Health
Illawarra Shoalhaven
Local Health District

Annual Safety & Quality Account

2019-20 REPORT
2020-21 FUTURE PRIORITIES

Acknowledgement of Country

The District operates on the lands of the Dharawal and Yuin nations, which encompass five language groups: Wadi Wadi, Dharawal, Wandandian, Walbanga and Yuin. These groups have lived in the Illawarra and Shoalhaven region for millennia, and their cultures, laws, ceremonies and connection to the land and waterways are strong and enduring.

We pay our respects to Elders both past and present and acknowledge that Aboriginal people are the oldest living continuous culture and have been here for over 65,000 years. They have remained strong, resilient and resourceful and have a continuing connection to our culture, lands and waterways.

The District's approach to improving the health of Aboriginal residents includes the development and implementation of strategies to enhance health service provision that incorporate accessing both mainstream and supplementary Aboriginal specific services.

Artist: Aunty Cecily Wellington-Carpenter

Message from the Chief Executive & Board Chair

SAFETY AND QUALITY ACCOUNT FOR ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

The 2019-20 Safety and Quality Account has been endorsed by the Board of the Illawarra Shoalhaven Local Health District (ISLHD). Responsibility for ensuring effective clinical governance frameworks rests with the ISLHD Board. These frameworks support the maintenance and improvement of standards of patient care and the services we provide.

The report that follows demonstrates the commitment of ISLHD to improving healthcare for the people of the District. In addition to reporting on achievements over the past year, this report signals plans for continuing improvements to safety and quality into the future.

The District has decided to participate in the short notice accreditation assessment process, where we will be measured against the National Safety and Quality in Healthcare Standards (NSQHS). For that reason, a key focus over the coming year is preparation for accreditation of our Local Health District against those standards.

Professor Denis King OAM
Board Chair

Ms Margot Mains
Chief Executive

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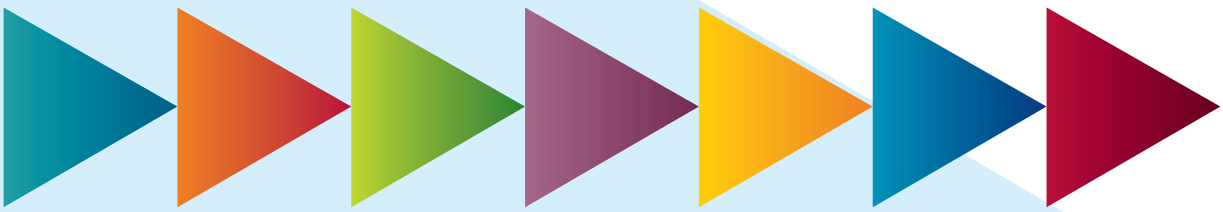
Front page aerial photograph courtesy Andy Zakeli.



1. About ISLHD

The Illawarra Shoalhaven Local Health District (ISLHD) provides health services for the residents of the Illawarra Shoalhaven region, NSW

COMMITMENT TO SAFETY AND QUALITY

Statement on safety and quality from the ISLHD Chief Executive

The delivery of safe, reliable and equitable health care, where people are the primary focus, is the core purpose of the Illawarra Shoalhaven Local Health District (ISLHD).

Despite the many challenges and unprecedented circumstances that we've faced over the past 12 months, the District's commitment to ongoing improvements in safety and quality across all of our services has never been stronger. I am incredibly proud of the dedication and steadfast resolve of our staff, who've intensified their focus on safety and quality in the face of adversity, and at a time when our resilience has been continually tested.

We should all be proud of the significant enhancements to safety and quality over the 2019-20 period, which have led to real benefits for our patients and their health outcomes including; Shoalhaven Hospital becoming the first in Australia to implement a specialised stroke assessment tool where time to treatment is crucial.

The District has made great inroads with our vulnerable communities including; improvements to oral health services for Aboriginal families, which supports new mothers to access vital dental care for their families, while a dedicated program has seen the establishment of a culturally safe pain rehabilitation pathway for local Arabic women.

The implementation of a chest injury program to prevent adverse events has earned a nomination in the NSW Premier's Awards, as has the program that's working to improve outcomes for women by reducing perineal trauma in childbirth and work undertaken measuring the safety culture across ISLHD.

The COVID-19 pandemic has added both challenges and opportunities to our objectives. There's little doubt that the innovations developed during COVID to support safe and quality care will have lasting impacts on the way we deliver services to our communities. This includes the use of virtual and telehealth technology, which will continue to be advanced over the next year.

Our patients, consumers and carers have again played an important role in shaping the District's improvement plans. Engaging with consumers provides valuable insights that are crucial to safety and quality improvements, and the District will continue to develop these partnerships as a key priority over the next 12 months.

The District's other key areas of focus will include improving patient experiences in our Emergency Departments, further developing our integrated care delivery and addressing diabetes within the local Aboriginal community.

I am pleased to present the Safety and Quality Account for 2019-20, which summarises the District's progress over the past year. I invite you to review the Account and provide feedback, as we work collectively to strengthen our services and meet the health needs of our growing communities, now and into the future.

Ms Margot Mains
Chief Executive

Our CORE Values Commitment

In the Illawarra Shoalhaven Local Heath District we can best achieve our Purpose of Healthy People, Resilient Communities by living the CORE Values with each other.

Join us in committing to:

C – COLLABORATION

- caring for our patients, our communities and each other, providing a safe and supportive environment for everyone
- interacting in a way that acknowledges that everyone's input, skills and experience contributes to our success

O – OPENNESS

- communicating in a way that builds trust and embraces transparency
- genuinely listening to what others have to say as we believe their feedback and ideas help us to improve

R – RESPECT

- looking after the safety and health of our colleagues because we are all important to someone
- celebrating our diversity and acknowledging that our individual differences make us better as a whole

E – EMPOWERMENT

- ensuring everyone has clear individual and team roles and accountabilities
- encouraging and enabling decision-making at the local level

NSW Health | Illawarra Shoalhaven Local Health District

CORE LIVING

HEALTHIER TOGETHER

ABOUT US

The Illawarra Shoalhaven Local Health District (ISLHD) provides health services for the residents of the Illawarra Shoalhaven region – around 400,000 people. The Illawarra Shoalhaven extends from Helensburgh in the northern Illawarra to North Durras in the southern Shoalhaven and covers the Local Government Areas of Wollongong, Shellharbour, Kiama and Shoalhaven. The region's landscape concentrates residential areas into a narrow strip of suburban communities and coastal towns.

ISLHD is one of the region's largest employers with a workforce of more than 7,300 staff. We operate eight hospital sites and provide community health services from approximately 58 locations across the region.

Our Vision

Excellent services, quality partnerships, health communities.

Our Purpose

To provide best practice health care and programs that promote the health and wellbeing of people in the Illawarra Shoalhaven.

Our Values

Collaboration, Openness, Respect, Empowerment.

8 HOSPITALS

45 Community Based Service Sites and a workforce of more than 7300 staff

(including 47% nursing, 15% medical, 9% allied health)

THE PEOPLE WHO LIVE HERE

The Illawarra Shoalhaven region is the traditional home of the Dharawal and Yuin nations and encompasses five language groups: Wadi Wadi, Dharawal, Wandandian, Walbanga and Yuin. The Aboriginal communities retain strong cultural connections to the region's coastline, hinterland and escarpment.

People who were born overseas are well represented in the Illawarra Shoalhaven and there is a growing number of refugees in the region.

Some of the smaller communities along the southern coastline are quite isolated with limited public transport and a growing proportion of older residents.

Certain communities in the Illawarra and Shoalhaven are some of the most disadvantaged in the State, with a number of factors contributing to their disadvantage.

The population is growing and this growth will continue due to natural increases, as well as the sustained migration of young families and retirees. The make-up of the population will change over the next 20 years, with the majority of growth occurring in the older age groups.

We have a total population of:
400,241 PEOPLE

** 2015 estimated residential pop.*

19% of our residents are 65 years old or older

5.8% are children under 5 years

13.3% are aged between 15-24 years

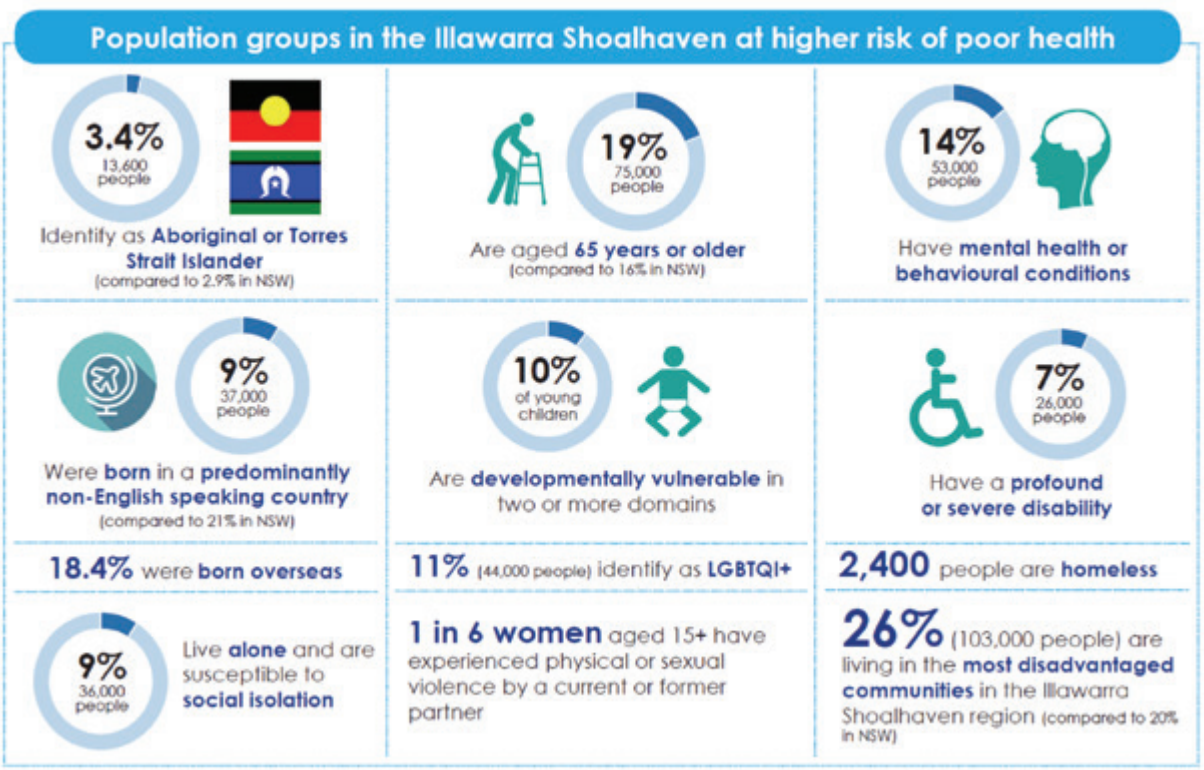
18.4% of the population were born overseas

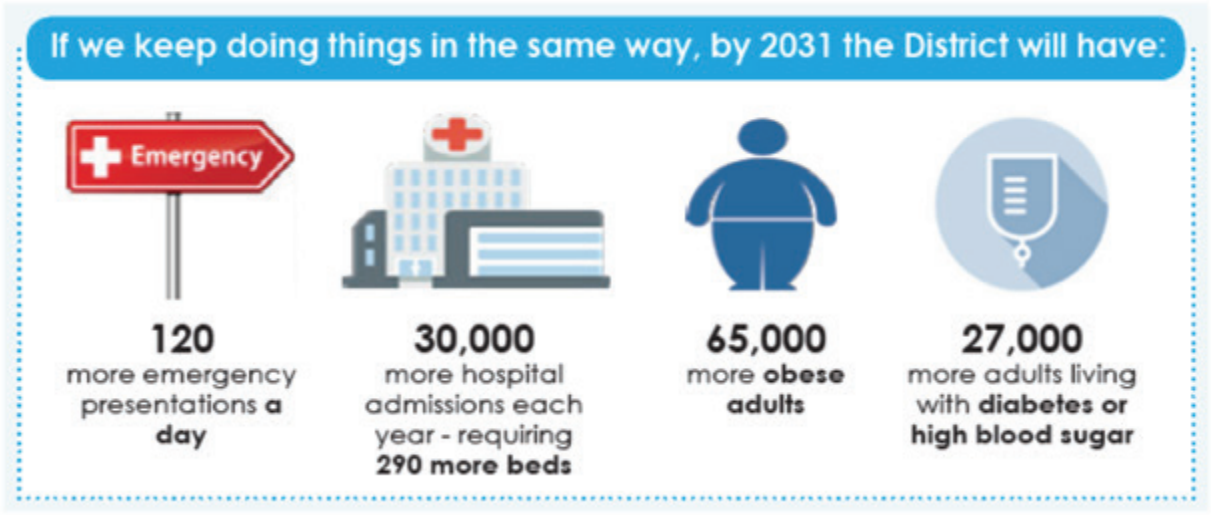
PROJECTED POPULATION

The population is projected to grow by 14% by 2031 to
456,790 PEOPLE

OUR HEALTH

In Australia and internationally, health systems are under pressure. In the Illawarra Shoalhaven increasing numbers of people will experience poor health, there will be growing emergency department presentations and hospital admissions, longer waiting times for services and an increase in the ageing population.





OUR STRATEGY AT A GLANCE

OUR VISION AND PURPOSE

Our Vision

Excellent services, quality partnerships, healthy communities

The ISLHD vision statement expresses our ideals as an organisation and specifies three attributes that will underpin our goal setting and decision making:

- **Excellent services** – we intend to provide evidence based best practice health services
- **Quality partnerships** – we understand that excellence will be dependent on collaboration with patients, their families, other health providers and other community and government organisations
- **Healthy communities** – our highest responsibility is to the health of our communities.

The ISLHD vision statement declares the intention of the Board, Executive and staff regarding the provision of health services for the communities of the Illawarra Shoalhaven.

Our Purpose

To provide best practice health care and programs that promote the health and wellbeing of the people in the Illawarra Shoalhaven.

ISLHD will continuously focus on population health data and outcome measures to assess the health of our communities and where we need to focus improvements.

IMPROVEMENTS IN THE QUALITY OF HEALTH SERVICE PROVISION

ISLHD is committed to ensuring delivery of safe, high quality care and services for our patients, consumers and community. Reflection on the safety and quality of care provided to people over the past 12 months is integral in continuous quality improvement and forward planning. The following outlines some of ISLHD's achievements which have improved the quality of health service provision over the past 12 months.

A SNAPSHOT OF 2019-2020 ACHIEVEMENTS

Our COVID -19 Pandemic Response

From October 2019 until now, ISLHD has been on high level activation for Disaster and Emergency response. October 2019 through to February 2020 saw the worst bushfires in this region for many decades. These fires were intense and covered large areas of land.

Many of our communities were impacted and many of our own staff were directly or indirectly affected.

Then in March 2020, the world was thrown into a new way of operating, with the development of a once in a generation Pandemic – COVID-19. This situation required a whole of government response, of which health was a major leader. Our Local Health District was required to respond in a very short period of time to this unprecedented situation while still assisting with bushfire recovery.

The ISLHD established a governance structure with an Emergency Operations Centre (EOC) led by the Chief Executive of the Local Health District. Each hospital and service established their own localised taskforce to implement our Pandemic Plan.

ALIGNED TO ISLHD STRATEGIC PRIORITIES

SP1.4 – Reduce the impact of infectious disease and environmental impacts on the community

SP2.4 – Ensure timely and equitable access to appropriate care

SP4.6 – Improve health, safety and wellbeing at work

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Direction 2 – Providing world-class clinical care

Suicide Prevention Collaborative
ILLAWARRA SHOALHAVEN

The Illawarra Shoalhaven area has a suicide rate that is higher than the national average. In response, the Suicide Prevention Collaborative was formed in 2015 with a commitment from the Local Health District and the Primary Health Network. It has since grown to include more than 40 government and community organisations.

The Collaborative harnesses the expertise of people with lived experience who have practical wisdom about what supports will work and what people need. The Collaborative has raised awareness, trained the community to recognise and respond to suicide, and has promoted help seeking. Mental health and resilience programs now run in more than 30 high schools. We have improved the support available following a crisis, ensuring treatment is evidenced based and effective. We also deliver advanced training in suicide prevention to health professionals.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Aligned to ISLHD Strategic Priority – CE1: Partnerships and Engagement

OSTEOARTHRITIS CHRONIC CARE PROGRAM TAKING CONTROL

– Improving Quality of Life in Patients with Knee Osteoarthritis with Appropriate Conservative Care Options

This project focused on patients attending the Osteoarthritis Chronic Care Program (OACCP) at Wollongong Hospital. OACCP was implemented in the District in 2018 and follows the Agency of Clinical Innovation (ACI) Model of Care. It is a multidisciplinary approach utilising physiotherapists, dietitians, occupational therapists and social workers to improve function and quality of life through targeted patient education, specific muscle strengthening, weight loss support and physical activity.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

DON'T FALL FOR ANOTHER BROKEN BONE

Osteoporosis Re-fracture Prevention (ORP)

For a long time there has been a gap in service provision between patients who fracture a bone and those accessing a bone health assessment. The ISLHD has two Fracture Liaison Services and over the past 12 months have assessed bone health for more than 400 people who present to local hospitals with minimal trauma fractures.

ISLHD have adapted a coordinated and holistic approach in identification of patients with osteoporosis, investigations they need, initiation of treatment and long-term follow up.

Identification includes patients over 50 years of age (or 40 years and over for Indigenous Australians) who have had minimal trauma fractures. These are patients who have attended local emergency departments and local fracture clinics.

During the past 12 months, the Illawarra ORP Service has seen a total of 319 patients. This equates to 23% of the minimal trauma fractures presenting to emergency departments. Eighty-five percent of patients had reduced bone health – 58% had osteoporosis and 27% had osteopenia.

Less than 4% of patients who had bone assessments in the Illawarra ORP Service in the past two years have had a second fracture.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

DELIVERED IMPROVEMENTS TO ORAL HEALTH SERVICES FOR VULNERABLE AND ABORIGINAL FAMILIES

Mum and Boori's Mouths Matter

The program, led by the ISLHD Child and family and Oral Health Services has a targeted approach to make Oral Health Child Services available to all children from birth to five years.

On presentation to Dental Clinics, families are supported via Oral Health promotion and provided tooth brushing advice and instruction. Promotional and preventive resources provide families with information to prevent early childhood caries. At-risk families are identified and supported by further specialist referral or placed on recall lists where families are regularly reviewed to prevent oral health deterioration.

Our Mia Mia

Our Mia Mia is a new model of care that reaches out to families in a non-confronting environment to improve access to dental care and reduce school absenteeism. The project has built a community within the school community to support families across health and wellbeing. This has enabled Oral Health Services to support families in a familiar and inviting environment.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Direction 3 – Delivering truly integrated care

2. Achievements in Safety & Quality

Planning and Implementation for Safety & Quality

PLANNING PROCESSES to identify our Priority Initiatives

Our 10 Year Vision for our Services - THE HEALTH CARE SERVICES PLAN 2020-2030

"This is the District's reason for being – what we are ultimately aiming for."

This document describes the future health service needs of our community and ISLHD's strategy for our services, and the manner in which we aim to provide them.

The Health Care Services Plan (HCSP) focus areas are:

- Promote, protect and maintain the health of the community.
- Strengthen care in the community.
- Address the cultural and health needs of Aboriginal people.
- Commit to high value care.
- Strengthen partnerships and engagement.

OUR 3 YEAR DELIVERY PLAN - STRATEGIC DIRECTIONS

"This is the plan for delivering the Health Care Services Strategy – what the organisation has to have in place to achieve the plan"

Within the long-term scope of the Health Care Services Plan, ISLHD has identified a three-year Strategic Direction and vision. The Strategic Directions 2017-2020 outlines that vision for **Excellent services, quality partnerships and healthy communities.**

The Strategic Priorities (SP) and Critical Enablers (CE) within the Strategic Directions are:

- SP1: Excellence in models of care, health programs and health services
- SP2: An engaged and high performing workforce for the future
- SP3: Innovation, agility and learning for continuous improvement
- SP4: Efficient, effective, sustainable financial operations
- CE1: Partnerships and Engagement
- CE2: Governance
- CE3: Information Technology and eHealth

While the above high-level strategies provide us with the pathway for development, it is necessary to break down that long-term journey into Annual Focus Areas and Priorities and hence the Illawarra Shoalhaven Local Health District's annual Operational Plan communicates the priorities for improvements.

The District recognises that alongside the Annual Priorities, there are many other activities underway that will deliver continuous improvement and innovation. These continue to be important to delivering on our vision, as is the everyday provision of safe and high quality health care services.

OPERATIONAL PLAN 2020-2021

The Operational Plan has been developed with people at its heart; the improvements we make in the quality, safety, and sustainability of our services improves the experience of our staff, and the outcomes for our consumers and partners.

The Operational Plan outlines the Annual Focus Areas and Priorities for operational performance improvement.

The Annual Priorities outlined in the Plan are those large-scale improvements that have been identified as requiring immediate prioritisation and resourcing to achieve performance improvement.

The Annual Priorities mitigate and address existing high risks. Since early 2020, the impact of the global COVID-19 pandemic has been felt in the Illawarra Shoalhaven. The District, along with its stakeholders, has developed and implemented plans to respond to the crisis and disruption. The District will continue to include a focus on COVID-19 response and preparedness in its plans. Other drivers of focus areas are:

- Aboriginal Health
- Research Translation
- Partnerships
- First 2000 Days of Life.

OUR AIMS – VALUE-BASED CARE

The Operational Plan priorities seek to drive value-based health care, which sees us continually strive to achieve health care improvement aims.

The aims are:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of health care
4. Improving the provider (staff) experience.

ACHIEVING OUR PLAN

Our success in achieving the Annual Priorities will be measured by a suite of performance and success measures.

Key success measures which enable us to track the progress of our priorities are monitored. Due to the strategic importance of the Operational Plan, and the criticality of achieving success, the Core Executive provide governance over the Annual Priorities. Additionally, a structured delivery approach informed by project and change management principles is used to deliver the priorities.

Key components of this structured approach include:

- Authorising Executive Sponsorship
- Clear leadership
- Resourcing
- Reporting and accountability
- Use of project management and governance.

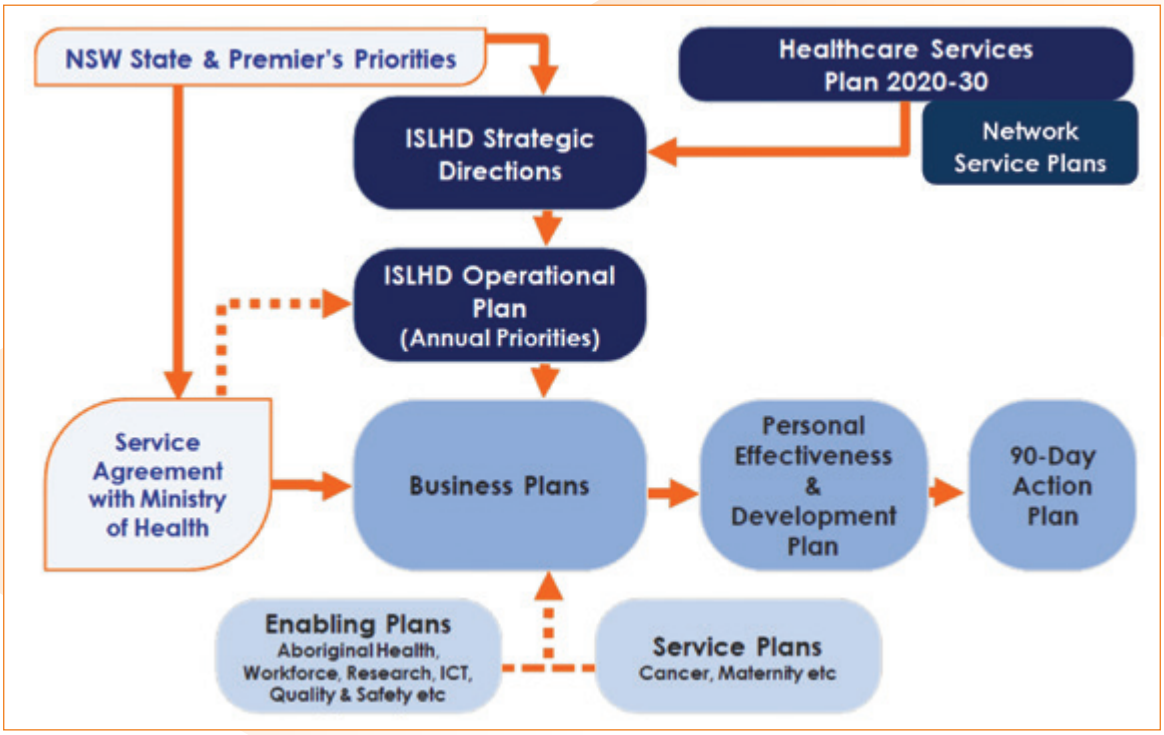


Illustration summarising the strategies and plans which drive our day-to-day actions

GOVERNANCE STRUCTURES

Clinical Governance ensures that everyone - from frontline clinicians to managers and members of governing bodies, such as boards - is accountable to patients and the community for ensuring the delivery of safe, effective and high quality services.

CLINICAL GOVERNANCE- NATIONAL STANDARD 1

National Standard 1 Clinical Governance ensures we implement a clinical governance framework.

Clinical Governance Framework

The purpose of the Clinical Governance Framework (the Framework) is to outline the organisational systems and processes that ensure the District meets and achieves safe and high quality healthcare. The document also describes staff responsibilities that support quality and safe care.

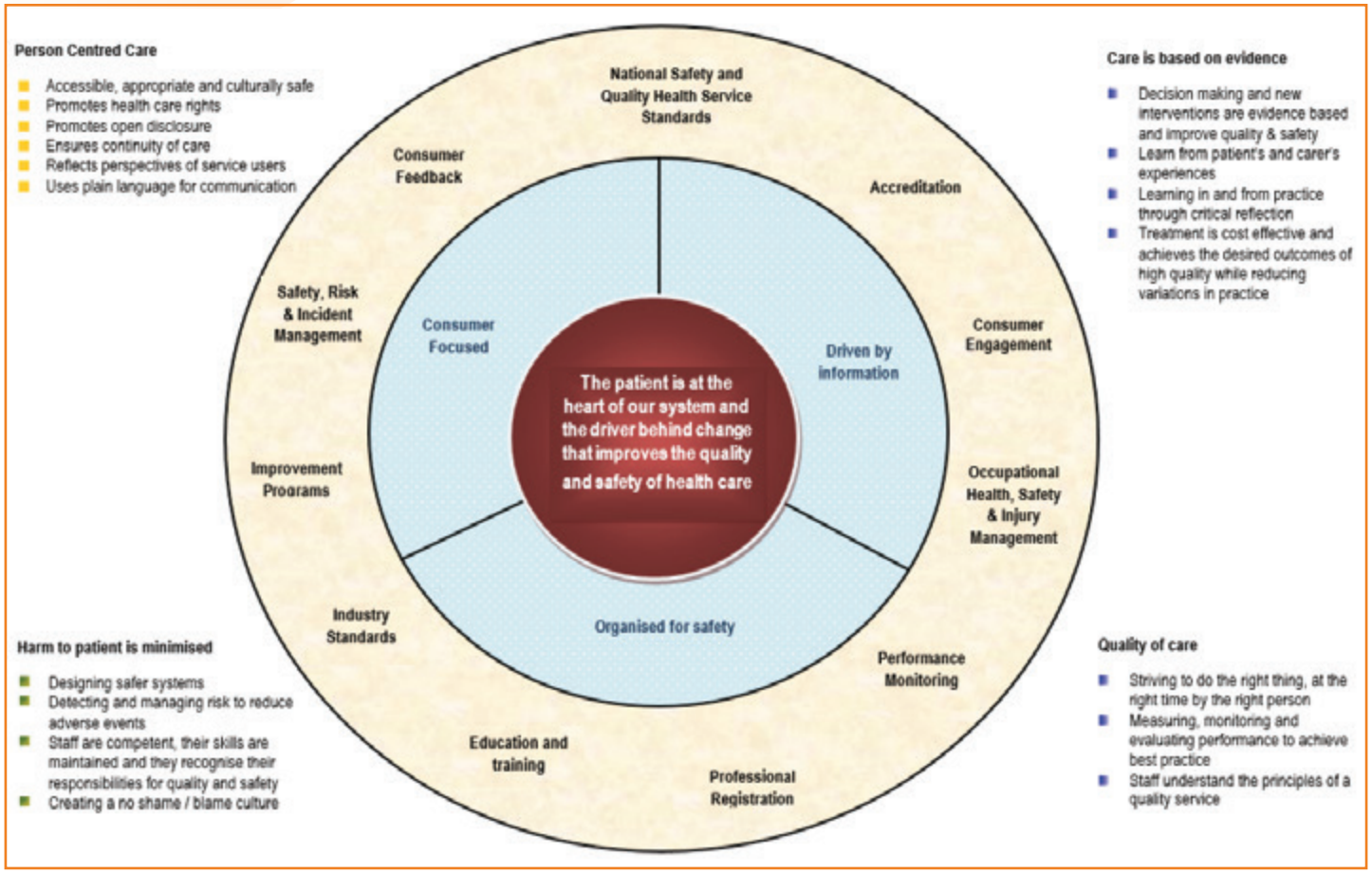
The Framework:

- Describes key clinical governance concepts.
- Defines clinical governance roles and responsibilities.
- Demonstrates the structure, systems and tools that are in place to support clinical governance.
- References the organisation's legal and regulatory requirements for safe healthcare.

