Health
South Eastern Sydney
Local Health District

T20/68572

SESLHD Safety and Quality Account

2020/21

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Statement from the Chief Executive

I am once again proud to present the annual SESLHD Safety and Quality Account. The SESLHD 2020/21 Safety and Quality Account is an opportunity to reflect on the achievements of our staff and services, the progress we have made towards the priorities established in the previous Account, and our performance against key safety and quality healthcare indicators, all against the backdrop of the challenges of the national bushfire emergency and COVID-19.

The 2019/20 Christmas and New Year period was a challenging start to the year with the devastating impacts of the bushfires on our communities. Members of our staff were deployed to support bushfire-affected communities to provide expert healthcare as part of a state-wide response, and as we moved from disaster to recovery mode, our staff continued to be involved with monitoring the needs of the community and responding appropriately.

With the advent of COVID-19, SESLHD staff were again called upon in response to this emerging public health issue, providing an array of services to our community ranging from clinicians and interpreters screening travellers arriving at Sydney Airport, to the teams of healthcare professionals involved in contact tracing and following up COVID-19 positive cases, as well as the establishment of the COVID-19 screening clinics, all with the aim of preventing the spread of COVID-19. Our staff have also had to rapidly identify and implement innovative new models of care during this time to ensure that our patients and community were still able to access the services they needed.

I would like to take this opportunity to acknowledge all of the staff at SESLHD who have continued to provide safe, high quality healthcare to our patients and the community in what has been a year like no other.

28/10/20

Tobi Wilson
Chief Executive and Chair Clinical and Quality Council, SESLHD

Safety and quality are embedded into all aspects of the care provided at SESLHD. Our purpose is "To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it", and the SESLHD Journey to Excellence Strategy 2018-2021 continues to guide the delivery of healthcare across the organisation, placing people at the centre of the delivery of care to our community. This can be seen through the achievements that have been included in this year's account, the progress with the priorities that were established in last year's account and our performance against key safety and quality indicators.

As an organisation, we also look forward to the year ahead, and strive for continuous improvement. In this year's Account, we have outlined three new safety and quality priorities for the upcoming 12 months. These goals reflect SESLHD's commitment to safety and quality and to providing the best possible compassionate care when people need it.

The first priority incorporates improving healthcare outcomes for the priority populations in our area, including Aboriginal and Torres Strait Islander people, that live, and access services, within our district. It is vital that we focus on improving outcomes and equity in healthcare, recognising the ongoing life expectancy difference between our Indigenous and non-Indigenous population, and the challenges faced by people who speak a language other than English.

The next priority focusses on a culture of safety. While our aim is to always provide harm-free care, it is important that we continue to improve our strong safety culture and review the systems in place to respond to critical incidents, and use the learnings from incident reviews and investigations to prevent future incidents.

In the year to come, the third priority area for our organisation will be working towards transforming the delivery of care in SESLHD for patients with chronic diseases, such as diabetes. Central to this will be pilot models of care for diabetes and cardiac conditions and the learnings from these pilot programmes will be used to inform the roll out of a range of integrated care initiatives.

Approval and Endorsement

28/10/20

Michael Still

Chair, SESLHD Board

Introduction to SESLHD

South Eastern Sydney Local Health District covers an area from Sydney's central business district in the north to the Royal National Park in the south and provides health care services across a geographic area of about 468 square kilometres. The District also assists the residents of Lord Howe Island and Norfolk Island with access to hospital and health services.

Traditional Custodians of the lands within SESLHD include the Dharawal, Gadigal, Wangai, Gweagal and Bidjigal peoples.

In 2020, an estimated 959,100 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up approximately 1% (8,724 in 2016) of the SESLHD population, compared with 3% of the NSW population. The district supports a growing culturally and linguistically diverse population. Some parts of the District are very culturally diverse. About 52 per cent of Georges River and Bayside (former Rockdale and Botany) local government area residents were born overseas (compared with 34.5 per cent for NSW), with the largest group born in China.

More than 50 per cent of these residents speak a language other than English at home, with Chinese languages being the most common non-English language.

Conversely, residents of the Sutherland Shire are less ethnically diverse than the rest of NSW, with 77.7 per cent born in Australia and 83.1 per cent speaking only English at home.

The population is expected to grow by 1.1 per cent per year (to 2031) with the greatest growth rate expected in older age groups.

The growing aged population will result in a steadily increasing demand for health and social care, as older people are proportionally higher users of health services and are more likely to have long term conditions.

Much of this will relate to long-term conditions such as diabetes, hypertension, cancer, musculoskeletal impairment and dementia. In South Eastern Sydney Local Health District, 37% of people reported having a long term health condition and 21% of the population live with multi-morbidities, increasing to 82% for those aged 85 and older.

While residents of the District are among the healthiest in NSW, despite relatively high standards of health and social care not all residents fare equally well in terms of their health, wellbeing and longevity. There is marked variation between various sub group populations across our District in terms of risk factors and their outcomes.

The District's population is expected to increase to about 1,071,930 people by 2031. Our population is increasingly multi-cultural, growing and ageing, with an associated increase in people living with long term conditions across all age groups.

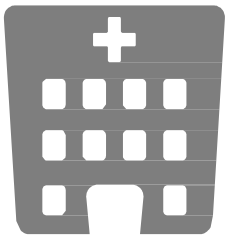
Core consumers of health resources will continue to be people with long-term conditions, including people with mental health and multiple long-term conditions. The demand of health services is also influenced by other factors such as carer availability, social isolation and aged care places.

Sources: HealthStats NSW; Public Health Information Development Unit. Social Health Atlas of Australia; Department of Planning and Environment New South Wales State and Local Government Area Population Projections.

Local Government Areas: Bayside, City of Sydney (part), Georges River, Randwick, Sutherland Shire, Waverley, Woollahra

A DAY IN THE LIFE OF SESLHD

665
PEOPLE PRESENT TO OUR EMERGENCY DEPARTMENTS



21
BABIES ARE BORN

11
PEOPLE ARE HOSPITALISED OVERNIGHT DUE TO FALLS

5807
NON-ADMITTED OCCASIONS OF SERVICE ARE PROVIDED

325 ADULTS ARE HOSPITALISED FOR ACUTE CARE

Medical 214

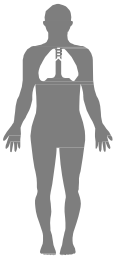
Surgical 111

9

PEOPLE ARE HOSPITALISED FOR MENTAL HEALTH CARE

49

PEOPLE ARE HOSPITALISED FOR SUBACUTE AND NON-ACUTE CARE



3 PEOPLE ARE HOSPITALISED DUE TO CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

78
ADMISSIONS COME FROM OTHER LHDs

National Standards and Accreditation

All SESLHD facilities and the Mental Health Service were surveyed against the ten National Safety and Quality Health Service (NSQHS) Standards (1st edition) from September to November in 2018 by the Australian Council on Healthcare Standards (ACHS). All SESLHD facilities and the Mental Health Service met accreditation.

SESLHD will be assessed to the second edition of the standards for the first time in 2021. Survey may be delayed due to the impact of COVID.

Compliance with National Standard 1 – Clinical Governance

Governance, Leadership and Culture (1.1 – 1.6)

The SESLHD Board, Quality and Safety Board sub-committee, Clinical and Quality Council, and District Executive Committee are the peak governing bodies. The Sydney Metropolitan Aboriginal Health Partnership Committee has a direct reporting line to the SESLHD Board. Strategic directions are reflected in the SESLHD Journey to Excellence Phase 2 (2018 – 2021), SESLHD Quality Plan 2017-2020 (under review), the Clinical Governance Framework and the SESLHD Aboriginal Health Implementation Plan. Facility Business plans have been developed in 2020.

The Governing Body Attestation Statement was endorsed by the SESLHD Board in August 2020 – see Appendix 1 (page 62)

Patient Safety and Quality Systems (1.7 – 1.18)

A governance process oversees the development and review of Policy, Guidelines and Facility Business rules.

Regular reports inform the governing bodies of data submitted to the Ministry of Health, including HACs, complaints and incident rates and outcomes of investigations.

Risks are reported and monitored using the Enterprise Risk Management system with the top clinical risks monitored and reported. Patients at increased risk are identified and provided with appropriate care. Each facility has resources to ensure the needs of their catchment population are met.

Medical records are being transitioned to a fully electronic system, Medication management is now electronic with governance structures overseeing these essential functions.

Clinical Performance and Effectiveness (1.19 - 1.28)

Formal Orientation and ongoing education is provided to all staff through HETI and the SESLHD Organisational Development and Learning team. Workforce services provide support for performance review and management with professional divisions overseeing clinical scope of practice and credentialing.

SESLHD and Facility policies/protocols/guidelines/business rules and clinical pathways guide clinical practice, ensuring evidence based best practice care is provided to all patients.

Safe Environment for the Delivery of Care: (1.29 – 1.33)

The Work Health and Safety teams provide oversight of the workplace and ensure staff safety. Maintenance services maintain buildings and respond to staff requests. Health Infrastructure supports the redesign and re-development projects which comply with building requirements and include input from staff and consumers. Consumers provide advice into access and wayfinding.

Person centred care principles guide all patient services including visitors' access. Care is provided to people with special needs in purpose built units, for example dementia units are incorporated into aged care departments. COVID restriction have been put in place to protect patients and staff.

Prominent artwork features in each facility to welcome people from the Aboriginal and Torres Strait Islander community.

National Standards and Accreditation

Compliance with National Standard 2 – Partnering with Consumers

All SESLHD facilities were accredited to Standard 2 in 2018. Work is underway to address each aspect of Standard 2 in the second edition of the National Safety and Quality Health Service Standards. Consumer participation is actively sought within the LHD and its facilities. SESLHD's approach to consumer engagement is currently under review. An updated model will be defined and commence implementation by March 2021.

One of the features of the revised model will include the SESLHD District Community and Consumer Council (DCCC); this is SESLHD's peak consumer committee, comprised of facility and service consumers and community members.

The DCCC will ensure consumer input into high level business planning undertaken at district level.

Each facility has a Community Advisory Committee (CAC) and consumers are members of peak SESLHD committees, including the Quality and Safety Board Committee.

Consumers are recruited and receive formal training from Health Consumers NSW.

The Community Partnership Unit provides leadership, advice and coordinated support on community participation, place-based engagement, community development, co-production and partnership approaches and activities to staff.

The SESLHD Board Strategic Community Partnerships Committee and related Strategic Community Partnerships Alliance is an inter-sectorial committee which ensures a strategic, coordinated and integrated community partnerships approach is undertaken with communities and agencies to deliver better physical health, emotional and social well-being outcomes for the community. The committee has a strong focus on promoting health equity and best possible return on investment by informing, supporting and guiding the design of cross-agency approaches to disadvantaged localities and population groups, and in areas where collaboration will provide the greatest impact.

It is routine practice for clinicians to work collaboratively with patients and family as care is planned and delivered, consent standards are adhered to and patient feedback is sought and acted upon. Examples of close collaboration can be found in the maternity models of care where each woman has a dedicated midwife allocated who provides care and is her primary contact throughout her pregnancy.

The development of written patient information is guided to ensure consumer input and health literacy is addressed. The use of teach-back techniques by trained staff enhances communication with patients and carers.

Snapshot of Achievements over the past 12 months

Improving collaboration and healthcare outcomes for Aboriginal patients

Aboriginal Resource folder for women coming in from country areas. This project at the Royal Hospital for Women concentrates on the process and impact on Aboriginal women with a diagnosis of cancer, as patients in a metropolitan hospital, the services available to them, and their return to their rural communities following completion of their chemotherapy.

Statement of Collaboration between SESLHD Mental Health and La Perouse Local Aboriginal Land Council. A statement of collaboration has been developed to facilitate collaborative arrangements with the La Perouse Local Aboriginal Land Council to provide culturally safe Mental Health support / engagement for Aboriginal consumers and their families living in the Eastern Suburbs Mental Health Service.

Police, Ambulance and Clinician Early Response (PACER) pilot

A collaboration between NSW Police, Ambulance and SESLHD Mental Health Service. The pilot at St George Hospital Mental Health Service centres on the incorporation of a mobile emergency mental health clinician into Police and Ambulance first line of response to people experiencing a mental health crisis in the community.

Medication Safety

Check, please! –an innovative education program at St George Hospital focused on patient safety through improving second person checking of medication practices.

Improving access to a pharmacist in the emergency department through implementation of a referral system at the St George Hospital.

Medication Safety Project at Sydney/Sydney Eye Hospitals - to establish a culture of safe medication practice, ensure the provision of safe medication administration, and to decrease adverse events by 10% each year.

Reducing Healthcare Acquired Complications

A Strategic Approach to Reducing Healthcare Associated Infections (HAI) at the Prince of Wales Hospital - an HAI Prevention Strategy aimed at improving prevention practices and patient outcomes.

Reduction of Hospital Acquired Pressure Injuries – a program which aimed to reduce the rate of Hospital Acquired Pressure Injuries at The Sutherland Hospital by 50% by June 2020.

Focus on Telehealth – new and innovative telehealth models of care at SESLHD

Antenatal services at the Royal Hospital for Women, the SESLHD Metabolic Disorders and Bariatric Surgery Clinic based at St George Hospital, the Chest Clinic at Sydney Hospital, the SESLHD Dental Service and the Bulbuwil Aboriginal Healthy Lifestyle Program have implemented telehealth models of care. A telestroke service at the Prince of Wales Hospital has also been established.

A National Disability Insurance Scheme (NDIS) Hospital Delay Discharge Initiative

This initiative provides better value care to our patients and community by reducing length of stay for people who are NDIS participants requiring disability supports in the community to sustain independent living, and are ready to be discharged from hospital.

HOPE (Homeless Opportunities for Presentations to Emergency)

Automatically collects data from within Electronic Medical Records (eMR), to immediately identify and assess Emergency Department patients experiencing homelessness when they present to hospital.

SESLHD Journey to Excellence 2018 - 2021

Our Purpose: To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it.

Our vision: Exceptional care, healthier lives

In early 2018, SESLHD released the Journey to Excellence Strategy 2018-2021. This document provides the blueprint and aspirational goals for transforming the health services provided by the District.

This transformation is guided by the principles of:

- Change, driven by the population's health needs and leveraging their assets and strengths
- A reduction in health inequities
- Genuine community and agency partnerships
- Advances in research and technology
- Whole of system redesign and care integration
- Value and sustainability
- Continuous quality improvement
- An adaptable and healthy workforce

In order to support the journey of transformation, SESLHD will continue to build local capacity and capability with a vision of improving systems and support for value-based change and improvement. This will be achieved by reducing waste, harm and unwarranted variation across the system.

Our ambition is to continue to strengthen and build SESLHD as a learning organisation in order to deliver safe, quality and compassionate patient care. We will do this by focusing on growing an organisational culture underpinned by improvement, by building system excellence, and by enhancing our capacity and capability for improvement and innovation.

Safe, person-centred and integrated care

Everyone in our community will have access to safe, compassionate and high quality healthcare. That care should be provided either at home, or as close to home as possible

Workforce wellbeing

We will create an environment where our people will be accountable and can be happy, well and supported to reach their potential

Better value

We will deliver value to our patients and community through maintaining financial sustainability and making investments consistent with our vision

Community wellbeing and health equity

We will work together with our partners to achieve health, wellbeing and equity for our shared communities

Foster research and innovation

We will focus on translating research and innovation into clinical service models that deliver positive health outcomes

Quality Planning

South Eastern Sydney Local Health District (SESLHD) Quality Plan 2017-2020

The SESLHD Quality Plan is aligned to the SESLHD Strategic Plan – the Journey to Excellence and is underpinned by the CORE values of NSW Health.

The SESLHD Quality Plan describes the SESLHD commitment to providing safe, quality, compassionate care through:

Patient Safety

- Reduce overall harm to patients
- Spread the seven essentials of safety
- Increase care reliability

Quality Improvement

- Build capacity and capability in improvement
- Build data and analytics for quality improvement at all levels of the organisation
- Reduce systematic unwarranted variation
- Deliver system wide quality improvement campaigns

Person-centred healthcare

- Improve patient experience and community engagement
- Continuously measure and improve the patient experience
- Patients are partners in their care

The plan also describes the systems in place for quality assurance and the requirements to build a culture for Quality.

The Quality Plan was developed with accompanying templates for wards and teams, and hospitals and facilities to develop their own three year quality plan aligned to the district resource.

South Eastern Sydney Local Health District (SESLHD) Clinical Governance Framework

The SESLHD Clinical Governance Framework describes the organisational systems and structures in place that ensure all staff are responsible for the safety and quality of patient care through effective risk management and continuous improvement (NSW Health 2015).

The framework describes the levels of clinical governance accountability from frontline staff to the Board and is underpinned by the principles of the NSW Health Patient Safety and Clinical Quality Program including openness about failure; emphasis on learning; obligation to act; accountability; just culture; appropriate prioritisation of action and team work.

The key components of the Clinical Governance Framework include:

- Education: Incident management training, risk management training, improvement science education.
- Quality Improvement Systems – Incident Management, Consumer Feedback, Death Review, Leadership walk-arounds, Policy Management, Consumer engagement, Indicator reviews, Risk Management, Safety Alerts.
- Internal Governance – Committee structure, Organisational structures.
- External verification – Accreditation, MOH Key Performance Indicators.

Update on 2019/20 Priorities

In the 2019/20 Safety and Quality Account, SESLHD outlined three key areas that would shape the safety and quality priorities for the district for the prospective 12 months.

This section provides an update on the progress and outcomes of each of the following 2019/20 priorities:

1. Recognising and responding to Sepsis, and decreasing Healthcare Associated Infections
2. Identification and management of the Deteriorating Patient
3. Improving Health outcomes and the experience of care for Aboriginal people

Update on 2019/20 Priorities

Recognising and responding to Sepsis, and decreasing Healthcare Associated Infections

Our Goal:

To improve compliance with the Sepsis pathway, and decrease the incidence of Healthcare Associated Infections by 5%.

