



Health

Illawarra Shoalhaven
Local Health District

Annual Safety & Quality Account

2021-22 REPORT

2022-23 FUTURE PRIORITIES



Acknowledgement of Country



GARADYIGAN

Dharawal Language - Pronounced: Gah.rah.dyee.gan

Meaning: Healer, One who uses medicines to heal

The Illawarra Shoalhaven Local Health District acknowledges the traditional custodians of the lands on which we work and live.

We acknowledge those who have come before, and continue to be, the caretakers and custodians of this land. Respect is extended to elders past, present and emerging.

Aboriginal people are the First Nations people of New South Wales and have lived in the Illawarra and Shoalhaven region for over 65,000 years; cultures, lores, ceremonies and connection to the land and waterways are strong and enduring.

We respectfully honour that through courage, resilience and connection, First Nations people continue to practice the oldest living culture.

The District services operate on the lands of the Dharawal and Yuin nations, which encompasses the Wadi Wadi, Dharawal, Dhurga, Walbunga language groups as well as many discrete communities, clans and tribal groups.

This Acknowledgement extends to all Aboriginal people who reside in this area, and we recognise the diversity of such clan groups.



This artwork was created by Jasmine Sarin and reflects the complex and ongoing relationship between health services and community to improve and provide culturally appropriate health programs. The artwork features three large community symbols (all connected), these represent Wollongong, Shellharbour, and Shoalhaven Hospitals.

The smaller blue symbols represent services, outreach programs and partners. These are made up of workers who are also community members and have a unique concentric design to highlight being able to work in both worlds. These symbols are predominantly blue to represent being coastal peoples.

The smaller earthy symbols are the communities themselves, vast in numbers and connect all the other symbols together. This connection is made

via the white and earthy coloured lines, shaped like rivers and flow smoothly between all the symbols and elements.

The top section has leaves connected to the lines. This is to show that the connection is being nurtured, becoming stronger as we invest energy into maintaining important relationships. While the lower part of the artwork has sandy coloured lines, and the leaves are not yet connected. This is to highlight the future and work still to come, that there are connections and partnerships to still be made.

Lastly, the background is a combination of colour and patterns to emphasise the coastal ties to the land and a blend of the escarpment greens and sea blues.

Message from the Chief Executive and Board Chair

SAFETY AND QUALITY ACCOUNT FOR ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

The Illawarra Shoalhaven Local Health District Board and executive team are committed to providing excellent services, quality partnerships and healthy communities. This Safety and Quality Account provides a review of the care and achievements delivered throughout the year and is a transparent mechanism for exploring our priorities and progress towards delivering outstanding care to the people of our District.

Once again, our staff have risen above all challenges put in front of them and continued with an unwavering focus on improving clinical outcomes for our Community. This Account shows but a few of the achievements in 2021-2022 which we are very proud of. The dedication and efforts of staff to provide a sustained quality service in the COVID-19 pandemic response, including the Mass Vaccination Centre, Special Health Accommodation and our partnerships to vaccinate those most at risk were some of the highlights of what will be remembered as a sombre time.

In March 2022, we were part of our first short notice accreditation assessment process, which proved what we know – our staff are always focused on the quality and safety of our Community, not just during a designated accreditation period. We were assessed on six of the eight standards and were proud to report that we received only low to moderate recommendations across four of these standards which are all currently being addressed through specific action plans.

While we are proud of our people and achievements, this Account is also about reflecting on progress and looking at our future focus and priorities. Our focus for the coming year in addition to staff safety and wellbeing is reducing harm from falls, co-designing a Consumer and Community Partnership Framework, and the recognition and management of sepsis.

The following pages reflect our commitment to meeting the expectations of the community we serve and are testament to the dedication and commitment of the skilled and caring staff within our Local Health District.



Ms Margot Mains
Chief Executive



Chris Bertinshaw
Board Chair

CONTENTS

1. Introduction

- Commitment to Safety and Quality
- Our Core Values Commitment
- About us
- Our People
- Our Health
- Our Health Care
- Our Strategy at a Glance
- Our Vision and Purpose
- Improvements in the quality of health service provision

A Snapshot of Achievements over the previous 12 months

2. Achievements in Safety & Quality

- Planning Processes
- Governance Structures
Clinical Governance- National Standard 1
- Improvements Achieved in Safety & Quality
 - Our continued COVID-19 Pandemic Response
 - The Illawarra Shoalhaven's COVID-19 Mass Vaccination Centre
 - Special Health Accommodation
 - Partnering to deliver COVID-19 Vaccinations for Social Housing and Homeless and those at Risk
 - Access and Quality through Virtual Mental Health Care
 - Mental Health, Ambulance, Police, Paramedic Project
 - Evaluating Telehealth vs Face to Face Chronic Pain Management Groups
 - Quick Access Response Team
 - Acute aphasia care post-Stroke: Early Intervention for language loss and brain recovery
 - Cardiothoracic Surgery Service
 - The Breast Feeding Project

- Virtual enhanced Community Care
- Reducing Hospital Acquired Malnutrition

• Progress on planned activities from the 2020-2021 Safety & Quality Account

- Elevating the Human Experience
- Short Notice Accreditation Assessment Pathway
- Safety and Quality Essentials Pathway
- Hospital HealthPathways Pilot

3. Improving the Patient Experience

*Partnering with Consumers
- National Standard 2*

- A message from ISLHD Consumer Representatives
- Patient Reported Experience
- Partnering with Consumers in Governance, Service Planning and Improvement
- Patient Reported Measures
- Our Consumer Feedback
- Informed Consent Project
- Patient Information Portal
- Maternity My Care Boards
- Achievements in Improving the Patient Experience
 - HowRU - Open and Flexible Patient Family Centred Virtual visiting to the Intensive Care Unit
 - Care to Connect

4. A Workplace Culture that drives Safe and Quality care

- Safety and Quality Essentials Pathway
- Kindness Works Here
- Achievements in improving workplace culture
 - The SEED Program
- 2021 NSW Health Awards Winners
- Australian Pride in Health & Wellbeing Awards

- Agency for Clinical Innovation Rural Health Innovation Award
- 2021 Excellence in Nursing and Midwifery Awards

5. Our Performance

Key Performance Indicators for Formal Results

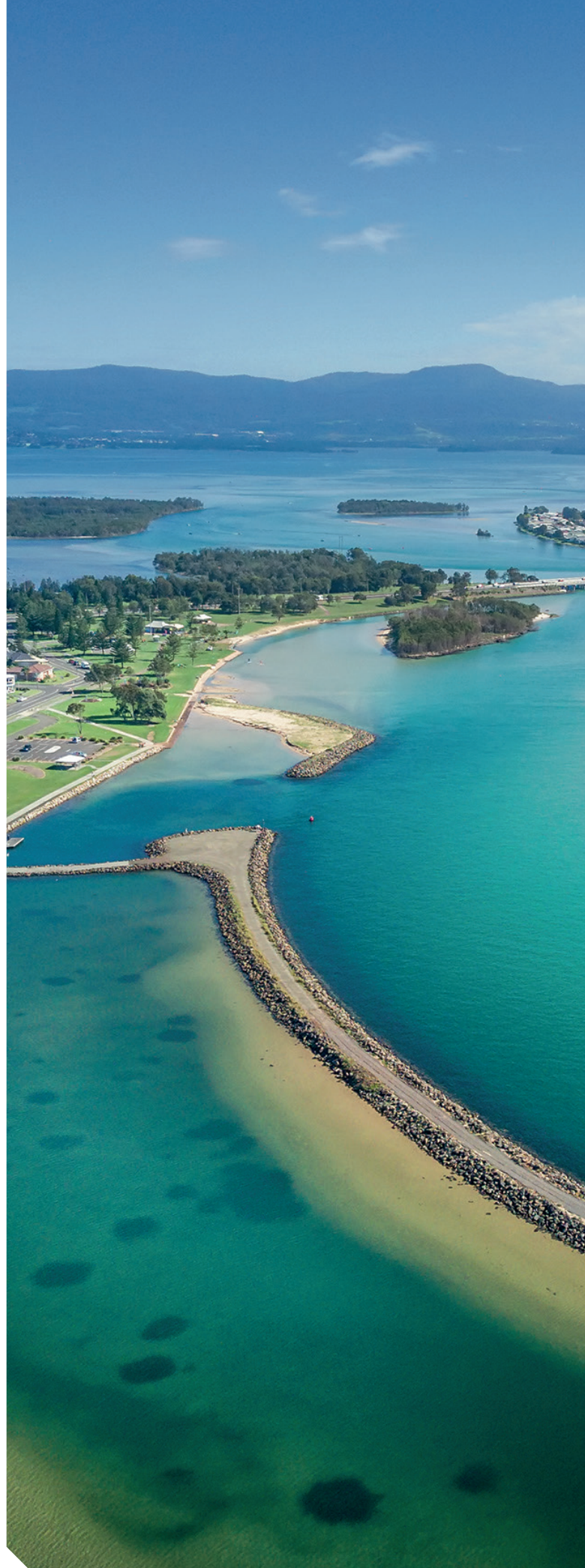
- NSW Health Outcome 1: Keeping People Healthy through Prevention and health promotion
- NSW Health Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing
- NSW Health Outcome 3: People receive timely emergency care
- NSW Health Outcome 4: People receive high-quality, safe care in our hospitals
- NSW Health Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences

6. Future Plans - Safety and Quality Priorities for 2021-2022

- Annual Focus Areas and Priorities for Performance Improvement
- Safety & Quality Priorities and Initiatives for 2022-2023
 - Reducing Harm from Falls
 - Co-designing a Consumer and Community Partnership Framework - A Shared Vision
 - Recognition and Management of Sepsis

7. Appendices

- 2022 ISLHD Attestation Statement
- 2022 Quality and Innovation Award Winners
- 2021/2022 Staff and Volunteer Recognition (SAVR) Award Finalists and Winners



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

COMMITMENT TO SAFETY & QUALITY *Statement on Safety and Quality from the ISLHD Chief Executive*

The ISLHD 2021-2022 Safety & Quality Account demonstrates our focus areas of healthcare delivery over the past year. It highlights yet again the exceptional efforts of our people in not only addressing the challenges of additional waves of COVID-19, but in extending themselves to achieve great things for our organisation and community.

While we acknowledge that the lessons learned from the pandemic have permanently changed the way we look at and deliver healthcare, what has not changed is our steadfast commitment to excellent services, quality partnerships and healthy communities. This year saw NSW Health release its new ten year strategic vision for the health system. The evolution of our District's ten year services plan and three year delivery plan to align with this vision are currently in development, with the 2022-2023 Annual Plan well underway. These plans are imperative to guiding our organisation's, long, medium and short-term future as we find a way through the reactive nature of the past few years and emerge with actionable insights which provide clear direction for the District to deliver best practice healthcare.

For the last two years I have reflected on our extraordinary response to the COVID-19 pandemic. Our workforce was required to meet relentless demands as the emergence of the Omicron variant caused multiple surges in case numbers, outbreaks and staff furlough. Teams continued to show extreme resilience under pressure and maintained a strong focus on safety for staff and our patients through the continued development of innovative solutions.

An incredible feat of collaboration and speed saw the establishment of the Illawarra Shoalhaven Mass Vaccination Clinic in just 38 days. The centre delivered over 200,000 COVID-19 vaccinations across the District to the community. Additionally, we established Special Health Accommodation and Community Support Accommodation to support our staff and community to isolate outside of their homes.

As restrictions to hospital and care access continued, we responded by expanding Virtual Care use to our emergency departments, intensive care units, outpatient services and our Mental Health service. The development of the referral pathways, systems, processes, training and equipment required to achieve successful virtual care engagement would not have been possible without the dedication of clinicians, project staff, consumers and technical staff that elevated their response to ensure the quick and smooth delivery of this vital delivery mechanism.

We sustained our contribution to state priority programs including reducing hospital acquired malnutrition, Elevating

the Human Experience, applied safety and quality programs and the Hospital HealthPathways program. We are also immensely proud of our collaboration with NSW Ambulance and NSW Police to establish the Mental Health, Ambulance and Police Project (MHAPP), providing safe and timely access to mental health advice and assessment for people outside of the hospital setting. Adding to the theme of improving our services through partnerships, we also established for the first time, an in-house Cardiothoracic Surgery service at Wollongong running 24/7, in partnership with Wollongong Private Hospital. This has streamlined the patient experience and resulted in reduced waiting times, reduced length of stay and fewer deaths during this wait period.

Our award winning SEED program continued to help address the psychological impacts of natural disasters for our staff, further developing wellbeing initiatives and toolkits to embed the SEED program. The Kindness Works Here campaign helped shine a positive light on some of the confronting events of the past few years and we are delighted to host the NSW Health's annual Gathering of Kindness event in November 2022.

I am incredibly proud of the talented staff we have working for the District and this year many of them had their achievements recognised at a state and national level. The Safer, Better Emergency Nursing Care for ISLHD initiative (also known as HIRAIID) led by Professor Kate Curtis and developed by the ISLHD Emergency Services Team won both the 2021 NSW Health Research and Innovation Award and the 2022 Australian Council on Healthcare Standards Clinical Excellence and Patient Safety Award. The framework has since been implemented in 32 other Australian Emergency Departments. ISLHD Drug and Alcohol services won the Most Improved Service Provider Award at the ACON Pride in Health and Wellbeing Awards, the Public Health Unit were awarded the Agency of Clinical Innovation (ACI) Rural Health Innovation Award for their Keeping People Healthy Project. Our now retired Executive Director of Nursing and Midwifery, Deborah Cameron, took out the Judith Meppem Leadership Award at the 2021 NSW Excellence in Nursing and Midwifery Awards, and Palliative Care Nurse, Alison Millar, won the consumer-nominated Healing Heart Award for Exceptional Care. I share my heartfelt congratulations with these staff who are a reflection of the broader teams in which they work and are supported by.

I am pleased to present the Safety and Quality Account for 2021-2022 and invite you to review the account, engage with us, and provide feedback on this report and on any of our services.

Ms Margot Mains
Chief Executive

Our CORE Values Commitment

In the Illawarra Shoalhaven Local Health 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:



- 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



- 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



- 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



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



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:

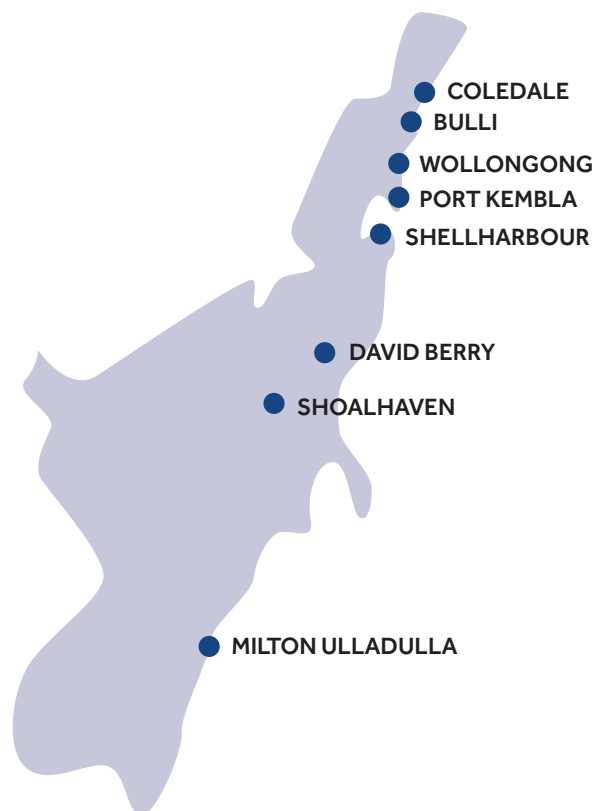
Excellent services, quality partnerships,
healthy communities

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)



OUR PEOPLE

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. Aboriginal and Torres Strait Islander people make up 4.34% of the population and retain strong cultural connections to the region's coastline, hinterland and escarpment.

The region is continually increasing in cultural diversity with 18% of people born overseas and 38% of people with at least one parent born overseas. This includes a growing number of refugees being welcomed into the community.

The District encompasses 5,620km² with some smaller communities along the southern coastline being quite isolated with limited public transport options and a growing proportion of older residents. There is a vast socioeconomic disparity within the Illawarra and Shoalhaven with some communities among the most disadvantaged in NSW. In fact, 70,000 ISLHD residents live in the most disadvantaged 6% of the entire State. In contrast, our most advantaged area is better off than 98% of NSW.

The population of the Illawarra and Shoalhaven will continue to grow at a faster rate than the NSW average, predominately due to natural increases, as well as the sustained migration of young families and retirees to the area. The make-up of the population will slowly change, with the majority of growth occurring in the older age groups.

Our current population is

428,000 with **21%**
of people (88,000) aged **OVER 65**

In 2026, our population will be

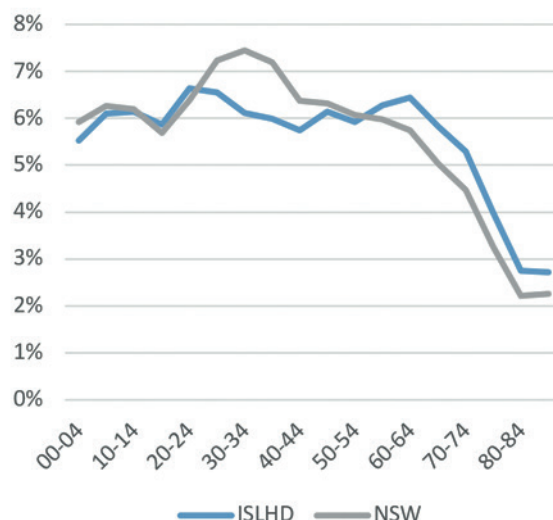
455,000 with **22%**
of people (101,000) aged **OVER 65**

In 2031, our population will be

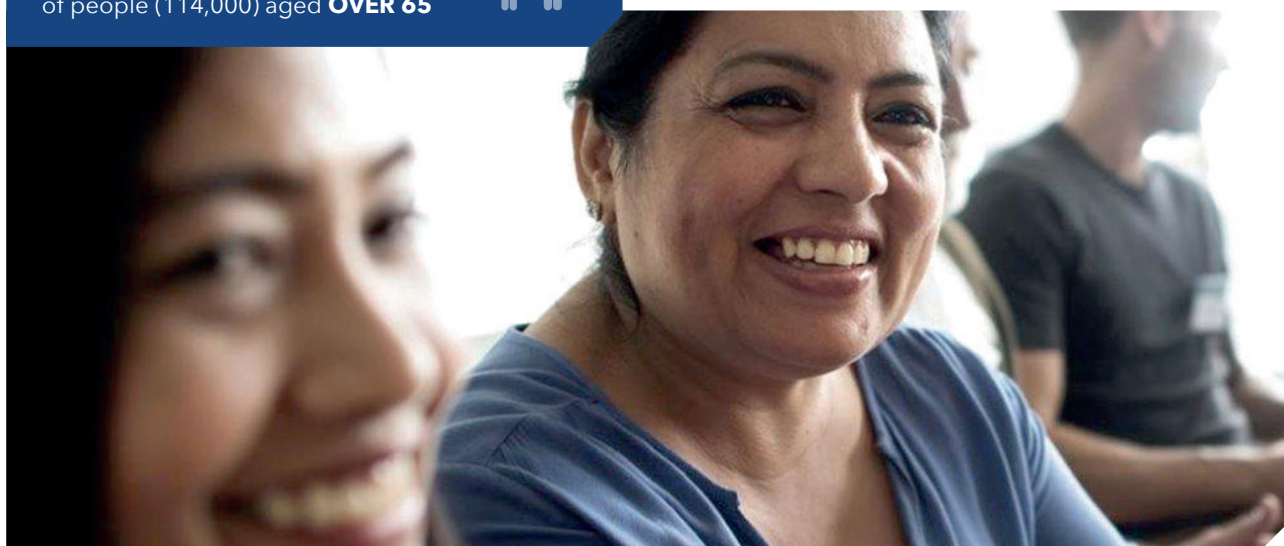
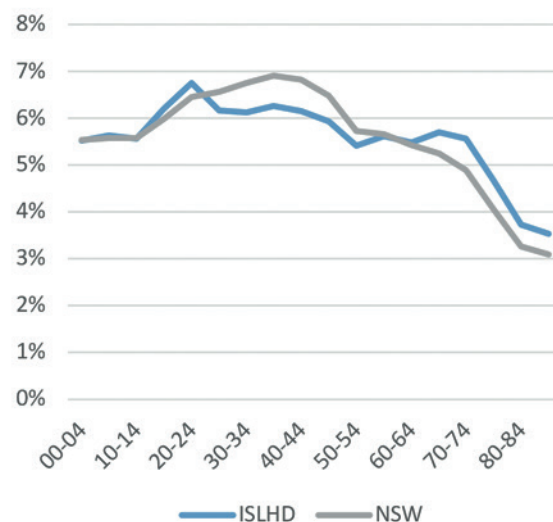
490,000 with **23%**
of people (114,000) aged **OVER 65**



2021 Population Distribution



2031 Population Distribution



OUR HEALTH

Health systems in NSW, Australia and even internationally are under pressure. The Illawarra Shoalhaven Local Health District is no different, with the region seeing an increased number of people experiencing poor health, growing emergency department presentations and hospital admissions, and longer waiting times for services. There are a number of issues currently affecting our communities and the subsequent demand on our health services, including:

- Significant **socioeconomic disadvantage**
- Heightened **modifiable health risk factors**
- Similar or higher rates of **chronic disease** when compared to **NSW**
- An **ageing** population growing faster than the **NSW** and **National** averages

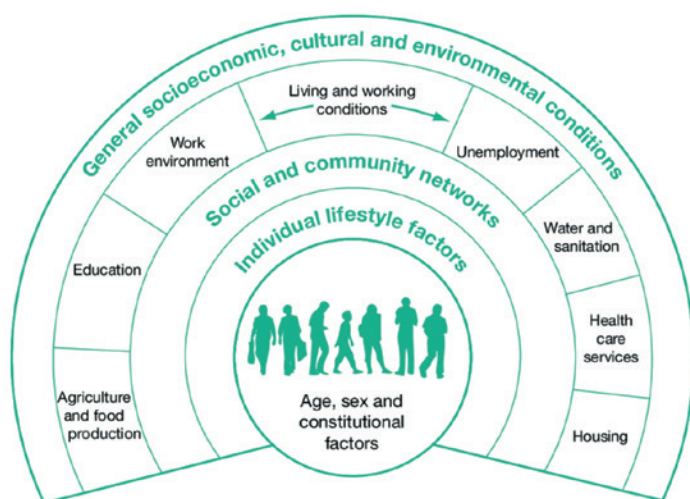
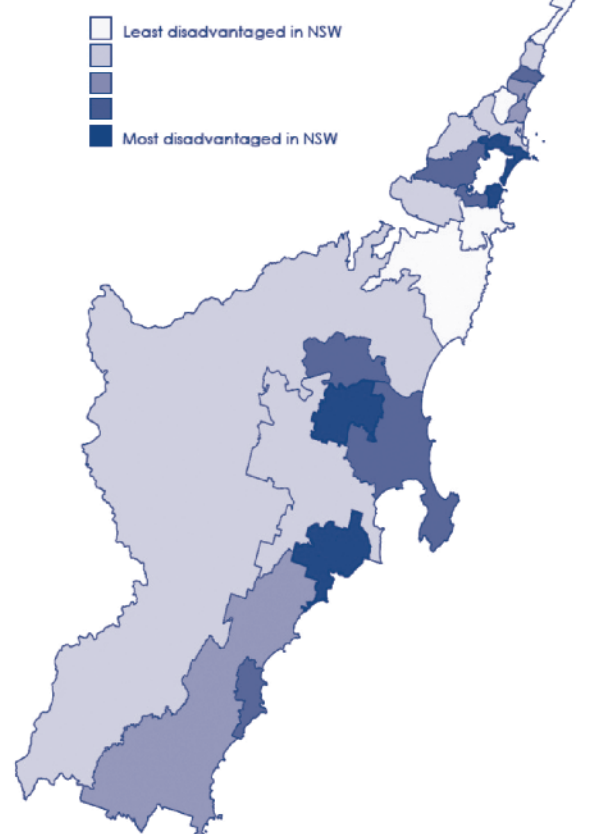


Figure 1 Social Determinants of Health. SOURCE: Dahlgren and Whitehead (1991) Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

The social determinants of health, outlined in the above diagram, are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The social determinants have an enormous influence on health inequities, outcomes and demand on our health system.

Disadvantage and Modifiable Health Risk Factors within ISLHD



60% of adults
(245,025) are affected by
OVERWEIGHT OR OBESITY

60% of adults
report **POOR NUTRITION**

50% of adults
are **PHYSICALLY INACTIVE**

23% of adults
have **HIGH BLOOD PRESSURE**

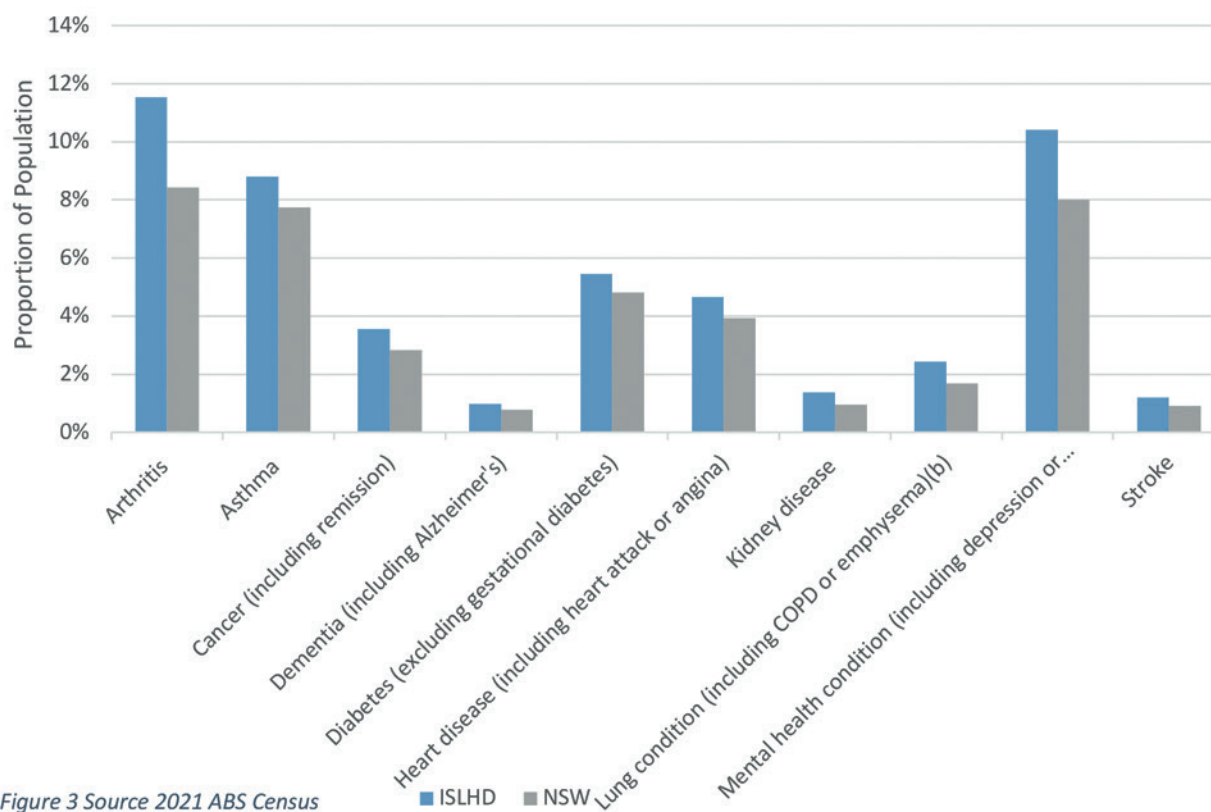
12% of adults
currently **SMOKE**

13% of people
report **ALCOHOL MISUSE**

Long Term Health Conditions

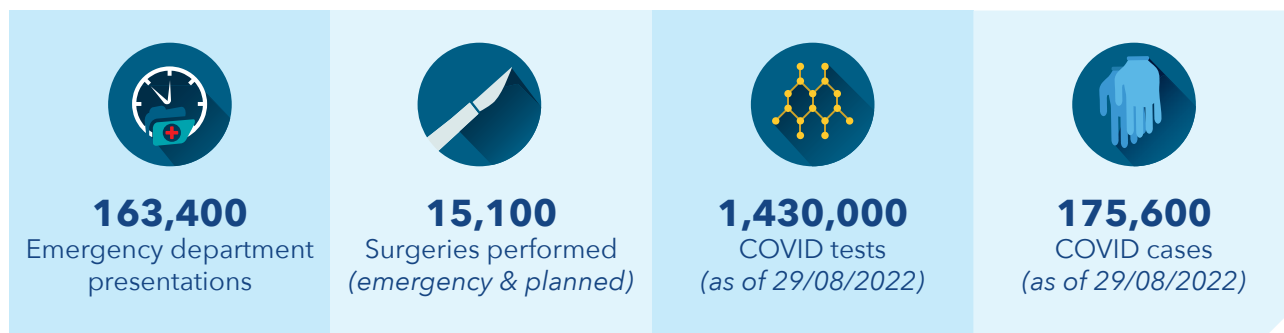


Long Term Health Conditions

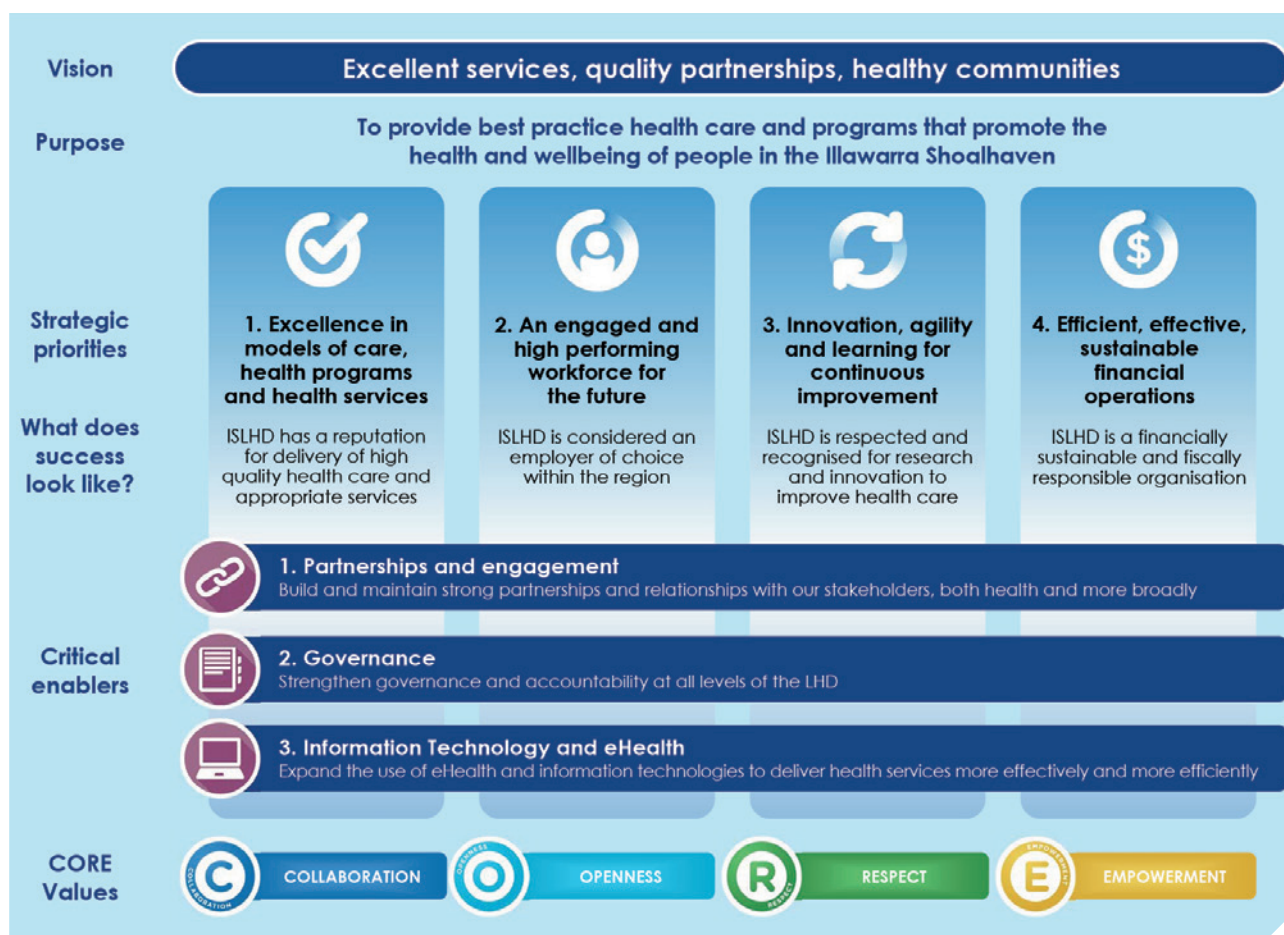


OUR HEALTH CARE

2021/2022 ISLHD provided care to our residents, which has included:



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.