TO ACCOMPANY THE CLINICAL GOVERNANCE FRAMEWORK:

- **ISLHD Leadership and Governance Framework: Towards a Service Model –** outlining an operating framework and direction for the future of ISLHD where we provide quality patient-centred services for our community.
- **ISLHD Improvement and Innovation Framework –** to define and communicate our commitment and approach to achieving our aspirations for an organisation which fosters improvement and innovation.

ISLHD Quality and Safety Framework - The patient is at the 'heart' of the framework



CLINICAL GOVERNANCE COMMITTEE STRUCTURE

Board Health Care Quality Committee	The District's peak safety and quality committee. • Accept accountability for safety and quality. • Provide strategic leadership for improving quality of health care in the LHD. • Seek assurance on ISLHD implementation of Patient Safety and Clinical Quality Programs. • Monitor performance against the Safety and Quality indicators within the Ministry of Health Service Level Agreement. • Review and monitor performance against the safety and quality measures and indicators as part of the District Strategic Plan. • Act as an escalation point from the Executive for high risk issues and concerns in relation to patient safety, clinical quality and accreditation to the Board.
ISLHD Clinical Governance Council	The District's peak clinical governance committee. • Provide assurance on safety and quality of service delivery that is evidence based and effective. • Ensure the necessary processes, systems and policies are in place. • Recommend or make decisions within their delegation relating to new quality initiatives and interventions. • Ensure managers and clinicians understand their accountabilities to the organisations and the Board. • Act as a key leadership group in achieving and maintaining accreditation.
District National Safety and Quality Standard Committees	• Provide overall governance for the implementation, compliance and monitoring of each of the National Standards. • Provide information to the ISLHD Clinical Governance Council and the Clinical Governance Unit on progress towards meeting the requirements of the National Standards.
New Interventions Assessment Committee	• Ensure, through appropriate consultation, that all new interventions introduced to facilities and services within the District are clinically safe, feasible, acceptable, affordable, sustainable, value for money and promote health and independence gain.
Hospital and Service Safety and Quality & National Standard Working Groups	• Support and monitor patient safety and clinical quality. • Implement National Standards and prepare for accreditation. • Report to the District Safety and Quality National Standard Committees.

Clinical Governance Functions include:

PATIENT SAFETY

- Incident Management
- Coordination of investigation of clinical incidents and lessons learned
- Complaints Management
- Implementation of District recommendations
- Management of Safety Alerts and Recalls
- Health Liability and Medico-Legal

QUALITY IMPROVEMENT

- Education and support for Continuous Quality Improvement activities such as Clinical Practice Improvement (CPI) projects, quality activities and SAOEs (Situation, Action, Outcome and Evaluation)
- Management of Clinical Audit Systems
- Data monitoring, surveillance and analysis including trend analysis, themes and key issues to identify, drive and evaluate improvement
- Coordination of National Standards and Accreditation

CLINICAL PROGRAMS AND REDUCING VARIATION

- Policy governance
- Coordination of clinical programs
- Data monitoring and analysis including Hospital Acquired Complications
- Improving consumer experience, partnering with consumers and health literacy
- Management of the Patient Information Portal
- Oversight of credentialing and scope of practice

Clinical Governance Teams, are responsible for capability development through education and training for safety and quality, mentorship and coaching.

CHANNELS BY WHICH ISLHD FOSTERS IMPROVEMENT

Whether working as a clinician or in corporate, business, administrative or hotel services, all staff are responsible for ensuring the work they do promotes safe and quality services for consumers receiving health care in facilities and services across the District.

It is the responsibility of all staff, regardless of level or position in the organisation, to identify issues of risk and concern and escalate them.

All staff participate in District, Hospital and Service specific orientation programs, and are required to complete mandatory training to support safety and quality.

Access to Leadership Development, Education and Training

ISLHD staff may access a variety of learning and development programs to build their skill and capability in undertaking improvement. Examples of development opportunities, relevant to patient safety and clinical quality, include (but are not limited to):

IMPROVEMENT PROGRAMS

- Clinical Practice Improvement (CPI) Program
- CPI Mentorship program
- Effective Leadership in Health Program
- Effective Leadership in Health Mentorship Program
- Centre for Healthcare Redesign Graduate Certificate (Clinical Redesign)
- Introduction to Project Management Training
- Accelerating Implementation Management (AIM) Training
- Training in various elements of research methods

SAFETY PROGRAMS

- Root Cause Analysis (RCA) Training
- Open Disclosure Training
- Complaints Management Training

OTHER PROGRAMS

- Consumer related education and training
- CORE Chat for Managers, and CORE Chat for Staff

Recognition and Awards Program

A key element to promoting and embedding a culture of continuous improvement is to ensure there is also a culture of acknowledging and rewarding effort. ISLHD has a Reward and Recognition Framework that outlines a range of ways in which staff and Managers can participate in reward and recognition. Two of the highly visible opportunities are listed below.

- **Quality and Innovation Awards**
  The annual ISLHD Quality and Innovation Awards showcase the achievements of teams participating in the quality improvement initiatives. These awards are promoted throughout the District and are an effective tool to promote the benefits of Quality Improvement. Winners may be nominated for other award programs such as the NSW Health Innovation Awards and NSW Premier Awards.
- **Staff and Volunteer Recognition (SAVR) Awards**
  The ISLHD SAVR Awards recognise and reward significant and outstanding achievement and performance, formally recognising the contribution and efforts of employees and volunteers in the District. The awards include recognition of excellence in innovation, safety, service provision, and extraordinary care of patients and carers.

IMPROVEMENTS ACHIEVED IN SAFETY & QUALITY

OUR COVID -19 PANDEMIC RESPONSE

From October 2019 until now, ISLHD has been on high level activation for Disaster and Emergency response. October 2019 through to February 2020 saw the worst bushfires for this region in many decades. These fires were intense and covered large areas of land. Many of our communities were impacted and many of our own staff were directly or indirectly affected.

Then in March 2020, the world was thrown into a new way of operating, with the development of a once in a generation Pandemic – COVID -19. This situation required a whole of government response, of which Health was a major leader. Our Local Health District was required to respond in a very short period of time to this unprecedented situation while still assisting with bushfire recovery.

The ISLHD established a governance structure with an Emergency Operations Centre (EOC) led by the Chief Executive of the Local Health District. Each hospital and service established their own localised taskforce to implement our Pandemic Plan.

The structure of the EOC response covered the following areas:

PUBLIC HEALTH UNIT RESPONSE

The role of the public health unit (PHU) has been to identify positive cases of COVID-19, isolate, contain and undertake contact tracing to limit community transmission, while ensuring our response is evidenced based and coordinated.

LOCAL HEALTH DISTRICT WIDE OPERATIONAL PLANNING

- Identification of increasing capacity, including establishing COVID and non-COVID wards, Intensive Care Units and Emergency Department flows.
- Establishment of COVID assessment testing clinics at Wollongong, Shellharbour and Shoalhaven Hospitals and a drive-through clinic established at Albion Park.
- The establishment of a rapid response service.

WORKFORCE PLANNING

- Identification of workforce impact and treatment if projections of patient admissions increased and threatened to overwhelm the provision of safe care delivery.
- Identification of workforce impact and treatment if our workforce was affected by 20, 40, 60% loss of staff to COVID-19.
- Rapid recruitment, on-boarding and support for staff.
- Ensuring staff wellbeing.

PROCUREMENT

Ensuring adequate supply of appropriate personal protective equipment (PPE) and essential equipment to support our response to the pandemic. This has included a comprehensive program of assessing, testing and checking on appropriate use of PPE by frontline staff.

INFRASTRUCTURE

The requirement for substantial bed reconfiguration and ward redesign to ensure staff safety and containment of suspected and positive COVID patients.

SUPPORT TO RESIDENTIAL AGED CARE FACILITIES (RACF)

Partnership planning and support between the Local Health District and Residential Aged Care Facilities. This action supports keeping residents safely in their facility wherever possible and not being transferred to Emergency Departments. This is supplemented by increased support provided via the Residential Aged Care Line (RACL), the Local Health District aged care team of clinicians, and Infection, Management and Control clinical experts.

TELEHEALTH AND INFORMATION TECHNOLOGY

- Linking with the Virtual Care Centre team to provide support for COVID-19 positive Residential Aged Care Facilities residents if required, clinical monitoring of patients who are COVID-19 positive in their homes and rapid response to deterioration.
- Provision of audio-visual technology to allow patients in isolation to maintain contact with their loved ones.
- Information technology access provided and work from home arrangements established for identified staff.

COMMUNITIES OF PRACTICE

The ISLHD collaborated with the Clinical Excellence Commission (CEC) in 30 clinical communities of practice (COP) that were established across key clinical specialities to support the response to COVID-19. The COPs are multidisciplinary and include representation from all local health districts and networks. The purpose of the COPs is to:

- Support clinicians to network and share strategies, local solutions and issues with respect to pandemic preparedness.
- Identify, prioritise and escalate issues and solutions related to COVID-19 that require a statewide or system response.
- Review and provide expert clinical advice on guidelines, resources and other information.
- Share Ministry of Health approved advice and resources on the response to COVID-19 that can be circulated within all districts and networks.

GOVERNANCE OVER CLINICAL SAFETY AND QUALITY

- While all this has been occurring, maintaining patient safety and quality has been prioritised. We maintained the high function of the Clinical Governance Unit to ensure that issues around patient safety and quality were still the prime focus while we responded to the immediacy of COVID-19.
- All hospital-acquired complications and clinical incidents or near misses have been investigated and actioned as per normal business with escalation as required.

EDUCATION & TRAINING

We established alternative modes for the delivery of essential education and training as this safety and quality process could not be ceased.

PRIMARY CARE AND COMMUNITY FOLLOW-UP

- During this time, we strengthened our partnership with the Primary Health Network.
- We developed specific COVID-19 Health Pathways to provide consistent information to general practitioners about testing and management.
- We ensured provision of community follow-up, contact tracing and monitoring of home isolation.
- We continued to focus on providing care for those at risk of deterioration and/or presentation to the Emergency Department.
- Established weekly contact with Aboriginal Medical Services and development of a specific Aboriginal COVID Action Plan to ensure patients are supported in the community and in hospital.
- Established weekly contact with Department of Communities and Justice (DCJ).

While this period has been challenging and at a level that has not been seen before, we are exceptionally proud of the professional and compassionate response by all our staff. The significant innovation that has arisen as a result of the pandemic will be a positive legacy for our service delivery into the future.

It is a little confronting to think that one may have caught COVID-19. Your staff could not have been kinder, more courteous and thoughtful. They made a slightly scary situation so much easier. Everyone excelled in keeping their professionalism and courtesy, and I am deeply grateful.

Suicide Prevention Collaborative
ILLAWARRA SHOALHAVEN

The Collaborative is a simple term to describe the organisations and individuals who have come together to reduce the suicide deaths and attempts in the Illawarra Shoalhaven region.

The Collaborative harnesses the expertise of people with lived experience who have practical wisdom about what supports will work and what people need. The Illawarra Shoalhaven area has higher than the national average suicide rate and the Collaborative started in 2015 with a commitment from the Local Health District and the Primary Health Network. It has since grown to include more than 40 government and community organisations.

The Collaborative has raised awareness, trained the community to recognise and respond to suicidally and promoted help seeking. Mental health and resilience programs now operate in more than 30 high schools and there is improved support following a crisis ensuring treatment is evidence based and effective. In addition, the Collaborative delivers advanced training in suicide prevention to health professionals.

There is no one unique profile for those who die by suicide and suicide affects people from all cultural backgrounds, socioeconomic categories, age groups, gender identities and sexual orientations.

In 2015, driven by the high suicide numbers and, with the understanding that more than 37% of people who suicide do not have a mental health condition, the Illawarra Shoalhaven Local Health District and COORDINARE – South Eastern NSW Primary Health Network funded a small project team and the Illawarra Shoalhaven Suicide Prevention Collaborative was formed.

The Collaborative has drawn together a range of government and community-based agencies. It also works with people with lived experience and has garnered community support to reduce the numbers and the long-term impacts of suicide.

The early work of the Collaborative attracted the attention of the Black Dog Institute and it was chosen as one of the four trial sites to implement the LifeSpan Initiative. The LifeSpan Initiative is an evidenced-based approach to suicide prevention that connects people with support and improves the local responses. The implementation of these evidence-based strategies has proven to reduce suicide deaths by 20% and suicide attempts by 30%.

The Collaborative is a partnership with more than 40 organisations including public and private education providers, Police, Ambulance, Local Government, Transport NSW, non-government organisations such as Lifeline and the Salvation Army and industry groups such as funeral directors.

Importantly, the Collaborative formed an innovative approach to communications and was supported by a range of media

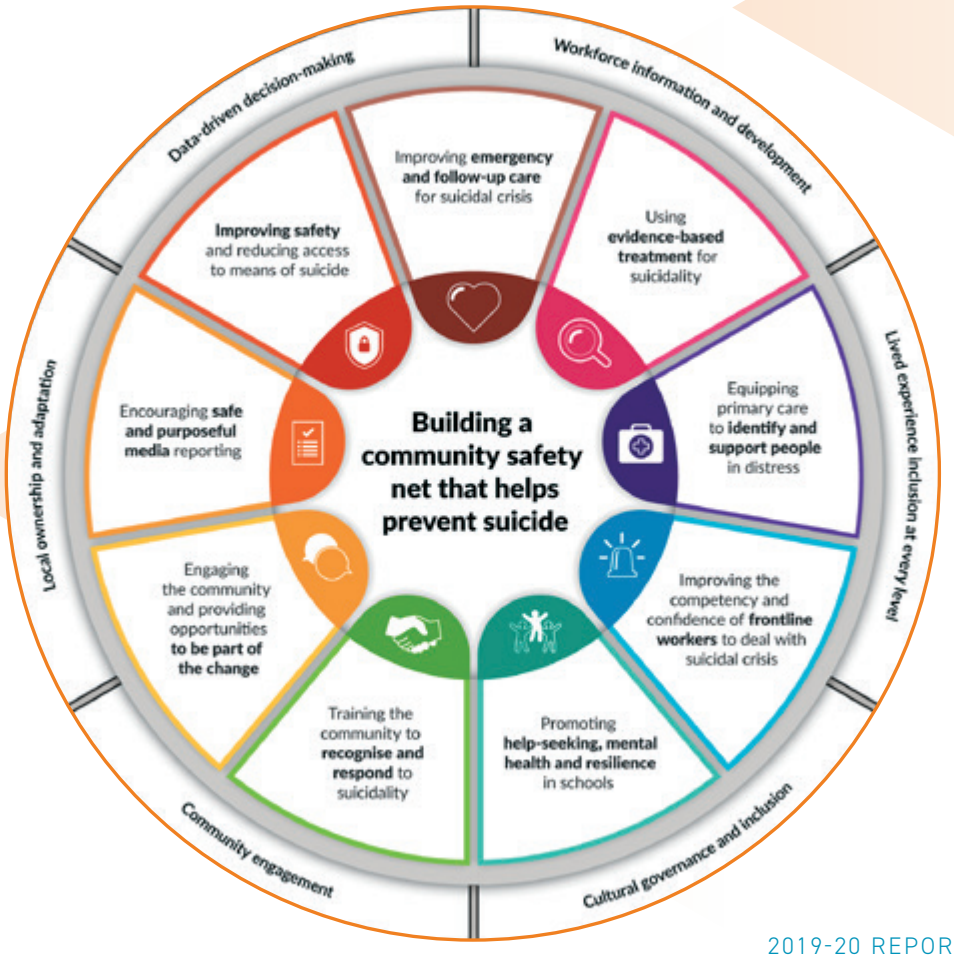
Margot Mains (Chief Executive, Illawarra Shoalhaven Local Health District) and Dianne Kitcher (CEO, COORDINARE – South Eastern NSW Primary Health Network) are committed to a regional approach to suicide prevention.

organisations. This take-up helped ensure greater community engagement with the work being done to change the culture of avoiding conversations about suicide.

The Collaborative established a range of working groups to focus on health and community interventions, school-based programs, targeting of known suicide locations and specific interventions focused on Aboriginal and Torres Strait Islander people. The Collaborative has built a culture where, rather than working in silos, people and organisations are committed to playing their role in a genuine collaboration. All members have an equal say, and all contributions are respected and welcome. Before undertaking any work or activities, the Collaborative looks at the evidence – both the evidence for what's needed, and the evidence for what will successfully address those needs. We do so by consulting suicide prevention literature, as well as the practical wisdom of our communities and the expertise of people with lived experience of suicide. The meaningful inclusion of people with lived experience underpins everything.

The Collaborative has enjoyed many successes, key among them is the extensive uptake of the community-based education program: Question Persuade Respond (QPR). QPR delivers online training ensuring that every person can ask 'are you okay?' and help someone in a crisis. 37 local organisations have delivered QPR in the workplace with more than 2,375 people having completed the training. 75% of people who have completed QPR reported helping someone experiencing a suicidal crisis within six months of completing the training.

Additionally, more than 5,800 Year 9 students have completed the Youth Aware Mental Health training designed to reduce suicidal behaviour with a "train the trainer" for teachers. 240 local health professionals have completed advanced training in suicide prevention. In addition, the program has implemented an innovative approach to identify people at risk in the general practice setting. The program has been evaluated by the Black Dog Institute and is recognised as leading the national conversation around whole of community activation. The Collaborative is now supporting the roll-out of the Premier's Priority Toward Zero Suicide.



ESTIMATED TO

REDUCE SUICIDE DEATHS BY **20%**

ESTIMATED TO

REDUCE SUICIDE ATTEMPTS BY **30%**

OSTEOARTHRITIS CHRONIC CARE PROGRAM TAKING CONTROL – Improving Quality of Life in Patients with Knee Osteoarthritis with Appropriate Conservative Care Options

This project focused on patients attending the Osteoarthritis Chronic Care Program (OACCP) at Wollongong Hospital. OACCP was implemented in the District in 2018 and follows the Agency of Clinical Innovation (ACI) Model of Care. It is a multidisciplinary approach utilising physiotherapists, dietitians, occupational therapists and social workers to improve function and quality of life through targeted patient education, specific muscle strengthening, weight loss support and physical activity.

In 2018, it was identified that OACCP patients were improving leg strength, walking speeds and reducing weight. However, this was not being translated into the quality of life measures.

Only 8-19% of patients were showing improvements in physical function and social activity on quality of life measures.

This project aimed to improve the quality of life of 90% of patients with osteoarthritis (OA) by 10% within six months.

The solutions focused on improving patient knowledge and expectations of the program and OA management. The principles followed were in line with behaviour change methodology and promoted self management strategies.

The OACCP team did not change the information about OA management but the way it was delivered to patients. The team created forms that assisted in summarising the information to patients that made it meaningful to them, rather than overwhelming them with information. Many of the interventions implemented involved working with patients to create their own management plans/treatment options that would work within their lifestyle and were meaningful to their goals. The team utilised patient feedback about the way initial consults were conducted and the information patients were retaining to further improve the way the team delivered education - providing a menu of options for patients.

Patients' quality of life improved during the program by improving their knowledge of their chronic condition and providing options for appropriate treatment. Patient knowledge improved from 45% to 78% (n=41) at the initial assessment. Appropriate management plan creation improved from 70% to 84% (n=52) over six months. The stretch goal of 90% of patients having improved or maintained physical function and social activities was reached.

In addition, physical function improved an average of 9% and social activities by 12% (11% overall).

Improved creation of management plans to improve knee OA symptoms was also achieved.

The management plans were audited against whether the patients had;

- A prescriptive strength and aerobic component,
- Appropriate diet goals for their weight,
- Utilised a walking aid appropriately,
- Utilised appropriate pain medication, and
- Received OA education.

In the OACCP program between March 2019 and September 2019, 32 of the patients elected to not proceed to having a joint replacement as their symptoms and quality of life had improved. This was a total cost savings of $567,953 over seven months.

To continue the success of the OACCP, the team included much of the education for patients and staff into their orientation manual. The OA education package, initial assessment and patient management plan template were also included. The initial education session has been developed into a consumer booklet and monthly reporting of Patients' Quality of Life measures continues. This Quality of Life measure will also soon be utilised as part of the NSW Patient Experience Initiative and is being rolled out in a state-wide electronic system.

The team will continue to evaluate the project by monitoring patient quality of life measures, re-assessing patient knowledge using the Teach Back methods and conducting completed management plan audits annually.

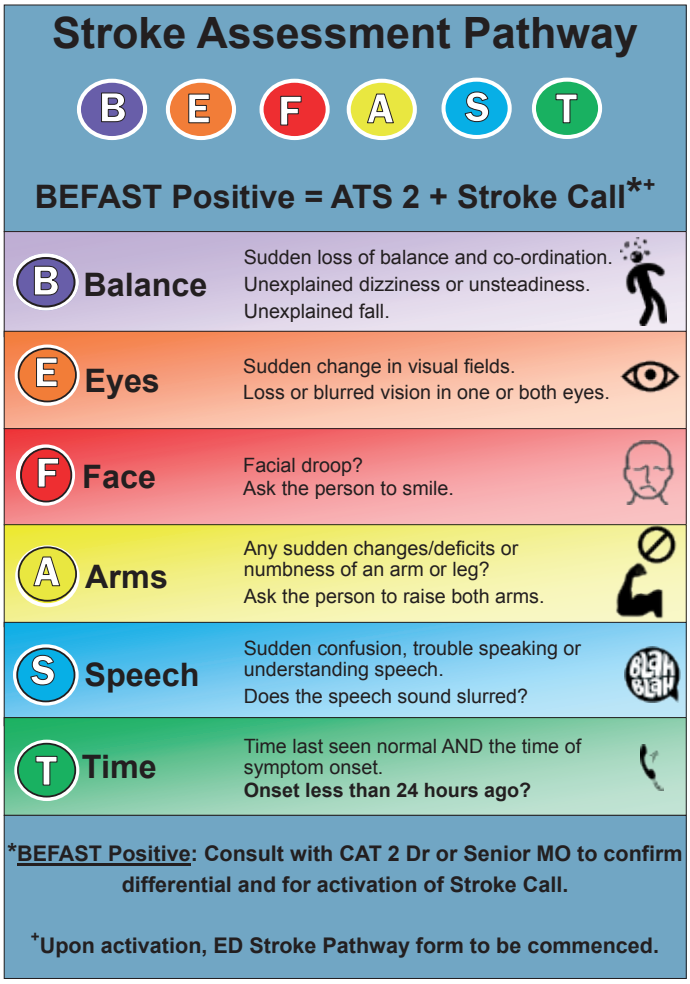
TIME IS BRAIN - IMPLEMENTATION OF BEFAST

'Time is Brain' was a clinical project completed as part of the Effective Leadership in Health Program in 2019. Treatments for patients who have an acute ischaemic stroke are both time critical and time limited. Thrombolytic therapy can be offered to treat patients who have one of these strokes up to 4.5 hours from symptom onset. A procedure called a thrombectomy can be performed up to 24 hours post-symptom onset, depending on the amount a brain tissue that can be saved when seen on a Computered Tomography (CT) perfusion test. Both require the patient to be transferred to a tertiary hospital within this limited time window. Earlier detection of these patients in Emergency Departments means a quicker assessment and completion of a CT scan allowing us to offer these therapies to more patients.

In the last six months of 2018, only 53% of Stroke patients presenting to Shoalhaven District Memorial Hospital Emergency Department were prioritised urgently as Category 1 or 2 patients (to be seen immediately or within 10 minutes). The patients who were not prioritised into these categories had longer waiting times to be seen and treated by a doctor. The research tells us that each hour in which treatment fails to occur, the brain loses as much function as it does in almost three years of normal ageing.

The aim of the 'Time is Brain' project was to increase the number of stroke patients prioritised as Category 1 or 2 from 53% to 90% over a six-month period with the implementation of a strategy called BEFAST being undertaken at the time the patient presents in the Emergency Department. This would allow the capture of particular strokes in patients that can be commonly missed.

BEFAST adds Balance and Eyes into the already well-known FAST (Face, Arm, Speech, Time) stroke assessment. The inclusion of Balance and Eyes means posterior circulation strokes are not missed when the patient is first assessed in the Emergency Department. Previously, these types of strokes were not recognised by the FAST acronym and would be prioritised as a Category 4 (seen within 60 minutes). This delay in being seen by a doctor delayed assessments and possible treatments or sometimes meant missing out on treatment because patients were outside the 'treatment window'. Being identified as a



Acute Stroke Working Party: Donna Jay (Stroke CNC), Lhyriel Smith (ED CNE), Richard Wheatley (ED SS)

BEFAST call means the patient is assessed quickly and can be transferred to a referral hospital for treatment. This improves patient outcomes and decreases patient disability after a stroke, which in turn decrease patients' time spent in hospital and future healthcare needs.

A BEFAST call is activated by sending out a paging message which goes to the Emergency Department Senior Doctor, Medical Registrar, Patient Flow Manager, and the Stroke Clinical Nurse Consultant. This allows multiple people to be notified without delay. At the same time, 'BEFAST' is announced via the microphone system in Emergency Department.

BEFAST recognition training and education for staff involved short sessions at shift handover, posters in Emergency Department, a staff education package and development of a guiding policy document. Feedback was sought and questions answered over a two-week period before the project went live. For the first three months, the triage nurses checked-in with a senior doctor before activating a BEFAST call. Once the process was embedded the nursing staff then activated the BEFAST call independently.

Implementation of BEFAST improved patient care because all acute treatment options have to be performed within 24 hours

of symptom onset. In the first six months of using BEFAST 25, patients were able to access these time-critical treatments at the tertiary hospitals, compared to one patient in the preceding six months. During the six-month period the rate of stroke patients prioritised as a Category 1 or 2 improved to 92%.

The implementation of BEFAST has allowed the reduction of the time a patient presents to the Emergency Department to CT scan time (one of the internationally identified stroke care targets) by 50%.

This has also reduced the time the patient stayed in the Emergency Department by early identification of the stroke and prompt transfer to the stroke unit, allowing patients to receive specialised stroke unit care within the first few hours of presentation. Stroke unit care is the single most important recommendation for improving stroke management.

BEFAST has improved patient outcomes by allowing more patients to return home sooner and with less disability. BEFAST is currently used overseas, where it has been shown to improve stroke detection. Shoalhaven District Memorial Hospital (SDMH) is the first hospital in Australia to trial BEFAST.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

IMPLEMENTATION OF A CHEST INJURY CARE BUNDLE PREVENTS ADVERSE EVENTS

Rib fractures cause more than 35,000 Australian hospital admissions a year and can cause death. They are incredibly painful and prevent normal breathing. Failure to effectively treat just one rib fracture can cause pneumonia. Management requires a whole of hospital response.