Our progress:

Facilities across SESLHD have put into action a number of targeted approaches to address recognising and responding to Sepsis and decreasing healthcare associated infections. Key initiatives at each site include:

A Sepsis Road Show was held at the Sydney/Sydney Eye Hospital where an interactive, immersive learning platform offered staff the chance to review the Sepsis pathway, looking at predictive clinical markers that can contribute to Sepsis, develop understanding of the early warning signs, responding to the deteriorating patient, clinical management and reviewing those 'uncommon' signs that don't fit the Clinical Emergency Response System calling criteria, but empirically have been known to manifest as other early predicators of Sepsis.

A video presentation was developed onsite which provides education on the Sepsis Pathway at a cellular level, and allows staff to access this resource on demand.

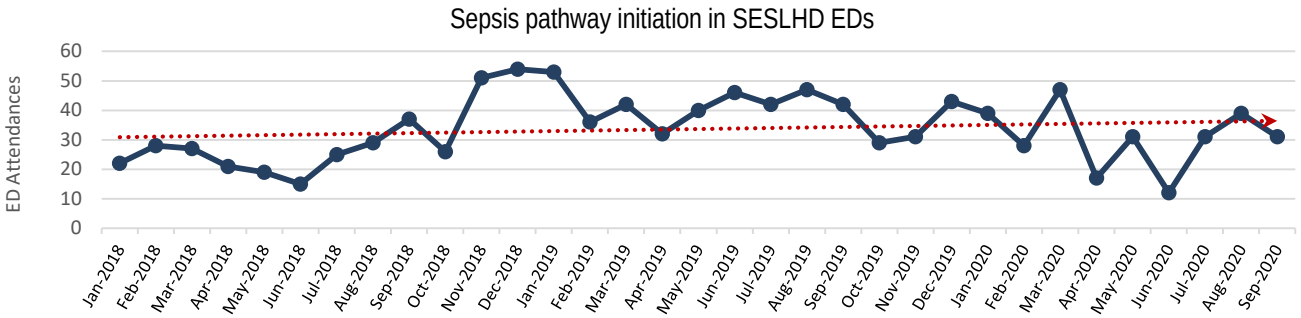
The Royal Hospital for Women hold a dedicated Sepsis day providing education sessions for all clinicians to recognise and respond to Sepsis in adult and maternity patients.

Audits at The Sutherland Hospital have resulted in improved availability of Sepsis pathways (paper) on all wards. A Sepsis education package has been rolled out which provides Clinical Nurse Educators with Sepsis presentations, an in depth sepsis education resource and a simplified take 5 style resource with the goal of improving sepsis pathway use and increasing staff recognition and management of sepsis. The Sutherland Hospital have also increased nursing capacity for venepuncture and cannulation to support the afterhours medical team with prompt blood collection and IV fluid and antibiotic administration in suspected sepsis cases.

Approaches at the Prince of Wales Hospital include a Sepsis working group as part of Healthcare Associated Infection strategies, education programs and a Sepsis exhibition (including stalls on hand hygiene, signs and symptoms of sepsis, lactate and obtaining blood cultures, and fluid resuscitation).

Despite the delayed development of the Sepsis Powerform in eMR, there has been an increase in the initiation of the Sepsis pathway. The eMR Sepsis pathway project is now underway at SESLHD with Prince of Wales Hospital as the pilot site, and a number of project milestones have been reached - the pathway build in eMR is complete and undergoing certification testing; an implementation committee has been established and recruitment for a local project team is underway; hospital-wide education will occur in September and implementation is planned for November 2020. The project is expected to conclude and be evaluated in February 2021. Implementation of the Sepsis pathway in eMR will allow for improved management and monitoring of patients with sepsis and collection of data to inform ongoing improvement initiatives.

For initiatives and progress towards reducing Healthcare Associated Infections please see page 42.



Update on 2019/20 Priorities

Our progress:

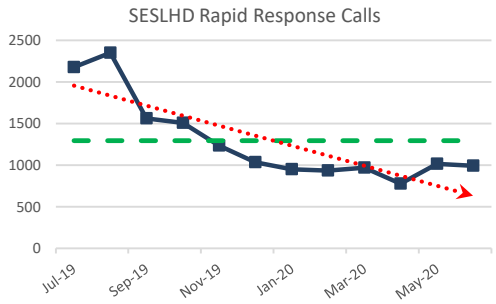
Identification and management of the deteriorating patient

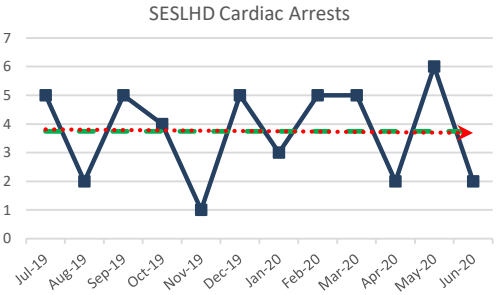
Our Goal:
To decrease the number of Tier 2 Rapid Response calls and Cardiac Arrests and to reduce incidents relating to monitoring and observations

In 2019/20, SESLHD implemented an important change program to transition to the Between the Flags (BTF) calling criteria for patient deterioration to better align local policies, processes and systems with NSW Health. This change improved local processes to correlate with the BTF observation chart for escalation, align the terminology, and clarify the escalation process. The SESLHD Deteriorating Patient - Management of Adult and Maternity inpatient procedure was revised and republished in November 2019 to incorporate Between the Flags into the rapid response system. Deteriorating paediatric and neonate patient procedures are currently being reviewed.

The annual thematic analysis of SESLHD RCA investigations revealed five incidents in 2019 where monitoring and observations were identified as the Principle Incident Type, down from nine in 2018. Incident management system data shows reductions in incident type/categories of observations not performed from 98 in 2018/19 to 87 in 2019/20 (11%) and failure to recognise significance of observations from 97 in 2018/19 to 75 in 2019/20 (22%).

SESLHD has realised a substantial reduction in Rapid Response calls over the last 12 months which can be partly attributed to the transition to the Between the Flags calling criteria. There has also been a slight reduction in the Cardiac Arrest rates for the same period.





Site based initiatives that have contributed to these improvements in deteriorating patient results include:

St George Hospital has focussed activities to decrease patient deterioration calls through elimination of hybrid documentation and providing a more structured system around earlier recognition and escalation of clinical deterioration resulting in a decrease in significant deterioration (red zone) requiring resuscitation.

Ward based governance initiatives at The Sutherland Hospital have improved compliance with documentation and escalating care. Bedside emergency equipment has also been standardised across the hospital.

At the Prince of Wales Hospital, work is taking place around specialty specific patient deterioration processes including Cancer Services, Orthopaedics, Peri-operative and Outpatient areas.

There is also a focus on identification and escalation of deterioration in mental health across the District, which includes an education package developed by the Liaison psychiatric team and enhanced use of the delirium risk screening tools. Women are screened during pregnancy and if risks are identified, they are referred to the perinatal mental health service.

Deteriorating patient (DETECT) and Advanced Life Support training as well as mock Code Blue simulation are ongoing across SESLHD and have been a priority area at the Sydney/Sydney Eye Hospital.

The implementation of Between the Flags version 4 into eMR has allowed maternity and neonatal observations to be documented electronically, reducing the need for hybrid (paper/electronic) clinical documentation, and will further improve data capture and reporting.

Update on 2019/20 Priorities

Improving health outcomes and the experience of care for Aboriginal people.

Our Goal:
To improve the health of Aboriginal residents whom reside within the boundary of the Local Health District and Aboriginal people who are admitted for specialty care.
This will be achieved through:
• Building trust through partnerships
• Implementing what works and building the evidence
• Ensuring integrated planning and service delivery
• Strengthening the Aboriginal Workforce
• Providing culturally safe work environments and health services
• Strengthening performance monitoring, management and accountability

Our progress:

The Yarn with Health Aboriginal community consultations on improving services to Close the Gap (CTG) in Aboriginal health outcomes occurred in SESLHD Aboriginal communities. These align with the State and local Aboriginal Health plans to build partnerships and to ensure involvement of Aboriginal people in the development and delivery of health services.

The background to this is the National focus on attempts to have a more responsive 'Close the Gap' framework to Aboriginal communities across Australia and strengths based approaches to targets and addressing gaps and needs. 2020 saw a revised CTG framework acknowledging and responding to the voices of Aboriginal community and including Aboriginal people in setting the National CTG targets.

Local needs have also grown as a result of significant population growth between the 2011 and 2016 census. A doubling of the Aboriginal population, from 6,000 to 10,100, which is a 43% increase occurred (Australian Bureau of Statistics, 2018). This was double the rate of Aboriginal population growth in metro Sydney which was 22%. Similar growth by the 2021 Census is supported by ABS predictions for Aboriginal population growth in the cities of Melbourne, Sydney and Brisbane.

The SESLHD Yarn with Health CTG forums highlighted needs in the following areas:

Mental Health

Significant concern across all locations with consistent high levels of distress. Also, major issues regarding lack of access to (or awareness of) support for "lower level" mental health issues such as anxiety and depression.

Engagement with youth (particularly disengaged and school disconnected youth)

Specific concerns raised for La Perouse community in this regard due to high numbers of disengaged youth who, due to their school non-attendance or suspension, are consequently deemed ineligible for a broad range of services including counselling, career support, mental health programs and training.

Chronic disease coordination

Difficulties in managing multiple concurrent chronic diseases for patients, particularly when families have multiple members with complex health conditions at the same time (i.e. not a single patient journey).

Aged care

Difficulties accessing aged care assessments and package delivery. Transport limitations and paucity of local Aboriginal-specific and culturally appropriate aged care services was raised.

Alcohol and Other Drugs

Programs operated by the Kirketon Road Centre and the Langton Centre were very well regarded by clients. Comprehensive case management approaches and consistency of staff at these service points was particularly valued and thought to be a major reason for patients continuing to access services and maintain contact across a range of health and social issues (not just a presenting issue such as methadone access).

Update on 2019/20 Priorities

In response to the needs highlighted by community the following services and approaches to governance have been developed in 2020:

SESLHD and specifically Eastern Suburbs Mental Health Service has collaborated with the La Perouse Local Aboriginal Land Council to establish 3 Aboriginal Mental health roles embedded in the Community, but supported by ESMHS.

The Priority Communities Collaborative has been established to address the Violence Abuse and Neglect/ First 2000 days and Toward Zero Suicide frameworks.

SESLHD is undertaking this approach in response to needs across many priority populations but especially within the Aboriginal communities of SESLHD including the suicide cluster in the Eastern suburbs in 2019. SESLHD is also 1 of 2 pilot sites for the PARVAN project.

SESLHD is also focussing on the implementation and integration of the six actions in the National Safety and Quality Health Service Standards (2nd edition) aimed at improving the quality of care and health outcomes for Aboriginal and Torres Strait Islander people. In 2020 SESLHD facilities and services have addressed and continue to progress the cultural responsiveness of services.

A review of Aboriginal Health Governance to Close the Gap more effectively has taken place to provide an increased focus on accountability within facilities and services toward Aboriginal health outcomes. This includes addressing the six objectives of the State Aboriginal Health Plan, addressing Aboriginal health dashboard indicators and priorities, and Aboriginal workforce: retention, cultural support of staff and recruitment.

Improving health outcomes and the experience of care for Aboriginal people.

Our Goal:
To improve the health of Aboriginal residents whom reside within the boundary of the Local Health District and Aboriginal people who are admitted for specialty care.
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- Building trust through partnerships
- Implementing what works and building the evidence
- Ensuring integrated planning and service delivery
- Strengthening the Aboriginal Workforce
- Providing culturally safe work environments and health services
- Strengthening performance monitoring, management and accountability

Achievements in Safety and Quality

Achievements in Safety and Quality

Aboriginal Resource folder for women coming in from country areas

This project concentrates on the process and impact on Aboriginal women with a diagnoses of cancer, as patients in a metropolitan hospital, the services available to them, and their return to their rural communities following completion of their chemotherapy. It addresses a gap in providing resources available to the Aboriginal women diagnosed with cancer.

Coming to hospital in the city is always going to be different and can be challenging. The Royal Hospital for Women identified that there was a gap in information available for Aboriginal women attending the Gynaecology, Gynae/Oncology and Chemotherapy ward.

The Royal Hospital for Women offers a place of care, whilst separated from family and land. The Chemotherapy service now has a comprehensive resource folder available for staff to access and provide Aboriginal patients with the support and contact they need upon returning to their community. Women also receive an information leaflet called “Have Treatment to get Better!".

The Aboriginal women that have come through Gynaecology, Gynae/Oncology and Chemotherapy wards (local and out-of-country) have all provided very positive feedback on the Patient flyer and how important "My Health Matters" is. In addition, demographic information from the Social Work Department has led to better communication with Aboriginal patients and as a result nurses now inform patients "If you are in pain, let us know".

Statement of Collaboration between SESLHD Mental Health and La Perouse Local Aboriginal Land Council

The SESLHD Mental Health Service and the La Perouse Local Aboriginal Land Council have developed a statement of collaboration to facilitate collaborative arrangements with the La Perouse Local Aboriginal Land Council to provide culturally safe Mental Health support / engagement for Aboriginal consumers and their families living in the Eastern Suburbs Mental Health Service catchment area.

A partnership approach has been adopted with Aboriginal communities to plan, design and implement mental health services. This initiative was implemented to improve mental health outcomes for Aboriginal consumers, as mental illness problems account for 10% of the life expectancy gap between Aboriginal and non-Aboriginal people in NSW, thus improving health equity.

This initiative aims to improve mental health outcomes for Aboriginal consumers by providing a visible presence within the local Aboriginal Community, offering education about mental health issues and personal support or advice to people who need help to access specialist mental health assessment and treatment. The Aboriginal Mental Health Workers support the care coordination, navigation and transitions of care for Aboriginal people.

Achievements in Safety and Quality

Police, Ambulance and Clinician Early Response (PACER) pilot: A collaboration between NSW Police, Ambulance and SESLHD Mental Health Service

The PACER pilot at St George Mental Health Service centres on the incorporation of a mobile emergency mental health clinician into Police and Ambulance first line of response to people experiencing a mental health crisis in the community. Through the provision of appropriate, seamless and trauma-informed care, the PACER model aims to intervene before the person reaches the Emergency Department by providing assessment in the community and diverting the person to alternative community care pathways where clinically appropriate.

Evaluation of the pilot has demonstrated:

- Cross-agency and informed response to people experiencing Mental Health crisis.
- Avoidance of Emergency Department presentations.
- Early links to community and welfare services.
- Provision of alternate pathways to care.
- Early de-escalation, avoiding coercive measures.
- Reductions in Emergency Department presentations via Police and Ambulance.
- Reduced demand on agencies including Police time on scene.

On 19 June 2020, Minister for Mental Health, Hon. Bronwyn Taylor announced the expansion of the Police Ambulance and Clinical Early Response (PACER) pilot program as part of a $6.1 million investment to embed 36 specialist mental health clinicians across a further 12 Police Area Commands and Districts in NSW.

A monthly scorecard is completed by PACER Clinicians and Police.

As at 8 June 2020:

Total PACER Mental Health Contacts – 1551

Total PACER Mental Health Contacts not transported to the Emergency Department/Managed in Community – 1051

Percentage of total PACER Mental Health Contacts not transported to Emergency Department/Managed in Community – 67.76%

Two patients per day NOT transported to the Emergency Department.

10% overall reduction in Mental Health presentations to St George Hospital Emergency Department.

15% reduction in Police MH involving transport to St George Hospital Emergency Department.

Achievements in Safety and Quality

Check, please!

An innovative education program to improve the reliability of second checks for high-risk medication administration

The Check, please! project at St George Hospital is an innovative education program focused on patient safety through improving second person checking of medication practices. The project aimed to generate sustained improvement in second checking for medication administration via development of a resource package for ward-level implementation. Staff in different units were engaged to workshop second check practice improvements, creating tailor-made processes specific to their area of work.

The Check, please! intervention launched across St George Hospital in September 2019 (via integration into the St George Hospital Productive Ward framework for quality improvement), and was evaluated in May 2020. Analysis of pre- and post-implementation data showed incidence of medication administration errors involving failed or ineffective second checks has fallen by 36.2%.

Improving patient access to a pharmacist in the Emergency Department through implementation of a referral system.

Improvements to patient access to a Pharmacist in the Emergency Department at the St George Hospital has resulted in a 67% increase in patients reviewed by a pharmacist. In addition, the majority of patients are being seen within the first hour of their presentation (average of 46 minutes, reduced from 14.5 hours).

Early intervention by a pharmacist reduced medication related incidents leading to better patient care. Major medication incidents were reduced in the Emergency Department by approximately 7%, and several admissions were avoided. Pharmacist involvement has also provided a direct link with community services for patients discharged directly from Emergency.

Achievements in Safety and Quality

Medication Safety Project at Sydney/Sydney Eye Hospitals

Using the principles of Practice Development methodology, clinical nursing departments at the Sydney/Sydney Eye Hospital, participated in a Medication Safety Project to establish a culture of safe medication practice, ensure the provision of safe medication administration, and to decrease adverse events by 10% each year.

The introduction of electronic medication prescribing and recording of administration (eMEDS), highlighted the opportunity to identify concerns and challenges regarding safe medication administration across the hospital. It was envisaged that understanding the challenges and concerns staff experienced in safe medication practice would enable the development and implementation of tailored strategies to address them.

This initiative provided an opportunity to revisit, and refresh knowledge, and reinforce policy, guidelines and best practice surrounding medication preparation, administration and documentation.

As a result, Outpatient Department medication administration Standing Orders were standardised and reduced from 66 to 6 (90%). Reductions in multiple verbal orders for the same patient as well as in patient discharge delays due to discharge medication script role confusion for medical staff were also realised.

