



Quality Account

2022-23

Northern Health

Our Vision

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

Our Values

Safe

We provide safe, trusted care for our patients. We are inclusive and culturally safe, celebrating the diversity of our staff and community.

Kind

We treat everyone with kindness, respect and empathy. We provide patient-centred and compassionate care.

Together

We work together with our staff, patients, consumers and health system partners.

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 and Taungurung 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.

Northern Health celebrates, values, and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.



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Message from the Chief Executive

Our vision at Northern Health is for a healthier community, making a difference for every person, every day, and we constantly strive to ensure our services are as safe, effective and efficient as they can be.

Throughout this report, you will read about how Northern Health continues to meet, and exceed, many of the state and national health standards. While it is important to measure our performance against healthcare targets, it is equally important to review all feedback we receive from our consumers, patients and their families. As a result of this feedback, we can continue to make improvements to the quality of our services.

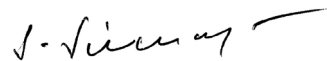
Northern Health became a designated mental health service on 1 July 2022, and is now the third largest mental health provider in Victoria. This included the completion of a brand new state-of-the-art mental health facility at Northern Hospital Epping, which provides residents of Melbourne's northern suburbs access to immediate mental health treatment in a safe, welcoming and healing environment.

Our Australian-first, Virtual Emergency Department also became a state-wide service, and was renamed the Victorian Virtual Emergency Department (VVED). The VVED creates pathways for patients to access emergency care for non-life-threatening conditions, from anywhere in Victoria, 24 hours a day, seven days a week, reducing pressure on emergency departments

and ambulance services across the state. Since its launch in October 2020, the VVED has seen 142,035 virtual presentations, and reduced unnecessary visits to the emergency department by 75 per cent.

As always, the safety of our patients and the quality of our service remains our highest priority, and we are committed to extending this care through community hospitals. This model of care will transform the way health services are delivered by allowing patients to access the care they need, closer to home. We are also encouraged by our values – Safe, Kind and Together – which drive our commitment to becoming an active partner in all aspects of wellbeing in our community.

I am pleased to present to you the 2022-23 Northern Health Quality Account, and would like to take this opportunity to thank our staff, patients, volunteers, consumers and their families for their ongoing commitment to providing the very best care for our community.



Siva Sivarajah
Chief Executive Northern Health



Our Services

Northern Health is the major provider of acute, maternity, sub-acute, mental health, specialist, community and home-based services in Melbourne's rapidly growing outer north.

Services are provided at our four main campuses: Northern Hospital Epping, Broadmeadows Hospital, Bundoora Centre and Craigieburn Centre. In addition, Mental Health Services are provided at Epping, Broadmeadows, Jacana, Preston, Mill Park and Coburg.

Our emergency department treats over 111,000 patients each year and supports over 103,000 patients in the Victorian Virtual Emergency Department. Northern Health cares for over 114,000 patients admitted to hospital each year (almost 35,000 arriving by ambulance) and assists with the delivery of over 3,200 babies.

The Northern Health catchment includes three of the state's six growth areas: Hume, Whittlesea and Mitchell. The swift development of new suburbs in the north will see our population grow by more than 280,000 people by 2036.

Northern Health cares for a diverse community, born in more than 185 countries, who speak over 107 different languages and follow over 90 different religions or beliefs.


Northern Health has over 8,500 dedicated professional staff and has an annual revenue turnover of over \$1 billion.





Voluntary amalgamation from 1 November 2023

Kilmore District Hospital
1 Anderson Road, Kilmore



Northern Hospital Epping
185 Cooper Street Epping

Whittlesea Community Hospital

Construction not yet commenced

2022 Election Promise



Future site of Craigieburn Hospital

Craigieburn Centre
350 Craigieburn Road West Craigieburn



Bundoora Centre
1231 Plenty Road Bundoora



Broadmeadows Hospital
35 Johnston Street Broadmeadows

- Broadmeadows Community Care Unit
- Broadmeadows Prevention & Recovery Care
- Hotham St Clinic
- McLellan House Residential Care
- Moreland Community Team
- Noogal Clinic
- Northern Community Care Unit
- Northern Prevention & Recovery Care



Our care at a glance

103,389

VVED*
presentations

25,117

Paediatric emergency
presentations

112,477

Emergency
presentations

20,287

Elective surgical
procedures

114,224

Hospital
admissions

34,960

Ambulance
arrivals

254,397

Specialist Clinic
appointments

2,168

Mental Health Adult
/ Aged Admissions

207,866

Mental Health
Community Contacts**

3,041

Babies born

* Victorian Virtual Emergency Department

** Follow-up interactions with Mental Health patients, post discharge



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 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 is 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

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

Italian

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

Macedonian

Ако сакате да знаете повеќе за Годишниот Извештај за Квалитет (Annual Quality Account), ве Молиме повикајте не преку ТИС (TIS), на телефон 131 450.