We implemented and evaluated a Chest Injury Protocol (CHIP) to improve care and patient outcomes at Wollongong and Shoalhaven Hospitals. CHIP activates a rapid, multidisciplinary response and tailored patient treatment. CHIP is now embedded in routine practice. This improved patient care has resulted in a 74% reduction in the proportion of unplanned Intensive Care Unit admissions and a 40% reduction in patients developing pneumonia.

Clinical experience managing patients with rib fractures led to a review of the international literature, finding we and others continued to have poor patient outcomes. Care was inconsistent, clinician-dependent and existing guidelines did not consider patients with less than three rib fractures. Up to 50% of rib fractures cannot be seen on x-ray and are missed. Each

additional rib fracture increases the risk of the patient dying by 19%. We needed a mechanism to consistently apply best practice for all patients regardless of the number of suspected rib fractures.

We formed a multidisciplinary working group of expert clinicians and academics to develop, implement and evaluate a patient-centred care bundle called Chest Injury Protocol (CHIP) to improve care for patients with rib injury.

Our large team, comprising 12 health disciplines, has for the first time provided evidence for a widely adaptable, early intervention care bundle for patients with suspected rib fractures.

We transformed the best available evidence into a simple system that notifies key clinicians, guides clinical practice and enables tailored patient care.

The emergency doctor or nurse identifies patients eligible for CHIP, attends to their immediate pain relief and respiratory needs, and activates CHIP if needed. CHIP mandates a rapid multidisciplinary response (within 60 minutes, 24/7) from all clinicians needed to treat blunt chest injury across the continuum of care. Early notification enables tailored patient care, as each patient has individual needs dependent on their pre-morbid condition.

The CHIP was monitored and evaluated for 19 months. More than 95% of patients that were eligible for the CHIP received it, demonstrating systemic long-term change. Rib fracture patients placed on the CHIP had a 74% reduction in unplanned ICU admissions, a 40% reduction in pneumonia and a 66% reduction in requiring non-invasive ventilation.

The CHIP is now part of hospital orientation programs, electronic medical record prompts and has become part of routine clinical practice. We have developed an implementation tool kit informed by behavioural psychology principles to allow upscaling to other NSW hospital sites.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

REDUCING THE INCIDENCE OF SEVERE PERINEAL TRAUMA IN CHILDBIRTH

In March 2019, the rate of 3rd and 4th degree perineal tears per 1000 patient days for Wollongong Hospital (WH) was 24.5%, which was considerably higher than the NSW average.

A systematic governance approach was developed to address this issue along with the implementation of the Perineal Protection Bundle. Changes included the provision of education to every pregnant woman, as well as evidence-based training and education for every clinician with the aim of reducing severe perineal trauma.

The project resulted in immeasurable personal, psychosocial, psychosexual and economic benefits to the women, as well as $246,000 cost saving.

This innovative project incorporated a broad range of strategies to reduce the incidence of severe perineal trauma.

- Every woman, every pregnancy received antenatal information about perineal care and prevention of tears.
- Every clinician received training to improve knowledge and confidence in sharing information about perineal preparation for birth.
- Every clinician received training to improve knowledge and practise techniques for the intrapartum management of second stage of labour.
- Every clinician received training about evidence-based postnatal care of severe perineal trauma.
- Every woman with severe perineal trauma received postnatal information about short and long-term postnatal management of tears.
- Governance was improved by a systematic approach to information and practice change for all women and all clinicians to improve the quality of care.
- Champion clinicians were identified to develop and promote the changes.

The collaborative multidisciplinary approach provided comprehensive care to women and raised awareness that all clinicians carry a professional responsibility to be better informed about evidence-based strategies to reduce the risks of perineal trauma. It also demands that all clinicians support women's involvement and participation in preventing vaginal injury during birth.

Furthermore, the project led a broader education strategy enhancing our collaboration and reach to Indigenous and young women at risk in our service area for the first time.

Six months before the project, 34 women sustained severe perineal trauma.

Six months after the project, this had decreased to 22 women.

This project went above and beyond to confront the accepted normal occurrence of vaginal trauma associated with birth. The project has successfully corrected an inattention to vaginal birth outcomes with broad based strategies that will protect and include women in the prevention of severe perineal trauma, and appropriate management when it does occur.

The project has also introduced a quarterly review of all severe perineal trauma to track the data and identify themes to meaningfully review practice and improve adherence to the project strategies. This review will provide monitoring that will ensure a continuous quality improvement.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

Innovation, agility and learning for continuous improvement

PROGRESS ON PLANNED ACTIVITIES FROM THE 2018-2019 SAFETY AND QUALITY ACCOUNT

A 'COPING WITH PAIN' PROGRAM FOR ARABIC SPEAKING AND REFUGEE WOMEN IN THE ILLAWARRA SHOALHAVEN

Arabic speaking women partnered with ISLHD Multicultural Health Service (MHS) and Chronic Pain Service (CPS) staff to test a pain rehabilitation program, and help to develop culturally appropriate pain management teaching resources.

The program has a strong focus on community partnership to meet the needs of new emerging communities, keeping communities healthy and empowering them to manage their own health, through participatory patient-centred practice.

A newly created assisted referral pathway supported consumers and provided better access for them to engage in a new pain rehabilitation outreach program, that was gender, language and culturally specific.

A bilingual Multicultural Health Officer was trained in pain rehabilitation principles and teaching activities to create a cultural bridge with these community members. There was a focus on exercise assessment and monitoring and new teaching tools including the '5 Healthy Habits for Pain Management', based on Islamic teachings. The program content was tailored by the women through their feedback.

The program was provided in culturally safe community centres, administered by Non-Government Organisations targeting Culturally and Linguistically Diverse (CALD) communities, and facilitated by a bilingual Multicultural Health Officer and ISLHD Chronic Pain Service staff.

The program reduced self-reported pain levels using the EPOC (Electronic Persistent Pain Outcomes Collaboration) tool. The EPOC tested:

- Level of self-reported pain,
- Anxiety symptoms,
- Depression symptoms,
- Optimism, and
- Impact on daily activities.

The greatest difference in the before and after EPOC scores were mental health indicators, although all parameters showed positive differences.

The program also reduced the impact on daily living activities. This was demonstrated during post-program focus groups and post program phone follow-up interviews.

Participants reported the following themes five months post program;

- New daily relaxation practices listening to Arabic mindfulness meditations,
- Walking outdoors, or quiet time alone to pray or read,
- Less medications for pain and mental wellbeing,
- Optimism and pro-active problem solving, and
- Actively trying new strategies.

Self-reported comfort to attend the Chronic Pain Service in the future and to recommend the service to friends and family was also rated high post program among all participants.

Overall, the EPOC scores and self-reported outcomes have demonstrated the effectiveness of this culturally specific outreach model.

The women who participated in the program were empowered to overcome cultural and gender specific norms related to chronic pain, embed daily gentle exercises, and learn problem solving, safe housework practices and relaxation techniques.

This Coping with Pain program is being piloted in other local health districts through Multicultural Health Services, and the innovations in the ISLHD tailored program have been distributed across NSW.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Direction 3 – Delivering truly integrated care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

TRANSFORMING HEALTHCARE THROUGH OUTCOME MEASURES FOR RECTAL CANCER

The colorectal tumour program (CTP) is responsible for overseeing the management of all patients with colorectal cancers in ISLHD. This group was developed by local clinicians (doctors and nurses) treating colorectal cancer to ensure the treatment provided by their team is world class standard. This group introduced a novel and comprehensive systematic outcome measurement concept into the routine clinical care of our rectal cancer patients.

This work has seen the successful implementation of the International Consortium of Health Outcomes Measurement (ICHOM) Standard Outcomes Set for Colorectal Cancer, an international validated framework for measuring outcomes that matter to patients and clinicians.

Despite universal acknowledgment that outcomes measurement is important in improving the quality of cancer care, few cancer services in NSW currently incorporate comprehensive outcomes measurement in their routine care structures and processes.

We have established the most comprehensive rectal cancer dataset in NSW. Internationally, we are one of the first Cancer Services to implement ICHOM Standard Outcomes Set for Colorectal Cancer, being:

- Survival and disease control,
- Disutility of care (side effects of treatment),
- Degree of health (patient reported outcomes).

The core strength and distinguishing feature of this project is the fundamental shift from 'disease management' (managing the patient as a set of symptoms) to 'patient centred-care' (patient as partners in their own care and treatment). This has been facilitated by the unique inclusion of the routine collection of patient reported outcome measures (PROMs) and a critical second step - the development of 'thresholds'. When a patient develops a symptom of concern, clinicians are automatically alerted. This key innovation facilitates both data collection, to improve future care, with the immediate opportunity for clinicians to improve the symptoms of the patient.

We have also developed a Rectal Outcomes Reporting Framework, to guide the delivery of high quality care for people with rectal cancer, and implemented an information technology solution for collection of PROMs to enhance patient care and associated data analysis.

This project has fundamentally reorganised the processes for patient care in ISLHD and the successful implementation of ICHOM outcome measures for rectal cancer patients in ISLHD has set a NSW standard.

The implementation of the ICHOM colorectal standard set in ISLHD has seen:

- Improvements in staging of rectal cancer
- Improvements in the proportion of rectal cancer cases discussed at the multidisciplinary meeting
- A reduction in the rates of circumferential resection margin (CRM) involvement – CRM is an important marker. CRM involvement is strongly associated with an increase in local tumour recurrence
- A reduction in the average hospital length of stay in rectal cancer patients managed with radical surgery
- A minimisation in the risk of avoidable deterioration/ hospitalisation with introduction of escalation process for patients scoring 'at threshold' on patient reported outcome measures

Results have been disseminated through ISLHD and Cancer Institute NSW, to support and encourage other health services to adopt this program.

The collection of PROMS facilitates partnership with patient's. It is not just disease outcomes that matter but a patients experience through this journey.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Direction 2 – Providing world-class clinical care

Direction 3 – Delivering truly integrated care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

OSTEOPOROSIS RE-FRACTURE PREVENTION (ORP)

Osteoporosis is a chronic disease that weakens the bones. It is often referred to as a 'silent disease' because many people may already be suffering from it without knowing. When someone has osteoporosis, they are more likely to have a minimal trauma fracture. A minimal trauma fracture, is a slip, trip or fall from standing height or less which results in breaking a bone. It is a sign of possible osteoporosis and a bone health assessment should be completed.

Studies show that before specialised osteoporosis services, as little as 10% of people who had a minimal trauma fracture went on to have an assessment for osteoporosis.

In NSW and the ACT, 70% of people aged 50 years of older have osteoporosis or osteopenia. One in three women and one in five men are expected to have a fracture after the age of 50. The risk of having a second fracture within five years is 25%.

The total cost of refractures to ISLHD over 10 years to 2018-19 was $115 million. This is expected to reach $183 million over the next 10 years if there is no change.

In 2011, the Leading Better Value Care initiative launched the Osteoporosis Refracture Prevention (ORP) Model of Care. This involved the implementation of Fracture Liaison Services. These services aim to reduce refracture rates by providing access to bone health assessments and management plans.

The ISLHD has two Fracture Liaison Services that have been running since early 2018.

Identification includes patients over 50 years of age (or 40 years and over for Indigenous Australians) who have had minimal trauma fractures. These are patients who have attended local emergency departments and local fracture clinics.

Investigations include an assessment of bone mineral density, a blood test and a risk assessment for future fractures. Patients have a review with the service's specialist doctor who tailors a treatment plan.

Patients also have a review with a fracture liaison coordinator (physio or nurse) who will complete assessment of balance and lifestyle factors. They also provide education and long term follow up to help patients reach their bone health goals. The service works with General Practitioners to ensure the best outcomes for patients and their bone health.

During the past 12 months, the Illawarra ORP Service has seen a total of 319 patients. This equates to 23% of the minimal trauma fractures presenting to emergency departments. Eighty-five percent of patients had reduced bone health – 58% had osteoporosis and 27% had osteopenia.

Less than 4% of patients who had bone assessments in the Illawarra ORP Service in the past two years have had a second fracture. This compares to the overall statistics (ORP and non-ORP patients) which show 6% of patients go on to have a second fracture within 12 months.

The Shoalhaven ORP Service has seen a total of 82 patients in the past 12 months. Of this, 25% were diagnosed with osteoporosis, 71% osteopenia and 4% normal bone density.

The ISLHD services aim to see 30% of minimal trauma fractures which present to emergency departments. Over the next 12 months, ISLHD ORP Services will be working to streamline access to its services.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

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Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

DELIVERED IMPROVEMENTS TO ORAL HEALTH SERVICES FOR VULNERABLE AND ABORIGINAL FAMILIES

MUM AND BOORI'S MOUTHS MATTER

The program, led by the ISLHD Child and family and Oral Health Services has a targeted approach to make Oral Health Child Services available to all children from birth to five years from the:

- Aboriginal Maternal Infant Child Health Services (AMICH)
- Sustaining NSW Families (SNF) programs, and
- Out Of Home Care (OOCH).

Historically, families only access Oral Health Services when they are experiencing pain. This early preventive intervention approach supports a change in public priority and focus.

Child & Family Heath workers initiate Oral Health conversations and offer Dental referrals to the Oral Health service for new mothers from birth to support their family's Oral Health experience.

By opportunistically obtaining consent from families and emailing their details to the Oral Health Service, families are then contacted and offered dental appointments in nearby clinics. Appointments are also offered to siblings to support referred families.

On presentation to Dental Clinics, families are supported via Oral Health promotion and with tooth brushing advice and instruction. Promotional and preventive resources provide families with information to prevent early childhood caries. At risk families are identified and supported by further specialist referral or placed on recall lists where families are regularly reviewed to prevent oral health deterioration.

From July 2019 to June 2020, a total of 271 referrals were made to Oral Health Services with 191 children being treated and completing a course of care. All 271 referrals are contacted and offered appointments. All vulnerable and at risk patients are clinically risk assessed and recalled where required.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Direction 2 – Providing world-class clinical care

Direction 3 – Delivering truly integrated care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

Nowra East Well Being Hub was developed to –

- Improve child and family wellbeing,
- Improve attendance,
- Provide access to a range of identified services and reduce the need for children to leave the school to attend appointments,
- Assist all Nowra East Public School Students,
- Empower families and students,
- Make it 'their space, their place' for students and their families,
- Ensure a safe, inclusive environment – through ongoing evaluation and quality assurance.

Our Mia Mia is a new model of care that reaches out to families in a non-confronting environment to improve access to dental care and reduce school absenteeism.

The project has built a community within the school community to support families across health and wellbeing. This has enabled Oral Health Services to support families in a familiar and inviting environment.

Families are more comfortable in this setting to seek advice and clinical treatment for their families. We have helped to reduce dental phobias, therefore empowering parents to support their own children. Building the confidence of children who can now smile and are healthier and happier in their daily lives, in turn their attendance and ability to concentrate at school improved.

In 2019, 339 dental appointments were booked. 52% of these appointments were Aboriginal children. Every child that is assessed and treated at Our Mia Mia also has a growth assessment completed.

3. Improving the Patient Experience

ISLHD values the experiences, perspectives, skills and diversity of our Consumers.

Partnering with Consumers - National Standard 2

National Standard 2 Partnering with Consumers ensures health services support patients, consumers and carers to actively participate in service planning, designing care and service measurement and evaluation to improve health outcomes and the patient experience.

The following demonstrates a snapshot of how ISLHD meets National Standard 2.

PATIENT REPORTED EXPERIENCE

ISLHD participates in the NSW Patient Survey program by the Bureau of Health Information (BHI). The BHI produces independent reports and information about the performance of the NSW healthcare system giving thousands of patients the opportunity to provide feedback about their experiences of care in the health system and subsequent outcomes. The Clinical Governance Unit provides summaries of ISLHD's results to our hospitals and services for review annually. Hospital and service managers address areas identified for improvement.

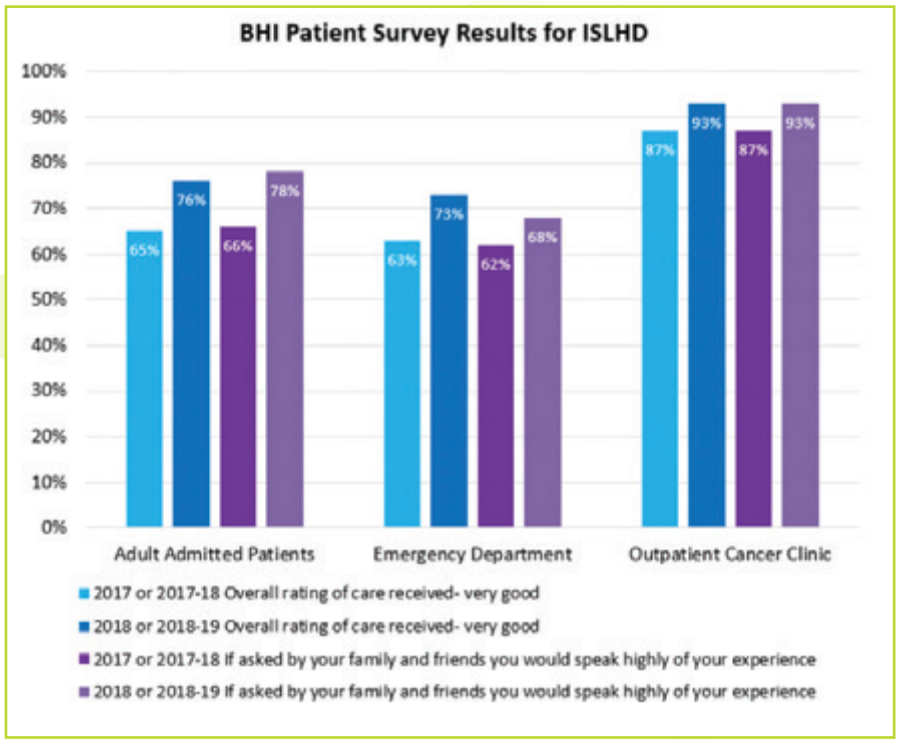
Consumers are asked in all surveys to rate the overall care they received while in the hospital or service.

They also rate how highly they would speak of the service to their family and friends.

Three patient surveys that included ISLHD facilities were conducted during 2018-2019 and reported in 2019-2020.

Adult Admitted Patients, January-December 2018
Emergency Department Patients, July 2018-June 2019
Outpatient Cancer Clinic, January-December 2018

The Adult Admitted and Emergency Department surveys include Milton Ulladulla Hospital, Shellharbour Hospital, Shoalhaven Hospital and Wollongong Hospital. Milton Ulladulla Hospital, Shoalhaven Hospital and Wollongong Hospital are included in the Outpatient Cancer Clinic survey.



Can you pass on the thanks to all the hospital and community health staff - from doctors and nurses, to cleaners and cooks - in ISLHD. We very much appreciated the compassion and courage each one of the staff display as they come to work in order to care for our community. This is especially so given they do so in spite of the knowledge of how at-risk they are. Our gratitude and appreciation is deeper than words can express, and I keep you, and will continue to keep you all in my heart and prayers.

When asked:
Were you involved, as much as you wanted to be, in decisions about your care and treatment? Patients answering "Yes, definitely" improved from 56% to 64% across the Local Health District.

When asked:
Thinking about when you left the Emergency Department, were you given enough information about how to manage your care at home? Patients answering "Yes, completely" improved from 59% to 67% at Shoalhaven Hospital.

When asked:
Was the signposting directing you to the Emergency Department of the hospital easy to follow? Patients answering "Yes, definitely" improved from 56% to 71% at Wollongong Hospital.

When asked:
Overall, how would you rate the nurses who treated you? Patients answering "Very Good" improved from 71% to 78% across the Local Health District.

Recently my Mother had been in your care. I cannot thank your nurses enough for the level of care and compassion shown to her. During the first couple of days you helped alleviate my concerns. Mum celebrated her birthday while with you and staff went above their call to make it a special day. I am thankful that you have helped in arranging home help. You have set Mum up to enjoy her future life. A big thank you!

ISLHD's Partnering with Consumers Framework 2018-2021

ISLHD's Partnering with Consumers Framework 2018-2021, informs the culture and processes of our organisation in working with consumers and consumer representatives in the design, development and delivery of quality health care in our region. The Framework outlines our coordinated and consistent approach for working with our consumers. We want to make sure the care we provide is:

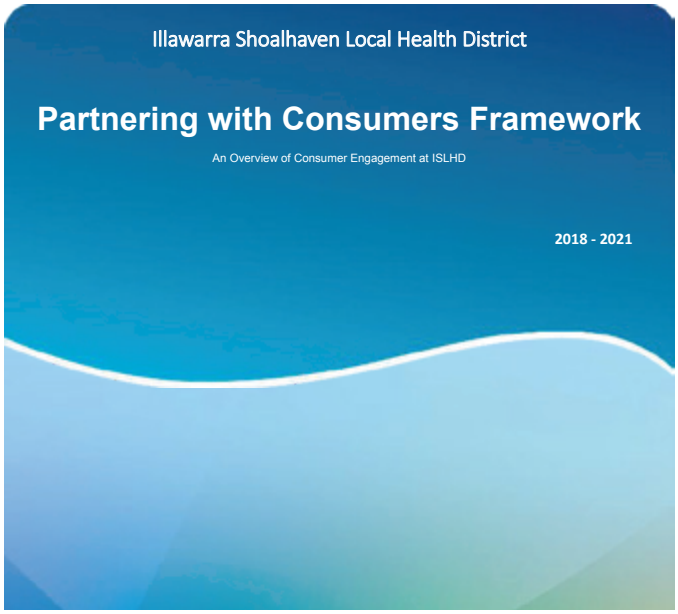
- Patient Centred
- High quality, safe and equitable, and
- Meets the diverse needs of our consumers.

In 2019/2020, we developed:

- Processes to recruit consumers to the Clinical Governance Council and District-wide Partnering with Consumers Committee.
- Orientation and training programs as well as support tools for consumers and staff that are working together in key district-wide improvement initiatives, and district-wide and hospital committees.
- The Partnering with Consumers Intranet site. This site supports the ISLHD's Partnering with Consumers Framework. This site stores policies, tools to engage with consumers, and tools to review and check processes. On this site there are also reports that identify positive changes that have occurred by partnering with consumers and areas for improvement.
- Processes and supporting resources for developing Policy Documents in Plain English. All ISLHD policies that relate to the National Safety and Quality Health Service Standards (NSQHSS) for Standard 2: Partnering with Consumers, are reviewed by consumers.

In 2021, we will be working towards:

- Developing a consumer experience and feedback framework to help us respectfully co-author with consumers about their experiences. We believe our consumer stories and experiences will help us improve our services and our patients' health experiences and health outcomes.
- Developing a plan to implement 'Teach back', an evidence based communication strategy across the Local Health District, to improve our communication with our patients and their carers particularly in high risk areas.
- Implementing, reviewing, monitoring and evaluating our partnering with consumer tools to see the areas we are working well with consumers in the design, development and delivery of quality health care in our district.
- Recruitment of more consumers to other district-wide National Standard Committees.



Partnering with Consumers in Governance, Planning and Design

In 2019-2020 the Clinical Governance Unit developed governance processes and resources to partner with consumers on ISLHD committees and planning teams. These included consistent processes and resources to:

- Recruit and remunerate consumers on ISLHD Committees and on planning teams
- Orientate and support consumers who partner with us, and
- Evaluate the effectiveness of the partnerships.

In January 2020, the Clinical Governance Unit formally recruited three consumers to join the Clinical Governance Council and the District-wide Partnering with Consumers Committee. The Director of Clinical Governance meets with the consumers before and after each meeting to go through the agenda and clarify any items. The consumers are also involved in three district-wide improvement projects including the My Care Board Program, Consent Project and Clinical Handover Project.

In 2021 we will be working towards:

- Strengthening engagement with the Human Resources Department to communicate and embed the new governance processes and resources to recruit and remunerate our Consumer partners.
- Recruitment of additional Consumers to reflect the diversity of the ISLHD community and population groups who use our services and facilities.

Partnering with Consumers Intranet Page

In 2019, the Clinical Governance Unit developed the ISLHD Partnering with Consumers Intranet site. The purpose of this site is to support implementation of the District Partnering with Consumers Framework 2018 - 2021 and meet the requirements for the National Standard 2: Partnering with Consumers.

This site provides governance processes and resources to:

- Recruit, orientate, support and remunerate consumers who join our committees, planning teams and quality improvement projects
- Involve consumers to review the written health information we develop
- Improve communication between patients and staff via Teach Back and My Care Boards
- Involve consumers to review policy documents, where appropriate
- Involve consumers to join way finding audit teams.

These teams work to evaluate and improve the signs and navigational cues in our facilities and services.

In 2021, we will be working towards:

- Creating a district-wide framework with standardised processes and resources to collect patient and consumer experience stories.
- Developing a standardised tool to assess our progress against National Standard 2: Partnering with Consumers. A set of standard measures will accompany this tool.
- Develop a district-wide framework to incorporate patient and consumer experience in staff training, and in particular core orientation programs across staff of all disciplines.

Patient information Portal (PiP)

The Patient information Portal (PiP) contains health information documents that are developed in plain language for consumers. The PiP process is a standardised, organisation-wide, evidence-based approach for developing health information.

Established in 2013, the PiP process addresses the impacts and risks of low health literacy. All documents published on PiP use feedback provided by at least 5 consumers that would receive or use the document.

They are also developed in consultation with staff, with a 2 week draft for comment period. All PiP documents are at a grade 8 or less readability to ensure that they are easy to read, understand and use.

In 2018-2019, 86 documents were published or updated on PiP. In 2019-2020, 192 ISLHD documents have been published or updated. Of these, 43 were in languages other than English. A COVID-19 section on PiP was created in 2020, which accounts for 25 ISLHD resources and 20 translations. The COVID-19 section also contains 18 links to other resources developed by external organisations (NSW Health, SBS).

"If people do not understand the information they are provided, their health may be placed at risk and treatment outcomes may be compromised."

Health Literacy Ambassador, HLA Survey, 2020.

ISLHD Patient Information Portal

There are currently 134 Health Literacy Ambassadors (HLAs) across ISLHD who have received training in health literacy and PiP. The HLAs have a key role in embedding the PiP process and partnering with consumers across the Local Health District. A survey of HLAs was conducted to get their feedback on their roles in health literacy and how the PiP process can be improved. The results demonstrated the HLAs are clear about their role and how health literacy aids safety and quality of care. They have a sound understanding of how poor health literacy impacts patient health experiences and outcomes. A new readability calculator is now used. Further work is also underway to expand the image library and provide more examples of documents before and after the PiP process on the PiP webpage.

In 2020, we are developing a district process for the translations of PiP documents. This process will include reviewing and updating translations when the English versions are updated.

My Care Boards

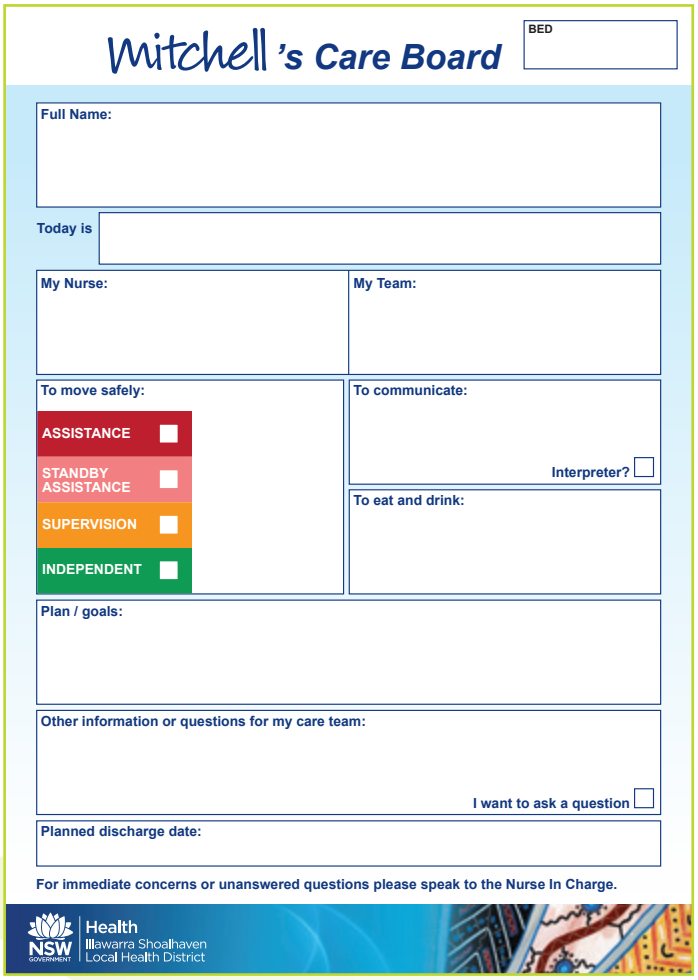
National Standard 2 - Partnering with Consumers, recognises the importance of involving patients in their own care. ISLHD has introduced 'My Care Boards' across its eight hospitals.

