbirth education classes

Northern Health launched virtual childbirth education classes to support expecting mothers and families in our community during the COVID-19 pandemic.

The virtual classes include the same content as would be in the face to face classes, with our very experienced childbirth educator, Marie Treloar, running them.

“Preparing new parents for their birth and parenting journey has been challenging during the COVID-19 pandemic due to the cessation of face to face childbirth and parenting classes. However, thanks to technology, providing education via live sessions has been very effective and rewarding. Families have felt empowered, equipped and supported during this time and feel more confident for the journey ahead,” Marie said.



Eve app

Eve is a mobile application designed to enhance the pregnancy and parenting experience for mums in the north by providing them with access to evidence based information relating to pregnancy, birthing and early parenting.

Nicole Carlon, Director of Operations, Women's and Children's Services, says Eve came about as a result of, "looking at ways to improve women's involvement in their own care and improve the quality and timeliness of the information they were seeking regarding pregnancy, birthing and early parenting."

"When women book in to have their baby at Northern Health, they will receive an SMS inviting them to download the application. This will be linked to their specific booking and their own medical record and will have bank-level encryption to ensure privacy is maintained. Women will receive weekly updates about how their body and baby is growing and have new articles that are relevant to their stage of pregnancy/ parenting. They can also search for specific articles or topics that they are interested in."

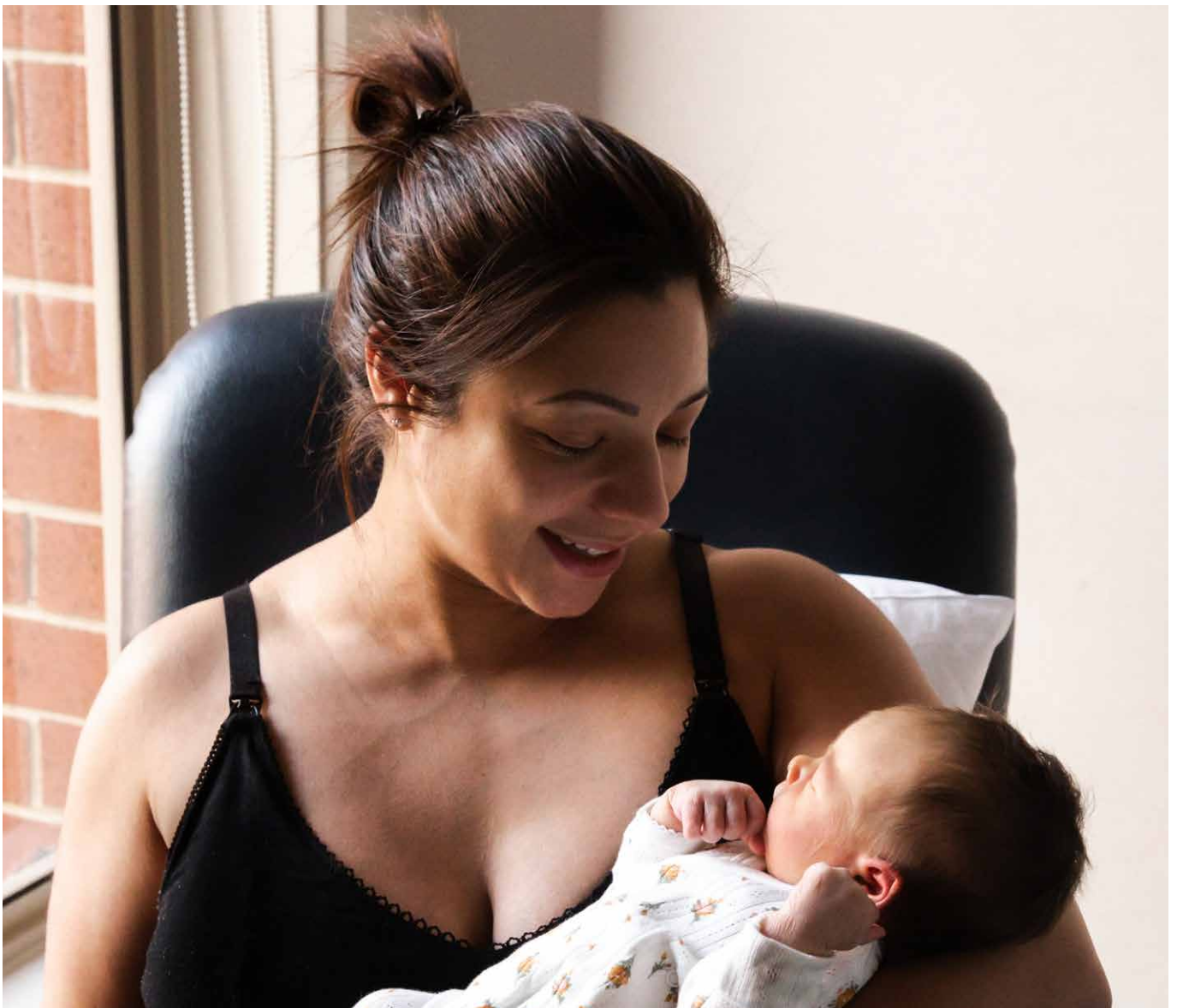


Have you met eve?

Consumer comments on the EVE app

“This is fantastic, I wish it was around when I had my first baby. I was telling anyone who asks how great Eve is and my whole experience at Northern has been. They actually listened to my wishes, I’ve been telling those that don’t ask too!!”