Можете да се јавите зборувајќи Македонски. Замолете ги да Ве поврзат со Одделението за Квалитет (QUALITY DEPARTMENT) на (03) 8405 2457. 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。



Teresa
Nurse Practitioner

Consumer, Carer and Community Participation

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

Our Northern Health Patient Experience Survey is an electronic survey that asks patients or visitors five 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.

Patient Experience Survey

In the past year, 6,974 surveys were completed

- 255 (3.5 per cent) of surveys completed with the help of an interpreter
- 799 (12 per cent) of surveys completed by visitors
- 732 comments about care submitted.

Q1

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

95% of patients rated care as "good" or "very good"

Q2

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

98% answered "all the time" or "most of the time"

Q3

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

76% answered "very clean" or "clean"

Q4

Did you feel that you were listened to and understood by staff?

88% answered "yes, always"

Q5

If you had any questions or concerns, were you able to discuss these with staff?

84% answered "yes, always" or "yes, sometimes"

Feedback from Consumers

1,284

Compliments
received

1,526

Complaints
received

82%

Complaints
resolved within
30 days

Feedback received through Patient Experience Office and Northern Health Patient Experience Survey from July 2022 - June 2023.

How to provide feedback



In person

Talk to the staff caring for you



Call

Patient Experience Office on (03) 8405 2457



Email

feedback@nh.org.au



**Feedback
Forms**

Available in 10 different languages
Please ask a staff member



Website

[www.nh.org.au/patients-and-visitors/
patient-information/your-feedback/](http://www.nh.org.au/patients-and-visitors/patient-information/your-feedback/)



Post

Patient Experience Office,
185 Cooper Street, Epping 3076

Partnering with Consumers



Fostering success: The vital role of consumer participation in lead up to the Electronic Medical Record (EMR) rollout

Northern Health consumers are working across different levels of the health service including individual service, department or program of care, health service governance, policy and planning.

The purpose of these partnerships is to improve the outcomes, experiences and delivery of care by drawing on the knowledge, skills and experiences of people who are using, have used or may use the health service in future.

In the lead up to the EMR going live, it was important for Northern Health to engage members from the Northern Health Consumer Network to advise on some of the key messages of the EMR, including:

- What an EMR is and what it will mean for Northern Health consumers
- patient privacy
- what to expect when Northern Health launches an EMR
- and patient journey at Northern Health.

The EMR Advisory committee prepared early for partnering with consumers and patients to consider options for consumer engagement. Consumers were involved in videos for staff, focus groups and review of campaign and patient facing materials.

Consumers provided feedback on ways to best promote the EMR, key messages for consumers, patient information brochures and distribution points.

“To understand fully what our consumers would like to find out about the EMR, the team ran a focus group. Four consumers came and provided valuable feedback on how to best communicate about the go-live, as well as specific topics that they and the community would’ve liked to know more about,” said Ginnie Leung, Communications Advisor and Training Administrator, EMR.

Pictured in featured image (L-R): Mary Shell, Consumer and Sherrilyn Ballard, Consumer Participation Coordinator.

Root cause analysis with Consumers

Safer Care Victoria is the state's healthcare safety and improvement expert body.

They work with health services when serious incidents occur to identify the cause, and implement improvements or changes.

One way that this happens is via a Root Cause Analysis Committee. Safer Care Victoria provide guidelines that hospitals need to work through, then report back to Safer Care Victoria explaining what they found out, and what they are now doing differently.

Northern Health has consumers involved in these committees. It is very important work helping to identify issues and thinking through solutions that will help keep patients safer in the future. Consumers provide a different point of view and provide the voice for patients, which is vital for best health outcomes.

Some examples of reviews that consumers have been involved in are: **Falls, Collapse, Women's & Children's division.**

“I believe it's essential to have a consumer speak on behalf of the patient, or parent-to-patient, in these meetings as we see the issue from their point of view and represent them accordingly. We see it not from the specialist point of view, nor the medical reasons, but from our own experience of knowing ourselves or our child and advocating through that lens. It keeps the human side to what can sometimes be too technical or too jargon heavy. I also feel super appreciated for my contributions on these panels and feel I am representing a voice that would otherwise go unheard.”

Leanne, Consumer

How to get involved

Consumers co-design their own training

Many people are interested in becoming involved as a consumer for a health service. They are keen to share their experiences to help others receive improved care in the future. However, not everyone feels confident in how they can best contribute.

During 2022, several consumers were proactive in seeking training for their personal skill development. Early in 2023, Northern Health consumers were surveyed seeking their feedback on the 'level of importance' of a range of recommended consumer training topics:

- Communication (getting our message across)
- Influencing and negotiating skills
- Problem solving
- Decision making
- Understanding projects
- Working in teams

Based on this feedback, a small working group of consumers attended regular meetings with a Northern Health staff trainer to co-design three training sessions.

The training focused on supporting consumers to build their knowledge and skills in contributing to Northern Health committees and projects. The consumer co-design training working group assisted with tailoring the content of the training to specifically meet the needs of consumers. The training has been successful with the following topics delivered online with 10 participants attending each session:

- Active participation in decision making: assertiveness skills
- Communicating for clarity

A third training session is planned for late 2023, Communication: Understanding projects. This session will include consumers attending both face-to-face and online to suit their needs. Consumers are keen to hear how projects fit in at Northern Health, how projects are co-designed and working in teams.