These My Care Boards:

- Promote active involvement of patients in their own care and shared decision-making
- Improve communication between a patient, carers, their family members and hospital staff, and
- Help to meet the patient's and carer's information needs when they need it.

Consumers, University of Wollongong and ISLHD staff representatives formed the My Care Board Working Group. The My Care Board working group reviewed existing patient bed boards and conducted interviews with patients, staff and managers. This process helped to identify elements that are essential for a standardised patient communication care board, potential risks and benefits.

This consultation informed the development of the My Care Board template. Consumers tested and reviewed resources for patients and their carers. Patient information on the My Care Boards is available in: plain English, easy language, as well as in 11 community languages. Implementation of the program was overseen by the hospital's Director of Nursing. This included board placement and staff training.



Why?

A tool to improve communication between patients, carers, families and staff and enhance quality and safety through shared decision making.

Encourage patients to be involved in setting their own goals and care plans.

All members of health care team and the patient, carer, family can add to the plan at any time.

What are the benefits of involving patients/carers in the care boards?

Practicalities

Supports existing handover tools/processes.
- comes in A2 or A3 Perspex frame
- pen and eraser need to be at hand
- template is inserted into frame
- use neutral detergent to clean the board
- safe and easy access to board to make it user friendly.

How?

How soon should it be done?

Should be explained to patient/carer as soon as possible.

Use simple language easily understood by the patient and carer.

Check with patient/carer about what to write on the board.

Include in eMR documentation whether care board has been reviewed and/or updated and the outcome.

Commenced on admission to the ward.

Not all fields are required if not relevant.

Updated at Bedside Clinical Handover or by any member of team as required.

Predicted challenges/barriers in your ward?

- Language? Cognition?

- Short stay patients?

- Engagement of all team members in updating the board

- Change to mobility language

- Refusal.

ISLHD has developed resources to support staff to introduce the My Care Board program to their patients and their carers. These resources include:

- A My Care Board Procedure developed with consumers
- Educational resources for staff, and a
- My Care Board Intranet Page.

In June 2020, the Clinical Governance Unit reviewed the My Care Program's progress. This involved observing the board's placement and usage and interviewing patients and staff across the eight hospitals in our Local Health District. Our review tells us that as of June 2020, 93% of the My Care Boards are installed. The new communication boards are next to the patients' beds for ease of access for both staff and patients.

THE POST IMPLEMENTATION REVIEW OF THE MY CARE BOARDS NOTED THE FOLLOWING BENEFITS

It is crisp and clear in design.

Staff tell us they can see where the patient's care plan is up to and what still needs to be completed.

"They are good for quick reference".

A tool that aids communication.

The My Care Board is a constant reminder to the patient and the staff who are looking after them. It is especially useful for new patients and for casual staff. It provides a place for family members to write concerns.

Promotes quality and safe care.

"Good to check I have the right bed before asking the patient". "They are a prompt for staff to fill in information about patients' mobility, diet and other care needs".

Patient and Carer Involvement.

"It helps patients/ families to think about and become more engaged in their care needs and care."

In 2021, we will be working towards:

- Incorporating the My Care Boards as part of ward orientation
- Including the My Care Boards as part of beside clinical handover with the patient
- Providing ongoing staff education, and
- Reviewing, monitoring and evaluating the My Care Board Program's progress with our Consumers and University of Wollongong colleagues.

Achievements in Improving the Patient Experience

Drug and alcohol film resources for community members from new and emerging language backgrounds

This project created co-designed films in 16 languages for state-wide use. Multicultural consumers and groups were proactively involved in every aspect- identifying need, messages, scripting, filming, editing and promotion. The co-design methodology enhanced trust and built sustainable partnerships.

The films are available state-wide, on Drug and Alcohol and multicultural platforms with over 1400 views.

The Illawarra Cultural & Linguistically Diverse (CALD) Local Drug Action Team, in partnership with Illawarra Shoalhaven Local Health District (ISLHD) has developed new film resources to assist community members from new and emerging language backgrounds and their families to understand how to access drug and alcohol information and support.

This project responded to service access barriers by embracing CALD consumers in true codesign and promoting equitable collaboration between CALD consumer, organisations and health care teams. The CALD community were actively involved and informed in every step of planning, scripting, filming, editing and promotion. Shared decision making informed cultural values, needs and nuances to reduce barriers to service access.

Empowering ownership, through co-design has facilitated community discussions around Drug and Alcohol, helping keep people healthy and supporting them to take control of their own health, through earlier help seeking.

Significant outcomes have been achieved and include:

- Increased resources for state-wide use in 16 languages.
- Over 1400 You-tube views on drug and alcohol and CALD platforms.
- The films have enhanced key messages to support access and prevention of Drug and Alcohol related harm.
  - Over 100% increase in bookings and CALD community workshop participation for Drug and Alcohol information.
  - Over 75% of participants were more comfortable discussing drug and alcohol issues; would share information; increased awareness of Drug and Alcohol services.
  - 80% knew where to go for help.
- Several services are using the films as educational resources in existing programs e.g. TAFE English support and Settlement Services.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

"Community members from a range of different cultures volunteered to be a part of this project. They strongly believed that the films would reduce stigma when seeking help and would start robust conversations about this topic within their communities"

"Recognising that our community members are experts in their own culture and working together with them has underpinned the success of these resources. Community members shared the messages that were most important to them and ensured that the resources were culturally appropriate, they also volunteered as actors for the resources."

Winner of the Multicultural Health Communication Awards NSW 2019 Patients as Partners.

"Chatty Children" Working with Community to Improve Speech Outcomes for our Boori's Child and Family Service

Speech Pathology models of care were based on mainstream health and local communities were not consulted in the design. These models had limitations, contributing to access barriers and reduced engagement with consumers.

The aim of this project was to build relationships with local Aboriginal communities and work with them to develop a culturally safe and relevant service model that increased engagement and addressed childrens' communication needs. A preschool partnership program was developed and implemented in two local childcare centres. New practice guidelines were developed in response to community and Aboriginal Health Workers' feedback and results from a preschool partnership trial.

We worked collaboratively and trained preschool teachers and Aboriginal health workers to implement speech programs. We developed new partnerships with preschools and focused on building a supportive space where high risk children could access services with or without family members or carers present. We took the time out to talk to the people we work with and spent time building meaningful partnerships in the local Aboriginal community with both individuals, community groups and organisations and work with these communities to develop a culturally safe and relevant Speech Pathology service model that increases engagement and addresses the communication needs of Aboriginal children aged 0-5 years living in the Shoalhaven.

Research tells us that early intervention services that promote and support development in the early years, engage vulnerable parents and children and have links with other community services are more likely to be effective. Health services in Australia are often based on the western understanding of health. This can result in miscommunications and can be perceived as culturally unsafe for Aboriginal people. Community engagement is recognised as vital for successful speech pathology practice and working with Aboriginal people to design, plan and implement health services is supported. This project

gave us the time to focus on redesigning our service to meet the needs of our Aboriginal community and learn how we can do better.

We partnered with local childcares and playgroups. We delivered 58 community surveys at community events and used these results to develop speech pathology work practice guidelines.

The Aboriginal Health worker attended sessions with the speech pathologist to complete hearing screenings. Frequent feedback was gathered every step of the way from our Aboriginal Health Workers and they participated in a focus group meeting. We collected data from surveys, interviews and health data analysis.

The process allowed the Speech Pathologist to build relationships with other local services and resulted in the following improved patient outcomes:

- Reduction in "did not attend" appointment rates from 33% to with 3.7%
- Increased engagement with 26/27 sessions attended (96.29%)
- Preschool teachers able to complete therapy/homework at childcare
- Children who were not linked in with Allied Health services were able to access therapy
- 3 children with early language goals achieved their goals
- 4/5 families had multiple identified risk factors and did not have the capacity to attend therapy and complete homework, so this was undertaken by childcare staff
- Teachers reported feeling more confident with delivering therapy
- Flexible options for service delivery
- Regular contact with local Aboriginal services including bimonthly meetings
- Increased focus on early intervention
- Focus on teamwork when working with children
- Early relationship building with families whose children are at risk of communication delays.

As part of the new guidelines the Speech Pathologists provide regular staff education and engage in community activities to maintain and build relationships. The team continue to build upon relationships that were developed during the project.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priority – Excellence in models of care, health programs and health services

4. A workplace culture that drives safe and quality care

The staff of the Illawarra Shoalhaven Local Health District are our greatest asset

ISLHD is one of the region's largest employers with a workforce of more than 7,300 staff.

The staff of the Illawarra Shoalhaven Local Health District are our greatest asset, and we are proud of our performance in developing a workplace culture that is focussed on safety and quality.

The development of capable, agile, resilient and inspiring individuals is vital in ensuring that we have the leaders of tomorrow.

ISLHD Improvement Science Program

The ISLHD Improvement Science Program is a nine-month program with aims to provide participants with skills to undertake projects using a comprehensive practice improvement model. Participants in the program develop project management skills through training in a formal setting and experientially on the job, by leading and implementing a small to medium scale quality improvement project.

The model incorporates a step-by-step systematic improvement process using health care data to improve patient safety and service delivery. This interactive training model incorporates the use of the Plan Do Study Act (PDSA) cycle, the five phases of the improvement process including the use of Driver Diagrams.

The ISLHD Improvement Science Program is delivered by the Clinical Governance Unit (CGU) in partnership with the Hospital and Services Quality Managers/Advisors. Participants who complete the practical and theory components of the program are awarded a certificate of completion at the end of the training program.

The program is delivered in two components:

1. **Theory - Two Day Improvement Science Methodology Workshop** – Participants are required to attend a two-day workshop where they will learn the theoretical aspects of the improvement science methodology. Following the workshop, participants attend monthly group meetings to further enhance their skills in project management encompassing active learning sets and practical exercises.
2. **Practical – Conducting an Improvement Project in the Workplace** – This component is designed to assist participants to develop their leadership and project management skills through implementation of a quality improvement project. Learning is further enhanced through individual and group coaching and mentoring sessions with trained Improvement Science Advisors. Key milestones are presented on a poster presentation and PowerPoint presentation at the End Point Presentation Day.

2019 ISLHD Improvement Science Program End Point Presentation and Celebration Day

There were 12 teams (18 participants) who completed the Improvement Science Program in 2019, who presented their achievements at the End Point Presentation Day on the 13 November 2019.

The Best Project was awarded to Katie Clancy for her project titled Fight Frailty – Facilitate Function, which demonstrated a reduction or maintainence in the degree of frailty in 94% of patients aged 75 years and over who were identified as being at risk of frailty when admitted to Milton Ulladulla Hospital.

Pictured L-R: Back Row – Michelle Kerridge, Kirsten Immens, Jess Reid, Alison McCarthy, Ashley Zalunardo, Ashlie Taylor, Kate Mulligan, Emily Halse, Deb Cameron, Gaye Sykes, Michelle Hudoba, Front Row - Samantha Hunter, Donna Walker, Amy Purkiss, Chevonne Carswell, Cassie Halloway and Katie Clancy. Absent - Sarah-Anne Traeger, Jessica Tully and Lauren Wiedl.

L to R: Margaret Gill (CPI Advisor) and Katie Clancy (Winner of Best Project)

L to R: Kirsten Immens, Kylie Wright (Director of Clinical Governance) and Samantha Hunter (Winners of Best Poster)

Left to Right: Dr Mark Bassett and Ashlie Taylor – Receiving her CPI Advisor Trainee Certificate of Completion

The Best Poster was awarded to Kirsten Immens and Samantha Hunter for their project titled Sleep Like a Baby: Addressing infant sleeping issues at Primary Level Child and Family Health Centres. Their project saw a reduction of referrals to Family Care Centres by 32% overall.

Special Commendations

- Kate Mulligan, Alexis Gazzard and Anita Heirnrichson-Fitch for their project Cancer Services Smoking Cessation Project
- Jessica Tully and Laruen Wiedl for their project Preventing Frail Elderly Falling Through the Cracks
- Kathleen Hallaway for her project Beating the Sun Down – Reducing delays to discharge after 4pm.

2019 Improvement Science Advisor Trainee Program

The Improvement Science Advisor Trainee Program was developed by the Clinical Governance Unit in 2017. Trainees are required to complete the Improvement Science Program, followed by 9 months of additional training to successfully complete all the required components of the program. Ashlie Taylor, Quality Coordinator from Ambulatory and

Primary Healthcare completed the program in 2019. Ashlie is now an Improvement Science Advisor in the ELHP and Improvement Science Programs in 2020.

2020 ISLHD Improvement Science Program

The 2020 Improvement Science Program cohort commenced in March 2020 consisting of 10 teams (16 participants). This year's program has been redesigned and is being delivered by a variety of online and practical methods. The program has been extended to finish in May 2021 due to the COVID-19 restrictions, to allow teams to complete all components of the program.

Effective Leadership in Health Program

The Effective Leadership in Health Program (ELHP) is a locally run program in partnership with Illawarra Shoalhaven Local Health District (ISLHD), People, Safety and Culture (PSC), Clinical Governance Unit (CGU), the University of Wollongong (UOW), and the Clinical Excellence Commission (CEC).

The program benefits participants in assisting them to learn current leadership theories, reflect on work practices, increase self-awareness to identify strengths and opportunities for their personal growth. This knowledge in turn supports skill development to better support both consumers and staff members' experiences within the healthcare context.

Delivery of the program is in two components:

MODULE 1

This module involves participation in four interactive workshops that are delivered by The University of Wollongong. Participants are also required to complete three formal assignments.

MODULE 2

This module has a mixture of workshops and active learning through the implementation of a Clinical Practice Improvement (CPI) project.

Participants grow their leadership knowledge and skills and confidence in using CPI methodology and by participating in workshops. These workshops are aligned to ISLHD's purpose, values and context. Learning is further enhanced through coaching and mentoring sessions and 360 feedback. The key milestones of this module are leading a CPI project from March to November, and delivering a poster presentation at Celebration Day (graduation).

Participants who complete Module 1 and Module 2 gain 12 credit points towards the UOW's Graduate Certificate in Health Leadership and Management. ELHP 2109 was our largest group to date and required two cohorts to accommodate the number of participants. In total, 33 individuals completed ELHP in 2019. They graduated in a formal ceremony at The Sage Hotel in Wollongong on 11 December, 2019.

Achievements in improving workplace culture

OUR ATTITUDES MATTER ENHANCING ISLHD'S CULTURE OF SAFETY

There is a known relationship between poor safety cultures in health services, undesirable events and harm to patients. One person's attitude contributes to the overall safety culture. Therefore, measuring everyone's attitude to safety gives the Local Health District a snapshot in time of its safety culture. We aimed to measure the safety culture across the Illawarra Shoalhaven Local Health District in 2019. We also wanted to measure if providing the results to the wards/units and hospitals

and asking them to develop and own their action plans, would result positively on ISLHD's safety culture one year later.

We used a tool called the 'Safety Attitudes Questionnaire (SAQ)'. The SAQ asks questions about six areas known to be important aspects of safety culture. These areas are:

1. teamwork climate,
2. safety climate,
3. job satisfaction,
4. stress recognition,
5. perceptions of management, and
6. working conditions.

We invested a lot of time and effort in communicating the purpose of the survey to all our staff (those who provide care and those who supported care through their roles) so they understood the importance of the survey. We also told them they owned the data and any actions from results was their responsibility. The survey was done in both hospital and community settings.

When all the surveys were completed the team created a report for each ward/service and hospital. A traffic light system was used to present the results to the staff so they understood what to do with the results (red means it is a priority area for action, orange means they need to consider future actions for improvement, and green means they are doing well).

Each ward and hospital obtained different results but these results were owned by them. We also measured at the District level (all staff) and the District Nursing and Midwifery level.

In 2020, 79 reports were provided to wards/units across ISLHD. 21 executive reports were provided. This was an increase from 2019 showing greater engagement in the process.

Overall, the District results improved in 2020 across all areas but one (Stress Recognition which reduced slightly). Two areas (Working Conditions and Perceptions of hospital / senior management) increased from a 'priority area for action' (red) to 'consider future action' (orange).

In 2020, Working Conditions showed the greatest increase of all the domains (+7%), followed by Perceptions of hospital / senior management (+6%).

ISLHD Nursing and Midwifery teams followed a similar pattern. However Teamwork Climate and Job Satisfaction increased (green zone). Stress Recognition fell slightly.

Using the Safety Attitudes Questionnaire to collect staff feedback on the safety culture triggered meaningful discussions and improvement initiatives from the unit to the executive level. The data collection and feedback occurred across the Local Health District, showing a commitment by the organisation to enhancing safety culture for all staff, irrespective of their role. There were a number of factors that helped the project succeed. Staff could relate to the results and were enabled to own the action required to improve, and the way in which feedback of results was provided was kind and considerate.

ALIGNED TO ISLHD STRATEGIC PRIORITIES

- An engaged and high performing workforce for the future
- Innovation, agility and learning for continuous improvement

THE SEED PROGRAM

On 26 November 2019, the Currowan Fire was ignited by a dry lightning strike west of the Clyde River. It raged for 74 days until being completely extinguished by heavy rains on 8 February 2020. 499,621 hectares burnt, 312 homes were destroyed and sadly two souls were lost. An urgent need to address the psychological impact of the bushfires on affected communities and the staff that care for them was recognised. From this the SEED Program was born at Milton Ulladulla Hospital (MUH).

It was recognised that supporting the wellbeing of healthcare professionals is essential if they are to maintain their effectiveness in times when they are needed most. The SEED Program was developed on the grounds of strength-based training, peer support and mentoring. It was designed to promote

holistic wellness of the individual and the community and to provide a sense of belonging and connection.

SEED became an organic and evolutionary program developed in a space of trust, support and gently facilitated collaboration. 41 staff were consulted across 2 days, and 84 suggestions were then themed into 5 initiatives. This process was empowering for the staff as they were the voice of the program. It was created, shaped and then further defined by the participants' own understanding of what they needed for healing. It also gave the Leadership Team a clear understanding of what was required.

ALIGNED TO ISLHD STRATEGIC PRIORITIES

SP2.4 – Ensure timely and equitable access to appropriate care

SP3.6 – Share health information to enable connected care across the system

SP4.4 – Strengthen the culture within Health organisations to reflect our CORE values more consistently

SP4.6 – Improve health, safety and wellbeing at work

Quiet Room Reflection Tree, April 2020

The first initiative launched was the setting up of the 'Quiet Room', a safe and quiet space to take a moment out of each day for reflection. This room is located at the end of the ward, promoting easy accessibility for staff during their busy work schedules.

For the second initiative a partnership was formed with three local cafes. Staff members were buddied up and given the opportunity during work time to have a free weekly coffee whilst informally interacting and checking in on each other's wellbeing.

18 staff across different disciplines attended three days training focused on developing better self-awareness, emotional intelligence, communication skills and the Art of Companioning. The staff, then known as 'Wellness Warriors', used their training to stand beside their colleagues and provide the immediacy of peer support. 12 hours of mentoring training was also provided to improve their confidence and go deeper into strengths-based ways of working.

24/7 Wellness Sessions were next to be introduced. Two, one hour sessions were held each week based on the ISLHD Imagine Program and less structured sessions centred around staff suggestions on their favourite wellness topics. All staff were encouraged to attend and participation rates have consistently been high.

The outcomes of the SEED Program far surpassed any initial expectations. Staff reported increased compassion for others, strengthening of workplace relationships and promotion of positive culture change within the hospital. Staff felt empowered to manage their own wellbeing and through improved connection became more invested in the well-being of their colleagues. The Wellness Warriors, in particular, became more confident as leaders, actively role modelling positive mindsets and behaviours. Job performance was also enhanced by increasing skills in self-awareness, reflective practice, and improvement in wellness. Staff felt valued by their organisation and inspired by their leaders. The SEED Program aided recovery processes, built resilience and prepared staff to better cope with future challenges.

To support the sustainability of the SEED Program at MUH, several measures have been put in place. A Project Officer role has been created and Wellness Warriors have volunteered to assist in facilitation of Wellness Wednesday sessions and taken on new leadership roles. Additionally, the MUH Director of Nursing has embedded SEED by implementing Wellness Sessions within mandatory training. The SEED Program has demonstrated a non-hierarchical, highly participatory, and emotionally safe environment for staff to grow through their vulnerabilities.

The innovative concurrent use of both top-down and bottom-up approaches ensured the success of the program and embedded wellness into workplace culture.

Going forward, the SEED Program has recognised opportunities, not just challenges, for organisational growth and development. Following the success of SEED at MUH, further staff consultation across the Local Health District has taken place to identify areas of opportunity to improve the capacity for healthcare professionals to acknowledge their inner strengths and provide peer support. In honour of staff at MUH, the Program has kept the

title the "SEED Program" while acknowledging the individualised needs of each hospital:

- SEEDing Change in Bulli District Hospital (BDH),
- SEEDing Connection in David Berry Hospital (DBH),
- SEEDing Growth in Coledale District Hospital (CDH), and
- SEEDing Strength in The Wollongong Hospital (TWH).

The Wellness Warriors have supported staff at BDH during the decommissioning of the historical site and the transition to the new state of-the-art facility. SEED is promoting connections at DBH by building upon and sustaining existing strengths through collaboration with MUH as part of their social events calendar.

Further to this, the SEED program has enabled inter-disciplinary collaboration with Patient Reported Experience and Outcome Measures to address the shared fear of patient falls at CDH. Thus, this hospital has been identified as a pilot site for the implementation of the Iconographic – Falls Efficacy Scale.

The SEED program has expanded to the Orthopaedic Ward at TWH to promote individual and collective strengths through the implementation of 6 strength-based mentoring sessions.

Wellness Warrior Training, January 2020

It is hoped that the SEED program may provide healthcare organisations with a framework for supporting staff in times of crisis. The skills learnt will inform future disaster preparedness and improve the capacity of healthcare professionals to manage their own psychological health. The SEED Program has proven that hardships are a great leveller and wellness is a significant space, where we sit as equals. Together, a true person-centred workplace has been created.

Left to Right: Val Wilson, Denise Edgar, Vani David, Gaye Sykes, Kate Curtis, Tracey Couttie, Deb Cameron, Kate Ruperto

2020 EXCELLENCE IN NURSING AND MIDWIFERY AWARDS: FINALISTS

Shellharbour Hospital COVID-19 Assessment Clinic Team are finalists in the Team of the Year category.

Monica Dale from the ISLHD Emergency Management and Disaster Unit is a finalist in the Judith Meppem Leadership Award category.

2019 NSW PREMIER'S AWARDS

Our Local Health District was well represented at the 2019 NSW Premier's Awards with two out of the five finalists, chosen from across the state in the Providing world class customer service category, being from ISLHD.

Congratulations to Emergency Services Clinical Nurse Consultant Professor Kate Curtis, who received the Providing world class customer service – individual award at the 2019 NSW Premier's Awards. The NSW Premier's Awards celebrate excellence in the delivery of public services and it's an outstanding achievement to be named amongst the winners.

This Award is recognition of Kate's dedication and commitment to her role as CNC for Emergency Services, and her significant contribution to improved health care outcomes for patients. Kate uses her frontline clinical experience together with her academic roles to generate evidence for meaningful change in the way we deliver care, and to prevent injury in the first place. In addition to the NSW Premier's Award, Kate was recently awarded Best Academic Researcher Oral Presentation at the 23rd Annual Scientific Meeting of the Australasian Trauma Society and was also a finalist in the 2019 NSW Health Awards – Staff Member of the Year category. We are incredibly proud to have Kate as a member of our ISLHD.

Aged Care Division Clinical Nurse Consultant Vani David, was our other finalist. Vani is an outstanding role model for the nursing profession and is highly respected for her discipline, and has a strong sense of camaraderie and a collaborative leadership approach. Vani's enthusiasm to ensure the safety of at risk elderly patients in a hospital setting is demonstrated through her numerous research and quality improvement projects. In particular, her research regarding the utilisation of a reflective model for nurses and patients to prevent falls has demonstrated excellent outcomes.

Left to Right: Professor Kate Curtis, Vani David

5. Our Performance

2019-2020 Key Performance Indicators for Formal Results

Measurement systems support the organisation to monitor safety and quality outcomes.
Transparency of the results is provided through systematic measurement and reporting of the outcomes.

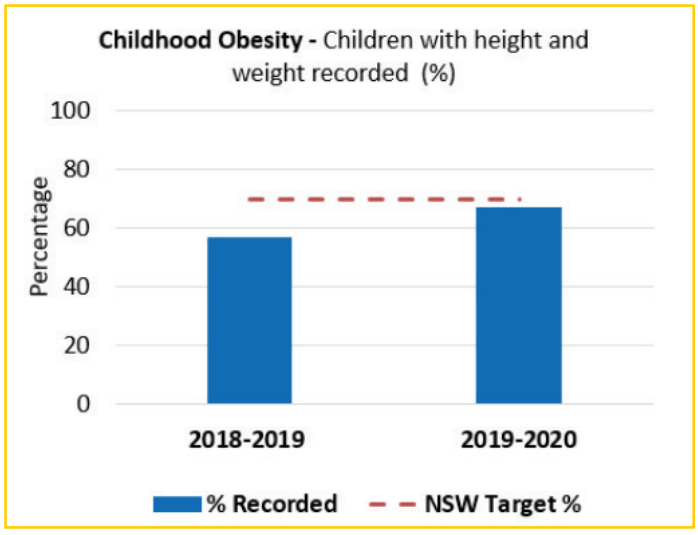
STRATEGY 1: KEEP PEOPLE HEALTHY

CHILDHOOD OBESITY

Children with height and weight recorded

Target 70%
2018-2019 Result = 57%
2019-2020 Result = 67%

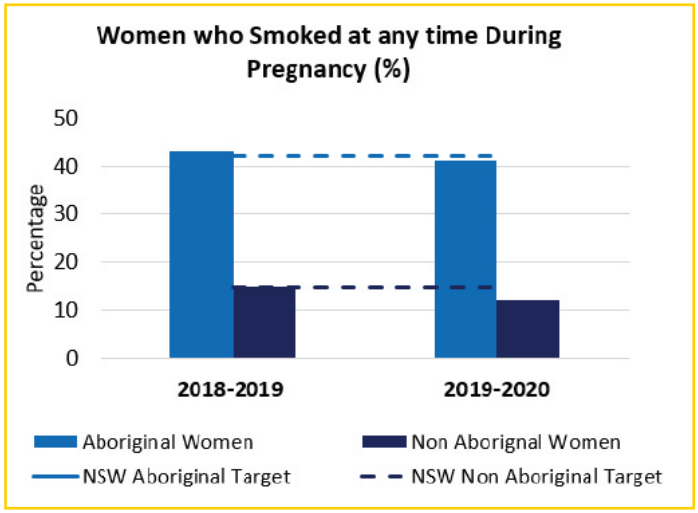
10% improvement with significant improvements seen in Paediatric wards in the last quarter.