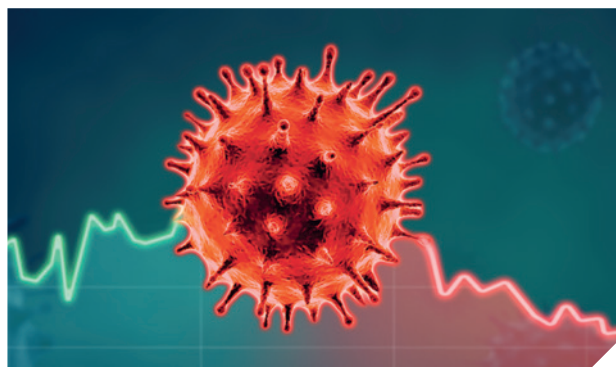
Our Purpose

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

Illawarra Shoalhaven Local Health District (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 2021-2022 ACHIEVEMENTS

The Ongoing COVID-19 Pandemic Response

ISLHD developed and implemented dedicated programs to manage the ongoing COVID-19 pandemic including creating a Mass Vaccination Centre, establishing accommodation facilities to support isolation measures, implementing outreach programs for vulnerable communities and escalation of the public health response.

Wollongong Mass Vaccination Centre

The establishment and decommissioning of the Wollongong Mass Vaccination Centre over a 12 month period saw the delivery of over 200,000 doses of COVID vaccine to the community.

Establishing Accommodation Facilities

As COVID-19 continued to impact our community, in September 2021, ISLHD increased capacity to care for the community by establishing Special Health Accommodation (SHA) and Community Supported Accommodation (CSA). The facilities meant that our local community, who could not safely isolate at home, could receive care and support, when hospitalisation was not required.

In total, 5 facilities were established. The first facility at Bulli Hospital level 2 (SHA) then the CSA in Wollongong. Additional facilities were established at Shoalhaven Hospital, Wreck Bay and Bulli Level 3 in response to increasing COVID-19 case numbers. In total 120 beds were established at 5 sites and over 100 staff recruited.



COVID Vaccination Outreach program

The Public Health Immunisation team partnered with the Department of Communities and Justice, as well as the Port Authority to increase the uptake of the COVID-19 vaccine amongst at risk communities.

Outreach vaccination clinics were held in 27 different housing locations as well as on the street achieving one of the highest rates of vaccination in social housing tenants in the state.

Escalation of the public health response

The ISLHD Public Health Unit delivered an escalated COVID-19 public health response, including case and contact tracing and management, effective surveillance, ring-fencing and isolating clusters, and outbreak management.



SEED workplace wellness program

The SEED workplace wellness program has further supported staff during another challenging year. The program has worked to build resilience and enhance connectedness and wellbeing at work.

SEED is a workplace wellness model that strives for staff to experience more meaning, happiness, and connectedness at work. The underpinning philosophy of SEED uses a strengths-based approach to ascertain the needs of staff and implement staff-led wellbeing initiatives that build resilience and aid recovery processes.

The program is embedded into ISLHD departments across all 8 Hospital sites, 2 Community sites, and 4 District Level departments.

A SEED Implementation Kit was developed and launched in 2022 including:

- Organisation, Leader and Staff Readiness surveys
- Materials such as a documentary, podcast series, and reports providing information on what SEED is and how it works

- SEED Team Orientation Handbook
- SEED Introduction Session Handbook
- Wellness Warrior Training Package
- Wellness Session Outlines
- Mentoring Training Package

The SEED Wellbeing program initiative has resulted in numerous Research Grants and Publications, as well as National and International presentations.

Reducing Hospital Acquired Malnutrition

Malnutrition is associated with adverse patient outcomes, longer length of stay, higher treatment and admission costs, and increased mortality. Reducing hospital acquired complications (HACs) is a patient safety priority in the NSW Health strategic planning framework. 'Provide world class clinical care where patient safety is first' includes reducing harm caused by the delivery of care, driving value based health care through the reduction of unwarranted clinical variation and disseminating information to inform clinical decisions and drive system improvement.

This project achieved all of these strategic aims. The rate of hospital-acquired malnutrition in Australian hospitals was 12 per 10,000 hospitalisations in 2015– 2016. In 2017, the rate of hospital acquired malnutrition in the ISLHD was 9.3 per 10,000 episodes of care (68 patients), considerably higher than the NSW average rate of 6.7 per 10,000 episodes of care. ISLHD had been more than 2 standard deviations above the NSW average rate for 30 out of 48 months (63%) in the 4 years between January 2017 and December 2020.

This project aimed to reduce the rate of hospital acquired malnutrition across ISLHD by 50%. This was exceeded - from March 2021 to February 2022, the rate was 1.7 per 10,000 episodes of care (12 HACs), lower than the NSW average rate for the same period of 2.9 (per 10,000 episodes of care). This is an 82% decrease from the ISLHD average rate in 2017.





Implemented Quick Access Therapy Team

This interdisciplinary allied team works from The Wollongong Hospital and Shoalhaven District Memorial Hospital to provide a 2-week intensive therapy program within patients' homes to prevent hospital admissions and support early discharge. Implemented in 2020-2021, this now permanent interdisciplinary allied health team recently expanded their referral criteria to include all adults (previously was people 65 years and over).

From April 2021 – April 2022, this service prevented 438 admissions and reduced length of stay for 62 admissions across its two sites. 2123 bed days have been saved since service commencement in August 2020.

Care to Connect

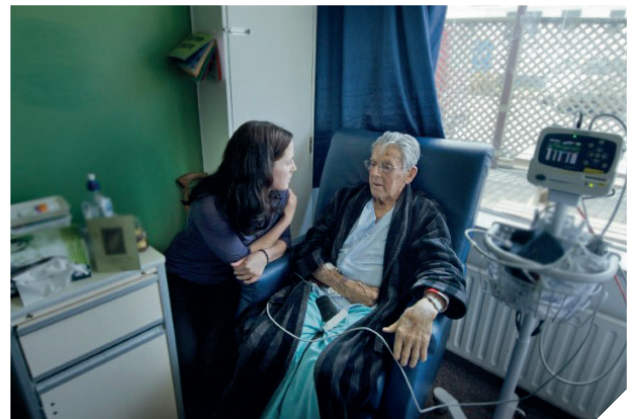
The purpose of "Care to Connect" is to provide structured support to help inpatients connect and stay in touch with family, carers and friends during times of visitor restrictions.

The aims were:

- To reduce isolation and distress experienced by patients and their families and carers due to visitor restrictions.
- To alleviate the burden on wards and staff (due to increased volume of calls and workload)

Resources developed, delivered and implemented included a procedure, Flowchart / Checklist, Patient, family and carer information and a Six Minute Intensive Training (SMIT) tool for staff.

Evaluation of the initiative had demonstrated increased use of communication plans and the My Care Boards, and positive patient, family/carers and staff feedback and compliments.



2 Achievements in Safety & Quality

Planning and Implementation for Safety & Quality

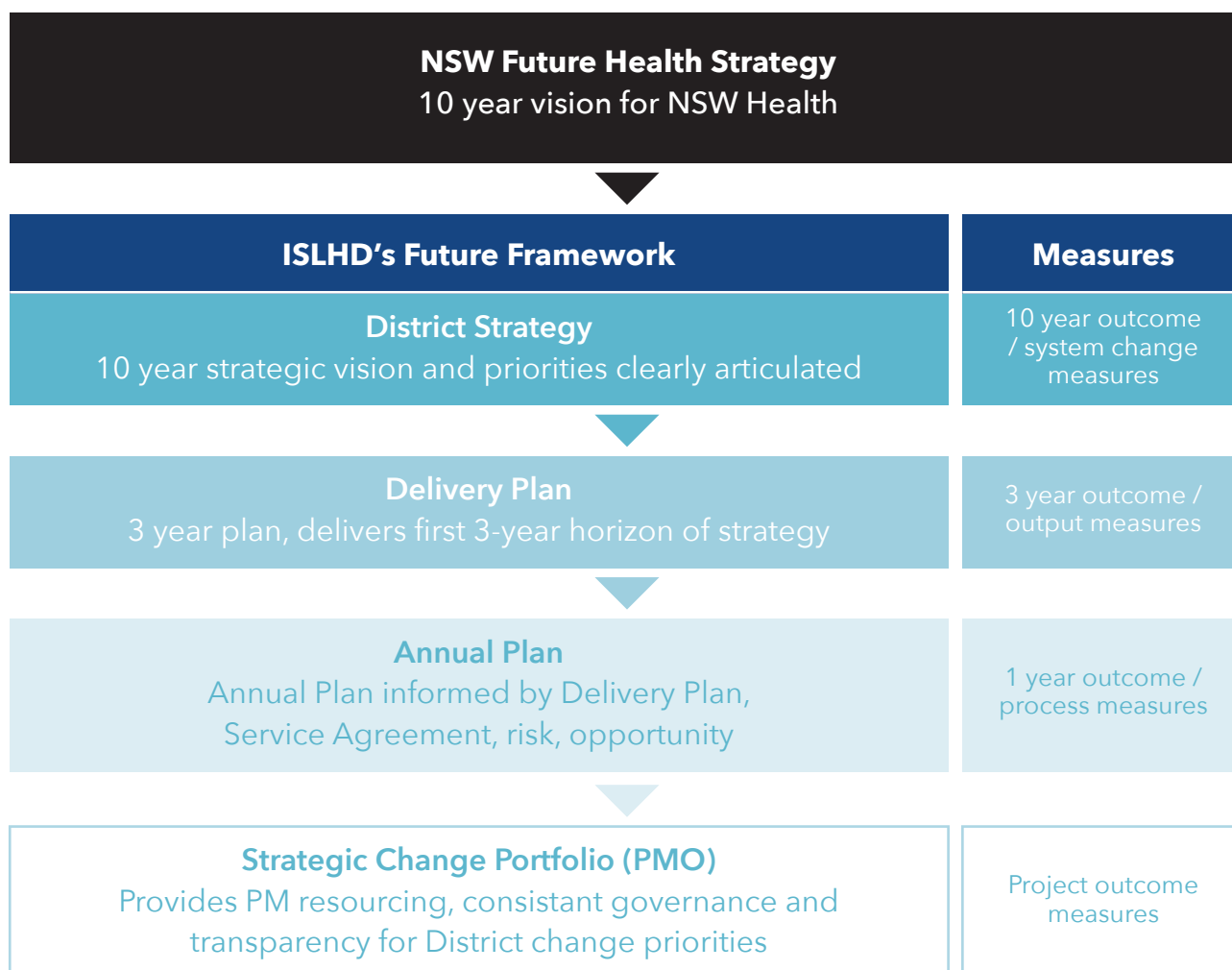
PLANNING PROCESSES TO IDENTIFY OUR PRIORITY INITIATIVES

NSW Health-ISLHD Strategy Hierarchy

In June 2022 NSW Health released its new ten-year strategic vision for the health system, 'Future Health'. Aligned with Future Health, ISLHD is moving towards a comprehensive strategy and planning framework, with the District's ten-year Strategy and three-year Delivery Plan currently in development. Our Annual Plan, plays an important role in expressing the one-year horizon of the District's strategy, as well as capturing key operational and performance priorities.



Overview of the NSW Health-ISLHD Strategy and Planning Framework



Our 10 Year Vision for our Services - THE HEALTH CARE SERVICES STRATEGY 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 Strategy 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"

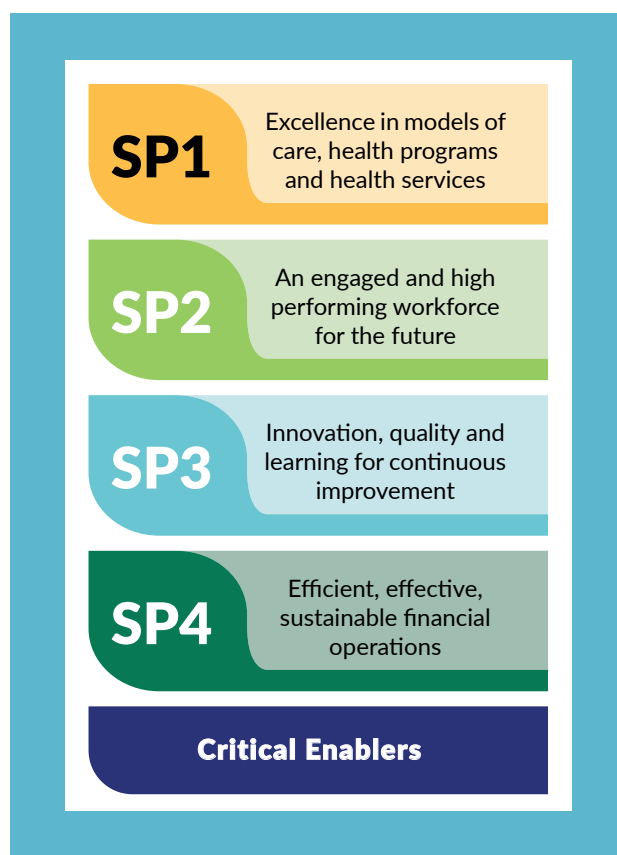
Within the long-term horizon of the Health Care Services Strategy, ISLHD has identified a three-year Strategic Direction and vision for

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 2022-2023 Annual Plan communicates the priorities for improvements.



ANNUAL PLAN 2022-2023

As the District's strategy development is still underway, the 2022-2023 Annual Plan will be an interim plan, continuing in a similar format to 2021-2022.

The 2022-2023 Annual Plan:

- Is framed around the existing District Strategic Priorities, for continuity in reporting
- Narrows the focus to ensure delivery of the key operational and performance priorities
- Utilises a risk lens to identify and address areas of performance improvement
- Addresses the major deliverables for the year to ensure full visibility

In 2023-2024 the Annual Plan will be developed to align with the new District Strategy and Delivery Plan.

The District recognises that alongside the Focus areas within the Plan, there are many other activities underway that will deliver continuous improvement and innovation, and these continue to be important to delivering on our vision, as is the every-day provision of safe and high quality health care services.

The focus for the Annual Plan are the District's "big rocks", the "non-negotiables", the "hot button issues"; these are not intended to reflect business as usual or improvements and innovations that may be implemented by Services / Hubs / Directorates in order

to contribute to the District's broader strategy.

ACHIEVING OUR PLAN

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

Key success measures which enable us to track the progress of our priorities are monitored. Due to the strategic importance of the Annual 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.

CASCADING & TRACKING ORGANISATIONAL PERFORMANCE



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 is to outline the organisational systems and processes that ensure the ISLHD meets and achieves safe and high quality healthcare.

The Clinical Governance Framework has been developed based on contemporary evidence and theory, and aligns with local, state and national plans, frameworks and programs.

The Clinical Governance Framework:

- Describes key clinical governance concepts.
- Defines clinical governance roles and responsibilities.
- Outlines structures, systems and processes that are in place to support clinical governance.
- Describes collaboration with the Ministry of Health (MoH) and Pillar Organisations to support continual improvement in safety and quality.
- Outlines measurement and monitoring to evaluate progress.

The 2022 Clinical Governance Framework is currently under review.

Principles underpinning the Clinical Governance Framework include:

- The ISLHD Strategic Priorities
- NSW Ministry of Health CORE Values
- Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service Standards (NSQHS)
- ACSQHC National Model Clinical Governance Framework

CLINICAL GOVERNANCE COMMITTEE STRUCTURE

Board Health Care Quality Committee	<ul style="list-style-type: none"> • The District's peak safety and quality committee. • Accept accountability for quality and safety. • 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	<ul style="list-style-type: none"> • The District's peak clinical governance committee. • Provide assurance on quality and safety 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 organisation and the Board. • Act as a key leadership group in achieving and maintaining accreditation.
District National Safety and Quality Standard Committees	<ul style="list-style-type: none"> • 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.
Hospital and Service Safety and Quality & National Standard Working Groups	<ul style="list-style-type: none"> • 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

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.

The Clinical Governance Unit (CGU) has the role of support, performance and conformance to develop and monitor policies and procedures for improving systems of care.

The CGU facilitates and provides support to all staff to share responsibility and accountability for quality, safety and improvement in care and reduction of clinical risk. The CGU promotes continuous quality improvement and excellence in the provision of health care and provides oversight for accreditation against the National Safety and Quality Health Service Standards and compliance against these standards as well as the NSW Ministry of Health's Patient Safety and Clinical Quality Program.

The CGU is responsible for the Quality Systems and Improvement and Patient Safety and Clinical Risk structures, systems and processes within the Illawarra Shoalhaven Local Health District as follows:

Quality Systems and Improvement

- Coordination of Accreditation and compliance with National Standards
- Education and support for Continuous Quality Improvement
- Clinical Audit Systems
- Improving consumer experience, partnering with consumers and health literacy
- Patient Information Portal
- Coordination of clinical programs
- Data monitoring and analysis including Hospital Acquired Complications

- Patient Reported Measures
- Quality and Innovation Award program

Patient Safety and Clinical Risk

- Incident Management- Serious Adverse Event Reviews
- Clinical Policy Governance
- Clinical Risk Management
- Compliments and Complaints Management
- Safety Alerts and Recalls
- Incident Data Management

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:

- **Quality and Innovation Awards**

The annual ISLHD Quality and Innovation Awards showcase the achievements of teams participating in 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 Continued COVID -19 Pandemic Response

Aligned to Future Health: Strategic Framework

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

The Illawarra Shoalhaven's COVID-19 Mass Vaccination Centre

The Illawarra Shoalhaven Mass Vaccination Centre (MVC) was established from a dilapidated former David Jones building in the Wollongong central business district (CBD) to a purpose built clinic in just 38 days. This was an amazing achievement that came from collaboration at its finest. This Project Team proactively connected and actively collaborated with staff outside their usual teams to achieve a shared goal with numerous external stakeholders. The following highlights showcase the outstanding efforts of the Project Team:

- The collaboration required to develop proposals, budgets, staffing, logistics and plans
- The speed of which the team delivered on those plans
- The challenging environment of completing and monitoring the construction given the COVID-19 public health order restrictions during that time
- The complexity of the infrastructure development required (both construction and Information, Communication and Technology -ICT) because of the ageing facility and constant focus on ensuring a functional and positive engaging space for our community
- The large scale rapid recruitment program required to validate and orientate staff across nursing, allied health, pharmacy, concierge and administration
- The expectations of the community given the heightened focus around increasing vaccination rates
- The negotiating to ensure products were supplied at a time where product availability and delivery reliability had been severely impacted
- The pressure and flexible time commitments required to meet the needs of the project, team and highly charged environment

- Partnering with eHealth to set up the Vaccination Administration Management (VAM) system for each vaccination clinic

The operational team worked with the Ministry of Health (MoH) to access staff as required. During COVID-19 outbreaks, the staff from the MVC would help with COVID-19 testing and assisting the hospitals across the District with staffing.

Each time another vaccine was introduced, the collaboration with State Health Emergency Operation Centre (SHEOC) was vital in providing advice to the vaccination centres. The MVC managed the Adult Pfizer, Astra Zeneca, Moderna and Paediatric Pfizer vaccines over the period we were operational. The inclusion of each vaccine led to staff thinking critically to plan and implement the delivery of the new vaccine, including new pharmacy spaces, in a safe and protected environment, to ensure the community received the vaccine they had requested without incident.

The MVC received a multitude of compliments from the community expressing the positive experience and kindness that they encountered.



"Friendly greetings, staff who clearly knew what their role was and overall a very efficient process from start to finish. Both times [occasions of service] I was in and out within one hour, including the mandatory 15 minute post vaccine observation time. While the process was efficient and organised, the staff still went through all the questions I had without ever giving the impression that they were rushed or wanted me out of there as quickly as possible. The nurses were very engaging and pleasant to deal with. I also witnessed a Nurse going above and beyond (in my mind) as she dealt with an elderly couple who were a bit confused as to what they should do. She showed great patience and respect to the elderly couple as she navigated through some kind of issue with their appointment. The last 18 months would have placed great strain on the frontline hospital staff, and the operation as a whole, so I think it is important to take time and recognise the great job you are all doing in these trying times".

The paediatric Pfizer delivery gave staff the opportunity to dress up in order to relieve any anxiety children were feeling on entering the MVC.

The Mass Vaccination Centre delivered 204,366 COVID-19 vaccinations across the Local Health District



Special Health Accommodation

As COVID-19 continued to impact our community, in September 2021, ISLHD increased capacity to care for the community by establishing Special Health Accommodation (SHA) and Community Supported Accommodation (CSA). These facilities meant that our local community, who could not safely isolate at home, could receive care and support, when hospitalisation was not required.

In total, 5 facilities were established. The first facility at Bulli Hospital level 2 (SHA) opened on the 13th September after a 2 week lead in time and the CSA in Wollongong opened on the 1st October. Additional facilities were established at Shoalhaven Hospital, Wreck Bay and Bulli Hospital Level 3 in response to increasing COVID-19 case numbers. In those early weeks, the same teams were responding to lock downs at the Wollongong Homeless Hub and Piccadilly Hotel. In total 120 beds were established at 5 sites and over 100 staff recruited.

The principles underpinning ISLHD's service were;

- high quality and safe care of guests and staff;
- to reduce the risk to community, staff and guests of COVID-19 transmission; and
- fostering strong partnerships with agencies and teams.

It is extraordinary to reflect on those times and what was achieved, learnt, and to know it mattered to so many local people. Over 300 people were provided accommodation over 10 weeks at Bulli and 7 months at Wollongong.

Responding required reaching out to colleagues and networks across the state including the State Health Emergency Operations Centre NSW Ministry of Health and Sydney Local Health District. The Model of Care (MOC) in ISLHD was unique in NSW, a non-clinical model, that created an opportunity to be adaptable and responsive in ways many health professionals, or communities, had not experienced before. The Public Health Unit (PHU) and The Virtual Enhanced Community Care (VeCC) team were key partners in care, planning and responding. There was a 'COVID can do' attitude which meant managing the varied challenges with professionalism, respect and calmness placing the individuals requiring care and support at the centre of decision making.

Guests included NSW health staff and first responders; individuals and groups from shared or crisis housing; domestic violence shelters, boarding houses, drug and alcohol rehabilitation centres; people recently released from jail; students from the University of Wollongong (UOW) accommodation; families, children, pregnant women, couples and newborn babies; Aboriginal and Torres Strait Islander people; returned travellers confirmed positive as they travelled for work or between places of stay; and then holiday makers on bikes and in vans. Many guests' lives were affected by drugs and alcohol, deteriorating physical and mental health, family separation, complex socio-economic situations and homelessness.

Employees of ISLHD, often stepping into new roles, collaborated, listened to, coordinated and established unique facilities. New staff were recruited including registered and enrolled nurses; assistants in nursing who were second and third year undergraduate nursing students from the University of Wollongong; allied health assistants; psychologists, social workers, clinical nurse consultants from drug and alcohol and mental health. The team liaised with local charities such as Foodbank and Health Cities Illawarra. Important networks included Healthshare for catering and linen and ISLHD procurement who ensured we had the protective equipment and stock to keep staff and guests safe. Other supports came from NSW Ambulance and Police when needed.



During lockdown, many industries closed. Security was required on site for SHA and CSA facilities. A unique partnership with Insight Security provided opportunities for displaced night club bouncers, gym instructors and boxers with security training to partner with ISLHD. Non health staff willing to support the community had their own fears and questions. The security staff demonstrated a willingness to learn new ways of working, to embody NSW Health CORE values and contribute to safe, effective care in often unpredictable and uncertain work environments. Compassionate leadership role modelled respect, and reflexivity; working with all to create a unique, positive and empowering environment.

Every shift started with a huddle; what could we celebrate? What did we learn? And what were we worried about? There was openness and trust that ensured each team member was heard, was able to communicate what mattered which contributed to feeling safe. This was essential when working with multiple agencies, the diverse guests in the accommodation facilities, and the ever changing health and political advice.

Many guests were vulnerable, marginalised, displaced and frightened. It was the team's priority to listen by regular phone contact, to be available to hear what was needed, to initiate and link guests to support services and to provide kindness, dignity and respect. The team worked through issues by being flexible, adaptable, and creative and doing what mattered!

How do we know this mattered? Guests and staff told us!

From guests who stayed at the SHA Bulli and Wollongong.

"Thank you all at the SHA for the absolutely wonderful care and support they received whilst at the SHA";

"I just wanted to say a huge thank you for the amazing care that you have no doubt been showing not only to myself but to all the people that are isolating here at the moment";

"Your hospitality and warm welcome has been an experience that made this journey feel like our dignity and wellbeing mattered. I felt treated like a guest. We appreciate the generosity of opening your doors to all of us!"

"I wanted to write to say the nurses and staff were amazing, the facility was perfect and comfortable. But it was the comfort of having nurses there to help and put my mind at ease with what symptoms I was showing and experiencing was priceless. I know COVID can have many impacts but the fear pushed by the media causes such anxiety. The nurses were amazing at combating all that anxiety with a level head, honesty and caring nature. I cannot thank them enough and say how important the facility was in my time of uncertainty". My words could never express my gratitude to all who helped at short notice and helped me through my days"

"You have all played a part in our journey and have brought joy to my kids and really helped me get through the hardest 2 weeks of my life. We are so thankful for everything. I will never forget this amazing team and support. I wish each and every one the very best that life can give you."



From the SHA CSA team.

"This was a challenging time. There was laughter, tears and at times fear and uncertainty. However this is a period in my life and my career I will treasure and never forget. I have phenomenal memories, a great sense of pride and immense gratitude for being able to do my part".

"Being asked to be part of the COVID accommodation leadership team was intriguing, scary and completely out of my comfort zone. I was challenged and excited by the lack of constraint and potential to contribute to something special. Throughout this time I have grown as an individual and a professional and will revert to my substantive role stronger, more confident, humble and grateful for everyone in the team.

The experience has validated my mental health and leadership skills and has taught me so much about myself, kindness, compassion, strength and the value of real teamwork. I will never forget our time together. I hold the memories dear in my heart"

"We now know so much more about this virus and how to manage it. I believe we have also learnt a lot about the resilience and the 'can do' culture of this great team we call ISLHD. I certainly have witnessed it and experienced it in abundance in the past 2 years. I think we will all reflect on feeling way out of our comfort zones, but being really grateful for the willingness we saw in all of our colleagues to work together to tackle problems and sustain the best way forward. You and your teams (SHA CSA) stand out for me in that respect.

Being offered work as a security guard at the SHA CSA I thought about this deeply and weighed up the consequences and potential dangers of such work. In the end, the experience has been life changing and I have adapted skills from my peers that will help in my problem solving skills in the future. I am looking forward to continue working with work colleagues. I might not have done this had I not been part of this team.



This has been an incredible journey and experience working with such an inspiring and dedicated health care team from all disciplines and areas of health. I have met some truly amazing people and made lasting friendships. Bonded by the act of rising to the call to the frontline and selflessly helping our community during a challenging period. It has been wonderful working with you all and if you can work as a COVID-19 response team you can work anywhere! Working in this team has empowered and instilled within; resilience, adaptability and confidence. I am honoured to have worked with you all and grateful that I was able to have this shared experience with such outstanding people.

Partnering to deliver COVID-19 Vaccinations for Social Housing and Homeless and those at Risk

The impact of COVID-19 required an urgent and immediate response to vaccinate the total population. Data demonstrated that those most at risk were not accessing the vaccine and were at an increased risk of both acquiring and transmitting COVID-19. To address this challenge, the Public Health Immunisation team partnered with the Department of Communities and Justice (DCJ), as well as the Port Authority to increase the uptake of the COVID-19 vaccine amongst at risk and vulnerable communities.

In collaboration with partner organisations, an innovative program was delivered for homeless and vulnerable members of the community to administer COVID-19 vaccinations. Clinics were conducted in Public Housing Blocks, Community Centres, parks, carports in close proximity to Public Housing Buildings, Homeless Hubs, Specialist Homeless Services (SHS) and crisis/transitional homeless accommodation services. Communication strategies and promotional material included SMS, phone calls, flyers, letter box drops, and door knocking and used simple to read, tailored materials which accommodated different levels of health literacy. No bookings were needed and clinics were easy to access and navigate.

Working with the Port Authority and navigating a range of commercial entities and commonwealth and state

agencies, the team implemented a first of its kind port side COVID-19 vaccination program for international seafaring crews unable to access vaccinations. This required an agile approach to ensure the ship was not delayed impacting on the operations of the Port. ISLHD vaccinated 1155 Seafarers significantly helping to protect the global supply chain of essential goods.

The DCJ Social Housing vaccination rates for ISLHD significantly improved from 58% dose 1 in September 2021, to 84% in November 2021, and 31% dose 2 to 81% for the same period, which was higher than the total DCJ Social Housing across NSW.

The Outreach vaccination program significantly increased the COVID-19 vaccination coverage locally, achieving one of the highest rates of vaccination in social housing tenants in the state. The program delivered 7493 vaccines over three months to different high risk communities, 2771 of these vaccines were administered to Public Housing clients, homeless and those in SHS.

PUBLIC HEALTH IMMUNISATION TEAM



Winner of the Agency for Clinical Innovation (ACI) Rural Health Award
Winner of the ISLHD 2022 Quality and Innovation Award - Keeping People Healthy

Access and Quality through Virtual Mental Health Care

It can be difficult for many people in the Illawarra Shoalhaven to access health care services. It is also challenging for the Mental Health Service (MHS) to provide a timely, face-to-face service across a large geographical area.

The Virtual Mental Health project has delivered virtual capability across our service, enabling consumers to access care no matter where they are located. The MHS has taken a novel approach to the implementation of Virtual Care with the establishment of a Mental Health Telehealth Coordinator. This role has been critical in training clinicians, setting up the required infrastructure and embedding virtual into existing procedures.

The Virtual Mental Health Project aimed to ensure consumers could access timely, high quality and safe mental health. The project team worked with managers, clinicians and consumer representatives to set up the physical infrastructure required to utilise Virtual Care, embed Virtual Care into policy documents, deliver training, and develop localised resources.

To-date, Virtual Care, via video has been implemented and expanded across three settings:

1. Emergency Departments (ED): this has increased remote mental health assessments for people presenting to ED with mental health needs.
2. Outpatient services: this has increased virtual consults delivered to consumers accessing Community Mental Health Services.
3. Community: this has increased people in crisis being connected with a Mental Health Clinical Nurse Consultant virtually whilst still in the community.

Virtual Care is now embedded into our service as an alternate option to face-to-face.

Virtual Care activity dashboards for outpatient services show a sustained increase in the use of Virtual Care with the proportion of client contacts being delivered virtually increasing from 2% last financial year to approximately 5% each month in August 2021 - March 2022. The proportion of consumers accessing Virtual Care has concurrently had a sustained increase from 5% to around 9%.

Over 100 mental health consumers have reported on their experience accessing Virtual Care with 94% of all respondents and 100% of Aboriginal respondents scoring their experience as 'Good' or 'Very good'.



One consumer said:

"I save myself 45 minutes with a virtual appointment, I just get the link up on my phone and click, click, click I'm on... It just felt like we were both sitting in our lounge room having a cup of tea and a chat, so it made the setting much more comfortable than a clinic."

Visits to the ED can distress consumers, expose them to vicarious trauma and exacerbate their symptoms therefore, avoiding ED or spending less time in ED is much better for consumer outcomes.

By conducting mental health assessments while people are still in the community, the service has enabled 1080 consumers to avoid ED and remain in the community for their care - a number of these resulting from a virtual assessment.

Aligned to Future Health: Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

THE VIRTUAL MENTAL HEALTH PROJECT TEAM



Winner of the ISLHD 2022 Quality and Innovation Award

- Chief Executive Award
- Excellence in the Provision of Mental Health Services

Mental Health, Ambulance, Police, Paramedic Project (MHAPP)

The Mental Health, Ambulance and Police Project (MHAPP) is a collaboration between Illawarra Shoalhaven Local Health District (ISLHD), NSW Ambulance and NSW Police that provides safe and timely access to mental health advice and assessment for people experiencing a mental health crisis. MHAPP has been expanded into Shellharbour and the Shoalhaven after successfully being launched in Wollongong and Lake Illawarra in 2020.

MHAPP supports people experiencing a mental health crisis in the community by providing safe and timely access to a mental health assessment and referral, and

avoiding unnecessary presentations to the Emergency Department. It is a Mental Health Service that is evidence based, responsive and consumer centred. The MHAPP assists early access to specialist mental health assessment while the first responder is still in the community. This leads to more timely access to the best services and faster support for the person in a mental health crisis.

MHAPP uses a range of tools from a MHAPP clinician accompanying Police onsite, to telephone or virtual support to assist with clinical assessment of a person's current mental state and risk while they remain in the community. This is often less stressful and reduces the need to attend the Emergency Department for review enabling the person to remain in their community with their support networks where appropriate care can be provided.

MHAPP has grown year on year and across 2021-2022 received 1838 calls.

MHAPP has achieved some outstanding results with 73.7% of MHAPP consults resulting in the consumer not needing to go to an Emergency Department, and a total of 1,130 people not needing to go to an Emergency Department in the last financial year. The total estimated value of these avoided presentations is over \$800,000.