If being involved as a consumer is something you would be interested in learning more about, please contact the Consumer Participation coordinator at Northern Health.



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.



Northern Health
Aaron
ICU Nurse

Diversity and inclusion



When we talk about diversity at Northern Health, we recognise and celebrate the many people who use and deliver our services. Their different characteristics, backgrounds, abilities, beliefs and needs create unique opportunities and challenges. When we talk about inclusion, we are committing to work with this diversity by creating an open, respectful culture and directly involving people at all stages of their health care.

Our goal at Northern Health is to reflect the diverse community we serve and create a workplace where everyone feels included. We embrace the individual skills, experiences and perspectives that our staff bring and harness these to deliver an improved patient experience and service delivery.

We focus specifically on five groups:

- Aboriginal and Torres Strait Islanders
- Cultural Responsiveness: Culturally and Linguistically Diverse people (CALD)
- Disability
- Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and Asexual/Ally (LGBTIQA+)
- Refugees and Asylum Seekers.

In addition to this, Northern Health focuses on gender equality for its staff and consumers and recognises intersectionality across all areas.

A workplace that is respectful, courteous, and fair and that values individual differences is a core aspect of building a positive workplace culture. Managing equity and diversity is a key component of managing employees and by focusing on building a positive and respectful culture we will enhance the performance of all employees.

Supporting people to receive health information in their language

Our patient community is richly diverse, born from over 195 countries and communicating in more than 115 languages.

Transcultural and Language Services (TALS) and the Narrun Wilip-giin Aboriginal Support Unit collaboratively provided a combination of face-to-face and online cultural competence education sessions, cumulatively drawing an attendance of 1,245 individuals.

TALS undertook 62 translation projects, effectively translating 257,892 words across our top 10 languages.

One in every five patients at Northern Health requires the assistance of an interpreter.

Interpreting

76,061 interpreting requests across 115 languages, with 89.5 per cent assigned.

Translation

62 translation projects across 10 languages, translating a cumulative total of **257,892** words.

Education

Sessions Conducted: **60**

Total Attendees: **1,245**

Language	Count	Percentage
ARABIC	21,363	28.09%
TURKISH	8,246	10.84%
ITALIAN	6,374	8.38%
MACEDONIAN	6,341	8.34%
GREEK	6,146	8.08%
ASSYRIAN	5,245	6.90%
VIETNAMESE	2,618	3.44%
MANDARIN	2,078	2.73%
PUNJABI	2,036	2.68%
PERSIAN	2,035	2.68%
CHALDEAN	1,820	2.39%
URDU	1,086	1.43%
HINDI	832	1.09%
NEPALI	759	1.00%
CROATIAN	744	0.98%
SPANISH	742	0.98%
CANTONESE	588	0.77%
SAMOAN	546	0.72%
TAMIL	534	0.70%
SERBIAN	527	0.69%

Refugees: Your community, your health

Refugee Week: Finding Freedom

In June 2023, Northern Health acknowledged Refugee Week as an opportunity for staff to learn more about the challenges faced by refugee and asylum seekers.

This year's theme is 'Finding Freedom' and aims to shine a light on aspects of the refugee experience and help the broader community to understand what it is like to be a refugee. Highlights at Northern Health include lived experience presentations, case studies and a background information session.

Stefania Zen, Education and Engagement Manager, Transcultural & Language Services/ Narrun Wilip-Giin Aboriginal Support Unit, was

one of the presenters at the Refugee Study Day on Tuesday, 20 June. She says, "every refugee is different, and each journey is unique."

Some of the challenges that refugees and asylum seekers face include the dramatic transition from one culture to another, the loss of home, families and community, together with the loss of language, social and professional status.

"It's important to understand the lived experience of refugees and asylum seekers. It helps us plan and deliver appropriate services to this diverse and unique patient group," said Jason Cirone, Chief Allied Health Officer.

Northern Health recently participated in the Refugees: Your Community, Your Health event, hosted by the City of Whittlesea's Program for Refugee Immunisation Monitoring and Education team.

The event brought the refugee and asylum seeker community living in the City of Whittlesea and the City of Hume together to learn about local services and the importance of immunisation against vaccine-preventable diseases, including COVID-19.

The team shared brochures and information on health education and community programs at a Northern Health booth.

"The event provided an opportunity for new residents to engage with, and learn about, service providers such as Northern Health. There were also various opportunities for service providers that engage with each other and the local community," said Stefania Zen, Education and Engagement Manager, Transcultural & Language Services/ Narrun Wilip-Giin Aboriginal Support Unit.

"Since the majority of the attendees spoke another language and had limited English, it was also an opportunity to highlight that at Northern Health, all Medicare eligible patients also have free access to professional interpreter services."

Pictured in featured image: (L-R) Julinah Mohd Shariff, Stefania Zen, Mary Mickael and Julie Tran.