SMOKING DURING PREGNANCY

Aboriginal Women
Target = 2% decrease on previous year
2018-2019 Result = 43%
2019-2020 Result = 41%

Non Aboriginal Women
Target = 0.5% decrease on previous year
2018-2019 Result = 15%
2019-2020 Result = 12%



PREGNANT WOMEN QUITTING SMOKING
By second half of pregnancy

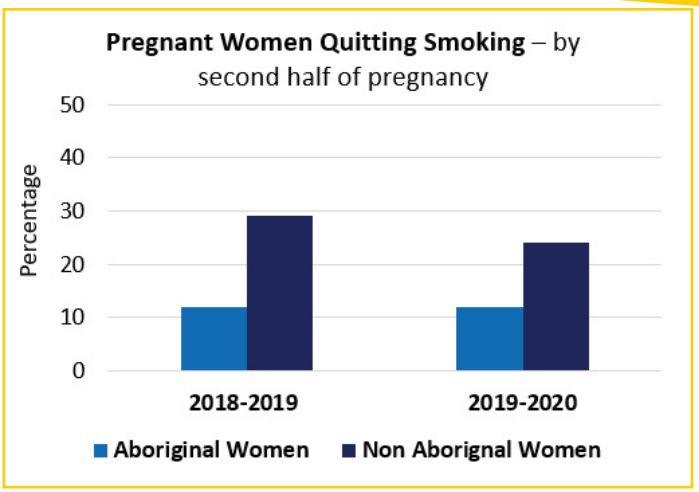
Target = decrease from previous year

Aboriginal Women
2018-2019 Result = 12%
2019-2020 Result = 12%

Non Aboriginal Women
2018-2019 Result = 29%
2019-2020 Result = 24%

Improvement Strategies include:

Text messaging support program specifically for pregnant women. Reviewing opportunities to increase engagement of women and routine referrals for support.



HOSPITAL DRUG AND ALCOHOL CONSULTATION LIAISON

Number of consultations- The Ministry of Health has set a baseline of 1300 for ISLHD. This is a new indicator for 2019-2020.

2019-2020 Results:
Quarter 1 – 443 – 36.3% Increase on baseline
Quarter 2 – 442 – 36% increase on baseline
Quarter 3 – 466 – 43% above baseline
Quarter 4 – 469 – 44% above baseline
Total number of consultations = 1820
29% over target

HEPATITIS C ANTIVIRAL (HCV) TREATMENT INITIATION

The ISLHD treatment initiation target for 2019-2020 is 400 per annum.

2018-2019 Result = ISLHD services initiated 91 residents on HCV treatment, equalling 22.75% of the annual treatment target.

2019-2020 Result = ISLHD services initiated 62 residents on treatment, equalling 15.5% of the annual treatment target.

Improvement Strategies include:

ETHOS ENGAGE Study – This research project is looking at how onsite Hepatitis C testing and liver fibrosis assessment improves care and treatment of Hepatitis C amongst people with a history of injecting drug use.

Tempo: This project is an in-depth look at how individual patients, providers and policy makers integrate point of care Hepatitis C testing, exploring attitudes, barriers and support at needle syringe programs.

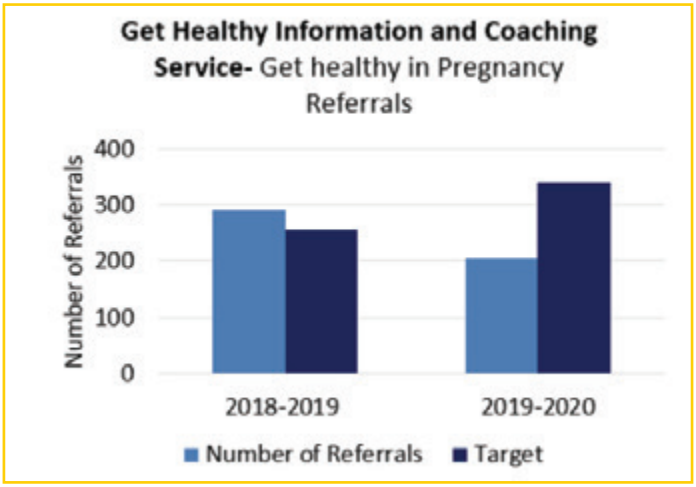
GET HEALTHY INFORMATION AND COACHING SERVICE - GET HEALTHY IN PREGNANCY REFERRALS

2018-2019 Target = 256
2018-2019 Result = 292
2019-2020 Target = 342
2019-2020 Result = 206

Improvement Strategies include:

Investing in more education and meetings with midwives and other related groups.

Reminder notifications to be increased.



STRATEGY 2: PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST

PRESSURE INJURIES

Hospital-acquired pressure injuries (HAPI) are areas of damage to the skin and underlying tissue. This is caused by constant pressure or pressure in combination with shear[1]. Pressure injuries are sometimes referred to as bed sores, pressure ulcers or decubitus ulcers. The most serious pressure injuries (stage 3, 4 and unspecified) that developed after admission to hospital are included as hospital acquired complications.

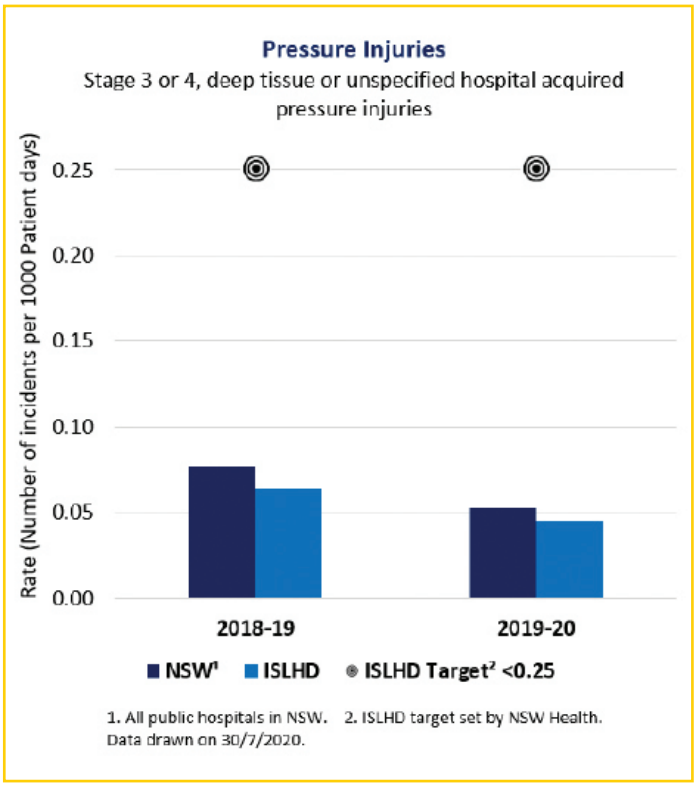
ISLHD achieved an excellent result for 2019-2020 with 0.045 incidents per 1000 patient days, equating to 16 patients. Our target was to remain below the NSW average rate of 0.053. The target set for us by NSW Health in 2018-2019 was <0.25.

Pressure injuries can be difficult to treat and take a long time to heal. This can lead to serious complications, such as infections. They can cause severe pain, sleep and mood disturbance. They adversely affect rehabilitation and mobility.

Continual Improvement

Our strategies for preventing pressure injuries include:

- Pressure injury risk assessments when a patient is admitted to hospital
- Monthly monitoring and reporting of pressure injury hospital acquired complications
- Regular reviews of our documentation and regular reviews of coding
- Regular reviews of the staging of pressure injuries
- Implementing action plans following our annual pressure injury audits
- Pressure injury evaluation project is in progress. The HAPI Collaborative is a collaboration between ISLHD and Southern Cross University, NSW. The project aim is to identify areas for improvement to reduce pressure injuries
- Static mattresses introduced across District to improve pressure injury prevention and management.



1 *European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA; 2019.*

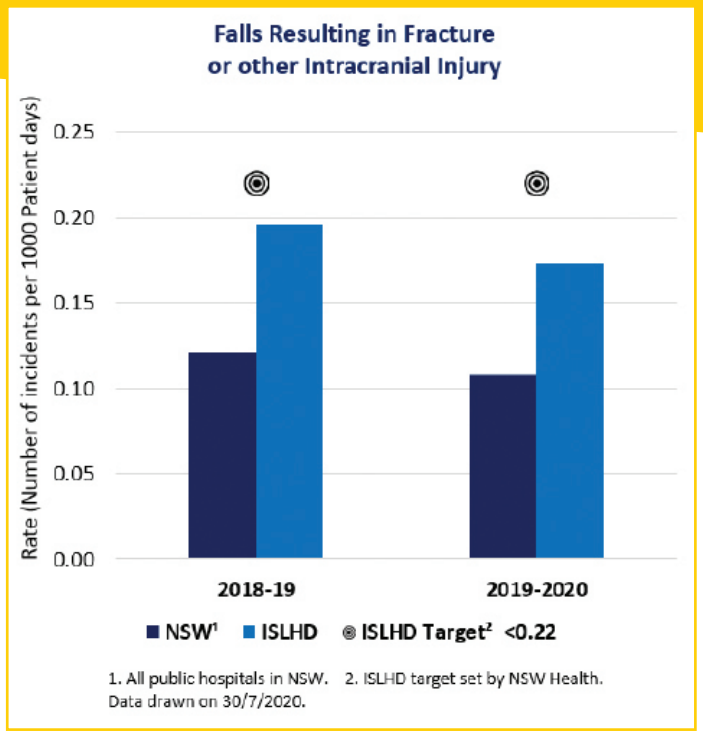
Note: HAC Data for all HACs except 3rd and 4th degree perineal lacerations and neonatal birth trauma HACs is from QIDS using the Service Agreement Indicator definitions and 2018-19 targets. The Service Agreement Version 2018-19 with the 18-19 targets was only available for: pressure injuries, falls, hospital-acquired infections, VTE and medication complications HACs.

FALLS

This complication includes falls occurring in hospital which result in a fracture or head injury. Falls are one of the most frequently reported clinical incidents in hospitals around the world. Falls result in a longer length of stay, increased use of resources and rates of discharge to a nursing home.

62 ISLHD patients fell and suffered a serious injury in 2019-2020 with 0.173 incidents per 1000 patient days. Our target was to remain below the NSW average rate of 0.108. The target set for us by NSW Health in 2018-2019 was <0.22.

While our rate of falls with serious injury is below our target, it is above the NSW average rate. We are continually working to improve our care. The implementation of the Falls Collaborative Bundle is a back to basics approach. This includes falls screening, assessment, prevention, care and management.



Continual Improvement

Our ongoing falls prevention strategies include:

- Individual patient risk assessment
- Monthly monitoring and reporting of falls resulting in injury hospital acquired complications
- Implementation of ISLHD Falls Collaborative Care Bundle and evaluation in progress

  There are 20 mandatory components that include:
  - Screening and assessment
  - Collaborative care
  - Addressing all patient needs
  - Falls incident management
- A Falls Management Plan evaluation was completed. We are implementing a standardised management plan across the District
- Patient care boards have been implemented which include mobility status and risks
- All members of patient care teams attend reviews and safety huddles. They review incidents and address falls strategies.

HOSPITAL ACQUIRED INFECTIONS

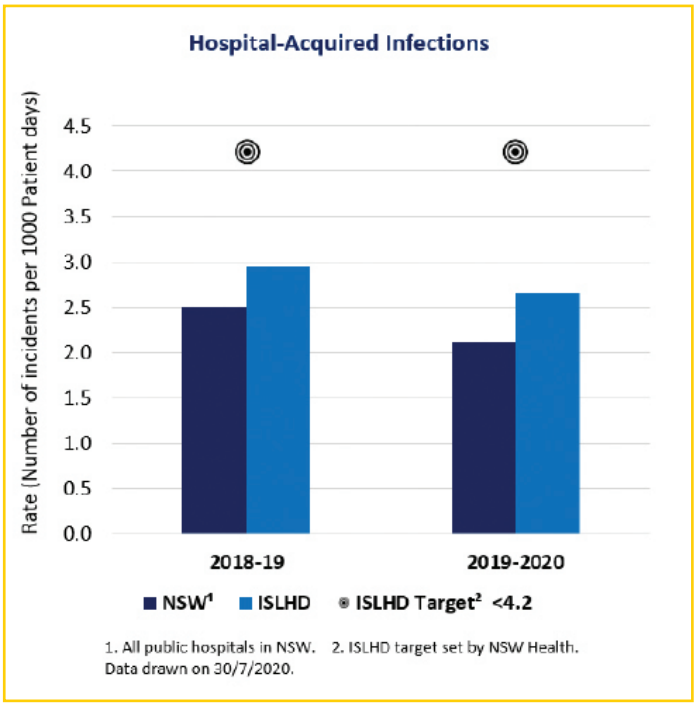
Hospital-acquired infections (HAI) are one of the most common complications affecting hospital patients. Infections increase the rate of ill health, the risk of readmission within 12 months and death.

Hospital-acquired infections include pneumonia; urine infections, wound infections after surgery, bloodstream and gastrointestinal infections.

Infections are more likely if a person has a cannula (drip) or other medical device inserted into a blood vessel or in their body (e.g. hip or knee replacement).

Patients in hospital, or those who have had antibiotics are more likely to carry antibiotic resistant bacteria. If an infection develops, it can be harder to treat. People with chronic health conditions, such as diabetes or cancer, are more prone to developing infections. A patient with an infection is likely to have to stay in hospital for longer than was planned. More complicated and expensive treatments might be needed. This can be very difficult for patients and their families.

Our rate was 2.665 incidents per 1000 bed days for 2019-2020. This is better than the target set for us by NSW Health in 2018-2019 of less than 4.2 per 1000 patient days. It is still above the NSW average rate of 2.118 per 1000 patient days for 2019-2020.



Continual Improvement

The mission of the ISLHD Infection Management and Control Service (IMACS) is that HAI must not be considered a normal part of healthcare. We monitor the rates of HAI and investigate the causes where possible, so that improvements can be made. Our ongoing prevention strategies include:

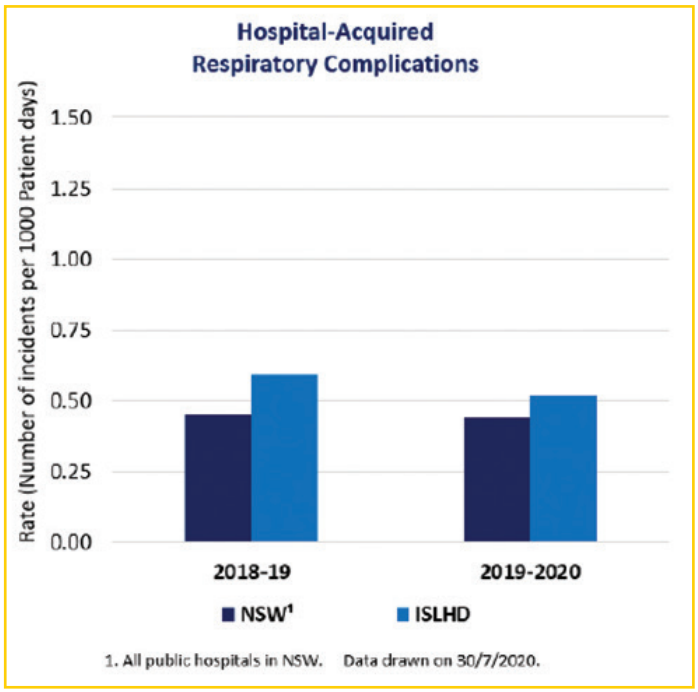
- Ongoing passive surveillance of specified pathogens through timely laboratory notifications to the IMACS team. Prompt identification of infection risks, and timely response to contain and mitigate the risk, with response evaluation and summary reports to ISLHD governance structure as necessary.
- Audits conducted regularly across the District to track compliance to policy. These include:
  - Hand hygiene using observational audit techniques and consumer feedback surveys
  - Central and peripheral line management
  - Environmental Cleaning
  - Sterilisation of reusable medical equipment
  - Linen Management.
- Results of audits and case reviews are used to identify education and other practice improvements with relevant groups of staff.
- Detailed review and reporting of specified HAI to NSW Health and the Australian Council for Healthcare Standards.
- Sepsis committee are monitoring that we recognise, escalate and treat patients with sepsis. The ISLHD sepsis treatment guidelines are specific to our community. They are used along with the NSW Sepsis Pathway.

RESPIRATORY COMPLICATIONS

Patients with respiratory failure and acute respiratory distress syndromes experience distressing symptoms. They have shortness of breath to the point of air hunger and overwhelming anxiety. Patients with aspiration pneumonia also have shortness of breath, cough and phlegm. They also experience fevers, sweats, fatigue and drowsiness.

Hospital-acquired respiratory complications increase patients' length of stay and the cost of admission. Patients will also have more complex care requirements, pain and discomfort.

Our rate was 0.52 incidents per 1000 bed days for 2109-2020. This equates to 186 patients with respiratory complications. This is higher than the NSW average rate of 0.438 per 1000 patient days for 2019-2020. No target was set by NSW Health in 2018-2019.



Continual Improvement

Our ongoing prevention strategies include:

- Monthly monitoring and reporting of respiratory complications in hospital. Our most common type of respiratory complication is respiratory failure and aspiration pneumonia.
- A multidisciplinary review identified areas for improvement in prevention and management. Recommendations include:
  - Patients at risk that are not under the care of a respiratory specialists have a consult escalated.
  - Patients with a swallow and/or cough reflex that are not working are identified as at risk of aspiration pneumonia.
  - All patients with difficulty swallowing see a speech pathologist.
  - Patients have comprehensive, personalised care plans implemented. These include prevention strategies for respiratory complications as appropriate for the patient.

"Each year, patients in Australia experience more than 10,600 respiratory complications while in hospital."

Quote: Independent Hospital Pricing Authority (AU). Activity Based Funding Admitted Patient Care 2015–16, acute admitted episodes, excluding same day.

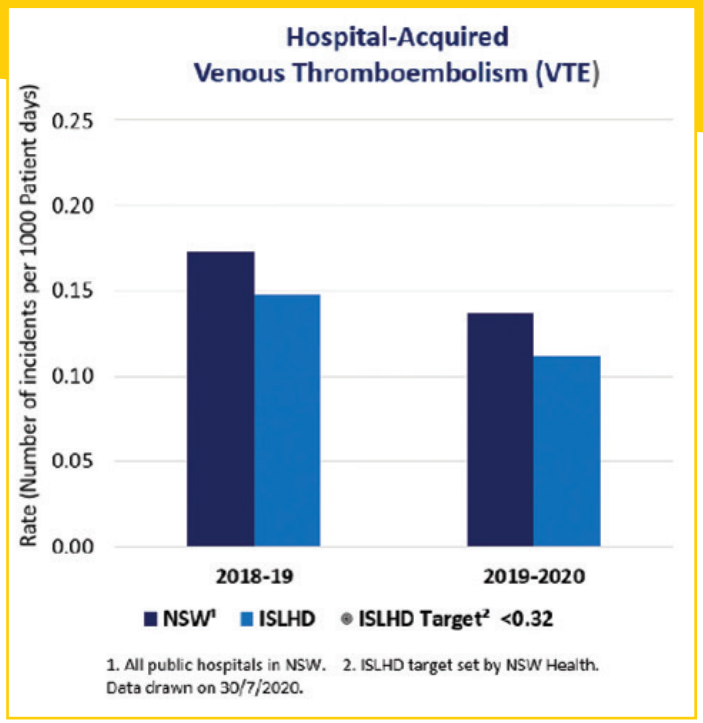
BLOOD CLOTS

Hospital-acquired venous thromboembolisms (VTEs) are blood clots that form in the deep veins.

Hospital-acquired VTE can increase patients' length of stay and the cost of admission. Patients will also have more complex care requirements, pain and distressing symptoms. These include swelling, tenderness, limited mobility, respiratory distress, a rapid heart rate and coughing up blood.

Appropriate intervention can reduce VTE by 70% for both medical and surgical patients. Interventions include blood-thinning medication (anticoagulants) and noninvasive medical devices such as compression stockings.

40 patients suffered a VTE in 2109-2020. Our rate is 0.112 incidents per 1000 bed days. This is below the target set for us by NSW Health of less than 0.32 per 1000 patient days. It is also below the NSW average rate of 0.137 per 1000 patient days for 2019-2020.



Quote: Access Economics (AU). The burden of venous thromboembolism in Australia: Report by Access Economics Pty Ltd for the Australia and New Zealand Working Party on the Management and Prevention of Venous Thromboembolism 2008.

Continual Improvement

Our strategies for preventing VTE include:

- Monthly monitoring and reporting of hospital-acquired VTE
- Annual auditing of VTE to monitor compliance to policy
- Ensuring patients at risk of VTE are identified and a prevention plan is developed and implemented
- All incidents reported, reviewed and recommendations implemented.

RENAL FAILURE

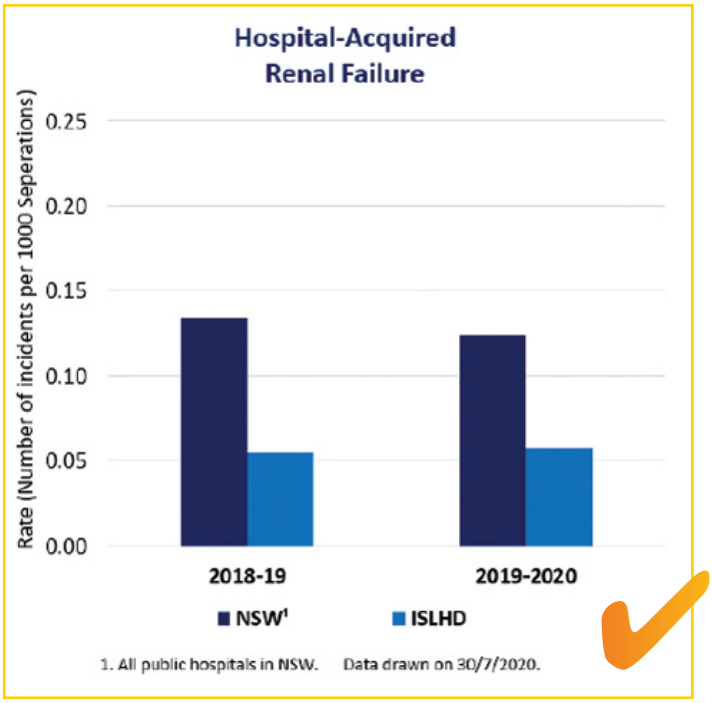
Hospital-acquired renal failure (or kidney injury) is acute and requires dialysis (treatment to filter the blood).

Hospital-acquired renal failure can increase patients' length of stay and the cost of admission. Patients will also have more complex care requirements.

The condition also has an extremely high mortality rate of 50%.

Hospital-associated acute kidney injury (also known as acute renal failure) is common. It may be caused by decreased blood flow in the kidneys due to low blood pressure or dehydration. It may also be caused by medications, recent surgery, radiographic contrast media, or sepsis. Sepsis is a severe medical condition caused by bacterial infection. Renal failure can cause distressing symptoms. These include fluid retention and swelling, difficulty breathing, drowsiness, fatigue, confusion, persistent nausea, and seizures.

ISLHD achieved an excellent result for 2019-2020 with 0.058 incidents per 1000 separations. This equates to only four patients. Our target was to remain below the NSW average rate of 0.124. No target was set by NSW Health in 2018-2019.



Continual Improvement

- Monthly monitoring and reporting of hospital-acquired renal failure.
- Renal failure that occurs in hospital is being accurately identified and reported. All 81 patients across ISLHD in 2018-2019 with a diagnosis of kidney failure were reviewed by the clinical coding team. Only 1 patient was found that had not been identified as a renal failure case and was recoded.

GASTROINTESTINAL BLEEDING

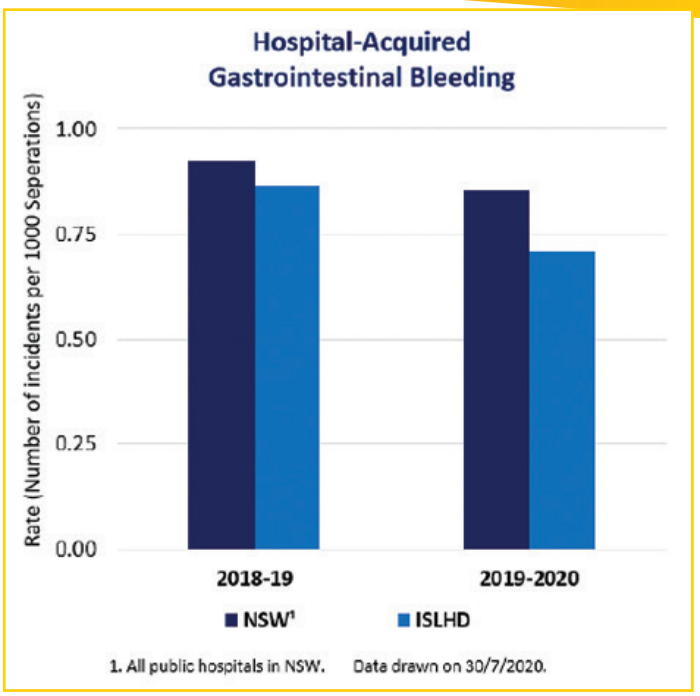
Patients with gastrointestinal bleeds experience distressing symptoms. These include vomiting or diarrhoea, vomiting of blood and blood in their stool. Symptoms also include tiredness, shortness of breath, faintness, dizziness and collapse.

Gastrointestinal bleeds extend hospital stays, as patients need more complex care. This increases the cost of admission. The majority of hospital acquired gastrointestinal bleeding is preventable.

ISLHD achieved an excellent result for 2019-2020 with 0.709 incidents per 1000 separations. This equates to 49 patients. Our target was to remain below the NSW average rate of 0.855. No target was set by NSW Health in 2018-2019.

Continual Improvement

- Monthly monitoring and reporting of hospital-acquired gastrointestinal bleeding
- A sample of 86 patients with a diagnosis of gastrointestinal bleeding were reviewed. This sample was 10% of the total patients for 2018-2019. Six additional cases were identified and recoded. Education was provided on the coding issues identified
- Auditing of routine clinical observations and vital signs.



Each year, patients in Australia experience more than 6,185 gastrointestinal bleeds while in hospital".

Quote: Independent Hospital Pricing Authority (AU). Activity Based Funding Admitted Patient Care 2015–16, acute admitted episodes, excluding same day.

MEDICATION COMPLICATIONS

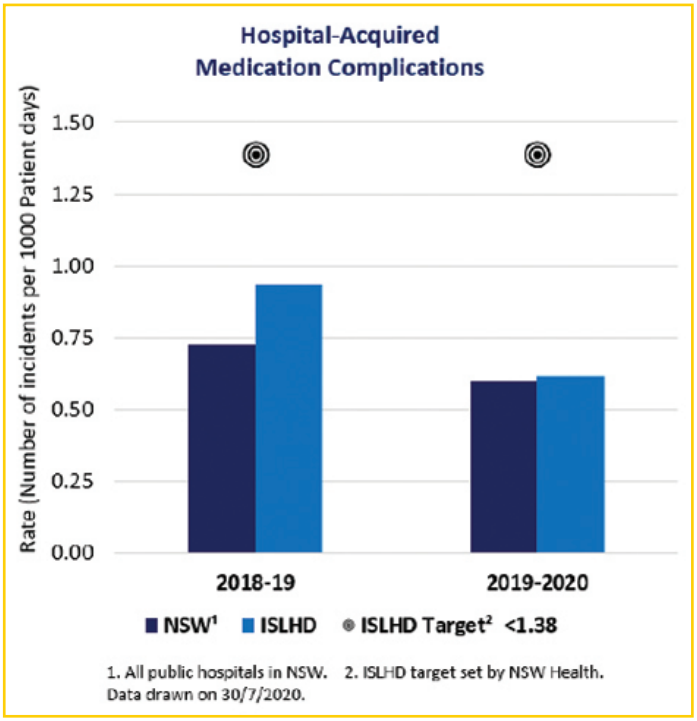
The three main medication complications that occur in hospital include:

- Respiratory complications or difficulty breathing due to medication
- Bleeding due to an anticoagulant (a medication to prevent and treat blood clots)
- Hypoglycaemia, or low blood glucose, caused by insulin. Insulin is a treatment for people with type 2 diabetes.

Medication complications in hospital cause pain and discomfort for patients. They also increase the length of hospital stay and the cost of admission.

Hypoglycaemia is the most common type of medication complication in hospitals in our District. Hypoglycaemia puts patients at risk of increased mortality, falls, length of stay and readmission to hospital.

