



Illawarra Shoalhaven  
Local Health District

2022-2023 REPORT  
2023-2024 FUTURE PRIORITIES

# Annual Safety & Quality Account





# 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



**Ms Margot Mains**  
Chief Executive

The Illawarra Shoalhaven Local Health District (ISLHD) Board has responsibility for ensuring our District has provided safe, high quality care, that we have effective Clinical Governance frameworks and that we provide safe, high-quality care. Our Board is also focused on building our service improvements through innovation and research. The ISLHD Board has endorsed the 2022-2023 Safety and Quality Account.

In 2019-2020, the District decided to participate in the short notice accreditation assessment process, where we have been measured against the National Safety and Quality in Healthcare Standards (NSQHS). This decision demonstrates that safety and quality is always at the forefront of our minds, not just during a pre-determined accreditation period. In 2023, we are enormously proud to say that once again, staff have risen to the challenge and exceeded all expectations in all eight clinical standards as the first LHD in NSW to complete a full accreditation cycle under this program.

This year, we launched the Aboriginal Mental Health and Wellbeing Strategy and its implementation will certainly be a focus as we strive to improve the care we provide Aboriginal and Torres Strait Islander communities. In addition, in December 2022 we were honoured to co-sign the District's new Statement of Commitment, reinforcing our District's pledge to take actions to transform Aboriginal Health into the future.

The 2023-2024 period will see an increased focus on delirium risk identification, assessment and management; suicide and self harm risk identification, assessment and management in non-mental health settings; and improvement of our Hospital Acquired Complication rates.

The report that follows demonstrates the commitment of ISLHD to improving healthcare for our community. In addition to reporting on achievements over the past year, this report signals our plans for continuing improvements to safety and quality for 2023-2024 and beyond.



**Mr Chris Bertinshaw**  
Board Chair



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# 1. About ISLHD

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 Illawarra Shoalhaven Local Health District (ISLHD) 2022-2023 Safety and Quality Account demonstrates our focus areas of healthcare delivery over the past year. Once again, it shows the incredible resilience and tenacity of our staff to overcome the challenges of increased and sustained demand on our hospitals and services. A shortage of available local residential aged care facility beds impacted our ability to support timely and appropriate hospital discharges. Our continued focus on safety, quality and continuous improvement however, led to some incredible achievements.

We had two successful projects selected in the NSW Health Sustainable Innovations Fund, which is designed to build sustainable innovation capability and accelerate innovation projects aimed at improving patient care and reducing our environmental footprint.

In June, the Australian Commission for Safety and Quality in Health Care invited us to present on 'Health Literacy and Person-Centred Care' as part of its series of online webinars to highlight the importance of person-centred care for consumers, organisations and healthcare professionals. This was a national event attended by over 1200 participants across Australia and fantastic recognition for the team's work in this area.

The ISLHD Applied Safety and Quality Program provided an opportunity for staff to undertake formal training in quality improvement, with an emphasis on patient safety and clinical quality using the Clinical Excellence Commission Applied Safety and Quality Curriculum Pathway Program. The program includes completion of the Foundational, Intermediate and Adept level training conducted over a 12-month period and involved both theory and practical components of safety and quality. The program is supported by an ISLHD faculty of subject matter experts. We were incredibly proud to see 23 participants graduate from ISLHD's first cohort of the program in June 2023.

In the past year, the District supported the implementation of over 150 clinical services to deliver care using Virtual Care modalities focusing on increasing access to diagnosis and treatment for rural and regional patients and increasing equity of access for patients across ISLHD.

Our Virtual Hospital Ward commenced in July 2022 to deliver services to clinically appropriate patients instead of standard inpatient hospital care. The Virtual Hospital Ward is a collaborative and integrated approach leading to reduced length of stay in hospital and greater patient satisfaction.

The District developed and commenced an Aged Care Outreach Service to support Residential Aged Care Facilities (RACFs) to care for a resident in their home. The service consists of Geriatricians, Nurse Practitioners, Clinical Nurse Consultants and Registered Nurses and currently operates 7 days per week. The service commenced in July 2023 with ten pilot sites across the Illawarra and will encompass all 42 RACFs within the District by the end of 2023. Within its first week of operation, 21 residents were seen within their home environment and 19 of those avoided transfer to hospital following review and treatment. The feedback from our aged care colleagues and patients has been exceptional.

The Drug and Alcohol team launched the use of a dedicated mobile clinic, named the C-Side Van, to enable Hepatitis C treatment and education to be provided in remote settings and provide Point of Care assessment. The C-Side Van has assisted with meeting 55% of the District's Hepatitis C 2028 treatment targets. This makes ISLHD the highest performing local health district in this area.

I continue to be proud of our people and of working alongside incredibly passionate and professional staff who are committed to putting our patients and consumers first. I am pleased to say many of our colleagues had their achievements recognised at a state and national level in the past year. Sally Connell was awarded the Allied Health Educator of the Year in the 2022 Excellence in Allied Health Awards. Judy Boynton from our Sustaining NSW Families Team won

the 2022 Healing Heart Award for exceptional care nominated by patients/consumers or their families/ carers in the NSW Health Excellence in Nursing and Midwifery Awards. The Sustaining NSW Families home-visiting program helps parents and carers of newborns who need support with the health and development of their baby. Bronwyn Freeman from the Shoalhaven Cancer Care Centre was nominated for the Healing Heart Award in the 2023 Excellence in Nursing and Midwifery Awards, with finalists to be celebrated later this year. It is incredibly special to see our staff being acknowledged in this consumer-nominated award category. In recognition of excellence in emergency care, Shellharbour Hospital Emergency Department was recognised as the 2022 Australasian Emergency Department of the Year.

ISLHD Anaesthetist Trevor Gardner was recognised on the 2023 King's Birthday Honours List, being awarded a Medal of the Order of Australia (OAM) in the General Division for his service to medicine through a range

of roles. Dr Gardner was also acknowledged for his contribution in support of Australia's response to the COVID-19 pandemic and will now be included on the ongoing and permanent COVID-19 Honour Roll, which started in 2021. Awards were also presented to current Board Member Marilyn Smith, for service to the community through charitable organisations and to former Board Member Jill Boehm for significant service to community health in the Shoalhaven region.

My heartfelt congratulations to these recipients, I am absolutely delighted that these people have and continue to contribute to the important work that we do in serving our communities.

I am proud to present the Safety and Quality Account for 2022-2023 and always invite you to 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 7790 staff. We operate seven hospital sites and provide community health services from approximately 59 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



**7 HOSPITALS**  
**59 Community Based Service Sites and a workforce of more than 7700 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 4.3% 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 22.7% of people born overseas. This includes a growing number of refugees being welcomed into the community.

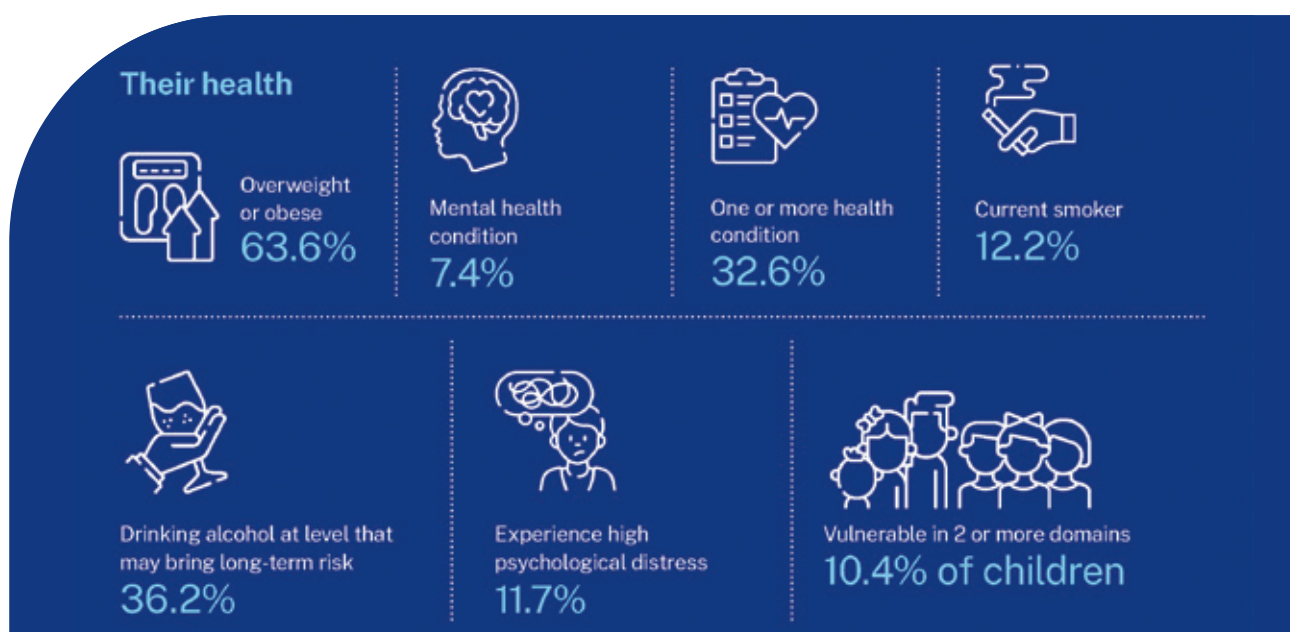


## Their Health

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





## Our Health Care

### A day in the life of ISLHD



Presentations to  
Emergency Department  
**447**



Admission to hospital  
**128**



Occupied beds  
**926**



Babies born  
**8**



Telehealth / virtual  
health appointments  
**749**



Potentially preventable  
hospital admissions  
**18**



Surgical procedures  
performed  
**59**



Patients  
receiving dialysis  
**65**

## Our Workforce

### Our workforce



Total employees  
**7,790**



Nurses and midwives  
**3,794**



Medical staff  
**848**



Identify as Aboriginal or  
Torres Strait Islander  
**192**



Allied health  
staff  
**876**



Hotel service  
staff  
**414**



Corporate services and  
hospital support staff  
**1,270**



Maintenance &  
trade staff  
**29**

# Our Strategy at a Glance





## Our Vision and Purpose

### Our Vision

**Excellent services, quality partnerships, healthy communities**

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

**Excellent services** – we intend to provide evidence based best practice health services

**Quality partnerships** – we understand that excellence will be dependent on collaboration with patients, their families, other health providers and other community and government organisations

**Healthy communities** – our highest responsibility is to the health of our communities

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

### Our Purpose

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

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

## Improvements in the quality of health service provision

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

The Local Health District experienced its busiest year yet with demand for emergency services and inpatient care at their highest levels. The focus has been on developing strategies to improve access to services and flow of patients through our hospitals. This included ongoing enhancements to our virtual care capability and how we work with Residential Aged Care Facility providers to better support timely discharge for older patients who no longer need hospital-based care.



# A Snapshot of 2022-2023 Achievements



## Virtual - Based Health Care

ISLHD significantly increased capacity to deliver virtual-based health care, including the establishment of a Virtual Hospital Ward to enable post-discharge care in the home for almost 1,000 patients. The ISLHD has also enabled 150 clinical services to provide virtual consultation, review and care management for patients in rural and regional areas.

The ISLHD established a program to enable patients to leave hospital sooner following joint replacement surgery. At Wollongong Hospital patients were able to be safely discharged after 1.45 days, down from 5.1 days, thanks to the use of virtual technology.



## Adept Applied Safety and Quality Program

ISLHD was recognised by the Clinical Excellence Commission as one of the first NSW Health entities to deliver the inaugural Adept Applied Safety and Quality Program, aimed at developing capability to lead local safety and quality improvements. 23 participants graduated from the first cohort.

## Hepatitis C mobile clinic

Launched a dedicated Hepatitis C mobile clinic, taking services on the road to remote settings for point of care assessment and treatment. The C Side Van visited 30 sites across the ISLHD in the first six months of operation.



## Nurse Practitioner-led model of care at the Bulli Urgent Care Centre

ISLHD has implemented a Nurse Practitioner-led model of care at the Bulli Urgent Care Centre, better supporting a growing number of patients with lower acuity conditions. This has enabled the facility to treat twice as many presentations at Bulli compared to the previous year, while supporting the nearby Wollongong Hospital Emergency Department to better manage more serious and emergency presentations.

## Shellharbour Hospital Psychiatric Emergency Care Centre

ISLHD opened the Shellharbour Hospital Psychiatric Emergency Care Centre in March 2023, with a new model of care to provide rapid mental health interventions.



## 2. Achievements in Safety and Quality

Planning and Implementation for Safety & Quality

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## Our Strategy and Planning Processes to identify our Priority Initiatives

Future Health: Guiding the Next Decade of Care in NSW 2022 - 2032 is the roadmap for ISLHD to meet the current and emerging needs of our local communities over the coming decade. The focus will be on a digitally capable and sustainable health system that delivers outcomes that matter most to patients and the community, ensuring care is personalised, and investments are made to support wellness. ISLHD has developed a Strategic Delivery Plan 2023-2028 which is based on Future Health. The Strategic Delivery Plan looks towards the next five years and articulates how the District will deliver improvements and investment. A corresponding ISLHD Strategic Implementation Plan 2023-2028 is being developed to achieve the goals articulated in the Strategic Delivery Plan.

ISLHD's Annual Plans will be informed by the Strategic Delivery Plan 2023-2028 and the corresponding ISLHD Strategic Implementation Plan 2023- 2028.

The below diagram demonstrates how these plans fit into the broader state-wide strategic direction and how they interrelate with other existing local plans.





# 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

ISLHD's Clinical Governance Framework is currently under review.



### Foundations 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	
<b>Board Health Care Quality Committee</b>	<ul style="list-style-type: none"> <li>- The District's peak safety and quality committee.</li> <li>- Accept accountability for quality and safety.</li> <li>- Provide strategic leadership for improving quality of health care in the LHD.</li> <li>- Seek assurance on ISLHD implementation of Patient Safety and Clinical Quality Programs.</li> <li>- Monitor performance against the Safety and Quality indicators within the Ministry of Health Service Level Agreement.</li> <li>- Review and monitor performance against the safety and quality measures and indicators as part of the District Strategic Plan.</li> <li>- 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.</li> </ul>
<b>ISLHD Clinical Governance Council</b>	<ul style="list-style-type: none"> <li>- The District's peak clinical governance committee.</li> <li>- Provide assurance on quality and safety of service delivery that is evidence based and effective.</li> <li>- Ensure the necessary processes, systems and policies are in place.</li> <li>- Recommend or make decisions within their delegation relating to new quality initiatives and interventions.</li> <li>- Ensure managers and clinicians understand their accountabilities to the organisations and the Board.</li> <li>- Act as a key leadership group in achieving and maintaining accreditation.</li> </ul>
<b>District National Safety and Quality Standard Committees</b>	<ul style="list-style-type: none"> <li>- Provide overall governance for the implementation, compliance and monitoring of each of the National Standards.</li> <li>- Provide information to the ISLHD Clinical Governance Council and the Clinical Governance Unit on progress towards meeting the requirements of the National Standards.</li> </ul>
<b>Hospital and Service Safety and Quality &amp; National Standard Working Groups</b>	<ul style="list-style-type: none"> <li>- Support and monitor patient safety and clinical quality.</li> <li>- Implement National Standards and prepare for accreditation.</li> <li>- Report to the District Safety and Quality National Standard Committees.</li> </ul>

### 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, system and processes within the ISLHD 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 the quality improvement initiatives. These awards are promoted throughout the District and are an effective tool to promote the benefits of Quality Improvement. Winners may be nominated for other award programs such as the NSW Health Innovation Awards and NSW Premier Awards.

#### **Staff and Volunteer Recognition (SAVR) Awards**

The ISLHD SAVR Awards recognise and reward significant and outstanding achievement and performance, formally recognising the contribution and efforts of employees and volunteers in the District. The awards include recognition of excellence in innovation, safety, service provision, and extraordinary care of patients and carers.





## Improvements Achieved in Safety & Quality

### Transforming Patient Care from Hospital to Home Virtually Enhanced Community Care

Recent data shows increasing emergency presentations, subsequent readmission rates and critical bed blocks in NSW public hospitals. In addition, elective surgery waitlists have extended since the pandemic when surgery lists were minimised. Recent research indicates seven-day mortality rates are significantly higher for patients presenting to the Emergency Department (ED) when more than 10 per cent of current patients waiting for admission in that ED are suffering access block. Reducing length of stay in hospital and time spent in EDs has been associated with favourable patient outcomes and reduced mortality rates.

To address the challenges to access and flow, ISLHD developed a new model of care to support acutely unwell patients to return home sooner. ISLHD established the Virtual Hospital Ward (VHW) in July 2022, providing a continuum of acute clinical care from hospital to a patient's home.

VHW is an innovative way to allow patients to receive hospital-level care in the familiar surroundings of their own home. Just like in a hospital, patients on the VHW receive care from a multidisciplinary healthcare team including doctors, nurses, and allied health. VHW operates from 8am to 8pm, 365 days a year. VHW patients receive a daily video or telephone call from the clinical team. If indicated, a home visit can occur. The patients' clinical observations including blood pressure, heart rate, oxygen saturation and temperature, are remotely monitored at least 3 times daily. VHW improves patient wellbeing by giving patients autonomy and the choice to be with their families while recovering from an acute illness, whilst freeing up hospital beds for higher acuity patients.