“I think this app is a wonderful idea! I wish it was started years ago! You get support from midwives and from other parents who are all in the same area and going to the same hospital. Makes it a more tailored and relatable app than any of the other ones out there. I love it! Great idea!”



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

Escalation of care

REACH

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

To ensure patients and their carers are informed of their right to escalate their concerns and the process to do this, the REACH brochure is included in the Welcome Pack given to patients on admission to Northern Health. REACH posters like the one below are also displayed around the health service.

In the last 12 months, there have been 8 REACH calls made by patients or relatives to escalate care. Every REACH call is an opportunity to learn and respond to patient and family concerns.

Call A

The patient was experiencing a painful left arm during a potassium infusion. The nurses didn't answer the patient call bell immediately so the patient called the REACH number for assistance. The responding team checked the site of the drip to ensure that the infusion was running as it should be and the area around the drip site was not inflamed. To address the patient's pain the potassium infusion was ceased and the drug was changed to oral medications by the doctors – the patient was happy with the plan.

Patient Experience Follow up:

Patient had not intended to escalate care by making a call – just wanted to speak to the treating team but was happy with the response and outcome.

Call B

The mother of a two-year-old child called the REACH number, as she was concerned her daughter was still unwell after being sent home from the Children's ward the previous evening. She reported that the child had had no wet nappies or tolerated fluids since discharge. The child has been unwell with gastro symptoms for 5 days and despite several visits to two hospitals' she was still concerned, as her daughter was not improving.

The mother initially called the Children's Unit from home who advised her to return to the Emergency Department(ED). The mother made the REACH call from the ED waiting room.

The responding team who observed the child to be asleep in the pusher but easily roused reviewed her immediately. All her observations were checked and she was taken straight into the paediatric section of ED for observation and assessment.

Patient Experience Follow up:

Mum was happy with the ongoing plan and had no further concerns when followed up by the Patient Experience team.



Northern Health

Northern Hospital

End of Life Care

PALLIATIVE CARE: IT'S MORE THAN YOU THINK

National Palliative Care Week 2021 is being marked with the theme 'Palliative Care It's more than you think', with the aim to raise awareness and spark important conversations in the community about the benefits of palliative care. It is also a chance to celebrate the amazing dedication of all those working and volunteering in palliative care.

Barbara Watson, a Registered Nurse in the Palliative Care Unit, says "We are very lucky to have a beautiful modern facility to work within at Palliative Care at Northern Health. However it's what happens inside this structure that we are most proud of."

Barbara goes onto say, "We have a united team where many of the staff have worked together for years. We come to work knowing we will be supported by management and enjoy the camaraderie of our colleagues."

"The primary beneficiaries of this philosophy are our patients and their families. Happy staff that present with a positive attitude are willing to give their all and demonstrate unique skills required for Palliative Care. Patients and their loved ones are so appreciative of our care, and they frequently provide us with wonderful feedback which assists in sustaining our work efforts."

Sentiments echoed by Lorraine who recently lost her husband Bill

"My husband Bill, was treated by all the staff with respect, caring and dignity. The same respect, caring and concern was afforded to me. We were told that the staff considered that they had two patients in the room- being my husband and myself."

"Even while my husband was in a coma the staff talked to him explaining what they would be doing. Such as turning him, washing him and giving medication and even shaving him even though he was in a coma."

"The staff including Pam the volunteer constantly checked on my husband and myself. Even after my husband passed away, I received calls from the Oncologist and Pam checking on my welfare. The whole staff are amazing for their endless compassion to the patients and families."



Residential aged care services

Ian Brand Residential Care is home to 25 residents who enjoy a warm, caring environment staffed by registered nurses who provide security, comfort and professional care together with the support team. Our home provides nursing care for high care residents, a socially interactive program with activities, emotional and spiritual support in accommodation that is private and welcoming.

Ian Brand Residential Care is accredited under the aged care standards until 10 August 2021. Due to the COVID-19 pandemic, accreditation has been delayed nationally. Ian Brand Residential Care has been given a six month extension on its current accreditation. It is expected to be surveyed for accreditation in February 2022.

Name change to reflect Ian Brand residents

Ian Brand Nursing Home has officially been changed to Ian Brand Residential Care.

Kirralee Jensen, Site Operations Director and Director of Nursing at Bundoora Centre, said the name change was influenced by the residents and their families.

“We consult residents and their families on changes within Ian Brand. There was a survey done a couple of years ago and then we did it again late last year about the name change,” Kirralee said.

“To be inclusive of every person that resides at Ian Brand, there were four options for a name and the residents and their families decided on Ian Brand Residential Care, and to remain honouring Dr Ian Brand who it was named after.”

Ian Brand Residential Care is currently home to 25 residents, with 34 dedicated nursing staff providing full nursing care.

Ian Brand Residential Care collects and reports on a suite of quality indicators as part of the Victorian Public Sector Residential Services. These indicators shown below cover high- risk care areas and provide an opportunity to benchmark against our past performance and those of like size Public Residential Aged Care Sector (PRACS).

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

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

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

The graphs following show our performance from July 2019 to June 2021 reporting periods, showing a comparison from July 2019- June 2020 and July 2020 – June 2021.

Like facilities, which have a similar number of beds is the comparison that is the most important measure for Ian Brand. This is indicated above the graphs.