Aboriginal Health Service

Possum-skins bring cultural comfort to the local Aboriginal and Torres Strait Islander community

A possum-skin cloak that was hand-crafted two years ago at the first ever possum-skin cloak workshop at Northern Health, is now on display at the Northern Hospital Epping main entrance.

The workshop was open to staff and members of the public to participate in and resulted in the creation of two items of great significance for our local Aboriginal and Torres Strait Islander community; a possum-skin cloak and a possum-skin baby wrap.

Possum-skin items play an important role in connecting Aboriginal and Torres Strait Islander with their culture and are used for spiritual healing. Once an everyday item for Aboriginal and Torres Strait Islander people in south-eastern Australia, possum-skin cloaks were originally worn for warmth, used as baby carriers, coverings at night, drums in ceremony and for burial. Only a handful of possum-skin cloaks made prior to 1900 still exist today, preserved in museum collections held across Australia and overseas.

“We are looking forward to the Aboriginal community having the opportunity to wear this



possum skin cloak, which will enable them to heal spiritually and connect to culture, community and country while they are a patient at Northern Health,” said Northern Health Koori Maternity Service’s Joanne Quinn.

Pictured in featured image: (L-R): Toni Gabelish, Aboriginal Liaison Officer, Karen Bryant, Senior Aboriginal Liaison Officer, Jason Cirone, Chief Allied Health Officer and Stephanie Thompson, Aboriginal Liaison Officer.

Aboriginal health service at Northern Health

1,692

Admitted patients

4,924

Outpatient attendances

2,697

Emergency Department presentations

Trans Awareness Week

A recent Australian study found that 41 per cent of transgender people who needed emergency care did not attend the emergency department because they were transgender.

Northern Health celebrated Trans Awareness Week, an opportunity for transgender people and their allies to educate the community about who transgender people are, share stories and experiences, and advance advocacy around the issues of prejudice, discrimination and violence that may affect the transgender community.

Transgender is an umbrella term used to describe people whose gender identity is different to the sex that was assigned to them at birth. Transgender people may identify as straight, gay, bisexual or another sexual orientation. Sista-girl and Brothaboy are terms used by Aboriginal communities to describe transgender people and their relationships.

A recent Australian study found that 41 per cent of transgender people who needed emergency care did not attend the emergency department because they were transgender. This is one of the factors contributing to poorer health outcomes for trans and gender diverse people.

Northern Health has a Rainbow Working Group that works to support staff and patients. The co-chair of the Group, Electra Ulrich, said transgender people experienced poorer health outcomes due to stigma and discrimination.

“Working to reduce discrimination, educating ourselves and being an ally, can all help create the change that will be needed to reduce this disparity in health outcomes for trans folk,” she said.

Pictured in featured image: (L-R): Lee and Siân at Pride March



Quality and safety

The National Safety and Quality Health Service (NSQHS) Standards set the standard of care in our hospitals and services. The NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from Health Service organisations.

The primary aim of the standards are to address high risk areas, with the aim to protect the public from harm and to improve the quality of the health care that we provide.

How we govern the health service (Standard 1, Governance) and how we partner with our consumers (Standard 2, Partnering with Consumers) underpins the principles of the other six clinical standards.



1. Clinical Governance



2. Partnering with Consumers



3. Preventing and Controlling
Healthcare-Associated Infection



4. Medication Safety



5. Comprehensive Care



6. Communicating for Safety



7. Blood Management



8. Recognising and Responding
to Acute Deterioration

Shared Decision Making: How partnering with consumers creates best outcomes

“In health care decision making we need to consider the health care options, the pros and cons of treatment, the patient and what is important to them. Bringing these together creates shared decision making and results in the best decision for the patient,” said the Chair of the Shared Decision Making and Consent Standard 2 sub-committee Anne Marie Fabri.

Anne Marie met with a Northern Health patient to discuss her experience of shared decision-making.

The patient was able to make decisions for herself. “I never felt overwhelmed, and they never used huge words that I can’t understand. If I don’t understand something I always asked. I never felt that they were not telling me things, not saying everything they should have said. The surgeon explained and showed me pictures of proposed surgeries and provided information to read later.”

Staff took the time to get to know the patient, learned what was important to her, what worried her and earned her trust.

“All the people made me feel very taken care of and confident. I never felt rushed. They took their time and they were compassionate, and they always made me feel like a normal person not a sick patient”.

Accreditation

Approximately every three years, health services across the country are required to complete an accreditation survey by an external body authorised to review the care that we are providing in line with the National Standards. Northern Health was successfully accredited under this scheme in May and August 2021. Our next survey will occur in the first half of 2024.

Incidents and adverse events

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

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 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 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.

In the 2022-23 year, Northern Health had 13 ISR 1 events and 132 ISR 2 events.

Northern Health services expanded in 2022-23, with the Northern Area and North Western Mental Area Health Services disaggregating from Melbourne Health and joining Northern Health. Despite the significant increase in patient services and patient’s treated, Northern Health had 23 fewer confirmed ISR 1 and ISR 2 incidents reported than the previous year.