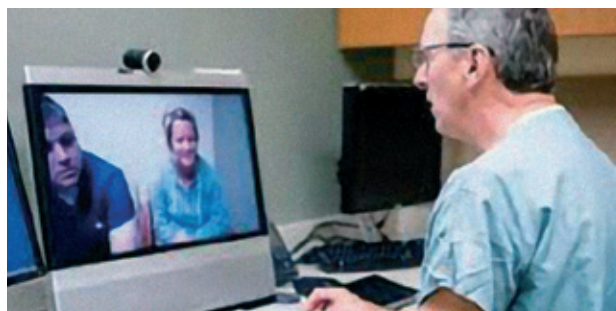
Since its inception, the ISLHD VHW has shown to be an economic, cost-effective, safe way of treating patients, saving more than 3000 hospital bed days, as well as improving patient experience of care. The 3000 bed days that these patients would have otherwise occupied has had a significant impact on access and flow for the district, with a cost saving of more than \$3 million. VHW has also proved to be a safe way of providing care for patients. Patients representing to hospital during their VHW admission is low at 1.4%. Of particular note, is the patient experience of care that the VHW has facilitated. Over 900 patients were admitted to the VHW since commencement in July 2022, with patient experience survey outcomes indicating, not only do patients want to go home from hospital early and safely, they are



taking ownership of their health through the education and support provided by the VHW team and rate their experience of care with VHW very positively.

More recently, VHW has expanded to care for not only acute medical patients but also patients who return home on the same day of their hip and knee replacements, patients with chest injury, and post-surgical patients.

The success of VHW is due to the multidisciplinary team working cohesively and in an interdisciplinary way to provide the best possible care for patients. VHW has led to greater collaboration and engagement with the patient's primary care physician as well as hospital medical and nursing staff. A VHW doctor now works alongside medical teams in the hospital to assist in referrals and facilitate patient flow.



#### Winner of the ISLHD 2023 Quality and Innovation Award

- Chief Executive Award
- Transforming Patient Experience Category

#### Aligned to Future Health & ISLHD Strategic Outcomes

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



# Zero Suicides in Care

A collaborative approach

## Adult Suicide Care Pathway

Each year over 850 people die by suicide and 25,000 attempt suicide in NSW. In Australia, suicide is the leading cause of death for people aged 15 to 44 years. Each month in NSW, there are approximately 2,000 presentations of mental health patients to emergency departments (EDs). Over half (1,100) present for suicidal ideation/self-harm.

The NSW Health Suicide Care Pathway is an innovative, foundational suicide prevention initiative to improve the care and outcomes for consumers by re-designing and transforming the NSW public mental health system. This evidence-based pathway supports a person-centred, trauma-informed, and recovery-oriented approach to reduce suicide deaths adopting the principles of kind and compassionate care.

ISLHD Mental Health Services did not have a documented, evidenced-based pathway of care for people presenting with suicidal thoughts and behaviours. There was no minimum standard of care and variations in service delivery occurred. The ISLHD implemented several local cohort-specific pathways and a consumer resource in 2022, generating improvements in care, patient and staff experience and integration with primary care. Local pathways were created for adults, younger, and older people, and are transferrable beyond dedicated mental health services, with the pathways being used by mental health clinicians in ISLHD EDs, general inpatient wards, community settings and ambulance services. The consumer resources, inclusive of therapeutic elements, are innovative in their translation of a clinical pathway for a consumer audience producing a tool that supports clinicians to deliver treatment and promote “empowered, consumer-driven action”.

When the ISLHD Suicide Care Pathway in Hospital was introduced in August 2022 to an acute adult mental health inpatient service, the rate of safety plan completion increased from 24% to 98% within



### Winner of the ISLHD 2023 Quality Innovation Award

Excellence in the Provision of Mental Health Services

five months. Implementation of the ISLHD Suicide Care Pathway has increased clinician confidence and awareness and “gives a minimum standard of care” enabling staff to work effectively in busy environments.

A survey of staff completed in July 2022 and June 2023 has shown improvements in referrals and use of safety plans with patients presenting for suicidal ideation/self-harm.



In October 2022 there were 90 presentations to the Wollongong and Shellharbour EDs for suicide. Thirty-three people were referred on the Suicide Care Pathway to the Community and 24 were referred on the Suicide Care Pathway in Hospital, thus 81% of presentations were assessed and managed successfully under a Suicide Care Pathway.

Towards Zero Suicides is an ongoing NSW Government priority that aims to reduce the rate of suicide deaths in NSW. This project is an important advancement in mental health services by improving the quality and safety of care. With the aim of reducing suicide deaths of people accessing mental health care, the Suicide Care Pathway provides a standardised model of care, based on the latest evidence and best practice, improving service delivery across the state, strengthening prevention and intervention, and reducing suicides.

The project has adopted a thorough and collaborative approach in developing and implementing pathways of care for suicidality. Clinician, consumer, and carer participation have been central to the project. The partnership with people with a lived experience has supported the project's contribution to improving mental health and wellbeing. The strong focus on evidence and innovation supports this joint participation in care.

### **Aligned to Future Health & ISLHD Strategic Outcomes**

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

## Uptake and Impact of the Early Notification Care Bundle for Patients with Hip Fracture (eHip)

Hip fracture is the most serious fall-related injury suffered by older people. The human cost is high with 25% of patients dying at one year, and 50% not regaining their previous level of function. At the start of this project, only 13% of patients at Wollongong Hospital met at least six components of the Australian Commission on Safety and Quality in Health Care Hip Fracture Standard, which consolidates the best available evidence for managing this patient group. So, we developed eHIP. eHIP activates a rapid, multidisciplinary response, actions evidence-based treatment and streamlines admission.

The aim of the project was to implement and evaluate the impact of the Early activation HIP Fracture Care Bundle (eHIP) on patient and health service outcomes.

eHIP was embedded in routine care using implementation science. We addressed 83 barriers using 41 behaviour change techniques including developing a video. The uptake and impact of eHIP on patients, health services and cost outcomes were measured pre- and post-eHIP.

The standardised response and protocolised care resulted in a significant increase of patients receiving appropriate and regular pain relief. The proportion of patients receiving the gold standard fascia iliac block improved by nearly 25% (68% to 88%). Recognition of analgesic needs at presentation resulted in the initiation of effective and timely multimodal analgesia to enable earlier mobilisation and reduction in pressure injury.

Pre-Operation Cognition screening and measurement increased by 23.6%. eHIP patients were more likely to receive immediate “unrestricted” weight-bearing status (9%). Furthermore, the number of patients who were mobilised within 24 hours increased by 60% and pressure injuries reduced from 13% to 0. In addition, significantly more patients receiving an Orthogeriatric assessment (55%) enabled early and ongoing coordination of needs including reassessment of cognition after surgery, discharge planning, falls and secondary fracture prevention.

These improvements have been sustained for 2 years and ongoing monitoring is possible through the Australia New Zealand Hip Fracture Registry.

eHIP was designed to translate research outcomes into practice using implementation science. This is in direct alignment with the NSW Health strategy to support and harness research and innovation; the focus of which is a translation of evidence into practice. We have developed an implementation tool kit informed by

behavioural psychology principles to allow upscaling to other NSW hospital sites. eHIP is flexible so that it supports patient-centred care meeting NSW Health directives of providing world-class clinical care and delivering integrated care. Early notification enables tailored patient care, as each patient has individual needs depending on their pre-morbid condition.



### Winner of the ISLHD 2023 Quality Innovation Award

Health Research and Innovation Category

### Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- Research and innovation, and digital advances inform service delivery



## Pain as Usual but Forgotten

This project aimed at improving the pain assessment and management in older people with dementia by involving the frontline nurses to codesign solutions with the researchers. This is an innovative approach in the field of dementia care.

Pain is one of the most commonly under recognised and under treated symptoms in people with cognitive impairment. Pain that is inadequately assessed and either untreated or undertreated can contribute to emotional, functional, and behavioural impairment in the older person with dementia. Delirium, falls, decreased mobility and function are the common examples of untreated pain. It is thought that under assessment may be due to lack of knowledge among healthcare professionals on assessment and management of pain.

This project used 'Promoting Action on Research Implementation in Health Services' (PARIHS) as a conceptual framework with multi methods. The PARIHS framework is a widely used context dependent intervention framework in health that contains three key interacting elements: evidence, context, and facilitation. Successful implementation is possible when the evidence is robust and based on the context of the setting where the research is undertaken. Facilitation helps with change in attitudes and beliefs of the participants to bring about a positive outcome.

The solutions to improving pain assessment and management were co designed by the staff on two pilot wards and were implemented by the staff to best suit the context of their ward. Multimedia education was facilitated on the participant wards to increase the knowledge of the staff.

The results showed improvement in pain assessment and management post intervention. There was also improvement in the knowledge confidence levels among nurses as well as pain assessment and management documentation. Analgesics given post pain assessment increased from 25% to 55%. Pain reassessment post analgesics increased from 18% to 80%. A knowledge survey showed an increase in knowledge levels on pain assessment and management practices among nurses from 48% (Pre survey) to 84%

(post survey). Confidence levels have also increased from 44% (Pre survey) to 85 % (post survey). Nursing documentation increased from 35% to 75%.

By addressing the complex and often overlooked issue of pain management in dementia, this research has pioneered innovative strategies and interventions that have significantly improved the well-being and safety of patients with dementia. Through its comprehensive approach, incorporating specialised assessment tools, caregiver education, and tailored interventions, the research has successfully mitigated the risks associated with undermanaged pain in this vulnerable population. This has contributed to the prevention of adverse outcomes in people with dementia.



### Winner of the ISLHD 2023 Quality Innovation Award

Patient Safety First Category



### Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- Our staff are engaged and well supported
- Research and innovation, and digital advances inform service delivery



## The 'In My Shoes' program

The In My Shoes Program is a unique educational opportunity for clinicians working with older people. The program utilises ageing-suits which, when all components are worn together, simulate the motor-sensory changes of ageing. This includes hearing and vision changes. The program is designed with a series of scenarios similar to ones that older people face in hospital. Suit-wearers are able to complete activities, like making a hot drink. Participants then come together in group debriefings and share their thoughts, feelings and the impact of their experiences on how they will approach the care of older people when returning to their clinical environment. Participants described learning outcomes associated with increased insight into the ageing process, the impact of ageing on fall prevention and management, empathy, nutrition, delirium management, patient wellbeing, individualised care, promoting independence and maintaining safety.

"We strongly believe the In My Shoes Program is and would be highly beneficial to all staff members involved in direct patient care"

"It allows for an experience in a safe environment, and leaves people feeling grateful, empathetic and more intuitive."

In My Shoes Program coordinators

### Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- Our staff are engaged and well supported
- Research and innovation, and digital advances inform service delivery





## Emergency Department (ED) Rapid Response System – EDCERS

Recognising and responding to clinical deterioration is a national priority, recognised as one of the Australian National Safety and Quality Health Service Standards. Extended stay and overcrowding in the Emergency Department (ED) increases risk of patient deterioration and high mortality adverse events. In NSW, over half of high mortality adverse events seen in the ED have been attributed to failures in monitoring or escalating care for patients who clinically deteriorate.

Rapid response systems outline when patients who are clinically deteriorating should be escalated to senior clinicians and which clinicians are required to respond. There is strong evidence that organised rapid response systems reduce delays to time critical treatment for deteriorating patients and saves lives on inpatient wards. However, there is limited research on the feasibility and effectiveness of rapid response teams in the ED.

In 2019, Shoalhaven District Memorial Hospital was the first ED in NSW to design and implement a rapid response system (EDCERS) that outlines the criteria and response for patients who deteriorate in the ED. The EDCERS protocol was designed based on the best available evidence and adapted to local resources. Implementation of EDCERS at Shoalhaven ED was shown to reduce deterioration events associated with failures relating to recognition or response to clinical deterioration in the ED by 30%.

EDCERS has since been implemented at Wollongong and Shellharbour EDs in 2022, and preparations for implementation at Milton Ulladulla ED are underway. Funding was received from the Illawarra Health Medical Research Institute and the College of Emergency

### Winner

NSW Emergency Care Institute Best Evidence into Practice Paper for 2022

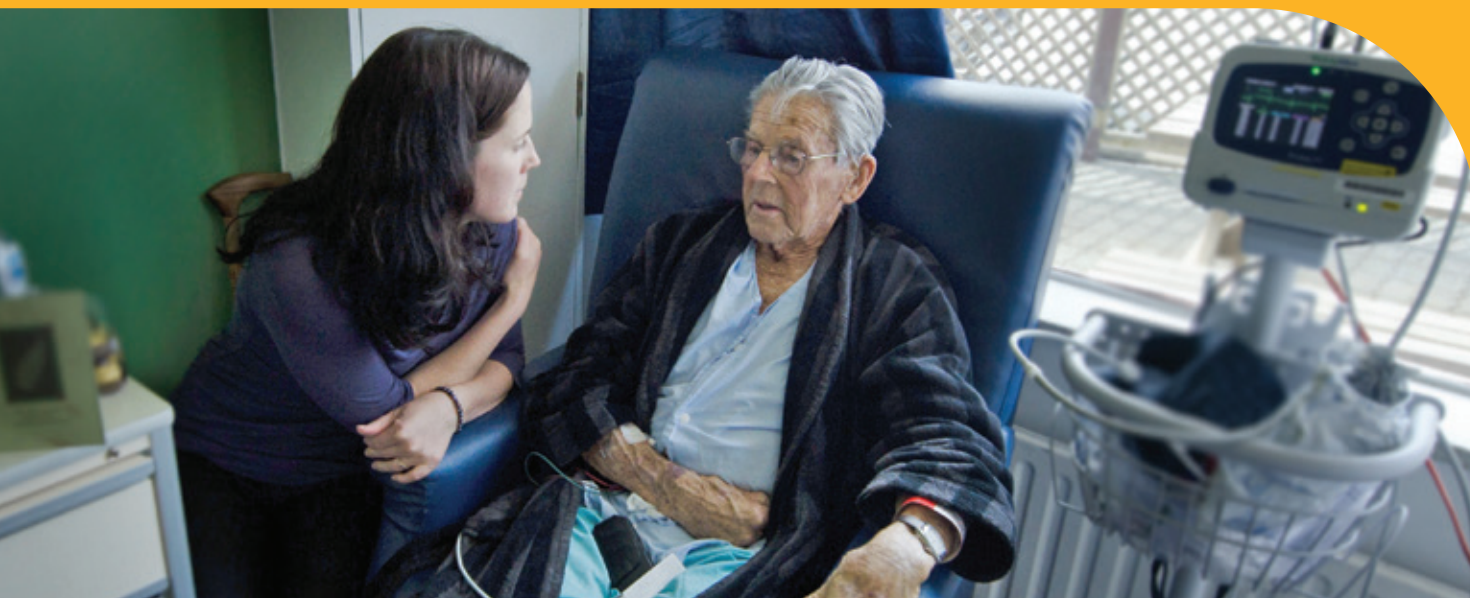
Nursing Australasia. The EDCERS project was awarded the NSW Emergency Care Institute Best Evidence into Practice Paper for 2022 at the International Conference for Emergency Nurses at the Gold Coast.

Our ongoing strategies for recognising and responding to patient deterioration in the ED include:

- Procedure outlining the EDCERS process to guide clinical practice
- Ongoing documentation audits to monitor compliance with EDCERS procedure
- Education integrated into nursing and medical orientation to ED
- Monthly reports of EDCERS call activations by the 'Between the Flags' Clinical Nurse Consultants
- Grant application submitted to NSW Agency of Clinical Innovation to formally evaluate feasibility and effectiveness of EDCERS at Wollongong and Shellharbour Hospital EDs.

### Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- Our staff are engaged and well supported
- Research and innovation, and digital advances inform service delivery



## Allied Health Post-Stroke Cognitive Pathway

According to the Stroke Foundation, 59% of patients report having cognitive deficits on admission to rehabilitation. Cognitive deficits may include changes to attention, memory, language, executive function (planning and problem solving), neglect (where the patient is unaware of things on one side of the body), apraxia (impaired ability to plan and sequence a movement), and agnosia (impaired ability to recognise sensory information such as sound, smell, or objects). Changes to cognition can have a significant impact on life after stroke.

Within ISLHD, a 2021 retrospective review of the patient journey identified the need for more timely screening and intervention for cognition, and clarity around which Allied Health discipline to refer to and when.

An evidence-based pathway was created for ISLHD clinicians to ensure consistent management of cognition post-stroke along the patient journey from stroke onset. The pathway was designed to:

- ensure all stroke survivors are screened for cognitive changes after stroke
- improve staff knowledge on each discipline's role in cognition and confidence in referring
- increase collaboration between Speech Pathology, Occupational Therapy (OT), and Neuropsychology at all points on the patient journey.

Education was then provided to the wider multidisciplinary team, including Rehabilitation Physicians, on cognitive management post-stroke and the cognitive pathway.

A supplementary directory was also created to guide ISLHD Allied Health referrers on outpatient cognitive

services – their referral criteria, scope of service, and contact information to ensure patients receive support beyond their hospital admission.

Since the introduction of the pathway, ISLHD OT and Neuropsychology staff have been consistently using the stroke-specific Oxford Cognitive Assessment to identify stroke patients with cognitive deficits who would benefit from multidisciplinary allied health intervention.

The cognitive pathway and cognitive screening post-stroke are now standard practice, with ongoing education focussed on increasing referrals to Neuropsychology for complex cognitive rehabilitation. Formal evaluation will be completed late 2023.

### Aligned to Future Health & ISLHD Strategic Outcomes

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



# Progress on planned activities from the 2021-2022 Safety and Quality Account

## Reducing Harm from Falls

The Falls Prevention Project is a District wide project that is looking at implementing tailored solutions across the ISLHD in the inpatient, outpatient and community setting. The goal of the project is to create an environment where patient falls are actively managed and prevented through the provision of a supportive environment, education, appropriate equipment, and models of care, in all clinical settings. This is being achieved through the following objectives:

- **Environment** – Creating a safe and supportive environment through risk identification and elimination, effective communication and no blame culture.
- **Education** – Creating a culture and mindset of a falls prevention approach and strategy in all areas of patient care.
- **Resources** – Ensuring the required numbers and types of staff, who can demonstrate knowledge and skills in falls prevention, are available. Provide the correct type and amount of equipment needed in falls prevention.
- **Governance** - Establishing effective governance and oversight of Falls Prevention & Falls Prevention initiatives in ISLHD, to facilitate achieving key performance indicators related to Falls.