A separate project was also initiated to address 'off label use of medication' in the Perioperative unit. Claims/Concerns and Issues sessions delivered as part of the project provided a psychologically safe environment to address long standing practices that were not in line with best practice.

The benefits of reporting incidents in the incident management system were promoted and strongly encouraged and supported throughout the project; medication related incidents reduced from 109 in the ten months pre implementation to 72 incidents post implementation.

Separately, an immediate intervention in response to eight incidents relating to the use of hybrid medication administration charts resulted in an instant reduction of these types of incidents to zero.

Achievements in Safety and Quality

A Strategic Approach to Reducing Healthcare Associated Infections (HAI)

Reducing hospital acquired infections is one of Prince of Wales Hospital's key quality improvement initiatives aimed at improving patient safety by reducing adverse events.

Data analysis from multiple sources identified that there was an increasing trend in patients with hospital acquired infections, many of which are preventable with effective infection prevention systems. The Prince of Wales Hospital Executive established an HAI Prevention Strategy aimed at improving prevention practises and patient outcomes. Six key working groups (WG) were formed in July 2019 to focus on strengthening the infection prevention system; WG1 - early detection and management of sepsis; WG2 - invasive devices management; WG3 - environmental cleanliness; WG4 - hand hygiene; WG5 - standard and transmission based precautions; and WG6 - prevention of surgical site infections in cardiac surgery patients.
The working groups have realised the following achievements:

WG 1 - Improved knowledge of sepsis management amongst staff following a Sepsis Expo in February 2020 and now sepsis is embedded in all deteriorating patient education across all disciplines.

WG 2 - Standardisation of intravenous (IV) trolleys across the hospital to provide all the necessary equipment for cannula insertion technique in one location.

WG 3 - Decluttering of clinical units and improved cleaning standards for extreme risk areas from on average 3.2 (range 2-6) failures per month to 1.8 (1-3) six months post interventions.

WG 4 - Hand hygiene compliance has improved from 69.4% in June 2019 to 89.3% by June 2020 following enhanced strategies for auditing, education and feedback on performance.

WG 5 - Improved standardisation of precautions displays from 70% to 93% for the correct approved posters, and for correct PPE available at point of care from 90% to 100% across all units.

WG 6 - Improved compliance with the surgical site infection cardiac surgery care bundle with improved correct pre-operative screening from 40% to 80% and between 80-90% HBa1c tested pre-operatively.

Reduction of Hospital Acquired Pressure Injuries

The aim of this initiative was to reduce the rate of Hospital Acquired Pressure Injuries at The Sutherland Hospital by 50% by June 2020. During 2018 and 2019, The Sutherland Hospital identified higher than average rates of Hospital Acquired Pressure Injuries resulting in SAC 2 incidents.

To address this issue, targeted action plans were completed for all inpatient wards and tabled at the Pressure Injury Prevention and Management Committee. Targeted education was also provided when incorrect pressure injury staging was identified or delayed notification occurred. Through these initiatives, the Hospital Acquired Pressure Injury rate in 2018/2019 was reduced from 1.99 per 1000 occupied bed days to 1.48 per 1000 occupied bed days (IIMS data). An improvement in the critical incident SAC 2 rate was also achieved from 15 incidents in 2018, to 14 incidents in 2019, and to two incidents in 2020. (IIMS data ytd). These results were also reflected in Hospital Acquired Complication data which showed a reduction in the rate of hospital acquired pressure injuries from 6.1 in (2018/2019 to 2.7 in 2019/2020 (QIDS).

Point prevalence survey results from 2017 to 2019 also demonstrate The Sutherland Hospital rate is down to 2.1 hospital acquired pressure injuries.

Achievements in Safety and Quality

Focus on telehealth

Telehealth is a key strategic initiative in 2020-2021, presenting SESLHD with an opportunity to deliver care differently, and providing benefits for patients, clinicians and the system.

Telehealth allows patients to receive care in a location that is convenient to them and allows clinicians to connect with other professionals and carers involved in a patient's care with greater ease and convenience. Telehealth has also been particularly beneficial in the context of the COVID-19 pandemic, reducing the need for face-to-face contact with patients, particularly for vulnerable populations.

Some of SESLHD's telehealth success stories include:

Prior to June 2020, no occasions of service were provided remotely from the Antenatal Bookings Clinic at the Royal Hospital for Women. Following a model of care review, the initial appointment (i.e. the bookings clinic) was determined to be the most appropriate point for telehealth and that all bookings were to be provided remotely during and post pandemic. With training and implementation support from the SESLHD-Telehealth team 100% of all service events are delivered remotely with 87% of all service events provided via videoconferencing consults.

The SESLHD Metabolic Disorders and Bariatric Surgery Clinic based at St George Hospital, provides a supported pathway to bariatric surgery within SESLHD. Prior to COVID-19, the service provided face-to-face education sessions for patients before being listed for surgery, with the aim of supporting patients to make an informed decision regarding their management. The service prior to COVID-19 involved frequent face-to-face visits for Bariatric patients to the hospital. This was not ideal for patients who had associated conditions such as reduced mobility and agoraphobia, and prior to the introduction of telehealth, 42% of new referrals withdrew from the program. In April 2020, a hybrid telehealth and face-to-face model was introduced, and the withdrawal rates have decreased to 27%. The service now provides 30.9% of all occasions of service via videoconferencing.

Patients of the Sydney Hospital Chest Clinic being treated for Tuberculosis were required to attend the hospital each day so nurses could directly supervise them taking their prescribed medication. Phone consults with the occasional video consult were offered in situations where a patient was not able to physically present prior to COVID-19. The pandemic presented the Chest Clinic with a key opportunity to enhance the Direct Observation Therapy Service and increase the use of videoconference. With support from the SESLHD telehealth service to adapt from telephone consults to videoconferencing, 34% of services are now delivered via videoconference.

Teledentistry offers an alternate pathway for clinicians to engage with patients other than by face to face consultation especially during COVID-19. Oral health clinical assessments and consultations via telehealth can be challenging, however the Oral Health Service was able to implement a Telehealth Clinic initiative to capture consultation activity and clinical triages over the phone. The Oral Health Service Telehealth Clinic have conducted 1127 clinical triages and continue to manage the patient waitlist until services resume. Learnings from this initiative will form the basis for creating a sustainable model for the oral health service in the long run. Clinicians were able to upskill by learning to use virtual platforms to provide patient care and consultations. Teledentistry will help the service address and reduce the waiting list, provide continuity of care for our patients and create an alternate pathway for some aspects of service delivery.

COVID-19 saw many services suspend group activities to support staff and client health. The Bulbuwil Aboriginal Healthy Lifestyle Program promptly initiated online delivery of their cooking and activity groups, to maintain engagement of vulnerable clients. The online program was very successful in engaging clients and maintaining their routines and healthy behaviours, however, it did require staff to modify the way they work. Key learnings from this include the need to assist clients with using technology and adjusting the program to suit the online environment and its' limitations.

Achievements in Safety and Quality

Focus on telehealth

A state-wide service housed at Prince of Wales Hospital that links city-based specialists to rural and remote health facilities to virtually assess and treat stroke patients was launched in March 2020, just as the COVID-19 pandemic struck in Australia. Telestroke uses screen-sharing technology provided by eHealth NSW to enable remote specialists to gain full access to patient imaging as it is processed – allowing time-critical diagnosis and immediate treatment of stroke patients.

Professor Ken Butcher, Medical Director of the NSW Telestroke Service and Director of Clinical Neuroscience, Prince of Wales Hospital, said over 50 patients have now been treated.

“Despite the outbreak of COVID-19, the Telestroke service has continued to spread this life-saving model of hyper-acute care to hospitals in Port Macquarie and Coffs Harbour," Ken said

“In fact, during the pandemic, Telestroke is being used to an even greater effect, given that stroke specialists don’t need to be in the same room as their patients, ensuring social distancing.

“Telestroke is a model for COVID-19 care and beyond, as it’s all about bringing better outcomes for stroke patients. The outbreak of COVID-19 got us thinking that this type of technology would be invaluable should NSW Health’s medical workforce be severely affected by coronavirus.

“If, for example, stroke specialists had to self-isolate but were well enough to work, they could still deliver care to patients of stroke, which – COVID or no COVID – is always going to be a critical issue."

Recently, to adhere to COVID-19 enforced social distancing, despite being only a few floors away, Ken used Telestroke to treat a stroke patient in the Emergency Department at Prince of Wales Hospital.

“The patient had transient symptoms following two previous strokes, so we assessed their vital signs and conducted a neurological examination via Skype for Business – I was able to view the patient’s scans, which were clean. It was a good outcome for the patient and they are now back living independently,“ Ken said.

Moving forward, there are plans to establish Telestroke in hospitals in Shoalhaven, Lismore, Tamworth, Dubbo, Orange, Wagga Wagga, Griffith, Nepean, Bathurst, Armidale, Manning and Tweed, followed by Moree, Blue Mountains, Lithgow, Grafton, Broken Hill and Deniliquin

Digital health technology is used to treat a patient in the emergency department of POWH, home to the state-wide Telestroke Service

Achievements in Safety and Quality

Health Justice Partnership

Since June 2019, War Memorial Hospital has entered into a three year Health Justice Partnership with Seniors Law NSW, building on its philosophy of providing innovative comprehensive services to older people to keep them safe and well in their home and community. The partnership presents a unique opportunity for the multidisciplinary clinical team and lawyer to collaborate to address legal and non-legal issues for older people experiencing abuse and provide opportunities through education and early intervention to prevent abuse occurring.

This partnership enables timely integrated legal assistance to older people experiencing or at risk of abuse, with the lawyer embedded in the health team to reach vulnerable people who would otherwise likely not access legal help. Patients from both inpatient, outpatient and the community setting can access the service, and clinicians can seek advice as required to understand if a referral to the service is appropriate.

Grief and Bereavement Social Worker

Following a scoping exercise across SESLHD, Ministry of Health enhancement funds were used to establish the Southern Grief and Bereavement Social Work position at St George Hospital. This position provides short to medium term bereavement support to the loved ones of patients who have died at either St George or Sutherland Hospital.

The position ensures that our community has access to local, appropriate and supportive bereavement interventions while ensuring linkage and collaboration with existing available resources, including the Calvary Bereavement Service.

Finalisation of models of care for Ear, Nose and Throat (ENT) Services

Currently Ear, Nose and Throat services are provided across both Prince of Wales and Sydney/Sydney Eye Hospitals. Outpatient services are provided at Prince of Wales Hospital and have lengthy waiting times providing poor access for the community. The initiative involves the Surgical Programme working with the ENT Department and the Outpatient management to review the models of care; maximising utilisation of surgical resources; referral pathways and triage of new referrals; establishment of early screening clinic for head and neck cancers to enhance community equity of access to services.

Key Objectives for the new models of care include:
1. Reduce waiting times for elective surgery
2. Reduce waiting times for outpatient consultation.
3. Increase number of early H&N cancers detected.
4. Improved patient satisfaction.

Achievements in Safety and Quality

South Eastern Sydney (SES) HealthPathways

SES HealthPathways is a partnership between South Eastern Sydney Local Health District (SESLHD), Central & Eastern Sydney Primary Healthcare Network (CESPHN), St Vincent's Hospital Network (SVHN) and Sydney Children's Hospital Network (SCHN).

HealthPathways is an online tool mainly used by General Practitioners (GPs) in patient consultations. It provides up to date clinical and referral information so that GPs can work to the extent of their scope of practice and then refer only when appropriate.

In the hospital system, HealthPathways helps to ease the load on services, as patients are only referred when necessary. Specialists can list all relevant investigations required before referral, so these can be undertaken in the community at more convenient times and locations, resulting in fewer visits to the Specialist being required. When combined, these factors decrease waiting lists so patients can be seen in a timely manner. For patients, this means receiving the right care, at the right place, at the right time.

Since September 2018, HealthPathways have produced 218 pathways with over 145 more in draft. These pathways help to guide GPs to work to the extent of their scope of practice and only refer where necessary.

During COVID-19 the HealthPathways team delivered nine COVID-19 specific pathways to help GPs with all aspects of providing safe and effective care in the community.

Another example of how HealthPathways can make system improvements is in early 2020 where HealthPathways worked with NSW Ministry of Health and the Agency for Clinical Innovation to upload a new cataract referral form and supporting clinical pathway.

There are currently long cataract surgery waiting lists across NSW and some of the people on these lists are not appropriate for cataract surgery, but only find this out once they are called for pre-op assessment. These pathways, in addition to targeted Continuing Professional Development events, will hopefully improve access to cataract surgery for those who actually need it.

As at 14 June 2020:

Close to 2,700 users since the program started.

Often more than 300 users per month in 2020.

218 live pathways, with 145 in draft.

Between 7-12 new pathways go live each month

Since February 2020 there has been between 3,500 and 4,800 page views each month.

In 2020, COVID-19 are the most frequently used pathways, followed by Drug and Alcohol and Antenatal pathways.

COVID-19 HealthPathways data can be compared against all of the HealthPathways teams across NSW.

Achievements in Safety and Quality

NDIS Hospital Discharge Initiative

The National Disability Insurance Scheme (NDIS) Hospital Delay Discharge Initiative at SESLHD provides better value care to our patients and community by reducing length of stay for people who are NDIS participants requiring disability supports in the community to sustain independent living, and are ready to be discharged from hospital.

It aims to enable patients to be cared for in the community, and to facilitate the provision of disability supports in the community to allow people with a disability to live independently in a safe and healthy way.

The initiative ensures that people with a disability who are NDIS participants are able to return to the community in a timely way to resume their lives, with the necessary supports to keep them safe and well. It also increases and enhances the level of collaboration between multiple agencies such the disability provider sector, the National Disability Insurance Agency (NDIA) and the health system to effectively facilitate a safe and sustainable discharge for people with a disability. Furthermore, it builds the capacity of mainstream health staff to operate effectively under the NDIA to support people with a disability to access supports in the community, minimising the impact of the NDIS process on length of stay.

Key outcomes of the initiative include:

A fast and reliable internal NDIS clinical escalation pathway.

Shorter timeframes for NDIS process approvals to facilitate the brokerage of disability supports in the community.

Safe and sustainable complex discharge planning enabling people with a disability to live independently in the community and to avoid preventable re-admissions.

Enhanced use of the patient flow portal – NDIS Waiting for What and eMR NDIS identifier.

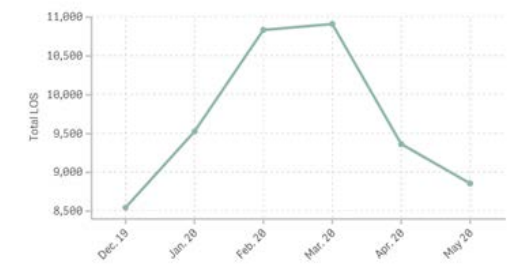
Timely complex discharge planning involving multiple stakeholders and external agencies producing better outcomes for people with a disability.

Increased staff knowledge of NDIS operations.

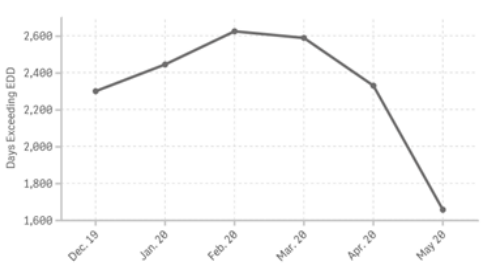
Reduced length of stay for people with a disability who are NDIS participants.

Since the introduction of the NDIS Hospital Discharge Initiative (March 2020), the total length of stay (LOS) for NDIS participants has been reduced by approximately 20% and the length of stay of NDIS participants exceeding their Estimated Date of Discharge (EDD) has decreased by 37%.

Total LOS – NDIS participants



Days exceeding EDD – NDIS participants



Achievements in Safety and Quality

HOPE (Homeless Opportunities for Presentations to Emergency)

The HOPE initiative commenced in September 2018 and sought to build a data profile of homeless clients presenting via the Sydney/Sydney Eye Hospital Emergency Department, becoming the first in Australia to begin collecting ongoing data on homeless health.

The HOPE Project automatically collects data from within Electronic Medical Records (eMR), to immediately identify and assess Emergency Department patients experiencing homelessness when they present to hospital.

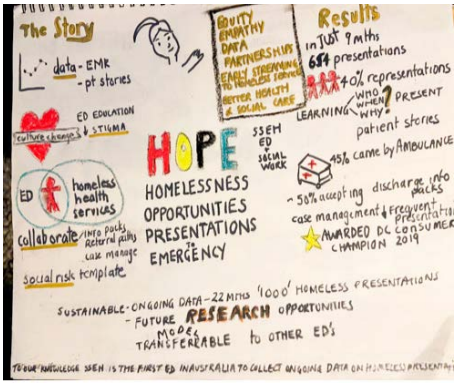
Clinical leads were able to build the data profile through the addition of a homelessness alert in eMR. The project also included a staff survey to build understanding about staff knowledge and skills in working with homeless clients. Project aims were to build in a clinical social risk template in order to promote more efficient and safe discharge pathways from the Emergency Department, develop resource discharge packs for clients and to build collaborative partnerships with other organisations and parts of the Local Health District in order to more effectively support and case manage complex and vulnerable clients.

The project has reached 1,000 presentation, achieving the creation of the clinical data set. This allows for real-time data which can inform service design and delivery by understanding the demographic and health needs of this complex, marginalised and vulnerable group of patients. Early identification of homelessness and referral to key support services has allowed for more informed clinical decision making, enabling rapid intervention strategies, continuity of care and efficient discharge planning. Patients are empowered with information about the support available to them in the community, and appropriate referrals. The project has also addressed previous barriers to data collection and streamlined care, helping patients to connect to the right support at the right time, which ultimately leads to better health outcomes

It also serves to empower staff through regular in-services, and staff are more confident to identify and flag health and social issues which may be barriers to discharge. By more effectively coordinating with other health and social care provides, we are seeking to reduce presentations to Emergency by better understanding barriers to accessing primary health care. The project seeks to have a patient focus; providing right place, right time provision of health care to prevent exacerbation of existing health issues and other comorbidities.