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- Patients and carers have positive experiences and outcomes that matter
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Excellence in models of care, health programs and health services



Evaluating telehealth vs Face to Face Chronic Pain Management Groups

Due to the COVID-19 pandemic, District-wide service restrictions impacted the ability of the ISLHD Chronic Pain Service to provide effective in-person care and hence required safer alternatives. Telehealth technology was utilised to provide pain consumers effective pain management group intervention from the safety of their home, rather than on site at their respective hospitals. The ISLHD Chronic Pain Service was one of the first services in the District to adapt existing face to face outpatient groups to the Telehealth platform.

This project evaluated the effectiveness of newly developed Hybrid and Online Telehealth pain management groups, in comparison to standard face to face delivery, to inform future service delivery.

Winner of the ISLHD 2022 Quality and Innovation Award
Health Research and Innovation

152 participants attended a multidisciplinary pain management group with the service between 2019 and 2022, completing pre- and post-group outcome measures. Participants also completed a qualitative survey of their experience doing a Telehealth group.

Patients showed clinically significant improvements post-group for all measures.

The survey evaluation of the Telehealth pain management group experience revealed:

- Overall group experience: Very Good/Excellent (91%)
- Telehealth group participation: Very Good/Excellent (74%)
- Recommend Telehealth group to others: Yes (98%)

While the Telehealth groups presented many advantages including superior retention rates, the main disadvantage endorsed on survey (53%) was not being able to socialise with others, which is a key component of the biopsychosocial approach to pain management, and given the choice again 53% would have preferred a face to face group. This highlights the need for diverse pain group delivery options.

The Telehealth pain management groups are a sustainable option for the future as they can effectively be run in less time, require minimal equipment and can be run from any Telehealth supported location. 47% of Telehealth participants indicated they would complete a Telehealth group again if given the choice, indicating clear demand for this modality. As such, the Service has integrated Telehealth alongside face to face groups, for long-term sustainability.

Aligned to Future Health: Strategic Outcomes

- Safe care is delivered across all settings
- People are healthy and well
- Research and innovation, and digital advances inform service delivery

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

Quick Access Response Team (QuART)

In the second half of 2020, a dedicated Allied Health Quick Access Response Team (QuART) was piloted to provide at home allied health services for elderly patients avoiding admission from the Emergency Department (ED) or supporting early discharge from hospital. This was in response to limited access to acute at-home allied health services for elderly patients.

Following the success of the pilot, the team has continued in a permanent capacity into 2021/2022 at both Wollongong Hospital (WH) and Shoalhaven District Memorial Hospital (SDMH). The team now includes four allied health disciplines- Physiotherapy, Occupational Therapy, Speech Pathology and Dietetics. The QuART model of care is transdisciplinary, meaning a clinician of any allied health discipline can conduct an initial home visit and coordinate support and interventions for the patient, reducing the amount of clinicians required to visit the patient and enhancing efficiency of the service.

QuART has accepted a further 517 patients into the program in 2021/2022 since the completion of the pilot project. Using average length of stay for WH and SDMH, it can be estimated that QuART has contributed to saving over 1206 bed days and over \$1.7million in cost savings in this time. Whilst it is recognised that bed day savings do not contribute directly to the financial bottom line, QuART has been able to have a significant impact on removing pressure from the Emergency Departments and supporting inpatient bed flow.

Referrals to QuART continue to be highest (70%) for admission avoidance (patients referred from ED), 22% have been to facilitate early discharge and 8% from other referral sources, including community services. The team has been able to respond to the ongoing high demands on the ISLHD hospitals with increased flexibility of the referral criteria including extending the criteria to accept patients over 18 years of age, which was previously only over 65 years of age.

QuART has continued to prioritise integrated care by developing relationships with ISLHD services including Virtually enhanced Community Care (VeCC), Primary

Health Nursing, Community packages (ComPacks) and Hospital in the Home (HiTH) to provide a coordinated approach to patient care in the home and prevent hospital admissions.

QuART has continued to deliver collaborative patient-centred care and reduce average bed/days and cost savings.

QuART was recognised as a finalist in the 2021 NSW Health Awards: Secretary's Award Integrated Value Based Care Award

Winner of the 2021 ISLHD Quality and Innovation Awards Integrated Value Based Care



"I recently attended Shellharbour ED following a fall where I injured my right knee. Following treatment I was linked with the QuART team and a physiotherapist who visited me at home to assess what assistance they could give me as I am 81 and I live alone. The physiotherapist was able to give me advice on prevention of any further falls and gave me some exercises to help with balance and awareness of mobility issues. As part of his questioning I identified that I had had some swallowing problems in the past and he linked me into a speech therapist for assessment. I really appreciated his help and concern and it is so good to know that services such as these are available to those of us who want to stay at home for as long as we can."

Aligned to Future Health: Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

Acute aphasia care post-stroke: Early intervention for language loss and brain recovery

Aphasia is a loss of language function due to critical structures in the brain being damaged, occurring in approximately 30-38% of the acute stroke population. Patient length of stay for a stroke admission at Wollongong Hospital was high in comparison other similar hospitals in 2020. The concern, which was highlighted in our patient activity data, indicated our stroke patients were only receiving one hour of therapy during their total acute admission.

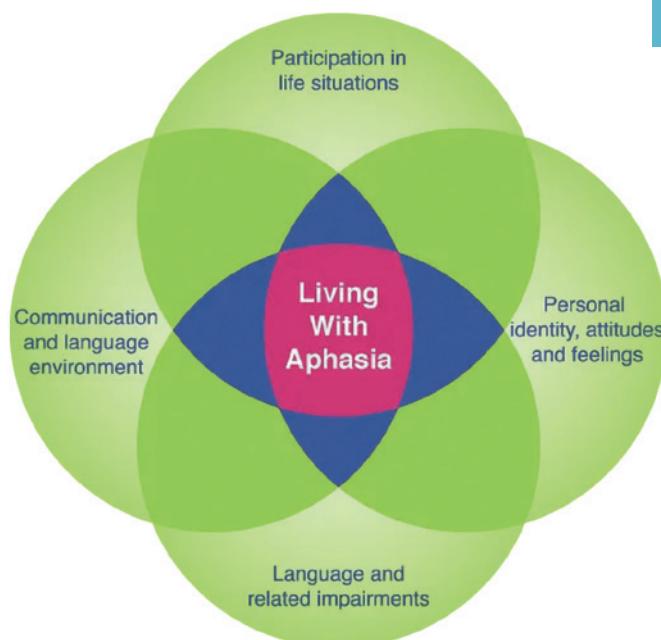
The aim of this project was to increase the amount of aphasia therapy for our patients in alignment with National Stroke Guidelines, and hence improve patient outcomes and value based care.

**Winner of the ISLHD 2022
Quality and Innovation Awards**
Integrated Value Base Care

Our method involved completing a literature review and developing key performance indicators (KPI) for acute aphasia intervention times in line with The Australian and New Zealand Clinical Guidelines for Stroke Management. This included 3x 30-45 minute sessions per week (90-135 minutes per week) for patients with aphasia.

We developed a high functioning student unit, managed by the Senior Stroke Speech Pathologist where speech pathology students were taken over a 7-week block with the aim to prioritise therapy. We developed a pre-reading list that each student completed prior starting their placement, a set schedule and weekly plans. With the students assisting, patients received three times longer intervention times with the students contributing nearly half of the total intervention time received by patients.

Research suggests that people with aphasia have lower levels of social activity, poorer quality of life, and are at higher risk of depression when compared to their aged matched peers. By increasing early stroke intervention time we are allowing our patients to make the best gains possible, improve their language skills and receive value based care in the acute setting. We have plans, in ongoing implementation of this project, to evaluate functional patient-related outcomes further.



Aligned to Future Health: Strategic Outcomes

- Safe care is delivered across all settings
- People are healthy and well
- Research and innovation, and digital advances inform service delivery

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

Cardiothoracic Surgery Service

For the first time, Wollongong Hospital now has an in-house Cardiothoracic Surgery service running on a 24 hours a day, 7 day a week basis in partnership with Wollongong Private Hospital.

This service encompasses a team of specialists including two highly-trained consultant surgeons, two registrars/fellows, five cardiothoracic anaesthetists, a clinical perfusion team, nine cardiothoracic theatre nurses headed by two theatre nurse unit managers, nine intensive care doctors and a cardiothoracic specialist nurse coordinator.

The service commenced in September 2021 and nearly 300 operations have been performed to date. Furthermore, hundreds of local patients have been offered rapid assessments either at their hospital bedside or in local clinics by the surgeons. These assessments have considered the patients' range of complex clinical problems and the need for a cardiothoracic operation, all in conjunction with our broad range of sub-specialised cardiologists.

Since its inception, Wollongong's Cardiothoracic Surgery service has not only streamlined the patient experience of those requiring heart surgery but has also resulted in reduced waiting times and lengths of stay for patients in hospital, during this wait period.

Cardiothoracic Surgery is a central part of treating cardiovascular diseases. As a result of this service, ISLHD is able to provide safe and effective treatment of heart disease affecting our local population including complex interventional (non-surgical) interventions for coronary and valvular heart diseases.

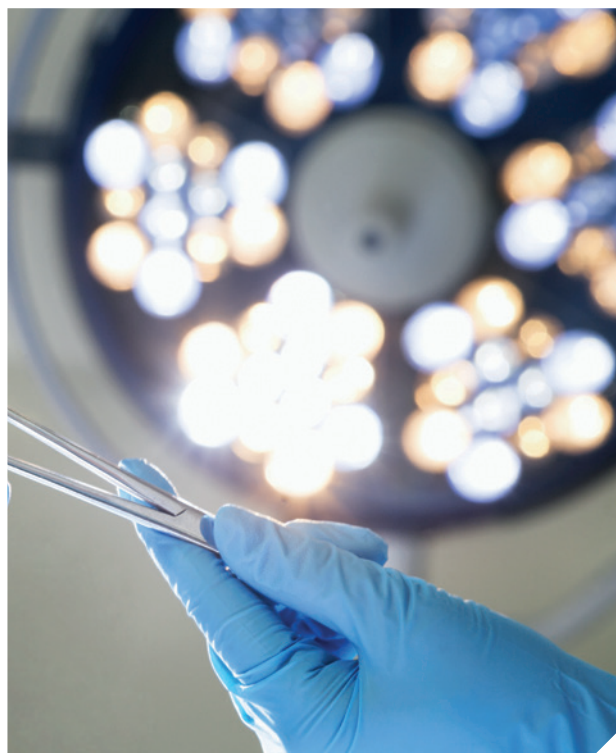
As cardiac services develop, Wollongong Hospital will emerge as a centre of excellence and a regional hub for the treatment of patients with complex cardiac disease.

Aligned to Future Health: Strategic Outcomes

Safe care is delivered across all settings

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services



The Breast Feeding Project

The Breastfeeding Project was developed for the protection, promotion and support of breastfeeding. The plan was to create an innovative, culturally safe breastfeeding educational resource and promotional film/audio visual for Aboriginal and Torres Strait Islander families. This was framed around community identified areas of breastfeeding need through early engagement, consultation and collaborative partnership.

Early initiation and exclusive breastfeeding during the first 6 months is associated with a reduced risk of neonatal and maternal morbidity. Aboriginal infants are less likely to breastfeed than non-Aboriginal infants and it is suggested that promoting breastfeeding to the wider Aboriginal Community would assist to create a stronger breastfeeding culture and would support Aboriginal women to breastfeed.

Winner of the ISLHD 2022

Quality and Innovation Awards

Excellence in Aboriginal Healthcare

The aim of this project was to improve breastfeeding rates for women receiving antenatal care through the Aboriginal Maternal Infant Health Service at hospital discharge to 90% and to 70% at 6 weeks postpartum.

Many of the resources available within the Illawarra Shoalhaven had not been well-utilised or seen as culturally appropriate within Aboriginal services. They had not been designed with Indigenous consultation

for content and design. This project, in collaboration with Aboriginal and Torres Strait Islander women and families, explored what women wanted to know about breastfeeding (for the education resource/s) and how they felt.

Yarning sessions were held and a community / participant survey. Highlighted concepts included 'Knowing if my baby is getting enough milk' and 'Pain with breastfeeding'. Two double sided postcards covering these topics were developed, which were relatable and well received by families. Artwork was designed by Local Aboriginal Artist Holly Sanders.

The themes from community consultation used to develop the focus of the film included:

- Knowing breastfeeding is good for baby
- Bonding with my baby
- Having a happy, growing baby
- Proud of self for breastfeeding



A video “Ngaminjang Djama” (Breastmilk Talk in Dhurga language) was developed. It was shared with families and on YouTube (139,000 views to date), promoted on social media, print media and in Health clinic settings. With the aim to create ownership and inspire future Aboriginal women to breastfeed their babies, the unscripted filming was made on Country, with local women, families and Elders.



Globally 40% of infants are exclusively breastfed to 6 months. In Australia 16% of non-Indigenous and as low as 7% Indigenous babies make this milestone. ISLHD sits favourably with overall NSW breastfeeding statistics at 6 weeks after birth. In 2020 75% of women were still breastfeeding on discharge from hospital. Within the Aboriginal Maternal Infant Health Service Shoalhaven, specifically the rate was 68%. The project outcomes showed a positive trend in breastfeeding initiation and improved the rate on hospital discharge from 68% to 82%.

Aligned to Future Health: Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

Shoalhaven District Memorial and Milton Ulladulla Hospitals awarded

Baby Friendly Health Initiative (BFHI) Accreditation



The prestigious Accreditation was awarded in June 2022.

The 3 day process included interviewing women who were having pregnancy, birth, postnatal and neonatal care in our service as well as staff from all levels from maternity and paediatrics.

The assessment focused on the facility meeting standards of the ‘Ten Steps to Successful Breastfeeding’ and the ‘World Health Organisation International Code of Marketing of Breast-milk Substitutes’.

The BFHI framework works alongside local, state and national policies to improve breastfeeding support and outcomes, leading to healthier families and communities.

The Shoalhaven memorial and Milton Ulladulla Hospitals join only 14% of Australian facilities who have been able to achieve this recommendation.

Virtually enhanced Community Care (VeCC)

Supporting patients to remain healthy at home

The Virtually enhanced Community Care Service was established in June 2020 to support patients with COVID-19 who were isolating at home. In November 2020, VeCC was expanded to support patients with Chronic Disease and in July 2022, a Virtual Hospital Ward was developed to support patients returning home from hospital.

The primary aim of VeCC is to support individuals to better manage their health condition(s) from the comfort of their own home, through virtual consultation and health coaching with Medical, Nursing and Allied Health staff and remote monitoring of their clinical observations such as oxygen levels, blood pressure and temperature.

VeCC - Chronic Disease Management

VeCC supports patients with Chronic Disease with the goal of improving patient outcomes and wellbeing by;

- providing best practice evidence-base cared, individualised support and health coaching to increase self-management skills.
- remote monitoring of symptoms and clinical observations (e.g. blood pressure, oxygen levels) via an ISLHD provided tablet.
- reducing unnecessary emergency department presentations, avoiding preventable hospital admissions and reducing length of stay.

VeCC has responded to the needs of over 300 patients with Chronic Disease by providing person-centred care to support patients to work towards their individualised health goals and increase their self-management skills. Following engagement with the VeCC service, patients are statistically less likely to present to hospital

unnecessarily, indicating better self-management of their chronic disease. VeCC empowers patients in better understanding their health care needs, facilitating early intervention and pre-empting deterioration, whilst prioritising patient safety at all times.

The VeCC service for patients with Chronic Disease is rapidly expanding to include a large multidisciplinary team of Nursing and Allied Health, and End of Life care. Further, the team have been successful in obtaining a Research Grant to support the formal research evaluation of this service and were a finalist in the NSW State Health Awards for Transforming Patient Experience.

Finalist in the 2021 NSW State Health Awards for Transforming Patient Experience.

VeCC service - COVID-19

From November 2020 to June 2022, the VeCC team supported more than 5670 patients with COVID-19 isolating at home. The health and wellbeing of these patients was monitored by Nursing, Allied Health and Medical staff as facilitated by the VeCC team. Patient wellbeing and safety were prioritised, with rapid telehealth assessment permitting clinically informed escalation procedures and hospitalisation as required.

VeCC - Virtual Hospital Ward (VHW)

In response to the increasing pressures on the hospital system, the VeCC service expanded again to include a Virtual Hospital Ward. This initiative supports the early discharge home for patients with chronic respiratory conditions or heart failure who would have otherwise had to stay in Hospital. These patients receive their ISLHD-



provided tablet and remote monitoring equipment, with education on how to use this technology, prior to discharge from hospital. These patients have their clinical observations (eg. oxygen levels, blood pressure) remotely monitored whilst with VHW and are reviewed by Medical Officers and Nursing, with the opportunity for Allied Health referral during their VHW admission. In the first 5 weeks of VHW service provision, more than 85 patients have been supported by the VeCC - VHW team, releasing over 280 days of hospital bed capacity and most importantly, enabling these patients to return home safely and with a high level of ongoing care.

Aligned to Future Health: Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

Reducing Hospital Acquired Malnutrition

Malnutrition is associated with adverse patient outcomes, longer length of stay, higher treatment and admission costs, and increased mortality.

A multidisciplinary malnutrition Hospital Acquired Complication (HAC) review in 2020/2021 identified:

- 1) 32% of malnutrition HACs were either community acquired or had weight loss that did not meet the criteria for a diagnosis of malnutrition and were not a HAC
- 2) unclear documentation and no measured patient weight at assessment or repeat weight during admission led to coding errors, and
- 3) not all patients were screened within 24 hours of admission and referred to a dietitian for assessment where appropriate.

Winner of the ISLHD 2022 Quality and Innovation Awards Patient Safety First Award

This project used innovative approaches to the existing issue of hospital acquired malnutrition. For the first time, the clinical coding team and dietitians collaboratively developed and provided education to multiple disciplines to improve the documentation and coding accuracy of hospital acquired malnutrition.

A malnutrition HAC review template was developed using the Australian Commission on Safety and Quality in Health Care (ACSQHC) Hospital-Acquired Complications Information kit in the Quality Audit Reporting System (QARS). The dietitian documentation audit was modified to include monitoring of initial (weight measured within 24 hours of admission), repeat weights (reported quarterly) and malnutrition risk screening (on admission). A Nutrition Model of Care (MOC) for hip fracture patients was developed and implemented, including a patient resource and education of nursing staff.

This project demonstrated sustained outcomes in reducing HACs in ISLHD, as the malnutrition HAC rates have remained below NSW average rates for 9 out of 10 months since May 2021.

As a result of the project, 100% of the malnutrition HACs are confirmed as actual malnutrition HACs once coded data is available. Measurement of initial weights has increased marginally (30 to 36%); work is being undertaken to further improve weighing practices. The number of patients screened within 24 hours increased from 74% to 86%. The nutrition model of care for patients with hip fracture reduced the average time from referral to dietitian intervention from 3.15 to 1.25 working days, and increased the number of patients receiving dietitian intervention from 33% to 87%.

The project exceeded its aim with an 82% decrease in malnutrition HACs across ISLHD, as well as remaining below the NSW average rate. By reducing the number of HACs, and hence the length of stay and cost of admission per patient, the estimated cost savings of this project is \$97,720 per year.

THE REDUCING HOSPITAL ACQUIRED MALNUTRITION PROJECT TEAM



Aligned to Future Health: Strategic Outcomes

- Safe care is delivered across all settings
- People are healthy and well
- The health system is managed sustainably

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

PROGRESS ON PLANNED ACTIVITIES FROM THE 2020-2021 SAFETY AND QUALITY ACCOUNT

Elevating the Human Experience

NSW Health have developed a Elevating the Human Experience Guide to support the partnership with patients, carers, caregivers and the wider community to deliver care that meets needs, expectations and preferences of patients, families and carers.

ISLHD has established a Community of Practice (CoP) to work towards Elevating the Human Experience across ISLHD. The objectives of the CoP are to:

- Provide a forum to connect like-minded people across ISLHD who are passionate about giving and receiving exceptional human-centred care, to share discussions and ideas about local initiatives to elevate the human experience.



Elevating the Human Experience

Our guide to action for patient, family, carer and caregiver experiences



- Share the discussions and ideas from the broader state-wide Enabler working groups and garner the ideas and possible initiatives from our ISLHD community.
- Support the vision, purpose and aspirations of the NSW Health in Elevating the Human Experience.

The CoP has been meeting monthly since August 2021 and have shared many presentations, publications, and promoted Elevating the Human Experience news and events.

Aligned to the previous NSW Health State Health Plan

Direction 2 – Providing world-class clinical care

NSW Premier's Priority to deliver world-class customer service

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

Short Notice Accreditation Assessment Pathway (SNAAP)

Illawarra Shoalhaven Local Health District (ISLHD) successfully completed its first Short Notice Assessment with the Australian Council in Healthcare Standards between 22 and 25 March 2022.

ISLHD was the first local health district to undergo the Short Notice Assessment Program in New South Wales. ISLHD were assessed against six of the National Safety and Quality in Healthcare Standards (NSQHS) in its first of two assessments. The National Standards that were assessed includes:

- Standard 1: Clinical Governance
- Standard 2: Partnering with Consumers
- Standard 3: Preventing and Controlling Healthcare-Associated Infection
- Standard 6: Communicating for Safety
- Standard 7: Blood Management
- Standard 8: Recognising and Responding to Acute Deterioration

The sites and services that were included in the assessment were:

- Wollongong Hospital
- Shellharbour Hospital
- Shoalhaven District Memorial Hospital
- Coledale Hospital
- Bulli Hospital
- David Berry Hospital
- Milton Ulladulla Hospital
- Mental Health Service
- Ambulatory and Primary Healthcare
- Drug and Alcohol Service
- Oral Health Service
- Child and Family Services



A snapshot of comments made by the assessment team in the SNAAP Final Report concluded that:

- ISLHD is a mature organisation with integrated facilities and community centres with a governing body supported in its roles and responsibilities by an organisational operations and complex committee hierarchy framework.
- The organisation has a well-developed clinical governance framework with Board and Executive leadership overseeing processing of clinical and corporate safety and quality initiatives, their review and report of improvements.
- Major work has been undertaken on promotion of informed consent across the District.
- ISLHD has a developed and comprehensive approach to policy and procedure development, review and endorsement to ensure documents are current, effective, appropriately referenced and that they comply with legislation and regulations.

- There has been an extensive workforce program developed in ISLHD entitled SEED (Stability, Encompassing, Endurance, and Direction) that is designed to support the wellbeing of the workforce, which has been very successful.

Aligned to the previous NSW Health State Health Plan

Direction 2 - Providing world-class clinical care

Direction 3 - Delivering Truly Integrated 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





Safety and Quality Essentials Pathway

Applied Safety and Quality Program

NSW Health and the Clinical Excellence Commission released the Safety and Quality Essentials Pathway to NSW Health Local Health Districts and entities in 2021. The 12-month Applied Safety and Quality Program is embedded in the Pathway at the Adept level and targets staff who currently lead or aspire to lead local safety and quality improvement initiatives. The program aims to develop an adept level understanding and skill in applying the safety and quality tools, methods and behaviours required to champion, role model, support and lead safety and quality in local workplaces and teams.

Illawarra Shoalhaven Local Health District (ISLHD) is one of the first local health districts in the State to implement the Applied Safety and Quality Program. In March 2022, the program commenced, with twenty 23 participants currently enrolled in the program. The milestones to date include:

- Orientation- Tuesday 8 March 2022
- Module 1 – Applied Patient Safety - 20 and 21 June 2022
- Module 2 – Improvement Science - 11 and 12 July 2022
- Module 3 – Safety and Quality Applied at the Point of Care- 8 and 9 August 2022
- Module 4 – Safety and Quality Applied in Systems - 5 and 6 September 2022
- The Graduation Ceremony will take place on the 29 June 2023

Positive feedback has been received from the participants who attended the modules. Some quotes include:

- *I really valued these sessions, every facilitator was clearly an expert in their field and so passionate about their work. It was clear that they really wanted to be there and were committed to helping us learn.*
- *It was a great couple of days. Thank you to all of the presenters - wow. You are ALL a force of nature. Being a part of an LHD with these incredible people at the helm of the Clinical Governance Unit and Patient Safety and Quality is a privilege.*
- *I thought all of the presenters were impressive. Their passion and experience really brought me in and I felt like every new piece of information was essential to my learning.*
- *Just want to acknowledge the huge amount of work the Clinical Governance Unit & Quality Managers team is doing to facilitate this program. The entire team are doing a fantastic job! They all speak so beautifully and are very knowledgeable. They are kind, vulnerable and encouraging. The behind the scenes coordination is outstanding.*

Participants of the program will continue to work on their Improvement Science projects during 2022 and 2023 and will finalise these ready to present their project outcomes at the Graduation Ceremony on 29 June 2023.

Aligned to the previous NSW Health 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



ISLHD Hospital Health Pathways Pilot

The Hospital HealthPathways (HHP) Program was identified as a potential solution to reduce variation in imaging and pathology, and expedite the patient journey for sub groups of patients. Nine local pathways and 18 electronic Medical Record (eMR) Powerplans were developed in collaboration with local subject matter experts. These pathways were chosen based on high volume admissions to the Emergency Department (ED), where there was evidence of unnecessary testing and identified opportunities to expedite patient disposition.

Variation to the planning and execution phases occurred due to underestimation of project effort and overestimation of resource capacity for compiling and authoring nine clinical pathways. In addition there was insufficient contingency built into the schedule. A staggered delivery occurred across three EDs as follows:

- Shoalhaven District Memorial Hospital: 6 weeks from September to October 2021
- Shellharbour Hospital: 6 weeks from October to November 2021
- Wollongong Hospital: 4 weeks from November to December 2021

The impact of COVID-19 on the EDs pushed back the delivery which reduced the time the team could spend in the ED.

Extensive feedback was received from clinicians during the delivering phase. Feedback suggested the HHP product was not a suitable solution due to accuracy of content, alignment with operational processes, useability and scope. As it stands this solution is not suitable without enhancements. Any future iteration of this project will ensure adequate stakeholder consultation and user acceptance testing occurs before delivery phase. It also requires detailed business requirements to evaluate if this solution is suitable for the business needs.

Aligned to the previous NSW Health 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



3 Improving the Patient Experience

Illawarra Shoalhaven Local Health District values the experiences, perspectives, skills and diversity of our Consumers.



Partnering with Consumers - National Standard 2



Partnering with Consumers ensures health services support patients, consumers and carers to actively participate in service planning, designing care, service measurement, and evaluation to improve health outcomes and the patient experience. The following demonstrates a snapshot of how Illawarra Shoalhaven Local Health District (ISLHD) meets the National Safety and Quality Health Services Standard 2.

A MESSAGE FROM ISLHD CONSUMER REPRESENTATIVES

How can people with lived experience as patients, families, or carers make a difference to the way ISLHD delivers high quality healthcare in safe ways? Aren't these questions of clinical standards and governance, and good clinical practice at the bedside or in the clinic?

As consumer representatives engaged at the level of governance, policy review or project support we hope to open a window into the human experience of being ill, and to keep this experience in view when decisions are being made about resources, staff development, and clinical priorities. We know this matters in developing care that is safe and inclusive, and that builds community confidence.

Broadly, our role is to advocate in constructive ways for accountable and compassionate practice, wherever we are invited in. Like everyone in the communities that surround our hospitals and clinics, we are really invested in our local healthcare system being properly supported to deliver high quality care and we know that it makes a difference when consumer voices are heard.

We speak up in committees or project teams about what it feels like to sit in a waiting room or wait for a bed. We know that information about safety or quality isn't always easy for patients to process, so we review documents and try to suggest ways that communication can be better designed and translated. We know what it's like to get lost in a hospital that is a familiar workplace to staff, and so we bring that knowledge to wayfinding audits.

This year we have been welcomed by the Clinical Governance Unit, the Clinical Governance Council and the Standard 2 committees at hub and district level. We have been consulted on new ideas and tricky issues. We appreciate the trust placed in us as participants in sensitive discussions about patient flow. We have loved being part of ceremonies celebrating staff achievements, and we were honoured by the very challenging questions put to us in the SNAAP accreditation visit, especially in relation to representing this diverse community.

ISLHD is genuinely welcoming to consumer feedback and engagement, and we can see a productive year ahead.



Kate Bowles



Jacqueline Forst

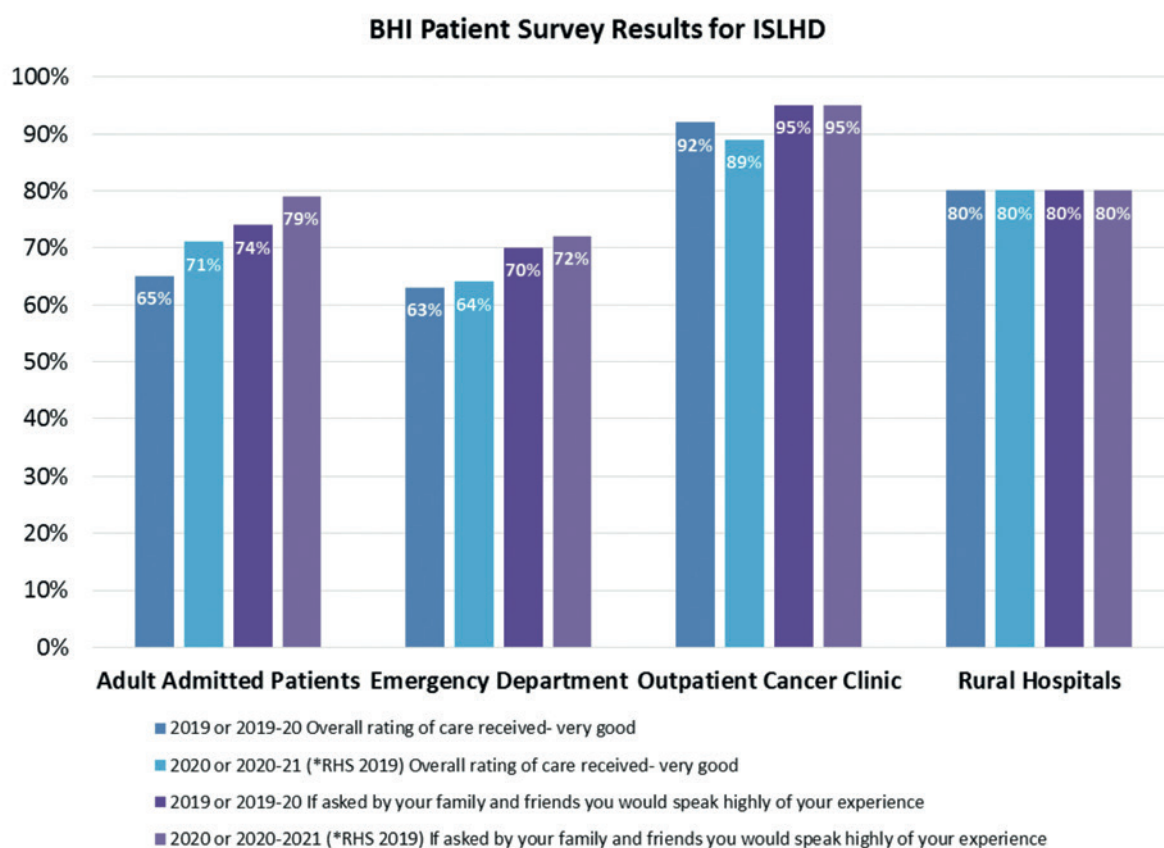
PATIENT REPORTED EXPERIENCE

ISLHD participates in the NSW Patient Survey program by the Bureau of Health Information (BHI). The Clinical Governance Unit provides summaries of ISLHD results to sites and services for review. Local site 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. Four patient surveys that included ISLHD facilities were conducted during 2020-2021 and reported in 2021. An additional fifth survey, Maternity Services, results for 2021 are expected in October 2022:

- Adult Admitted Patient Survey, January-December 2020
- Emergency Department Patient Survey, July 2020 to June 2021

- Rural Hospitals Adult Admitted Patient Survey, July 2019 to June 2020
- Outpatient Cancer Clinics, November 2020

The Adult Admitted and Emergency Department surveys include Milton Ulladulla Hospital, Shellharbour Hospital, Shoalhaven Hospital and Wollongong Hospital. The Rural Hospitals Adult Admitted Survey includes Coledale, Port Kembla and David Berry Hospitals. The Maternity Services Survey includes Wollongong and Shoalhaven Hospitals Maternity Services. Milton Ulladulla Hospital, Shoalhaven Hospital and Wollongong Hospital are included in the Outpatient Cancer Clinic survey.



"At every stage of my care I was informed, reassured and continuously observed by a wonderful team of medical professionals. The procedure was skilfully carried out and no doubt saved my life. At no point during the procedure was I concerned as I knew without doubt I was in safe hands. Their skill and medical expertise were reinforced by the utmost care and concern for me before, during and after the procedure. What an amazing team."