The Project is taking a multidisciplinary, multisector, and multifactorial approach. The Project delivery is divided into two groups, Education and Environment. These delivery groups have representation from Work Health & Safety, Allied Health, Nursing, Medicine, Education, Asset & Engineering, Procurement & Logistics, Performance Unit, Pharmacy, Aboriginal Health, Mental Health, Finance, Community, Ambulatory & Primary Health Care, Hotel Services, and Patient Safety & Clinical risk.

The Education delivery group will be focusing on models of care, education packages, resource and skill development, simulation activities, policies, pathways and procedures to strengthen our falls prevention knowledge and skills in our district.

The Environment delivery group will be looking at the physical environments in our facilities, equipment, procurement, health & safety, hazard & risk assessments, infrastructure & maintenance and its impact on falls prevention.

### The following tailored solutions have been designed:

1. Falls Prevention Governance Model  
Creating a findings and recommendation report on the Falls Prevention Governance structures and accountability frameworks across ISLHD
2. Falls Prevention Infrastructure  
Creating a recommendation report for future builds and refurbishments that focuses on the incorporation of falls prevention strategies, and reducing known environmental factors contributing to falls
3. Falls Prevention Equipment – Strategic Management Plan  
Producing a resource that supports clinical staff to have district wide clarity on procedures and processes for falls related equipment in four key areas: procurement, manual handling, maintenance strategy and user manuals/equipment information
4. Patient Volunteer Program  
A program that will assist vulnerable patients by providing social and emotional support and practical assistance, while supporting ISLHD falls prevention strategies
5. Falls Prevention Education and Training Program for non-clinical staff (working in clinical areas)  
Creating a series of short educational videos and a poster on falls prevention for non-clinical staff to help raise awareness on their role in falls prevention
6. Redesign ISLHD Falls Prevention Intranet page  
Redesign the current Falls Prevention intranet page to be more accessible and user friendly and act as a single point of access to current, informative, and interactive information.





## Recognition and Management of Sepsis

Sepsis occurs when the body's response to an infection injures its own tissues and organs and can lead to shock, multi-organ failure, and death. Sepsis is the leading cause of death in hospitals. Patients with sepsis are five times more likely to die than those with acute coronary syndrome, stroke or trauma, and delays in treatment significantly increase their risk of death or long-term disability. Sepsis claims eleven million lives globally each year, with more than 8,700 of those in Australia. There are 55,000 cases of sepsis annually, and 50% of adults treated for sepsis are left with disability or impaired function.

Sepsis is a medical emergency. Early recognition and timely treatment saves lives. The Australian Commission Safety and Quality in Health Care (ACSQHC) Sepsis Clinical Care Standard outlines evidence-based care recommended for patients with sepsis.

### What are we doing in ISLHD?

The ISLHD Sepsis Committee monitors that we recognise, escalate and treat patients with sepsis quickly and appropriately, aligning with the ACSQHC Sepsis Clinical Care Standard. A study has been undertaken by the ISLHD Sepsis Working Party in collaboration with the University of Wollongong and the NSW Clinical Excellence Commission (CEC). The study was designed to identify factors that impact sepsis management in the ED and develop strategies to optimise uptake of the CEC sepsis pathways. Over 30 emergency clinicians participated in nine focus groups. This has informed the development of the District Sepsis Action Plan now being implemented. Interventions include additional education and training (including full day sepsis education days), sepsis nursing and medical clinical champions, a sepsis order set in the electronic Medical Record -eMR (to support appropriate ordering of investigations), the sepsis pathways and antibiotic guidelines made more accessible (available both on paper and electronically from the ISLHD homepage), trial of electronic Emergency Department (ED) sepsis forms and regular monitoring and feedback.

ISLHD's Emergency Services team have hosted a one-day Emergency Department (ED) Sepsis Champion workshop with Emergency Staff Specialists and Senior Emergency Nurses committed to modelling and promoting best practice in managing sepsis across our four EDs. The aim of the ED Sepsis Champion workshop was to review current best practice guidelines and establish strategies for the clinical champions to promote early sepsis recognition and treatment in our EDs. Sepsis Champion Days are also being held quarterly in the Shoalhaven hub, and there are plans to expand this across the district.

Every year on World Sepsis Day (September 13th), activities are held to increase awareness, and educate staff and consumers on sepsis, and the signs and symptoms to watch out for. Throughout 2022-2023, multiple patient presentations on sepsis and lessons learnt have been presented at Grand Rounds, the ISLHD Sepsis Committee, ED Leadership and education sessions.

Regular auditing and reporting has been established to monitor that those patients that meet the sepsis criteria in ISLHD EDs and inpatient units have the CEC sepsis pathways followed and treatment meets the Sepsis Clinical Care Standard requirements. The time from recognition to first antibiotics administered has already decreased and improvement strategies will continue to be implemented over the following 12 monthss.

### Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- Our staff are engaged and well supported



# 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 to 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 to 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.

## Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter

Over the past 12 months ISLHD has formed a working group consisting of consumer representatives, working with Clinical Governance, Multicultural and Refugee Health, Shoalhaven Hospital Group Consumer Advisory Group, Southern Illawarra Hospital Group Consumer Advisory Group, Northern Illawarra Hospital Group Standard 2 Committee, and three staff from the Clinical Governance Unit. This group have been exploring options and planning an ISLHD Consumer and Communities Advisory Group.

The purpose of the ISLHD Consumer and Communities Advisory Group will be to provide a forum for a highly informed expert group of consumers and community representatives to engage with ISLHD on operations, services, plans and policies.

Advisory Group consumer and community members will contribute specialist knowledge and expertise, whether through lived, personal or professional experience. They will have a forum to raise issues of concern to consumer and community groups, and where possible consult with community groups to seek input on these matters.

ISLHD will provide regular reports to the Advisory Group on strategic changes and developments to policy, plans or services that affect consumer experience and ISLHD will also consult with the Advisory Group on matters related to consumer engagement, consumer experience and Accreditation.

### 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 the consumer representative leadership.
- Foster diverse and inclusive lived experience leadership through the establishment of a District Community Advisory Committee.
- Introduce a system for real-time consumer and community feedback.

# 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 National Standard 2.



## A Message from ISLHD Consumer Representatives

Why is it critical to involve consumers, carers and community members in the governance, policy and strategy decisions of ISLHD? What insight can people with lived experience offer an organisation tasked with delivering safe, high-quality healthcare?

The simple answer is that there are dimensions to the way systems work in practice that are not captured in performance data. People who are directly affected by system delivery often notice things that are overlooked by system-side analysis. Our lived experiences can help shine a light on what is working well, and what is challenging for patients, carers and families to negotiate.

There are over 80 consumer participants on ISLHD committees and workgroups across all the hubs and services. As consumer representatives engaged at the governance level, we bring our perspective to the table when data is discussed, and decisions are made. We are also involved in state level initiatives to improve the way all LHDs achieve the objectives of the National Standards, especially Standard 2 Partnering With Consumers.

Over the past year, we have participated in Clinical Governance Council meetings and Standard 2 Partnering with Consumers committees at district and hub levels.

We have been involved in project work on Informed Consent, Discharge, Patient Information, Health Literacy, Wayfinding, Blood Management and Healthcare Experience in Listening.

We have also been involved in ISLHD's planning on a new framework for consumer engagement, and we have been supporting staff in the Clinical Governance Unit to think about how a high level Consumer and Community Advisory Committee could improve engagement outcomes.

With our shared goal of creating the best outcomes for every patient, their family and community, our aim is to keep learning and growing a productive and respectful partnership with ISLHD to help with the year ahead.



Joanne Spicer, Kate Bowles & Jacqueline Forst



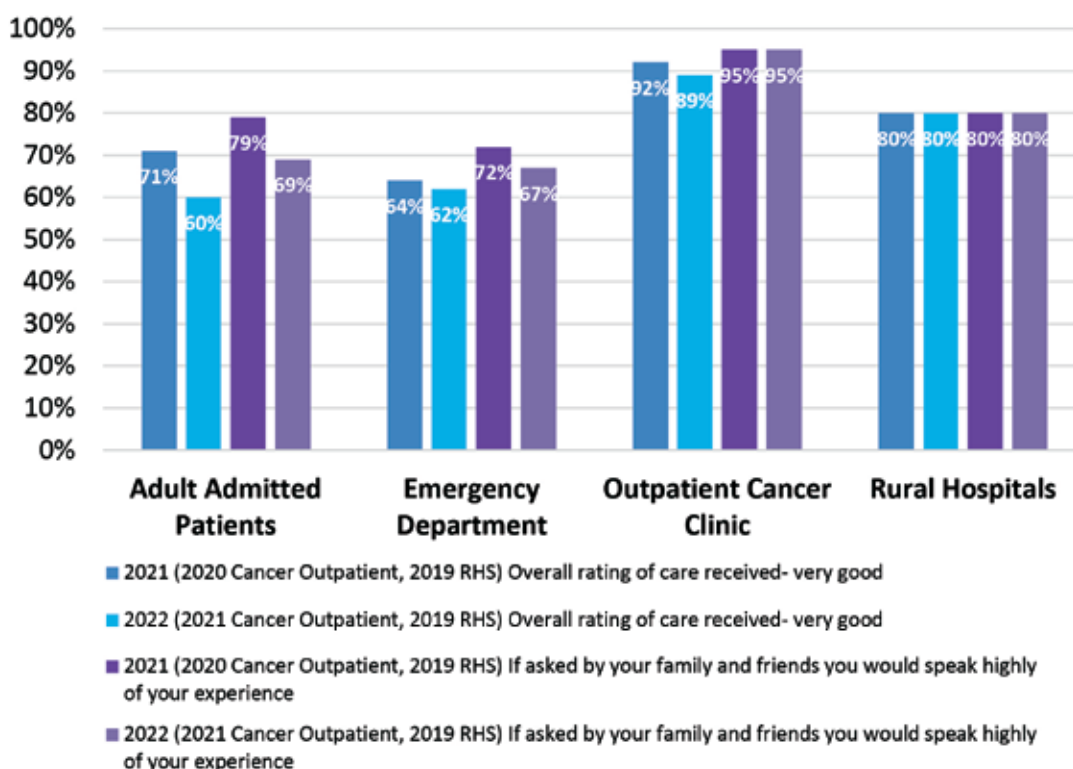
## Patient Reported Experience

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 annually. 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 2021-2022 and reported in 2023. An additional fifth survey, Maternity Services, is reported every 4 years.

- Adult Admitted Patient Survey, January to December 2022
- Emergency Department Patient Survey, July 2021 to June 2022
- Rural Hospitals Adult Admitted Patient Survey, July 2019 to June 2020
- Outpatient Cancer Clinics, January to December 2021

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.

**BHI Patient Survey Results for ISLHD**



**“The medical practitioners and others were exemplary in their care and support. It was obvious from the outset that staff were busy, but they worked so hard at ensuring that all patients were assisted as soon as, and as well as possible. They are wonderful and at this difficult time that we find our health system in, were remarkably professional, supportive and kind. It is very important to me that those who supported me are aware of my appreciation.”**

The Bureau of Health Information Emergency Department and Adult Admitted Patient Survey (AAPS) told us that:

When asked: **“What was the best part of the care you received while in this hospital?”**

*Our consumers answered:*

- Nurses (22%)
- Kind, friendly, caring, compassionate (20%)
- Doctors (12%)
- Diagnosis, treatment or result (11%)
- All Good Care (11%)

When asked: **“What part of the care you received while in this hospital needs most improvement?”**

*Our consumers answered:*

- Staffing levels (29%)
- Wait times (14%)
- Food (12%)
- Discharge information / Follow up (8%)
- Facilities /equipment (8%)

**“All the staff that attended my dad were friendly and made the experience almost stress-free. They were marvellous and the hospital should be very proud of them! The person on the phone was helpful and informative, the staff member at the door gave us fantastic service, the nurse treated dad like she had known him for years and the doctor spoke to us clearly (and we didn’t need a medical dictionary!). Dad was never ignored or felt forgotten. “Thanks to all the staff.”**

## Partnering with Consumers in Governance, Service Planning and Improvement

Illawarra Shoalhaven Local Health District (ISLHD) is committed to working 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 to, and support organisational efforts to improve quality of care, efficiency of resource use, and community support for programs or services.

Currently, there are over 80 consumers partnering with ISLHD services and programs, on high-level governance committees, District programs, quality improvement and redevelopment projects. Our District National Standards committees also have consumer representation.

ISLHD is currently working with consumers to establish a District Consumer Advisory Group and align the revised Partnering with Consumers Framework with the best-preferred model of District consumer peak committee representation. A Consumer and Communities Engagement Working Group has been established to achieve this goal. The Working Group is supported by the Clinical Governance Unit and comprises five consumer representatives and three staff.







## Patient Reported Measures

### Health Outcomes and Patient Experience (HOPE)

The state-wide Patient Reported Measures (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 at the point of care.

The results from Patient Reported Outcomes Measures (PROMs) provide a platform for clinicians to have a conversation about what is important to patients and to set goals in line with their individual needs and priorities. Feedback from Patient Reported Experience Measures (PREMs) 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.



### Patient Reported Outcomes Measures

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



### Patient Reported Experience Measures

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

#### Individual

Improve quality of care by informing care planning and management

#### Service

Identify what is working well and areas for improvement

#### System

Evaluate system outcomes and value

**330** surveys collected a month

Average number of surveys collected across ISLHD each month - 20 active locations, 9 clinical programs

**2016** patients registered and consented

Number of patients who are currently registered and have consented to participate in the PRMs program on the IT platform called HOPE.

**3748** PROMs collected in the past 12 months

Most services collect 1 or 2 PROMs and a PREM from each patient at designated intervals. Many services collect one disease specific and one general quality of life PROM.

**8816** PROMs collected to date

Total number of Patient Reported Outcome Measure surveys collected since HOPE went live in 2021.

**\*data at 30 August 2023**

## Jack's Story

Jack is a 64-year-old who attended Wollongong Hospital Pulmonary Rehabilitation after having pulmonary embolisms following lung cancer surgery and COVID-19. Jack reported difficulty with breathlessness and shared that some of it was anxiety related. Jack was asked to complete two PROMs - the Chronic Obstructive Pulmonary Disease (COPD) Assessment Test (COPD-CAT) and St George's Respiratory Questionnaire (SGRQ) which measure the impact of Chronic Obstructive Pulmonary Disease (COPD) on wellbeing and daily life.

The scores at the beginning of the program highlighted that Jack's breathlessness had a high impact on activity, symptoms and activities of daily living. Discussing the PROM results with Jack helped to highlight that exercise capacity was the main area he wanted to focus on.

Following a 4 week program, Jack felt much improved and asked to stop attending. In addition to a clinical outcome - the 6 minute walk test, we repeated the CAT and SGRQ to confirm whether Jack had improved perception of disease burden. The scores showed a huge improvement when comparing the first and second surveys. The CAT decreased from 29 to 17 - high to medium impact of COPD symptoms. The SGRQ decreased from 72 to 31 (0 indicates best possible health status and 100 the worst) showing a significant improvement. We discussed the results with Jack who was pleased with this outcome. As clinicians, we felt confident and reassured discharging Jack from our service, which was also important given the long waitlist for this program.



## ISLHD PRM Achievements

In May 2023, the HOPE IT program (where Patient Reported Measures are collected, stored and reviewed) integrated with the electronic medical record. This has allowed all staff across ISLHD to view results of any patient who has completed a survey to inform clinical decisions and shared care planning with patients.

ISLHD was part of a pilot to trial the use of PRMs in Rehabilitation with Bulli Day Rehabilitation Hospital and in Aboriginal Health with the Aunty Jeans program in Berkeley, Nowra, and Ulladulla.

All surveys on HOPE have been translated into the top 10 languages used across NSW. In ISLHD, we have collected surveys in Serbian, Macedonian, Vietnamese, Arabic, Italian, and Spanish. Surveys are collected face to face using an iPad or on paper, or they can be sent to a patient by email or SMS.

The PRMS program is currently implemented into the Aunty Jeans, Chronic Heart Failure, High Risk Foot Service, Diabetes Management, Osteoarthritis Chronic Care Program, Osteoporosis Refracture Prevention, Day Rehabilitation, Renal Supportive Care, Respiratory, and the Trauma services.

Future services include the Transitional Aged Care Program, Inpatient wards - medical & cardiorespiratory, the Chronic Wound Care & Hip Fracture services, and Mental Health - Early Psychosis in Young Adults service.



Patient Reported Measures Managers in ISLHD - who are both members of the Patient Reported Measures Aboriginal Health Working Group. This Group commissioned Aboriginal artist Denis Golding to produce an artwork that references patient-reported measures through indigenous cultural symbolism and creative practices of innovation. The artworks are used on iPads, posters, and T-shirts, as seen in the photo.



## Our Consumer Feedback

“The wonderful team couldn’t be better! They have taken such amazing care of us. The nurses are absolutely wonderful, nothing is too much for them, and they bring so much comfort to the patients with their friendly attitude and genuine care. I also have nothing but compliments and wonderful things to say about the staff. They have been absolutely outstanding. Thank you all so much from the bottom of my heart! I truly feel like I’m in the best place for the best care and that means more than you could ever imagine to me.”

“I honestly have never been more grateful. Your team helped me and have been with me through some of the darkest moments in my life. They took me in when I was in Emergency and afterwards they called me every day to check up on me. It made me feel like I wasn’t alone. I continued therapy and they tremendously helped me. Please pass on my sincerest thanks.”

“I would like to pass on the biggest compliments to the staff for making our visit so easy and stress-free. Everyone is amazing and they need to know how perfect they are! Every person has been so kind to us - wardspersons, cleaners, food delivery, doctors and nurses. We truly appreciate you! Thank you, thank you, thank you. Everyone has made a difference in our lives and we are so thankful to have met you along our journey.”

“I’m writing to express my gratitude to the nursing staff and doctors. I felt very well cared for and safe. All the staff were friendly and treated me with kindness and respect. My compliments and thanks to them all, they are a credit to public health.”