Eight of these serious events met Safer Care Victoria’s criteria for mandatory reporting under strict state-wide criteria for all Victorian health services introduced from July 2019. These adverse events are known as sentinel events. These are specific types of serious incidents

that are preventable and lead to serious harm or death of a patient. There are 11 categories in Victoria. All health services are required to report sentinel events to Safer Care Victoria and detailed investigations are undertaken.

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

In 2022-23, we have implemented the following improvements as a direct result of adverse event analysis.

Reducing the risk of falls after dialysis treatment

Data showed that patients receiving dialysis are at high risk of having a fall after treatment. Normal practice was patients who had completed their treatment would sit in the waiting area while awaiting transport home. The waiting area was not visible from the staffed dialysis treatment area and was not supervised. Following a patient falling, changes have been made to the discharge procedure, waiting area and supervision of high risk falls patients having completed their dialysis treatment and awaiting transport. The patients now wait within the treatment area where they can be supervised by staff.

Improving responses to surgery complications - Simulating an emergency response to a deteriorating patient who is bleeding following surgery

When a patient has a significant bleed following surgery, this is an emergency and may require a massive blood transfusion. This type of transfusion requires a high level of coordination involving several teams of doctors and our blood bank staff. To improve our responses to such an event we used a simulation-based education response to train all members of the response team. In this case we practiced the emergency transfusion with the surgeons and the Intensive Care Team. This simulation-based learning is now included in yearly surgical and intensivists training programs.

Safety is everyone's responsibility

The Speaking Up For Safety (SUFS) program is a series of one-hour workshops designed to equip staff with the skills and confidence to raise concerns around patient or staff safety with assertiveness and respect.

The program aims to build a culture where staff feel comfortable to check on each other, and to welcome being checked on, with the aim of preventing unintended harm.

Wendy Nichol, Operations Manager, Support Services, said it was important for all staff to understand that no matter their position at Northern Health, safety was everyone's responsibility.

"The training provides tools and tips to empower staff to speak up when they see something that is unsafe for patients or staff and allows them to have the confidence to do so," she said.

Bianca Fazzari, People and Culture Business Partner, said the physical and psychological safety of patients and staff was crucial in delivering quality care, and a positive patient experience of which Northern Health can be proud.

"By doing this, we can strengthen the culture of safety at Northern Health – safely, kindly, and together."

Executive Patient Safety Walk Arouns

Northern Health's Executive Patient Safety Walk Arouns create opportunities for staff and patients to directly engage with members of the Northern Health Executive and discuss the quality of care being provided, as well as any safety issues that they are concerned about.

The walks were paused during the height of COVID-19, but started again at Broadmeadows Hospital. As part of the visit to Broadmeadows, Executives also visited McLellan House Residential Care.

Williams Akengbowa, Acting Nurse Unit Manager, McLellan House Residential Care, said the walk around was a really good exercise.

"It created opportunities for the Executive to have a better knowledge about the facility, and to provide suggestions and advice on ways to make the residential facility as homely as possible for the residents," he said.



Yarning Circles: Listening and speaking from the heart



Yarning circles have been described as “the practice of speaking and listening from the heart.”

Aboriginal and Torres Strait Islander peoples have been using yarning circles for thousands of years. For Aboriginal and Torres Strait Islander people, yarning is a way of passing on cultural knowledge. Conversations within a yarning circle always focus on strengths rather than problem solving and criticisms.

Tya Fry suggested the idea of a yarning circle here at Northern Health. Tya is a proud Wotjobaluk/Gunditjmara woman from North-West/South-West Victoria. She has been an Occupational Therapist at Northern Health for three years and felt “there was a gap in supporting our First Nations staff to safely share their experiences and support each other.”

Recognised as the Indigenous Allied Health Professional of the Year by Indigenous Allied Health Australia (IAHA), Tya decided to do something about it.

Tya describes a yarning circle as “a space where we can learn together with dignity and respect, a space where we can share experiences safely and

without bias, to build on self-determination and improve our connections with the community.”

She sees the opportunity to “provide a modelling of career development and personal support, particularly psychosocial and culturally appropriate support.”

Toni Gabelish, Aboriginal Liaison Officer, is looking forward to participating in a Northern Health yarning circle. She says, “The Narrun Wilip-giin Cultural Space is a culturally safe space for Aboriginal and Torres Strait Islander patients and staff to gather and support each other. This would be an amazing space to network with other First Nations staff.”

Pictured in featured image: (L-R): Moira Rayner, Emergency Department Aboriginal Liaison Officer, Stephanie Thompson, Aboriginal Liaison Officer, Toni Gabelish, Aboriginal Liaison Officer, Karen Byrant, Senior Aboriginal Liaison Officer, Tya Fry, Occupational Therapist, Natalie Bloomfield, Aboriginal Clinical Support Nurse, and Jason Cirone, Chief Allied Health Officer, in the Aboriginal Cultural Space.

Infection Prevention

Infection prevention and control is a health and safety issue. 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.

Infection Prevention data for the period 1 July 2022 - 30 June 2023.