The project is underpinned by innovation and fosters an ongoing focus on research as part of clinical service provision.

HOPE was endorsed by the District Community and Consumer Council (DCCC) in December 2019. The DCCC recognised the project as an extraordinary example of person-centred cared and health navigation.



Improving the Patient Experience

Improving the patient experience

Consumer Advisory Group (CAG) Consumer WalkArounds at The Sutherland Hospital

During 2019, Consumer WalkArounds were initiated at The Sutherland Hospital (TSH) to hear about our patient's experience to assist in understanding what is going well, and what we need to improve.

The Consumer WalkArounds are undertaken by members of the Consumer Advisory Group (CAG), The Sutherland Hospital. As an independent group of consumers with a range of different backgrounds and health-related experiences, they offer the ability to obtain important feedback about our patient's journey that otherwise may not be communicated back to us.

Consumer WalkArounds offer a 'below the waterline' perspective on the care and treatment provided to help understand what is going well, and what we need to improve. They offer another approach to seeking feedback about the care and treatment provided to our community, and increase the opportunities for the Consumer Advisory Committee to participate in quality improvement initiatives and add value to our improvement journey. The process is easy to implement as our staff are familiar with the approach, which is similar to the Leadership WalkArounds undertaken by the hospital Executive. The documentation is easy to use and the resources are transferrable to other facilities which could be easily replicable.

A summary of all feedback and actions were tabled and discussed monthly at the Patient Safety and Quality Committee and the CAG Committee meeting. Of the 56 comments made, 45 required an action and 100% of actions were complete at the end of December 2019.

Following evaluation, there was agreement that Consumer WalkArounds add value in capturing our patient's stories so that improvement can be made and feedback is provided to our staff about our patient's experience.

Additional 'Fact Sheets' resources have now been developed that provide greater explanation of the process and clarification of the roles of the wards, consumer representatives and the Clinical Practice Improvement Unit.

At the completion of each of the Consumer WalkArounds, improved communication of the feedback and agreed actions will be not only be communicated to the Consumer Advisory Group, the Patient Safety and Clinical Quality Committee and the participating ward; feedback and agreed actions will also be disseminated to all clinical areas to increase the awareness.

Opportunities will be considered to increase patient's / carers willingness and ability to participate in the Consumer WalkAround through advanced notification of the Consumer WalkAround.

Consideration will be given to including other clinical areas in the future rather than just in-patient wards to broaden the scope of our engagement with our consumers.

Improving the patient experience

Patient Reported Measures - Shifting from volume to value

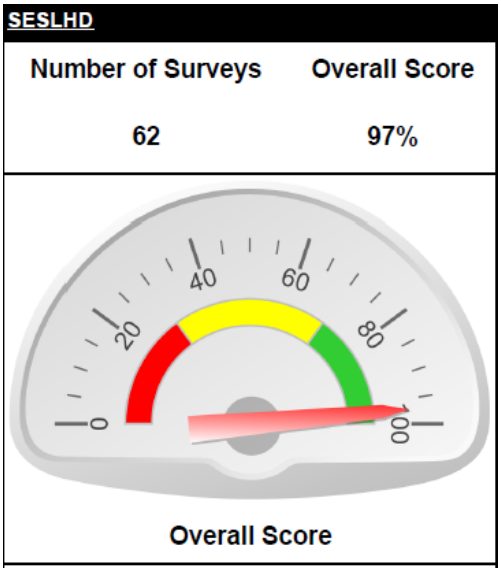
Patient Reported Measures (PRMS) are surveys that help us to understand what matters most to patients in their life. Collecting and using PRMs is a fundamental component of delivering truly patient-centred, value based healthcare.

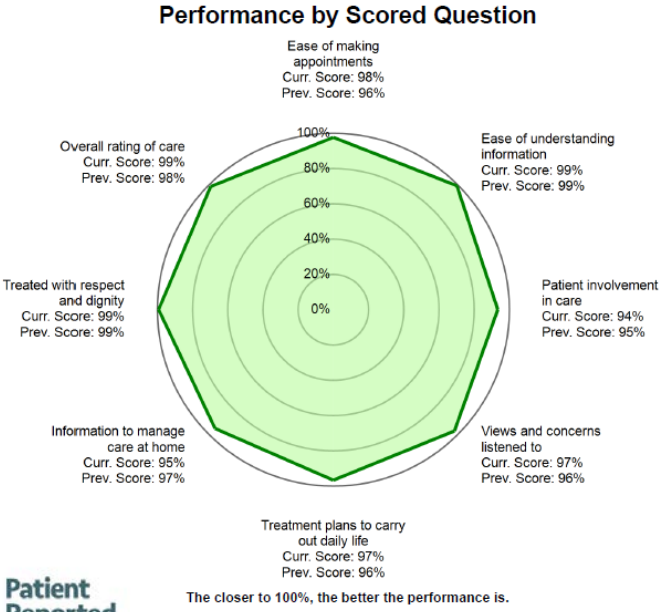
Whilst there are many existing local initiatives and programs that capture patient outcomes and experiences, the PRM state-wide program will transform how we deliver care, enabling a more comprehensive, consistent and integrated approach. The result will be improved health outcomes for patients, improved experience for delivering care for clinicians, and reduced costs derived from inappropriate and fragmented care.

The state-wide IT platform, Health Outcomes and Patient Experience (HOPE) will support the implementation of the PRMs initiative, with a planned go live for early 2021. PRM leads from across the state, including those at SESLHD, are currently involved in the testing, design and feedback of HOPE to support the successful adoption.

In the mean-time, the collection of Patient Reported Experience Measures (PREMs) via an iPad has commenced for various Leading Better Value Care (LBVC) services across SESLHD, offering patients the opportunity to provide anonymous and real-time feedback about their experience of health care or services. The consistent, structured and timely method for capturing and using experiences, offers clinicians the opportunity to celebrate what is working well, as well as identify quality improvement initiatives to drive service improvement.

The below graph provides a cumulative PREM report for participating LBVC's services across SESLHD for the month of July 2020. An overall performance score of 97% was achieved from the 62 PREM's captured.





Patient Reported Measures
OUTCOMES THAT MATTER TO PATIENTS

Improving the patient experience

Care Opinion

SESLHD successfully transitioned to the relaunched Care Opinion (previously Patient Opinion) in June 2020. This involved rebranding a variety of new promotional material now in circulation. Our goal is to utilise Care Opinion across all SESLHD facilities to improve the care we give our patients, improve response rates to patients concerns and decrease complaints.

Staff have been actively promoting the use of Care Opinion which has led to over 200 stories submitted over the past financial year across all sites within SESLHD.

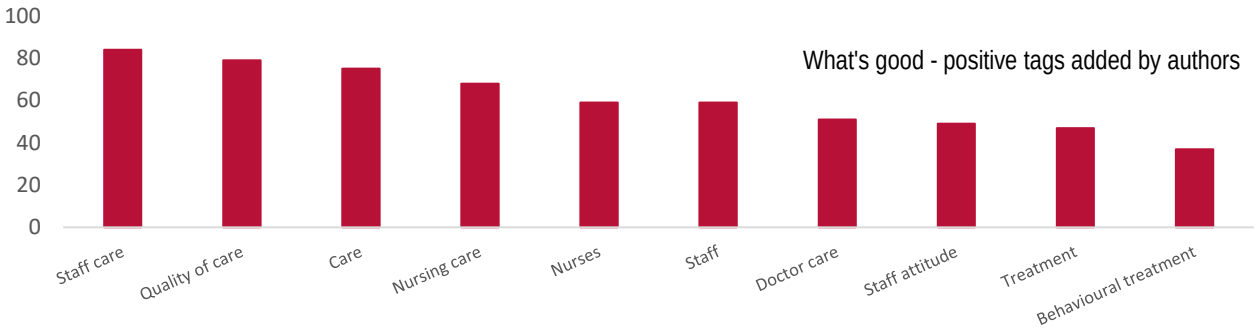
Stories submitted through the Care Opinion website provide valuable information about patient experiences within our services and have led to a number of improvements in response to the feedback.

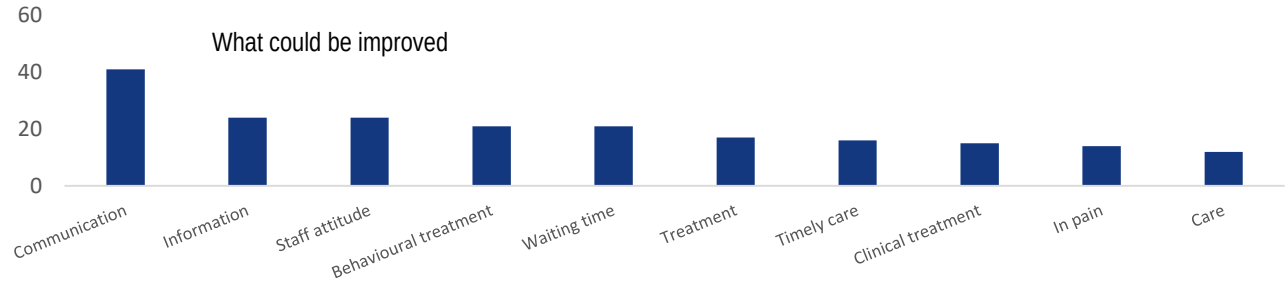
The Hand Clinic at Sydney/Sydney Eye Hospital will be introducing a Q-flow system to streamline the outpatient appointment booking process for their clinics, giving patients more choices and control over how they schedule and receive information about appointments while improving communication regarding delays and waiting times.

St George Hospital reviewed their patient registration and communications systems in their new Cancer Care Centre and are hoping to introduce an interactive system for patients to allow notifications via mobile phones or the screens located throughout the Cancer Care Centre waiting spaces.

At the Prince of Wales Hospital, a Care Opinion newsletter has been developed and is published every 1-2 months. Also, along with Sydney/Sydney Eye Hospital, Executive signed HERO certificates are awarded to any staff named in the Care Opinion site and has become a highly sort after accolade.

Each patient story contains themes and words which are “tagged”. The most common positive tags added to stories highlight quality of care and praise for staff. Communication and wait times featured as the top tagged themes patients felt could be improved.





Improving the patient experience

Patient Experience Officers in the Emergency Department

Patients and their carers who visit an emergency department across SESLHD will now be met by a friendly face whose job is dedicated to making them feel welcomed, safe, looked after and empowered.

Starting in July 2020, seven patient experience officers were posted to Sydney/Sydney Eye Hospital, St George Hospital, Prince of Wales Hospital and the Sutherland Hospital as part of the NSW Health Emergency Department Patient Experience initiative.

Kim Olesen, Director of Nursing and Midwifery, SESLHD, said the new roles will act as a concierge service for visitors to SESLHD emergency departments and COVID-19 assessment clinics.

“The patient experience officer role is a non-clinical position that will enhance communication between our clinicians, clerical staff, patients, families and carers, while also supporting our mission to provide safe, person-centred and compassionate care,” Kim said.

After a successful pilot project in 2019 with emergency departments, NSW Health expanded the scope to include a total of 21 hospitals across the state in light of the COVID-19 response.

Patient experience officers are recruited for their interpersonal skills and personal resilience, and expertise in working with people with challenging behaviours.

The aims of the project are to make sure visitors:

Know where to go when they arrive.

Are communicated with in a caring manner.

Know what to expect during their time in the emergency department.

Can keep key communication devices charged while waiting.

Are provided with information regarding emergency department processes.

Have information in their language.

Are updated on when they are likely to be seen, and the status of test results and any delays.

Improving the patient experience

Enhancing Ophthalmology Patient Admission Journey for Patients with Psychosocial Complexity

This initiative identifies patients that may possibly be cancelled due to psychosocial complexity/barriers and/or who may have a longer hospital admission because of late referral to social work or resources have not been identified to resolve psychosocial difficulties that would then result in safe and efficient discharge back to community

The objectives of this initiative are:

1.Improvement in identification of ophthalmology surgery patients with psychosocial complexity at Sydney/Sydney Eye Hospital.

2. To identify and reduce barriers to access and discharge planning by proactive communication and planning between Social Work Department and the Community Ophthalmology Clinical Nurse Consultant to commence treatment and discharge planning prior to admission for surgery.

3. Flagging patients for admission whereby social work staff can diarise possible Social Work referrals (ensuring early response and increased linkage to social and other supports and referral pathways). This allows social work to 'hit the ground running' when patient does arrive, thereby facilitating prompt assessment and referrals.

4. Reduce length of stay by early identification and addressing of psychosocial complexities that would otherwise result in delay of discharge.

This initiative has allowed for more effective multi-disciplinary partnerships and identification of patients with psycho-social complexity- enabling an early intervention, patient focused, problem solving model of care. Further to this, there is proactive partnership with the patient and carers to ensure their voices and wishes are included in treatment and discharge planning processes. Importantly, these efficiencies result in better value by reducing inefficient processes.

This project is ongoing as we continue to conduct tests of change to ensure this is embedded as core business, thereby ensuring cultural change and sustainability are attended to.

A workplace culture that drives safe and quality care

A workplace culture that drives safe and quality care

Essentials of Care and Person Centred Care Program (PeeP)

Essentials of Care and Person Centred Care Program (PeeP) are quality improvement cycles to enable staff to move through a successful cycle of practice change.

The PEEP framework is specific to The Sutherland hospital, and is underpinned by the principles of 'practice development' and 'lean thinking'. The intent behind incorporating both sets of principles is:

To enable teams to develop a person centred and collaborative approach to improving teamwork and patient care quality and safety.

To address environmental and work practice inefficiencies in order to create the time required for improving teamwork and patient care quality and safety.

Essentials of Care is a quality improvement framework that aims to:

Evaluate the quality of essential care delivery.

Identify opportunities for the development of care and services.

Improve patient safety and outcomes by activating locally developed initiatives to improve practice.

Enhance the experiences of patients, families carers and staff involved in the delivery of care.

Celebrate good, effective care that centres on people and their individual needs.

Examples of initiatives that have used the frameworks to create practice change and improve patient care are:

Creation of Multisensory Environments in Dementia care at the Garrawarra Centre. Four Multisensory Environments were designed in consultation with staff, carers and residents. The use of Multisensory Environments for people with dementia can improve mood, behaviour, communication, reduce depression, anxiety, wandering and boredom and have a positive effect on the resident and caregiver relationship. The Multisensory Environment program at the Garrawarra Centre had a significant impact on reducing agitation and increasing social engagement for residents who participated in the program. 87% of residents who participated in the multisensory environment program had a reduction in agitation. Average agitation levels improved by 40% indicating most residents became relaxed and content as a result of the multisensory environment program. Residents engagement levels increased by 98% as a result of staff initiating the multisensory environment program to stimulate conversation and interaction.

Implementation of structured Code Blue debriefs at Sydney/Sydney Eye Hospital to provide educational, supportive and quality improvements for the Code Blue Team. As a result, key changes have been made to equipment, communication, education, transfer of care and role clarity.

Development of the falls Prevention and Management Online Portal at The Sutherland Hospital to improve access to reliable falls prevention and management information for staff. The online portal is available on the Hospital's intranet page and includes extensive education resources, videos, presentations, case studies, falls prevention equipment log, and referral information for adult, paediatric, neonate, maternity and non-admitted patients. Some of the other unique aspects of the portal are inclusion of FRID (Falls Risk Increasing Drugs Database) as well as interactive training and step by step tutorial on risk assessment and documentation. The Falls Portal acts as a central source of information for falls prevention and management and provides easy access to the falls information for clinicians across the organisation.

A workplace culture that drives safe and quality care

VICTARI

This research project ascertained the extent of concern of vicarious trauma and compassion fatigue for social workers in SESLHD and contributed to the identification of gaps in supports for staff to assist in providing an evidence base for actions to address areas of potential concern.

Following the analysis and reporting of our current data, the project group is in the process of devising and implementing a toolkit of evidence based techniques to support our staff and workplace systems in the identification, prevention and response to compassion fatigue and vicarious trauma in social workers.

The research team recognise that there are transferable outcomes to other professions and have established links with SESLHD workplace Health, Safety and Wellbeing staff to assist with establishing our findings into safe work practices and to encourage investigation of compassion fatigue and vicarious trauma in other discipline groups.

The Productive Ward Series

This project was implemented at St George Hospital to review ways of working and consider how small changes can be implemented to improve direct patient care. The Productive Ward focuses on improving ward systems, processes and environments to help clinical staff spend more time on patient care.

Phase 2 the “Renovated House” Productive Ward has now been successfully implemented across all clinical units to engage multidisciplinary teams to work collaboratively to apply the principles of lean thinking, process improvements and wellbeing.

The new series has seen an improvement in clinical practices across many of the units and engaged our nursing teams to make meaningful change for their patients.

Junior Medical Officer Wellbeing

Junior Medical Officers (JMO) undertake significant amounts of unrostered overtime especially across surgical teams and often have difficulty in accessing their ADO entitlements. This results in greater hours worked, less time away from the hospital and poor work-life balance. An initiative launched at the Prince of Wales Hospital involves a range of changes across departments including changes to staffing, rosters, on-call practices, and greater department head oversight and responsibility for JMO entitlements. The initiative is intended to reduce the requirement for extended hours and provide easier, more consistent access to ADOs. The outcomes of this initiative include:

Reduced unrostered overtime hours worked across the hospital.

Increased usage of ADOs.

Enhanced JMO satisfaction and well-being.

Other programs in place to improve the wellbeing of Junior Medical Officers include the implementation of protected times for JMOs for lunch and educational activities at St George Hospital, and participation in the Socks for Docs day to encourage JMOs to speak up about mental health issues, as well as the Introduction of JMO low paging hour (at lunchtime) at The Sutherland Hospital.