“I want to pass on my heartfelt gratitude and to commend the work of staff. A massive thank you to all your staff who looked after us whilst my son was being assessed and treated. In such a busy and stressful working environment, the nurses were amazing to us. They were so compassionate and kind, communicated well with my son and I, explained everything thoroughly, and helped us to feel safe and calm. They are doing a great job.”



“The professional nurses worked tirelessly throughout my stay and were nothing short of exceptional, professional in every aspect, courteous at all times and diligent. Nothing was any trouble - I was constantly and continuously attended to. I was overwhelmed by these individuals who went above and beyond at all times. They are a credit to the hospital, the public health system, and the nursing profession. I was impressed and in awe by all of these amazing, genuinely caring professionals.”

“I want to thank all the staff who helped me. They were so amazing, professional and friendly. They made me feel so comfortable and really did an awesome job looking after me. I will never forget it. They turned my nightmare incident into something quite positive. You are truly amazing heroes making a real difference to people’s lives - like mine.”

“The quality of care was outstanding. The individuals we encountered were not only patient, but warm, helpful and did all they could to make my son comfortable and at ease in an incredibly foreign environment. They were excellent. The nurse was accommodating and attentive, gentle and friendly. Staff communicated well, were clear in their expectations and warm in their demeanour. Please pass on our gratitude and acknowledgement for their hard work.”

## Achievements in Improving the Patient Experience

### Informed Consent Project

Valid consent is more than a signature on a form. It is a conversation between a clinician and a patient that results in a person's voluntary and informed decision to have – or not have, a health care test, treatment or procedure. This decision is made with adequate understanding of the benefits and risks of all available options for treatment (including no treatment). This process is referred to as 'shared decision-making'.

ISLHD established the District Consent Project in 2020 to review and ensure compliance with the legislative, policy and best practice requirements for valid consent, as outlined in the National Safety and Quality Health Service (NSQHS) National Standard 2: Partnering with Consumers Actions and in the NSW Health Consent Manual.

The overall aim of the Informed Consent project was to reduce the rate of consent incidents (as a percentage of total incidents) reported in the Incident Management Reporting System (ims+), by 90%.

The Project implemented thirteen change actions to improve governance, Medical Officer education and consumer awareness and information for valid consent and shared decision-making. The key changes implemented were:

- mandatory, improved and increased education for Junior and Senior Medical Officers
- a new promotional month for ISLHD – 'Informed Consent Month', with the inaugural event held in June 2022

- new consent information and webpage for consumers
- improved patient safety processes to screen and investigate consent-related incidents involving a breach of valid consent.

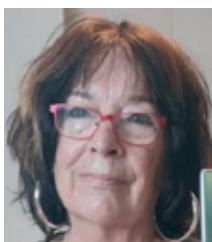
#### What did we improve / achieve?

- A 37.8% decrease in consent-related incidents (as a percentage of total incidents) reported in the Incident Management System (ims+), for July 2020 to December 2022.
- For January to June 2023, 13% of all consent-related incidents (as a percentage of total consent incidents), involved a breach of valid consent. This is more than a 75% improvement from 2022.
- 85.9% overall completion rate for staff completing the Consent to Medical Treatment education module.
- Medical Officers' confidence to assess capacity increased from 7% to 19% between 2021 and 2022 (ISLHD Medical Officer Consent Surveys, 2021 and 2022). We also observed an increase of over 64% in the number of doctors who had completed training for assessing capacity.
- During Informed Consent Months, June 2022 and 2023, more than 220 staff participated in 14 education sessions, with 50% average increase in attendance between the two years. Over 22,000 consumers viewed the posts on ISLHD social media, and engagement with the posts also increased between the two years with 480 in 2022 and 580 in 2023. There were over 300 views of the Informed Consent page on the ISLHD website.





## Consumer Training Module on Health Literacy



Consumers involved in healthcare are regularly asked to review policies, flyers, and other documents to ensure they are easily understood and written in plain language. However, when we asked a group of consumers about health literacy, it became clear that it was not well understood why plain language was necessary.

As a result, we have co-created a training module for members of consumer advisory groups to explain the importance of health literacy and the use of plain language.

The Module on Health Literacy is an exciting partnership project between ISLHD consumers and staff, and the University of Wollongong. Gayle Sweaney is the architect and lead for this project. Gayle is a consumer member of the Shoalhaven Hospitals Group Consumer Advisory Committee and also partners with the Clinical Governance Unit. Gayle presented on this project at a recent national health literacy webinar hosted by the Australian Commission on Safety and Quality in Health Care.

## Health Literacy Framework and Program

The Illawarra Shoalhaven Local Health District (ISLHD) Health Literacy Program celebrates its 10th anniversary this year. Health literacy is a safety and quality issue, mainly concerned with communication.

At an individual level, health literacy is about the skills, knowledge and capacity a person needs to access, understand and use health information and services needed to make appropriate care and treatment decisions, and take the necessary actions to manage their care. Only 40% of Australian adults have the health literacy skills to manage the demands of a complex health system.

A health literate organisation makes it as easy as possible for people to navigate, understand, and use health information and services. In 2013, ISLHD committed to becoming a health literate organisation, adopting a universal precautions approach and implementing coordinated systems and programs to address the impacts of low health literacy. A 'universal precautions' approach assumes that everyone is at risk of not effectively accessing, understanding and using the health information and services they need.

Health information that is easy to understand:

- ensures the health information we provide is appropriate to the needs of our consumers (visitors, patients, carers, and their families)
- is critical for providing care that is: appropriate, safe and of quality.
- encourages and empowers consumers to be partners in their own care.

Over a 10-year period, ISLHD has introduced six health literacy interventions: the Wayfinding Program; the Patient Information Portal and PiP process; the Health Literacy Ambassador Program; My Care Boards; Teach back/ Check back for safety in patient-provider communication; and plain language principles in clinical policy documents.

ISLHD's Health Literacy program and achievements are recognised nationally. In June 2023, the Australian Commission on Safety and Quality in Health Care (The Commission) invited ISLHD to present a webinar to highlight the importance of person-centred care for consumers, organisations and healthcare professionals. ISLHD staff and consumers presented the webinar entitled "Health Literacy & Person-Centred Care", and over 1200 people across Australia participated. ISLHD PiP process resources and PiP Effectiveness Study are now available on the The Commission's website.

### Wayfinding Program

The ISLHD Wayfinding Program was implemented across ISLHD in 2012. Every three years, consumers partner with hospitals and services to conduct wayfinding audits to ensure consumers can easily navigate through our hospitals and services. Between 2013 and 2023, we have conducted over 120 wayfinding audits and involved over 150 consumers.

Consumers are invited to audit our wayfinding cues at:

- point of contact to determine if our phone conversations with consumers, our internet page, letter heads, emails and text reminders have useful and clear information about how to get to their appointment or service.
- point of entry to determine if our ISLHD signs leading to the site and the navigational cues at the site help consumers to get to their intended ward or service with ease.



Audits include real life navigational scenarios identified by staff and consumers as confusing or problematic. The consumers are asked to find their way to their allocated ward or service solely based on the navigational cues at the site. Consumers and staff work together to identify signs, cues and objects that aid or hinder a consumer's journey to their intended ward or service, and to develop an action plan to improve our signs and wayfinding information. Wayfinding audit improvements include: a script with wayfinding and parking information when consumers ring the ward or service; better signage in more prominent positions within the site; and installing self-opening doors to improve access for people with a disability or who are frail.

Consumers have been key partners in the redesign of Bulli and Wollongong Hospital and are currently involved in the Shoalhaven and Shellharbour Hospitals, and Warrawong Community Centre redevelopments.

## Patient Information Portal



The Patient Information Portal (PiP) and PiP process improves the quality of written consumer

health information that we develop internally. The 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 written at a grade 8 or less readability to ensure that they are easy to read, understand and use. The PiP processes have proven to improve the readability and understandability of our consumers.

**In 2022-2023 ISLHD staff created 123 local resources, that were tested with 615 consumers.**



## Health Literacy Ambassador Program

Health Literacy Ambassadors play a key role in implementing and sustaining organisational health literacy interventions. In 2013, the Health Literacy Ambassador Program was launched. In the first year thirty staff were trained as Health Literacy Ambassadors. Today there are over 183 staff trained.

The role of the Health Literacy Ambassador is to: increase health literacy awareness amongst their teams, build staff health literacy skills on how to write in plain language, how to access and use the PiP portal; create plain language consumer resources and policy documents and to explain treatment options, medication use in everyday language and checking with the consumer on their understanding on how to manage their own care.

The role has expanded over the years as the health literacy environment across ISLHD has evolved and matured. Health Literacy Ambassadors have had a key role in developing and rolling out the following interventions: teach back/checkback, My Care Boards and health literacy principles in policy document developments.

Health Literacy Ambassadors have implemented initiatives with Allied Health staff to raise awareness, including a series of Health Literacy Tips to increase understanding of health literacy, and to encourage staff engagement with health literacy systems and processes.

## My Care Boards

Partnering with patients in their own care is an important part of person-centred-care. The My Care Board is a tool ISLHD uses on our hospital wards to support communication and shared decision-making between staff, patients, their families and carers. The My Care Boards help ISLHD staff to get to know what is important to the patient and what the patient's family member may want to further discuss. This communication board is the patient's board. It is located near the patient's bed where they can be easily accessed and updated by both staff and consumers. It is one way staff, patients, their families and /or carers are able to keep in touch so the care provided is of quality and meets the patient's needs and preferences.

The first My Care Board was designed in 2018 by staff and consumers for adult inpatient wards. During 2021 My Care Boards for Paediatric and Maternity Services were created.





## Teachback/Checkback

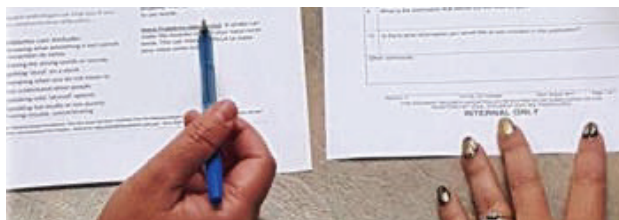
Teachback is an evidence-based health literacy strategy that clinicians can use to provide information in plain language and to check and confirm understanding. Asking a patient to repeat back information in their own words, promotes patient understanding, participation in shared decision making and better self-management and better health outcomes.

Consumers can also use checkback strategy to clarify information and check their understanding by asking questions or for information to be re-explained.

Teachback requires a whole of service approach and in 2021, ISLHD adopted a whole-of-organisation approach for Teachback, coordinated by the Clinical Governance Unit. This approach aims to implement Teachback in routine communication within clinical teams, focussing on using Teachback to convey 'risk communication'. In this approach, patient safety and experience information is used to tailor each Teachback training session, ensuring that Teachback is used in identified high risk communication points, e.g. by Pharmacists explaining how to take a newly prescribed medication to a patient leaving hospital.

## Plan language principles in policy development

Policy documents include policies, procedures, guidelines and business rules and describe ISLHD's position towards management of a particular issue, contains information that either directs or restricts the actions of employees, and are based on best practice and legislation.



Policy documents that are not clear and easy to read can be unsafe and negatively impact a patient's health outcome.

The literature tells us that health literacy principles and processes to develop plain language policy documents can: minimise clinical risks, improve communication between staff and consumers, improve communication between staff; and improve the patient's quality and safety of care.

**The success of the ISLHD Health Literacy Program and its sustainability is the result of good leadership, dedicated staff and consistent and meaningful consumer engagement in health literacy programs and processes.**

In 2019, the Clinical Governance Unit reviewed the clinical policy processes with a health literacy lens. A Clinical Policies in Plain Language Study was conducted in 2022 in collaboration with the University of Wollongong revealing that because of ISLHD's understanding of plain language, staff were writing documents mostly at a level 8 readability level, whereas in the past they were written at a post graduate level. The training provided to staff, meant that policies were clearer and easier to read and follow by staff.

## 2022 Multicultural Health Communications (MHC) Awards

Illawarra local Nyan Thit Tieu, Founder, Chair and Facilitator of Sisters' Cancer Support Group Inc., was awarded the Consumer/Community Representative of the Year in the 2022 Multicultural Health Communications (MHC) Awards.

The Awards, established by the NSW Multicultural Health Communication Service (MHCS), recognise excellence in multilingual health communication across NSW Health. MHCS hosted an event at the State Library of NSW with all finalists, and Susan Pearce, Secretary for NSW Health, presented the Awards.

Nyan Thit Tieu recently gave the opening address and a moving consumer testimonial at the 2022 Multicultural Health Services and Cancer Services Forum. Her presentation was titled "Telling it like it is" and challenged attendees to think deeper about how we can improve how we do business and make our service more culturally sensitive and inclusive for our patients.



## Gathering of Kindness 2022

The Gathering of Kindness is an annual gathering hosted by the Ministry of Health and the Hush Foundation. The 2022 event was held on the 7th and 8th of November at the Shellharbour Civic Centre. The gathering was a collaboration between NSW Health, the HUSH foundation and the Illawarra Shoalhaven Local Health District. The gathering uses World Kindness Day to continue the conversation about kindness and compassion. Across the two days we heard from a number of key speakers who had come from across the state and internationally speaking about kindness. Along with these key speakers, there were a number of activities run over the two days including chair yoga, singing bowls, a visual storyteller and shoulder massages.

### The key speakers over the two days included:

- **Kindness in Action:** A panel discussion facilitated by Ms Alexis Gazzard, ISLHD Radiation Oncology Quality and Service Development Manager, joined by a panel including Ms Susan Pearce, Secretary of NSW Health; Ms Margot Mains, Chief Executive, ISLHD; Dr Kate Bowles, Consumer Leader ISLHD and Associate Professor Chris Milross, Director of Mission, Chris O'Brien Lifehouse
- **Act of Kindness** - Holding space for victims of violence by Amani Haydar
- **We Need Each Other** - Facilitated by Alicia Wood with mother and son Penny and Al Graham
- **Kindness on Wheels** - Jude Felton and the ISLHD SEED Team
- **Critical Ally, Critical Friend** - Dr Michele Hardiman
- **Practicing Loving Kindness** the journey is the destination - Professor Brendan McCormack
- **Healthful Relationships** - A way forward - Dr Maria Mackay
- **SEEDing Kindness** - The past shaping the future - The ISLHD SEED Team





## our promise

**"Bring kindness and compassion into the delivery of personalised and culturally safe care for every person"**

**Kindness is  
Compassion without judgement  
No fear just one heart to another  
One Human being caring for another Human Being**

Our absolute commitment to providing kind, gentle and compassionate care to our patients / families / carers / clients and residents is the main reason we have all chosen to work in healthcare. We understand that the commitment to kindness starts with us being kind to ourselves and looking after our own wellbeing so that we can care for others.

**Being all we can be for you so for:**

- Involving you in your health care
- Helping you to make safe decisions about your care
- Respecting your beliefs
- Quickly responding to your requests
- Giving you information to help you at home
- Keeping you safe through education

**Caring for you with kindness and respect for:**

- Listening to you, comforting you and making you our main concern
- Recognising, supporting and valuing the lived diversity of people we work with and care for
- Being compassionate, gentle and patient
- Doing what is best for you rather than what is best for us
- Keeping your privacy and dignity
- Supporting your family and loved ones during your care
- Being your ready advocate in the health system
- Respecting your wishes

Bonnie Peters  
Secretary (NSW Health)

**Being your supporter for:**

- Helping you through worrying times
- Understanding your needs
- Spreading our kindness on your behalf when needed
- Helping your skills to manage your own health

**Providing exceptional care and experiences for:**

- Caring for you as if you were a member of our family
- Building uniquely connecting with people
- Being our best to provide you with the highest quality care and service
- Working together with all members of your care team in the planning and delivery of your care
- Ensuring the best outcomes for you
- Continually improving the physical environment, equipment and resources
- Communicating clearly and respectfully with you
- Regularly considering any suggestion for service improvement and acting on your feedback
- Living our care values every day

Maggie Stone  
Chief Executive, Illawarra Shoalhaven  
Local Health District

#kindnessworkshere #smallactsofkindness #gatheringofkindness

## Kindness Promise

To bring kindness and compassion into the delivery of personalised and culturally safe care for every person.





The Gathering of Kindness hosted the creative artist Paul Telling to work on a visual storytelling technique whilst the conference was running. Paul beautifully captured the keynote speakers, the essence of their delivered message, the activities, the wellbeing space that the conference held and all the emotions behind it.







## Human Experience Week 2023

Human Experience Week 2023 was rebranded from the previous “Patient Experience” Week to reflect the experiences of patients being interconnected with the experiences of staff and carers. Human Experience Week 2023 celebrated and honoured the experiences of NSW Health consumers, carers and staff and highlighted “All of us: the Power of Community,” embodying themes of Love, Healing and Belonging.

ISLHD was supported by the Ministry of Health to localise the celebration of Human Experience Week with a variety of in-person, virtual and hybrid local events. Guided by the NSW CORE Values and the Future Health Strategic Framework, the ISLHD Clinical Governance Unit (CGU) supported by the SEED Team, worked closely with the Ministry of Health to make this week a success.

The week began on Monday 1st of May with the inauguration of Human Experience Week by the Ministry of Health and Western Sydney Local Health District. ISLHD staff were invited to participate virtually in the presentations that included profound performances, presentations and conversations that embodied the theme of “Power of Community” and set the tone for the rest of the week.

From 2-4 May 2023, the SEED Team hosted “Watch Parties” for staff across ISLHD who presented team projects. The Watch Parties fostered a sense of love and belonging by bringing staff together to support their colleague’s presentations. ISLHD showcased the following presentations:

- Building Connections in Maternity Services to improve workplace culture.
- Reviewing the risk mitigation strategies and outcomes for the use of patient-controlled analgesia in the palliative inpatient unit.
- Promoting holistic wellness of healthcare staff and how it is now being integrated into the implementation of PRMs in inpatient wards.
- Brighter Beginnings Customer experience project – cross agency collaborative initiative to create tangible solutions aimed at increasing the number of children developmentally on track for school.
- Interpreter use, its impact on the safety and quality of care and its relation to Human Experience.
- Using co-design alongside consumers to undertake a patient interview study.
- Your words our Actions – conversation with a consumer.
- Consumer experiences within our Health System.