The following responses were either significantly better than the NSW average, and/or improved from the 2019-2020 survey:

- **Timely and coordinated care**
When asked: *"While you were waiting to be treated, did the ED staff check on your condition?"*
Across the District 74% of patients responded that they had their condition checked on.
At Milton Ulladulla Hospital the same result was 92%.
- **Clear information**
When asked: *"Were you told who to contact if you were worried about your condition or treatment after you left the ED?"*
Across the District 87% of patients answered yes.
At Wollongong Hospital the same result was 89%.
- **Clear information**
When asked: *"Were you told about what signs or symptoms, related to your illness or treatment, to watch out for after you went home?"*
Across the District 60% of patients answered yes.
At Milton Ulladulla Hospital the same result was 72%.
- **Safe, comfortable environment**
When asked: *"Was the signposting directing you to the ED easy to follow?"*
Across the District 83% of patients answered yes.

"All the staff were very thorough in their care of our son. They did such an amazing job to a really high standard. Despite being under a lot of pressure, everyone seemed to work so well as a team. We felt safe and well cared for. The staff were always friendly, approachable and kind, and constantly checked in and gave us updates and opportunities to ask questions. Please extend our compliments and gratitude."

PARTNERING WITH CONSUMERS IN GOVERNANCE, SERVICE PLANNING AND IMPROVEMENT



National Safety and Quality Health Service (NSQHS) Standard 2 requires health organisations to work in partnership with a diversity of consumers to plan, evaluate and improve services and care. This is because consumers with lived experiences of healthcare can 'add value and support organisational efforts to improve quality of care, efficiency of resource use, and community support for programs or services.' (Consumers Health Forum of Australia, 2017)

ISLHD uses a variety of strategies to engage consumers in initiatives to plan, evaluate and improve services and care, including: informal, one-off events; formal and ongoing participation on committees; in staff training and education; to review and develop written consumer health information; feedback through formal surveys and social media; and way-finding audit teams.

The Short Notice Assessment Accreditation Pathway (SNAAP) event in March 2022 included two recommendations for Standard 2: to collaborate with consumers to develop the ISLHD Partnering with Consumers Framework; and to establish a District Consumer Advisory Group, as a sub-committee of the Board, that will involve a diversity of consumers.

The Clinical Governance Unit has commenced work in response to these recommendations, in partnership with two consumers - Jacqueline Forst and Kate Bowles, to co-create the ISLHD Partnering with Consumers Framework, conducting the inaugural ISLHD Consumer Forum, and establishing a District-wide Consumer Advisory Group.

Kate Bowles brings her experience as an ISLHD patient and carer together with her working knowledge of committee processes. "In my working life at the University of Wollongong (UOW), I can see that committee process is important to making good decisions. When you have the consumer voice in that conversation, the decisions are much better informed."

Jacqui is a consumer and user-design advocate change agent and collaborator. "I am a person determined to be part of the change that leads to better health care. My role as a consumer and community representative is a privilege that connects me with committed, professional staff and I hope I can make a valuable contribution."



PATIENT REPORTED MEASURES - *Health Outcomes and Patient Experience*

What are Patient Reported Measures (PRMs)?

Patient Reported Measures (PRMs) capture outcomes and experiences that matter to patients. The state-wide PRMs program gives patients the opportunity to provide direct, timely feedback about their health-related experiences and outcomes. This feedback helps drive improvements in care across the NSW health system.

Patient Reported Measures are captured in patient surveys to give clinicians an insight into the needs and expectations of patients at the point of care.

This information allows the patient to have a conversation with the clinician about what is important to them and to set goals in-line with "what matters to the patient". This feedback informs the health system in ISLHD and across NSW about where it is performing well and where there are opportunities for improvement. This drives service delivery to ensure patients have the best possible experiences and outcomes from their healthcare.

IMPACT SNAPSHOT

6 Live Locations

- Illawarra Shoalhaven Ambulatory and Primary Health Care
- Milton Ulladulla Hospital
- Port Kembla Hospital
- Shellharbour Hospital
- Shoalhaven District Memorial Hospital
- Wollongong Hospital

24 Live Services

- Aunty Jeans
- Chronic Heart Failure
- Chronic Wound Care
- High Risk Foot Service
- Diabetes Management
- Osteoarthritis Chronic Care Program
- Osteoporosis Refracture Prevention
- Rehabilitation
- Renal Supportive Care
- Respiratory Services

5068 Patient Reported Outcome measures

- Collected on HOPE across ISLHD since 2021
- Collected by 210 staff HOPE users in ISLHD who were trained by ISLHD PRMs team how to analyse and interpret surveys relevant to each service and in the HOPE platform



Patient Reported Experience Measures



Patient Reported Outcomes Measures

PREMS capture the patient's perception of their **experience with healthcare or services**

PROMS capture the patient's perspectives about how illness or care impacts on their **health and wellbeing**

INDIVIDUAL LEVEL

- Understand, evaluate and enhance interactions between patients, carers and clinicians.
- Patients and carers can decide their choice of treatment and take ownership of their care.
- Increased engagement between clinician and patient to deliver personalised, integrated and appropriate care in a timely manner.
- Supports evidence-based care.

SERVICE LEVEL

- Understand and evaluate factors that influence health outcomes using aggregated PRMs to better understand patient needs, preferences and treatment.
- Monitor effectiveness and impact of intervention and care over time.
- Improved capacity to benchmark between services and interventions-enabling continuous quality improvement.

SYSTEM LEVEL

- Patient reported data to inform service planning, investment decisions, research and evaluation, benchmarking for all care settings and policy review.
- Value based, equitable and appropriate care.
- Improve intergration and continuity of care across the health system.
- Improve health literacy.

Patient Story

Last year, John attended the Osteoarthritis Chronic Care Program – a program for patients who are on the waiting list for a joint replacement. The program has a multidisciplinary team of Allied Health staff who patients see every 3 months for up to 12 months. Patients are provided with education, exercise and patient-centred treatment as required. Patient Reported Measures is an integral part of this program to tailor the program to what matters to the patient, set individual patient goals and monitor change over time.

The results from John's quality of life survey PROMIS-29 identified high levels depression and anxiety on his initial assessment. It also highlighted some sleep issues and below normal function.

John and the clinicians discussed his survey results and together developed a Management Plan based on what was important to him, including some concerns about

his weight. This process allowed John to take ownership of his health and wellbeing. John was also referred to the Social Worker who then referred him back to his General Practitioner for a Mental Health plan and to a Clinical Psychologist at the conclusion of the program. John agreed to attend the exercise group and committed to a regular meal schedule.

At his 3 month review, John repeated the PROMIS-29 survey and the clinicians noted the following results:

- Improved reported functional outcomes
- Improved sleep with less requirement for sleeping medication
- Improved exercise tolerance in his 6 Minute Walk Test
- Improved depression and anxiety scores, which were maintained at his 6 month review.

OUR CONSUMER FEEDBACK

I would like to pass on my sincere and heartfelt thanks and gratitude for your caring and very efficient service I received. I witnessed all staff treating patients and visitors with great empathy and energy. Nurses frequently offered pain relief to waiting patients, no question was considered too silly or unimportant, patience and courtesy offered to all. Thank you so much for your amazing care and concern in these very difficult times."

"From the moment I arrived until the moment I left, all the people and service was fantastic. The medical team was great, friendly, took the time explain everything, and were very patient and understanding. I think this was the best experience I have had in a hospital. Thank you all."

"My congratulations to all those involved in the setting up and staffing for the most efficient and professional set up. The staff are to be commended for the way they conduct themselves in a friendly, courteous and professional manner. The process is slick, painless and rigorous and could/ should be used as a template for similar processes in the future. Well done to all concerned."

"We would like to say a MASSIVE thank you to so many wonderful people. We only have praise for the staff we met. They are such wonderful people and should be commended for the incredible way they care. The nurses really made our daughter feel comfortable and she appreciated that they spoke to her to explain everything. Thank you to the incredible and skilled surgeon, too."

"Thank you for the amazing communication. I'm super grateful for all the attention I was given when I had COVID and felt incredibly unwell. Despite how busy the service is, I was still made to feel reassured and valued. You are all doing an amazing job and we appreciate you."

"My gratitude to all of the staff, they were all so friendly, kind, considerate and professional. It was very evident that they all genuinely care about the work they do with each individual, I cannot commend them all highly enough. My heartfelt thank you to each of them."

"I was impressed with the way I was treated by all staff. The doctors who treated me were clearly very dedicated. The high degree of professionalism they showed gave me confidence. The nurses showed so much compassion and dedication while performing their duties. I really appreciated the way I was treated and would like to give my sincere thanks to all of you."

"From start to finish I was treated so calmly by obviously competent and experienced doctors and nursing staff. They took the time and measures to make sure I could hear and understand them, explaining everything and listening to all I was saying. The whole experience has left me more confident in coping with my anxiety of all things medical. I want all those involved to have the recognition they well deserve and say thank you to all of them."



INFORMED CONSENT PROJECT

ISLHD established the District Consent Continuous Practice Improvement Project in May 2020 to review and improve local processes and outcomes for informed written consent. This Project is being coordinated by the Clinical Governance Unit, to meet the requirements for consent under National Safety and Quality Health Service Standard 2: Partnering with Consumers and the NSW Health Consent to Medical and Healthcare Treatment Manual (Consent Manual), released in February 2020.

The overall aim of the Project is to decrease the number of consent-related patient safety incidents by 90% by December 2022. A number of strategies are being implemented towards this aim and also to:

- Reduce the number of incomplete and missing consents (as monitored on the day of surgery);
- Reduce the number of patient-related surgery cancellations;
- Improve medical officer knowledge and skills for informed consent; and
- Improve patient experience of shared decision making (for consent).

The two main strategies implemented between July 2021 and June 2022 were:

- **Medical Officer Survey** - 85 doctors across the District completed a survey in November 2021, about their awareness and understanding of informed consent. A number of risk areas were identified - including explaining risks and assessing capacity. The Consent Project is using this (baseline) data to inform the review and develop medical officer education:
 - District JMO Orientation Consent module - existing module, updated ✓
 - How to explain risks for informed consent - new module ✓
 - How to assess capacity for informed consent - new module ✓
 - Informed Consent for Assistants in Medicine (Orientation) - new module ✓

"I've found it very difficult to definitively determine capacity in certain patients. Some appear very reasonable in their answers to questions but are ultimately determined not to have capacity after formal assessments."

(JMO, ISLHD Consent Survey, 2021)

Got questions?



We're listening

Find questions to ask your medical professional at choosingwisely.org.au



- Informed Consent Month** - In a first for ISLHD, June 2022 was dedicated as Informed Consent Month. The initiative targeted staff and consumers and the overall aim was to promote awareness and skills for informed consent and shared decision making. Informed Consent Month was a great success:
 - 12 education sessions conducted and 172 staff trained.
 - 22 Illawarra Cancer Care Centre patients participated in a survey on shared decision making - 29% of respondents told us the information they saw in the waiting area and clinic rooms (see example poster above), made them feel more confident to ask questions.
 - ISLHD worked in partnership with consumers to develop a new 'Informed Consent' internet page and patient information brochure.
 - Over 10,000 consumers viewed information about informed consent and shared decision making posted on the ISLHD Facebook page throughout June, and over 480 consumers engaged with this information.

PATIENT INFORMATION PORTAL (PiP)

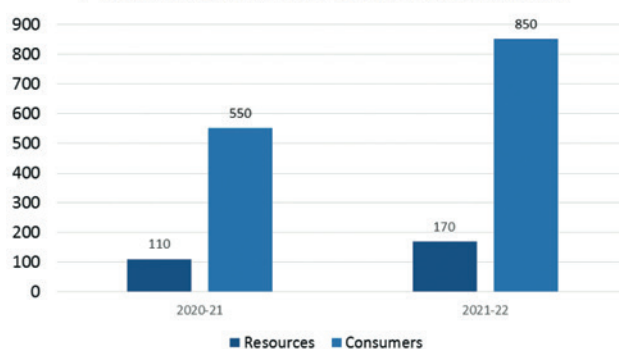
The Patient Information Portal (PiP) contains health information documents that are developed in plain language for consumers. The PiP process is a standardised, organisation-wide, evidence-based approach for developing health information.

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 2021- 2022, 170 documents (12 in other languages) were published or updated. We are currently finalising the district procedure and business rule on consumer information to make sure it is used for:

- 1) Translations of PiP documents with a clear process for updating translations along with the English versions
- 2) Other forms of consumer information (e.g. internet, youtube videos and social media) and
- 3) An Aboriginal Health Impact Statement is undertaken for the majority of resources.

Number of Consumer Health Resources Published on PiP and Consumers Involved



"Health staff speak more slowly for aged patients."

ISLHD Patient comment from the Bureau of Health Information (BHI) Emergency Department Patient Survey, 2021.

There are currently 174 Health Literacy Ambassadors (HLAs) across ISLHD who have received training in health literacy and the PiP process. The HLAs have a key role in embedding the PiP process and partnering with consumers across the district. The HLA training in 2022 has evolved, and we are now embedding training in plain language in policy documents into these sessions. This initiative implemented by our ISLHD Clinical Policy team has sought to reframe the process of policy development using health literacy principles, with positive results so far.

MATERNITY MY CARE BOARDS

ISLHD Maternity Services in collaboration with Consumers, the University of Wollongong (UOW), Clinical Governance Unit and Aboriginal Health have created a communication board that is welcoming and person-centered.

The development of the Maternity My Care Boards was made possible with the support of UOW Lecturer in Design, Joanna Stirling, staff and women birthing at Wollongong and Shoalhaven Hospitals and their families.

The My Care Boards aim to support women to be active partners in their own care and that of their babies.

The My Care Boards, are a communication tool intended to:

- Increase engagement with our patients and their families,
- Enhance patient understanding about their care and care plan,
- Empower women and their loved one to ask questions either by writing on the board or as part of handover.

Communicating with our patients and their families, using plain language:

- Allows patients to be partners in their own care
- Allows patients to be involved in decisions about upcoming procedures, treatment and care
- Helps ISLHD, to meet the patient's information needs and create a safe place for the women and their baby.

The Maternity My Care Board art work has been designed by Jasmine Sorin. Jasmine is a proud Kamilaroi and Jerrinja woman from NSW. Born and raised in Wollongong (Dharawal country), Jasmine has spent some time on the South Coast in Nowra (Jerrinja and Yuin country).

Jasmine explains her artwork: "The lower part of the artwork has sandy coloured lines, and the leaves are not yet connected. This is to highlight the future and work still to come, that there are connections and partnerships to still be made."

The roll out of the My Care Board is supported by staff training, and patient information located by the bedside. The My Care Boards are part of enhancing patient involvement at handover.

"WALAWAANI NJINDIWAN"
WELCOME TO COUNTRY

DAY: _____ DATE: _____

MY NAME IS: _____

MY BABY'S NAME IS: _____

CARE TEAM

MIDWIFE / NURSE: _____

DOCTOR: _____

GOING HOME: _____

TODAY'S GOAL _____

COMMUNICATION FROM FAMILY _____

INTERPRETER? YES / NO

FALLS RISK HIGH / LOW

I'd like to talk 

FEEDING _____

NSW Health Illawarra Shoalhaven Local Health District

You are birthing on the land of the Wundjibarri people of the Yuin Nation
This artwork was created by Jasmine Sorin

"YULLINGAH NJILI NURA"
WELCOME TO COUNTRY

DAY: _____ DATE: _____

MY NAME IS: _____

MY BABY'S NAME IS: _____

CARE TEAM

MIDWIFE / NURSE: _____

DOCTOR: _____


GOING HOME: _____

TODAY'S GOAL _____

COMMUNICATION FROM FAMILY _____

INTERPRETER? YES / NO

FALLS RISK HIGH / LOW

I'd like to talk 

FEEDING _____

NSW Health Illawarra Shoalhaven Local Health District

You are birthing on the land of the Dharawal people
This artwork was created by Jasmine Sorin



ACHIEVEMENTS IN IMPROVING THE PATIENT EXPERIENCE

HowRU - Open and Flexible, Patient-Family-Centred, Virtual Visiting in the Intensive Care Unit

The Wollongong Hospital Intensive care Unit (ICU) is proud and values its collaborative approach to visitation.

From March 2020, visitation was ceased due to the COVID-19 pandemic management. This drastically changed the ICU patient experience.

Our aim was to transform the patient experience by enabling safe, private and easy on-demand virtual visitations with loved ones.

Feedback from ICU staff, the family of a COVID-19 ICU patient, and the patient themselves informed our change ideas.

A multidisciplinary team determined that private devices and accounts, and existing NSW Health or public communication platforms were not viable.

In July 2020, we partnered with Taleka, Citrus Health, Cisco and the ISLHD Information, Communication and Technology (ICT) Service to co-design and deliver HowRU, which utilises an innovative software robot (bot) that interacts with the Webex communication application.

The HowRU bot:

- Produces a de-identified unique patient username and password
- Creates a secure family communication "space"
- Invites family members to join the space by generating an email invite prompting them to download the Webex App
- Posts a welcome message in the family space with an introductory video, link to a website, with help information, and an ICU phone number to call and arrange their first "visit".

ICU staff can quickly and easily create a secure space for virtual visitation without using the patient's private email address or phone number.

- The family are invited to use HowRU
- Information is provided and consent obtained
- The patient is provided with an ICU bedside device on a stand for the duration of their admission
- The family can post content to the secure space immediately
- ICU staff support the family to start their first video call with two taps, provide an orientation and emotional support and reassurance, if the patient is critically unwell
- The family can then initiate video calls at any time during the admission
- If the patient is able to, they may also initiate calls at any time
- Upon discharge, accounts are deleted and no data is accessible by ICU staff. However, the family still have access to the message thread from their personal devices, creating a patient journal.

In addition to virtual on-demand visitation, ICU is using HowRU for family conferences to involve families in the care plan, the inclusion of interpreter services, or any additional support services when necessary including clergy, and for virtual visitations for end of life situations when family members are unable to visit in person.

Whilst a virtual visitation is no substitute for physically being at the patient's bedside and holding their hand, it's now a viable and valuable alternative.

Better Patient Outcomes

HowRU enables on-demand virtual family meetings so the family can partner with the ICU team on the care plan, enabling the family to advocate for the patient's needs and preferences.

HowRU helps to build trust and rapport between the family and the ICU care team by enabling virtual visits at the patient bedside at any time. This is especially important for family members who cannot visit in person.

If end of life care is required, HowRU enables virtual family meetings about the end of life care plan and provides loved ones with private bedside visits to say goodbye.

A family member in the United States said when visiting virtually “I feel like I could reach out and touch her”, and another in the United Kingdom said “I was able to spend time with him and say goodbye.”

Once discharged, patients can access their virtual visitation ‘space’ and review the communication during the admission.

Wollongong Hospital ICU is very proud that this collaborative quality improvement project is improving the wellbeing of our patients, their families and our ICU staff, and has the potential to be adopted worldwide.

Aligned to Future Health: Strategic Framework
Strategic Outcomes

Patients and carers have positive experiences and outcomes that matter

Aligned to ISLHD Strategic Priority

- Innovation, agility and learning for continuous improvement
- Information Technology and eHealth



Winner of the ISLHD Quality and Innovation Awards. Category 8 Transforming Patient Experience.



CARE TO CONNECT

The visiting restrictions that were put in place during the COVID-19 pandemic response times have been challenging for patients, their family and carers, and for staff. Human connection is important for social and emotional well-being. ISLHD established the Care to Connect (C2C) initiative in 2021, recognising the need to provide facilitated communication support to vulnerable patients, to help them communicate and stay connected with family, friends and carers while they are in hospital. This is particularly important during times of visitor restrictions.

C2C also supports the staff providing care, by relieving some of the burden on wards, e.g. by providing processes and resources to support social communication and connectedness, and reducing the number of calls that families make to the wards during times of visitor restrictions.

The commitment to provide high quality care with kindness, compassion and effective communication is also included in the NSW Elevating the Human Experience Guide to Action.

How did C2C start? The need for C2C was informed by patient, family and carer and staff feedback (complaints, patient and family/carers stories, staff experience). The Clinical Governance Unit worked with Shellharbour Hospital and the Carers Program to establish C2C in 2021 during the first COVID-19 Red Alert phase, when visitor restrictions were put in place.

Consumer Feedback: We surveyed 24 patients, family and carers at Shellharbour and Wollongong Hospitals about their communication experiences, and more specifically about using C2C. Patients and their family and carers expressed their appreciation for the C2C sessions:

"Communication was difficult – my mother has a hearing impairment and effects from a stroke. The video call worked great, I would have liked these to happen more often."
(Daughter)

"I felt this was a valuable service and gave me peace of mind when I couldn't visit my mother."
(Son and carer)

Mary and Mark* – a C2C story
*Mary is an 83 year old and has advanced dementia. She has one son Mark, who is her only visitor. Mark contracted COVID-19 and now can't visit his mum. A Physio made a referral to C2C - Mark was worried that he couldn't visit his mum, she doesn't get other visitors, and can't use a phone without help. An Allied Health Assistant provided two C2C sessions for Mary and Mark, using a mobile phone and free Guest Wi-Fi voucher. Mary recognised her son on the video call, and was able to see his face and hear his voice. *Not real names*

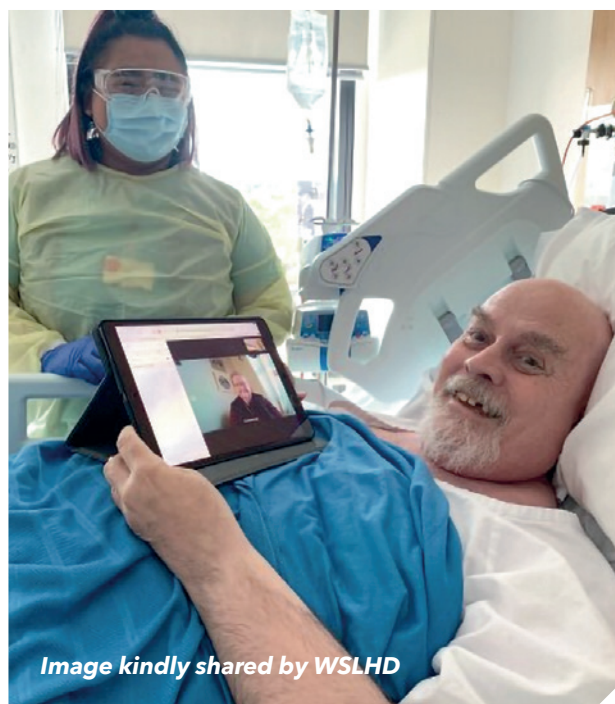


Image kindly shared by WSLHD

Aligned to Future Health: Strategic Framework Strategic Outcomes

Patients and carers have positive experiences and outcomes that matter

Aligned to ISLHD Strategic Priority

- Innovation, agility and learning for continuous improvement
- Information Technology and eHealth

4

A workplace culture that drives safe and quality care

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

Illawarra Shoalhaven Local Health District 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.

SAFETY AND QUALITY ESSENTIALS PATHWAY

In January 2021, the Clinical Excellence Commission (CEC) commenced a partnership arrangement with all NSW Local Health Districts (LHDs) to support the local integration of the NSW Health Safety and Quality Essentials Pathway. The 2.5 year commitment by all NSW LHDs to implement the Pathway is designed to support and enhance the workforce capacity of deployable skills for safety and quality improvement.

The Pathway replaced the current Illawarra Shoalhaven Local Health District (ISLHD) Improvement Science and Effective Leadership in Health Programs. A local Faculty for the Safety and Quality Essentials Pathway has been established and the Adept Level Program commenced in March 2022.

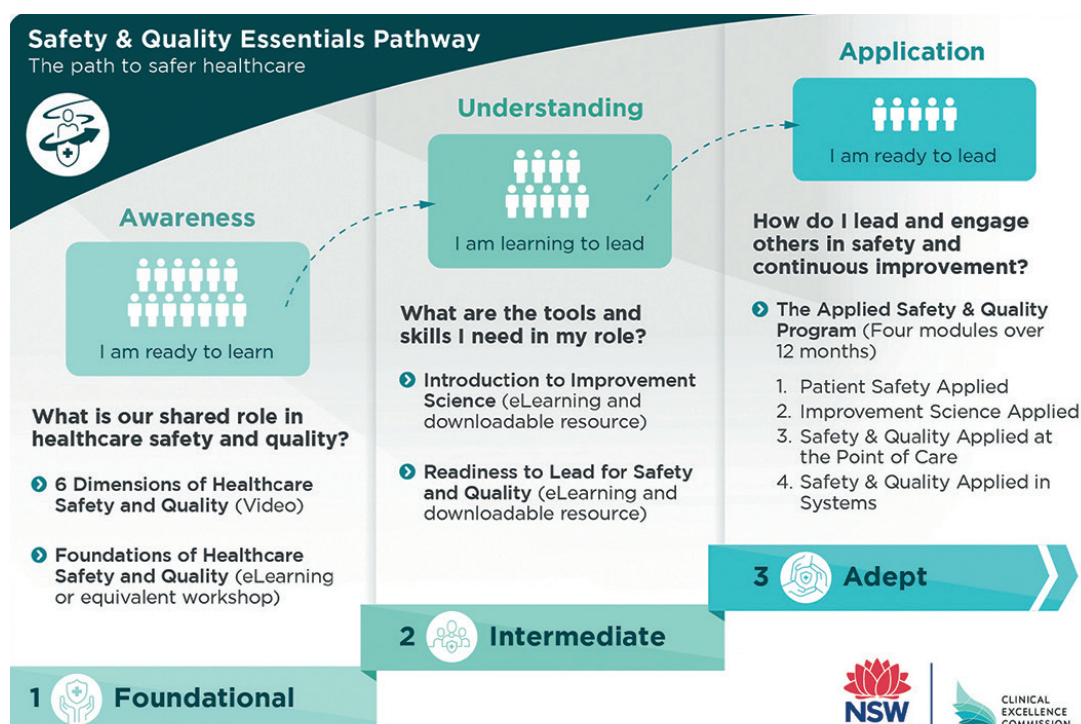
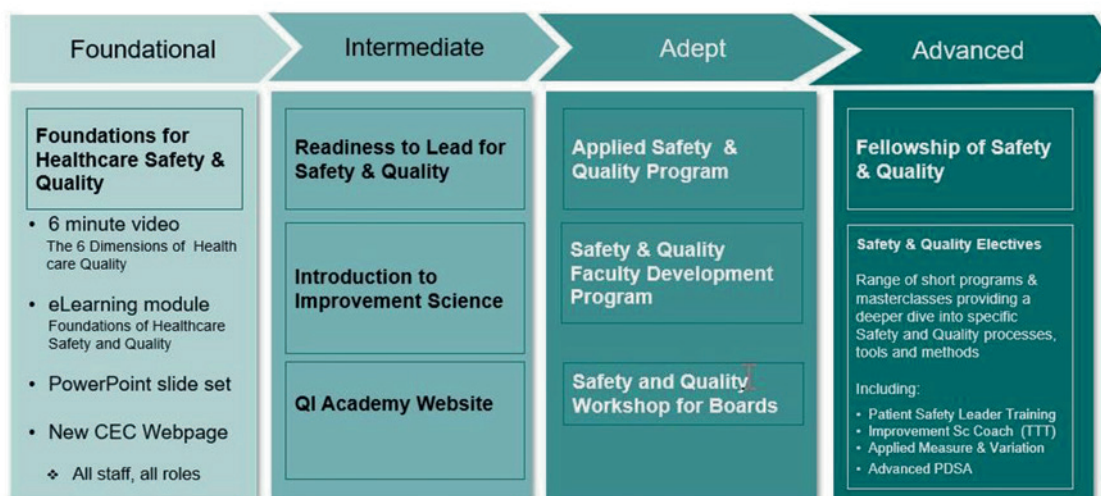
The Pathway consists of four levels of training for staff:



LEVEL	TARGET AUDIENCE
Foundational	All staff, all roles.
Intermediate	All staff. Builds on the foundational level.
Adept	All staff who meet the prerequisites. Staff who lead or aspire to lead, local safety and quality initiatives. Builds from intermediate level. Articulates into Post Graduate Level Programs.
Advanced	Staff who meet the prerequisites. Articulates into Masters Level Programs.

Details of the Safety and Quality Essentials Pathway are detailed below

NSW Health Safety & Quality Pathways



Aligned to Future Health: Strategic Framework Strategic Outcomes

Patients and carers have positive experiences and outcomes that matter

Our staff are engaged and well supported

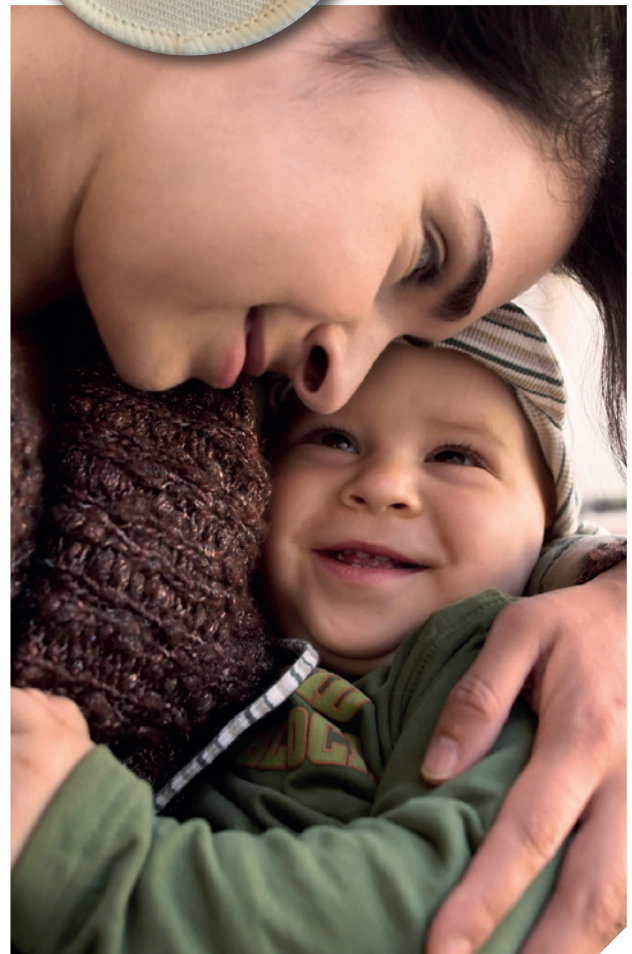
Aligned to ISLHD Strategic Priority

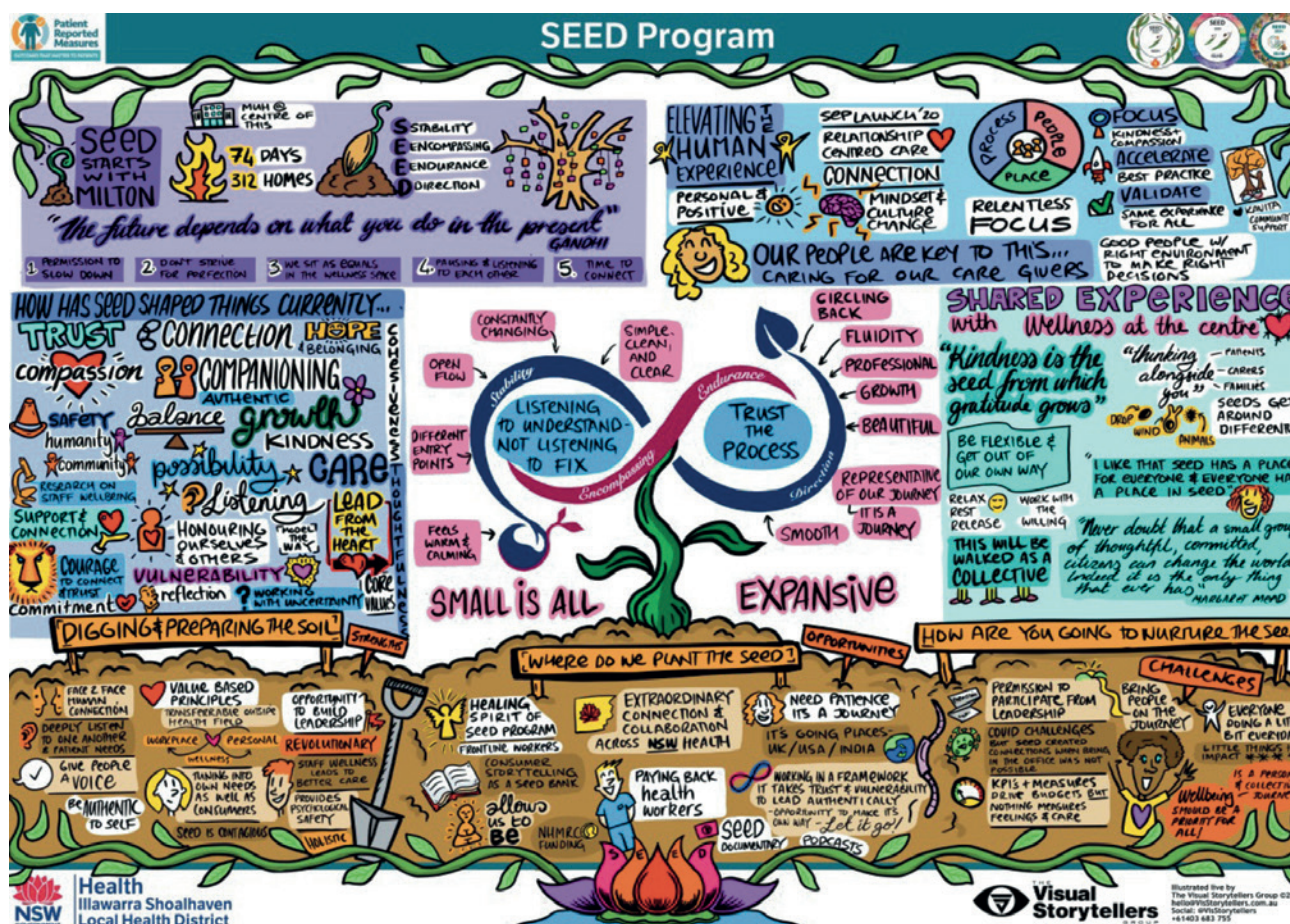
- An engaged and high performing workforce for the future
- Innovation, agility and learning for continuous improvement

KINDNESS WORKS HERE

Kindness is an action. It's as simple as a smile, or a kind word. It can be as important as asking someone how they're going or buying them a coffee when they're run off their feet.