Hand Hygiene

17,784 Moments of hand hygiene collected by auditors

91% Performed correctly exceeding the National target of 85 per cent

Staff influenza vaccination

95% of health care workers immunised exceeding the 94 per cent target

World Sepsis Day

Sepsis is a life-threatening condition that arises when the body's response to an infection damages its own tissues and organs. It can lead to shock, failure of multiple organs, and death – especially if not recognised early and treated promptly.

Sepsis is a global health crisis. It affects between 47 and 50 million people worldwide every year, and at least 11 million die – with one death every 2.8 seconds. Many surviving patients suffer from the consequences of sepsis for the rest of their lives.

In 2013, Northern Health introduced the Step on Sepsis program. Cassie Gilbert, Step on Sepsis Project Coordinator, said the program aids in early recognition and appropriate management of sepsis at Northern Health. The goal is to decrease the time to antibiotic treatment and improve patient outcomes.

“It is time critical to recognise the warning signs of sepsis and respond appropriately to improve patient outcomes. As clinicians, we are essential in the early recognition of sepsis and advocating for our patients to ensure the early treatment of sepsis,” Cassie said.

Associate Professor Craig Aboltins, Northern Health's Head of Infectious Diseases and Medical Lead for the project, said, “Step on Sepsis was introduced as a quality improvement project at Northern Health, working to better the care for our patients presenting with, or developing, sepsis throughout the organisation. Strong research evidence suggests patients with sepsis have a reduced mortality risk if they receive anti-microbial treatment within one hour of sepsis recognition.”



Bloodstream infections

Staphylococcus aureus bacteraemia (SAB)

Bloodstream 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 state-wide program Victorian Healthcare Associated Infection Surveillance Coordinating centre (VICNISS).

Result against the target

SAB rate 2022-23 per 10,000 bed days. KPI target of < 0.7 per 10,000 OBD's.



Peripheral Intravenous Cannula (PIVC) better known as an IV can cause a bloodstream infection. Often IV's are inserted in an emergency, sometimes by the ambulance officers and sometimes in the Emergency Department. To reduce the risk of infection we like to replace these as soon as possible and remove them if they are no longer needed.

Our Infection Prevention specialists have regular meetings where all the cases of infections caused by intravenous catheters are discussed. Reports to Nurse Unit Managers and Medical Heads of Units caring for patients determined to have experienced an infection are provided to highlight possible quality improvements to prevent recurrence. The checking of PIVC's is discussed at the health service daily safety briefing to ensure action has been taken.

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 bloodstream infections. These factors make it particularly important to monitor for infections and report our results to Victorian Healthcare Associated Infection Surveillance Coordinating Centre (VICNISS).

Result against the target

One CLABSI identified in the 2022-23 reporting period. CLABSI rate 2022-23 per 1,000 devices.



Improvement actions taken from last year:

- 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.
- This has seen CLABSI significantly reduced to one compared to four last year.

Maternity

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 over 3,041 babies born in 2022-23.

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. Northern Health is required to report our performance against two indicators:

Indicator 10: Low APGAR score	Result
An APGAR is a score out of 10 used to measure how well a baby is 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 less than seven at five minutes of age.	Of all term (greater than 37 week’s gestation) babies born in 2022-23, 1.5 per cent were born with an APGAR score less than 7 at five minutes of age. Slightly worse than last year but still within the normal range.

Indicator 3: Severe Fetal Growth Restriction (FGR)	Result
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 of 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.	In 2022-23, 20.6 per cent of all babies born who had a birthweight less than the third centile, were born after 40 weeks gestation. This is within the normal range.

What is Northern Health doing to reduce low Apgar scores and Foetal Growth Restriction?

Preterm Birth Collaborative

Eight per cent of Australians are born early, and in Indigenous Australians, the rate is nearly double, indicating systemic health care inequities.

Preterm (earlier than 37 weeks’ gestation) and early term (37 and 38 weeks’ gestation) births increase the risk of life-changing adverse health events for babies, mothers, and their families.

Evidence has demonstrated that clinical practice changes, when reliably implemented, can safely reduce rates of preterm birth and early term birth.

Based upon this evidence, the Commonwealth Government has funded the Australian Preterm Birth Prevention Alliance. This national program will occur over the next 18 months with a goal to safely reduce the rates of preterm and early

term births across Australia. Northern Health is participating in this initiative.

Strategies implemented so far include:

- Ensuring that inductions of labour and elective caesareans are not booked prior to 39 weeks gestation, unless there is a medical indication.
- Ensuring that any observations that suggest an early birth are reported to the obstetrician.

Humpty Dumpty Foundation

For over 30 years, the Humpty Dumpty Foundation has provided essential, and often life-saving, medical equipment for sick and injured children in Australian hospitals.

AV Jennings Foundation partnered with Humpty Dumpty to purchase a Humidifier for Northern Health’s neonatal unit that is vital to the care of preterm and early term babies.

Koori Maternity Service

Northern Health's Koori Maternity Service has been working to increase the number of women breastfeeding their babies and reduce the number of pregnant women smoking.