Formal Results

Hospital Acquired Complications

Performance during COVID-19

In early 2020, SESLHD initiated a quality activity to review the impact of COVID-19 on patient safety and quality, and to confirm that the quality of care at SESLHD had not been impacted. Data analysis, which compared incidents from the same period in the previous year, was conducted on 14 Hospital Acquired Complications (HAC) and other key safety and quality indicators including SAC 1 and SAC 2 incidents, all incidents by Principle Incident Type, and complaints from December 2019 to March 2020.

This analysis was repeated in July 2020 (data to May 2020) to continue to monitor and validate consistency of care during the COVID-19 period.

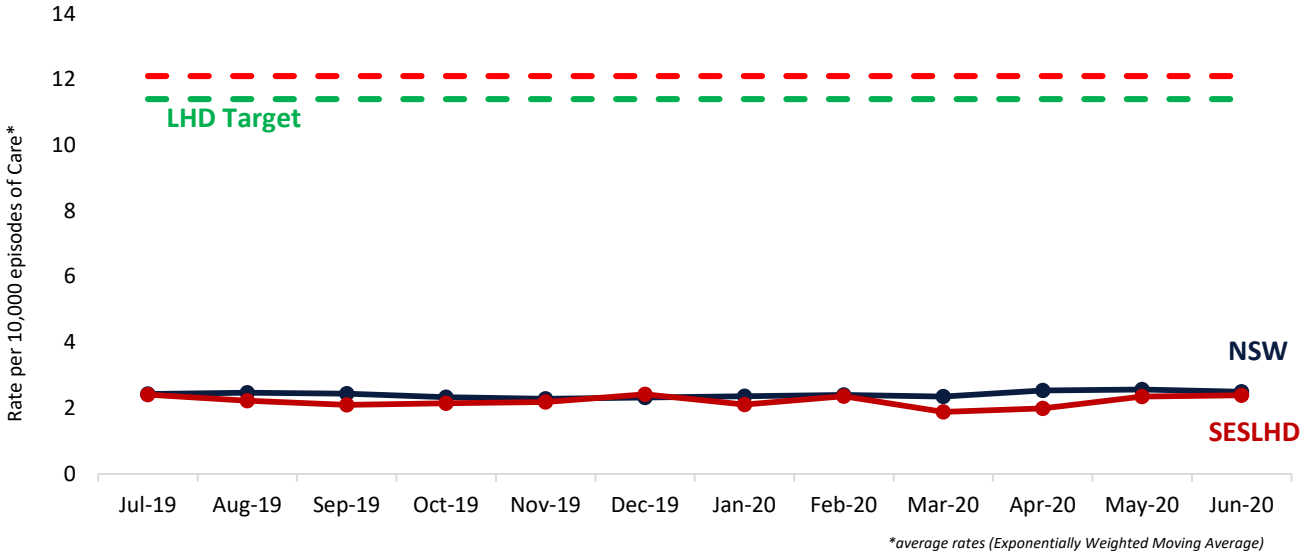
The analysis showed SESLHD's rates for all Hospital Acquired Complications were lower than the target Service Agreement thresholds during the COVID-19 period, and many were also lower than the same period in the previous year.

HAC	Period	SESLHD	HAC	Period	SESLHD
Hospital acquired Pressure Injuries	Dec'18-May'19	4.8	Hospital Acquired Medication Complication	Dec'18-May'19	37.5
	Dec'19-May'20	2.8		Dec'19-May'20	30.7
	Target	<11.4		Target	<33.8
Falls resulting in injuries	Dec'18-May'19	4.4	Hospital Acquired Delirium	Dec'18-May'19	51.5
	Dec'19-May'20	3.2		Dec'19-May'20	42.3
	Target	<6.9		Target	<71.9
Healthcare Associated Infections	Dec'18-May'19	148.7	Hospital Acquired Persistent Incontinence	Dec'18-May'19	2.6
	Dec'19-May'20	134.4		Dec'19-May'20	2.9
	Target	<165.6		Target	<7.7
Hospital Acquired Respiratory Complications	Dec'18-May'19	25.1	Hospital Acquired Malnutrition	Dec'18-May'19	7.3
	Dec'19-May'20	20.2		Dec'19-May'20	7.3
	Target	<35.5		Target	<9.4
Hospital Acquired Venous Thromboembolism	Dec'18-May'19	10.6	Hospital Acquired Cardiac Complication	Dec'18-May'19	46.3
	Dec'19-May'20	8.4		Dec'19-May'20	46.60
	Target	<12.4		Target	<74.5
Hospital Acquired Renal Failure	Dec'18-May'19	1.1	3rd & 4th Degree Perineal Lacerations	Dec'18-May'19	389.6
	Dec'19-May'20	0.6		Dec'19-May'20	357.4
	Target	<2.8		Target	<383
Hospital Acquired Gastrointestinal Bleeding	Dec'18-May'19	12.8	Neonatal Birth Trauma	Dec'18-May'19	62.1
	Dec'19-May'20	10.1		Dec'19-May'20	38.8
	Target	<17		Target	<65.7

SESLHD HAC performance during COVID-19 - Rate per 10,000 Episodes of Care

Hospital Acquired Complications

Hospital Acquired Pressure Injuries



*average rates (Exponentially Weighted Moving Average)

Our performance:

The average rate of Hospital Acquired Pressure injury has been maintained well below the target threshold set out in the Service Agreement and at or below the NSW state average rate. SESLHD has achieved this through the implementation of a number of initiatives including:

The Pressure Injury Care Program at the Prince of Wales Hospital addresses education, information management, quality improvement, and research and innovation related to pressure injury prevention and management. A key component of the Pressure Injury Care Program involves the establishment of a partnership with the University of Wollongong School of Nursing and collaboration on The Pressure Injury Prevention and Practice Improvements in Nursing (PIPPIN) study. The study has an overall aim of reducing the number of hospital-acquired pressure injuries among inpatients at Prince of Wales Hospital through the development and co-creation of a comprehensive pressure injury prevention program that will be implemented in all wards.

Waterlow Risk assessments and skin assessments are monitored in an initiative called Waterlow Wednesday at Sydney/Sydney Eye Hospital. The facility is also participating in the NSW wide Hospital Acquired Pressure Injury collaboration focussing on preventative dressings, device use (e.g. mattresses) and positioning.

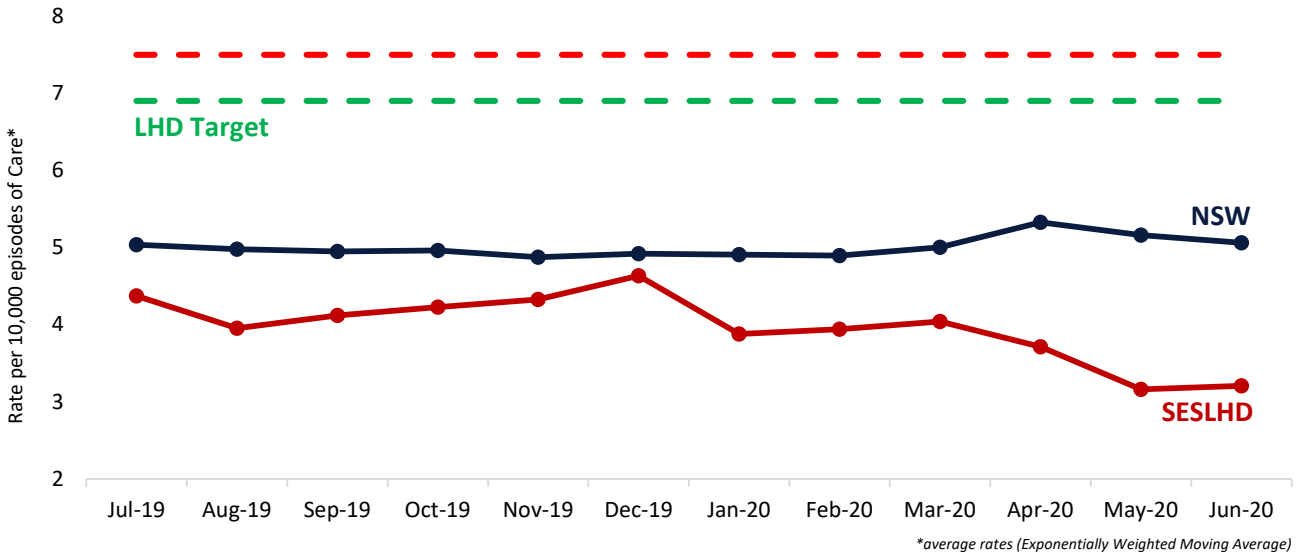
The Sutherland Hospital has focussed on a targeted initiative to reduce the rate of Hospital Acquired Pressure Injuries by 50% by June 2020 – see page 22 . A Clinical Business rule is also in development at The Sutherland Hospital which will provide guidance for correct documentation requirements for patients who are dying, where repositioning would cause unnecessary discomfort.

Patient safety teams at all facilities monitor and review incidents, and report and escalate any issues or identified trends as part of ongoing quality improvement.

The prevention and management of pressure injuries also forms part of SESLHD's strategies for National Standard 5.

Hospital Acquired Complications

Fall related Injuries in Hospital – resulting in fracture or intracranial injury



Our performance:

SESLHD has achieved a reduction in the rate of falls since December 2019 and has attained an average falls rate well below the target threshold and the NSW State average. These results have been realised as a result of a number of initiatives implemented across SESLHD:

Recognising that the cause of falls in hospital is complex and that there are many contributing factors, Prince of Wales and Sydney/Sydney Eye Hospitals have established a new Comprehensive Care Committee which is developing a Comprehensive Care Program with an integrated educational strategy to bring all harm prevention systems together to provide a more cohesive approach rather than the traditional siloed approach (e.g. pressure injury, delirium, nutrition and hydration, incontinence. The Falls prevention working party will work collaboratively with other key working groups). Sydney/Sydney Eye Hospital has also introduced improvements to communication and education and updates to the falls action plan are currently in progress.

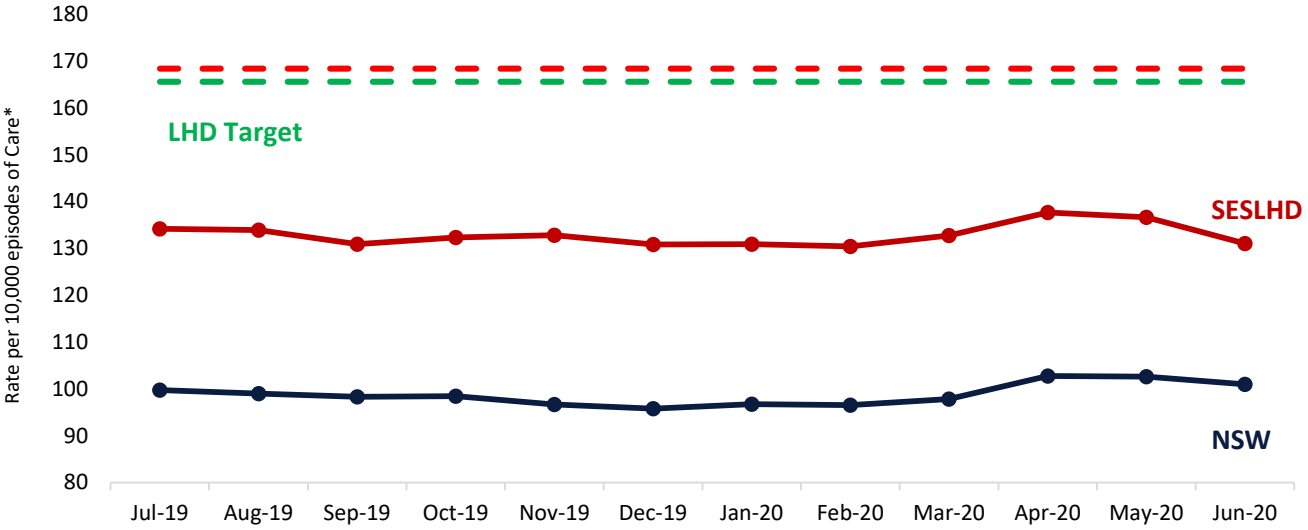
The Sutherland Hospital will be conducting a formal review of their falls portal.

Patient safety teams at all facilities monitor and review incidents, and report and escalate any issues or identified trends as part of ongoing quality improvement. In the event of a critical incident, detailed clinical incident reviews are completed where issues can be identified and recommendations made for improvement. All recommendations for improvement are monitored to ensure completion within the designated timeframe

Preventing falls and harm from falls also forms part of SESLHD's strategies for National Standard 5.

Hospital Acquired Complications

Healthcare Associated Infections



average rates (Exponentially Weighted Moving Average)

Our performance:

Average rates of Healthcare Associated Infections below the target threshold have been attained throughout the 12 months to June 2020. SESLHD's consistent performance for this indicator can be attributed to the following ongoing initiatives aimed at decreasing the rates of Healthcare Associated Infections:

At the St George Hospital, the Antimicrobial Stewardship (AMS) Clinical Care Standard has been implemented and is monitored by the AMS Committee. Infection Prevention and Control Clinical Nurse Consultants monitor and report all healthcare associated staphylococcus aureus bacteraemias, which are investigated as SAC 2 clinical incidents, and implementation of identified recommendations for improvement is monitored.

The Prince of Wales Hospital has targeted strategies in place with six Executive led working groups focused on strengthening the infection prevention system. The working groups are focussed on early detection and management of sepsis (1), invasive devices management (2), environmental cleanliness (3), hand hygiene (4), standard and transmission based precautions (5) and prevention of surgical site infections in cardiac surgery patients (6). Also see page 22.

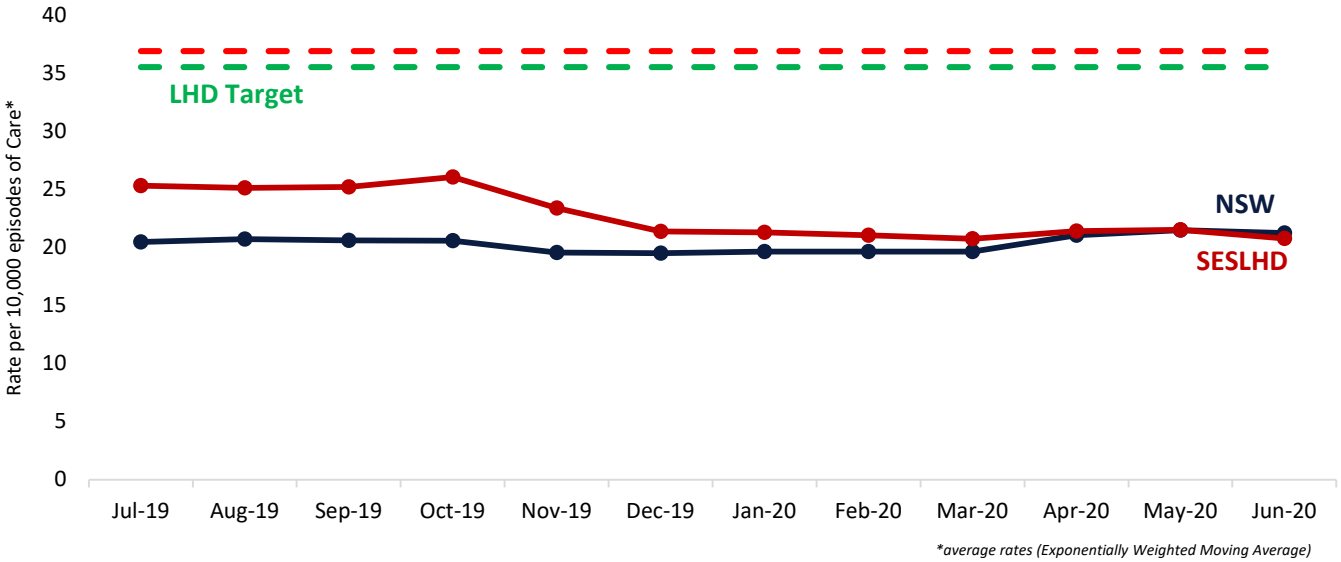
The Sutherland Hospital Catheter Associated Urinary Tract Infection (CAUTI) Working Party monitors CAUTI monthly rates.

Patient safety teams at all facilities monitor and review incidents, and report and escalate any issues or identified trends as part of ongoing quality improvement.

Infection prevention and control systems also form part of SESLHD's strategies for National Standard 3.