Our rate was 0.615 incidents per 1000 bed days for 2109-2020. This equates to 220 patients with medication complications. This was better than the target set for us by NSW Health of less than 1.38 per 1000 patient days. While this is an improvement from 2018-2019, our rate is still above the NSW average rate of 0.598 per 1000 patient days for 2019-2020.



Continual Improvement

There is monthly monitoring and reporting of medication complications in hospital.

A multidisciplinary review of patients with hypoglycaemia identified areas of improvement in the management of patients with diabetes. The recommendations include:

- Consumer education on hypoglycaemia warning signs and management
- Standardisation of hypoglycaemia kits across the District
- Staff training in hypoglycaemia prevention and diabetes management
- Regular monitoring and evaluation of patients' blood glucose levels
- Individualised patient prevention and care plans.

> "There was a medication which was meant to be stopped but information was missed by the nurse who went through his discharge medications so my father continued taking a medication which he should have stopped."

Quote from a patient story.

Regular clinical auditing to ensure medication safety, including:

- High risk medications
- Labelling of injectable medicines
- Medication and vaccination storage
- Medication management.

DELIRIUM

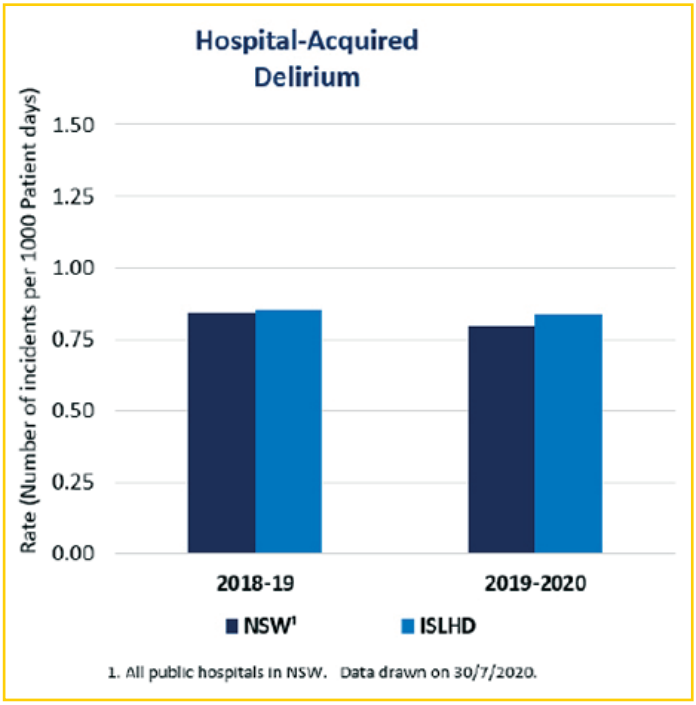
Delirium is a serious medical condition and appears as a sudden change in mental function.
Symptoms occur abruptly over hours or days.
Delirium may cause the person to:

- Act differently than usual, emotions and behaviours can change as the person may feel frightened due to delirium.
- Seem confused and forgetful, be unsure of the time of day and where they are.
- Be very restless, or sleepy and withdrawn, or they may swing between the two.
- Change their sleep habits. They may be wakeful at night and sleepy in the day.
- See or hear things not clear to others, but very real to them.

Delirium can occur to anyone. It is most common in older people who are in hospital, especially people with dementia. Delirium leads to longer hospital stays, increasing the risk for other complications.

Delirium can lead to dementia or the worsening of existing dementia. Delirium increases the risk of relocation to supported care from hospital, rather than independent living at home. There can be long term impacts on everyday function and death.

Our rate is 0.833 incidents per 1000 bed days for 2109-2020. This is still slightly above the NSW average rate of 0.796 per 1000 patient days for 2019-2020. An increase in rates of delirium screening can lead to an increase in the number of cases identified. No target was set by NSW Health in 2018-2019.



Continual Improvement

Lowering the rate of delirium is a high priority for ISLHD in the coming year. There is monthly monitoring and reporting of hospital-acquired delirium. Activities at ISLHD include:

- Risk assessment and screening for delirium as part of our assessment process.
- Promoting care partnerships with the person and their family and carer and person-centred care.
- Multi-disciplinary care planning with attention to treating underlying medical causes. Encouraging safe mobility, eating and drinking, toileting, sleep and pain management.
- Regular monitoring for changes in behaviour, cognition and function. Regular reorientation and reassurance.
- Review of medications and prioritising non-pharmacological approaches to care.
- Staff education, training and consultation in delirium prevention, recognition and management.
- A multi-site study on post-operative delirium in collaboration with the University of Wollongong (UOW).
- A quality improvement project at Shoalhaven Hospital focussed on the prevention and management of hospital-acquired delirium.

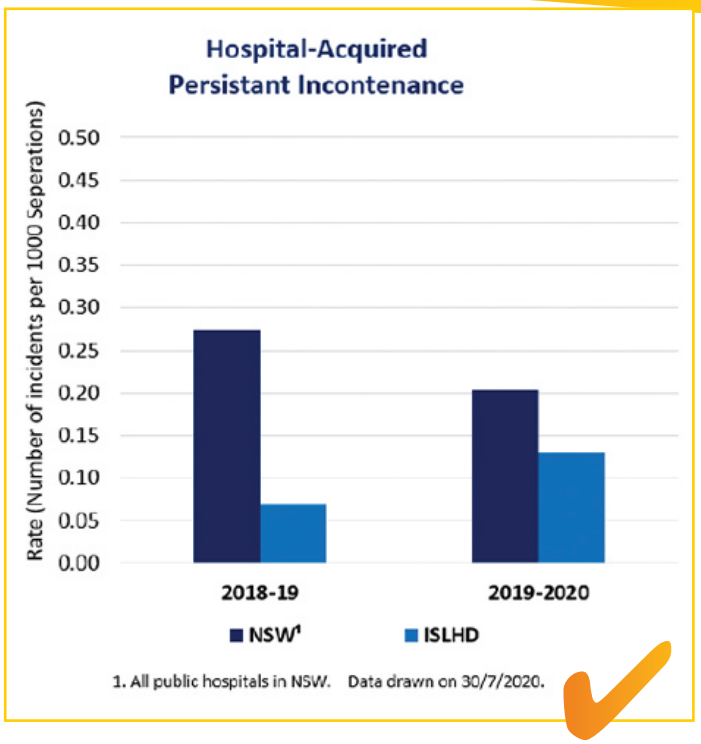
PERSISTENT INCONTINENCE

Hospital-acquired persistent incontinence starts during a hospital admission. It is present on discharge or lasts for seven days or more.

Urinary incontinence is when you can not control your bladder. Persistent urinary incontinence greatly impacts those who suffer from it and their carers. Factors related to hospital care can cause or worsen incontinence. These include postoperative complications, constipation, medications, infections and poor mobility.

Hospital-acquired persistent incontinence increases the length of stay in hospital and the cost of admission. The patient may also need more complex care.

ISLHD achieved an excellent result for 2019-2020 with 0.13 incidents per 1000 separations. This equates to only 9 patients. Our target was to remain below the NSW average rate of 0.279. No target was set by NSW Health in 2018-2019.



Continual Improvement

Persistent incontinence that occurs in hospital is being accurately identified and reported. The clinical coding team reviewed 30 patients with urinary incontinence. No new cases were identified.

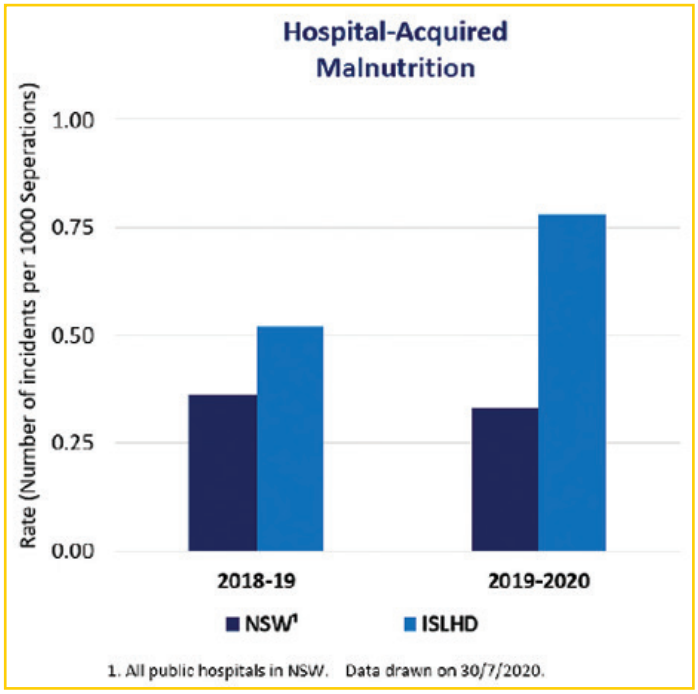
MALNUTRITION

Malnutrition is a deficiency of nutrients such as energy, protein, vitamins and minerals. It has negative effects on the body (reduced muscle and tissue), its function and on clinical outcome.

Malnutrition can be both a cause and an effect of ill health. It can develop from illnesses that cause poor absorption of nutrients or nutrient loss or from diseases that cause increased nutritional requirements.

Risk of malnutrition increases with age. It increases the length of stay in hospital and the cost of admission. It can lead to poor wound healing, impaired mobility and breathing difficulties. Malnutrition leads to an increased risk of infection, falls, pressure injuries, and respiratory failure.

The ISLHD rate was 0.782 incidents per 1000 separations in 2019-2020. Our target was to be below the NSW average rate of 0.331. 54 patients developed malnutrition in hospital. No target was set by NSW Health in 2018-2019.



Continual Improvement

Malnutrition is on the District clinical risk register. Lowering the rate of hospital-acquired malnutrition is a high priority for ISLHD in the coming year. An internal audit on ISLHD's compliance with the Nutrition Care Policy was conducted in 2019. Recommendations are currently being implemented. A multidisciplinary review will identify areas for improvement in prevention and management. Monthly monitoring and reporting of hospital-acquired malnutrition rates continues.

Strategies for the prevention and management of malnutrition include:

- Nursing staff conduct risk assessment and nutritional screening on all patients on admission.
- Nutrition support is commenced as early as possible for patients at risk of becoming malnourished.
- Dietitian assesses patients at risk and develops a preventative management plan. The plan is implemented by the treating team.
- The department of Nutrition and Dietetics has changed how malnutrition that develops in hospital is documented. This has made coding of malnutrition cases more accurate.

CARDIAC COMPLICATIONS

Cardiac complications in hospital are problems with your heart. Cardiac complications include:

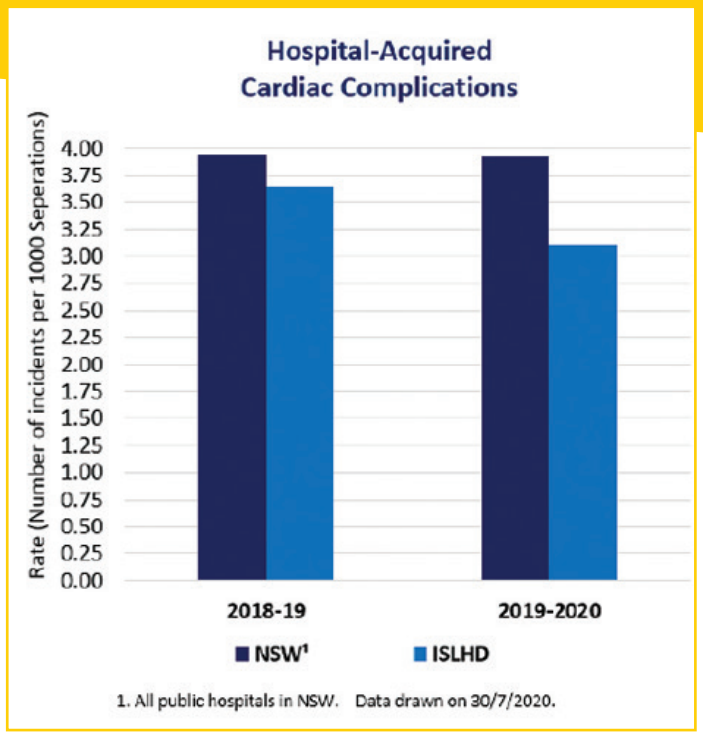
- Heart failure (inability of the heart to pump effectively)
- Arrhythmias (abnormal heart beat)
- Cardiac arrest
- Acute coronary syndrome (a decrease blood flow to the heart). In some cases, this leads to myocardial infarction, otherwise known as heart attack.

If experiencing cardiac complications, patients may have the following symptoms:

- Shortness of breath
- Chest pain
- Swelling
- Irregular heartbeat or palpitations
- Dizziness
- Collapse or sudden death.

Cardiac complications in hospital may be caused by too much intravenous fluid, medicines not charted or the onset of another cardiac event.

ISLHD achieved a good result for 2019-2020 with 3.113 incidents per 1000 separations. This equates to 215 patients. Our target was to remain below the NSW average rate of 3.933. No target was set by NSW Health in 2018-2019.



Continual Improvement

Strategies for the prevention and management of cardiac complications include:

- Emergency response protocol in place for cardiac events in hospital. This is monitored and reported monthly.
- Auditing of standard clinical observations. This includes variations to recommended frequency of observations for deteriorating patients.
- Clinical pathways are in place for cardiac complications. This includes acute coronary syndrome, heart failure, atrial fibrillation and more.
- Clinical review of arrhythmias to identify areas for improvement in prevention and management.
- Monthly monitoring and reporting of hospital acquired cardiac complication rates continues.
- Wollongong Hospital is entering all Percutaneous Cardiac Interventions (a procedure used for heart attacks) on the NSW Cardiac Registry. The registry allows us to check the quality, appropriateness and effectiveness of cardiac care. The data will allow us to better understand and analyse local care delivery. Data is also aggregated into the National Cardiac Registry.

VAGINAL TEARS IN CHILDBIRTH

The most serious vaginal tears in childbirth are third and fourth degree tears, or lacerations.

Third and fourth degree perineal lacerations cause persistent and distressing physical and psychological symptoms, including pain, sexual and urinary problems.

If these injuries are not identified and repaired promptly, they can have serious long-term consequences for women's lives.

Tears are preventable, and reducing the number of tears also reduces women's length of stay in hospital after giving birth.

The ISLHD result for 2019-2020 is 15.088 incidents per 1000 patient days. Our target was to remain below the NSW average rate of 14.275.

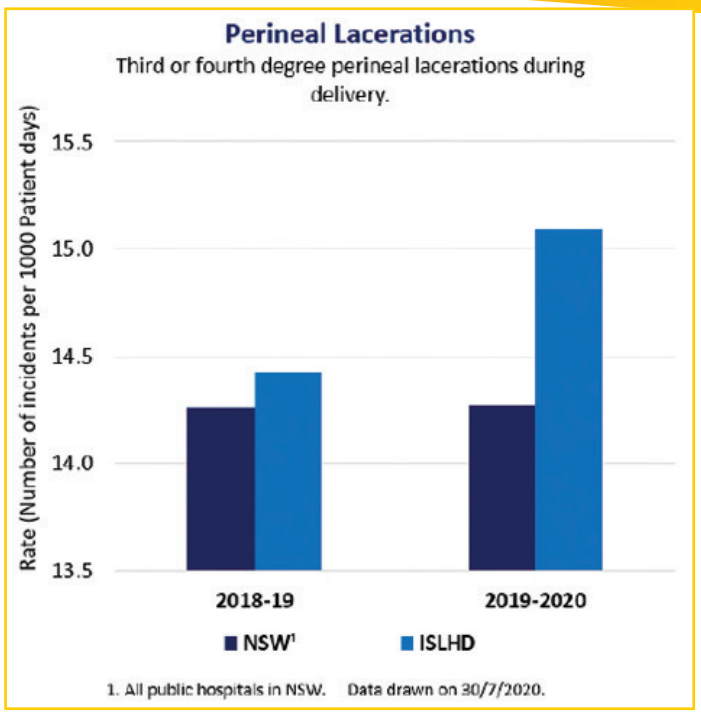
Continual Improvement

Our ongoing prevention strategies include:

- Monthly monitoring and reporting of 3rd and 4th degree vaginal tears in childbirth.
- A multidisciplinary review of perineal tear cases has identified key areas for improvement.
- In 2019, a continuous practice improvement project at Wollongong Hospital included:
  - Education for midwives
  - Implementation of the Perineal Protection Bundle, best practice guidelines

- Development of consumer information in collaboration with women
- Improvement in the reporting and review of incidents
- Improvement in physiotherapy and gynaecology clinic follow up.

- Results included a 17% reduction in cases of perineal tears from March 2019 to end of April 2020. A woman with a severe tear has on average a seven day longer length of stay. There was a decrease of 12 cases in the most recent six months of the project. This equated to a total cost savings of $123,848 for an average total reduction in length of stay of 84 days
- This initiative is being rolled out across the district.



NEONATAL BIRTH TRAUMA

Neonatal birth trauma includes bleeding in the brain, injuries to the spine and/or skeleton, nerve injury and other specified birth trauma.

Neonatal birth trauma can result from complications during labour or delivery.

The consequences of neonatal birth trauma may be significant and have a life-long impact.

ISLHD achieved a good result for 2019-2020 with 1.736 incidents per 1000 patient days, equating to 14 babies. Our target was to remain below the NSW average rate of 2.034.

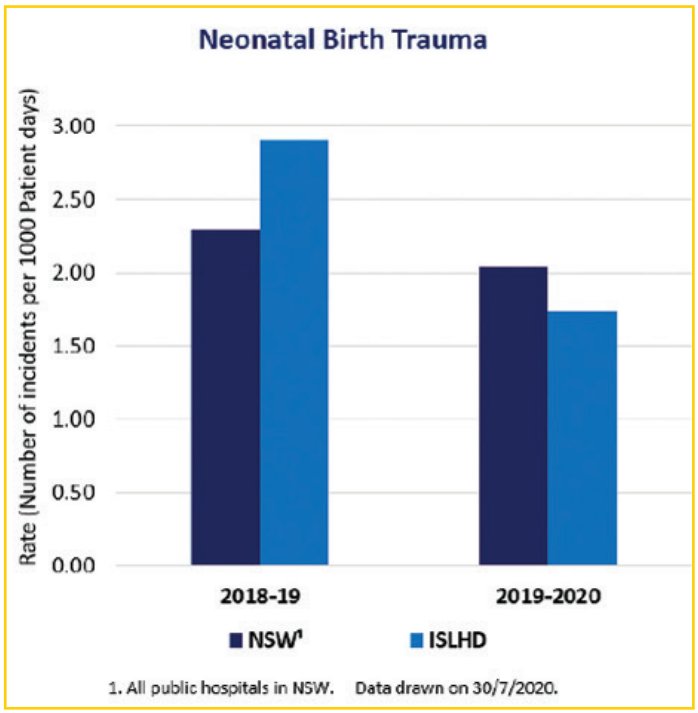
Continual Improvement

Our prevention strategies include:

- Monthly monitoring and reporting of neonatal birth trauma
- A multidisciplinary review of neonatal birth trauma cases identified areas for improvement

Recommendations are currently being implemented, which include:

- When a neonatal birth trauma is suspected, treated but later ruled out, this is documented clearly in the clinical notes. The clinical team reviews Neonatal Birth Trauma cases in consultation with the coding team as required.
- Any antenatal or intrapartum risk factors for neonatal birth trauma identified are discussed with the treating team. This is documented in a management plan that is updated as needed.
- Where intrapartum risks for neonatal birth trauma are identified, assisted delivery should occur in the operating theatre, as per current ISLHD policy.
- A paediatrician is present at all births where there is birth trauma or risks identified, as per current ISLHD policy.

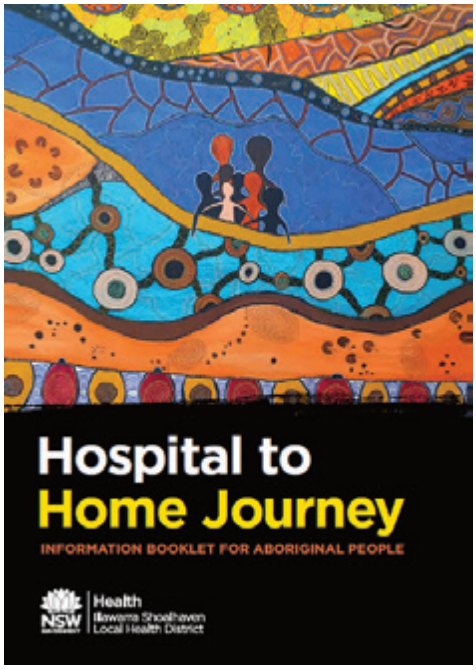


DISCHARGED AGAINST MEDICAL ADVICE FOR ABORIGINAL INPATIENTS

Target= >1% decrease on previous year

2018-2019 Result = 2.5%
2019-2020 Result = 3.2%

An Information Booklet for Aboriginal patients has been co-designed with Aboriginal communities. The purpose of the Booklet is to provide culturally appropriate and holistic information to assist in reducing rates of Discharge Against Medical Advice, and re-presentations to hospital.

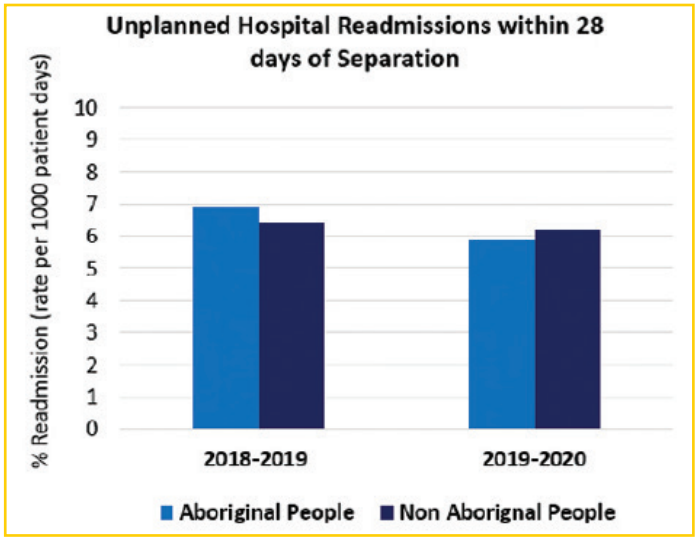


UNPLANNED HOSPITAL READMISSIONS within 28 days of separation

Target= decrease from previous year

Aboriginal persons
2018-2019 Result =6.9%
2019-2020 Result = 5.9%

Non-Aboriginal person
2018-2019 Result = 6.4 %
2019-2020 Result = 6.2 %



OVERALL PATIENT EXPERIENCE INDEX

This is the weighted average patient response on the following 4 questions (higher= better patient experience).

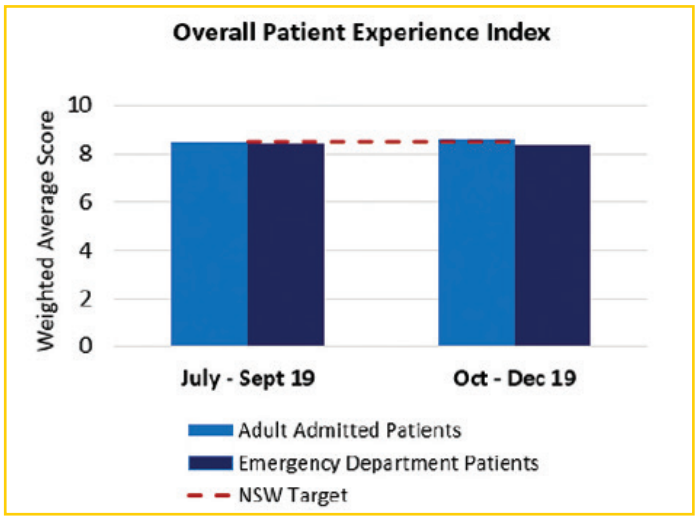
How would you rate how well the health professionals worked together?

How well organised was the care you received in hospital?

Overall rating of care received

If asked by your family and friends, would you speak highly of your experience?

This data is from the Bureau of Health Information (BHI) Patient Experience Surveys.



PATIENT ENGAGEMENT INDEX

This is the weighted average patient response on the following 6 questions (higher= better patient engagement).

During your stay in hospital, how much information about your condition was given to you?

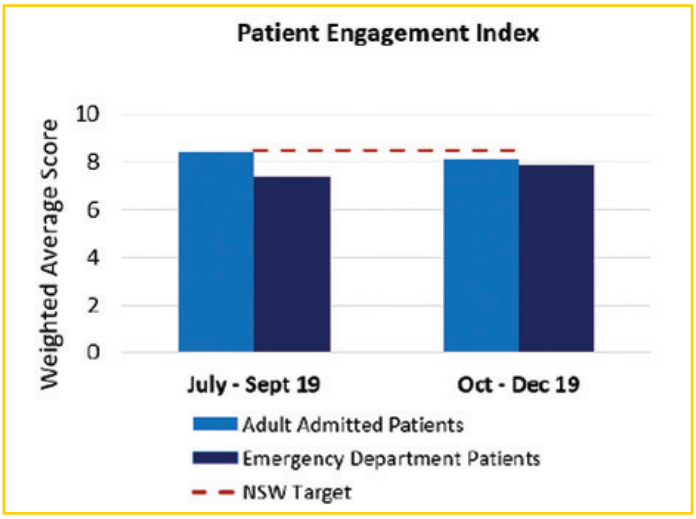
Were you involved, as much as you wanted to be, in decisions about your care?

Did you feel involved in decisions about your discharge from hospital?

At the time you were discharged, did you feel that you were well enough to leave hospital?

Were you given enough information about how to manage your care at home?

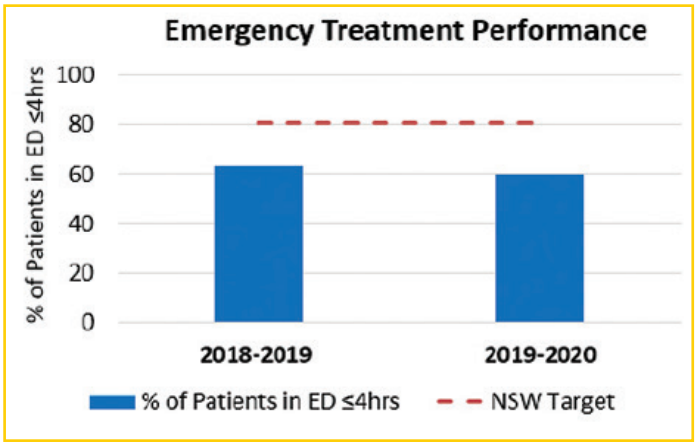
Did staff tell you who to contact if you were worried about your condition after you left?



EMERGENCY TREATMENT PERFORMANCE

Patients with total time in the Emergency Department ⩽ 4 hours

Target = > 81%
2018-2019 Result = 63.4 %
2019-2020 Result = 60.2 %



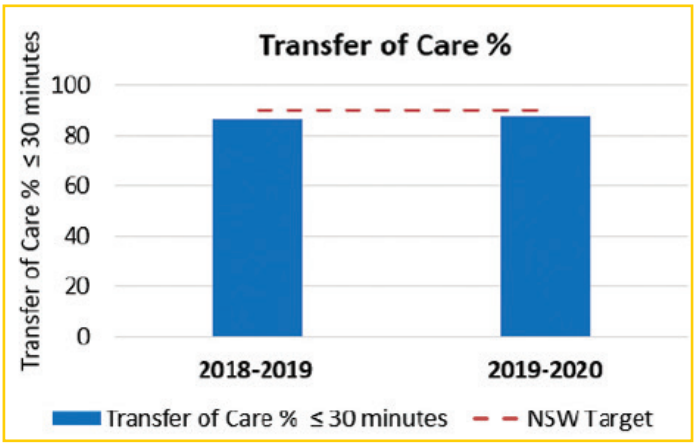
The Emergency Department Transformational Project is being rolled out across ISLHD and Senior Assessment Streaming (SAS) is being trialled at our hospitals when medical staffing allows.

Bed optimisation projects are looking at increasing Hospital in the Home capacity and improving aged care nursing home placement with the aim of freeing up acute inpatient capacity.