Koori Maternity Service improvement work for increasing new mothers to breastfeed includes:

- Encouraging, educating and supporting women to attend breastfeeding classes while they are pregnant.
- Facilitating discussions with Aboriginal Health Practitioner about the cultural barriers of breastfeeding and how to overcome them.
- Access to midwife support for the breastfeeding mother and baby after birth in hospital and until the baby is six weeks old.
- Referral to a lactation consultant if necessary.
- Supply of breast pumps for mums (at no charge).

Koori Maternity Service improvement work to reduce the number of pregnant women smoking includes:

- Partnership with the Victorian Aboriginal Health Service Smoking Cessation Program (Boorais and Smoke Don't Mix) which includes a quit smoking mentor, education around the effect of smoking on baby and family, a smokerlyzer at antenatal appointments to measure Carbon Dioxide levels, and bounty bags with resources for mother and baby.
- Free Nicotine Replacement Therapy, under Close the Gap strategy.

The Koori Maternity Service (KMS) at Northern Health provides culturally appropriate care for Aboriginal and Torres Strait Islander women and their families through pregnancy until six weeks after birth. The Aboriginal health workers and midwives aim to provide continuity of care and holistic care by connecting families with local Aboriginal community services.



A story of successful quitting:

An Aboriginal woman, who smoked around 20 cigarettes a day, asked the service for help. At the time she was 15 weeks pregnant. She wanted to quit smoking, though found it difficult.

The service offered a referral to the Boorais and Smoke Don't Mix program.

As part of the education provided, the Koori Maternity Service spoke about the effects of smoke on pregnant women and babies. The team also showed her the "smokerlyzer", a device that reads the amount of carbon dioxide in your breath. This was offered at every appointment.

The first reading on the smokerlyzer test was 24 (which is high and in the 'red zone'). The mum was shocked how high the reading was and was determined to quit smoking to reduce the effect on the baby.

A month later, at her antenatal appointment the woman stated she had only had a couple of cigarettes in the last month. The smokerlyzer result showed 9. This is consistent with only smoking a few cigarettes over the last 30 days. At each appointment, the reading continued to go down until the reading was in the safe green zone.

It is now eight months since this mum had her baby, and she has informed us she is now a non-smoker and so happy that her baby doesn't have to grow up in a house with cigarette smoke.

Mental Health Services



In February 2019, the Royal Commission into Victoria's Mental Health System was formally established. The final report of the Commission, which was tabled in a special sitting of the Victorian Parliament on 2 March 2021, recommended a mental health and wellbeing system that provides holistic treatment, care and support for all Victorians. These reforms will significantly change the way mental health services are delivered in Northern and Western metropolitan Melbourne.

On 1 July 2022, Northern Health became a designated mental health service and plays a key role in these reforms. Northern Health provides an extensive amount of mental health services for both adult and aged persons in the hospital and in the community setting. These include:

- hospital inpatient beds
- community mental health units
- community care units
- aged residential.

The services are provided in Melbourne's north and north west, making Northern Health the third largest provider of mental health services in Victoria.

Joy Barrowman, Operations Director of North West Area Mental Health Service, says, "What excites me is the passion of my staff and the hope and caring for our consumers, especially with all the opportunities the Royal Commission can bring."

John Dermanakis, Operations Director of Northern Area Mental Health Service, says, "I love that this role affords me the opportunity to positively influence so many people, including our staff but more critically I can play my part to ensure there are better services for our community."

As our community continues to grow, there is an ongoing need to expand services offered by Northern Health. The Victorian Government's Mental Health Beds Expansion Program forms a part of this, with 30 new mental health beds now completed and occupied at Northern Hospital Epping. The facility offers 30 acute inpatient mental health beds with a contemporary and modern design to support recovery. It features technologically enhanced sensory rooms and courtyards, and consumers also have access to a range of shared internal spaces for social, therapeutic and recreational activities.

Belinda Scott, Executive Director Mental Health, is "thrilled at the opportunity to lead an amazing team to improve outcomes for consumers, carers and families."

"Our service and this building reflect a significant shift in thinking about the way people experiencing mental illness are treated," Ms Scott said.

"Consumer-centred care has underpinned the development of all aspects of this new facility and our service."

Victorian Virtual Emergency Department (VVED) expanding to residential aged care facilities

This year, Ambulance Victoria's triage services started using the VVED run by Northern Health to improve how Triple Zero calls from aged care facilities are triaged, providing better care for residents.

The pathway allows some Triple Zero calls for aged care residents who don't need an emergency ambulance to instead be connected to the VVED.

This expansion into aged care forms part of work underway to boost the overall capacity of the VVED. Currently seeing an average of 300 patients per day, additional funding will see the service

scale up to seeing more than 500 patients per day, including people living in residential aged care.

The service provides free assessment and consultation to around 80 patients a day and will support residents with a variety of conditions, such as dehydration, unidentified infection or a cognitive issue. Residents can be connected to a range of services and supports such as clinical assessments, medical advice and specialist referrals to better manage or treat their condition.

It means residents will not need to leave their home environment to be taken to hospital.