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



Pressure injuries

A **pressure injury** is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, shear, or a combination of these factors.

	2019-20 our performance	2020-21 our performance	Target	2020-21 PRACS average
Pressure Injury Stage 1	0.09	0.43	0.00	0.35
Pressure Injury Stage 2	0.77	0.11	0.00	0.34
Pressure Injury Stage 3	0.29	0.00	0.00	0.04
Pressure Injury Stage 4	0.00	0.00	0.00	0.02
Unstageable Pressure Injury	0.00	0.00	0.00	0.04
Suspected Deep Tissue Injury	0.00	0.00	0.00	0.02

Pressure Injuries Stage 1 rates per 1000 bed days

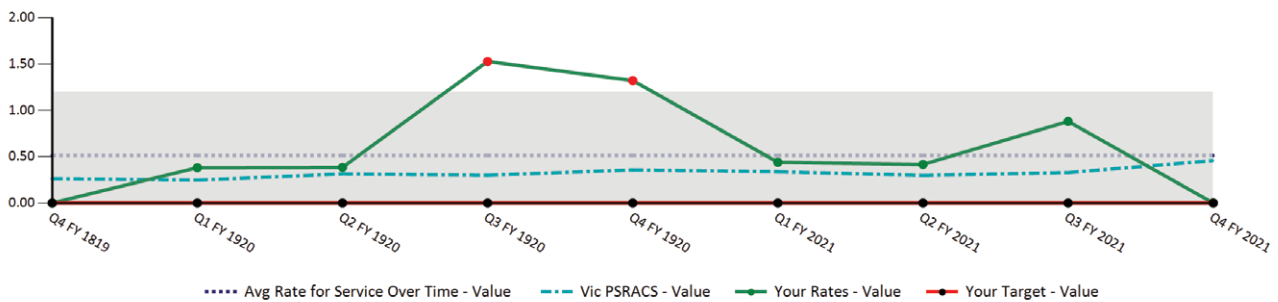
Ian Brand Residential Care 0.43

Like facilities (30-45 beds) 0.34

Pressure Injuries are reported not only if acquired in care but if the consumer was admitted with a pressure injury. A Care plan is developed for each consumer on admission to reduce the chance of injury and manage any injury that may be present on arrival. A focus on nutrition, mobility and positioning are integral to our care, as is staff training in manual handling and injury prevention.

Pressure injuries stage 1 (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	0.00	0.38	0.39	1.53	1.32	0.44	0.42	0.88	0.00
Avg Rate for Service Over Time	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51
Vic PSRACS	0.26	0.25	0.31	0.30	0.36	0.34	0.30	0.33	0.46

Pressure injuries stage 1 (per 1000 b/d)



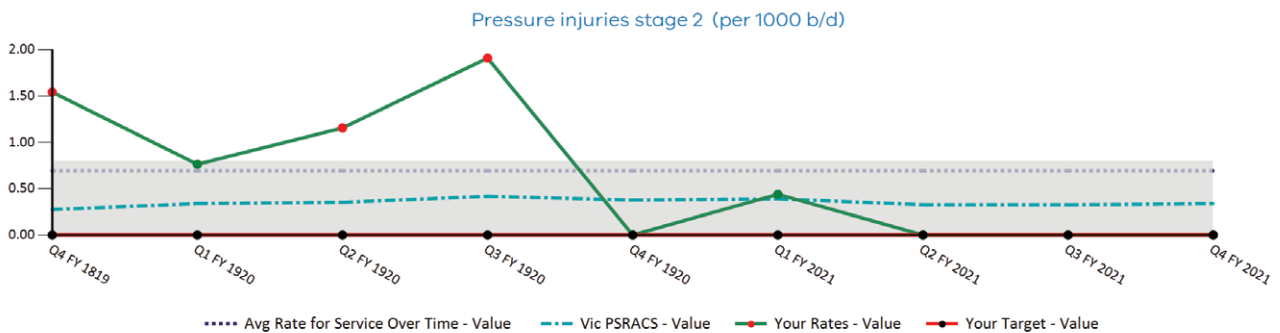
Pressure Injuries Stage 2 rates per 1000 bed days

Ian Brand Residential Care 0.11

Like facilities (30-45 beds) 0.29

Plan of care is the same as for 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 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	1.54	0.76	1.16	1.91	0.00	0.44	0.00	0.00	0.00
Avg Rate for Service Over Time	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69
Vic PSRACS	0.27	0.34	0.35	0.42	0.38	0.39	0.33	0.33	0.34