We've all felt the heaviness of the past few years and what has shone through is our resilience and humanity. We've received countless letters from school students and members of the community thanking us for the work we do. We want to show that **#KindnessWorksHere** and thank the community for the kindness they've shown us during another incredibly stressful year.





ACHIEVEMENTS IN IMPROVING WORKPLACE CULTURE

The SEED Program

On 26th November 2019, fires ignited in the lower Shoalhaven region. The fires raged for 74 days, burning hundreds of hectares and destroying 312 homes. 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). The SEED Program utilised Participatory Action Methodology to ascertain the needs of staff and implemented five initiatives that applied strength-based training and peer support. It built resilience and aided recovery processes, while preparing the staff to better cope with and work within future disasters.

On 14 October 2021, 35 stakeholders of the SEED Program gathered in a virtual setting to reflect on the SEED journey and provide support for each other in the current pandemic situation. This insightful gathering comprised of staff from Ministry of Health (MoH), Agency for Clinical Innovation (ACI), the University of Wollongong (UoW), leaders and staff of ISLHD hospitals and community members. Visual Storytelling methodology was used to capture the stories and

experiences of the participants in the form of artwork. The stories depicted the journey of SEED from its inception at Milton Hospital to its current role. The visual artwork depicts the collective voice of SEED along with the infinity model at its core.

Following on from the earlier success of SEED's staff wellbeing initiatives, further investment and support was provided early in 2022 for the formation of a SEED Team. The SEED Team is comprised of staff who were seconded from various roles from around our Local Health District (LHD). The SEED Team had an 8-week timeline to develop a toolkit that could be used to embed and spread the implementation of the SEED Program based on an in-depth evaluation of leadership and staff experiences of SEED initiatives over the previous two years. The SEED Team were tasked to

1. evaluate the SEED Program in order to document the ways SEED had been embedded across ISLHD;
2. describe the experiences of people who had participated in SEED; and
3. to inform development of a SEED Toolkit for implementation to further sites.

To inform the evaluation of the SEED Program it was decided to interview leaders and key staff that had been involved with the Program. The SEED team co-designed the interview questions, conducted interviews



and reviewed staff surveys. Six key themes were identified, including: Preparing for SEED, Starting SEED, Embedding SEED, Supporting SEED, Benefits of SEED and Caring for Leaders.

It was found that to prepare for the implementation of the SEED Program, healthcare teams need to be open, have courage to trust in the unknown and be prepared to place people before process. Leaders need to be ready to support implementation of wellness activities and demonstrate active participation. Leadership support was also seen as a crucial ingredient for embedding SEED within teams. Leaders can plan to include a variety of planned wellness activities in weekly schedules, including: scheduling wellness time, providing staff relief, and wellness champions with protected time for their role. An important aspect was that participation is voluntary instead of mandatory.

"The success factor for SEED is that it is not mandated by the organisation but supported by organisational leadership."

The evaluation process identified various individual, collective and organisational impacts of the SEED Program including valuing self-reflection; creating boundaries for one's own wellness; expanding emotional intelligence; an increased sense of belonging; getting to know colleagues on a personal level; deeper listening to understand others' experience; and shared values and a common vision for wellness across the Local Health District (LHD). An important component of implementing the SEED Program is the intentional support for the wellness of Leaders. Seeking peer support from other leaders and

personally prioritising and dedicating time to wellness at work were seen as strategies to assist.

The SEED Team utilised ideas collected from ISLHD staff in the development of a toolkit and resources that could be used to support the embedding and sustainability of SEED across our LHD. A sample of contents include a SEED website, Readiness Checklists, How-to guides, short videos, a podcast series and informative SEED Reports.

The SEED Team also commenced user-testing of the SEED Kindness Kit, a unique trolley of wellbeing items for staff to use in their wards and teams. Design of a Champion Model is currently underway to plan the delivery and utilisation of the SEED Kindness Kits across the LHD.

"If we authentically know ourselves and what we need to keep our cups full, we can flourish and encourage wellness in Health."

The SEED Team focused on the development of the SEED website and toolkit resources but also took the opportunity to provide action-based SEED activities, facilitating sessions across our LHD.



Child and Family Network Gathering

Each year, the Child and Family Health (CFH) Team in ISLHD attend a 'network gathering', to come together to celebrate milestones and bond outside their work environment. This event had been postponed for 2 years due to the COVID-19 pandemic and it was obvious there was a need to bring a wellness element to the 2022 gathering. This was a great opportunity for the SEED Team to showcase wellness in ISLHD and the new ways it can be achieved in the workplace. SEED was demonstrated with small activities throughout the day including exercises in being mindful such as colouring and expressing feelings through writing. These activities led to a change in the energy of the staff and the gathering itself. The Child and Family Health Team enjoyed the day and gave overwhelmingly positive feedback on the SEED Program.



Shoalhaven Cancer Care Centre Radiating Seeds of Wellbeing

After recognising the need to improve the wellbeing of staff in the workplace, the Shoalhaven Cancer Care Centre (SCCC) approached the SEED Project Team and two workshops were held. Both workshops were attended by 20 frontline multi-disciplinary team members with the SCCC team enjoying taking time out from their regular duties to focus on their own wellbeing.



BUILDING THE SEED WEBSITE

The SEED Team created a website this year to enable a 'toolkit' to be available for people to learn more about the SEED Program and give ideas for activities. The site includes information on where SEED came from and what is required to get started. It incorporates videos of leaders throughout the LHD who explain how SEED practices have helped their teams navigate very different challenges over the past 3 years. Our 'Benefits of SEED' show the achievements of the SEED program over this time and several activities have been included such as meditation texts and mentoring guides which give easy instructions to help anyone with ideas to support their peers. A 'readiness survey' has also been made with QR codes to assess readiness to engage a SEED team in a department and the site incorporates beautiful, local, artwork for the logo and intranet tiles. The contents of the website went through a robust process of user testing and integration of the suggested changes.

SEED is a program where often the process is the outcome. The motto Small is All reminds us to keep things simple in this complex world of health and the constant emerging pandemic climate. SEED shows us that in wellbeing, we can't take our life out of our work.

This adds to the complexity of wellbeing. Wellbeing is different for different people, and it is different yet again for the same person at different times. This makes practicing SEED and wellbeing an art and a science.





S.E.E.D. *Small is All*

Trusting in SEED

The motto of SEED is **'small is all.'** Small allows for deeper connection. Keeping things small inherently slows down our minds, bodies and energy. Daily micro actions happen in small encounters all the time. This happens between patients and clinicians, carers and caregivers and between staff in teams. Small well executed encounters can bring big system changes.

The biggest learning of all is to accept that a seed needs to completely degenerate to regenerate, a seed needs to break before it grows! SEED is constantly breaking new ground, so the familiar known meets the unfamiliar new. Thus, the journey of SEED continues as more and more staff in ISLHD benefit from good deeds and the planting of more good SEEDs!

SEED Kindness Kits (SKK)

The SEED Team partnered with a local small business owner and consumer of our health services, who explored and sourced wellbeing items for kindness kits for the staff of ISLHD. From this collaboration, the SEED Kindness Kits were created.



Quote from Vendor Jude Felton

"I have been doing yoga, meditation and using wellness tools for 20ish years. I think about the staff in Health, their frustrations, their crazy days, their tiredness and I can't wait to supply beautiful items to them. I'm thinking cleanable, durable, easy to use, simple, doesn't take too much time and as eco-friendly as I can."

Jude's story was motivating to the SEED Team. They in turn were able to share it with ISLHD staff as they conducted the user-testing interviews. The use of storytelling methodology engaged staff and gave greater meaning to the kit's contents for those viewing them. Staff were also encouraged to share their own stories and memories associated with items in the kit.

In accordance with the SEED Practice of 'Engaging staff at every stage of SEED process', the team consulted approximately 50 staff, from a variety of departments, on the contents of the kit. A number of questions were designed to elicit feedback from staff as to what items should be included in the kits, what would not be appropriate or practical, and general comments on the benefits and usability of the kits in a healthcare environment.



There were several discussions throughout the interviews regarding having the time to utilise the kits. Staff mentioned a need for permission to take time out from demanding and high intensity workloads. A Shoalhaven Leader noted that messaging behind the kits and their usage was important, "that there needs to be an understanding or 'unspoken permission' from leaders to staff that it is ok to use the kits if you want to." Participation by leaders was also seen as a way to encourage staff to take time out to use the Kindness Kits.

There was an overwhelming positive response from staff as to the benefits that the Kindness Kits may bring to them personally and to their colleagues. Staff shared that the wellness items provide comfort, promote connection, aid reflection, provide distraction from stressors, and are fun and relaxing. Several staff suggested that it would help colleagues to feel appreciated in their workplace. They were also seen as an opportunity for creating change in the organisation.

"I actually like the idea that we are doing something essential to someone's spiritual, emotional and physical wellbeing"

Aligned to Future Health: Strategic Framework
Strategic Outcomes

Our staff are engaged and well supported

Aligned to ISLHD Strategic Priority

- An engaged and high performing workforce for the future



"It's absolutely critical that we look after ourselves and after each other and all of our colleagues in Health because if we are in a good state whether it is physically, emotionally, socially, spiritually, we can give better care and we can provide excellent services. So we need to look after our incredibly important staff so that in turn we can provide great services"

Quote from Chief Executive ISLHD
Margot Mains



*The HIRAIID Project was the Winner of the 2022 Australian Council on Healthcare Standards **Clinical Excellence and Patient Safety Award***

2021 NSW HEALTH AWARDS

Winner- Health Research and Innovation Award

Safer, Better Emergency Nursing Care for ISLHD, led by Professor Kate Curtis, ISLHD Emergency Services

ISLHD implemented a nursing care model within Emergency Departments to more quickly identify patient deterioration. 'Better, Safer Emergency Care', known as HIRAIID, has improved treatment times for patients and enabled immediate and measurable emergency nursing care for 150,000 patients annually. The framework has been recognised by the National Health and Medical Research Council and implemented in 32 other Australian Emergency Departments.

Finalists

Secretary's Award - Integrated Value Based Care Award

Allied Health Working Together to Avoid Unnecessary Hospital Admission, led by Kristi-Lee Muir Ambulatory and Primary Health Care Virtual Care Centre and Pat Brown, (former Allied Health Services).

People and Culture Award

SEED - An Innovative and Sustainable Staff Wellbeing Program, led by Padmini Pai, Clinical Governance Unit and Stuart Emslie, Milton/Ulladulla Hospital.

Transforming Patient Experience Award

Enhanced Care Anywhere, led by Kristi- Lee Muir, Ambulatory and Primary Health Care Virtual Care Centre.

Keeping People Healthy Award

ISLHD Drug and Alcohol Service was a part of the Agency for Clinical Innovation (ACI) Alcohol and Drug Cognitive Enhancement Program, which won the Keeping People Healthy Award.

Australian Pride in Health & Wellbeing Awards

ISLHD Drug and Alcohol Services won the Most Improved Service Provider Award at the annual ACON Pride in Health and Wellbeing Awards. These awards celebrate lesbian, gay, bisexual, transgender and queer (LGBTQ) inclusion and diversity.

This is a wonderful acknowledgement of the work our Drug and Alcohol Service has done to ensure all our community feels welcome and safe when engaging with the Drug and Alcohol Service.

Congratulations to our Drug and Alcohol team and thank you for your ongoing commitment to dismantling systemic barriers that disadvantage the LGBTQ community and prioritising inclusion.



Agency for Clinical innovation Rural Health innovation Award 2022

The Public Health Unit were awarded the ACI Rural Health Innovation Award for their Keeping People Healthy project.

The team partnered with the Department of Communities and Justice and Port Authority to increase the uptake of the COVID-19 vaccine among at-risk communities. Outreach vaccination clinics were held in 27 different housing locations and on the street, reaching homeless people and achieving one of the highest vaccination rates for social housing tenants in NSW. Sixty-four clinics were also held for seafarers, in partnership with the Port Kembla Terminals. The outreach program delivered 7,493 vaccines in three months and contributed to high COVID-19 vaccination rates in Illawarra and Shoalhaven.



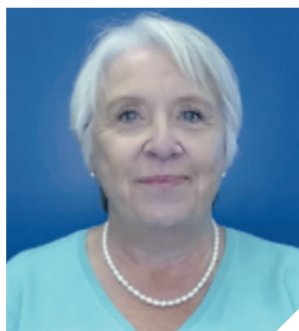
2021 NSW Excellence in Nursing and Midwifery Awards

Winner of the 'Judith Meppem Leadership Award'

Deborah Cameron, Executive Director of Nursing and Midwifery Services Clinical Governance.

Winner of the Healing Heart Award for Exceptional Care (consumer-nominated)

Alison Millar, Palliative Care Nurse



Award winners (L-R): Deborah Cameron and Alison Millar.

The LHD's other finalists were:

Jenny Greed, Midwife, Shoalhaven Hospital
- Healing Heart Award for Exceptional Care (consumer-nominated)

Nicole Davis, Shoalhaven Community Nurse
- Healing Heart Award for Exceptional Care (consumer-nominated)

Matthew White, Shoalhaven Hospital - Aboriginal Nurse/Midwife of the Year.



2022 NSW Excellence in Nursing and Midwifery Awards

Finalist in the 'Healing Heart Award for exceptional care' nominated by patients/consumers or their families/carers

Judy Boynton, Sustaining NSW Families Team

5 Our Performance



Key Performance Indicators for Formal Results

NSW HEALTH OUTCOME 1: Keeping people healthy through prevention and health promotion

CHILDHOOD OBESITY

Children with height and weight recorded

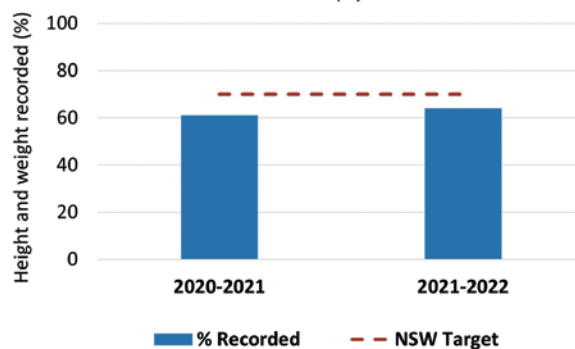
Target 70%

2020-2021 Result = 61%

2021-2022 Result = 64%

ISLHD saw an increase in the routine height and weight measurements in the paediatric inpatient setting.

Childhood Obesity - Children with height and weight recorded (%)



SMOKING DURING PREGNANCY

At any time during pregnancy per 1000 births

Aboriginal Women

Target = 2% decrease on previous year

2020-2021 Result = 39%

2021-2022 Result = 41.2%

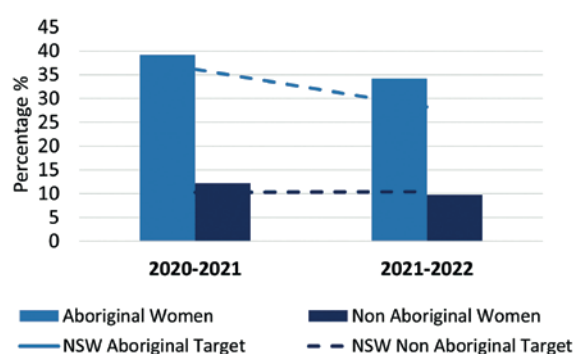
Non Aboriginal Women

Target = 0.05% decrease on previous year

2020-2021 Result = 12%

2021-2022 Result = 12.3%

Women who Smoked at any time During Pregnancy (%)



PREGNANT WOMEN QUITTING SMOKING

By second half of pregnancy per 1000 births

Aboriginal Women

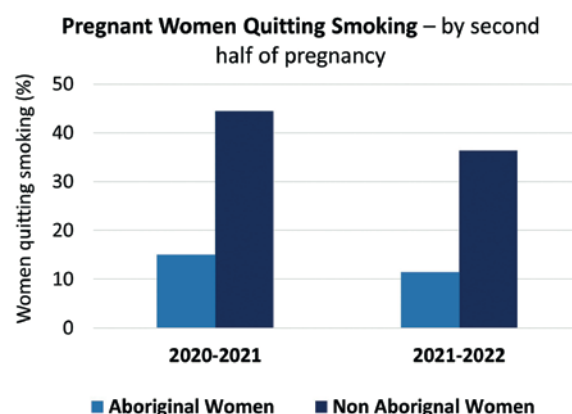
2020-2021 Result = 15%

2021-2022 Result = 11.5%

Non Aboriginal Women

2020 -2021 Result = 44.6%

2021-2022 Result = 36.3%



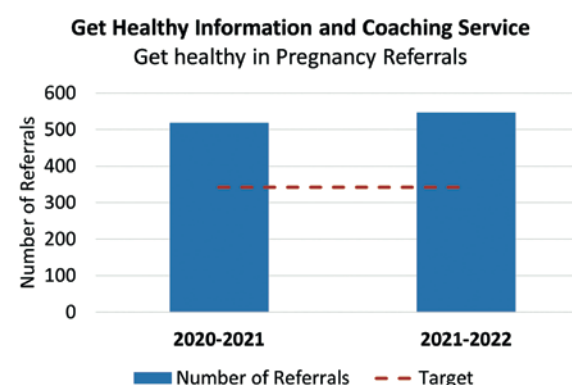
GET HEALTHY INFORMATION AND COACHING SERVICE

Get Healthy in Pregnancy Referrals

Target = 342

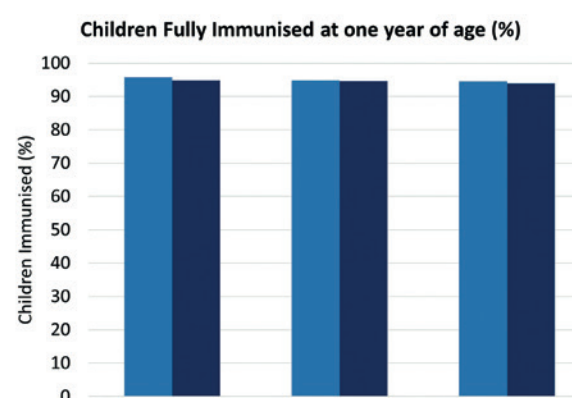
2020-2021 Result = 519

2021-2022 Result = 547



CHILDREN FULLY IMMUNISED at one year of age (%)

Year	2020	2021	2022
ISLHD % Children Immunised	95.7	94.8	94.4
NSW % Children Immunised	94.8	94.6	93.9



IMPROVEMENT STRATEGIES

ISLHD is still above the state average, however we are working on strategies to maintain these results and work towards increasing our local coverage.

Some strategies include:

- The Immunisation team working together with the Primary Health Network to identify overdue children. This includes downloading the Australian Immunisation Register (AIR) reports for all children, assisting with catch up schedules, and contacting parents/General Practitioner providers to ensure any identified barriers are overcome.
- Developing a process of contacting Aboriginal parents before their child's vaccinations are due and collaborating with Aboriginal services where children are identified as not up to date.

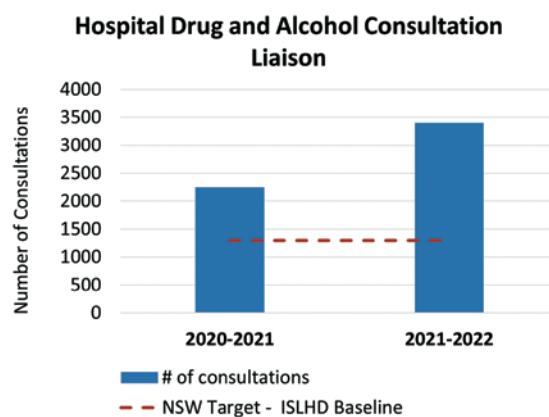


HOSPITAL DRUG AND ALCOHOL CONSULTATION LIAISON

The Ministry of Health has kept a baseline of 1300 for ISLHD. There were 3403 consultations in the 2021-2022 financial year, 161% above the baseline and 53% above the previous financial year's activity. Activity has increased with the recruitment of after-hours consultation liaison staff at Wollongong and Shellharbour Hospitals.

2021 - 2022

Quarter	Number of Consultations	% Above Target
1	901	177%
2	926	184%
3	789	142%
4	787	142%
Total	3403	161%



HEPATITIS C ANTIVIRAL (HCV) TREATMENT INITIATION

The ISLHD treatment initiation target for 2021-2022 is 240 per year (20 per month).

2020-2021 Result = ISLHD services initiated 60 residents on treatment, equalling 25% of the annual treatment target.

2021-2022 Result = ISLHD services initiated 48 residents on treatment, equalling 20% of the treatment target.

IMPROVEMENT STRATEGIES

Tempo: This study aims to enhance Hepatitis C testing and treatment among people attending needle and syringe programs.

The Hepatitis C Outreach Bus will offer Hepatitis C testing, fibro scanning, treatment and education. It will expand Drug and Alcohol Services to the wider community.

Dried Blood Spot (DBS) Testing is available at all Drug and Alcohol and Sexual Health Service sites, as well as through outreach programs and community events.

National Point of Care HCV Testing Program will evaluate whether scale-up of finger-stick point-of-care HCV testing increases diagnosis and treatment for HCV infection. Drug and Alcohol Services is providing point-of-care HCV testing as part of the Hepatitis C Outreach program, providing the opportunity of HCV diagnosis within 1 hour of testing, increasing changes of treatment initiation.

ABORIGINAL PAEDIATRIC PATIENTS UNDERGOING OTITIS MEDIA PROCEDURES

2020-2021 = 18 patients

2021-2022 = 12 patients

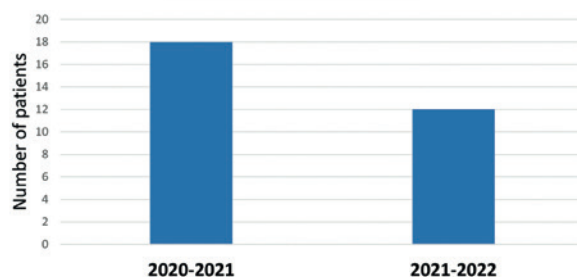
2020-2021:

- Patients booked with a clinical priority of <90 days = average 71 days
- Patients booked with a clinical priority of <365 days = average 394 days

2021-2022* all 12 patients except 1 booked with a clinical priority of <90 days:

- Patients booked with a clinical priority of <90 days = average 110 days
- Patients booked with a clinical priority of <365 days = average 394 days

Aboriginal paediatric patients undergoing Otitis Media Procedure



Factors impacting wait times:

- Limited Ear Nose and Throat (ENT) Visiting Medical Officer (VMO) surgeons at Shoalhaven District Memorial Hospital (SDMH)
- A significant population of aboriginal paediatric patients
- COVID-19 has had an impact on non-urgent elective surgery including ENT procedures for otitis media.

IMPROVEMENT STRATEGIES

- Commencement of an ENT surgeon in the Shoalhaven region to providing low risk ENT procedures
- Looking at strategies to prioritise paediatric patients identifying as Aboriginal for this service.

NSW first 2000 Days Implementation Strategy



Total Births
(excludes out of area) 2021/2022
4549

1-4 week Personal Health Record (PHR) check (Blue Book) 3854 = 85%

1 to 4 week PHR recorded checks for 2021/2022 at 85% meeting targets.

IMPROVEMENT STRATEGIES

Initiatives include:

- The Brighter Beginnings pilot project to increase accessibility for consumers and improve developmental check rates.
- Rotary First 2000 Days Project, a collaboration with Rotary and early educator stakeholders to increase awareness and education on the First 2000 Days.
- Review of model of care to ensure meeting targets and retention in service.

BREASTSCREEN PARTICIPATION RATES

2021-2022 Result

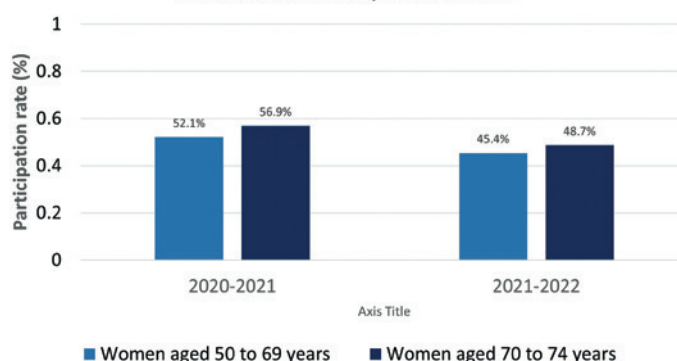
Women aged 50-69 years = 45.4%

Women aged 70-74 years = 48.7%

2021 -2022 participation does not accurately reflect participation rates in a business as usual environment. ISLHD participation in the last 12 months has been impacted by:

- COVID-19 in 2021-2022
- Closure of Crown Street Wollongong BreastScreen clinic from April 2021 for essential works.

BreastScreen Participation Rates %





NSW HEALTH OUTCOME 2: People can access care in and out of hospital settings to manage their health and wellbeing.

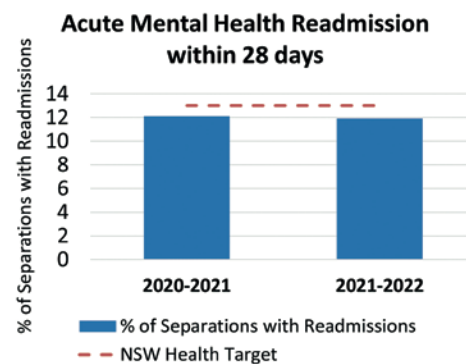
POTENTIALLY PREVENTABLE HOSPITAL SERVICES

Target = 20.4%
2021-2022 Result = 20.9%

MENTAL HEALTH: ACUTE READMISSION WITHIN 28 DAYS

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

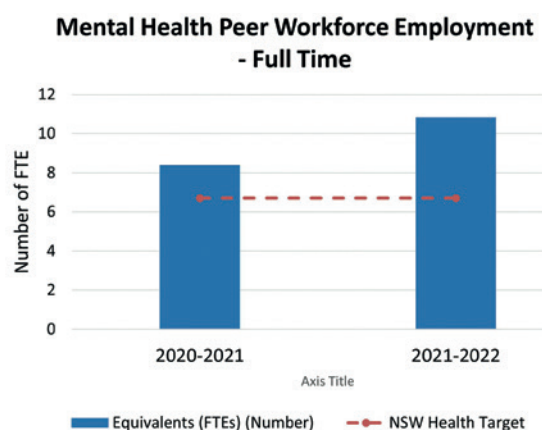
Target = less than or equal to 13%
2020-2021 Result = 12.1%
2021-2022 Result = 11.9%



MENTAL HEALTH PEER WORKFORCE EMPLOYMENT

Full Time Equivalents (FTE) (Number)

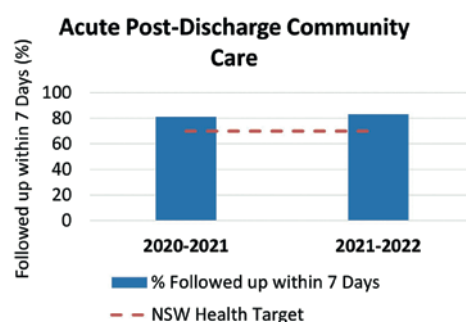
Target = 6.7 FTE
2020-2021 Result = 8.4 FTE
2021-2022 Result = 10.83 FTE



MENTAL HEALTH: ACUTE POST-DISCHARGE COMMUNITY CARE

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

Target = less than or equal to 70%
2020-2021 Result = 81.1%
2021-2022 Result = 83.2%



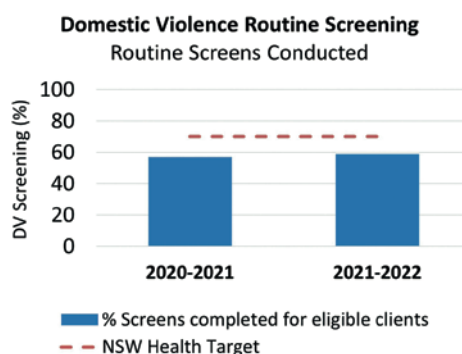
DOMESTIC VIOLENCE ROUTINE SCREENING (DVRS)

Routine screens conducted

Overall NSW State Target = 70%

2020-2021 Result = 57%

2021-2022 Result = 59%



IMPROVEMENT STRATEGIES

- Mental Health Services (inpatient and community) reached the target %
- Child and Family Services ongoing education for staff delivering DVRS and correct data collection saw improvements in screening rates from previous year
- Drug and Alcohol staff completed DVRS education across ISLHD and monthly DVRS performance reporting has re-commenced
- Screening rates have been impacted by the provision of the service via telehealth, preventing completion of DVRS (which can only be done with clients face-to-face)

* Due to reporting delays only first 3 quarters available

SUSTAINING NSW FAMILIES (SNF) PROGRAMS

Families completing the program when child reached 2 years of age (%)

Target = 50%

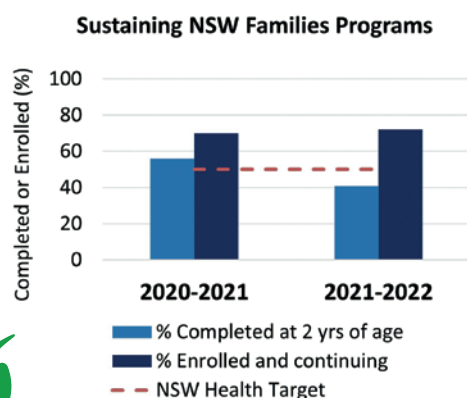
2020-2021 Result = 56%

2021-2022 Result = 40.7%

Families enrolled and continuing in the program (%)

2020-2021 Result = 70 enrolled and 70% (n=49) continuing at 12 months.

2021-2022 Result = 72 enrolled and 77% (n=48) continuing at 12 months



IMPROVEMENT STRATEGIES

ISLHD SNF Programs has been undergoing a period of growth in the last 12 months, with recruitment of nurses and all Allied Health positions filled. SNF has a strong commitment to recruiting new families, with capacity growth between May - August 2022 - from 42% to 55%.

Mitigation strategies and initiatives include:

- Regular education/in-service with Maternity services
- Presentation to ISLHD Social Work Department and Child and Family/Prevention and Response to Violence Abuse and Neglect (PARVAN)
- External presentations/liaison with Grand Pacific Health, General Practitioners (GP) Shared Care service, Non-Government Organisations (NGOs)
- Development of 'Safe Start' Brochure and posters to improve consumer engagement
- Social media profile developed through Child and Family Facebook page.

TELEHEALTH SERVICE ACCESS

Non-admitted services provided through telehealth (%)

Target = 10%

2020-2021 Result= 1.2%

2021-2022 Result= 2.2%

IMPROVEMENT STRATEGIES

The Virtual Care (Telehealth) Key Performance Indicator (KPI) has been identified as a stretch target set by the Ministry of Health and was included in the service agreement for both 2020-2021 and 2021-2022. The desired outcome of the KPI is to 'increase the use of virtual care to deliver services to patients in out of hospital settings'.

As a result, the KPI for 2022/2023 has changed from previous years based on extensive consultation between Local Health Districts (LHDs) and NSW Health. The ISLHD Telehealth team and Performance Branch are working to establish our baseline.

2022/2023 KPI

Target: An increase of 5 percentage points year-on-year from the Local Health District activity baseline until 30% of non-admitted patient service events are performed virtually

- *Performing: ≥5 percentage points*
- *Underperforming: >0 to <5 percentage points*
- *Not performing: No change or decrease*

ISLHD have established the following reporting tools to assist the services to review their activity and patient feedback

- Patient Reported Experience Measures (PREMs) survey and monthly report
- Data Analytics Non-Admitted Patient (NAP) Report
- Telehealth Governance Committee meeting – bimonthly

Initiatives

- The Telehealth team reviewed the use of Telehealth across ISLHD
- Sought consumer feedback on patient experience using the various Telehealth platforms.