TRANSFER OF CARE

Patients transferred from ambulance to the Emergency Department in ⩽ 30 minutes.

Target = > 90%
2018-2019 Result = 86.5 %
2019-2020 Result = 87.4 %



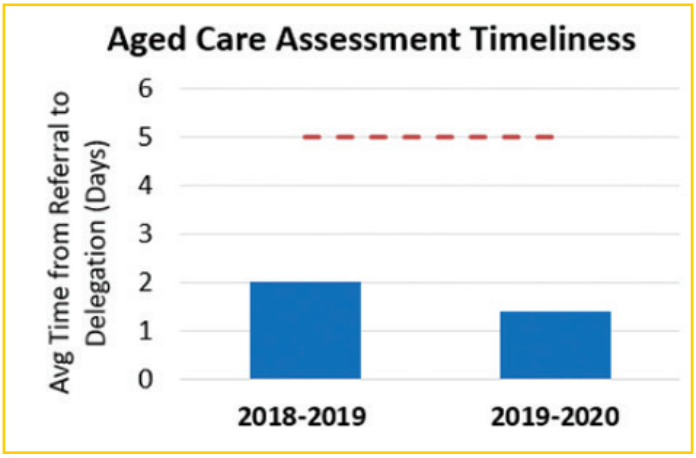
Transfer of care is slightly under the 90% target. Wollongong and Shoalhaven Hospitals are working on internal Emergency Department flow, which has been effected by the COVID-19 pandemic. Shellharbour Hospital remains above the 90% target.

STRATEGY 3: INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE

AGED CARE ASSESSMENT TIMELINESS

Average time from referral to delegation for admitted patients.

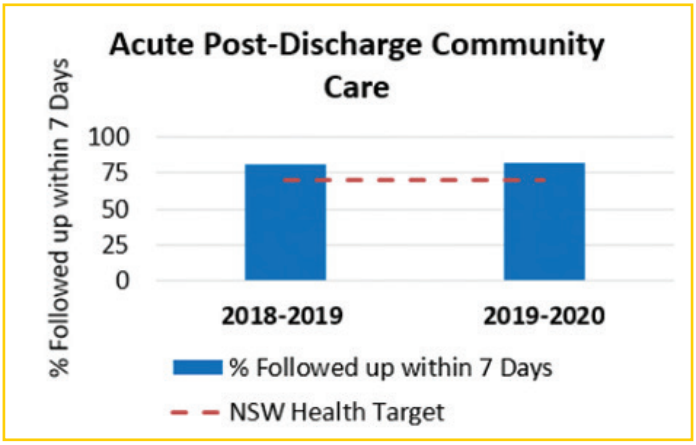
Target = ≤ 5 days
2018-2019 Result = 2 days
2019-2020 Result = 1.4 days



MENTAL HEALTH: ACUTE POST-DISCHARGE COMMUNITY CARE

Follow up within 7 Days of discharge from an inpatient unit.

Target = 70%
2018-2019 Result = 80.8%
2019-2020 Result = 81.7%



ACUTE READMISSION WITHIN 28 DAYS

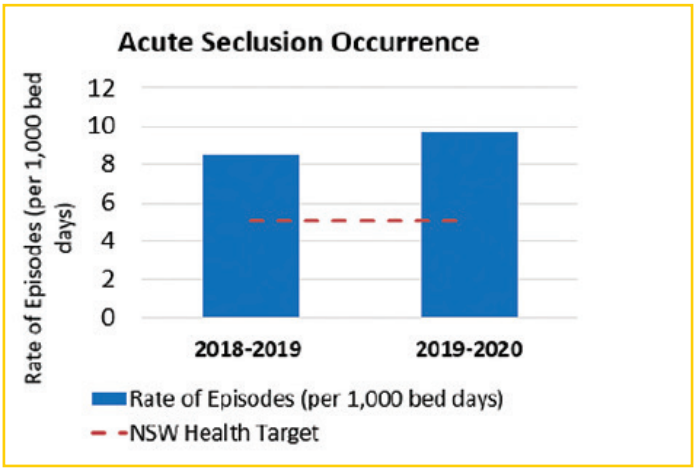
Percentage of Separations following overnight acute care from an acute Mental Health unit.

Target = ≤ 13%
2018-2019 Result = 11.6%
2019-2020 Result = 12.1%

ACUTE SECLUSION OCCURRENCE

Rate of Episodes (per 1,000 bed days)

Target = ≤ 5.1 per 1000 bed days
2018-2019 Result = 8.5%
2019-2020 Result = 9.7%



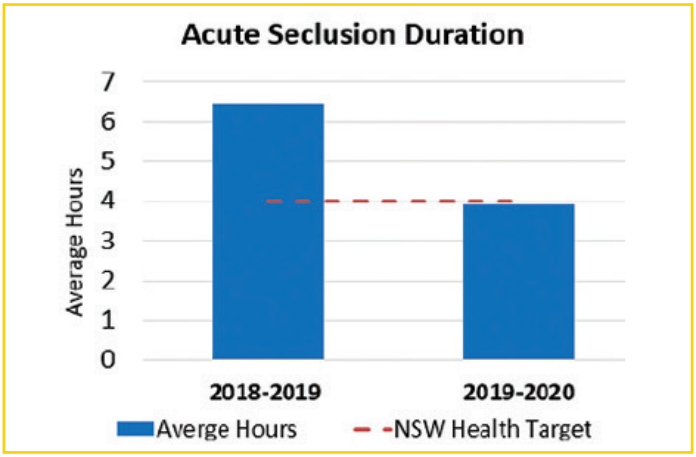
Improvement initiatives include:

- The roll out of the 2020 Seclusion and Restraint policy, education on the new policy and post seclusion debriefing and reflective practices have commenced to support a reduction in seclusion use. The seclusion and restraint action plan and group continue to work on this.
- The Seclusion and Restraint Policy implementation is underway. A Sensory Modulation Train the Trainer program is being planned for October 2020. All Inpatient units have identified appropriate sensory modulation areas.
- The Mental health Service has committed to train all inpatient staff on the Dynamic Appraisal of situational aggression (DASA).
- Violence Prevention and Management – Team Restraint training rates are greater than 90%.

ACUTE SECLUSION DURATION

Average hours

Target = < 4 hours
2018-2019 Result = 6.46 hours
2019-2020 Result = 3.93 hours

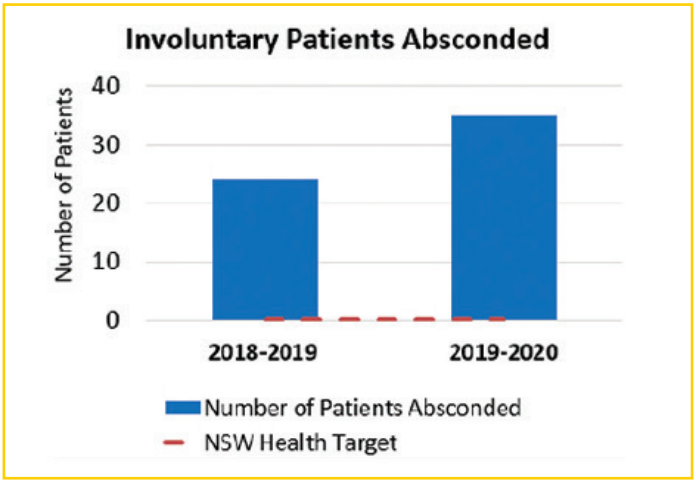


INVOLUNTARY PATIENTS ABSCONDED

**From an inpatient mental health unit –
Incident Types 1 and 2**

- Type 1: Primary Method, Climbed/Scaled or Jumped Courtyard fence, broke door or window, exited with visitors
- Type 2: Primary Method, Escorted leave with Family, staff

Target = 0
2018-2019 Result= 24
2019-2020 Result = 35
Type 1= 25 Type 2 = 10



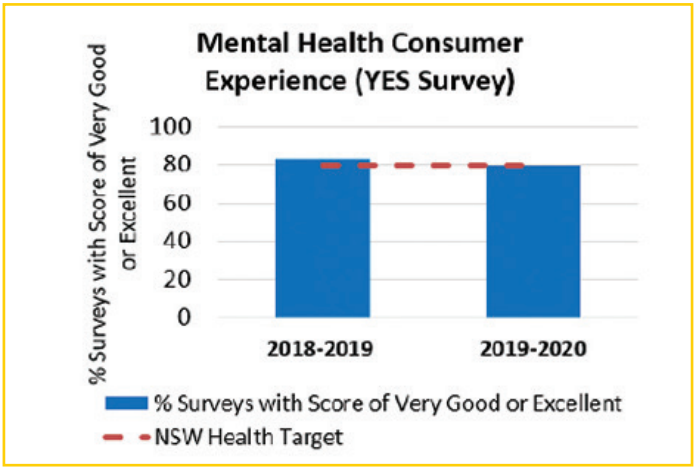
Many strategies have been implemented to safely secure our inpatient mental health units. All consumers are escorted by staff whilst accessing external courtyards for ongoing supervision, and staff perform regular risk assessments of courtyard areas.

Risk assessments are also conducted on all consumers prior to any approved leave. Absconding or failure to return is considered within that risk assessment.

MENTAL HEALTH CONSUMER EXPERIENCE

Mental Health consumers with a score of Very Good or Excellent on the Your Experience of Service (YES) Survey.

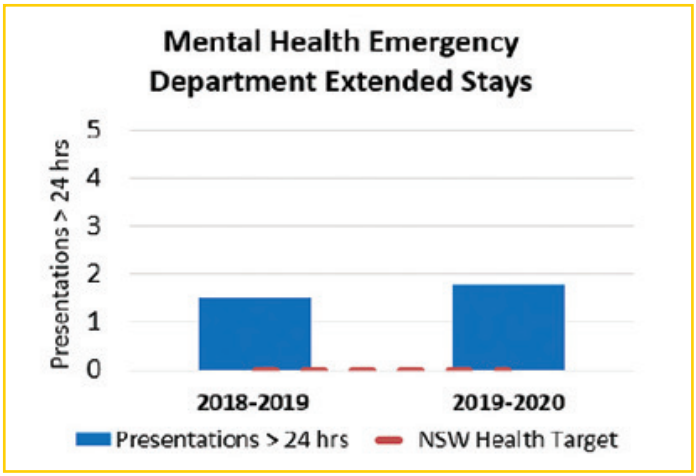
Target = 80%
2018-2019 Result = 83%
Overall return rate: 16.6%
2019-2020 Result = 80%
Overall return rate: 8.7 %



EMERGENCY DEPARTMENT EXTENDED STAYS

Mental Health presentations staying in ED > 24 hours.

Target = 0
2018-2019 Result 1.5%
2019-2020 Result: 1.8%

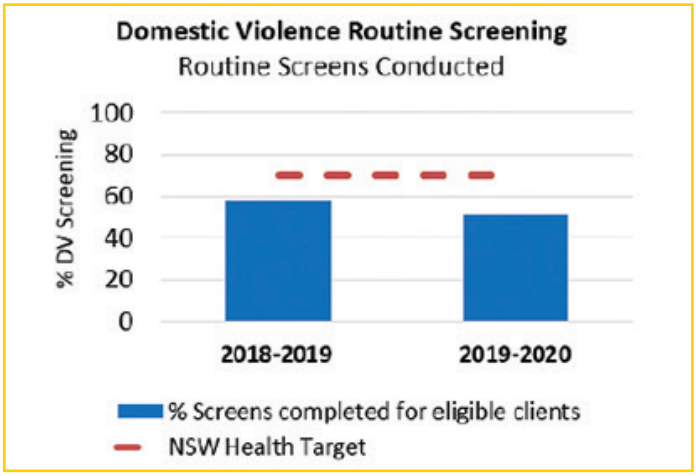


The Care Coordination team is providing extended hours to existing consumers and supporting discharges from the acute care over weekends.

Increased Community follow-up has been implemented for consumers on the weekends to facilitate Friday or weekend discharges from the inpatient units.

DOMESTIC VIOLENCE ROUTINE SCREENING - ROUTINE SCREENS CONDUCTED

Overall NSW State Target = 70%
2018-2019 Result= 58%
2019-2020 Result= 51%



ISLHD has been challenged by the COVID-19 pandemic and the adaption of service provision, including increased telehealth and strategies to improve results are being planned.

Training, skills development and team initiatives to improve practice are in progress. This includes, where safe/possible to do so, addressing barriers to screening.

OUT OF HOME CARE HEALTH PATHWAY PROGRAM

Children and young people completing a primary health assessment (%)

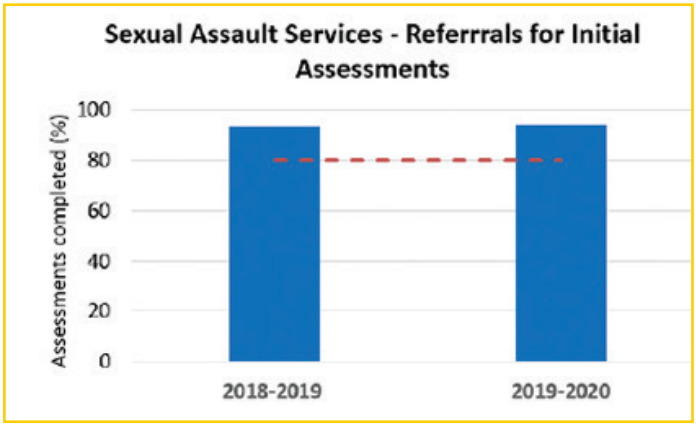
Target = 100%
2018-2019 Result= 100%
2019-2020 Result= 100%

Out of Home Care assessments include new referrals, transfers into ISLHD and reviews.

SEXUAL ASSAULT SERVICES INITIAL ASSESSMENTS

Sexual Assault Services Initial Assessments – Referrals for victims of sexual assault receiving an initial psychosocial assessment (%)

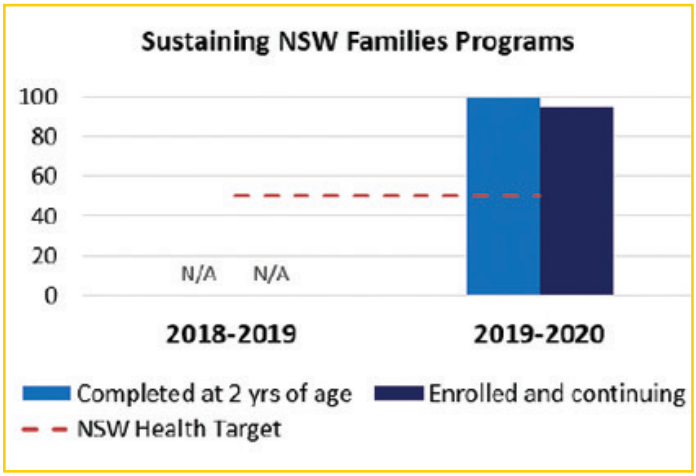
Target = 80%
2018-2019 = 93%
2019- 2020 = 94%



SUSTAINING NSW FAMILIES PROGRAMS

Families completing the program when child reached 2 years of age (%)
Target = 50%
2018-2019 = N/A (no clients)
2019-2020 = 100%
NSW Average = 70%

Families enrolled and continuing in the program (%)
2018-2019 = N/A (no clients)
2019- 2020 = 78 enrolled and 95% (n=74) continuing at 12 months.

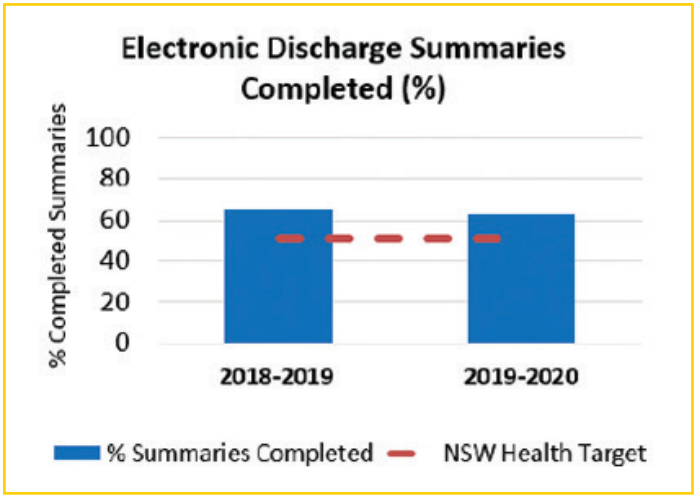


Initiatives:

- Working with stakeholders in Maternity, Mental Health, Social Work, Drug and Alcohol and Aboriginal Maternal and Infant Health Services to develop resources to improve contact with clients to increase program uptake.
- Education with relevant stakeholders to increase knowledge of program and referral rates.

ELECTRONIC DISCHARGE SUMMARIES COMPLETED

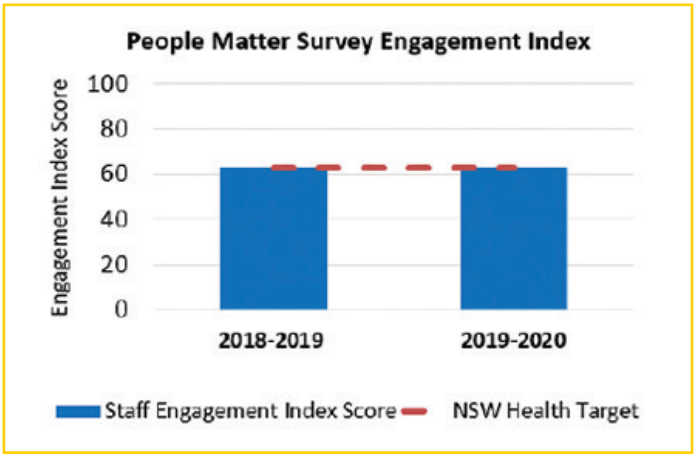
Target = › 51%
2018-2019 Result = 65.4 %
2019-2020 Result = 62.5 %



STRATEGY 4: DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

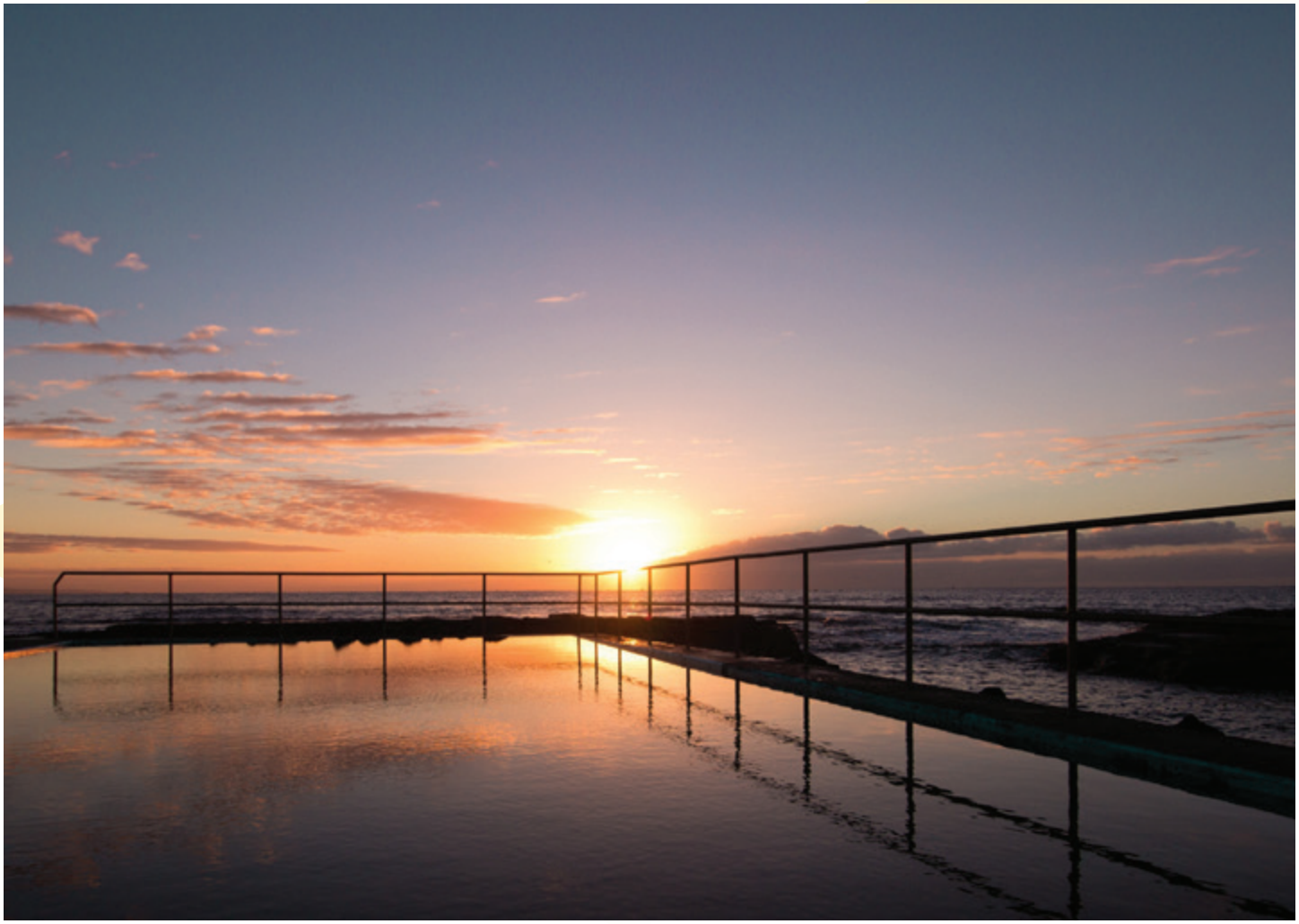
STAFF ENGAGEMENT PEOPLE MATTER SURVEY ENGAGEMENT INDEX

Target = any increase from previous year
2018-2019 Result= 63%
2019-2020 Result= 63%



ISLHD People Matter Employee Survey Action Plan for 2019/2020 includes actions in the following areas:

- Employee engagement
- Leadership Capability
- Change Management
- Staff Development
- Improving workplace behaviour and relationships
- Improve cultural safety and reduce racism for our Aboriginal Workforce.



6. Future Plans - Safety and Quality Priorities 2020-2021

Our priorities reflect our drive to address and minimise risk, to continually improve, and to achieve improved outcomes.

Annual Focus Areas and Priorities for Performance Improvement

The ISLHD Operational Plan outlines the Annual Focus Areas and Priorities for operational performance improvement.

The priorities that have been set for the District reflect our drive to address and minimise risk, to continually improve, and to achieve improved outcomes.

The ISLHD Focus Areas for 2020-2021

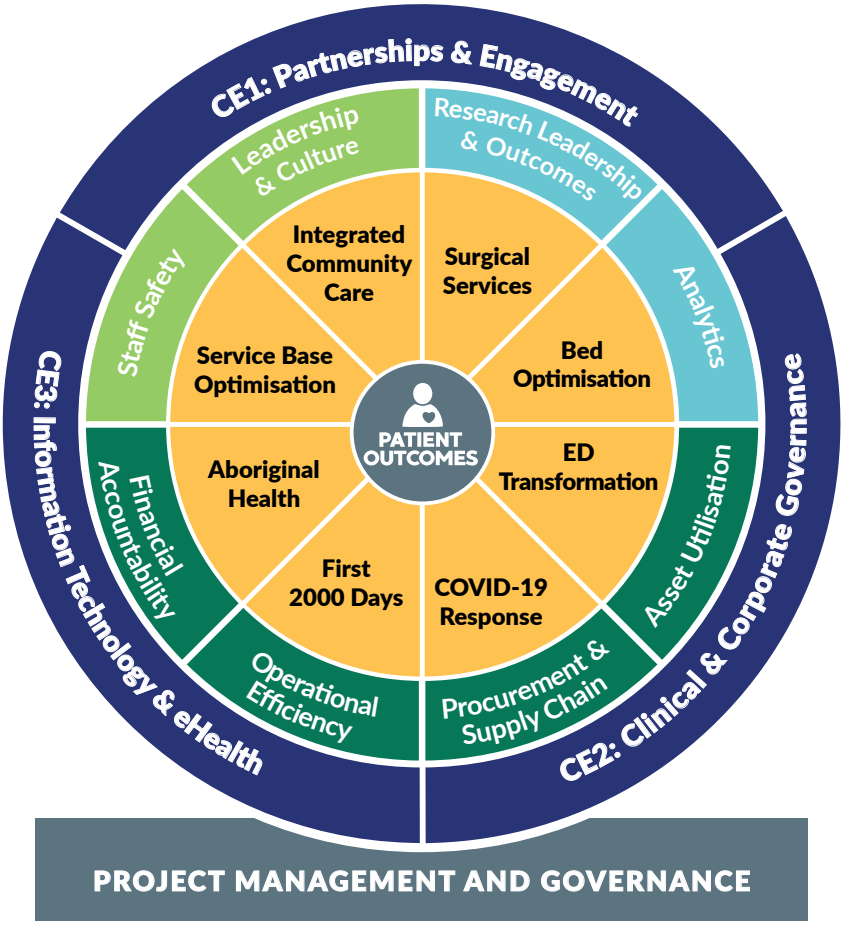
SP1 Excellence in models of care, health programs and health services

SP2 An engaged and high performing workforce for the future

SP3 Innovation, quality and learning for continuous improvement

SP4 Efficient, effective, sustainable financial operations

Critical Enablers



The Operational Plan outlines the Annual Focus Areas and Priorities for operational performance improvement

STRATEGIC PRIORITY 1:
EXCELLENCE IN MODELS OF CARE, HEALTH PROGRAMS AND HEALTH SERVICES

No.	Focus Areas	Purpose	Primary Improvement Aim	Benefits / Indicators of Success	Annual Priorities • Key Actions
1.1	COVID-19 Response	Reduce the transmission of COVID-19 by ensuring capacity to respond to community outbreaks and need for hospitalisation	Patient Outcomes	• Ability of Public Health Unit (PHU) to track and trace within 24 hours of notification of positive case • Ability to respond to spot breakout and vulnerable in specific location within 48 hours of notification of incident • Minimal COVID-19 related admissions • Appropriate management of COVID-19 patients	COVID-19 Response Plan • Training of extra staff for PHU and testing clinics • Develop/implement plans for, and resourcing of, an increased response in spot locations and vulnerable communities • Develop Rapid Response teams • Manage an increased response in ICU and ED • Manage critical Personal Protective Equipment (PPE) and all equipment
1.2	ED Transformation	Ensure that our staff are empowered to provide our Emergency Department consumers with timely access to care in order to optimise their outcomes and minimise harm	Patient Outcomes	• Improved timeliness of care as measured through Emergency Treatment Performance (ETP), Triage times, Do Not Wait (DNW) rates and ED representations • Improved staff experience • Improved patient experience	ED Transformation Project • Early Senior Assessment or other models of care that improve early decision making
1.3	Surgical Services	Ensuring timely and appropriate access to elective surgery	Patient Outcomes	• Reduction in overdue patients by 50% • Improve elective surgery access performance to within 5% of target	Elective Surgery Access Program • Optimise elective surgical capacity at all sites within the context of COVID-19 preparedness • Develop private partnerships
1.4	Bed Optimisation	Provide consumers with timely access to care in the right place, through effective integration of community, acute, and home-based care	Value	• Improved timeliness of placement and clear escalation pathways • Reduced hospital transfers	Aged Care Project • Collaborative Residential Aged Care • Facilities (RACF) models to support in home care • Aged Care Placement policy
				• Improved hospital avoidance • Improved hospital substitution • Reduced 28 day readmission rates	Hospital in the Home Expansion Project • Explore models that expand and enhance the scope and reach of HITH supporting a reduced length of stay in hospital or avoiding an admission altogether • Integration with Community Care • Streamlined business processes
1.5	Integrated Community Care	Support patients with chronic conditions to self-monitor and manage chronic condition(s), improving patient activation and reducing hospitalisation and ED visits	Value	• Reduced cost of care • Improved resource allocation and deployment • Improved patient engagement in self-care • Early intervention and prevention • Increased Patient Activation measures • Reduced hospital admissions and Emergency care • Improved engagement with general practice	Elective Surgery Access Program • Optimise elective surgical capacity at all sites within the context of COVID-19 preparedness • Develop private partnerships

No.	Focus Areas	Purpose	Primary Improvement Aim	Benefits / Indicators of Success	Annual Priorities • Key Actions
1.6	Service Base Optimisation	Deliver new and realigned infrastructure to ensure efficient and effective service delivery	Value	• District-wide Service Plans	Develop District-wide Network Service Plans • Tranche 1 and 2 as per the plan Planning for new infrastructure • Shoalhaven Memorial District Hospital – Master Plan; progression towards business case completion • Shellharbour Hospital – Clinical Services Plan
1.7	Aboriginal Health	Improve the physical, cultural, spiritual and familial wellbeing of Aboriginal people to improve health and life outcomes	Patient Outcomes	• Reduce the gap in health inequity • Increased employment rates	Re-design Program Healthy Hearts Program Implementation of the Aboriginal Employment Strategy • Targeted employment • Traineeships
1.8	First 2000 Days	Deliver the right care for the needs of those who are vulnerable and at risk, to improve health and well being outcomes in their first 2000 days	Patient Outcomes	• Birth weight • Baby feeding status • Children vulnerable (1 or 2 domains) • Smoking rates in pregnant women • Domestic Violence screening rates	First 2000 Days Framework • Deliver education for staff about the First 2000 Days approach • Support families to make informed decisions • Evidence based screening and assessment at all entry points Implement targeted interventions for at risk families with effective processes for identifying and supporting vulnerable children, young people and families

STRATEGIC PRIORITY 2:
AN ENGAGED AND HIGH PERFORMING WORKFORCE FOR THE FUTURE

No.	Focus Areas	Purpose	Primary Improvement Aim	Benefits / Indicators of Success	Annual Priorities • Key Actions
2.1	Staff Safety	Promote, protect and maintain the health, safety and wellbeing of staff	Staff Experience	• Reduced lost time injuries and claims • Reduced return to work duration • Reduced workers compensation costs	Manage COVID-19 Staff Safety Risks Safety Transformation Program • Key Risk Mitigation • Root Cause Analysis • Building Safety Culture • Speak Up (anti-bullying) • Wellbeing@Work
2.2	Leadership & Culture	Improve organisational performance and accountability through the provision of effective values-based leadership	Staff Experience	• Improved leadership capability • Improved staff engagement • Improved organisational performance • Reduced bullying and unacceptable behaviours	Manage COVID-19 Staff Capacity Risks Capability Development Program • Blue Leader • Performance Accountability (PAT implementation) • Employee Relations Management Improvement Project

STRATEGIC PRIORITY 3:
INNOVATION, AGILITY AND LEARNING FOR CONTINUOUS IMPROVEMENT

No.	Focus Areas	Purpose	Primary Improvement Aim	Benefits / Indicators of Success	Annual Priorities • Key Actions
3.1	Research Leadership & Outcomes	Promote ISLHD as a valued clinical research organisation and partner that supports improved clinical practice through research	Patient Experience	• Increased number of clinicians who are engaged in research • Increased number of patients enrolled in clinical trials • Increased quality and quantity of research presentations and peer-reviewed publications • Increased number of successful grant applications by ISLHD clinicians • Increased reputation as a public health organisation that contributes to scientific knowledge about health and disease.	• Streamline and strengthen research governance • Refine organisational structure to better encourage and enable clinical research • Engagement program to increase the number of clinicians involved with research (projects, grants, publications) • Program of translation of research and evidence into health care practices • Promotion of ISLHD as a public health organisation that contributes to scientific knowledge about health and disease.
3.2	Analytics	Build upon analytics capability and literacy across the organisation to inform clinical practice and support business decision making	Patient Outcomes	• Increased use by staff across ISLHD of analytics tools and reports • Increased understanding of and use of Activity Based Measurements by service and unit managers across the organisation • Data-driven decision making embedded at every level of the organisation.	Analytics Project • New analytics platform to enable users easy access to tailored data • Increased specialised skills available to clinicians and decision makers • Systematic approach to data quality across whole data cycle.