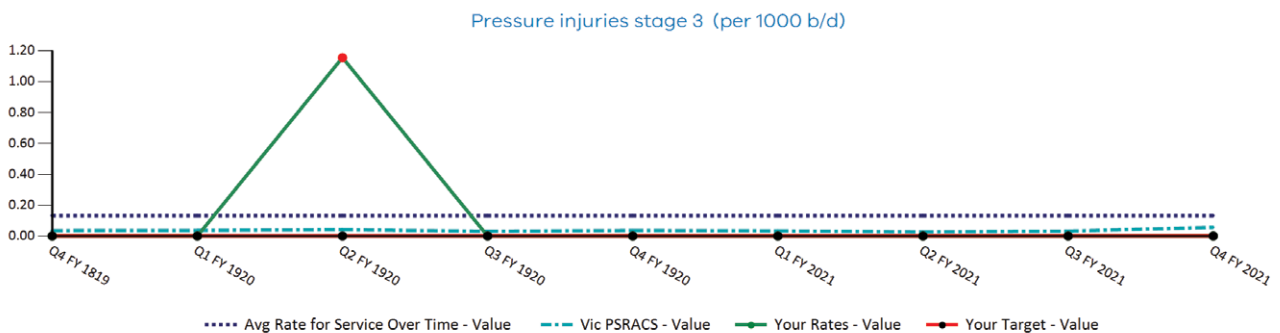


Pressure Injuries Stage 3 rates per 1000 bed days

Ian Brand Residential Care 0.00

Like facilities (30-45 beds) 0.03

Pressure injuries stage 3 (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	0.00	0.00	1.16	0.00	0.00	0.00	0.00	0.00	0.00
Avg Rate for Service Over Time	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13
Vic PSRACS	0.04	0.04	0.04	0.03	0.04	0.03	0.03	0.03	0.06

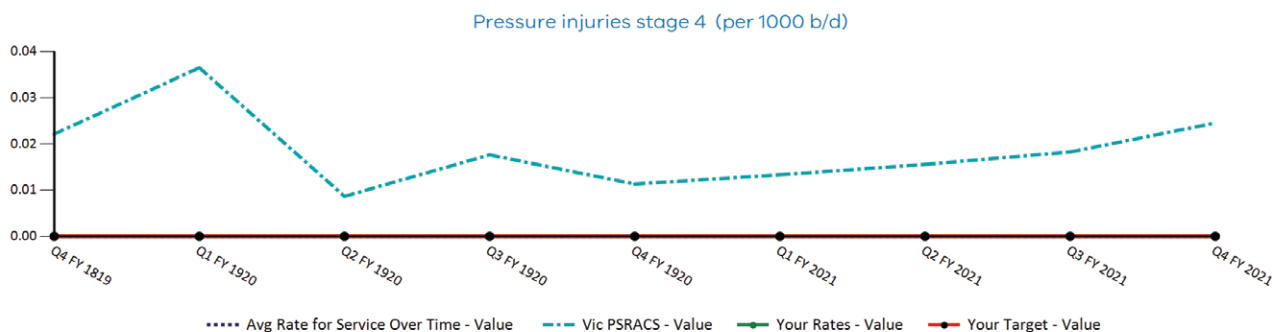


Pressure Injuries Stage 4 rates per 1000 bed days

Ian Brand Residential Care 0.00

Like facilities (30-45 beds) 0.01

Pressure injuries stage 4 (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
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	0.02	0.04	0.01	0.02	0.01	0.01	0.02	0.02	0.02

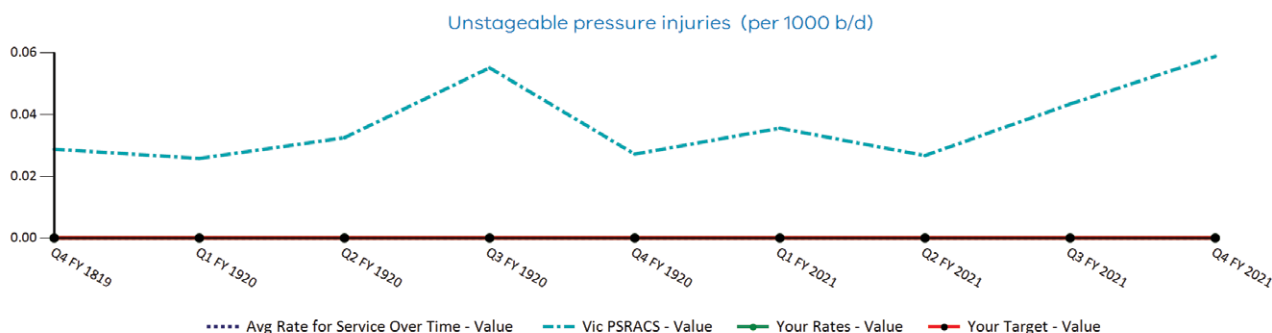


Unstageable Pressure Injuries rates per 1000 bed days

Ian Brand Residential Care 0.00

Like facilities (30-45 beds) 0.03

Unstageable pressure injuries (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
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	0.03	0.03	0.03	0.06	0.03	0.04	0.03	0.04	0.06



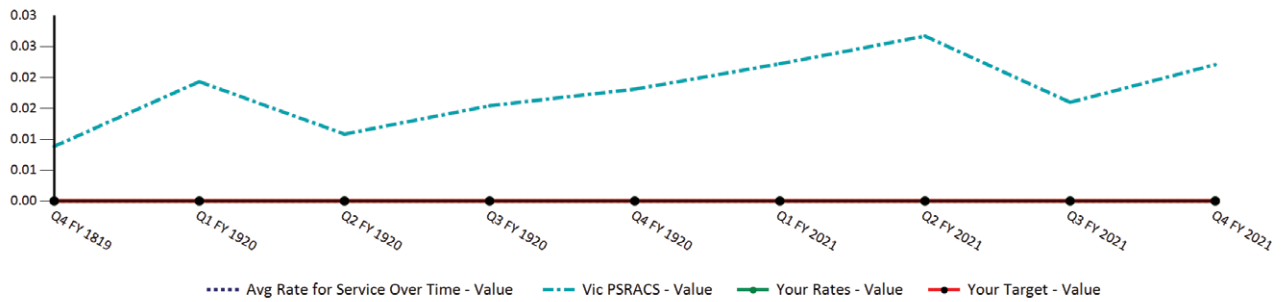
Suspected deep tissue injury rates per 1000 bed days