ELECTRONIC DISCHARGE SUMMARIES COMPLETED

Target = greater than or equal to 51%

2020-2021 Result = 72.6%

2021-2022 Result = 75.8%



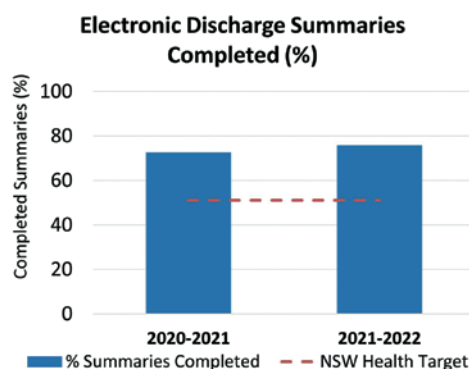
IMPROVEMENT STRATEGIES

The ISLHD Discharge Project continues, establishing governance and regular monitoring of completion of discharge summaries within 48 hours of discharge.

Education and supervision continues to improve the quality of the content, in response to survey results received from ISLHD General Practitioners (GPs).

The second phase of the project will include:

- A discharge referral webpage with referral criteria, how to refer and contact information
- Co-design with consumers of information provided to consumers at discharge.



NSW HEALTH OUTCOME 3: PEOPLE RECEIVE TIMELY EMERGENCY CARE

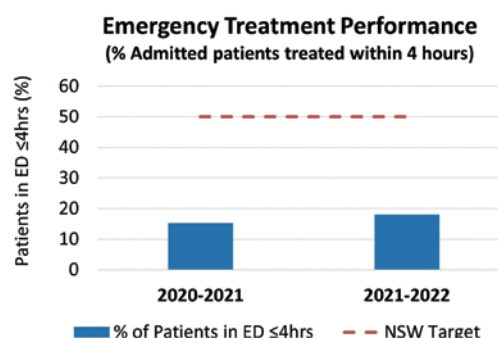
EMERGENCY TREATMENT PERFORMANCE - Admitted

Patients who were admitted to hospital with total time in the Emergency Department of less than 4 hours.

Target = greater than or equal to 50%

2020-2021 Result = 15.3%

2021-2022 Result = 18%



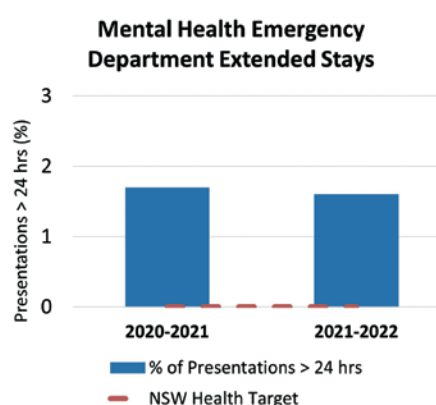
EMERGENCY DEPARTMENT EXTENDED STAYS

Mental Health presentations staying in ED greater than 24 hours.

Target = 0

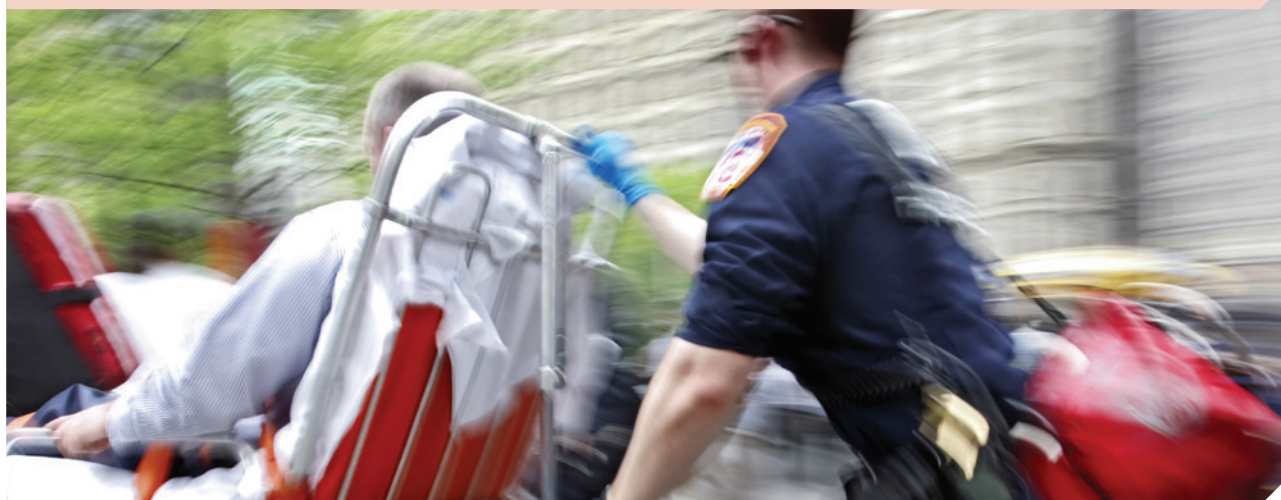
2020-2021 Result = 1.7%

2021-2022 Result = 1.6% (n=70)



IMPROVEMENT STRATEGIES

- Afterhours Nurse Manager Huddles occur twice daily 7 days a week to assist with:
 - Resource allocation
 - Targeting demand needs
 - Facilitating delivery of Telehealth
 - Review of imposing Emergency Treatment Performance (ETP) targets
 - Monitoring Length of Stay (LOS) for intoxication/substance use patients for assessment
 - Transport delays.
- Model of Care for Disposition - Mental Health are currently working in partnership with the Emergency Department to establish a referral pathway to facilitate early referral, promote co-allocation of consumer care, and timely medical clearance.
- Discussion and quality improvement addressing transport delays of Mental Health consumers at Shoalhaven.



EMERGENCY DEPARTMENT PRESENTATIONS

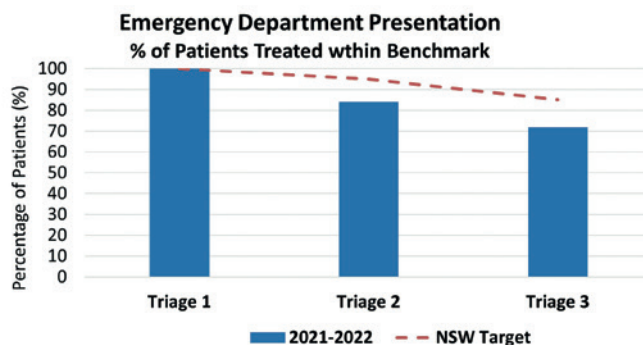
Treated within Benchmark times (%)

2021 -2022

Triage 1 = 100% Target = 100%

Triage 2 = 84% Target = 95%

Triage 3 = 71.8% Target = 85%



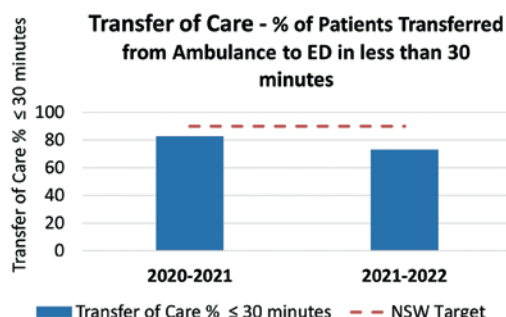
Transfer of Care

Patients transferred from ambulance to the Emergency Department in less than or equal to 30 minutes.

Target = greater than 90%

2020-2021 Result = 82.8%

2021-2022 Result = 73.1%



IMPROVEMENT STRATEGIES

- ISLHD is implementing an Access & Flow Improvement Program involving the Whole of Health Team and Project Management Office.
- ISLHD undertook a 2 week "Together Back on Track" circuit breaker where every patient in every bed was reviewed to determine system issues affecting access and flow. From the circuit breaker our top delays affecting access and flow have been identified and an action plan implemented.
- Actions include:
 - Residential Aged Care Facility (RACF) beds. Up to 140 patients waiting for RACF - negotiations with Commonwealth for the opening of RACF beds.
 - Introduction of a Virtual Hospital Ward for early safe discharge of suitable patients to be monitored and cared for at home.
 - Introduction of an Acute Rehabilitation team at Wollongong Hospital. The team will commence a rehabilitation program for patients awaiting transfer to rehabilitation inpatients beds.
 - Relaunch Medical Assessment Model of Care at Wollongong Hospital.
 - Relaunch of Acute Surgical Unit Model of Care at Wollongong Hospital.
 - Review Shoalhaven Rehabilitation Model of Care
 - Investigation of RACF Outreach Team for admission avoidance.



NSW HEALTH OUTCOME 4: PEOPLE RECEIVE HIGH-QUALITY, SAFE CARE IN OUR HOSPITALS

PRESSURE INJURIES

Hospital-acquired pressure injuries are areas of damage to the skin and underlying tissue. This is caused by constant pressure or pressure in combination with shearing.

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.

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.

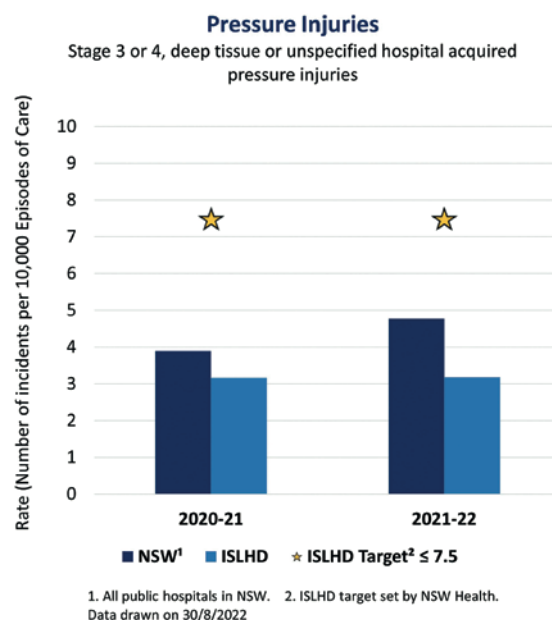
Prevention includes regular position changes, good hygiene and skin care, and a healthy diet.

ISLHD achieved an excellent result for 2021-2022 with 3.17 incidents per 10,000 episodes of care, equating to 22 patients. Our target was to remain below the NSW average rate of 4.77. The target set for us by NSW Health in 2021-2022 was less than or equal to 7.5 incidents per 10,000 episodes of care.

Continual Improvement

Our strategies for preventing pressure injuries include:

- Pressure injury risk assessments when a patient is admitted to hospital.
- Quarterly monitoring and reporting of pressure injury hospital acquired complications.
- Implementing action plans following our annual pressure injury audits.
- New Static mattresses and alternating air mattresses are available for all patients at high risk of developing a pressure injury.
- Introduction of the WOUND-Q®, using Patient Reported Measures to guide improvement initiatives as part of the state-wide Leading Better Value Care chronic wound management initiative.



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.

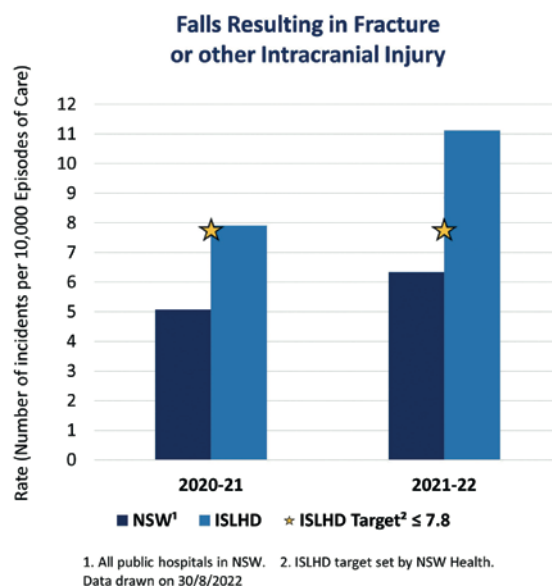
77 patients fell and suffered a serious injury in 2021-2022 with 11.12 incidents per 10,000 episodes of care. Our target was to remain below the NSW average rate of 6.33. The target set for us by NSW Health in 2021-2022 was less than or equal to 7.8 incidents per 10,000 episodes of care.

We are continually working to improve our care. The implementation of the Falls Collaborative Bundle is a back to basics approach which includes falls screening, assessment, prevention, care and management.

Continual Improvement

Our ongoing falls prevention strategies include:

- Monthly monitoring and reporting of all falls in hospital.
- Implementation of 4 key strategies across all inpatient settings which include, identifying falls risk factors and establishing a comprehensive and patient centred falls plan, Point of Care Nursing – being visible and accessible to patients and their carers, intentional rounding and Safe Toileting of patients with a high risk for falls. Evaluation is ongoing and progress is monitored by monthly falls working parties within each hospital group.
- Falls audits updated based on previous years' results and additional focus on intentional rounding and supervision.
- All members of patient care teams attend reviews and safety huddles to review incidents and update falls strategies.



HOSPITAL ACQUIRED INFECTIONS

Hospital-Acquired infections are one of the most common complications affecting hospitalised 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 157.61 incidents per 10,000 episodes of care for 2021-2022. This is higher than the target set for us by NSW Health in 2021-2022 of less than or equal to 122.9 incidents per 10,000 episodes of care. It is also above the NSW average rate of 112.53 incidents per 10,000 episodes of care for 2021-2022.

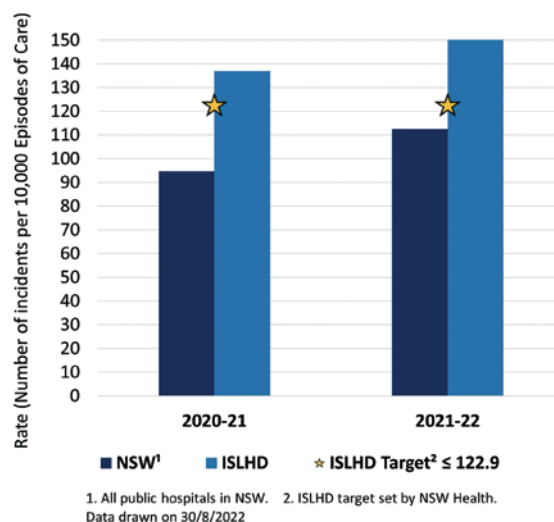
Continual Improvement

Our ongoing prevention strategies include:

- Ongoing surveillance of specified pathogens through timely laboratory notifications to the ISLHD Infection Management and Control Service (IMACS) team. Prompt identification of infection risks, and timely response to contain and mitigate the risk, with response evaluation and summary reports to the ISLHD governance structure as necessary.
- Audits conducted regularly to track compliance to policy. These include:
 1. Hand hygiene using observational audit techniques and consumer feedback surveys
 2. Central and peripheral line management
 3. Environmental Cleaning
 4. Sterilisation of reusable medical equipment
 5. Linen Management.
- Results of audits and hospital acquired infection reviews are used to identify education and other practice improvements with relevant groups of staff.
- Detailed review and reporting of specified hospital acquired infections to NSW Health and the Australian Council for Healthcare Standards.



Hospital-Acquired Infections



- The ISLHD Sepsis Committee is monitoring that we recognise, escalate and treat patients with sepsis. A sepsis working party is working to identify facilitators and barriers to using sepsis care bundles in Emergency. Tailored interventions will be used to develop a revised implementation toolkit. Data collection (including an audit) is also being established to determine if those patients that meet the pathway criteria in ISLHD Emergency Departments had the sepsis bundle followed.
- Two projects related to urinary tract infections (UTIs) began in 2022. A prospective study of patients with a midstream urine analysis aims to determine whether staff and consumer education and providing cleaning wipes:
 1. Improves clinical indications of UTIs being documented
 2. Decreases the percentage of contaminated or unnecessary samples
 3. Improves the percentage of patients with appropriate antibiotic treatment.

A second project aims to reduce UTIs in general surgery patients in the 30 days post-surgery.

BLOOD CLOTS

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

VTE is estimated to account for 7% of all deaths in Australian hospitals, and the consequence of developing a VTE has been estimated to cost the Australian health system \$1.72 billion annually. 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 non-invasive medical devices such as compression stockings.

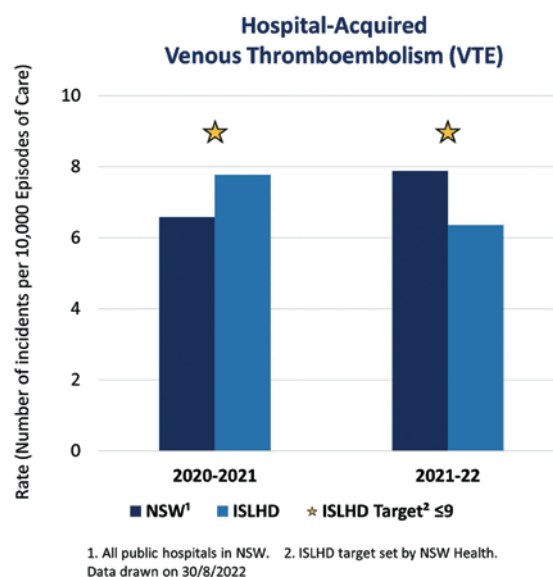
44 patients suffered a VTE in 2021-2022. Our rate is 6.35 incidents per 10,000 episodes of care. This is below the target set for us by NSW Health of less than 9 per 10,000 episodes of care, and a decrease from the previous financial year from 7.77. It is below the NSW average rate of 7.87 per 10,000 episodes of care for 2021-2022.

Continual Improvement

Our strategies for preventing VTE include:

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

VTE deaths represent some 7% of all deaths in Australian hospitals.



MEDICATION COMPLICATIONS

The 3 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).
- Movement disorders or serious alteration to consciousness from psychotropic medication.

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

Our rate was 14.73 incidents per 10,000 episodes of care for 2021-2022. This equates to 102 patients with medication complications. This is slightly higher than our target of less than 14.5 and above the NSW average rate of 8.55 incidents per 10,000 episodes of care in 2021-2022.

Continual Improvement

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

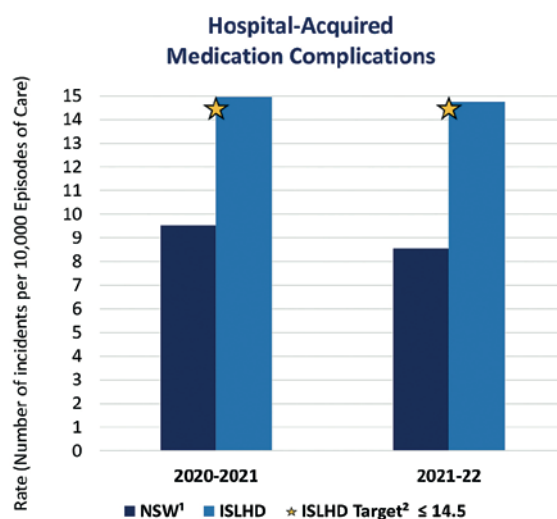
All medication incidents are reported, reviewed and recommendations implemented.

There is regular clinical auditing to ensure medication safety, including:

- High risk medications
- Labelling of injectable medicines
- Medication and vaccination storage
- Medication management and reconciliation at admission (best possible medication history), transfer and discharge.

A project being conducted as part of the Clinical Excellence Commission Safety and Quality Program in 2022 aims to reduce the rate of bleeding due to use of anticoagulants.

A consumer document on medication safety including a consumer survey has been published on the ISLHD Patient Information Portal (PIP).



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health.
Data drawn on 30/8/2022



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.

Our results have decreased from 113.15 in 2020-2021, with an average rate of 80.692 per 10,000 episodes of care in 2021-2022 (total of 28 patients). Our target is a rate of less than 104 and the NSW average rate is 61.36 per 10,000 episodes of care.

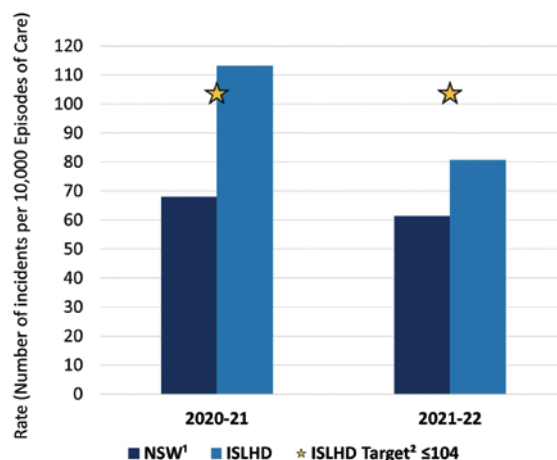
Continual Improvement

Our prevention strategies include:

- Quarterly monitoring and reporting of neonatal birth trauma.
- Incident reporting and regular case review of all serious incidents through the ISLHD Maternity Safety and Quality Meeting.
- 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.



Neonatal Birth Trauma



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 30/8/2022

- A paediatrician is present at all births where there is birth trauma or risks identified.

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.

Our rate of 343.092 per 10,000 episodes of care has increased since 2020-2021 from 335.265. We are below the ISLHD target of 393.9 per 10,000 episodes of care but slightly above the NSW average of 334.13 per 10,000 episodes of care.

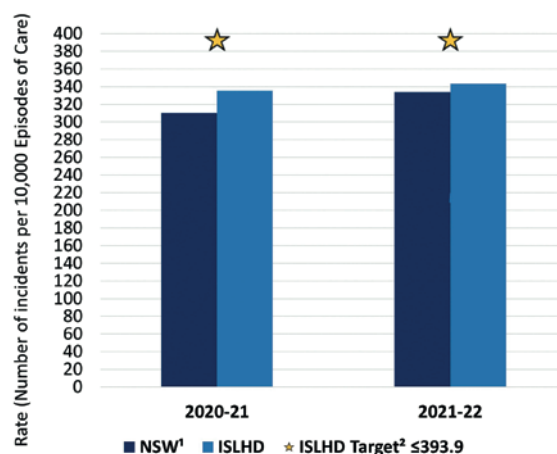
Continual Improvement

Our ongoing prevention strategies include:

- Quarterly monitoring and reporting of 3rd and 4th degree vaginal tears in childbirth.
- Incident reporting of all 3rd and 4th degree tears.
- Multidisciplinary case review of all 4th degree tears
- Use of the Perineal Protection Care bundle, including staff and consumer education.



Vaginal Tears in Childbirth



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 30/8/2022

- Consumer information on antenatal perineal care given to all women at 36 weeks gestation. Also, consumer information on vaginal tears and care is on the ISLHD Patient Information Portal (PiP) from the Australian Commission on Safety and Quality in Health Care 3rd and 4th degree perineal tear clinical care standard.

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.

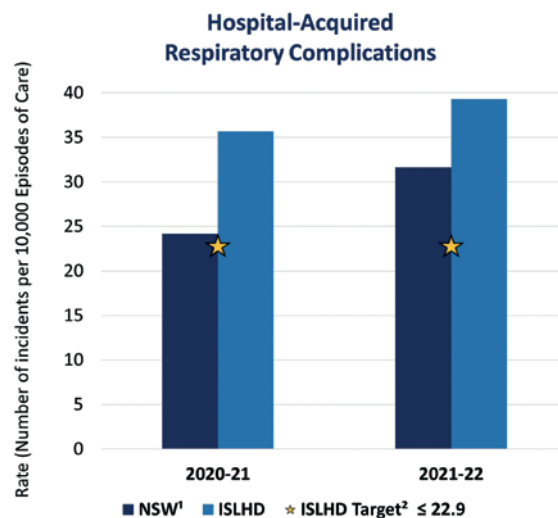
Hospital-acquired respiratory complications increase patients' length of stay and the cost of admission. Patients will also have more complex care requirements, pain and discomfort.

Our rate was 39.29 incidents per 10,000 episodes of care for 2021-2022. This equates to 272 patients with respiratory complications. This is higher than the NSW average rate of 31.631 per 10,000 episodes of care and the ISLHD target rate of less than 22.9 incidents per 10,000 episodes of care for 2021-2022.

Continual Improvement

Our ongoing prevention strategies include:

- Quarterly monitoring and reporting of respiratory complications in hospital. Our most common type of respiratory complication is respiratory failure and aspiration pneumonia.
- Don't let it HAPpen! Reducing the rate of Hospital Acquired Pneumonia Project at 3 sites across ISLHD.



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health.
Data drawn on 30/8/2022



RENAL FAILURE

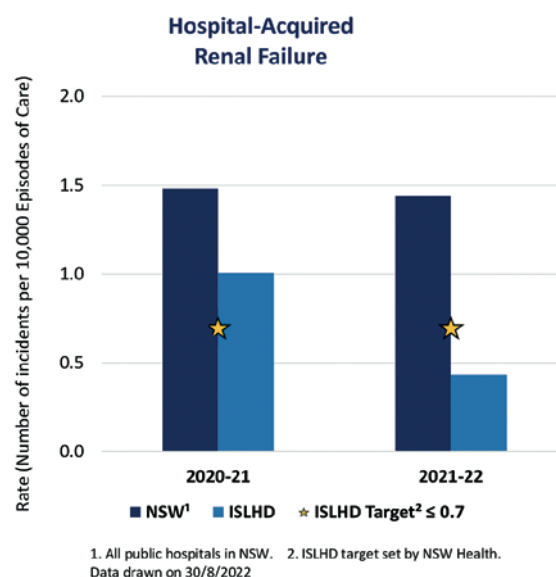
Hospital-acquired renal failure (or kidney injury) is acute and requires dialysis (treatment to filter the blood).

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 had a renal failure rate of 0.433 per 10,000 episodes of care in 2021-2022. This equates to only 3 patients. This is below the ISLHD target of a rate of less than 0.7 and remains below the NSW average rate of 1.438 per 10,000 episodes of care in 2021-2022.



Continual Improvement

- Quarterly monitoring and reporting of hospital acquired renal failure.

GASTROINTESTINAL BLEEDING

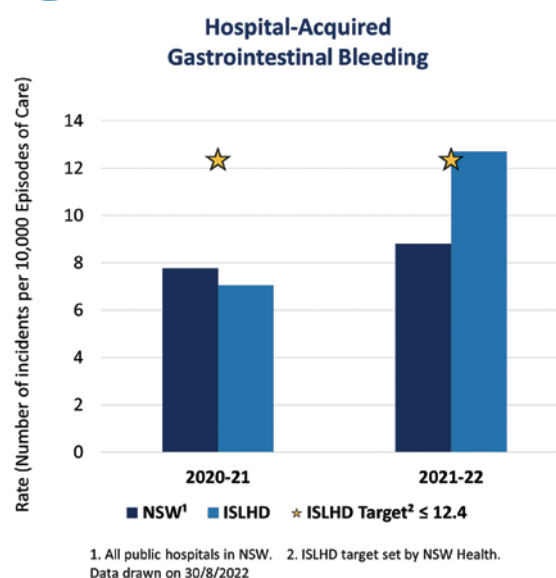
Patients with gastrointestinal bleeds experience distressing symptoms. These include vomiting or diarrhoea, vomiting of blood and blood in their stool. Symptoms also include tiredness, shortness of breath, faintness, dizziness and collapse.

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 reported a rate of 12.71 per 10,000 episodes of care, this was an increase from 2020-2021 from 8.81 per 10,000 episodes of care. This equates to 88 patients. This is above the ISLHD target rate of less than 12.4 per 10,000 episodes of care and the NSW average rate of 8.81 per 10,000 episodes of care.

Continual Improvement

- Quarterly monitoring and reporting of hospital acquired gastrointestinal bleeding.
- Auditing of routine clinical observations and vital signs.



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

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
- Sleep habits may change, they may be wakeful at night and sleepy in the day
- See or hear things not clear to others, but very real to them.

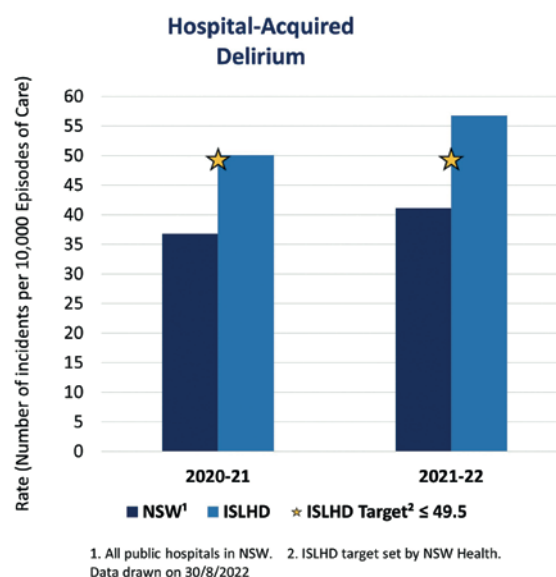
Delirium can occur to anyone. It is most common in older people who are in hospital, especially in people with dementia. Delirium leads to longer stays at hospital, increasing the risk for other complications. Delirium can lead to dementia or worsening of existing dementia. Delirium increases the risk 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 56.77 incidents per 10,000 episodes of care for 2021-2022. This is above the NSW Health target of less than 49.5 incidents per 10,000 episodes of care and the NSW average rate of 41.08 per 10,000 episodes of care for 2021-2022.

Continual Improvement

Quarterly monitoring and reporting of hospital acquired delirium continues. Improvement strategies include:

- An ISLHD delirium working group reporting to the ISLHD Collaborative Behaviour Management for Patient Safety Steering Committee has completed a gap analysis to identify improvement actions. Planned actions include a review of the current 4AT Delirium rapid assessment documentation.
- 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).

PERSISTENT INCONTINENCE

Hospital-acquired persistent incontinence starts during a hospital admission. It is present on discharge or lasts for 7 days or more.

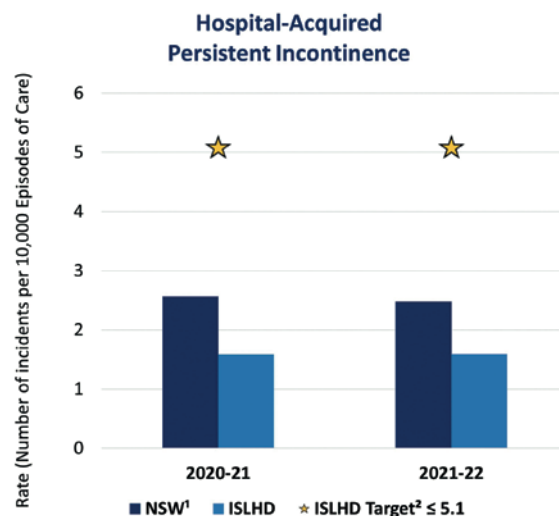
Urinary incontinence is when you can not control your bladder. Persistent urinary incontinence greatly impacts those who suffer from it and their carers. Factors related to hospital care can cause or worsen incontinence. These include postoperative complications, constipation, medications, infections 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 has achieved an excellent result for 2021-2022 with 1.58 incidents per 10,000 episodes of care. This equates to only 11 patients. We remained below both the NSW Health target rate of 5.1 incidents per 10,000 episodes of care and the NSW average rate of 2.48 incidents per 10,000 episodes of care in 2021-2022.

Continual Improvement

Persistent incontinence that occurs in hospital continues to be accurately identified and reported quarterly.



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health.
Data drawn on 30/8/2022



ENDOCRINE COMPLICATIONS

Endocrine complications in hospital include:

- Malnutrition, **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.
- Hypoglycaemia, or **low blood glucose**, caused by insulin. Insulin is a treatment for people with type 2 diabetes.

Hypoglycaemia puts patients at risk of increased mortality, falls, length of stay and readmission to hospital.

Malnutrition can develop from illnesses that cause poor absorption of nutrients or nutrient loss, or from diseases that cause increased nutritional requirements or impact ability to eat and drink. Risk of malnutrition increases with age and can lead to other complications such as an increased risk of infection, muscle wasting, frailty, falls, pressure injuries and poor wound healing. Malnutrition can increase hospital length of stay and the cost of admission.

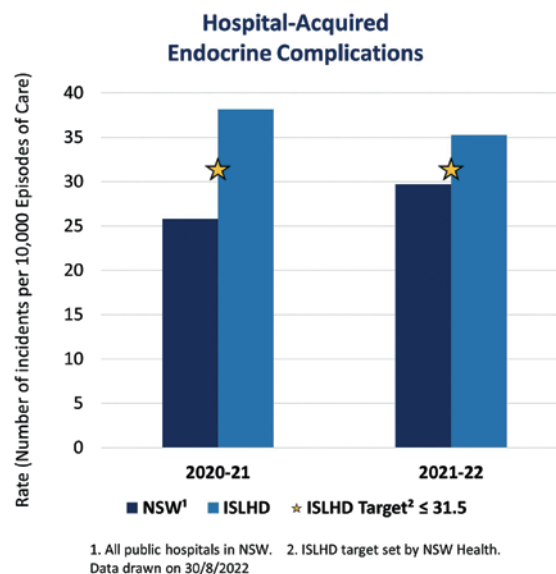
The ISLHD rate of endocrine complications was 35.25 incidents per 10,000 episodes of care. This is above the NSW Health target of a rate less than 31.5 incidents per 10,000 episodes of care and the NSW average rate of 29.68 incidents per 10,000 episodes of care. HAC malnutrition has seen continued reduction from a rate of 6.898 in 2020-2021 to 1.58 incidents per 10,000 episodes of care in 2021-2022. This is also significantly below the NSW average for malnutrition of 3.16 incidents per 10,000 episodes of care.

Continual Improvement

Monthly monitoring and reporting of hospital acquired endocrine complication rates continues.