Hospital Acquired Complications

Hospital Acquired Respiratory Complications



*average rates (Exponentially Weighted Moving Average)

Our performance:

SESLHD has achieved improved performance for this complication with average rates below the target threshold throughout the previous 12 months. SESLHD average rates have been at or below NSW Health state averages since April 2020 and have mirrored the NSW State average throughout the year. These results have been achieved through a range of initiatives including:

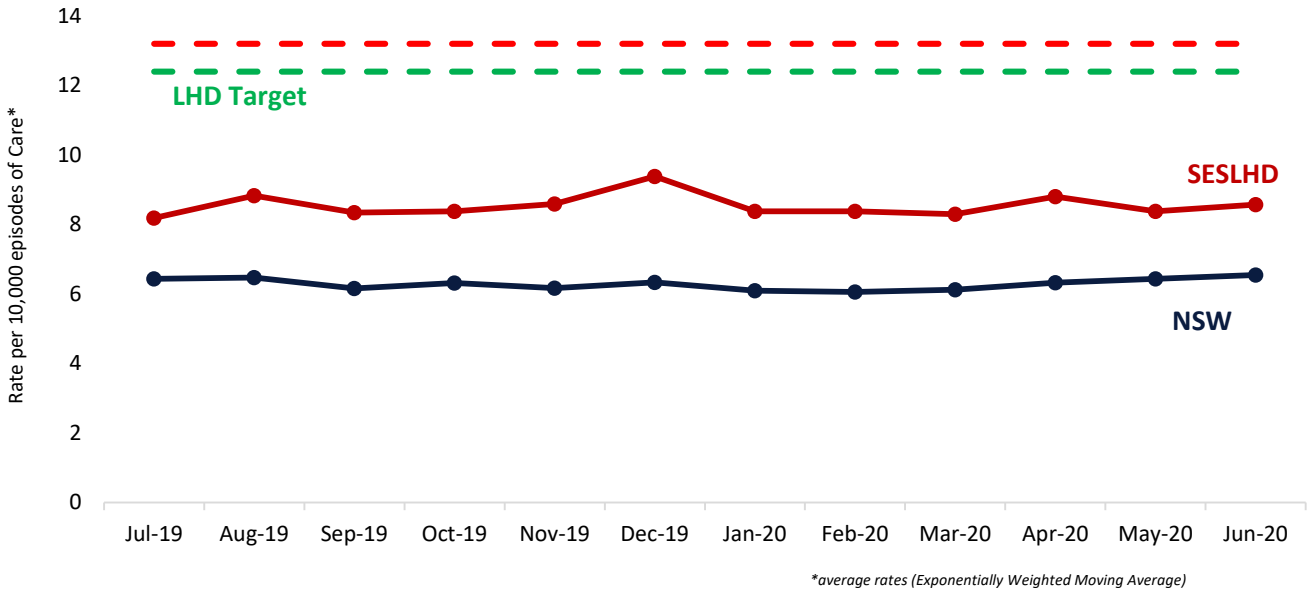
An audit of tunnelled pleural catheter drains and complications related to them to improve overall outcomes for patients is in progress at The Sutherland Hospital.

Patient safety teams at all facilities monitor and review incidents, and report and escalate any issues or identified trends as part of ongoing quality improvement.

At the Prince of Wales Hospital, a Speech Pathology Department-led working party, which has been expanded to include nursing and senior medical staff, is looking at approaches to decrease the incidence of Aspiration Pneumonia as a Hospital Acquired Complication, by supporting best practice in aspiration pneumonia prevention and management. The aims will be identifying patients at risk; development of a prevention plan; delivering the prevention plan; and monitoring incidence of aspiration pneumonia.

Hospital Acquired Complications

Hospital Acquired Venous Thromboembolism (VTE)



Our performance:

Average rates of Hospital Acquired Venous Thromboembolism (VTE) have been maintained below the target threshold set out in the Service Agreement throughout the last 12 months. SESLHD has implemented of a number of initiatives focussing on prevention of VTE such as:

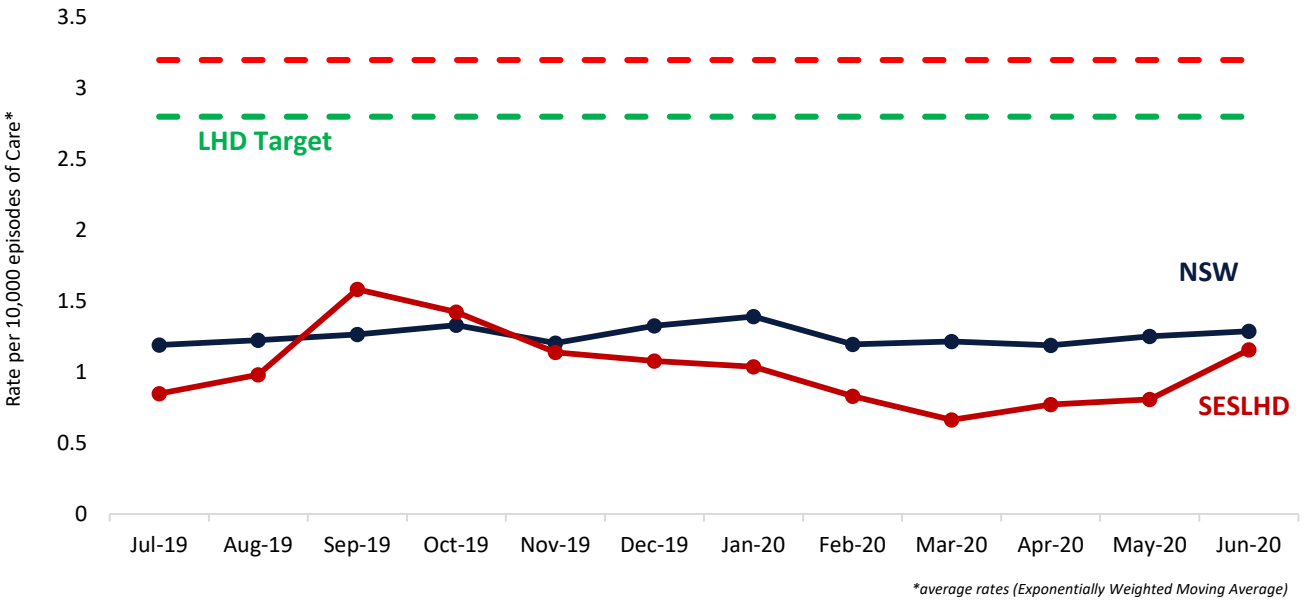
Mandatory documentation of VTE risk assessment completions in the patient's Electronic Medical Record (eMR) has been introduced across SESLHD for all adult inpatients. Analysis of completion rates and evaluation of this initiative are underway with formal results expected later in the year. The Prince of Wales Hospital Medication Safety Sub -Committee's VTE working party, reviews all VTE cases reported in the incident management system using a standardised tool based upon best practice VTE prevention. VTE policy compliance at February 2019 was 60% and improved to 87% at June 2020 with education.

Patient safety teams at all facilities monitor and review incidents, and report and escalate any issues or identified trends as part of ongoing quality improvement.

The prevention and management of venous thromboembolism through the use of antithrombotic medicines also forms part of SESLHD's strategies for high risk medicines as part of National Standard 4.

Hospital Acquired Complications

Hospital Acquired Renal Failure



*average rates (Exponentially Weighted Moving Average)

Our performance:

SESLHD has attained an average rate below the target threshold and the NSW average for this indicator for most of the 2019/20 period. Initiatives implemented at SESLHD to address this complication include:

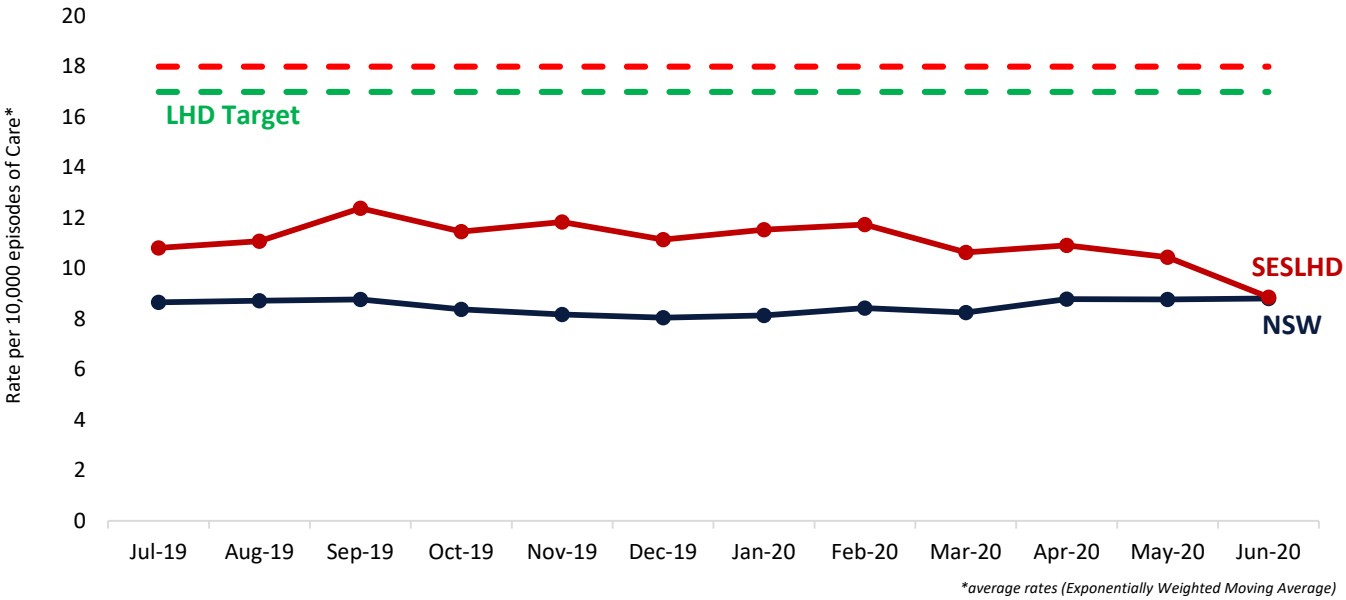
HAC data is reviewed quarterly by the St George Hospital Patient Safety & Clinical Quality Committee where trends are reviewed and issues identified for further escalation and management.

Similarly at The Sutherland Hospital, all HACs are reviewed monthly by the Clinical Practice Improvement Unit and reported to the facility Patient Safety and Clinical Quality Meeting and Clinical Council. HAC data and any concerns are sent to Heads of Departments monthly. Known clinical complications are tabled at Departmental Morbidity and Mortality meetings.

A project is underway for flagging of patients in eMR with a pre Acute Kidney Injury (AKI) and using a decision support tool to prompt early intervention and management at the Prince of Wales Hospital.

Hospital Acquired Complications

Hospital Acquired Gastrointestinal Bleeding



*average rates (Exponentially Weighted Moving Average)

Our performance:

SESLHD has attained an average rate below the target threshold for this indicator throughout the 2019/20 period. Initiatives implemented at SESLHD, such as those outlined below have also achieved a reduction in the incidence of this complication.

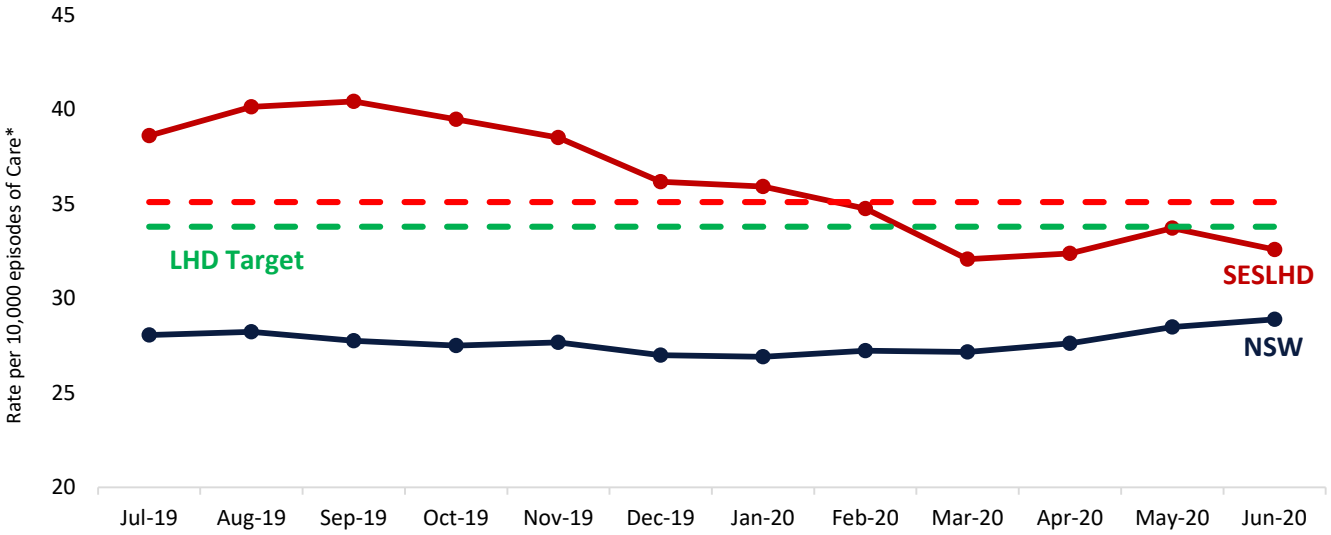
An Enhanced Recovery After Surgery (ERAS) for colorectal surgery quality initiative was commenced at The Sutherland Hospital (program on hold due to COVID-19).

At the Prince of Wales Hospital, a multidisciplinary working group has conducted a review of 19 cases of Gastrointestinal Bleeding that were coded as a Hospital Acquired Complications between January and December 2019. Out of the audits undertaken, no cases were identified as being preventable, and all occasions of gastrointestinal bleeding were found to be as a result of disease progression, and managed in a timely manner. Some opportunities identified for improvement were:

- Nursing – Documentation (Stool charts, Observations in line with terminal care pathway)
- Medical – as required (PRN) medication (post Gastrointestinal Bleed diagnosis)
- Earlier conversations regarding End of Life/Terminal Care pathway

Hospital Acquired Complications

Hospital Acquired Medication Complications



*average rates (Exponentially Weighted Moving Average)

Our performance:

SESLHD has realised a substantial improvement in Hospital Acquired Medication Complications over the previous 12 months. While initial rates exceeded the target threshold in 2019, SESLHD has reduced the average rate to within target parameters throughout 2020. These improvements have been realised through the implementation of a range of initiatives including:

At Prince of Wales Hospital, hypoglycaemia remains the most common medication associated Hospital Acquired Complication. A new dashboard for patients with Diabetes has been developed by the SESLHD Business Intelligence Unit that draws data from coding, eMR and eMeds, and is to be implemented for use at the Prince of Wales Hospital.

All Medication related Hospital Acquired Complications are reported and trended data discussed at Safe Use of Medicine Committee at The Sutherland Hospital. The Sutherland Hospital plans to continue to work on reduction of non-medication related hypoglycaemia HACs. Completion rates for Hypoglycaemia training are also monitored on an on-going basis. HAC data and any concerns are sent to Heads of Departments monthly. Known clinical complications are tabled at Departmental Morbidity and Mortality meetings

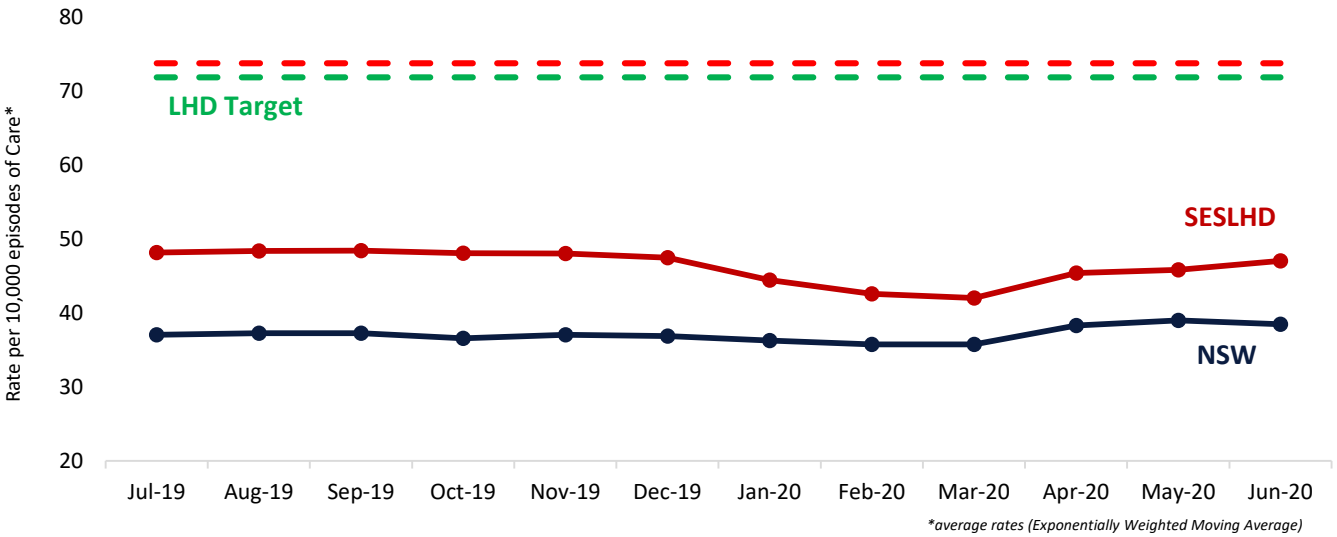
The St George Hospital Patient Safety & Clinical Quality Committee reviews Hospital Acquired Complications data quarterly; trends are reviewed and issues identified for further escalation and management.

Ongoing audits, education concerning the 5 rights of administration, and Ward Safety Huddles are carried out at the Sydney/Sydney Eye Hospital. Incident notifications are brought to the Medication Safety Committee for review and patterns identified to be worked on.

Approaches to improve medications management also form part of SESLHD's strategies as part of National Standard 4.