Ian Brand Residential Care 0.00

Like facilities (30-45 beds) 0.02

Presumed deep tissue injury (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
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	0.02	0.01	0.02	0.02	0.02	0.03	0.02	0.02

Presumed deep tissue injury (per 1000 b/d)





Falls and major injury

A **fall** is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level. A **fall resulting in major injury** is a fall that meets this definition and results in one or more of the following; bone fractures, joint dislocations, closed head injuries with altered consciousness and/or subdural haematoma.

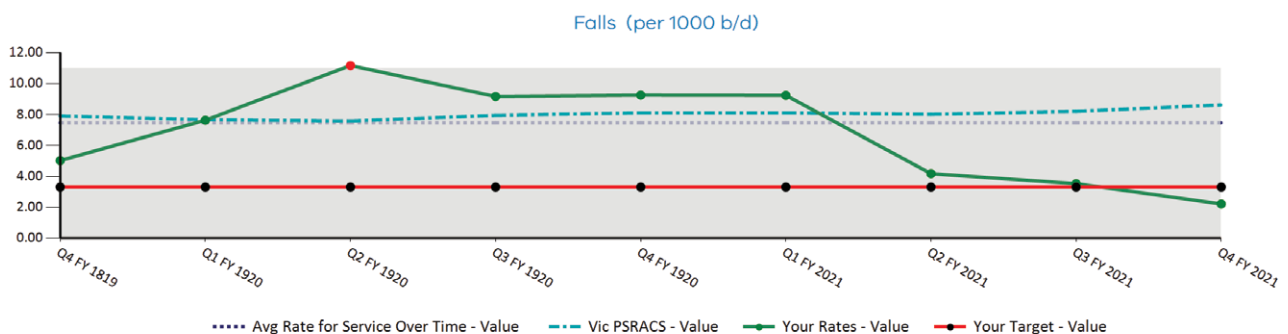
	2019-20 our performance	2020-21 our performance	Target	2020-21 PRACS average
Falls	9.31	4.78	3.3	8.19
Falls resulting in major injury	0.20	0.11	0.0	0.18

Falls rates per 1000 bed days

Ian Brand Residential Care 4.78 per 1000 bed days

Like facilities (30-45 beds) 8.18

Falls (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	5.02	7.64	11.18	9.17	9.26	9.24	4.17	3.52	2.21
Avg Rate for Service Over Time	7.46	7.46	7.46	7.46	7.46	7.46	7.46	7.46	7.46
Vic PSRACS	7.91	7.67	7.58	7.95	8.11	8.12	8.02	8.21	8.62

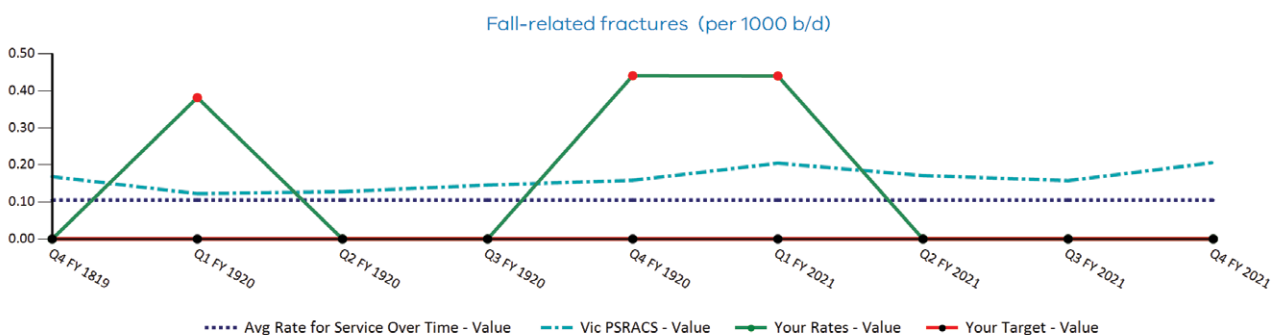


Fall related fractures rates per 1000 bed days

Ian Brand Residential Care 0.11

Like facilities (30-45 beds) 0.17

Fall-related fractures (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	0.00	0.38	0.00	0.00	0.44	0.44	0.00	0.00	0.00
Avg Rate for Service Over Time	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11	0.11
Vic PSRACS	0.17	0.12	0.13	0.15	0.16	0.20	0.17	0.16	0.21





Physical restraint

Physical restraint includes all forms of restrictive practice, excluding chemical restraint. This includes physical restraint, mechanical restraint, environmental restraint and seclusion. There are two categories of restraint reported: **Restraint A** – intent to restrain; **Restraint B** – types of restraint in use which includes the following: bedrails.

	2019-20 our performance	2020-21 our performance	Target	2020-21 PRACS average
Restraint A	0.00	0.00	0.00	0.39
Restraint B	1.08	0.87	0.00	0.56

Ian Brand Residential Care aims to be a restraint free environment.