Many staff across ISLHD participated in the Watch Parties throughout the week with more watching the presentations at their desk/workstation.

Staff expressed love and kindness by showing respect, understanding, supporting without judgement and by fostering genuine human connection. They highlighted that creating a safe and comfortable workplace was a way everyone could feel a sense of belonging. Staff also expressed that they provide healing to others in their team by listening without judgement, offering support, showing compassion and being patient.

## 4. A workplace culture that drives safe and quality care

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

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**Illawarra Shoalhaven Local Health District is one of the region's largest employers with a workforce of more than 7,700 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.**





## Illawarra Shoalhaven Health Education Centre

### Multidisciplinary Retrieval Simulation Day

The ISLHD Multidisciplinary Retrieval Simulation Day is an annual event organised by the Illawarra Shoalhaven Health Education Centre (ISHEC). It is achieved in partnership with Greater Sydney Area Helicopter Emergency Medical Service, NSW Ambulance Service and the Emergency Departments of Wollongong, Shoalhaven, Shellharbour, and Milton Ulladulla Hospitals.

Now in its fifth year, the simulation exercise has grown in both size and scope. The 2022 event was held at the Bombo Headland Heritage site, providing a stunning backdrop for the event. Previous locations have included Jerrara Dam and The Farm at Killalea. Police

Rescue was involved for the first time and interest has been expressed by the Rural Fire Service, Fire and Rescue and the Australian Lifeguard Service, NSW.

The core learning objective of the event is to challenge and strengthen inter-agency communication and collaboration, both in the pre-hospital environment and at the interface of the Emergency Department. This is achieved through two high fidelity scenarios: a group rock-climbing accident and a parent with an injured child while camping. The scenarios were developed by the ISHEC Simulation Fellow.

There is a diverse group of simulation faculty from the NSW Ambulance Service, Medical Retrieval Unit, Rural Fire Service, and Police Rescue. Students from the University of Wollongong Graduate School of Medicine volunteer as simulated patients and more than 100 people are involved.



#### Participant quote:

“The major learning points for me is that it’s important for staff from all the fields present on the day to have the opportunity to undertake these types of simulation scenarios, which will allow them to make better decisions in a real-life situation, ensuring improved outcomes for the public who may find themselves in situations like was presented on the day. I look forward to having the opportunity to observe future training simulations.”

# Achievements in improving Workplace Culture and Leadership

## Safety and Quality Essentials Pathway Program

The Safety and Quality Essentials Pathway Program was developed in collaboration with the Clinical Excellence Commission, NSW Health, NSW Health Education and Training Institute and Local Health Districts (LHDs) and Entities across NSW during 2021 and 2022. Since its release, ISLHD is one of the first LHDs to implement the program in NSW.

The Program consists of three levels: Foundation, Intermediate and Adept.

ISLHD have introduced the eLearning modules for Foundational and Intermediate level training with approximately 300 staff completing the Foundational modules and over 50 staff completing the Intermediate modules. A significant focus for ISLHD during 2022, has been to develop a local faculty and to fully implement the Adept level training, also referred to as the Applied Safety and Quality Program. The program is conducted over a 12-month period and consists of:

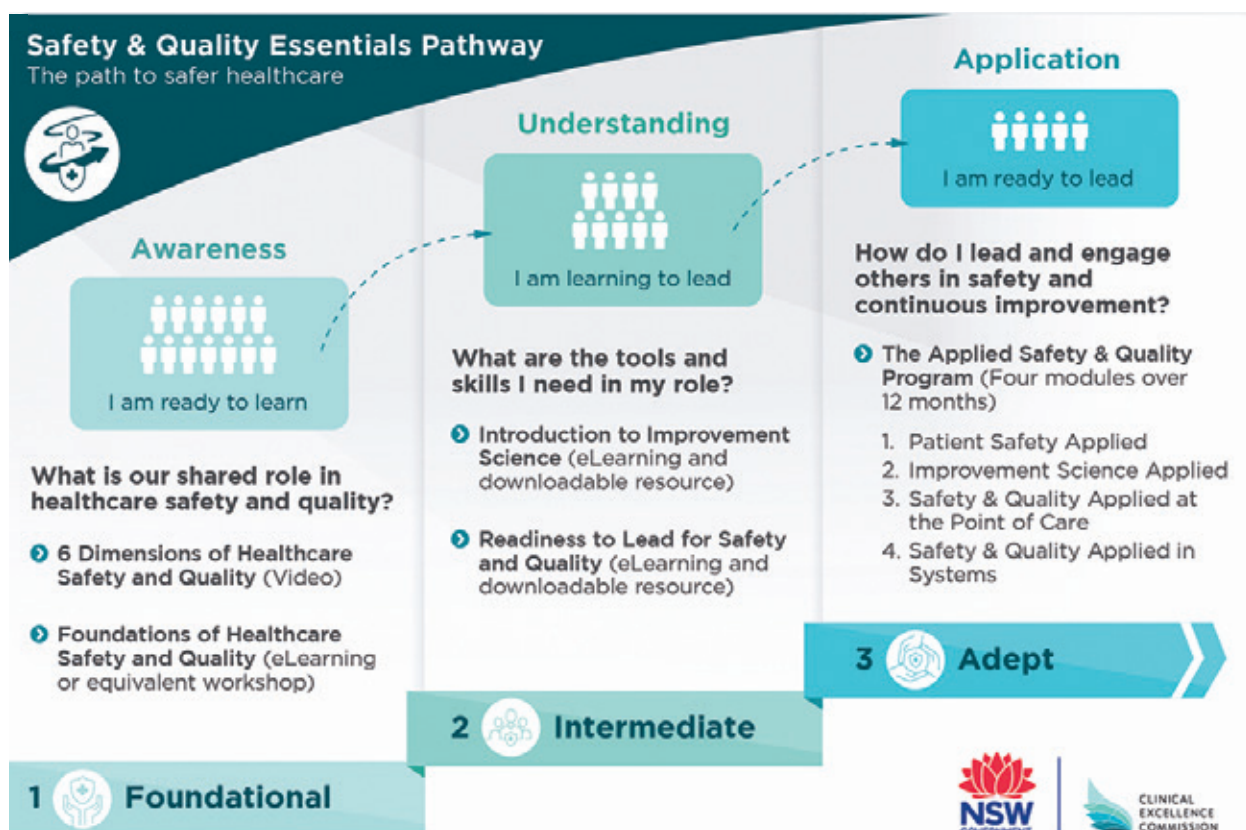
- Foundational and Intermediate completion as a pre-requisite
- Orientation
- 4 modules including 8 lab workshops
- Pre and Post Activities
- Practical work-based Improvement Science project

## 2022/2023 Applied Safety and Quality Program

23 participants completed the 2022/2023 Applied Safety and Quality Program, commencing June 2022 and graduating in June 2023.

A sample of Improvement Science project outcomes have included:

- Increased infant developmental screening rates for the 6-8 week Personal Health Record Blue Book check completed by ISLHD Child and Family Health Nursing service from 39% to 70% in 12 months.
- Reduction in poorly requested orders for Computed Tomography (CT) pulmonary angiography scan examinations from the Wollongong Hospital Emergency Department by 50%.
- Increased infant developmental screening rates for the 6-month Personal Health Record check completed by ISLHD Binji and Boori Illawarra Child and Family Health Nursing Services from 4% to 30%.
- Reduced rates of hypoglycaemic events occurring on wards at Wollongong Hospital by 50%.





“The ISLHD Applied Safety & Quality Program was a great collaboration between ISLHD and the Clinical Excellence Commission (CEC). The CEC course content was presented by our ISLHD facilitators in a really engaging way that was relevant to our LHD and easy for me as a participant to understand.

I was then supported by an ISLHD quality advisor to implement my project using CEC Improvement Science methodology. One of the best parts was meeting and getting to know the other participants. We formed close bonds and were a great source of encouragement and support for each other during the program. Graduation Day was a real highlight. It was wonderful to showcase our work to the ISLHD Executive and CEC. I now feel confident to lead my own quality improvement projects and provide guidance to others.” – Illawarra Shoalhaven LHD Graduate.



#### **Aligned to Future Health & ISLHD Strategic Outcomes:**

- Patients and carers have positive experiences and outcomes that matter
- Staff are engaged and well supported

## The SEED Staff Wellbeing Program

The SEED Program originated at Milton Ulladulla Hospital (MUH) after the 2019 Currowan Bushfires that devastated the region and has since developed into a wellness program for all ISLHD staff that promotes wellbeing during worktime.

A key pillar of the SEED Program is its ability to capture the stories of our healthcare staff in times of stress and crisis. Storytelling has become ingrained in the SEED program. The team introduce the importance of wellbeing in the workplace through sharing the stories of the MUH staff and their experience during the 2019-2020 bushfires. The MUH story focuses on staff, who through collective caring, were able to navigate a natural disaster crisis and find a sense of wellness in their workplace. Through sharing this story, SEED was able to pollinate across ISLHD, connecting staff who have experienced similarly high levels of stress and



burnout, these past stories becoming an inspiration for the present.

SEED has used the stories of staff to guide the present and future. SEED evolved from a practice-based evidence model that required immediacy of action during a crisis, to an evidence-based practice model for the future. SEED publications have systematically collected memories, case studies, qualitative and quantitative information and have demonstrated that wellbeing at work can become a reality.

## Maternity Services

The SEED team worked with the Wollongong Hospital Maternity Services and this was initiated by staff expressing their interest in wellbeing and their desire to enhance their staff connections. The SEED approach revolved around building trust, using a co-design process and involving the staff, gaining a good insight into their wellbeing states and work environments.

The SEED team commenced an initial assessment of staff wellbeing, needs and reflections. Suggestions and ideas for a positive change in the work environment and to enhance the wellbeing of staff were collated from a wide variety of staff. Responses were themed into 5 initiatives including:

- Wellbeing activities
- Fresh air for 5
- Coffee connections
- Gather together
- Celebration

As a result, the following staff wellbeing initiatives commenced:

## Team Bushwalking

During a coffee connection, gathering staff discussed their favourite bushwalking spots. A spontaneous idea was born and a bushwalk was organised to take place the following weekend. This has now become a regular event.

## Outdoor space

Swipe access was installed for Maternity staff to access a previously unused outdoor area. The team worked together to bring this big, beautiful space to life. Staff members have since expressed their delight and appreciation for a space where they can sit, take a break, and enjoy the outdoors during worktime. The space is being utilised for staff to come together, connect, celebrate milestones, achievements and birthdays.

## Coffee and Colour Mural

The Coffee and Colour Mural activity is an opportunity for Maternity Services staff to interact outside of their usual work groups. Engaging in the activity allows staff to take some time out from their regular responsibilities, stop for a moment and experience an opportunity to learn more about their colleagues. This activity continues to create a sense of connection and camaraderie among the staff.





# SEEDing the Public Health Unit



## Public Health Unit

The SEED team worked with the ISLHD Public Health Unit to embed wellbeing practices and processes to help the team better cope with challenges to come.

Stories of the Public Health Unit staff members' experiences throughout the COVID-19 Pandemic were shared. It had been a stressful, exhausting time with great uncertainty, changes in staff and a need to create new processes and ways of working. It became clear that one of the top priorities for the Public Health Unit was recovery and care amongst each other. Due to the fluctuating nature of staffing over the course of the pandemic, it was felt that building connections across the different teams within the Public Health Unit would be beneficial. Staff also identified that they were interested in activities that improved their health and there were clear opportunities for developing ways of showing staff that their contribution was valued.

Information from the staff conversations were themed into four wellbeing priorities:

**Recovery | Connection | Wellness | Celebration**

Links were then made between the wellbeing activities suggested by staff and the priorities for the Public Health Unit. As a result, a Fun Calendar, Kindness Kit, Coffee Connections, Yoga Nidra, Wellbeing Walks, Thank You 2022 and a Gratitude Tree were created.

Staff wellbeing is included as a standing agenda item on the Public Health Unit Team Leader Meeting and the monthly Staff Team Meeting so that there is opportunity to monitor how staff are travelling in terms of their wellbeing. Much work has been done by both individuals and the team as a whole to value workplace wellbeing, create connections and aid recovery.

## 2022 Thank you...



## SEED Affirmation Cards

Inspired by the Milton Ulladulla Hospital story, Affirmation Cards capturing the stories of staff and their experiences through the 2019/2020 Australian bushfires have been developed to be used as a tangible tool for staff wellbeing. Each of the 32 Affirmation Cards consists of a thought-provoking question, followed by a staff quote and links to the SEED Practices and the NSW Elevating the Human Experience (ETHE) Enablers. The Affirmation Cards are categorised into themes of **Stability**, **Encompassing**, **Endurance** and **Direction- SEED**, to guide the user.

The Affirmation Cards are used in staff wellbeing workshops as a tool for self-reflection, group reflection and rapport building. The cards are presented as gifts to staff as a reminder to practice wellbeing in their daily routines.

Staff have reported using the cards to ground themselves when feeling overwhelmed, exploring ethical dilemmas, and as a daily affirmation for self-care.

The cards have also been used in groups as a bonding activity or an ice breaker. Staff have used the cards as a group reflection tool, with students, and within peer support settings such as Coffee Buddies.





## SEED Champion Model

A District-wide SEED Champion Model has been implemented aimed at providing training for healthcare workers and managers to implement, embed and sustain wellness initiatives in their workplace.

The model involved a two-day in-person training program focused on bringing a sense of connection and joy, and allowing the Champions to network and feel supported by each other and the SEED Team in their wellness journey. This was followed by an eight-week phase designed to focus on caring for the Champions, developing relationships, networking and building confidence and capacity. Facilitators prioritised checking in on the Champions' personal wellness, companionship, and providing a safe place for sharing.

At the two-day training program, Champions were gifted a set of the SEED Affirmation Cards and groups were allocated a Kindness Kit (SEED Trolley) to take back to their site/teams to start introducing workplace wellbeing to their teams.

Each Kindness Kit has been customised based on staff feedback. SEED collaborated with a local vendor who was inspired by her own experience at the local Emergency Department after seeing how hard the staff work. Champions shared their experience of using the trolleys as 'beverage carts' to serve tea and provide comfort to their colleagues reporting that "once they've been watered their whole mindset can change, everyone seems to be in a better place."



"Using the kindness trolley was an opportunity to bring joy into work. The sound of laughter encouraged other staff to also engage."



### Aligned to Future Health & ISLHD Strategic Outcome:

- Staff are engaged and well supported



## Staff Achievements

### 2022 NSW Excellence in Nursing and Midwifery Awards

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

#### **Judy Boynton,**

Sustaining NSW Families Team

The NSW Excellence in Nursing and Midwifery Awards celebrate and recognise the outstanding nurses and midwives of NSW Health, and Judy was one of just 30 finalists announced from across the state and the winner from one of four finalists in the Healing Heart Award.

Judy was nominated by a consumer she cared for through the Sustaining Families Program. The consumer said: "Judy is a credit to her profession. She is the epitome of the ideal Child and Family Health Nurse, not only demonstrating empathy and compassion but also the proven experience and knowledge of current practice."

*"Judy is a credit to her profession. She is the epitome of the ideal Child and Family Health Nurse, not only demonstrating empathy and compassion but also the proven experience and knowledge of current practice."*

**Congratulations Judy,**  
Sustaining NSW Families  
Child and Family Nurse



**10th Annual Excellence in Nursing  
and Midwifery Awards 2022**





## 2022 NSW Health Excellence in Allied Health Awards

Winner of the Allied Health Educator of the Year

### **Sally Connell,**

ISLHD Occupational Therapist and District Palliative Care Allied Health Care Educator

Sally was awarded Allied Health Educator of the Year for the work she is doing to progress best practice palliative care education at ISLHD and around the state, through her work with the Ministry of Health and the Agency for Innovation committees, as well as with the Residential Aged Care sector. As part of the ISLHD Palliative Care Allied Health Leadership team, Sally plays an integral role in the strategic development of the service and support changes.



## 2022 Australasian Emergency Department of the Year

Shellharbour Hospital awarded Australasian Emergency Department of the Year

The Shellharbour Hospital team was awarded the honour of Australasian Emergency Department (ED) of the year for 2022 for its innovation and commitment to improving patient care. The award was presented at the 19th International Conference for Emergency Nurses on the Gold Coast, in September, 2022. The College of Emergency Nursing Australasia (CENA) presents this award each year to one ED across all of Australasia for demonstrated excellence in patient care and clinical outcomes; commitment to professional development of staff; and commitment to quality management.

The Shellharbour ED nursing team works incredibly hard and staff pride themselves on performing collaboratively to provide safe and quality patient care. The COVID-19 pandemic and increasing workloads has seen the team adapt models of care and introduce new technology and ways of working to better meet the needs of patients and ensure a safe clinical environment.

Shellharbour Hospital ED is one of four EDs across the District. EDs are busy and dynamic places to work, yet despite the many challenges, emergency clinicians continue to step forward to provide essential, timely care, champion change, focus on quality improvement, and prioritise staff wellbeing and growth.





## 2023 Excellence in Nursing and Midwifery Awards-Finalist

Healing Heart Award for Exceptional Care (consumer-nominated)

### **Bronwyn Freeman,**

Shoalhaven Cancer Care Centre Clinical Nurse Consultant

Bronwyn Freeman is a Shoalhaven Cancer Care Centre Clinical Nurse Consultant working with patients with head and neck, skin and gastrointestinal cancers. Bronwyn was nominated for the Healing Heart (Consumer) Award by a patient that she cared for throughout her cancer journey.

Speaking about Bronwyn the patient said:

*'Bronwyn has been professional, knowledgeable and compassionate in every encounter, and regularly goes above and beyond, not just for me but for all her patients. Bronwyn has cared for me on some of my darkest days and has also been a source of light and hope. I cannot imagine what my cancer journey would have looked like without Bronwyn's support, wisdom and kindness. I am so very grateful for her.'*

The Healing Heart award recognises extraordinary, safe, quality and compassionate care and an uncompromising commitment to elevating the patient experience.