STRATEGIC PRIORITY 4:
EFFICIENT, EFFECTIVE, SUSTAINABLE FINANCIAL OPERATIONS

No.	Focus Areas	Purpose	Primary Improvement Aim	Benefits / Indicators of Success	Annual Priorities • Key Actions
4.1	Financial Accountability	Build capability and accountability for improved financial management at all levels	Value	• Cost centre managers have been provided with the opportunity to attend financial management training: 100% • Cost centre managers have access to own budget: 100%	Financial Communication & Education • Increased accountability for financial performance through monthly finance review meetings • Improved understanding of revenue and expense drivers to reduce gap to budget • Understanding of impact of activity on financial results to reduce gap on budget
4.2	Operational Efficiency	Deliver a range of projects and programs aimed at increasing savings and establishing financially sustainable practices	Value	• Decrease in employee related expenses (in relative terms) • Improved alignment of workforce to service demand • Compliance to defined business processes • Reduced diagnostic ordering • Reduced budget gap	Financial Sustainability Program • Efficiency savings initiatives • Review of all services to consider disinvestments and service reorientation in order to improve efficiency
4.3	Procurement & Supply Chain	Improve the cost effectiveness and reliability of supply to support service delivery	Value	• Compliance to new contracts • Reduced stock outs • Reduced inventory	Manage COVID-19 Critical Supply Procurement Optimisation Program • Strategic Sourcing • Effective Purchasing • Supply Chain Logistics
4.4	Asset Utilisation	Deliver new and realigned infrastructure to ensure efficient and cost-effective clinical and non-clinical service delivery	Value	• All developments/redevelopments are designed to reflect best practice models of care • 80% of capital projects will be delivered on time and on budget	Facilities Optimisation • Office Accommodation • Facility Consolidation

CRITICAL ENABLERS

No.	Focus Areas	Purpose	Primary Improvement Aim	Benefits / Indicators of Success	Annual Priorities • Key Actions
CE 1.1	Partnerships	Improve our partnerships, ensuring integrated, co-designed services for our community	Value	• Advance regional approaches to health service planning and delivery	• First 2000 days plan • Support Women's trauma centre development • Support Aboriginal Health Partnership • Primary Health Network: Alliance • Committee operational plan implementation • Progress the Illawarra Wingecaribee Alliance Aboriginal Corporation (IWAAC) Accord
CE 2.1	Clinical Governance	To improve accountability for clinical performance through a focus on mitigating significant clinical risk.	Patient Outcomes	• Reduction in the rate of selected hospital acquired complications	• Develop a framework for collation, reporting and evaluation of key areas of clinical risk • Examination of key clinical risk by the Clinical Governance Council for prioritisation • Clinical Governance Council guides and directs responses to high priority risks
CE 2.2	Corporate Governance	Improve the cost effectiveness and reliability of supply to support service delivery	Patient Outcomes	• Reduced enterprise and business continuity risks	Develop Business Continuity Plan
			Staff Experience	• Improved information communication technology (ICT) program governance	Implement ICT governance structures
CE 3.1	Information Systems	Improve the digital patient health record and systems, enhancing clinical decision support and improved patient outcomes	Value	• Solid plan for improving health services using digital platforms	Digital health plan • Strategic and coordinated approach to further development of digital health capability, building on the rapid change recently implemented.
				• Progress against Ministry of Health program milestones • Delivery of ISLHD's LRX solution (enhanced databased design and reporting layer to underpin analytics development).	Enterprise Data Warehouse for Analysis Reporting and Decision support transition
				• District wide telehealth capability • Increase in telehealth encounters • Improved patient experience	Develop telehealth plan Build telehealth team
			Patient Outcomes	• Upgraded and enhanced eMR • More patient data in eMR	Cerner code upgrade Deliver defined electronic medical record enhancements Develop device integration plan
			Staff experience	• System mobility options for staff • Improve security profile	• Develop district mobility strategy • Implement mobile device management for staff mobiles • Trial 'bring your own device' for clinician system access

Safety & Quality Priorities and Initiatives 2020-2021

SHORT NOTICE ASSESSMENT ACCREDITATION PROGRAM (SNAAP)

NSQHS STANDARDS

The National Safety and Quality in Healthcare Standards

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. The primary aims of the National Safety and Quality in Healthcare Standards (NSQHS) are to protect the public from harm and to improve the quality of health service provision. There are eight National Standards that provide a nationally consistent statement about the level of care consumers can expect from health services.

- Clinical Governance
- Partnering with Consumers
- Preventing and Controlling Healthcare Associated Infection
- Medication Safety
- Comprehensive Care
- Communicating for Safety
- Blood Management
- Recognising and Responding to Acute Deterioration

Accreditation of Hospitals and Services involves being assessed against these National Standards.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priorities – Excellence in models of care, health programs and health services

An engaged and high performing workforce for the future

Innovation, agility and learning for continuous improvement

There are two assessment pathways for Accreditation against the National Standards, which include:

1. Announced visit pathway or
2. Unannounced pathway, which is called the Short Notice Assessment Accreditation Pathway (SNAAP).

Short Notice Assessment Accreditation Pathway

The Short Notice Assessment Accreditation Pathway is a three-year cycle, consisting of three Short Notice on-site assessments. All eight National Standards will be assessed during a three year accreditation cycle. Health services are given 48 hours notice of the assessment.

Illawarra Shoalhaven Local Health District and Short Notice Assessment Program

ISLHD is the first local health district in New South Wales to be approved to participate in SNAAP by the Clinical Excellence Commission and NSW Health.

To support preparations for a SNAAP event, the ISLHD Clinical Governance Unit in partnership with the Hospital and Service Quality Managers commenced a review our systems and processes to ensure sites, services, wards and departments would be ready for an onsite, 48 hour notice SNAAP event.

A summary of the systems and processes that have been developed to support staff to prepare include:

- The development of resources, governance processes and guides to support a SNAAP event, which are available on a centralised intranet site.
- Bi-annual self-assessment audits, which are conducted by the Hospital and Service Executive Teams and Department Managers.
- Purpose built Content Manager containers to store evidence for Accreditation.

In addition, a desktop Mock Accreditation Assessment Audit was conducted in March 2020. This was downgraded from an onsite survey to a desktop audit due to COVID-19 response restrictions.

An onsite internal Mock Accreditation Assessment is planned for November 2020 and this will remain an ongoing focus for ISLHD.

Emergency Department Transformational Redesign Program

To improve patient health outcomes and service performance

A fundamental part of providing Emergency Care is ensuring that the right patient is in the right place for the care they require, and that the right resources are available for that care to be delivered. This is with the understanding that the Emergency Department may not always be the best place for patients to receive their care.

The District currently operates four Emergency Departments (ED) and an urgent care centre at Bulli Hospital. NSW Health and the District are committed to delivering services so that 81% of people presenting to a public hospital Emergency Department will either physically leave the ED for admission to hospital, be referred to another hospital for treatment, or be discharged within 4 hours. This 4-hour timeframe is important as it has been shown to improve patient health and safety.

Over the past 5 years demand for Emergency services in the Illawarra has been increasing (11% over five years). The Local Health District services an ageing, and within concentrated postcodes, a disadvantaged population compared to the national average. Increasing activity can place strain on Emergency Department staff, increase operating costs, and can prolong waiting times for patients. In February 2020 the Local Health District began a program of improvement work at Wollongong, Shellharbour and Shoalhaven Hospitals to redesign Emergency Department care in order to respond to these demands. The Emergency Department Transformational Redesign Program is an 18 month program reaching across multiple services, for example, Pathology, Radiology, hospital wards, community services, and outpatient clinics. The goal of the program is to improve the timeliness and accessibility to Emergency Care and to improve patient, carer and staff experiences with the Local Health District's emergency services.

The program is currently introducing a Senior Assessment and Streaming (SAS) Model of Care which reduces the time people spend in Emergency Department by allowing early assessment by a Senior Medical officer, often immediately after triage. Treatment is also started early and decisions made about the transfer of patients, called 'streaming', to the most appropriate area to complete their care. This may be within the Emergency Department or another area outside the department such as a Medical Assessment Unit. The program is also providing Emergency Department staff with education on how to redesign services to ensure each of the local hospital teams have the skills to undertake large scale change. Future areas of the program will likely focus on improving the timeliness and experiences for specific patients groups.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priorities

SP2.1 – Continue to embed quality improvement and redesign to ensure safer patient care

SP2.3 – Improve the patient experience and further engage with patients and carers

SP2.4 – Ensure timely and equitable access to appropriate care

Aboriginal communities in the Southern Shoalhaven evaluate diabetes measurement tool

Southern Shoalhaven Aboriginal community members are teaming up on a research study. The communities include Nowra, Jerrinja, Wreck Bay, Sanctuary Point and Ulladulla and they have teamed up with their service providers from the Illawarra Shoalhaven Local Health District. They will look at Patient Reported Outcome Measure (PROM) surveys. They will see how accurate and culturally appropriate the surveys are for Aboriginal people with diabetes. A key aim is to privilege the spirit and integrity of the views of Aboriginal people. Aboriginal views will be honoured in responding to government-initiated evaluation of health outcomes. Cultural safety will be important in the research processes related to the study.

Aboriginal adults with Type 1 or Type 2 Diabetes living in the Southern Shoalhaven region will be invited to take part. They will choose to take part in either a focus group or individual interviews in late 2020. They will yarn about their experiences with managing diabetes. They will also yarn about the current PROMs used for diabetes management. If the surveys are not accurate or not culturally appropriate, a new diabetes specific PROM will be co-designed. The survey will be designed by Aboriginal people in the Southern Shoalhaven region and the research team.

The two-year study will inform health services and policy makers. It will tell them about Aboriginal views on the appropriateness of a diabetes PROM set. It will also address how to increase the cultural appropriateness of PROMs. The findings and processes are likely to be applicable or generalised in other places and contexts. The community consultative group and the research team will share the findings. The findings will be shared with Aboriginal communities throughout the Southern Shoalhaven region and the communities will use the findings in a way that helps them.

The study has research expertise from the NSW Health Education and Training Institute (HETI) Rural Research Capacity Building Program. The team are joining Southern Shoalhaven Aboriginal Communities and the Community Consultative Group.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 – Keeping people healthy

Aligned to ISLHD Strategic Priorities – Excellence in models of care, health programs and health services & Partnerships and Engagement

T-shirt designed to represent the research study locations and community involvement

Virtual Community Care Centre (VCC)

Initiated in response to the COVID-19 Pandemic, a Virtual Community Care Centre was rapidly deployed across the Illawarra Shoalhaven Local Health District and Southern NSW Local Health District (SNSWLHD) to provide comprehensive support to people recovering from COVID-19 in their own homes. This mode of service delivery enabled the individualisation of care provided in a safe environment for both the patient and the broader community.

The service initially commenced with a small number of test clients in both SNSWLHD as well as ISLHD. This allowed the service to establish and test processes and pathways prior to going live with actual patients in late June 2020. Clients have been issued with a survey at the end of their course of care – the response thus far has been optimistic with a sample of the positive feedback noted:

> It was such a support having access to the wonderful virtual care team through this "trying" time my family has just experienced.
>
> There were four people at my work who were positive to COVID-19 & I had by far the most thorough care from Illawarra Health.
>
> Thank you to all the nurses who looked after me I really appreciated your support.

These surveys will form a bank of consumer directed information that will inform service variations and improvements into the future.

A flexible and responsive team were redeployed from specialist nursing services who worked with other clinicians from across ISLHD. The initiative has been encouraging from a range of different aspects including collaboration, clinical responsiveness and management, flexibility, consumer engagement and adaptability in a changing environment.

The Virtual Community Care Centre continues to attract great interest from clinicians within ISLHD as well as interstate and has been acknowledged as a key ongoing component of care into the future. Currently, the service is developing across the spectrum of healthcare with initial service delivery focusing on patients with chronic obstructive pulmonary disease (COPD) with firm plans to expand.

It has also provided a way for meaningful and considered engagement with General Practitioners in this space. The work to date has proven to be a great supplement to the service offerings and modes of delivery in Ambulatory and Primary Health Care.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 3 – Delivering truly integrated care

Aligned to ISLHD Strategic Priorities

SP6.2 - Foster eHealth solutions that support integrated health services

Choosing Wisely. Promoting appropriate diagnostic ordering practices.

ISLHD has become a Choosing Wisely Champion Health Service as the governing principles align with our own Strategic Plan. We are aiming to have clinician led initiatives implemented across the Local Health District utilising the Choosing Wisely recommendations, resources, framework and governing principles. In the first instance, we will be concentrating our efforts on reducing unnecessary Medical Imaging and Pathology.

Choosing Wisely Australia
An initiative of NPS MedicineWise

Choosing Wisely® is a global initiative that seeks to improve the safety and quality of healthcare.

The Choosing Wisely initiative encourages health professionals and consumers to question the necessity of tests, treatments and procedures where evidence shows they provide no benefit or, in some cases, lead to harm and challenge the 'more is better' notion.

Choosing Wisely® was launched in the United States in 2012 and Choosing Wisely Australia® was launched by the National Prescribing Service (NPS) MedicineWise in 2015. Almost 200 recommendations about tests, treatments and procedures to question have been released under the Choosing Wisely Australia initiative to-date.

Choosing Wisely Australia® is encouraging clinicians and consumers to have better conversations about what care is truly needed – identifying which practices are helpful and which are not.

Choosing Wisely is governed by 6 core principles:

- health profession-led
- clear emphasis on improving quality of care and on harm prevention
- multidisciplinary
- consumer-focused communication between health professionals and consumers
- evidence-based
- transparency in process and supporting evidence

Our first initiative is to reduce unnecessary pathology tests for patients under the care of two gastrointestinal doctors over a 3-month period. Patients reported negative experiences with having blood tests on a daily basis and an audit showed patterns of testing being ordered rather than patient focused pathology ordering. When explored further, junior doctors felt they did not get enough guidance on what to order so they ordered everything just in case. Senior doctors will be leading the medical team during an afternoon round educating and guiding junior doctors on what pathology to order for the following morning and why it is required.

Solutions have also been identified that include implementing Choosing Wisely recommendations to reduce computered tomography (CT) scans in emergency departments and will be implemented in the coming months.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 – Providing world-class clinical care

Aligned to ISLHD Strategic Priorities - Excellence in models of care, health programs and health services

Innovation, agility and learning for continuous improvement

7. Appendices

Appendix 1 – Attestation Statement

Health
Illawarra Shoalhaven
Local Health District

This attestation statement is made by	Professor Denis King
	Name of office holder/member of Governing Body
Holding the position/office on the Governing Body	Chair of the Illawarra Shoalhaven Local Health District Board
	Title of officeholder/member of Governing Body
For and on behalf of the governing body titled	Illawarra Shoalhaven Local Health District
	Governing body's title (the Governing Body)
	Illawarra Shoalhaven 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.

DT20/68286

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	BOARD CHAIR
Name	DENIS KING
Date	03/08/2020

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

Signed	
Position	CHIEF EXECUTIVE
Name	MARGOT MAINS
Date	21.07.2020

Appendix 2

The Illawarra Shoalhaven Local Health District Quality and Innovation Awards are an annual internal forum and awards process that offers teams and staff the opportunity to showcase their quality projects. They are coordinated through the Clinical Governance Unit.

The Quality and Innovation Awards encompass annual:

- ISLHD Quality and Innovation Forum Submission Writing Workshops
- ISLHD Quality and Innovation Forums where Projects are presented. Projects are selected from this forum for submission to NSW Health Awards, ACHS Awards and NSW Premiers Awards.
- ISLHD Quality and Innovation Awards Presentation Day.

There are 7 categories that link to the NSW Health Innovation Awards. Those projects that are winners in their categories are then selected for submission at the NSW Health Innovation Awards, NSW Premiers Awards and other Awards.

Quality and Innovation Forum Winners 2020

Chief Executive Award – Joint Winners

"Taking Control" – Improving Quality of Life in Patients with Knee Osteoarthritis with Appropriate Conservative Care Options

Chatty Children – Working with Community to Improve Speech Outcomes for our Boori's.

- Nominated for NSW Premiers Awards
- Shortlisted for Agency of Clinical Innovation Rural Health Awards

Category 1: Collaborative Staff Member of the Year

Dr Andrew Bezzina, Director Illawarra Shoalhaven Health Education Centre.

- Nominated for NSW Premiers Awards Public Servant of the Year Award

Category 2: Delivering Integrated Value Based Care – Joint Winners

"Taking Control" Improving Quality of Life in Patients with Knee Osteoarthritis with Appropriate Conservative Care Options, Wollongong Hospital

Patiently Waiting – Bringing Outpatients In, Shoalhaven Hospital.

Category 3: People and Culture

Your Attitude Matters – Building a Culture of Safety, Nursing and Midwifery Research Unit.

- Nominated for the Australian Council of Healthcare Standards Awards

Category 4: Excellence in Aboriginal Healthcare

Chatty Children – Working with Community to Improve Speech Outcomes for our Boori's, Child and Family Service.

Category 5: Volunteer of the Year

Janice Caldwell, Illawarra Shoalhaven Health Education Centre.

Category 6: Transforming Patient Experience

Where Can People from Culturally Diverse Backgrounds get Help when Alcohol or Drugs and a Problem, Drug and Alcohol Service.

- Nominated for NSW Premiers Awards
- Shortlisted for Agency of Clinical Innovation Rural Health Awards

Category 7: Patient Safety First

Time is Brain, Shoalhaven District Memorial Hospital Emergency Department.

- Nominated for the Australian Council of Healthcare Standards Awards
- Shortlisted for Agency of Clinical Innovation Rural Health Awards

Category 9: Health Research and Innovation

Implementation of a Chest Injury Care Bundle Prevents Adverse Events – ISLHD Emergency Services.

- Nominated for NSW Premiers Awards
- Nominated for the Australian Council of Healthcare Standards Awards

ISLHD Category: Patients as Partner

Tears will Fall, Wollongong Hospital Maternity Services.

- Nominated for NSW Premiers Awards
- Nominated for the Australian Council of Healthcare Standards Awards

Highly Commended

Better Together – Structured Interdisciplinary Bedside Rounding, Milton/Ulladulla Hospital.

Director of Clinical Governance, Patient Safety and Quality Best Poster Award

The Gloves are Off, Challenging Glove Use in Clinical Care, Shellharbour Hospital, Infection Prevention and Control.

ISLHD Nominations for the NSW Premiers Awards Public Servant of the Year Award are:

Dr Andrew Bezzina, Claire O'Brien and Carly Leighton.

Appendix 3

The Staff and Volunteer Recognition (SAVR) Awards shine a spotlight on what motivates people and how they are continually striving to be their best. These colleagues inspire us and remind us that our patients, carers, families and the broader community are at the heart of everything we do.

Across the 14 Award categories we had 408 nominations from across the District. In comparison, just five years ago there were only 74 nominations in total.

This not only shows how many highly skilled and dedicated staff and volunteers there are working among us, it also shows how proud, appreciative and supportive the managers, supervisors and co-workers are who took the time to nominate their peers.

2019 SAVR AWARD WINNERS

- **Fiorina Mastroianni and Lucia Vellar – Ace of Innovation**
  Fiorina and Lucy were recognised for passion to health literacy and improving people's experience and advocacy for partnership with consumers through a number of outstanding innovations including the development of intranet-based tools and resources standardising consumer information.
- **Rachael Wade - Allied Health Professional of the Year**
  Rachel is a fantastic asset for the adolescent unit and mental health service, initiating quality improvement projects and advocating strongly for young people and their families - for example ensuring Pet Therapy is a favourite with consumers.
- **Angela Tobin and Jane Wilson - Excellence in Service**
  Clinical Governance Unit team members who demonstrate excellence in all they do processing medico-legal and health liability matters. They have a strong commitment to patient safety and risk management and provide a sensitive approach to often complex cases.
- **Staff Influenza Vaccination Strategy - Coledale Hospital Excellence in Workplace Health and Safety**
  Following the 2017 Coledale Hospital influenza season, a small working group successfully increased the staff seasonal influenza vaccination rate from 40 per cent (2017) to 83 per cent (2018) and have maintained that rate for 2019.
- **Kate Curtis - Extraordinary Care for our Patients and their Carers**
  Kate is one of the few Clinical Nurse Consultants to hold a Doctorate. She has won a number of prestigious awards this year and represented the District on the international stage. She has worked tirelessly to enact many complex policies and is dogged in her determination to deliver safe quality care to local families.
- **Claire O'Brien - Inclusive Leadership**
  An inclusive leader, Claire has risen above obstacles and embraced opportunities to establish and implement the Sustaining NSW Families (SNF) Program. She supported her newly formed team to develop professionally and learn new skills, as well as pioneered a state-wide SNF forum.
- **Dr Andrew Bezzina - Medical/Dental Officer of the Year**
  An outstanding clinician over many years with ISLHD, Andrew shares his knowledge with staff of all levels, especially junior doctors and, among other things, is responsible for coordinating the medical education within emergency medicine.
- **Carly Leighton - Mission Possible**
  Carly's drive and passion has seen extraordinary expansion of Cancer Services' clinical trials over the past few years, including into the Shoalhaven. She goes above and beyond to ensure clinical trials work for everyone – not just within cancer but across the LHD.
- **Shoalhaven Child and Family Team of Nurses- Nurse/ Midwife of the Year**
  The Shoalhaven Child and Family team delivers appropriate, safe nursing care in a range of environments including home clinic and community settings. They conduct health surveillance and use evidence-informed assessment methods and screening tools for the early identification of growth, development and family relationships that may impact on child and family health.
- **Toni Utatao - OCHRE Award**
  Toni's interest in improving processes and planning, her consistency and commitment to self -improvement makes her an amazingly dedicated assistant who is collaborative, enthusiastic in problem-solving and a pleasure to work with.
- **Shoalhaven Acute Geriatric Unit (formerly Medical Ward B) - Outstanding Team**
  This team takes a different approach and response to dementia, using therapeutic techniques with a person–centred focus, resulting in a reduction in the use of sedation meaning more positive family and patient outcomes.
- **Stephanie Deuchar - Rising Star**
  Stephanie has made a significant impact on the Rehabilitation and Medical Psychology team and its patients since joining in 2018. She uses evidence-based practice and patient centred care to empower patients to achieve the best in their rehabilitation.
- **Kelly Grieve - Rising Star**
  Kelly began a completely new administration role with the Sustaining Families (SNF) team and quickly created networks within and beyond the LHD to be instrumental in developing the SNF procedures and ways of working, creating an efficient, organised team environment.

- **John Andrews - Unsung Hero – Making a Difference**
  Secretary of the Bulli Hospital Auxiliary, John is constantly looking for ways to raise funds, often working on projects in his own time. He also does an amazing job as the AAA (Active and Able) outpatient clinic program nurse co-ordinator through the Geriatric Outpatient Therapy Unit at Bulli Hospital.
- **Steve Flinn - Unsung hero – Making a Difference**
  Among Steve's achievements are leading the transition from film to electronic computerised radiology images and two Premier's Awards for integrating results and images. He has been recognised at a State level as an imaging informatics specialist and is involved as an advisor. He also worked at the Ministry of Health and supported Justice Health and Greater Southern Area Health Service to implement their systems.
- **Janice Caldwell – Volunteer of the Year – The Gift of Giving**
  Janice provides regular and consistent support of education sessions within the District. She volunteers her time beyond scheduled days and empowers staff to improve education delivery and of participants in being able to have a high fidelity experience that enhances learning.
- **Shellharbour Hospital Auxiliary**
  – Volunteer of the Year – The Gift of Giving
  This year alone, this group has bought more than $55,000 worth of equipment. Now in their 33rd year, the group has raised close to $1m in funds. Members have also been involved in the planning of the Shellharbour Hospital Redevelopment and attend our Patient Safety and Quality meetings.
- **Carly Leighton and Dr Andrew Bezzina**
  - Chief Executive's Award for Excellence
  Each year it also gives me great pleasure to present this award – this year I awarded two winners. In addition to winning their categories, I have also awarded Carly Leighton and Dr Andrew Bezzina this special award. Both Carly and Andrew go above and beyond in their respective fields and inspire many in our organisation.

islhd.health.nsw.gov.au

Learn more about:

- Coming to hospital as a patient or visitor
- Services and clinics
- Health information
- Referring a patient
- Latest news and what's happening around the District
- Working with us
- Research and innovation