There are two categories of restraint reported

Restraint A- intent to restrain

Restraint B- types of restraint in use that includes the following: bedrails. For audit purposes, the device(e.g. bedrail) is to be counted whether it is being used to intentionally restrain a consumer or not.

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

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

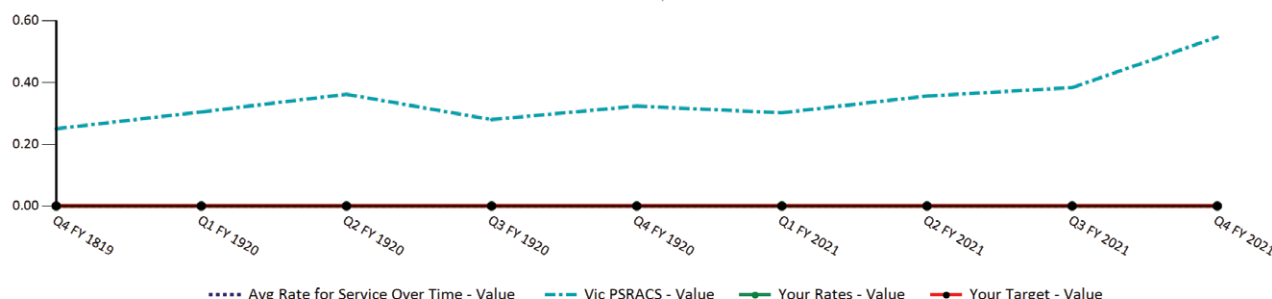
Restraint A rates per 1000 bed days

Ian Brand Residential Care 0.00

Like facilities (30-45 beds) 0.35

Restraint A (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
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	0.25	0.31	0.36	0.28	0.32	0.30	0.36	0.38	0.55

Restraint A (per 1000 b/d)

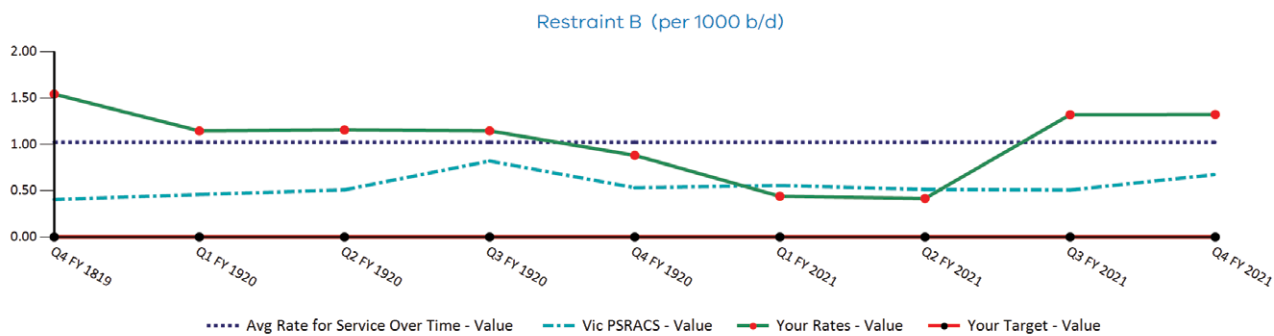


Restraint B rates per 1000 bed days

Ian Brand Residential Care 0.87

Like facilities (30-45 beds) 0.46

Restraint B (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	1.54	1.15	1.16	1.15	0.88	0.44	0.42	1.32	1.32
Avg Rate for Service Over Time	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02
Vic PSRACS	0.41	0.46	0.51	0.82	0.53	0.56	0.51	0.51	0.67





Medication Management

Polypharmacy is defined as the prescription of nine or more medications to a care recipient. **Antipsychotics** are medications prescribed for the treatment of a diagnosed condition of psychosis.

	2019-20 our performance	2020-21 our performance	Target	2020-21 PRACS average
Polypharmacy	2.73	3.26	2.10	4.47
Proton Pump Inhibitors	4.4	3.36	0.0	3.70
Antipsychotics	2.19	2.71	0.0	3.30
5 or more administration times	0.98	0.54	0.0	1.69

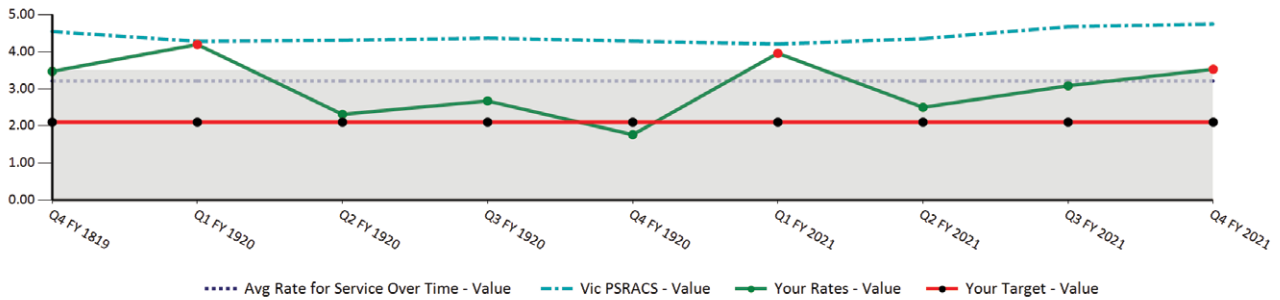
Polypharmacy – Nine or more medicines rates per 1000 bed days

Ian Brand Residential Care 3.26

Like facilities (30-45 beds) 4.46

Residents using 9+ different medicines (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	3.47	4.20	2.31	2.67	1.76	3.96	2.50	3.08	3.53
Avg Rate for Service Over Time	3.22	3.22	3.22	3.22	3.22	3.22	3.22	3.22	3.22
Vic PSRACS	4.55	4.28	4.31	4.37	4.29	4.21	4.35	4.68	4.75

Residents using 9+ different medicines (per 1000 b/d)



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

General Practitioners continue to review medications prescribed to our consumers monthly in an effort to reduce these indicators. Particular attention is given to the antipsychotic medicines and the proton pump inhibitors, as well as the administration times.