Hospital Acquired Complications

Hospital Acquired Delirium



Our performance:

SESLHD has consistently performed below the target threshold rate for this indicator throughout the 2019/20 period. Key initiatives to address Hospital Acquired Delirium include:

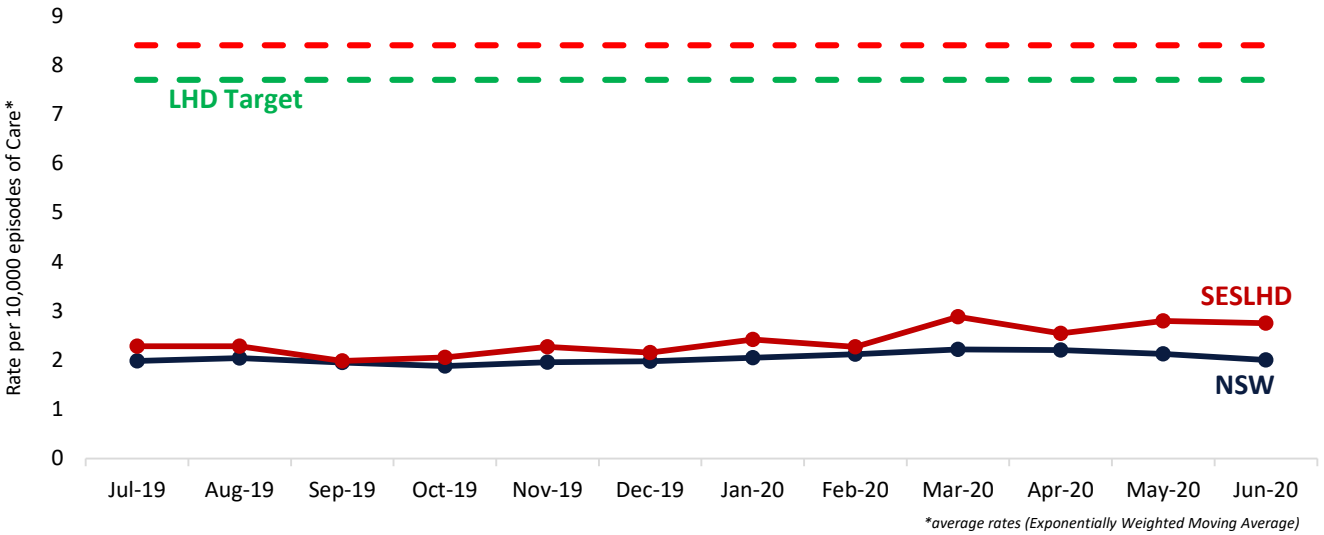
The Sutherland Hospital has commenced monitoring the management of delirium as part of National Standard 5 including carrying out audits of the screening, initial assessment and implementation of strategies to reduce the incidence hospital acquired delirium. The facility will be implementing 'Delirium Detect' in August 2020. Targeted at aged care and surgical specialities, this one-day course is designed to reduce rates and improve early recognition and management of delirium. Improvement will be monitored against baseline data and ward specific action plans will be developed.

In May 2020, the multidisciplinary Delirium working group at Prince of Wales Hospital undertook a review of 40 Hospital Acquired Complication delirium cases and the results demonstrated a number of areas of good practice and some in need of improvement. The working group is now developing a larger plan aimed at improving peri-operative (pre and post assessment), assessment of delirium, inclusion of family/carer, and documentation.

Prevention, identification and management of delirium forms part of SESLHD's strategies for National Standard 5.

Hospital Acquired Complications

Hospital Acquired Persistent Incontinence



*average rates (Exponentially Weighted Moving Average)

Our performance:

SESLHD has achieved average rates below the target threshold which mirror the NSW State average rates throughout the year. These results have been achieved through a range of initiatives including:

Implementation of a Physiotherapy Appropriate Referral System (PARS) at The Royal Hospital for Women to support identification of women with symptoms of incontinence during their ante-natal appointments. Whereas previously incontinence may not have been recognised, implementation of a script assisted midwives to identify women who would benefit from physiotherapy. By using the PARS script women were being more correctly referred to appropriate physiotherapy in a timely manner.

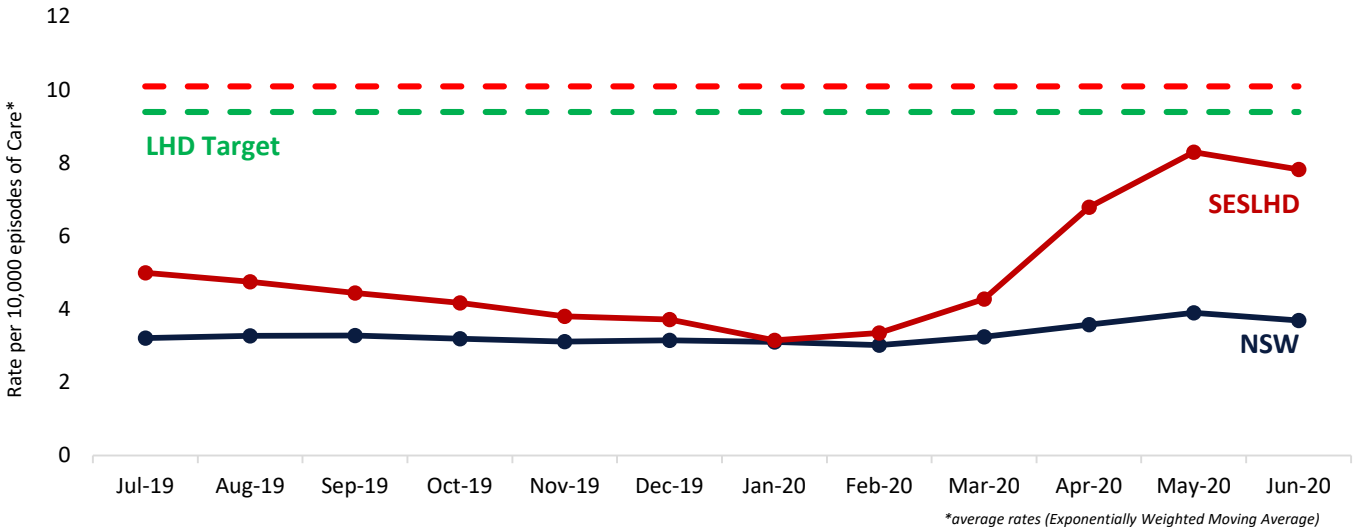
A working party has been established at the Prince of Wales Hospital and activities are to be linked-in with Comprehensive Care.

Patient safety teams at all facilities monitor and review incidents, and report and escalate any issues or identified trends as part of ongoing quality improvement.

Preventing incontinence also forms part of SESLHD's strategies for National Standard 5.

Hospital Acquired Complications

Hospital Acquired Malnutrition



Our performance:

SESLHD has maintained an average rate below the target threshold for this indicator throughout the 2019/20 period. A range of initiatives have been implemented at SESLHD, such as those outlined below:

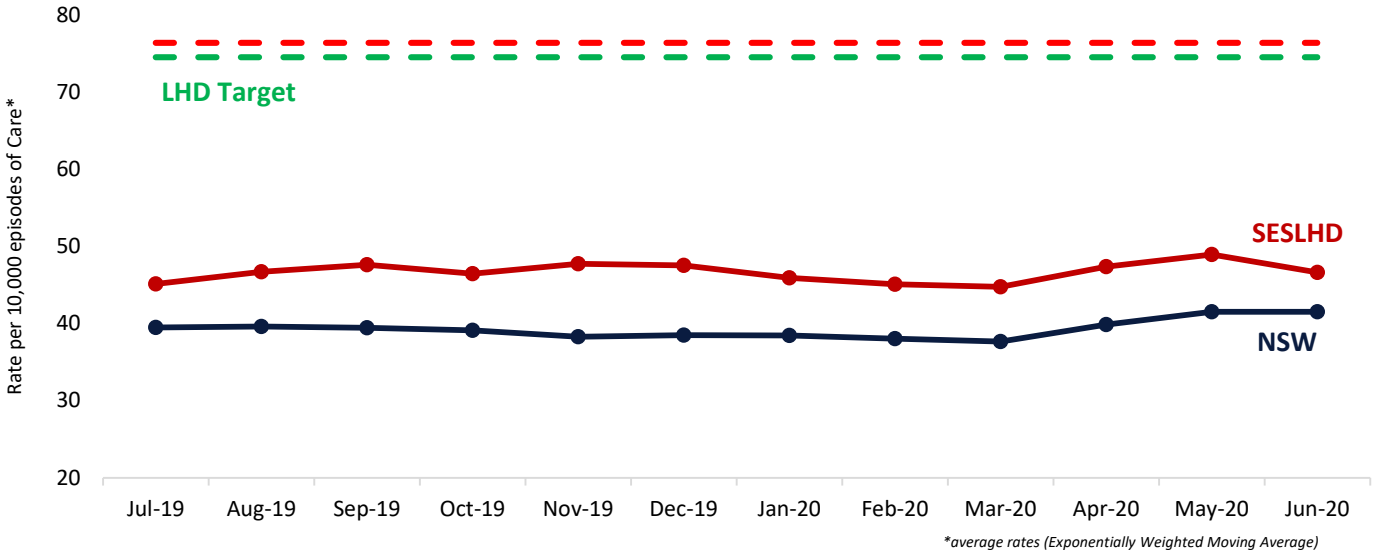
Across SESLHD, a Dietitian Assistant Competencies Program has been established as an effective way to meet the demands of increasing referrals to our services and maximise the development of the Allied Health Assistant workforce. This program has involved the creation of new models of nutrition care, developing competencies for Dietitian Assistants to support the delivery of nutritional interventions, training in these competencies and ongoing supervision in these tasks. The intensity of medical nutrition therapy has been improved across the district with our Dietitian Assistants now routinely undertaking nutrition screening and supporting Dietitians in the review of patients' nutrition care plans.

Incidence of this complication is monitored and reviewed by the Patient Safety and Clinical Quality Committee at St George Hospital and the Food and Nutrition Committee at Prince of Wales Hospital. The Sutherland Hospital has introduced new documentation guidelines to ensure accurate reporting of malnutrition and will establish a working party to identify key themes and priority areas identified in reported malnutrition Hospital Acquired Complications during 2019/2020.

Preventing, identifying and managing hospital acquired malnutrition also forms part of SESLHD's strategies for National Standard 5.

Hospital Acquired Complications

Hospital Acquired Cardiac Complications



*average rates (Exponentially Weighted Moving Average)

Our performance:

SESLHD has maintained consistent average rates below the target threshold throughout 2019/20. SESLHD average rates also closely mirror the NSW state average.

Incidence of this complication is monitored and reviewed by Cardiology at the Prince of Wales Hospital.

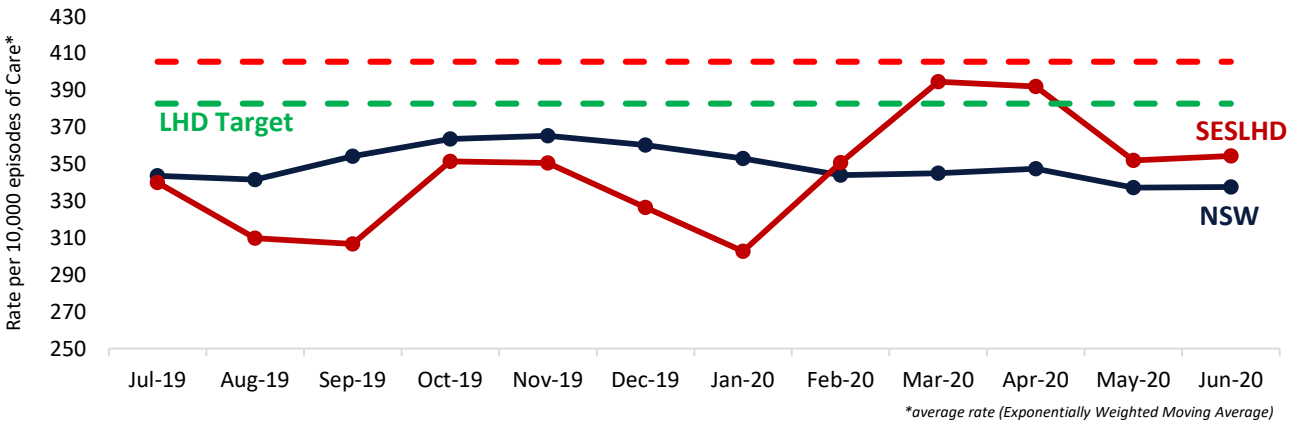
Hospital Acquired Complication data is reviewed quarterly by the St George Hospital Patient Safety and Clinical Quality Committee where trends are reviewed and issues identified for further escalation and management.

Similarly at The Sutherland Hospital, all HACs are reviewed monthly by CPIU and reported to the facility Patient Safety and Clinical Quality Meeting and Clinical Council. HAC data and any concerns are sent to Heads of Departments monthly. Known clinical complications are tabled at Departmental Morbidity and Mortality meetings.

Also see page 14 for initiatives related to monitoring and responding to cardiac arrests.

Hospital Acquired Complications

3rd or 4th Degree Perineal Lacerations during delivery



average rate (Exponentially Weighted Moving Average)

Our performance:

Hospital Acquired Complication statistics show that SESLHD has recorded average rates below the NSW State average and the Ministry of Health target rate throughout the majority of the last 12 month period. The SESLHD Maternity Stream have implemented the Women's Hospital's Australasia (WHA) bundle of care to reduce the frequency and severity of perineal injury during vaginal birth. The occurrence of significant perineal injury (3rd and 4th degree tears) has been monitored for many years and is now a Hospital Acquired Complication (HAC), and reported to the Ministry of Health. SESLHD also monitors and reviews benchmarking data published by WHA.

The Care bundle implemented includes:

- Engaging with women during their pregnancy and identifying risk factors.
- Strategies during labour and birth such as the application of warm compresses and encouraging a slow controlled birth.
- Complying with specific techniques should an episiotomy be required then accurately assessing and grading any injury.

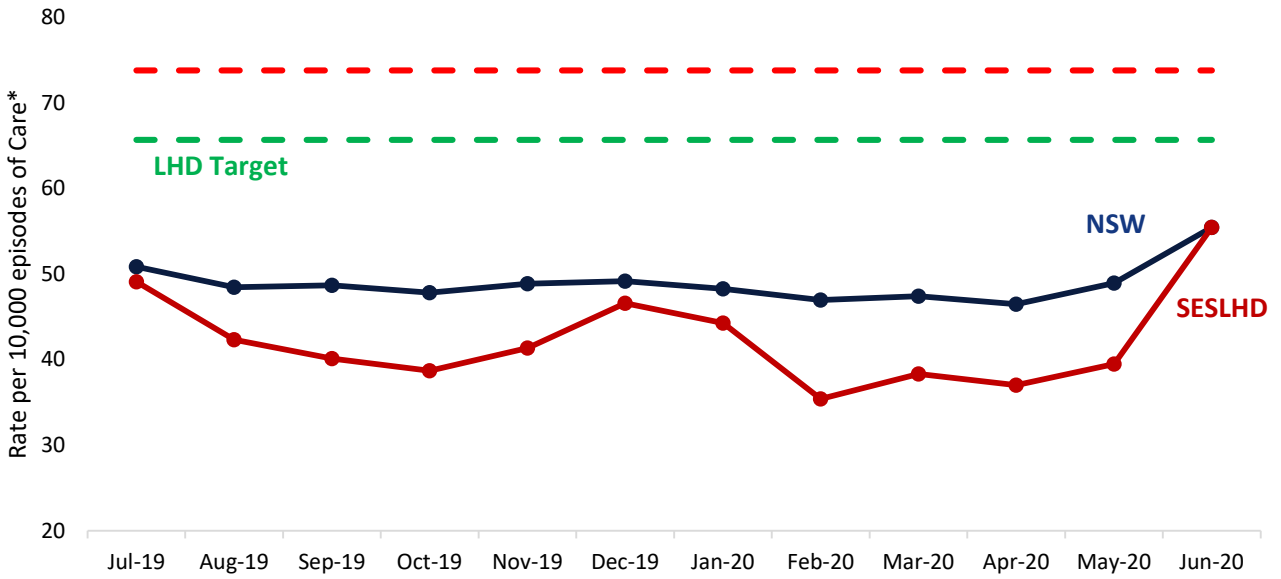
Training provided by the WHA ensures that the bundle of care has been implemented consistently within the maternity units and is now standard practice.

Hospitals review and assess each incident against compliance with the bundle as part of a continuous review process to identify opportunities for improvement. The Sutherland Hospital has commenced a Quality Improvement initiative called Protecting Our Perineums which will be evaluated in December 2020.

Longer term perineal injury data for The Royal Hospital for Women, St George Hospital and The Sutherland Hospital taken from eMaternity demonstrates an overall reduction in occurrences in the last 18 months since the bundle of care has been implemented.

Hospital Acquired Complications

Hospital Acquired Neonatal Birth Trauma



average rate (Exponentially Weighted Moving Average)

Our performance:

Average rates for neonatal birth trauma have been well below the performance target throughout the last 12 month period. SESLHD has also consistently performed below the NSW State average for this complication.

A quality activity has commenced at The Royal Hospital for Women looking at neonatal Hypoxic Ischaemic Encephalopathy (HIE) during birth. This activity is aimed at improving fetal heart rate interpretation (including continuous and intermittent monitoring) and appropriate escalation, as well as improved collaboration between midwifery and obstetric staff with regular and open opportunities for updates and concerns. There are plans to introduce a "walk for safety" where key clinical staff walk from room to room and speak to the attending midwife, providing an opportunity to voice concerns, progress reports or "a second/fresh set of eyes" to review clinical situation. The overall aim of this would be to enhance women-centred care, support of the team leader role, encourage ongoing communication pathways and promote early recognition and management of the deteriorating fetus. Several workshops are also planned in the future to work with team leaders from birthing services to further develop their skills.

As part of the ongoing quality improvement across SESLHD, each incident is reviewed by patient safety teams and issues and trends are reported and escalated.