ISLHD has now been named finalists in this category three years running, winning the award in 2022 and 2021.





## 2023 King's Birthday Honours List

### **Trevor Gardner,**

Anaesthetist

ISLHD Anaesthetist Trevor Gardner was recognised on the 2023 King's Birthday Honours List, being awarded a Medal of the Order of Australia (OAM) in the General Division for his service to medicine through a range of roles.

Dr Gardner was also acknowledged for his contribution in support of Australia's response to the COVID-19 pandemic and will now be included on the ongoing and permanent COVID-19 Honour Roll, which started in 2021. A senior career medical officer, Dr Gardner has worked across a range of Anaesthetic roles at Wollongong Hospital as well as being the Director of Trauma from 2013 -2022.

Dr Gardner's nomination also highlighted details of his impressive career with the Australian Defence Force (ADF). He was a serving member in the Permanent Air Force from 1987 to 1996 and was deployed on the first ADF rotation to the UN Mission in Rwanda in 1995. After commencing anaesthetic training, Dr Gardner transferred to the Royal Australian Air Force (RAAF) Specialist Reserve. During his time in the Reserves, he undertook three tours of East Timor, twice as anaesthetist and once as an aeromedical evacuation officer. Dr Gardner was deployed to Iraq three times, in 2004, 2007 and again in 2008 working in a number of senior medical roles and, in 2010, he was deployed to Afghanistan as the Aeromedical Evacuations Officer at Kandahar Airfield.



Dr Gardner has also contributed to international emergency medical responses, including being part of the initial ADF aeromedical evacuation response to the second Bali Bombing terrorist attack in 2005.

Currently, Dr Gardner is undertaking research into improved ventilation strategies for COVID and other infectious diseases. His collaboration with the Sustainable Buildings Research Centre at the University of Wollongong Innovation Campus is providing scientific validation of ventilation strategies implemented during the height of the COVID pandemic.

Dr Gardner remains a member of the RAAF Specialist Reserve, attached to No. 3 Aeromedical Evacuation Squadron based at RAAF Base Richmond. He also continues to provide locum services to the CareFlight Top End Medical Retrieval Service as a Medical Transport Specialist. He is a senior instructor at the Royal Australian College of Surgeons, Early Management of Severe Trauma course and the Australia and New Zealand Burns Association, Emergency Management of Severe Burns course.

During the pandemic Dr Gardner was the Co-Chair of the Wollongong Hospital COVID-19 Taskforce, which was instrumental in the District's COVID-19 response in an ever changing and high-pressure environment.

Dr Gardner's vast clinical expertise and foresight during the pandemic enabled the establishment of specialist clinical infrastructure at short notice, including areas within the Emergency Department to better support procedures for infectious patients. He was instrumental in and personally oversaw the establishment of a specialist COVID Ward and Close Observation Unit for respiratory patients and was also involved in establishing Special Hotel Accommodation at Bulli. Throughout the height of the pandemic, a situation with so much uncertainty, the calm reassurance Dr Gardner provided while the work required to keep the community and staff safe was being undertaken, was immeasurable.

# 5. Our Performance

## NSW Health Outcome 1:

Patients and carers have positive outcomes that matter

### Overall Patient Engagement Index

Target= 8.5

#### Adult Admitted Patients

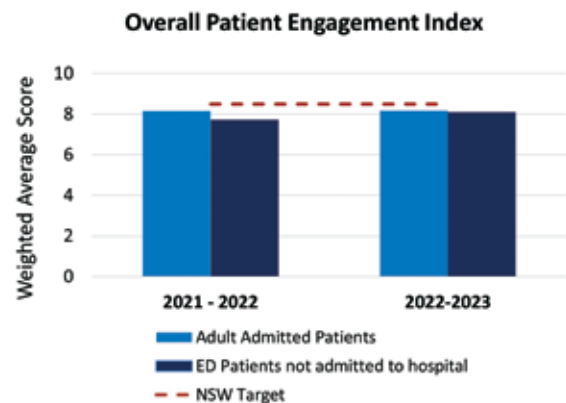
2021-2022 Result = 8.15

2022-2023 Result = 8.16

#### Emergency Department Patients not admitted to hospital

2021-2022 Result = 7.72

2022-2023 Result = 8.1



### Overall Patient Experience Index

Target= 8.5

#### Adult Admitted Patients

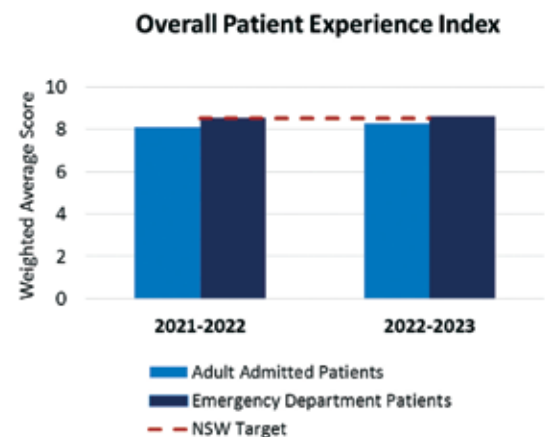
2021-2022 Result = 8.1

2022-2023 Result = 8.52

#### Emergency Department Patients

2021-2022 Result = 8.3

2022-2023 Result = 8.6



### Mental Health Consumer Experience

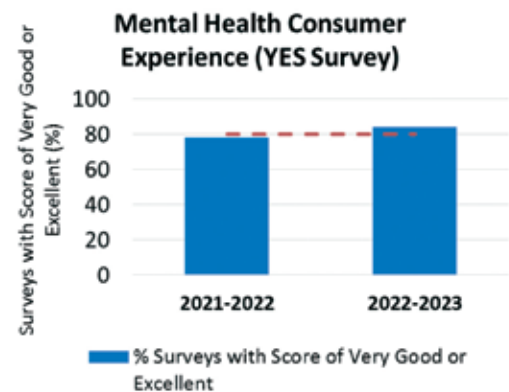
**Mental Health consumers with a score of Very Good or Excellent on the Your Experience of Service (YES) Survey.**

Target = 80%

2022-2023 Result = 84%

Inpatient return rate = 40

Community return rate = 3





## NSW Health Outcome 2:

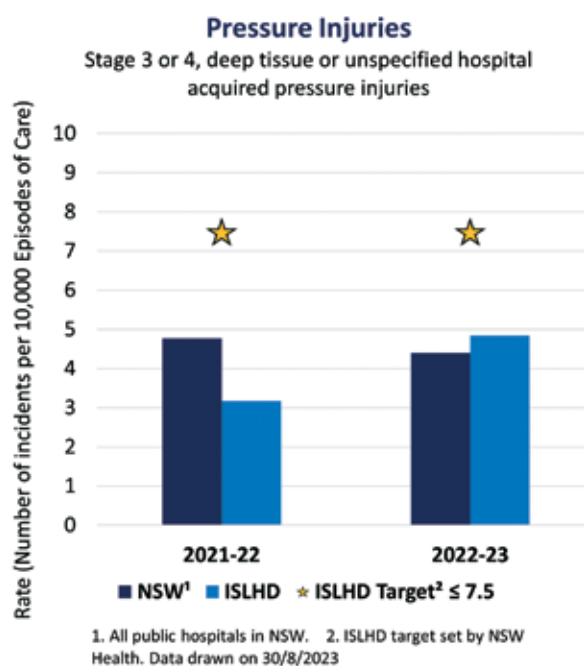
### Safe care is delivered across all settings

#### Pressure Injuries

**A pressure injury is a 'localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction'.** Pressure injuries are sometimes referred to as bed sores, pressure ulcers or decubitus ulcers. The most serious pressure injuries (stage 3, 4 and unstageable) 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 and adversely affect rehabilitation and mobility.

ISLHD achieved a sound result for 2022-2023 with 4.84 incidents per 10,000 episodes of care, equating to 35 patients. Our target was to remain below the NSW average rate. The target set for us by NSW Health in 2022-2023 was less than 7.5 incidents per 10,000 episodes of care.



#### Continual Improvement

Our strategies for preventing pressure injuries include:

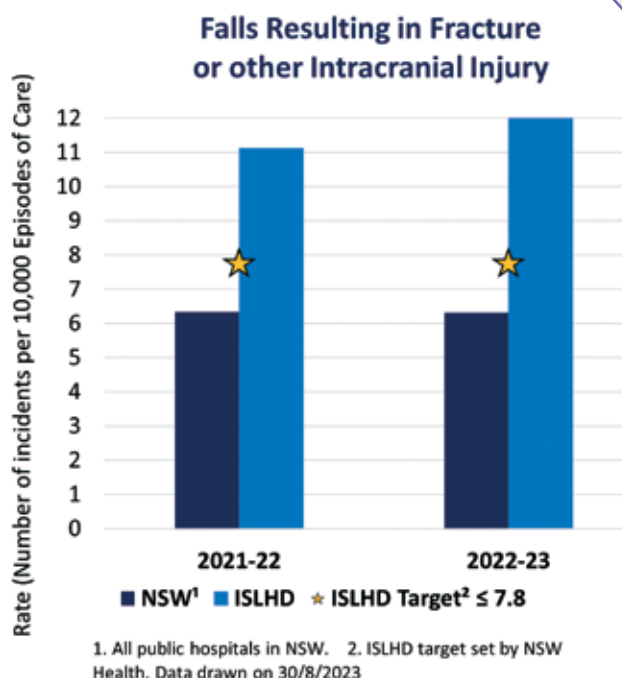
- A Pressure Injury Prevention Project looking at documentation improvement across medical, nursing and allied health
- Entry of an incident slip into the patient's electronic medical record to help track and treat pressure injury and prevent and monitor deterioration
- Pressure injury risk assessments when a patient is admitted to hospital
- In 2022 ISLHD took part in the Agency for Clinical Innovation (ACI) Chronic Wound Survey where we identified several areas of focus which included improved pressure injury documentation and education
- Quarterly monitoring and reporting of pressure injury hospital acquired complications
- Implementing action plans following our annual pressure injury documentation audits.
- New static mattresses and alternating air mattresses are available for all patients at high risk of developing a pressure injury
- Continuing to use WOUND-Q®, Patient Reported Outcome Measures to facilitate shared decision making and enhance patient outcomes (as part of the state-wide Leading Better Value Care Chronic Wound Management initiative). Plan to introduce the PROMIS 29 quality of life tool in 2024.

## Falls

Fall-related injury is one of the leading hospital-acquired complications. While the majority of inpatient falls are associated with minor injury, more serious events such as fractures, intracranial injury and death also occur. Falls result in a longer length of stay, increased use of resources and rates of discharge to a nursing home.

87 ISLHD patients fell and suffered a serious injury in 2022-2023 with 12.05 incidents per 10,000 episodes of care. Our target was to remain below the NSW average rate. The target set for us by NSW Health in 2022-2023 was less than 7.8.

We are continually working on 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.



## Continual Improvement

Our ongoing falls prevention strategies include:

- Monthly monitoring and reporting of all falls in hospital
- Falls audits updated based on previous years' feedback and additional focus on intentional rounding and supervision
- All members of patient care teams attend reviews and safety huddles. They review incidents and update falls strategies
- Project Management Office Falls Prevention Project has completed:
  - Collection of lessons learnt and review of falls prevention governance structure and accountability frameworks
  - Ward inspections identifying environmental factors that cause falls to form recommendations on incorporating falls prevention strategies into future builds and refurbishments
  - User acceptance testing of equipment such as invisa-beams and sensor mats, for processes and procedures for falls related equipment
  - User acceptance testing of redesigned ISLHD Falls Prevention Intranet page.





## Hospital Acquired Infections

**Hospital-acquired infections are complications that are caused by micro-organisms such as bacteria and viruses occurring during the course of medical treatment.**



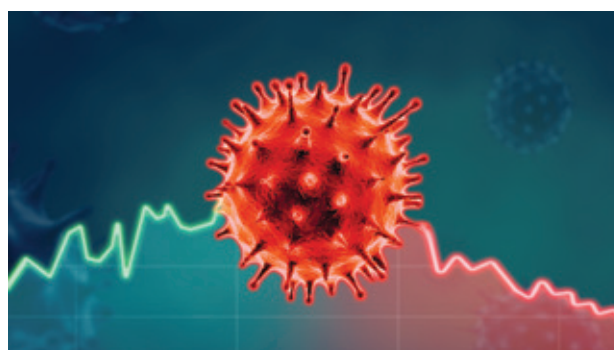
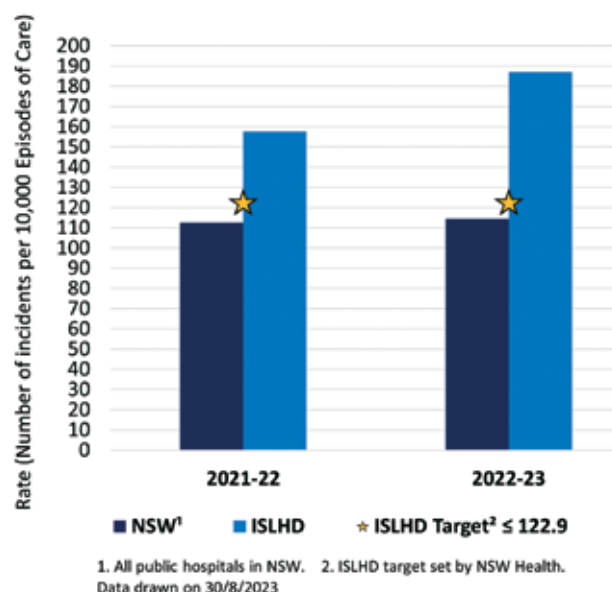
Hospital-acquired infections include pneumonia, urine infections, wound infections after surgery, bloodstream and gastrointestinal infections.

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 187.04 incidents per 10,000 episodes of care for 2022-2023. This is higher than the target set for us by NSW Health of less than 122.9. It is also above the NSW average rate of 114.507 incidents per 10,000 episodes of care for 2022-2023.

### Hospital-Acquired Infections



## Continual Improvement

**Our ongoing prevention strategies include:**

- Ongoing passive 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.
- Audits conducted regularly to track compliance to policy 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 HAC reviews are used to inform 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
- The ISLHD Sepsis Committee is monitoring that we recognise, escalate and treat patients with sepsis. A sepsis working party has identified facilitators and barriers to using sepsis care bundles in Emergency.

Tailored interventions are being developed and implemented. Regular auditing and reporting has been established to monitor that those patients who meet the pathway criteria in ISLHD Emergency Departments and inpatient units have the Clinical Excellence Commission (CEC) sepsis bundle followed and meet the Australian Commission on Safety & Quality in Health Care Sepsis Clinical Care Standard requirements.

Two projects related to urinary tract infections (UTIs) continue in 2023. A prospective study of patients at 6 pilot wards having undergone a midstream urine analysis aims to determine whether staff and consumer education and providing wipes decreases contaminated or unnecessary samples and improves documentation of the clinical indications of UTIs. The Catheter Associated Urinary Tract Infection (CAUTI) Project at Wollongong Hospital aims to reduce catheter associated UTIs in general surgery patients in the 30 days post-surgery. Interventions include staff and consumer education, criteria led catheter removal and improved catheter care and hygiene strategies.

## Blood Clots

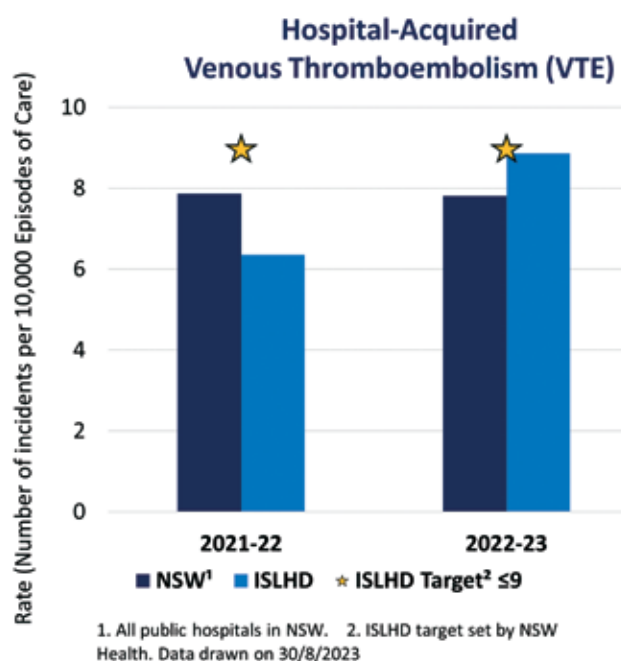
**Hospital-acquired venous thromboembolisms (VTEs) are blood clots that form in the deep veins**



Venous thromboembolism (VTE) is one of the leading causes of preventable death in Australia, accounting for almost 10% of all hospital deaths. VTE can cause distressing symptoms in the form of pain, swelling, tenderness, limited mobility, and difficult and fast breathing and/or respiratory distress and fast and irregular heart rate. VTE has a high patient mortality.

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

64 patients experienced a VTE in 2022-2023. Our rate is 8.867 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. It is above the NSW average rate of 7.812 per 10,000 episodes of care for 2022-2023.



## Continual Improvement



**Our strategies for preventing VTE include:**

- Monthly 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 reported, reviewed and recommendations implemented
- Mandating the VTE risk assessment in the electronic medical record (eMR)
- Planning for the implementation of an enhanced VTE assessment eMR solution in 2024.