There are also regular resident medication reviews (RMMR) undertaken by an external pharmacist who reports to each consumers GP.

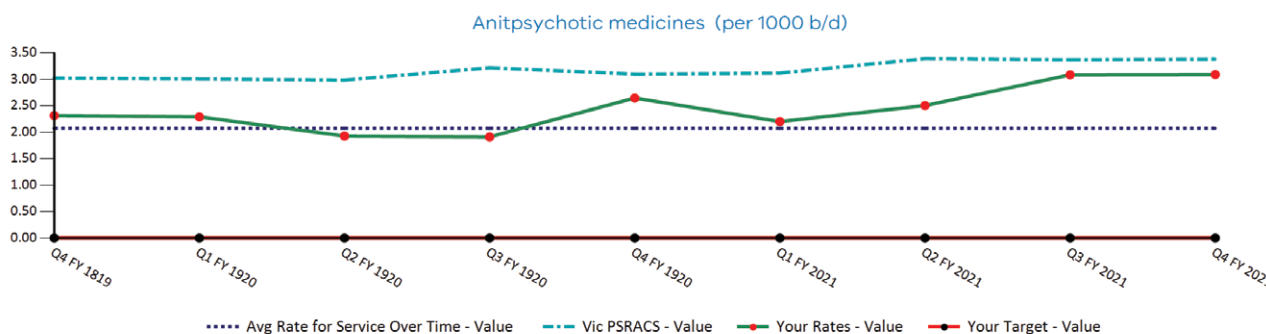
Antipsychotic Medicines rates per 1000 bed days

Ian Brand Residential Care 2.72

Like facilities (30-45 beds) 3.79

Several consumers who have been prescribed antipsychotics have advanced dementia with elements of behavioral disturbances and have all been reviewed by a Geriatrician. Several other consumers have psychiatric disorders requiring the medication.

Anitpsychotic medicines (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	2.31	2.29	1.93	1.91	2.65	2.20	2.50	3.08	3.09
Avg Rate for Service Over Time	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07	2.07
Vic PSRACS	3.02	3.01	2.98	3.22	3.10	3.12	3.39	3.37	3.38



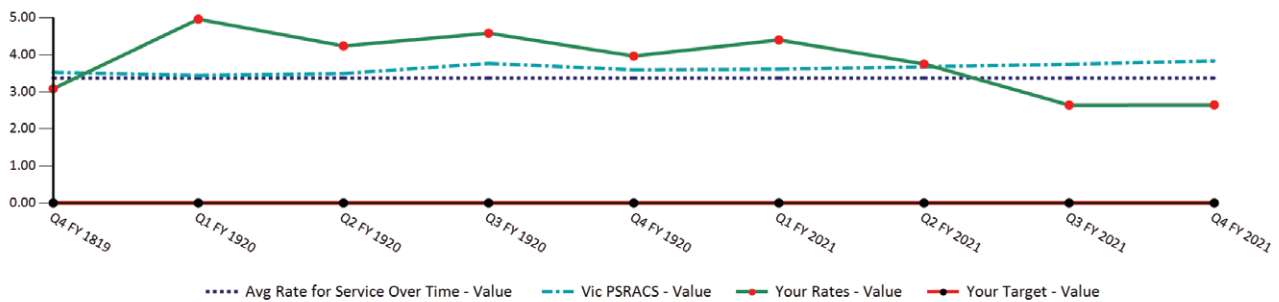
Proton Pump inhibitor rates per 1000 bed days

Ian Brand Residential Care 3.37

Like facilities (30-45 beds) 3.83

Proton pump inhibitor medicines (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	3.09	4.96	4.24	4.59	3.97	4.40	3.75	2.64	2.65
Avg Rate for Service Over Time	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38	3.38
Vic PSRACS	3.53	3.44	3.49	3.77	3.60	3.61	3.68	3.75	3.84

Proton pump inhibitor medicines (per 1000 b/d)



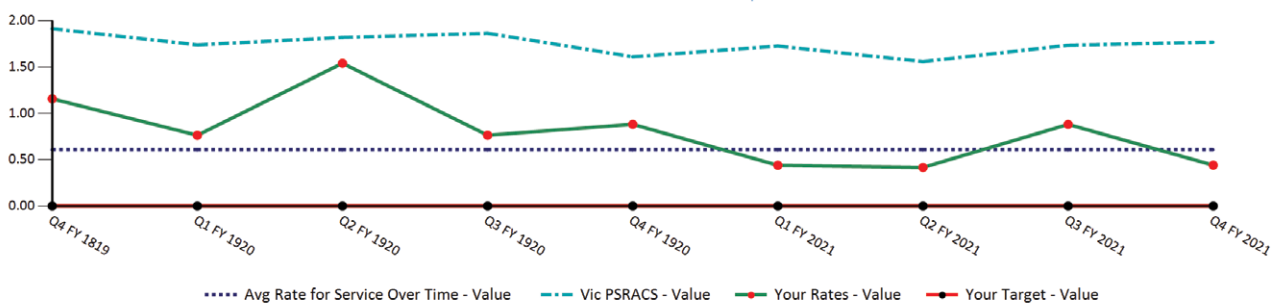
Five or more administration times rates per 1000 bed days