Mental Health:	
Indicator	**Outcomes and planned and actual actions**
Acute Post-Discharge Community Care - Follow up within seven days (%)	Currently SESLHD is performing better than target on the Acute Post-Discharge Community Care - Follow up within seven days (%) reporting 80.7%. Target 70%. **Initiatives include:** Telehealth Community Care Service Review – Crisis and Acute Care Treatment Models Project. Towards Zero Suicide Initiatives: - SafeHaven; - Assertive Prevention Outreach teams.
Acute readmission - Within 28 days (%)	Readmissions -increased in 2018/19, however decline in 2019/20 so far. Significant fluctuations against target due to complex consumers. 2018/19 - LHD Result - 13.19% 2019/20 Mar YTD - LHD Result - 10.77% **Initiatives include:** PCLI - Pathways to Community Living. Community Care Service Review – Crisis and Acute Care Treatment Models Project. Tertiary Referral Service for Psychosis Pilot. SESLHD MHS Housing, Homelessness, and Mental Health Pathways Project. Towards Zero Suicide Initiatives: - SafeHaven; - Assertive Prevention Outreach teams. PARC and SPARC - community step down models for at risk consumers
Acute Seclusion Occurrence - Episodes (per 1,000 bed days)	SESLHD has significantly improved its seclusion rate over the past 4 years moving from 11.0 Acute Seclusions per 1000 bed days in 2015/16 to 2.6 YTD 2019/20. This is better than the Target 5.1 and the state average of 5.5. MHS aims to continue to reduce the use of restrictive practices within its services. **Initiatives include:** New Diversional Therapy initiative.
Acute Seclusion Duration – Average (Hours)	SESLHD 2018/19 average seclusion time was 4.0 hours which above the target, this was significantly impacted by a high complex consumer who has secluded for more than 50 hours in MHICU (this was done under consultation with the state chief psychiatrist). This has reduced in 2019/20 with the last quarter reporting 0.8 hours. This is better than the Target 5.1 and the state average of 5.6. MHS aims to continue to reduce the use of restrictive practices within its services. **Initiatives include:** New Diversional Therapy Initiative.

Mental Health cont.	
Indicator	**Outcomes and planned and actual actions**
Involuntary Patients Absconded – From an inpatient mental health unit – Incident Types 1 and 2 (Number)	Involuntary Patients Absconded Results 2018/19 - 64 2019/20 - 39 YTD Reduction from previous year, work to reduce number of absconding patients continues. **Initiatives include:** New Diversional Therapy Initiative.
Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	Mental Health Consumer Experience reported - 76% (last available quarter) The Mental Health Service is working with consumers to involve them in developing care programs and enhancing the consumer workforce. Enhancement and professionalism of consumer workforce. Tertiary Referral Service for Psychosis Pilot. Dual Diagnosis - Mental Health and Drug and Alcohol pilot project. Collaboration with Local Aboriginal Lands Council (LALC) Project. New Diversional Therapy Initiative.
Emergency Department Extended Stays: Mental Health Presentations staying in ED > 24 hours (Number)	2018/19 - 16 - consumers admitted to MH ward - 7 2019/20 - 19 - consumers admitted to MH ward - 4 Difficulties in determining accurate numbers as based on diagnosis not on patients who were seen by MHS. For those patients who were admitted under MH, the majority of delays were due to ongoing medical treatment or monitoring due to sedation given to the patient. **Initiatives include:** PACER Expansion Towards Zero Suicide Initiatives: - SafeHaven; Improving partnerships with ED departments.

Overall Patient Experience Index – Adult admitted patients
8.81 (+0.31)
(June 2020)

Patient Engagement Index - Adult admitted patients
8.63 (+0.13)
(June 2020)

Patient Experience Index Emergency Department
8.72 (+0.22)
(June 2020)

Patient Engagement Index - ED patients not admitted to hospital
8.21 (-0.29)
(June 2020)

2020/21 Priorities and Plans

SESLHD Priority Areas 2020 - 2021

SESLHD recognises the importance of a whole of system approach.

Over the next 12 months, SESLHD has committed to three Safety and Quality priority areas

1. Priority populations (including Aboriginal and Torres Strait Islander people and people who speak a language other than English)
2. Safety Culture
3. Comprehensive Care

Priority 1 – Priority populations

Some groups in our community experience significant inequities in accessing health services, and in their experience of health care and health outcomes. The quality and safety of care delivered to patients from these vulnerable and under-privileged backgrounds will be a strategic focus for SESLHD in 2021. Our focus priority populations in 2021 will be:

1. Aboriginal and Torres Strait Islander people
2. People who speak a language other than English (LOTE)

Aboriginal and Torres Strait Islander people

In SESLHD, Aboriginal people represent 1% of the District's population. The number of people identifying as Aboriginal grew by 31% between the 2011 and 2016 Census from 6,312 to 8,281 people. This figure may, in fact, under represent the Aboriginal community since post census surveys highlighted that up to 22% of Aboriginal people may not have identified as such, many to avoid racism and discrimination. The LGAs with the largest Aboriginal communities are Sutherland (30% of the Aboriginal population), Randwick (27%) and Botany Bay (10%).

Aboriginal people often experience multiple disadvantages. In 2016, a higher percentage of Aboriginal people over the age of 15 years (38%) reported having low income compared with 34% of non-Aboriginal people. Aboriginal people are also over-represented in the homeless population with 11% of people experiencing homelessness in SESLHD. Aboriginal people represent 37% of the carer population.

The rate of hospitalisations for all causes in 2015-16 among Aboriginal people in SESLHD was 29% higher than in non-Aboriginal people. Aboriginal people in SESLHD are hospitalised at higher rates than non-Aboriginal people for:

- circulatory disease;
- endocrine disease;
- mental health disorders; and
- respiratory disease.

Aboriginal people are also over-represented for potentially preventable hospitalisations; up to 50% higher for chronic conditions compared to the non-Aboriginal population. The rates of hospitalisation for all causes is increasing at a higher rate in Aboriginal people than in non-Aboriginal.

In 2020, as part of it's Closing the Gap initiative, the Commonwealth Government has emphasised a greater focus on partnership between governments and Aboriginal and Torres Strait Islander people and heralds a new way forward, where Aboriginal and Torres Strait Islander people share ownership, responsibility and accountability to drive progress for current and future generations.

To meet this initiative, SESLHD will re-align it's Aboriginal health strategies in the following ways:

1. Ensure Aboriginal community involvement in service re- design & pilot models of care development as part of our Continuum of Care initiative (see below);
2. Develop an Aboriginal employment strategy for SESLHD; and
3. Conduct a cultural competency audit of our emergency services and chronic disease programmes.

We will monitor our progress in advancing the health of Aboriginal people by monitoring the following indicators:

- Aboriginal employment rates within SESLHD;
- Quality indicators for Aboriginal people – hospital acquired complications, 28 day re-admission rates;
- Patient reported experience measures (PREMS) for Aboriginal patients;
- Did not wait for treatment or discharged against medical advice rates; and
- Closing the Gap indicators – life expectancy and low birth weight.

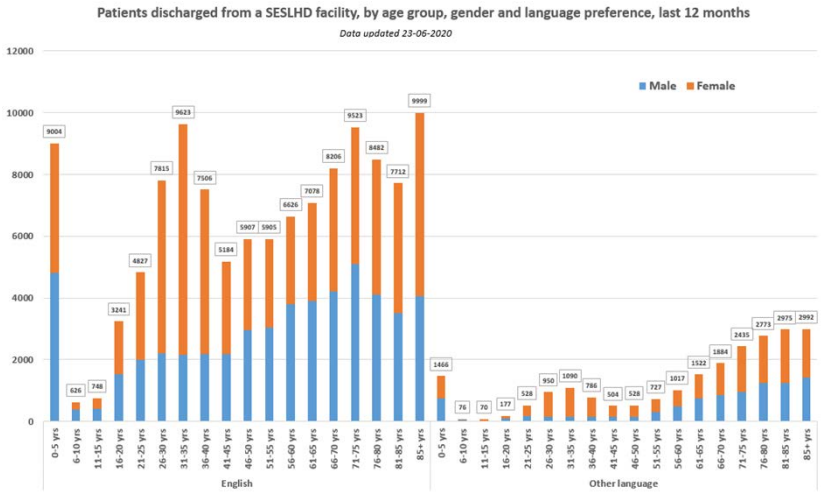
Priority 1 – Priority populations

People who speak a language other than English (LOTE)

According to the 2016 Census, more than 35% of our residents speak a language other than English at home, with 6% of residents reporting that they do not speak English well or at all. The fastest growing and new and emerging communities include people from China, India, Nepal, Philippines, Indonesia, France, Bangladesh, Thailand, Brazil and Vietnam and the most commonly spoken languages other than English amongst patients admitted to our facilities in the last 12 months were Greek, Mandarin, Arabic, Cantonese, Macedonian, Spanish, Italian, Russian, Portuguese and Nepali.

The table to the right outlines the numbers of patients discharged from SESLHD facilities by language preference. This demonstrates that significant numbers of LOTE patients receive care at our facilities, particularly in the older age groups.

Recent data analysis to assess the quality and safety of services provided to these patients compared rates of Hospital Acquired Complications (HACs) for this group to patients from English speaking backgrounds. The results are summarised in the table below.



Hospital-Acquired Complication	Rate in English preferred language	Rate in language other than English	X^2	P
Healthcare-associated infection	1.49%	1.80%	39.5353	<0.001
Respiratory complications	0.27%	0.35%	14.049	<0.001
3rd/4th degree perineal tear	0.72%	1.10%	13.523	<0.001
Delirium	0.54%	0.61%	5.0782	0.0242
Cardiac complications	0.55%	0.61%	3.7688	0.0522
Medication complications	0.41%	0.45%	2.3677	0.1239
Neonatal birth trauma	0.26%	0.24%	0.1512	0.6974
Surgical complications	0.20%	0.18%	0.8124	0.3674
Gastrointestinal bleed	0.13%	0.15%	2.3085	0.1287
Venous thromboembolism	0.10%	0.10%	0.0827	0.7736
Pressure injuries	0.07%	0.06%	0.3051	0.5807
Falls	0.05%	0.05%	0.6436	0.4224
One or more HAC	3.19%	3.60%	32.8174	<0.001
28 day readmission	6.77%	7.59%	64.5908	<0.001
Discharge at own risk	1.26%	0.84%	89.5456	<0.001
Inpatient mortality	1.13%	1.30%	361.31	<0.001
Emergency Treatment Performance	68.33%	64.31%	954.063	<0.001

Univariate analysis of selected HACs and other indicators by language preference for SESLHD inpatients, 2017-2019

Rates are significantly higher for LOTE patients for the following HACs: Healthcare-associated infections; Respiratory complications; 3rd/4th degree perineal tears; and Delirium. There is no significant difference for LOTE patients for other HACs. However, LOTE patients are significantly more likely to have one or more HAC, be readmitted to hospital within 28 days, die in hospital, or not meet the emergency treatment performance within 4 hours. LOTE patients are significantly less likely to be discharged against medical advice.

Our service re-design and quality improvement activities will take in to account these differences and develop specific strategies to address this at risk group.

Priority 2 – Safety Culture

In 2021, we will continue our efforts to continuously improve the quality and safety of all our services and further build the resilience of our services and the teams who deliver them. To achieve this, we will implement the following strategies:

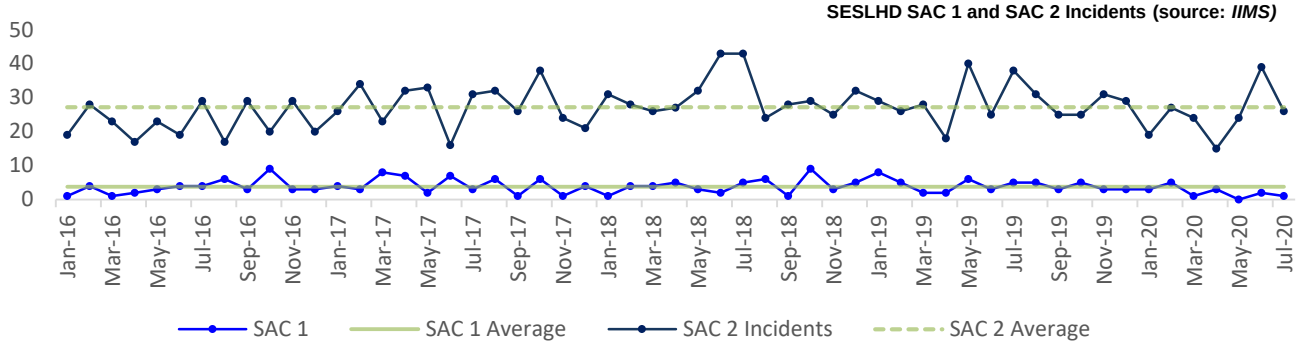
Enhanced Root Cause Analysis (RCA) investigations, Morbidity & Mortality (M&M) Meetings

These activities are central to the clinical governance framework at SESLHD as part of our systems and processes that provide assurance to all stakeholders that our services are safe and of high quality. The Clinical Excellence Commission (CEC) pillar of NSW Health are currently finalizing updated policy outlining the conduct of RCAs and M&M.

In line with these policy enhancements, we will strengthen our processes across SESLHD for RCA's and M&M. This will include:

- Capacity building in "Human factors" approaches to RCAs;
- Implementation of alternative RCA methodologies where indicated and of potential benefit;
- Strengthened "Open disclosure" activities for families affected by clinical incidents;
- Improved governance of investigation recommendations; and
- District-wide embedding of M&M processes with strengthened governance, including data driven learning.

SESLHD SAC 1 and SAC 2 Incidents (source: *IIMS*)



Speaking up for safety

Speaking up for safety is an evidence based approach to reducing clinical incidents by intervening before they occur. Utilizing graded assertiveness techniques, patient safety concerns are communicated within teams through information, questions or opinions where immediate action is needed to avoid patient harm. Several studies report positive associations of speaking up with patient safety. Examples of typical 'unsafe acts' in clinical settings that require speaking up are violations of hygiene protocols, medication administration errors or patient management decisions. In practice, speaking up can be very challenging and withholding voice is common among healthcare staff, depending on team culture and leadership.

Building on a pilot programme previously implemented in one of our facilities, SESLHD will implement a "Speaking up for Safety" programme across SESLHD.

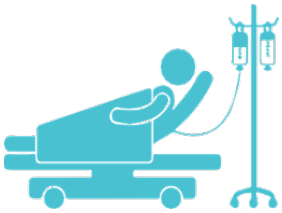
Data dashboard for quality and safety

As part of a broader initiative to drive improved data driven decision making and business intelligence across the District, SESLHD will prioritise current work to improve safety and quality data collection and reporting via the development of a data dashboard. The objective of this project will be to provide a centralised and consistent view of Safety & Quality Data across all facilities in the LHD, with functionality to drill down to clinician / ward level/ patient level data and access to trend data over time.

Integrating existing databases, such as CEC's QIDS database, SESLHD will develop a Quality and Safety dashboard which will align with the National Safety and Quality Health Service (NSQHS) indicators and include Hospital Acquired Complications (HACs); Mortality/death reviews; Readmissions; Sentinel events; Patient experience; Patient-reported outcomes; Patient safety culture; and Maternity.

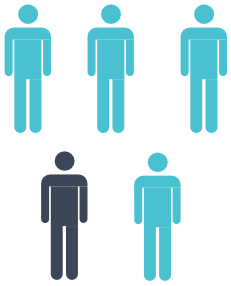
Priority 3 – Comprehensive care

Chronic disease management forms a significant component of the care delivered at SESLHD. A recent snap shot survey of diabetes prevalence in one of our facilities found that 1 in 4 patients had diabetes. Diabetic management is associated with the following impacts:



Patients who have diabetes have an average LOS of **6½ days**

Patients without diabetes have an average LOS of **4½ days**



1in 5 patients who readmit within 28 days have diabetes (comorbidity)

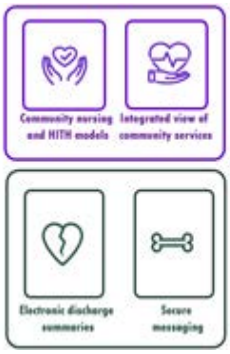
Patients with diabetes have a mortality ratio of **~2.7%**

Patients without diabetes have a mortality ratio of **~1.6%**

Hospital Acquired Infection Rate (HAC):
Patients with diabetes 6%
Patients without diabetes 2.5%
Patients with diabetes have up to 30% higher readmission rates

The Continuum of Care Framework, which will commence rollout in 2021, will transform the delivery of care in SESLHD for patients suffering from chronic diseases, such as diabetes.
Aligned with NSW Health's vision for 'a sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness and is digitally enabled', we will provide comprehensive care for the community of SESLHD, connecting care delivered in the hospital to ongoing care following discharge.

The system will be built initially around pilot models of care for diabetes and cardiac conditions. Learning from these pilot programmes will be used to inform the roll out of a range of integrated care initiatives as outlined below.



Health
South Eastern Sydney
Local Health District

This attestation statement is made by	**Michael Still** *Name of office holder/member of Governing Body*
Holding the position/office on the Governing Body	**Board Chair** *Title of officeholder/member of Governing Body*
For and on behalf of the governing body titled	**South Eastern Sydney Local Health District Board** *Governing body's title (the Governing Body)* **South Eastern Sydney Local Health District** *Health service organisation name (the Organisation)*

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture. In particular I attest that during the past 12 months the Governing Body:

   a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation

   b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers

   c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community

   d. has endorsed the Organisation's current clinical governance framework

   e. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians

   f. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services

   g. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.

2. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.

3. I have the full authority of the Governing Body to make this statement.

4. All other members of the Governing Body support the making of this attestation statement on its behalf *(delete if there is only one member/director of the governing body)*.

I understand and acknowledge, for and on behalf of the Governing Body, that:

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme

- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

Signed 

Position **SESLHD Board Chair**

Date 26 August 2020

Counter signed by the Health Service Organisation's Chief Executive Officer (however titled)

Signed 

Position **SESLHD Chief Executive**

Name Tobi Wilson

Date 3.9.20

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Address
The Royal Hospital for Women	Barker Street, Randwick NSW 2031
SESLHD Northern Sector Services:	
Prince of Wales Hospital	Barker Street, Randwick NSW 2031
Sydney/Sydney Eye Hospital	8 Macquarie Street, Sydney NSW 2000
St George Hospital and Health Services	Gray Street, Kogarah NSW 2217
SESLHD Mental Health Service	11 South Street, Kogarah NSW 2217
The Sutherland Hospital	Corner Kingsway and Kareena Road Caringbah NSW 2229
Population and Community Health SESLHD	8 Macquarie Street, Sydney NSW 2000