**If all hospitals reduced their rate of this HAC to less than 9 per 10,000 hospitalisations, it would prevent at least 663 episodes of venous thromboembolism.**

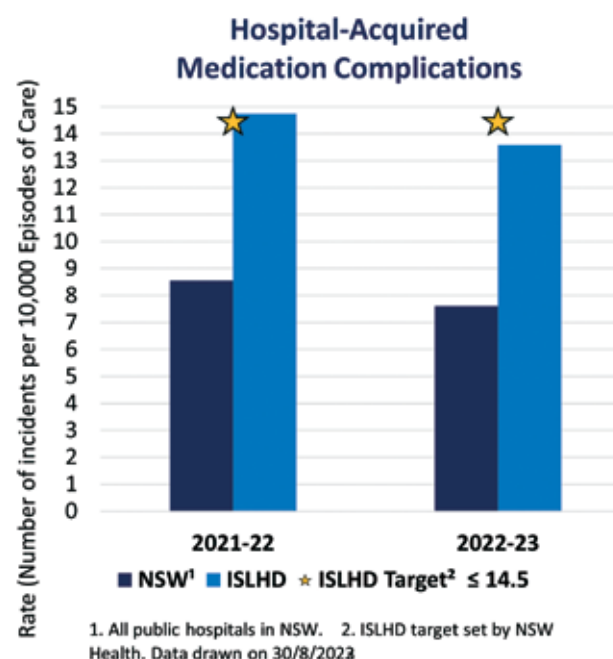
## Medication Complications

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 13.57 incidents per 10,000 episodes of care for 2022-2023. This equates to 98 patients with medication complications. This is slightly lower than our target of less than 14.5 and above the NSW average rate of 7.60 incidents per 10,000 episodes of care in 2022-2023.





## Continual Improvement

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 review of cases where bleeding due to use of an anticoagulant recommended strategies to reduce the rate of bleeding. The new VTE eMR screening will also help clinicians identify patients at risk of bleeding.



## Neonatal Birth Trauma

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



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

Neonatal birth trauma may have long-lasting effects and these may impact the mother's ability to bond with their baby.

Our results have decreased from 80.692 in 2021-2022, to an average rate of 71.296 per 10,000 episodes of care in 2022-2023 (total of 23 babies).

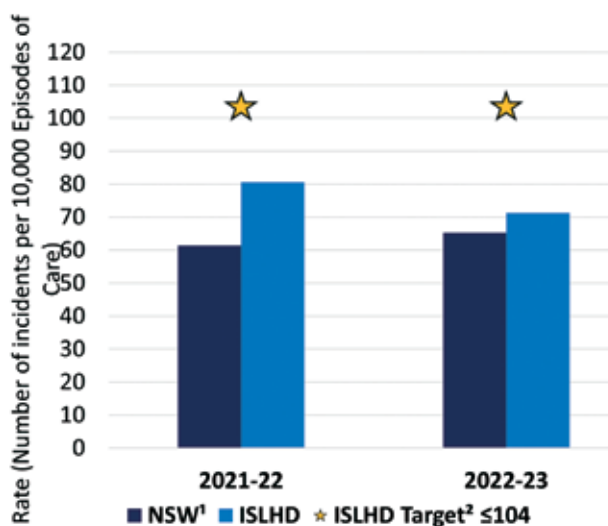


## Continual Improvement

Our prevention strategies include:

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

### Neonatal Birth Trauma



## Vaginal Tears in Childbirth

**The most serious vaginal tears in childbirth are 3rd and 4th degree tears, or lacerations.**



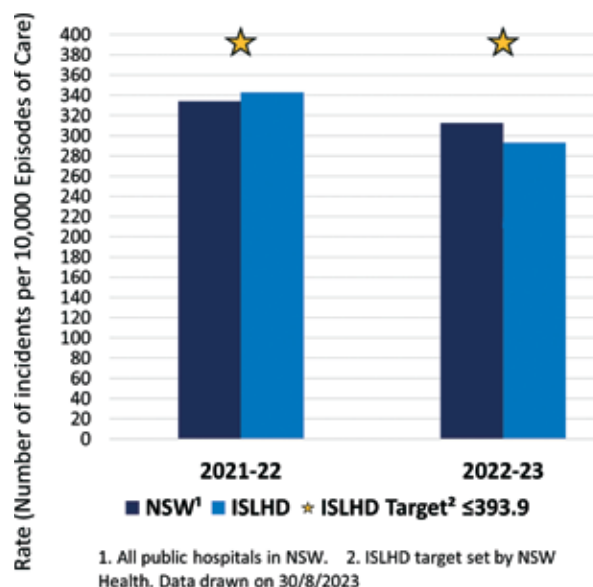
Unlike 1st and 2nd degree tears, 3rd and 4th degree tears go through the muscle or extend to the lining of the anus. 3rd and 4th degree tears usually require repair in an operating theatre.

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.

There were 60 cases of 3rd and 4th degree perineal tears in 2022-2023. Our rate of 293.255 per 10,000 episodes of care has improved from the 2021-2022 rate of 343.092. We are below both the Ministry target of 393.9 and the NSW average of 312.752 per 10,000 episodes of care.

## Vaginal Tears in Childbirth



## Continual Improvement



**Our ongoing prevention strategies include:**

- Monthly 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 using the Harm Score 2 Stage 4th Degree Perineal Tear template
- Use of the Perineal Protection Care bundle, including staff and consumer education
- Consumer information on antenatal perineal care given to all women at 36 weeks. Also, consumer information on vaginal tears and care is on the ISLHD Patient Information Portal (PiP) from the Australian Commission of Safety and Quality in Healthcare 3rd and 4th degree Perineal Tear Clinical Care Standard.

## Respiratory Complications

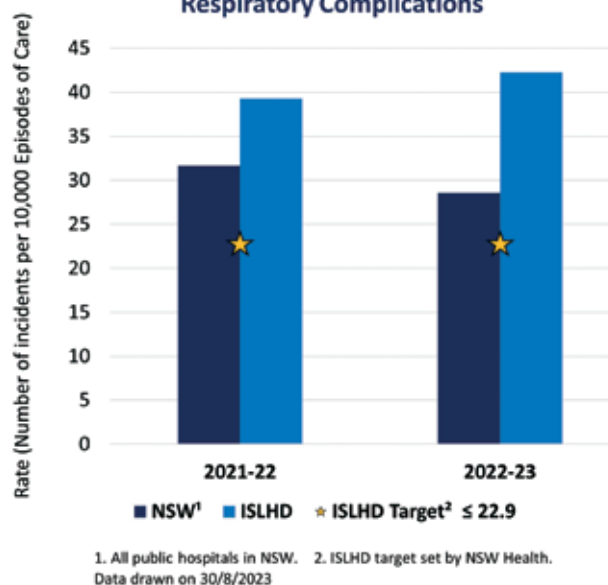
**Patients with respiratory failure and acute respiratory distress syndromes experience stressful symptoms. These can include extreme shortness of breath and heightened anxiety. Patients with aspiration pneumonia also have shortness of breath, cough and phlegm. They also experience fevers, sweats, fatigue 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 42.258 incidents per 10,000 episodes of care for 2022-2023. This equates to 305 patients with hospital acquired respiratory complications. This is higher than the NSW average rate of 28.566 per 10,000 episodes of care and the ISLHD target rate of less than 22.9 incidents per 10,000 episodes of care for 2022-2023.

## Hospital-Acquired Respiratory Complications





## Continual Improvement

Our ongoing prevention strategies include:

- Monthly monitoring and reporting of respiratory complications in hospital. Our most common type of respiratory complication is aspiration pneumonia
- A second review of aspiration pneumonia HACs has been completed. The additional strategies identified will be implemented along with the Oral Health Care education developed from the Don't Let it HAPpen (HAP- Hospital Acquired Pneumonia) Project, which decreased aspiration pneumonia rates at the 3 pilot wards Shoalhaven Hospital.



## Renal Failure

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



Hospital-acquired renal failure can lead to an increased length of stay, cost of admission and additional treatment complications or requirements.

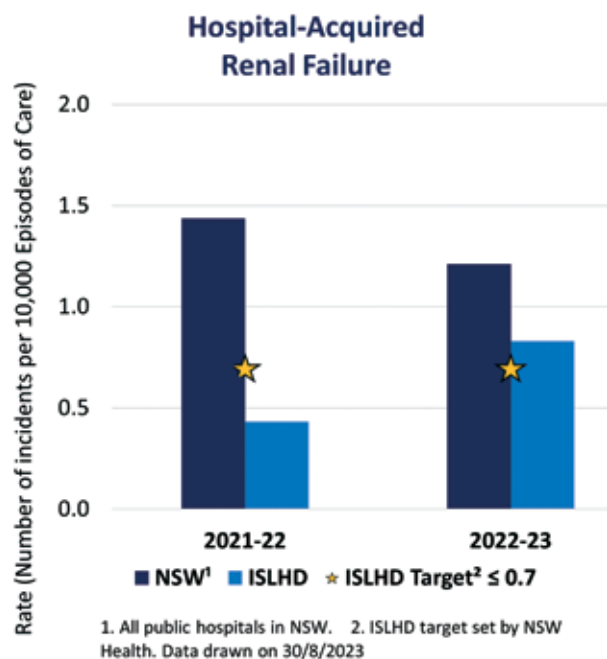
The condition also has an extremely high mortality rate of 50%.

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. 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 0.831 per 10,000 episodes of care in 2022-2023. This equated to only 6 patients. This result is below the NSW average rate of 1.212 per 10,000 episodes of care in 2022-2023.

## Continual Improvement

- Monthly monitoring and reporting of hospital acquired renal failure.



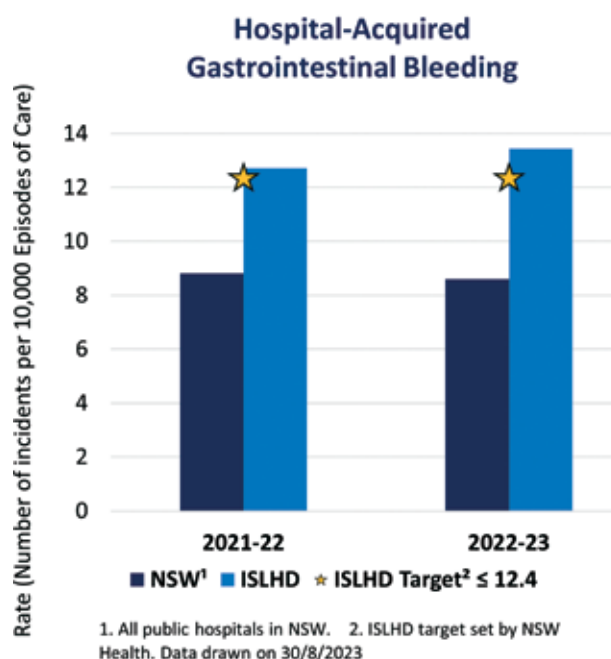
## Gastrointestinal Bleeding

**Patients with gastrointestinal bleeding experience symptoms that 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. Gastrointestinal bleeds are often associated with risk factors such as age, peptic ulcer disease, chronic renal failure, diabetes mellitus, and certain medications such as anticoagulants.

ISLHD reported a rate of 13.439 per 10,000 episodes of care, this was an increase from the 2021-2022 rate of 12.71. This equated to 97 patients. This is above the ISLHD target rate of less than 12.4 and the NSW average rate of 8.594 per 10,000 episodes of care.



## Continual Improvement

- Monthly 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**

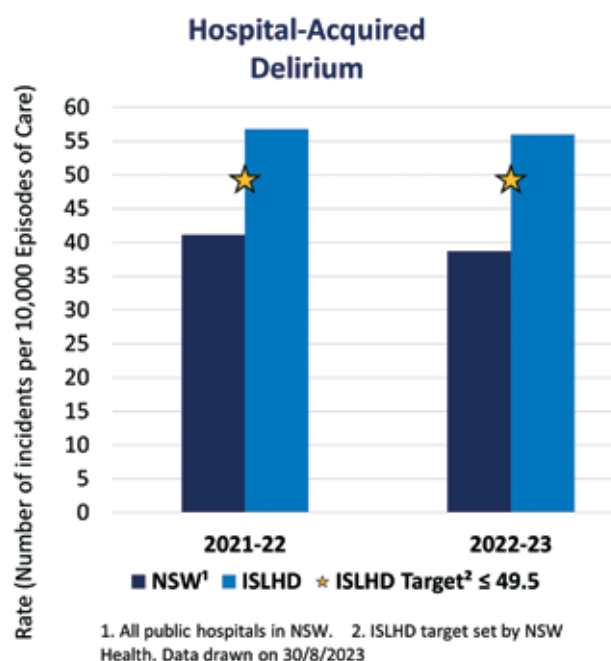


Symptoms develop over a short period of time and can fluctuate throughout the day. Signs and symptoms can include:

- Acting differently, emotional and behavioural changes
- Seem confused and forgetful, be unsure of the time of day and where they are
- Restlessness, fatigued and withdrawn, or they may swing between the two
- Change in sleeping habits, they may be wakeful at night and sleepy in the day
- See or hear things not clear to others, but very real to them.

Delirium leads to longer stays at hospital, increasing the risk for other complications such as falls. Delirium can increase the risk of dementia or worsen 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.

ISLHD had a rate of 55.974 incidents per 10,000 episodes of care for 2022-2023. This is above the NSW Health target of less than 49.5 and the NSW average.





## Continual Improvement

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

- An ISLHD delirium working group continues to implement improvement actions, including ISLHD-wide education and monitoring of delirium assessment
- Promoting care partnerships with the person and their family and carer
- 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) is in the evaluation stage.

## Persistent Incontinence

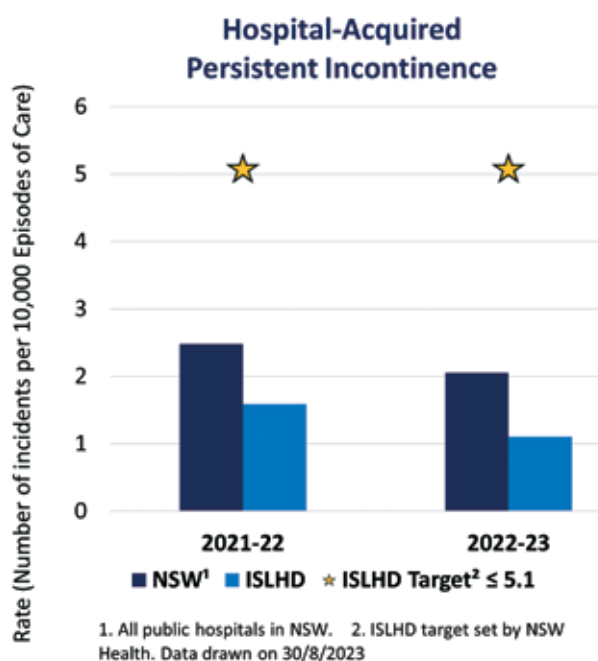
**Hospital-acquired persistent incontinence starts during a hospital admission. It is present on discharge or lasts for 7 days or more.**



Urinary incontinence is when a person is unable to control their 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 2022-2023 with 1.108 incidents per 10,000 episodes of care. This equates to only 8 patients. We remained below both the NSW Health target rate of 5.1 and the NSW average rate of 2.057 incidents per 10,000 episodes of care in 2022-2023.



## Continual Improvement

- Persistent incontinence that occurs in hospital continues to be accurately identified and reported monthly.
- Patients with multiple hospital acquired complications are regularly being reviewed by the clinical coding team to identify any coding errors.



## Endocrine Complications

Endocrine complications in hospital include:

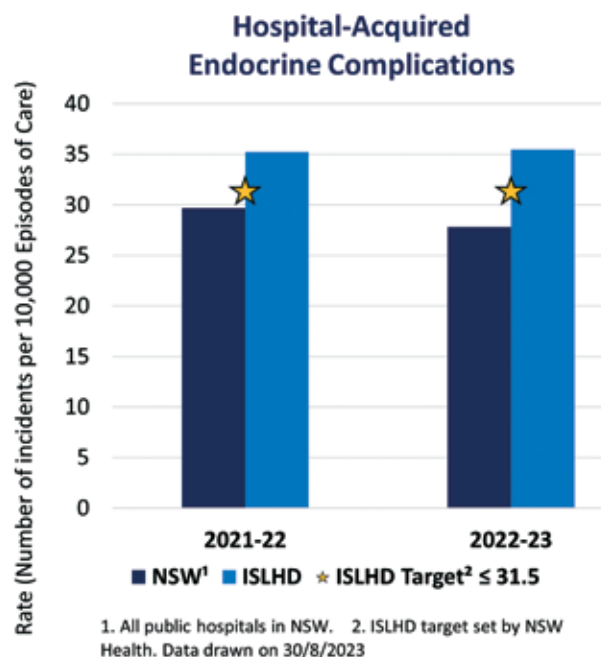


- **Malnutrition, a deficiency of nutrients such as energy, protein, vitamins and minerals.** It has negative effects on the body (reduced muscle and tissue), its function and on clinical outcome.
- **Hypoglycaemia, or low blood glucose,** caused by insulin. Insulin is a treatment for people with type 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 a person's 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 35.469 incidents per 10,000 episodes of care for 2022-2023. This is above the NSW Health target of a rate less than 31.5 and the NSW average rate of 27.811 incidents per 10,000 episodes of care.

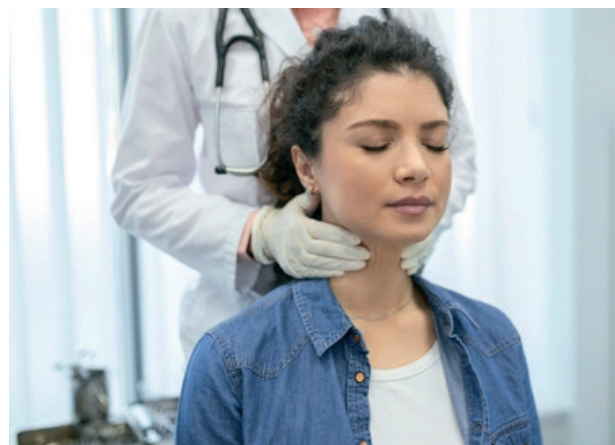


## Continual Improvement

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

**Strategies for prevention and management of malnutrition include:**

- Improved accuracy of the identification, documentation and coding 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 as per the Nutrition Care Policy with regular monitoring of compliance
- Introduction of early nutritional support for high risk patient groups
- Monthly review of all malnutrition complications using a standardised review tool



**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
- A project to reduce the hypoglycaemia rates at Wollongong Hospital continues, with an education package developed for clinical staff and improvement in the timing of insulin administration with meal delivery and Blood Glucose Level (BGL) monitoring.