Ian Brand Residential Care 0.54

Like facilities (30-45 beds) 2.14

5 or more administration times (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	1.16	0.76	1.54	0.76	0.88	0.44	0.42	0.88	0.44
Avg Rate for Service Over Time	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61	0.61
Vic PSRACS	1.92	1.74	1.82	1.87	1.61	1.73	1.56	1.74	1.77

5 or more administration times (per 1000 b/d)





Unplanned weight loss

Significant unplanned weight loss is where a person experiences weight loss of five per cent or more over a three-month period. **Consecutive unplanned weight loss** is where a person experiences weight loss of any amount every month over a three-month period.

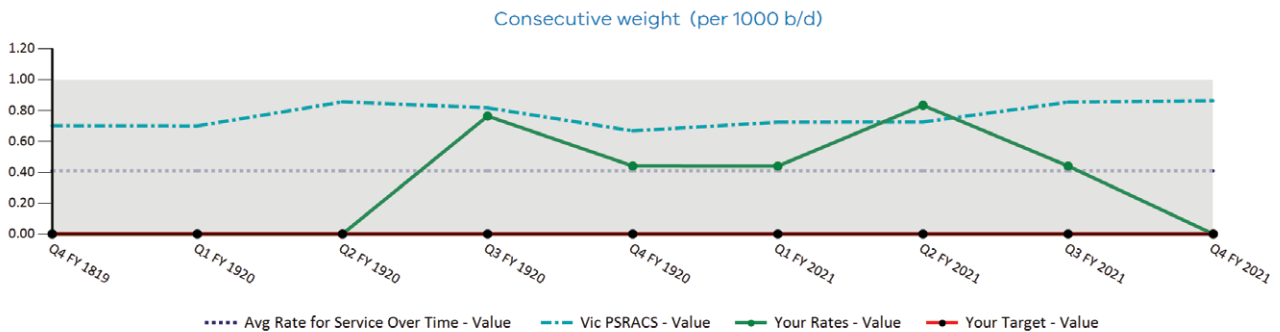
	2019-20 our performance	2020-21 our performance	Target	2020-21 PRACS average
Significant	0.79	0.54	0.2	0.82
Consecutive	0.30	0.53	0.0	0.79

Consecutive weight loss rates per 1000 bed days

Ian Brand Residential Care 0.43

Like facilities (30-45 beds) 0.77

Consecutive weight (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	0.00	0.00	0.00	0.76	0.44	0.44	0.83	0.44	0.00
Avg Rate for Service Over Time	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41
Vic PSRACS	0.70	0.70	0.86	0.82	0.67	0.72	0.73	0.85	0.86

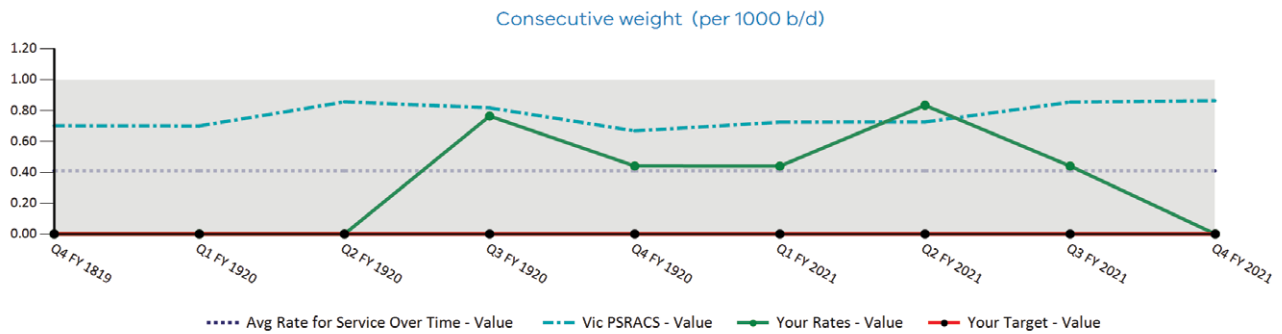


Significant weight loss rates per 1000 bed days

Ian Brand Residential Care 0.54

Like facilities (30-45 beds) 0.81

Consecutive weight (per 1000 b/d)	Q4 FY 1819	Q1 FY 1920	Q2 FY 1920	Q3 FY 1920	Q4 FY 1920	Q1 FY 2021	Q2 FY 2021	Q3 FY 2021	Q4 FY 2021
Your Rates	0.00	0.00	0.00	0.76	0.44	0.44	0.83	0.44	0.00
Avg Rate for Service Over Time	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41
Vic PSRACS	0.70	0.70	0.86	0.82	0.67	0.72	0.73	0.85	0.86





Northern Health

Broadmeadows Hospital

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

Bundoora Centre

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

Craigieburn Centre

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

Northern Hospital

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

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