Strategies for prevention and management of malnutrition include:

- Improved accuracy of the identification and documentation of malnutrition
- All inpatients must have nutritional risk screening on admission to hospital
- All inpatients must have a measured weight on admission to hospital and weekly during admission with regular monitoring of compliance
- Introduction of early nutrition support for high risk patient groups
- Monthly review of all malnutrition hospital acquired complications using a standardised review tool.



- The Reducing Hospital Acquired Malnutrition Project reduced the rate of malnutrition hospital acquired complications by 82%. The project has won an ISLHD Quality Award in the Patient Safety First category

Strategies for prevention and management of hypoglycaemia include:

- A hypoglycaemia kit audit is conducted twice a year to standardise the inpatient hypoglycaemia kits.
- Regular monitoring and management of blood glucose levels according to policy.
- A project in the ISLHD Safety and Quality Program 2022 aims to reduce the hypoglycaemia hospital acquired complication rates at 4 sites at Wollongong Hospital by 50%.

CARDIAC COMPLICATIONS

Cardiac complications in hospital are problems with your heart.

Cardiac complications include:

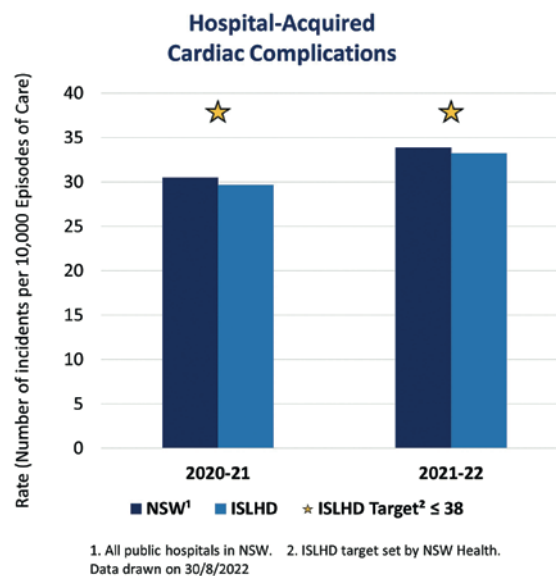
- Heart failure (inability of the heart to pump effectively)
- Arrhythmias (abnormal heartbeat)
- Cardiac arrest
- Acute coronary syndrome (a decrease blood flow to the heart). In some cases, this leads to myocardial infarction, otherwise known as heart attack.

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 2021-2022 with 33.22 incidents per 10,000 episodes of care. This is below both the NSW Health target of a rate less than 38 incidents per 10,000 episodes of care and the NSW average rate of 33.91 incidents per 10,000 episodes of care. This equates to 230 patients.



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.
- Quarterly 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.
- Quarterly auditing of Acute Coronary Syndrome patients and action plans implemented.
- Quarterly monitoring and reporting of hospital acquired cardiac complication rates.
- Monthly monitoring of time to unblocking and restoring blood flow to the coronary artery for STEMI (Heart Attack) patients.

Wollongong Hospital continues to enter all Percutaneous Cardiac Interventions (a procedure used for heart attacks) on the NSW Cardiac Registry. The data allows us to check the quality, appropriateness and effectiveness of cardiac care.

NUMBER OF PATIENTS OVERDUE FOR ELECTIVE SURGERY

Target = 0

2021 - 2022

Category 1 = 0

Category 2 = 3174

Category 3 = 8515

ELECTIVE SURGERY ACCESS PERFORMANCE (ESAP)

% of Patients Treated on Time

2021 - 2022

Category 1 = 99.4%

Target = 100%

Category 2 = 66.3%

Target = 97%

Category 3 = 65.3%

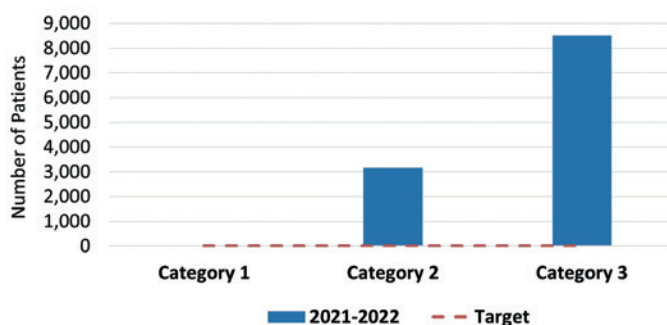
Target = 97%

PAEDIATRIC ADMISSIONS FROM ELECTIVE SURGERY

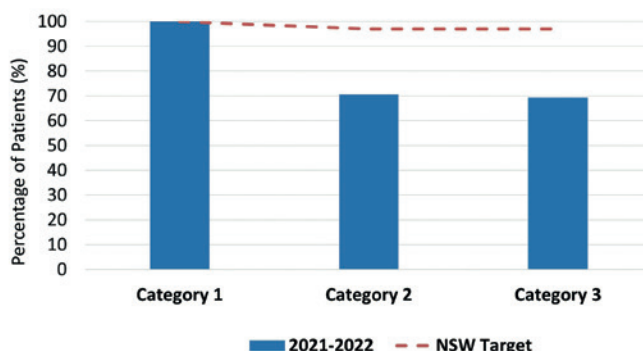
WAITING LIST

	2020-2021	2021-2022
Target	1348	1393
Result	782	912
Variance from Target (Number)	-566	-481

Number of Patients Overdue for Elective Surgery



Elective Surgery Access Performance % of Patients Treated on Time



IMPROVEMENT STRATEGIES

As a result of the temporary suspension of non-urgent elective surgery back in September 2021 overdue patient numbers increased. In addition our services have experienced increased presentations to all emergency departments and admissions for medicine and aged care services have increased. These increased admissions have meant elective surgery has limited access to overnight beds which impacts ability to treat overdue patients.

Last financial year we outsourced elective surgery ensuring that over 2,000 people were able to have surgery in private facilities which helped reduce overdue numbers.

We will continue to outsource elective surgery to private facilities for some surgical specialties across the district where possible. In addition, we are implementing strategies to reduce length of stay when clinically appropriate.



MENTAL HEALTH: ACUTE SECLUSION OCCURRENCE



Rate of Episodes (per 1,000 bed days)

Target = less than or equal to 5.1 per 1000 bed days

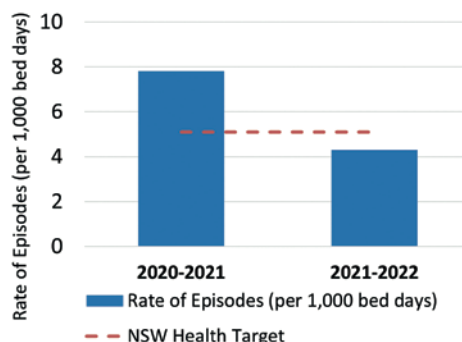
2020-2021 Result = 7.8

2021-2022 Result = 4.3

ACUTE SECLUSION FREQUENCY

2021-2022 Result = 2.6%

Acute Seclusion Occurrence



MENTAL HEALTH: ACUTE SECLUSION DURATION



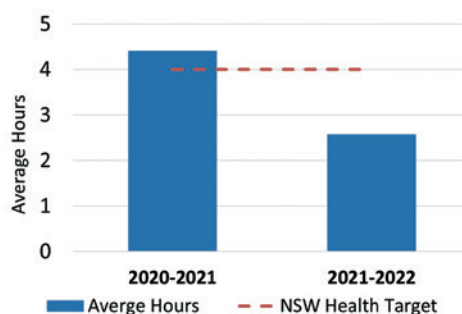
Average hours

Target = less than 4 hours

2020-2021 Result = 4.41 hours

2021-2022 Result = 2.58 hours

Acute Seclusion Duration



MENTAL HEALTH: INVOLUNTARY PATIENTS ABSCONDED

From an inpatient mental health unit Incident Types 1 and 2 (Rate per 1,000 bed days)

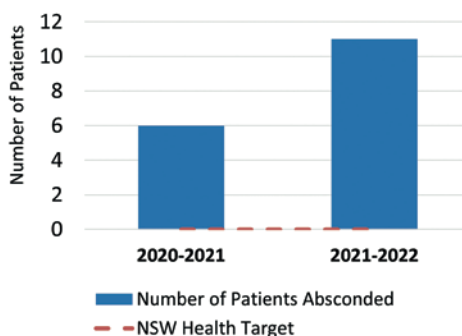
- Type 1: Primary Method, Climbed/Scaled or Jumped Courtyard fence, broke door or window, exited with visitors
- Type 2: Primary Method, Escorted leave with Family, staff.

Target = 0

2020-2021 Result = 6

2021-2022 Result= 11 (Type 1= 8; Type 2 = 3)

Involuntary Patients Absconded



MENTAL HEALTH CONSUMER EXPERIENCE

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

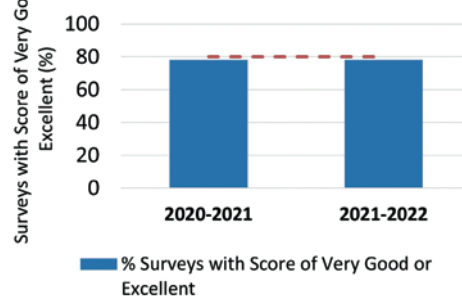
Target = 80%

2021-2022 Result = 78%

Inpatient return rate = 40

Community return rate = 3

Mental Health Consumer Experience (YES Survey)



* 2020-2021 results are identical to 2021-2022 results

UNPLANNED HOSPITAL READMISSIONS Within 28 days of separation

2021-2022 Target = 4.6%

Aboriginal persons

2020-2021 Result = 5.9%

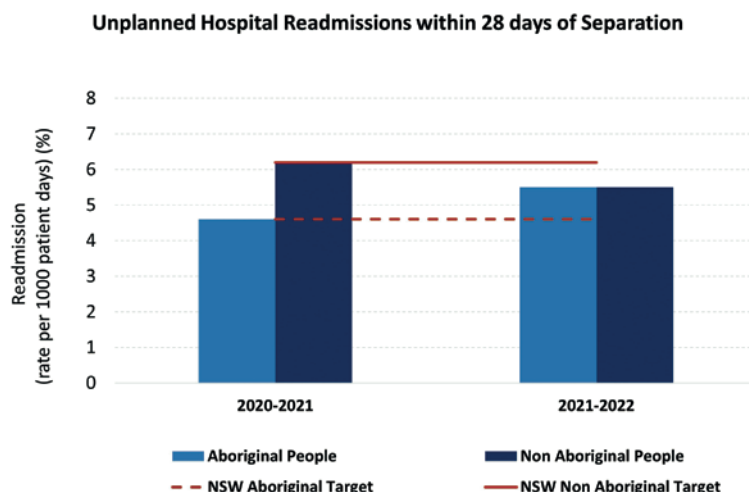
2021-2022 Result = 5.5%

2021-2022 Target = 6.2%

Non-Aboriginal person

2020-2021 Result = 6.2%

2021-2022 Result = 5.5%

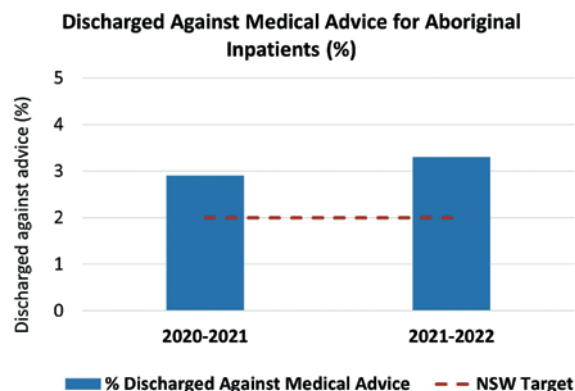


DISCHARGED AGAINST MEDICAL ADVICE FOR ABORIGINAL INPATIENTS (DAMA)

Target = less than $\leq 2\%$

2020-2021 Result = 2.9%

2021-2022 Result = 3.3%



IMPROVEMENT STRATEGIES

ISLHD recognises the challenges Did Not Wait (DNW) and Discharge Against Medical Advice (DAMA) present for Aboriginal people and their families. The ISLHD Aboriginal Health Strategy Team have collaborated with Hub General Managers and Hospital Aboriginal Advisory Committees to develop targeted strategies for Aboriginal people who are recorded as DNW and DAMA. The District has recruited to vacancies in key positions such as the Respecting the Difference Facilitator and Wollongong Hospital Principal Aboriginal Health Worker.

The LHD also specifically targeted Patient Experience Officer positions in the Shoalhaven and Wollongong Hospital emergency departments to support Aboriginal people when they present to the ED and attempt to combat the number of DNWs.

The Shellharbour Hospital General Manager and Aboriginal Advisory Committee were instrumental in establishing a part time role for a Principal Aboriginal Health Worker recruited to support Aboriginal people admitted to Shellharbour and Port Kembla Hospitals and work towards reducing the number of DAMA.

ISLHD is regularly monitoring DNW and DAMA data on our data analytics platform to explore and unpack causal relationships and identify targeted localised responses. Additionally each general manager is actively engaging with the Hospital Aboriginal Advisory Committees to co-design strategies and solutions to support Aboriginal people navigate the hospital services.

Moving forward ISLHD will be exploring ways to increase the number of Aboriginal staff employed in the emergency departments as well as reviewing and refreshing the Hospital to Home Journey Booklet.

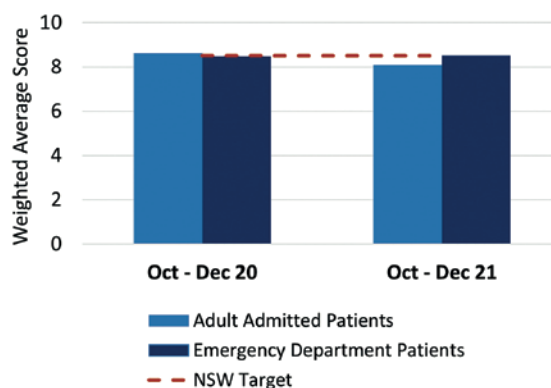
OVERALL PATIENT EXPERIENCE INDEX

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

1. *How would you rate how well the health professionals worked together?*
2. *How well organised was the care you received in hospital?*
3. *Overall rating of care received?*
4. *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.

Overall Patient Experience Index

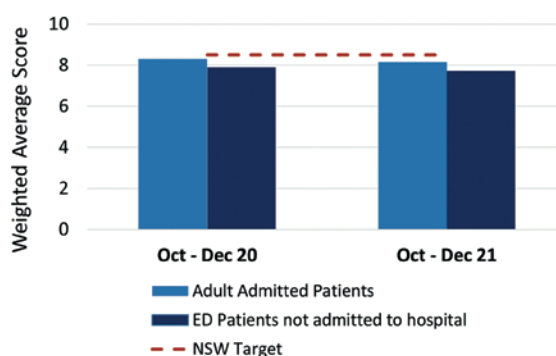


PATIENT ENGAGEMENT INDEX

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

1. *During your stay in hospital, how much information about your condition was given to you?*
2. *Were you involved, as much as you wanted to be, in decisions about your care?*
3. *Did you feel involved in decisions about your discharge from hospital?*
4. *At the time you were discharged, did you feel that you were well enough to leave hospital?*
5. *Were you given enough information about how to manage your care at home?*
6. *Did staff tell you who to contact if you were worried about your condition after you left?*

Patient Engagement Index



NSW HEALTH OUTCOME 5: OUR PEOPLE AND SYSTEMS ARE CONTINUOUSLY IMPROVING TO DELIVER THE BEST HEALTH OUTCOMES AND EXPERIENCES

TAKE ACTION - PEOPLE MATTER SURVEY

Target = any increase from previous year

2019-2020 Result= 37%

2020-2021 Result= Health did not participate in the in the People Matter Employee Survey in 2020

2021-2022 Result= 32%

STAFF ENGAGEMENT - PEOPLE MATTER SURVEY ENGAGEMENT INDEX

Target = any increase from previous year

2019-2020 Result= 63%

2020-2021 Result= Health did not participate in the in the People Matter Employee Survey in 2020

2021-2022 Result= 60%

STAFF ENGAGEMENT AND EXPERIENCE - PEOPLE MATTER SURVEY - RACISM EXPERIENCED BY STAFF (%)

Target = any decrease from previous year

2019-2020 Result= 9%

2020-2021 Result= Health did not participate in the in the People Matter Employee Survey in 2020

2021-2022 Result= 6%

STAFF PERFORMANCE REVIEWS COMPLETED WITHIN THE LAST 12 MONTHS

Target = 100%

2020-2021 Result = 71.0%

2021-2022 Result = 55.4%

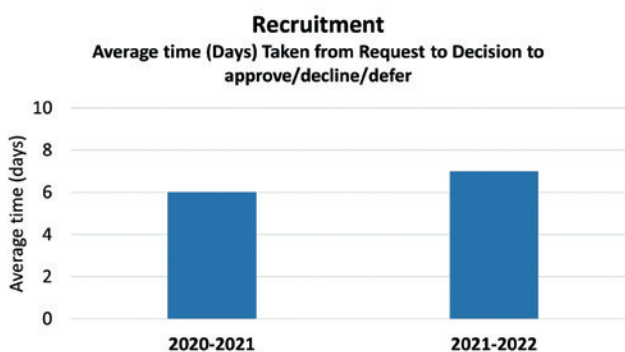


STAFF RECRUITMENT

Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)

2020-2021 Result = 6 days

2021-2022 Result = 7 days



IMPROVEMENT STRATEGIES

District Workforce Operations continues to identify delays in the approval process.

ABORIGINAL WORKFORCE PARTICIPATION

Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)

2020-2021 Result = 2.48%

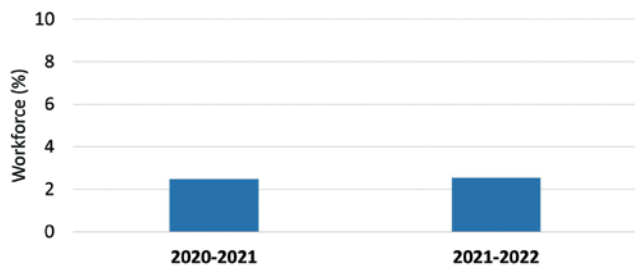
2021-2022 Result = 2.54%

EMPLOYMENT OF ABORIGINAL HEALTH PRACTITIONERS

2020-2021 Result = 2

2021-2022 Result = 3

Aboriginal Workforce Participation
Proportion of total workforce at all salary levels (bands) and occupations (%)



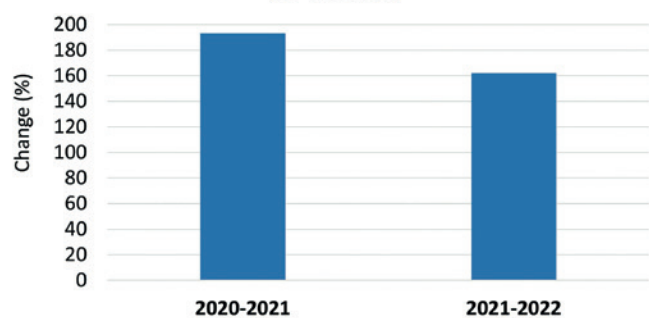
COMPENSABLE WORKPLACE INJURY - CLAIMS

2020-2021 Result = 193% Change

2021-2022 Result = 162% Change

2021/2022 saw a 16% decrease in claims when compared to 2020/2021 and a 6% decrease from 2019/2020 noting all COVID-19 claims have been removed from claims numbers as these are non-premium impacting.

Compensable Workplace Injury Claims
(% Change)



IMPROVEMENT STRATEGIES

The Safety Transformation Program has commenced and is targeting key areas such as safety behaviours to continue improvements in injury prevention.



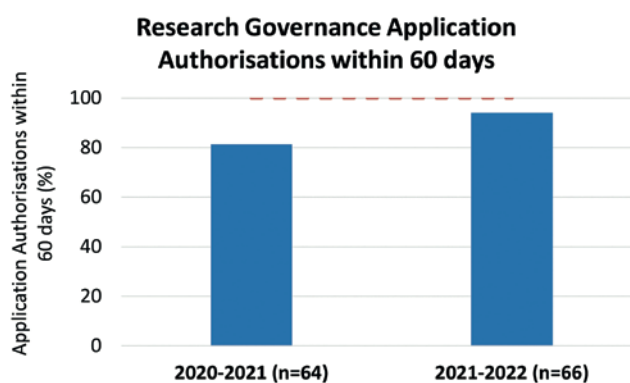
RESEARCH GOVERNANCE APPLICATION AUTHORISATIONS

Site specific within 60 calendar days - Involving more than low risk to participants (%)

Target = 100%

2020-2021 Result= 81% (n=64)

2021-2022 Result= 94% (n=66)



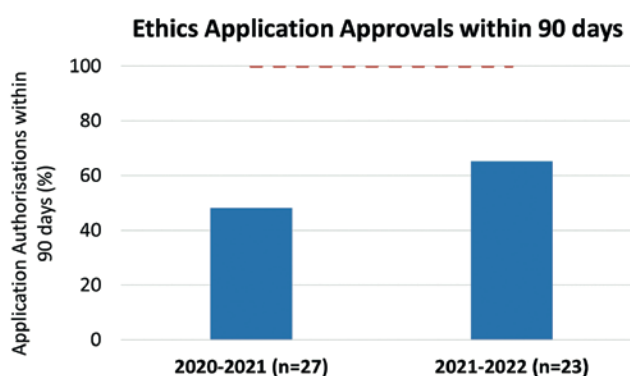
ETHICS APPLICATION APPROVALS

By the Human Research Ethics Committee within 90 calendar days - Involving more than low risk to participants (%)

Target = 100%

2020-2021 Result= 48.15% (n=27)

2021-2022 Result= 65.22% (n=23)



IMPROVEMENT STRATEGIES

The Research Office is currently seeking the next step in the maturation of ISLHD as a research active health district. The Joint University of Wollongong/ISLHD Human Research Ethics Committee (HREC) have provided 20 years of ethics support and mentorship.

Over that time, however, there have been some major changes including:

- The introduction of a new Research Ethics Governance Information System (REGIS) which is mandated for all NSW Public Health Organisations
- The development of a highly skilled ISLHD research support workforce
- The creation of an ISLHD Low and Negligible Risk Research Review Committee.

As such, ISLHD is seeking to join the Greater Western HREC. This joint venture is an opportunity to strengthen working relationships between rural and regional areas and to join another HREC which is embedded within other local health districts.

6 Future Plans-Safety and Quality Priorities for 2022-2023

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 development of the Local Health District's (LHD) strategy is still underway, and hence the 2022-2023 Annual Plan will be an interim plan, continuing in a similar format to the 2021-2022 Annual Plan.

The 2022-2023 Annual Plan:

- Is framed around the existing District Strategic Priorities, for continuity in reporting through monthly accountability meetings
- Narrows the focus to ensure delivery of the key operational and performance priorities
- Utilises a risk lens to identify and address areas of performance improvement
- Addresses the major deliverables for the year from the Service Agreement, and includes the full Service Agreement Deliverables, Targets and Measures to ensure full visibility.

In 2023-2024, the Annual Plan will be developed to align with the new District Strategy and Delivery Plan.

The LHD recognises that alongside the Focus Areas within the Plan, 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 every-day provision of safe and high quality health care services, the 'business as usual' (BAU).

This Annual Plan focusses on the LHD's 'big rocks, the 'non-negotiables', the 'hot button issues'. It is not intended to reflect BAU or improvements/innovations that the Services/Hubs/Directorates would implement to contribute to the LHD's broader strategy.

OUR PLAN'S PRINCIPLES

✓	Focus, Target, Action	The Annual Plan outlines the specific Focus areas, Targets, and Actions for operational performance transformation.
✓	Performance Improvement	The Focus areas outlined in the Plan are those large-scale improvements that have been identified by the Chief Executive and Core Executive as requiring immediate prioritisation and resourcing to achieve performance improvement.
✓	Everyone's Responsibility	Everyone has a role to play in achieving the improvements sought by the Annual Plan. The targets and actions will be translated into Service/Hub/Directorate plans so that individual staff members are clear on their responsibilities and actions.
✓	For Our Benefit	The Annual 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 outcomes for our consumers and partners.
✓	Beyond BAU	The Annual Plan does not include business as usual (BAU) tasks, nor does it describe other opportunities for improvement (e.g. projects initiated by the Ministry of Health).

ANNUAL FOCUS AREAS, KEY ACTIONS AND PROJECTS

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

ISLHD has a reputation for delivery of high quality health care and appropriate services.

Focus Area	Key Actions/ Projects
Access & Flow for Emergency Performance Ensure that Emergency Department (ED) consumers have access to timely and quality care in order to optimise their outcomes and minimise harm	Access & flow improvement program: multiple initiatives with a focus on alternate models of care to support ED avoidance, access to timely care and the care of patients with complex needs
	Develop flexible bed capacity across ISLHD to respond to demands, particularly for patients waiting for Residential Aged Care Facility (RACF) placement
	Progress first-year initiatives in ISLHD's virtual care strategy
	Expand hospital substitution and admission avoidance programs (including virtual ward and Hospital in the Home [HITH] expansion)
COVID-19 Response Ensure readiness and capacity to respond to community outbreaks and need for hospitalisation	Public Health Unit: Transition services to a sustainable and funded COVID-19 response
Surgical Services Efficiency & Delivery Ensure timely and appropriate access to elective surgery	Implement strategies to reduce overdue patients on elective surgery waitlist
	Implement strategies to reduce the number of endoscopy Category A overdue patients
Integrated Community Care Enhance community- based care options to support in-home management, improve patient activation and reduce hospitalisation and ED visits	Implement agreed and funded community health review recommendations
	Deliver NSW service plan for people with eating disorders
	Develop and implement alternative virtual models across agencies and with primary care
	Develop and implement Safe Side initiative
Aboriginal Health Improve equity of access to care and health outcomes for First Nations people in ISLHD	Aboriginal health strategy: support hospitals and health services to close the gap in Aboriginal health
	Implement strategies across ISLHD to increase Aboriginal and Torres Strait Islander employment rates (target as per service agreement)
	Implement Aboriginal mental health and wellbeing strategy



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

ISLHD is considered an employer of choice within the region

Focus Area	Key Actions/ Projects
Staff Safety Promote, protect, and maintain the health, safety and wellbeing of staff	Implement safety transformation program
	Implement staff wellbeing project
	Develop and implement security improvement project
Leadership & Culture Improve organisational performance and accountability through attentive management and visionary leadership within a values-based culture	Implement workforce diversity and inclusion program
	Implement talent management program
	Implement workforce management improvement program: leadership/ engagement/culture/retention
	Office utilisation optimisation project (ISLHD new ways of working)
	Conduct ISLHD Information, Communications & Technology (ICT) structure review
	Deliver the allied health workforce strategy
	Implement Aboriginal nurse and midwifery mentor programs
	Promote the uptake of cadetships
	Enrolled Nurse (EN) graduate recruitment scholarship
	Monitor national medical training survey
	Medical workforce action plan (includes reduced overtime)

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

ISLHD is respected and recognised for research and innovation to improve health care.

Focus Area	Key Actions/ Projects
Research Leadership & Outcomes Establish ISLHD as a recognised clinical research organisation and empower an integrated culture of research, innovation and improvement	Conduct a review of ISLHD's research and clinical trials strategy and capability
	Build research expertise and capacity within the workforce
	Support nursing & midwifery staff to achieve higher degree qualifications



STRATEGIC PRIORITY 4: EFFICIENT, EFFECTIVE, SUSTAINABLE FINANCIAL OPERATIONS

ISLHD is a financially sustainable and fiscally responsible organisation

Focus Area	Key Actions/ Projects
Balanced budget & Sustainability Deliver a balanced budget, through prioritising a safe and sustainable workforce and workplace. ISLHD will transition towards net zero. An environmental sustainability governance framework will be developed	Develop financial sustainability plan
	Facilitation of strategic investment
	Maintain project plan compliance for nursing and midwifery workforce and continue nursing and midwifery workforce steering committee to achieve Nursing Hours Per Patient Day (NHPPD) within 10% of target per ward, and overtime reduction by 30%
	Develop a clinical services plan for Wollongong hospital
	Complete business case for the new Shellharbour hospital and integrated services project
	Lead, design and construction of the Shoalhaven hospital redevelopment
	Lead early works components of the new Shellharbour hospital and integrated services project
	Continued development and implementation of Port Kembla Hospital decant
	Implement medical imaging review recommendations
	State-wide supply chain reform program (clinical supply)
	Implement asset management transformation program
	Implement savings while spending program (goods and services)
	Develop/implement sustainable procurement project (mitigation: financial and environmentally sustainable procurement)
	Build governance structure to lead ISLHD's environmental sustainability transition towards net zero

CRITICAL ENABLERS

PARTNERSHIPS AND ENGAGEMENT

Build and maintain strong partnerships and relationships with our stakeholders, both health and more broadly

Focus Area	Key Actions/ Projects
Partnerships Collaborate effectively with external partners to ensure our services are integrated and co-designed for the benefit of our community	Work with regional partners to support the Aboriginal Health Partnership Committee to achieve outcomes for the community
	Apply a commissioning for better value approach to at least one new service that supports better outcomes and experiences for patients
	Finalise collaborative commissioning project (Primary Health Network) and deliver the agreed actions in the joint strategic plan (currently being developed)

GOVERNANCE

Strengthen governance and accountability at all levels of the LHD

Focus Area	Key Actions/ Projects
Patient Safety Reduce harm to patients	Implement recommendations from the maternity resilience assessment
	Establish a clinical risk observatory
	Implement revised clinical leadership and medical workforce model for obstetrics
	Review and respond to major patient safety issues including hospital acquired complication (HAC) rates
	Implement towards zero falls action plan
Corporate Governance Ensures business continuity and enhanced oversight for collaborative and shared ICT services	Conduct a review of ISLHD organisational structure to meet future needs
	Finalise and implement ISLHD's business continuity plan
	Revise ISLHD's data governance framework
	Implement a data request portal to improve access to data

INFORMATION TECHNOLOGY AND eHEALTH

Expand the use of eHealth and information technologies to deliver health services more effectively and more efficiently

Focus Area	Key Actions/ Projects
Information Systems Enhancement Implement and maintain systems which improve the digital patient health record, enhance clinical decision support, and improve the quality and efficiency of patient care Maintain and enhance district ICT infrastructure Improve non-clinical efficiency and effectiveness in support of improved patient outcomes	Electronic Medical Record (eMR) optimisation project
	Support ICT requirements for major capital work developments
	Improve cyber security capability and attestation results
	Preparation for single digital patient record
	Office365/teams implementation
	Increase virtual care support and consulting capability
	Implement EDWARD (Enterprise Data Warehouse for Analysis Reporting and Decisions) transition

SAFETY & QUALITY PRIORITIES AND INITIATIVES FOR 2022-2023

Reducing Harm from Falls

Reducing patient falls and injuries sustained from falls in hospital is a key initiative for Illawarra Shoalhaven Local Health District (ISLHD), aligning with the ISLHD Annual Plan 2021-2022 - Patient Safety. The Zero Falls project, in collaboration with the ISLHD Project Management Office (PMO), has committed to a 12 month focus on 4 key areas of falls assessment and prevention to reduce harm from falls.

A fall may result in fractures, lacerations, internal bleeding or death, leading to increased health care utilisation, and patient and family distress and higher financial burden for the health system. Previous practices and initiatives across the District have had some success with a reduction of 685 falls from 2020 to 2021. Currently, patient falls across the Local Health District (LHD) are more than double the NSW goal of less than 3 falls per 1000 bed days with ISLHD's year to date average being 6.56 falls per 1000 bed days.

The Zero Falls project aims to address this issue through articulating a best practice approach to reducing falls risk, fall incidents, and falls related harm, whilst recognising the positive achievements and work from previous years.

The Zero Falls project will focus on four specific areas.

1. Accurate and timely assessment of patients to identify the patient's risk of having a fall.
2. Ensuring that patients and their carers have greater visibility of staff with Point of Care Nursing. This is proven to reduce insufficiencies, decrease errors, promote information sharing and encourage therapeutic relationships.
3. Ensuring that patient's needs are met on a regular basis with staff asking the patient regularly if their needs are being met or if assistance is required. Intentional Rounding benefits patients by reducing falls and pressure injuries and decreases patient anxiety as they are reassured a staff member will return to check in with them regularly.
4. Ensuring patients who are at high risk of falling, or who are at high risk of harm if they fall, are supervised in toilets and bathrooms.

As part of the project, 25 wards from across the LHD have been selected to participate in this initiative. Each ward has formed a multidisciplinary team to apply quality science methodology to implement, sustain and embed falls assessment and prevention strategies into practice. It is anticipated that the project will be rolled out across the LHD at the end of 2022.

Aligned to Future Health: Strategic Outcome
Safe care is delivered across all settings

Aligned to ISLHD Strategic Priorities & Critical Enabler

- Innovation, agility and learning for continuous improvement
- Patient Safety



Co-designing a Consumer and Community Partnership Framework - A Shared Vision

ISLHD is aiming for a shared vision where all consumers and communities have trust and confidence to access local health services that are safe and of high quality, be partners in their own care, and work together with ISLHD to design, evaluate and improve care and services.