Pictured in featured image: (L-R): Ambulance Victoria Member, Dr Loren Sher, Director VVED and Hayley Gray, Nurse Unit Manager, VVED





VICTORIAN VIRTUAL
EMERGENCY DEPARTMENT
Northern Health

Save yourself a trip to the
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video consult with the
VVED emergency team

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Anywhere in Victoria



Contact VVED for non-life-threatening conditions only. If you experience a potential life-threatening condition, such as severe difficulty breathing, severe or constant chest pain, lips or face turning blue, fainting or unconsciousness, sudden weakness or numbness down one side of body, immediately call Triple Zero (000).

www.vved.org.au

National Palliative Care Week – Living with intention

Every May, Northern Health celebrates National Palliative Care Week, to start the conversation around 'Matters of Life and Death'.

Palliative care is as much about life as it is death and encourages us to reflect on the things that really matter. Whilst we might not want to talk about it, avoiding conversations about the end of our lives might actually be making it harder for each of us.

The Northern Health Palliative Care Service continues to grow, providing a mix of specialist inpatient (Palliative Care Unit), consultative (Palliative Care Consultation Service) and outpatient care to over 1,200 patients and their families every year.

Medical Director of Palliative Care Services at Northern Health, Dr. Alison Giles, says, "It is a privilege to be part of such a dedicated and compassionate team, who, together with our

wonderful volunteers, work every day to care for patients and families during this very important, but often challenging, time of life."

From the perspective of our Palliative Care Team, the work is about allowing people to live as well as possible in the face of life-limiting conditions. Often this means engaging in activities and treatments that add the most meaningful time to the remainder of their lives.

This may be achieved by managing physical symptoms, putting care arrangements in place, exploring strategies to support a person's quality of life, or considering the benefits and burdens of treatment options, right through to providing care and supporting loved ones in the final days of life.

Pictured in featured image: (L-R): Palliative Care patient with Julius Quiring, Nurse Unit Manager, Palliative Care Unit.





Residential Aged Care

Ian Brand Residential Care

Ravinder Sandhu is the Nurse Unit Manager (NUM) of Ian Brand Residential Care (IBRC) at Bundoora Centre.

“I am passionate about aged care and looking after our older people, as well as trying to make improvements in aged care with the support of our teams while engaging our residents,” she says.

She says her favourite part of being a NUM is building connections with residents, as well as with her team.

“I enjoy working closely with my residents, as it makes me feel like my home. I enjoy leading my team while taking improvement initiatives towards best practice patient care, as well as staff wellbeing,” she says.

“Ian Brand is a beautiful small aged care facility at Bundoora Centre. Staff are very welcoming and residents enjoy living here. Our dedicated team support residents’ health and wellbeing to live their best life,” she says.

Lisa Cox, Chief Nursing & Midwifery Officer and Divisional Director Nursing – Subacute, recognised the hard work of staff at IBRC.

“While we have always known that the staff at Ian Brand Residential Care are fantastic, this was further confirmed in August with an unannounced accreditation. I am proud to share that the feedback from the accreditation was positive and reconfirmed the excellent work that our team is doing at IBRC.”

Pictured in featured image: Raavi Sandhu, Nurse Unit Manager of Ian Brand Residential Care.

A resident’s story

John (not his real name) was admitted to IBRC in July from another hospital as he was unable to return home due to complex care needs and had cognitive and functional decline.

He has cognitive impairment due to Alzheimer’s disease, anxiety and agitation and impaired short term and long-term memory and had issues with his skin (on admission, scaly and breaks).

When John arrived at IBRC he had lost interest in activities and had reduced ability to find pleasure in normal enjoyable experiences. He was at risk of malnutrition and was unable to move around himself.

IBRC staff built a rapport with the resident and his family by providing quality care to meet his needs. Pleasingly John is now settled and happy at IBRC. He is more cooperative with his care needs. John now walks with staff assistance to the dining room for meals, and once set up at the dining table can manage to eat his meal independently with supervision.

He has put on weight and enjoys all his meals and snacks.

His skin conditions have improved which is very important to prevent infection and he has no current issues with his skin. John now verbally responds to staff. He enjoys leisure and lifestyle activities and actively participates especially with dancing and music.

John is now a permanent resident at IBRC. His wife and family are grateful to the nursing staff with the care they are providing to him and happy to see him settled and comfortable.

Residential Care – Mental Health Services

On 1 July 2022, we welcomed Northern Area Mental Health Services and North West Area Mental Health Services to Northern Health. We also welcomed the staff of Merv Irvine Nursing Home and McLellan House later in the year.

Lisa Carter, Director of Nursing and Operations, Director of Aged Care Mental Health Division, spoke about her role in the transition.

“The role is to contribute to the overall leadership and management of the Mental Health Division, specifically to review and continually improve

the operation of aged persons mental health. It includes our aged care mental health acute inpatient units, aged care mental health residential units and our community Assessment and Treatment Services (APATT) teams. My role covers the development and support of our teams in ensuring quality and safety and meeting clinical governance targets. Overall, it is to deliver excellence in care to older persons that includes both physical and mental health wellbeing outcomes.”





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