ISLHD has trust and confidence to partner fully with consumers and communities to design, evaluate and improve health services for our community, enabling all consumers to be partners in safe and high quality care.

THE PURPOSE of the Framework will be to suggest ways that the ISLHD Community can work together effectively to achieve this vision.

OUR GOALS - The ISLHD Community aspires to:

- Increase contribution of consumers and communities as 'makers and shapers' as well as 'users and choosers' to be partners in individual care, design and evaluate health service improvements.
- Create effective consumer leadership and shared governance structures and processes.
- Improve communication and sharing of practice and experience across services, consumer groups and community networks.

PRINCIPLES - The ISLHD community believes in:

- Good partnership - based on mutual respect, trust and transparency.
- Quality and safety - research and data that draws on the diversity of lived experiences.
- Safety - consumers' participation and engagement is safe.
- Equity and fairness - consumer participation and leadership that is diverse and equitable.
- Accountability - ensuring that information is shared with consumers and communities.
- Communication - consumers receive clear and effective communication, in a way they can understand and act upon (use).

OUR COMMITMENT - The ISLHD community will:

- Conduct and learn from an annual Consumer Forum.
- Create standards and processes for shared governance.
- Develop processes for mentoring and training consumer representative leadership.
- Foster diverse and inclusive lived experience leadership through the establishment of a District Community Advisory Committee, as a Board Subcommittee.
- Introduce a system for real-time consumer and community feedback.

Aligned to Future Health: Strategic Outcome

- Patients and carers have positive experiences and outcomes that matter

Aligned to ISLHD Strategic Priorities & Critical Enabler

- Innovation, agility and learning for continuous improvement
- Partnerships and Engagement

Recognition and Management of Sepsis

A Working Party has been established to KILL delays in SEPSIS in Emergency Departments (EDs)

Sepsis is the body's overwhelming and life-threatening response to infection. It can lead to tissue damage, organ dysfunction and death. Delays in recognising and treating sepsis lead to longer hospital stays and higher rates of morbidity. In Australia, there are 48,005 hospitalisations due to sepsis per year. ISLHD admits 2,369 patients with sepsis per annum (2020-2021). The estimated cost to the health service is \$39,000 per patient stay.

The Clinical Excellence Commission (CEC) have introduced the SEPSIS KILLS program for adult and paediatric patients in NSW hospitals. The SEPSIS KILLS program includes the adult and paediatric sepsis care bundle and demonstrated improved recognition and management of patients with sepsis. Yet, use of the sepsis care bundle (pathways of care and antibiotic guidelines) in ISLHD remains variable. Delay or failures in recognition or management of sepsis continues to be a common contributing factor in preventable adverse events.

The ISLHD sepsis working group has been established to develop strategies to improve the recognition and management of sepsis. The working party has representatives from emergency medicine, nursing, pharmacy, paediatrics, data management and the Clinical Governance Unit. The working party is also collaborating with the CEC sepsis lead and the University of Wollongong.

The objectives of the working party are to:

1. Identify barriers and facilitators to the use of the sepsis care bundle and antibiotic guidelines and develop implementation strategies to optimise uptake
2. Develop an audit and feedback system to monitor adherence of the CEC care bundle and the impact on patient outcomes for those who present to ED with sepsis.

Focus groups are being conducted to help us understand staff experiences managing patients with sepsis in the ED and using the CEC sepsis pathways and antibiotic guidelines. This will help identify strategies to improve the uptake of the CEC sepsis care bundle and improve management of patients with sepsis across our EDs. The database and audit tool will identify those patients that met the sepsis criteria while in ED. Results will be used to monitor the effectiveness of the strategies implemented on the use of the care bundle and patient outcomes.



Aligned to Future Health: Strategic Outcome

- Safe care is delivered across all settings
- Research and innovation, and digital advances inform service delivery

Aligned to ISLHD Strategic Priorities & Critical Enabler

- Innovation, agility and learning for continuous improvement
- Patient Safety

SEPSIS KILLS

6 KEY ACTIONS IN 60 MINUTES

1.  Oxygen
2.  Blood Cultures
3.  Serum lactate
4.  IV Fluids
5.  IV antibiotics
6.  Monitor vital signs and urine output

RECOGNISE • RESUSCITATE • REFER



7 Appendices

APPENDIX 1 ATTESTATION STATEMENT



Health
Illawarra Shoalhaven
Local Health District

This attestation statement is made by Chris Bertinshaw

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.

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

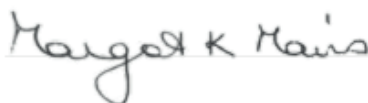
Chair of the Illawarra Shoalhaven Local Health District Board

Date

19 September 2022

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

Signed



Position

Chief Executive

Name

Margot Mains

Date

26.09.22

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Address
Wollongong Hospital	Loftus Street Wollongong NSW 2500
Shellharbour Hospital	15-17 Madigan Boulevard Mt Warrigal NSW 2528
Shoalhaven District Memorial Hospital	Scenic Drive Nowra NSW 2541
Coledale Hospital	638-646 Lawrence Hargrave Drive Coledale NSW 2515
Port Kembla Hospital	89-91 Cowper Street Warrawong, NSW 2502
David Berry Hospital	85 Tannery Road Berry NSW 2535
Milton Ulladulla Hospital	106 Princes Highway Milton 2538
Mental Health Service	Various locations. Executive Team located at Shellharbour Hospital 15-17 Madigan Boulevard Mt Warrigal NSW 2528
Ambulatory and Primary Health Care Service	Level 1 Warrawong Offices 57-67 King Street Warrawong NSW 2502
Oral Health Service	Various locations. Executive Team located at Level 1, 100-102 Jardine Street Fairy Meadow NSW 2019
Child and Family Services	Various locations. Executive Team located at Wollongong Hospital Loftus Street Wollongong NSW 2500
Drug and Alcohol Service	Level 2 The Orana Centre 2 Rawson Street Wollongong 2500

APPENDIX 2 WINNERS 2022



The Illawarra Shoalhaven Local Health District (ISLHD) 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.

Projects are selected from this forum for submission to NSW Health Awards, Australian Council on Healthcare Standards (ACHS) Awards and NSW Premiers Awards.

Chief Executive and Overall Winners Award

The **Access to Quality through Virtual Mental Health Project** aims to ensure consumers can access timely, high quality and safe mental health care. To date, Virtual Care (care delivered over video) has been implemented and

expanded across multiple settings. This has resulted in increased remote mental health assessments for people presenting to Emergency Departments (ED); increased virtual consults delivered to consumers accessing Community Mental Health Services in the outpatient services and; increased people in crisis connecting with a Mental Health Clinical Nurse Consultant (CNC) virtually whilst still in the community. As a result, a sustained increase in the delivery of Virtual Care has been achieved, the consumer's access and experience has improved and efficiencies and cost savings have been generated.

Category 1 - Integrated Value Based Care

Acute Aphasia Care post-Stroke: Early Intervention for Language Loss and Brain Recover, Speech Pathology, Wollongong Hospital

- Nominated for NSW Health Innovation Awards

Category 2 - Excellence in Aboriginal Healthcare

The Breast Feeding Project, Child and Family Services

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

Category 3 - Excellence in the Provision of Mental Health Services

Access and Quality through Virtual Mental Health Care, Mental Health Service

- Nominated for NSW Health Innovation Awards

Category 4 - Health Research and Innovation

Evaluating the Effectiveness of Telehealth vs Face to Face Chronic Pain Management Groups, Port Kembla and Shoalhaven Hospitals

- Nominated for NSW Health Innovation Awards
- Shortlisted for the Agency for Clinical Innovation Rural Health Awards

Category 5 - Keeping People Healthy

Partnering to deliver COVID-19 Vaccinations for Social Housing and Homeless and those at Risk, Public Health Unit

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

Category 6 - Patient Safety First

Reducing Hospital Acquired Malnutrition, Nutrition and Dietetics Service

- Nominated for NSW Health Innovation Awards
- Nominated for the Australian Council of Healthcare Standards Awards

Category 7 - People and Culture

Wollongong Hospital Adaptive Team Nursing Model in ICU (WHAT), Intensive Care Unit, Wollongong Hospital

Category 8 - Transforming Patient Experience

HowRU - Open and Flexible Patient Family Centred Virtual visiting to ICU, Intensive Care Unit, Wollongong Hospital

- Nominated for NSW Health Innovation Awards

Category 9 - Collaborative Staff Member of the Year

Raychel Davis - Director People, Safety & Culture

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

Evaluation of the Implementation of the Mental Health Service Seclusion and Restraint Prevention Plan, Mental Health Service





APPENDIX 3

The Illawarra Shoalhaven Local Health District (ISLHD) Staff and Volunteer Recognition Awards (SAVR) have been held annually since 2015. The Awards recognise and reward significant and outstanding achievement and performance by employees and volunteers across our District.

Across the 12 Award categories we had 300 nominations from across the Local Health District (LHD). This not only shows how many highly skilled and dedicated staff and volunteers there are working in the ISLHD, it also shows how proud, appreciative and supportive the managers, supervisors and co-workers are who took the time to nominate their peers.

SAVR Award Finalists

2021 Reconciliation Award

- Tiarna Porter - Aboriginal Population Health Training Initiative (APHTI) - Public Health Unit
- Michael Winch - Coordinator Aboriginal Workforce - Aboriginal Health Strategy
- Aboriginal Health Impact Statements Project Group - Aboriginal Health Strategy
- Aboriginal Health Strategy

Extraordinary Care for our Patients

- Joan Bourne - Palliative Care Social Worker - Port Kembla Hospital
- Laurel Morrissey - Staff Specialist Psychiatrist - Mental Health Services
- Nicole Voegt - Clinical Midwifery Specialist Lactation Support - Shoalhaven District Memorial Hospital
- COVID -19 Assessment Clinic Team - Wollongong Hospital
- West Wing Coledale Hospital & 2 East Bulli Hospital- Coledale Hospital, Bulli Hospital

Innovation and Process Improvement

- Danielle Feros and Samantha Broyd - Port Kembla Hospital
- Kristi-lee Muir - VeCC Project Officer and QuART Team Leader - Ambulatory and Primary Health Care
- Child & Family Allied Health Team - Child and Family Services
- ICU HowRU Team - Wollongong Hospital
- Emergency Department - Wollongong Hospital

Work Health and Safety Star

- Joanne Caruana - Safety Coordinator - Port Kembla Hospital
- Katrina Hynard - Violence Prevention and Management Coordinator - People Safety Culture

Outstanding Service

- Jodi Chiumento - Director Procurement & Supply Chain - Procurement & Logistics Unit
- Emma Corvalan - Workforce Operations Executive Officer - Workforce Operations
- COVID-19 Vaccination Bookings Office Team - District Nursing & Midwifery Team
- Public Health Unit COVID-19 Response Team - Public Health Unit

Resilient Leadership

- Joanna Harris - Director of Infection Prevention and Control - Infection Management & Control Service
- Andrew Jones - Respiratory Head of Department - Wollongong Hospital
- Shany King - Co-Director Division of Critical Care / Operations Manager Northern Illawarra Hospital Group Emergency Department and Intensive Care Unit - Wollongong Hospital
- Anna O'Hare - Nurse Manager Emergency Department - Wollongong Hospital
- Nicole Sheppard - General Manager Northern Illawarra Hospital Group

Volunteer of the Year

- Graham Bradley - Wollongong Hospital
- Joseph Davidson - Wollongong Hospital

Unsung Hero - Making a Difference

- Raychel Davis - COVID-19 Vaccination Bookings Manager - Wollongong Mass Vaccination Clinic
- Jennifer Farinella - Team Leader - HIV and Related Programs - Drug and Alcohol Service
- Michelle Hudoba - Clinical Program Manager and Data Manager - Clinical Governance Unit
- George MacMillan - Nurse Unit Manager - Mental Health Services
- A5 COVID Nursing Staff - Wollongong Hospital
- Supply Chain Team - Procurement Logistics Unit

Rising Star

- Lynnsey Henry - Workforce Support, Wollongong Hospital
- Karen Low - Director Project Management Office (PMO) Redesign & Innovation - PMO Redesign & Innovation
- Shari Lynch - Project Officer - Project Management Office Redesign & Innovation
- Ma Erika Alipio - Registered Nurse - Wollongong Hospital
- Jessica Male - Shoalhaven District Memorial Hospital

Clinical Excellence

- Christine Flynn - Social Worker - Wollongong Hospital
- Mike McCreery - Anaesthetist - Shoalhaven District Memorial Hospital Clinical Reference Group
- Clinical Reference Group - District Services
- Emergency Service Team - Division of Critical Care
- Infection Management and Control Services - District Nursing & Midwifery Team

Collaboration and Connection

- Raychel Davis - Director People, Safety & Culture - People Safety Culture
- Michelle Hudoba - Clinical Projects and Data Manager - Clinical Governance Unit
- Anna Meaker - Out of Home Care Health Pathways Coordinator - Child and Family Services
- Mass Vaccination Centre Project Team - District COVID-19 Response
- Telestroke Implementation - Shoalhaven District Memorial Hospital

Leadership Excellence

- Donna Auer - Senior Dental Assistant - Oral Health Services, Dapto
- Jenny Claridge - Co-Director - Child and Family Services
- Rochelle Darby - Manager Child Protection - Child and Family Services
- Paul Rothe - General Practitioner, Visiting Medical Officer, previous Head of Department - Milton Ulladulla Hospital
- Vicki Weston - Director Workforce Relations and Management - Workforce Relations and Management.

2021/22 SAVR Award Winners

2021 Reconciliation Award

MICHAEL WINCH

Coordinator Aboriginal Workforce, Aboriginal Health Strategy

Michael is a key staff member of Aboriginal Health Strategy, and has excelled in his role over the past 12 months in creating employment opportunities for Aboriginal people, whether it is providing advice to services, encouraging staff to take on career development opportunities or simply providing a sounding board to his fellow Aboriginal staff within the team. Michael is an excellent role model and demonstrates the CORE values at all times. He offers his leadership skills and supports Aboriginal staff across all areas of the District. He is a team player and will support his colleagues to achieve important outcomes.

Michael has been instrumental in establishing ISLHD's first School Based Apprenticeship and Training (SBAT) scheme, funded by the Elsa Dixon Aboriginal Employment and Development program. The SBAT program is a fully funded 100 days of paid work spanning over a 2 year period giving local First Nations Year 11 and 12 students the opportunity to develop skills in the chosen area of qualification such as Nursing and Allied Health. The program will enable students to complete their High School Certificate with a Nationally Recognised Qualification and be job ready. The trainees are placed at our major hospital sites and they have shown a genuine interest in making a difference in people's lives and a desire to pursue a career in the health sector.

Michael has worked closely with Workforce Support Managers and the supervisors for the Students to create a career pathway for nine Year 11 students and this is a true mark of working collaboratively in the spirit of closing the Gap in health, training, and employment.

Extraordinary Care for our Patients

LAUREL MORRISSEY

Staff Specialist Psychiatrist, Mental Health Services

Dr Morrissey collaborates with clients and their families with utter equality and respect. Her fabulous abilities to establish rapport with clients and their families in complex clinical circumstances is exceptional. She is the thread that ties many systems together, and just makes it work.

Dr Morrissey holds the client at the very centre of clinical care, whether this means facilitating sessions at the office, at the client's new job (which also happens to be a coffee shop!) or joining the person for their first appointment with the new psychologist. She has also phoned, emailed, written to vast and various services, from General Practitioners, Neurologists, to various National Disability Insurance Service providers, Centrelink and Family and Community Service departments, and even a few endocrinologists – she will find you, if her clients need you!

Dr Morrissey goes above and beyond to collaborate with external and internal service providers and this is definitely evident in her stats!

Thinking outside the square to deliver and improve client care is simply the norm for Dr Morrissey. Her work vibrates of passion and dedication to having healthier, flourishing communities. Dr Morrissey sets her compass to care and compassion, for each and every clinical interaction. She has a tender approach to developing an understanding of clients as whole beings. Her mission is to form and deliver care that is encompassing of the person's overall holistic needs.

Dr Morrissey is also highly respectful and collaborative with multidisciplinary staff. She embraces all as valuable, skilled and knowledgeable, and is always eager to combine these skills and passions into proactive goal-based care for clients and their families.

If CORE Values were a superpower, Dr Morrissey is live in action (probably even as we read this!).

Innovation and Process Improvement

KRISTI-LEE MUIR

VeCC Project Officer and QuART Team Leader, Ambulatory and Primary Health Care

Kristi-Lee has had a phenomenal impact on ISLHD over the last year. Her work has contributed to achievements in relation to all four ISLHD strategies, most significantly Excellence in models of care and Innovation.

Kristi-Lee has been instrumental in the establishment of TWO innovative multidisciplinary services that aim to keep people healthy in the community, prevent ED presentations, admissions and to facilitate earlier discharge home from hospital: the Quick Access and Response Team (QuART) and Virtually Enhanced Community Care (VeCC).

Clients of both services often have multiple complex and chronic health conditions placing them at higher risk of recurrent hospital admissions.

QuART services are based from ISLHD Emergency Departments and provided by a diverse team of Allied Health professionals. The service provides timely access to at-home care when patients have been cleared medically but who have functional or social issues which may otherwise result in an admission to hospital or be a barrier to discharge home.

The VeCC program utilises an easy to use technology to provide remote monitoring, health coaching and virtual support to clients with chronic health conditions that helps them self-manage their symptoms and stay well in the community. The team are also responsible for monitoring the health of COVID-19 positive patients isolating at home.

Both projects have been recognised as exemplars of innovative and integrated care in the ISLHD Quality Awards.

Splitting her time between the two initiatives Kristi-Lee's collaborative approach and commitment to high quality patient care has been critical to the successful implementation of both programs. She works tirelessly to engage stakeholders across primary, community and acute settings to create truly integrated care. Her collaborative, respectful and empowering approach motivates her colleagues and has resulted in two cohesive interdisciplinary teams utilising innovative approaches and new technology to provide high quality patient care.

Work Health and Safety Star

JOANNE CARUANA

Safety Coordinator, Staff Safety and Recovery

At the commencement of the COVID-19 pandemic, the use of Personal Protective Equipment (PPE) was an important component of maintaining staff safety - especially for those working in high-risk exposure areas.

Prior to this, fit testing of respirators was not standard practice in NSW Health. Recognising the need for this to be done, ISLHD subsequently became one of the first LHDs to implement a fit testing program within a much larger Respiratory Protection Program (RPP) framework.

Jo was given the operational lead for this program, and has become an integral part of the Clinical Education Commission (CEC) RPP Leads group, with components of the procedures, processes and documents developed by Jo for ISLHD now also adopted by the CEC in their guidelines.

Jo was quickly required to establish a working knowledge of respirator use and all things related to fit testing to be able to successfully implement the process across ISLHD.

Jo has demonstrated initiative in developing the internal processes and working with our main hospital sites to ensure that staff in high-risk areas are identified and tested. As this is an ongoing program to meet both best practice and Australian Standards, the work done by Jo has been instrumental in ensuring that ISLHD not only meets its legislative requirements, but ensures the health and safety of our staff - now and into the future.

Outstanding Service

PUBLIC HEALTH UNIT

The Public Health Unit (PHU) has always functioned to a high standard responding to public health concerns such as measles or tuberculosis and ensuring compliance with relevant state and Commonwealth environmental and health regulations.

The COVID-19 Response Team was established in February 2020 with the start of the pandemic under the leadership of the Public Health Unit. The team quickly grew as more surge staff were required to deal with local COVID-19 cases as well as their close contacts in the first wave that hit Australian shores. In addition the team was taking hundreds if not thousands of calls from concerned community members and GPs.

As the first wave died down the second wave hit Australia, with Melbourne going into a lengthy lockdown. By then the COVID-19 Response Team consisted of about a dozen CORE staff dedicated to

help out wherever they could, working 7 days a week. The team received much recognition by the Ministry of Health for their continuous efforts to help our Victorian and South Australian counterparts during these difficult times, but the team also became known as the most caring team and was often asked to help with difficult clusters within other NSW jurisdictions. The team worked in challenging environments with guidelines constantly changing and new technology to adjust to, e.g. COVID-19 safe app, Notifiable Condition Information Management System (NCIMS).

Every team member deserves an award, as they became the lifeline to people in isolation (often for many weeks) talking to cases and close contacts on a daily basis dealing with their fears, emotions and frustrations. The care this team provides to the community is outstanding. When not on phones dealing with cases or close contacts, the team assists Aged Care Services within our regions, works on training programs for new surge staff and helps with the COVID-19 vaccination roll-out. What else is there to say - the COVID-19 Response Team is simply the best and we are very lucky to have such dedicated people working in this field.

Resilient Leadership - Joint Winners

JOANNA HARRIS

Director of Infection Prevention and Control, Infection Management & Control Service

The last two years have brought significant challenges to the health system. Throughout this period, Joanna was instrumental in leading the District preparedness and forward thinking in COVID-19 planning.

Joanna identified vulnerable local communities that were managed in the Aged Care and Disability sectors. ISLHD was one of the first to collaborate to assess and prepare Aged Care and Disability facilities for their COVID-19 preparedness.

These site visits enabled Infection Management & Control Service (IMACS) to assist with action plans and resources to facilitate COVID-19 management in the aged care community. Joanna also reached out to the local General Practitioner network to set up Infection Control information sessions for the practice staff.

Joanna met the increasing and dynamic demands whilst empowering her team to support the ISLHD. She consistently provided compassionate support to the team and reviewed workloads and pressures implementing changes to work practice that ensured the IMACS team had the capacity to respond to the overwhelming number of COVID-19 related issues and continue the critical components of routine business of the service.

Joanna has continued to collaborate with the Clinical Reference Group, Public Health Unit, COVID-19 Task force and Clinical Excellence Commission.

Despite the overwhelming demand and stress, Joanna is an ambassador of the CORE values and continues in her unwavering support for patients, staff and the district.

NICOLE SHEPPARD

General Manager, Northern Illawarra Hospital Group

Nicole Sheppard is a passionate and caring leader who takes pride in the hospitals she manages with patients and staff at the forefront of every decision. She is an outstanding leader who has navigated and led the Northern Illawarra Hospital Group through the challenges of COVID-19 whilst maintaining resilience, compassion and integrity.

During the COVID-19 pandemic, Nicole was instrumental in setting up the task force, the COVID wards, the COVID testing clinic, pop up testing clinics and providing for additional Intensive Care Unit capacity, all whilst managing a high volume of admissions through the Wollongong Hospital.

Nicole is a problem solver, she knows where to find the answers and how to make things happen in short periods of time. Her relationships across ISLHD are strong and allow her to be able to inspire and create change, adapt to moving goals and employ strategies to recover from setbacks.

Nicole is confident to make decisions, gives clear direction and is happy to lend a hand on the floor when things get tough.

Nicole does not seek recognition through awards and the like, she is humble, however a worthy recipient of this award. The last couple of years has been very challenging for all staff in ISLHD however the commitment and dedication Nicole has for the hospital, its staff and patients, is one that deserves recognition.

Volunteer of the Year- Joint Winners

GRAHAM BRADLEY - Wollongong Hospital

In the Wollongong Renal Service Graham volunteered his time to represent consumers in the Teachback workshops and ultrasound workshops for nursing staff. His enthusiasm to be involved in the workshops created a valuable experience to the nursing staff.

Graham was able to share his experience and give feedback to the nursing staff to improve the care of others receiving haemodialysis treatment. He embraced his role as a consumer in these workshops enhancing and enriching the learning experience for the nursing staff.

JOSEPH DAVIDSON - Wollongong Hospital

In the Wollongong Renal Service Joe volunteered his time to represent consumers and support the nursing staff in the Teach-Back workshops.

During the workshop Joe was involved in the role-plays with the nursing staff and was able to provide valuable honest feedback. During these workshops he has been committed to collaborating with the nursing staff to improve the experience for other consumers in the Renal Service through the use of Teach-Back. His enthusiastic and engaging nature enhanced the nurses learning experience in the Workshops providing insight into the consumer's point of view.

Unsung Hero- Making a Difference

RAYCHEL DAVIS

COVID-19 Vaccination Bookings Manager, Wollongong Mass Vaccination Clinic

Raychel Davis is a true example of an unsung hero. At the start of the COVID-19 vaccination roll out Raychel was a 'one man show' taking the vaccination bookings by email directly to her with little assistance. She worked incredibly long hours including weekends to ensure that employees were able to get a vaccination appointment. Often the requirements and deadlines would change with little to no notice and Raychel would adapt and go with it without complaint.

In the early stages of the roll out there were often complaints and un-happy employees and members of the community.

Raychel took this in her stride and always demonstrated CORE Values through her interactions with others. Raychel then moved over to the vaccination centre and set up a bookings team. Part of the vaccination roll out was working with members of the community and she has built many strong relationships and networks through this process.

She has truly shown everyone what an inspiration she is to us all. Raychel is such a deserving nominee in the category of unsung hero as her contribution to both ISLHD and the wider community really should be commended and recognised.

Rising Star - Joint Winners

LYNNSEY HENRY

Workforce Support, Northern Illawarra Hospital Group

Lynnsey Henry commenced with ISLHD in a temporary capacity as a Workforce Support Officer in the Northern Illawarra Hospital Group (NIHG) Workforce Support Team. It was evident very quickly that Lynnsey was a quick learner and very eager and motivated to settle into the team. Shortly after, Lynnsey was successful in a permanent position in the team.

Since her commencement, not only has she learnt the ropes quickly but has also been instrumental in training other new team members and often working alone in the office during the peak of the COVID-19 crisis.

Lynnsey is a high performer, having already set up new and more efficient recruitment processes, quickly establishing strong relationships with managers and the team, and is highly efficient in her processing. She has expressed interest in learning more and has been heavily involved in the Northern Illawarra Hospital Group Wellness Committee, new training for managers for 2022 and is starting to learn more about Health human resource processes and principals, which is outside normal expectations.

Lynnsey is an absolute pleasure to work with, a team player, and an asset to the NIHG Workforce team. She is dedicated and passionate and demonstrates CORE Values at all time.



JESSICA MALE

Transit Lounge, Shoalhaven District Memorial Hospital

Jess commenced her role in the newly opened Shoalhaven District Memorial Hospital (SDMH) Transit Lounge and she has taken on the role with strong commitment, leadership and accountability. Jess has taken ownership of the transit lounge, supporting new processes and procedures, taking any challenge in her stride.

Jess is a constant and steady pillar in the transit lounge, sometimes working alongside a different team member every day.

Her leadership skills and collaborative way of working has supported the development of a reliable and dynamic service for patients being discharged from hospital, returning for treatment or arriving from other hospitals.

We would all be pleased if Jess was caring for us or our family. There is always time to provide holistic care, make a patient a cup of tea, contact a family member, or to sit and listen to a concern and provide reassurance.

Jess's ability to juggle and organise comings and goings is excellent, taking a proactive approach to managing activity with internal systems to keep everything on track. Her effective communication with inpatient and outpatient teams enables the effective delivery of multidisciplinary care for her patients.

Jess goes above and beyond to adapt to inpatient and outpatient demand whilst ensuring that patients remain involved in their care planning and informed about their journey.

Jess is a pleasure to work alongside, we are extremely lucky and proud to have such an outstanding, committed, kind and collaborative emerging leader on our team.



Clinical Excellence – Joint Winners

CLINICAL REFERENCE GROUP

The Clinical Reference Group (CRG) was established as a central point of action for the ISLHD in regards to reviewing, consulting and endorsing policy and practice that addresses the ever changing dynamic of the COVID-19 pandemic. The CRG co-opts clinical experts as required to assist with decision making such as Dr Peter Newton from Pathology. Sites and services have been able to make direct contact with the CRG in order to raise any concerns or seek clarification of any actions. During the time that the CRG have been operating they have become a source of trusted, regular and consistent advice helping to support clear information and tools being accessible in a timely manner. This responsiveness and clarity has been critical as part of ISLHD's agile COVID-19 response.

Some of the major achievements of the CRG has been the Matrix for the Management of Staff and Patients with COVID-19 or identified as a contact of a case.

The CRG has met daily since its establishment in October 2021 and often met over the weekends as well as week days. The group have worked tirelessly and we are grateful for their resilience and dedication. The CRG includes the following staff:

- Deborah Cameron – Executive Director – Nursing and Midwifery
- Peter Jansen – Executive Director – Medical Services and Clinical Governance
- Joanna Harris – Director – Infection Control
- Spiros Miyakis – Associate Professor – Co-Director – Infectious Diseases
- Karel Brink – Senior COVID Workforce Manager
- Curtis Gregory – Director – Public Health Unit
- Victoria Westley-Wise – Public Health Physician/ Clinical Epidemiologist
- David Alcorn – Clinical Director – Mental Health Service
- Raychel Davis – Director – People, Safety & Culture
- Bruce Ashford – Clinical Director – Research
- Amanda Cox – Support Officer

INFECTION MANAGEMENT AND CONTROL SERVICE (IMACS)

These last two years has been challenging in so very many ways for all of us in health. The Infection Management and Control Service (IMACS) team have been a source of clear and up to date information. A source of calm and peace with information in a time when so much information has been coming at us. They are always ready to help in and out of hours. They have worked tirelessly and continue to do so. Contact tracing, information assistance, calm in turbulent times. They have shown clinical excellence in the way they have conducted their service and assistance, even into our community in the aged care arena and the hotel quarantine service. They are an exceptional service that deserves recognition and honour.

Collaboration and Connection

MASS VACCINATION CENTRE PROJECT TEAM

District COVID-19 Response

On 1 July 2021 the NSW Premier announced the development of a mass vaccination hub to be located in Wollongong's former David Jones building. Since that time, it has required a sustained and elevated effort across our Communications, Information Communication & Technology (ICT), Procurement & Supply Chain, Infrastructure Development, Nursing and Midwifery, Planning, Workforce and Finance teams, as well as staff associated with the existing Vaccination Clinics.

This has meant staff were proactively connecting and actively collaborating with others outside their usual teams to achieve a shared goal and ensure productive collaborations with numerous external stakeholders.

Their accountability has meant that clinical, staffing, structural, technical, administration and promotional needs were met. This has not been without its challenges including having to resolve a range of infrastructure, staffing, supply and stakeholder issues. Eight factors highlight the outstanding efforts:

- The collaboration required to develop proposals, budgets, staffing, logistics and plans
- The speed of which the team has been expected to deliver on those plans
- The challenging environment of completing and monitoring the construction given the existing COVID-19 public health order restrictions
- The complexity of the infrastructure development required (both construction and ICT) because of the ageing facility and constant focus on ensuring a functional and positive engaging space for our community

- The large scale rapid recruitment program required to validate and orientate staff for the hub across nursing, allied health, pharmacy and administration
- The expectations of the community given the heightened focus around increasing vaccination rates
- The influence and negotiating with HealthShare to ensure supply at a time where product availability and delivery reliability has been severely impacted
- The pressure and flexible time commitment (including outside of usual hours availability) to meet the needs of the task and team.

Leadership Excellence

VICKI WESTON

Director Workforce Relations and Management, Workforce Relations and Management

Vicki's leadership of ISLHD's COVID-19 workforce response has been outstanding despite the considerable increase in workload this has created on top of the high demands of her 'business as usual' role. She has been instrumental in leading a broad range of stakeholders in the development of the District's Workforce Surge planning process and Flexible Working Framework.

Vicki has led the challenging task of improving the quality and consistency of the management of employee and industrial relations matters across the District, and provided excellent support to the Chief Executive in tackling a growing number of complex matters during the year in support of improved patient safety. She is a fantastic role model for our CORE Values, always conducting herself in a very professional manner despite the many frustrations faced.

As a leader, Vicki is prepared to speak up in trying to get the best outcomes for the District, but always challenges respectfully. She is an inspiring leader for her team, and many others across the District. She is constantly committed to furthering the purpose of the LHD than serving her own needs. She effectively motivates others to achieve great results, and deals sensitively with any matters that need to be addressed.

She has the trust and respect of many senior managers and by way of example, one Executive said of Vicki "I wanted to say how impressed I am with your management and leadership of the workforce support for the mass vaccination centre. It is by far the most risky area and you must be putting in enormous effort and resources to get this work done." Taking on all additional work and, in a most gentle but persuasive way, moving people quickly to the actions required.

CHIEF EXECUTIVE'S AWARD

The Wollongong Hospital COVID-19 Task Force

The Wollongong Hospital COVID-19 Taskforce was chosen as this year's recipient for its significant contribution to our District's preparation and response to the pandemic.

This group brought together professionals and experts from across Wollongong Hospital and the wider District and provided outstanding leadership through clear, timely and knowledgeable advice and decision making.

Everyone who contributed to this group is deserving of acknowledgement, for your hard work, countless hours and unwavering commitment to the safety of our patients, staff and community. You truly set the benchmark for how we could continue providing hospital services during a pandemic and ensured that efficient and effective decisions were made, and then implemented, sometimes overnight.

The constant driving force of the Taskforce Co-Chairs: Dr Bruce Ashford and Dr Trevor Gardner together with Northern Illawarra Hospital Group General Manager, Nicole Sheppard should be singled out.



Illawarra Shoalhaven Local Health District has a new website!

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



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