## 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 decreased 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.



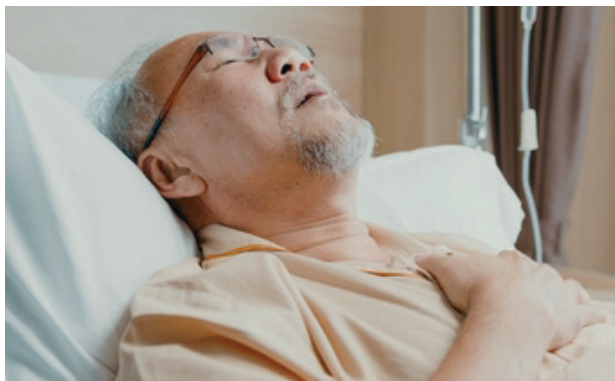
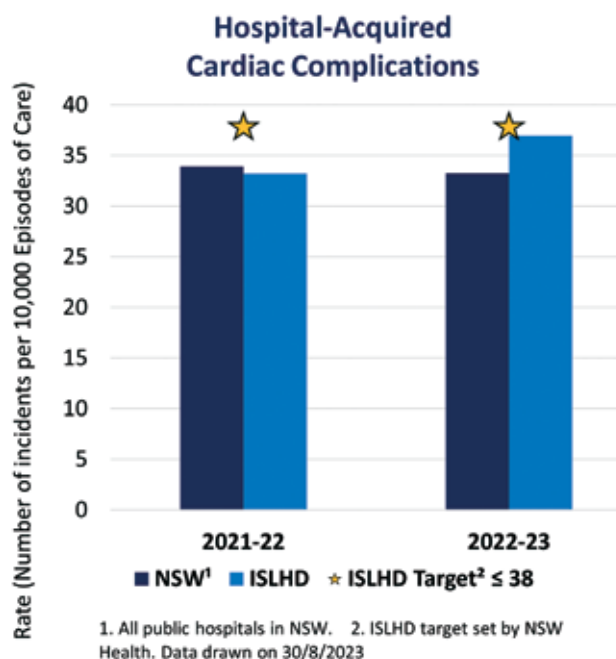
Cardiac complications in hospital may be caused by too much intravenous fluid, medicines not charted, or the onset of another cardiac event.

ISLHD achieved a good result for 2022-2023 with 36.993 incidents per 10,000 episodes of care. This is below the NSW Health target of a rate less than 38, however above the NSW average rate of 33.268 incidents per 10,000 episodes of care. This equates to 267 patients.

## Continual Improvement

**Strategies for the prevention and management of cardiac complications include:**

- Coronary artery bypass graft (CABG) project that is aiming to have a standardised approach to pre-optimisation for patients going for cardiac surgery. This includes medication management, prehabilitation with the multidisciplinary team and aiming to reduce post operative surgical complications such as wound infections, readmission rates, improved length of stay and improving the patient journey
- Improving documentation and assessment of Nicotine Replacement Therapy (NRT), providing NRT for all patients who currently smoke and are going for cardiac surgery (in patients and outpatients). With the aim of providing smoking cessation education for patients and carers, staff education and partnering with consumers information
- Cardiac monitoring and clinical observations project to change the process for patient monitoring. This is to improve patient safety for patients who require cardiac monitoring and improve the patient movement from coronary care units to the ward
- Improving our end of life care for patients with a comprehensive plan prior to attending our cardiac catheter lab
- Monthly audits of ISLHD Intensive care Unit admissions, Cardiology escalation calls, and catheter lab complication rates in our NSW Cardiac Registry data base
- Clinical pathways are in place for cardiac complications. This includes acute coronary syndrome, heart failure, atrial fibrillation and more
- Quarterly monitoring and reporting of compliance to the Acute Coronary Syndrome pathway and action plans implemented
- Quarterly monitoring and reporting of hospital acquired cardiac complication rates
- 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.



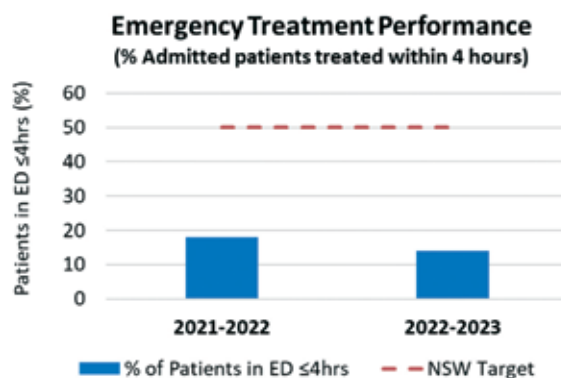
## Emergency Treatment Performance - Admitted

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

Target =  $\geq 50\%$

2021-2022 Result = 18%

2022-2023 Result = 13.9%



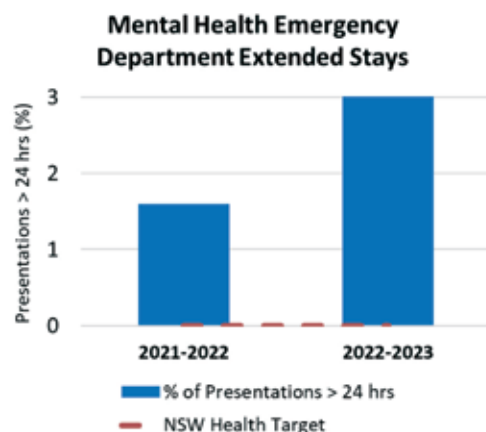
## Emergency Department Extended Stays

**Mental Health presentations staying in ED greater than 24 hours.**

Target = 0

2021-2022 Result = 1.6%

2022-2023 Result = 6%



## 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 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.

## Emergency Department Presentations

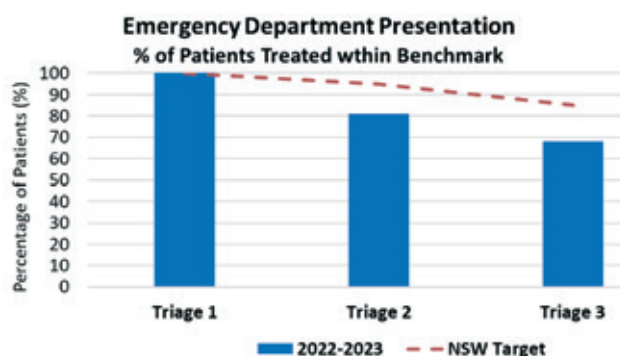
**Treated within Benchmark times (%)**

2022 -2023

Triage 1 = 100% Target = 100%

Triage 2 = 81% Target = 95%

Triage 3 = 68 % Target = 85%



## Inpatient Discharges From ED Accessible & Rehabilitation Beds By Middyay(%)

Target= 35%

2022-2023 Result = 30.2% (n=7290)



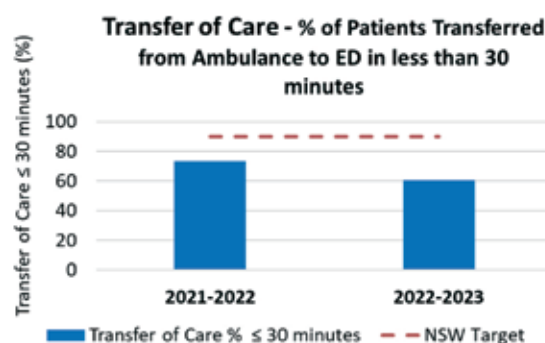
## Transfer of Care

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

Target = greater than 90%

2021-2022 Result = 73.1%

2022-2023 Result = 60.7%



## Improvement Strategies

- Emergency Short Stay Area (ESSA) model of care and utilisation at Wollongong and Shoalhaven Hospitals
- NSW Ambulance Alternate Pathway implementation
- Residential Aged Care Facility (RACF) Outreach Service Pilot project
- High Relative Stay Index review for aged care and medicine patients
- Weekend Discharges
- Early Discharge – 12 midday discharge length of stay model of care
- Shellharbour Psychiatric Emergency Care Centre (PECC) and Emergency Department Referral Pathway

## Elective Surgery Overdue- Number of Patients

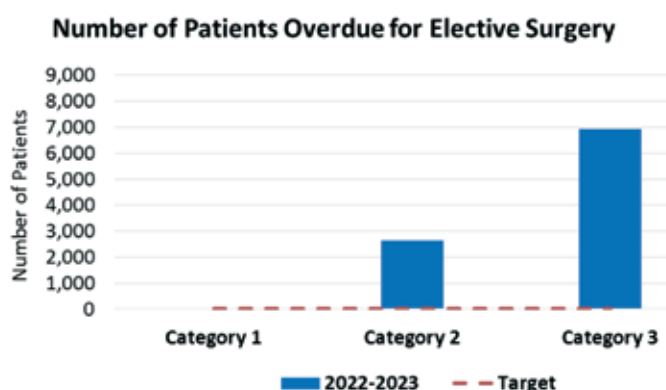
Target = 0

2022 -2023

Category 1 = 5 patients

Category 2 = 2654 patients

Category 3 = 6927 patients



## Elective Surgery Access Performance (ESAP)

**% of Patients Treated on Time**

2022 -2023

Category 1 = 99%

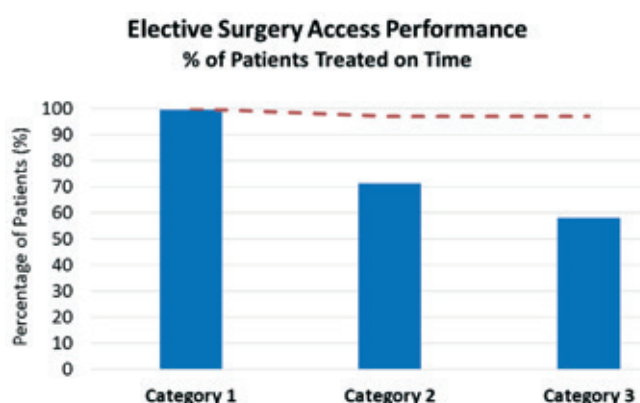
Target = 100%

Category 2 = 71%

Target = 97%

Category 3 = 58 %

Target = 97%



## Paediatric Elective Surgery Waiting List

	2021-2022	2022-2023
Target	1393	1348
Result	912	590
Variance from Target (Number)	-481	-10

## Improvement Strategies

Outsourcing of elective surgery continued in 2022-2023 as access to overnight beds continued to be an issue. 2,720 surgical procedures were successfully performed across 4 private facilities.

Both Wollongong and Shellharbour hospital operating theatres returned to full activity however Shoalhaven Hospital remains at 75% capacity due to ongoing Anaesthetic and nursing staff shortages.

A Virtual Hospital Ward initiative commenced to support same day discharge for clinically appropriate total hip

and knee replacement patients and has also commenced supporting other clinically appropriate surgical patients with early discharge.

District wide same day protocols are being developed for appropriate procedures which will support the current practices in place.

## Mental Health: Acute Seclusion Occurrence

### Rate of Episodes (per 1,000 bed days)

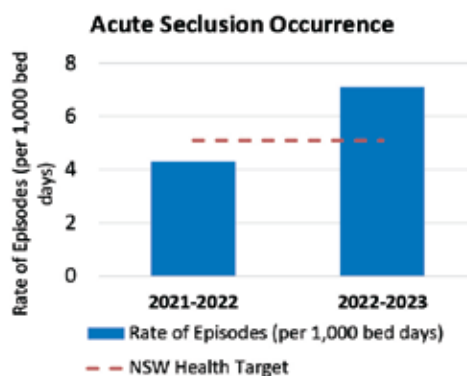
Target = less than or equal to 5.1 per 1000 bed days

2021-2022 Result = 4.3

2022-2023 Result = 7.1

### Acute Seclusion Frequency

2022-2023 Result = 2.7%



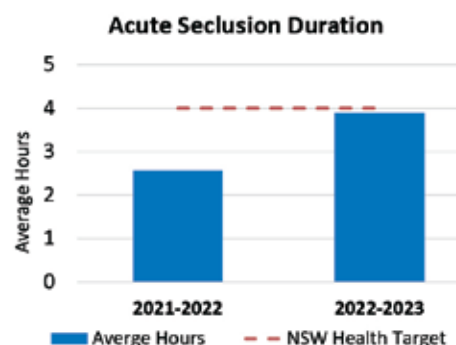
## Mental Health: Acute Seclusion Duration

### Average hours

Target = less than 4 hours

2021-2022 Result = 2.58 hours

2022-2023 Result = 3.9 hours



## Mental Health: Involuntary Patients Absconded

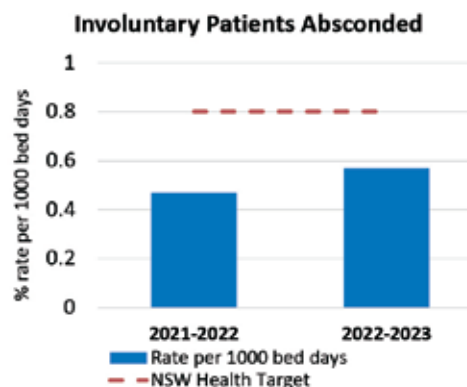
### Absconded from an inpatient mental health unit Incident Types 1 and 2 (Rate per 1,000 bed days)

- 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 = less than 0.8

2021-2022 Result= 0.47

2022-2023 Result= 0.57





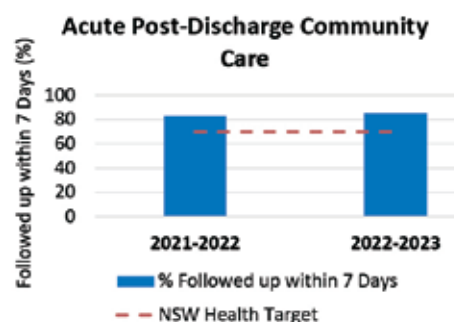
## Mental Health: Acute Post-Discharge Community Care

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

Target = 75%

2021-2022 Result = 83.2%

2022-2023 Result = 83.2%



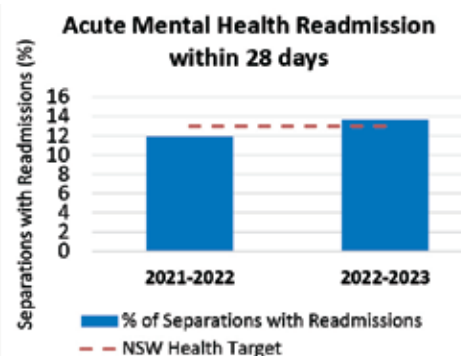
## Mental Health: Acute Readmission Within 28 Days

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

Target = less than or equal to 13%

2021-2022 Result = 11.9%

2022-2023 Result = 13.7%



## Unplanned Hospital Readmissions

**Within 28 days of separation**

Target- Reduction on previous year

Aboriginal persons

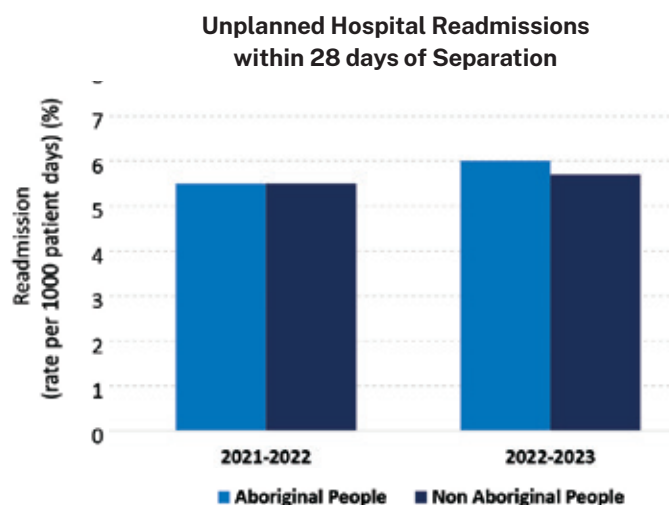
2021-2022 Result = 5.5%

2022-2023 Result = 6%

Non-Aboriginal person

2021-2022 Result = 5.5%

2022-2023 Result = 5.7%

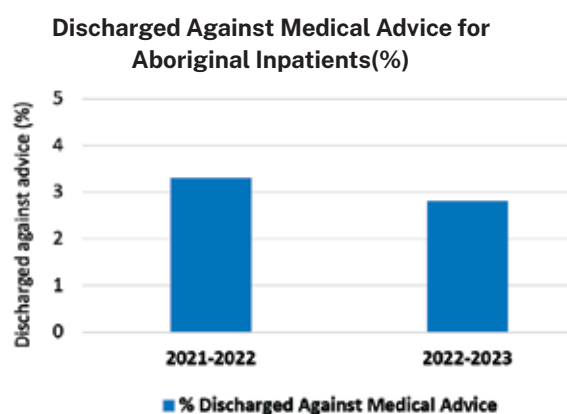


## Discharged Against Medical Advice for Aboriginal Inpatients (DAMA)

Target= greater than 1% decrease on previous year

2021-2022 Result = 3.3%

2022-2023 Result = 2.8%



## Improvement Strategies

- New ISLHD Aboriginal Health Dashboard - This dashboard is designed to be easy to use and simple to understand. It is designed to allow users across the ISLHD to gain meaning and insights at a glance as to how we are performing against key Aboriginal patient health improvement measures. It covers a range of key performance indicators relating to inpatients, the workforce, mental health and the emergency department. This dashboard will play an enormous part in the continuous improvement of care provided to Aboriginal and Torres Strait Islander patients and consumers
- ISLHD is regularly monitoring 'did not waits' (DNW) and 'discharge against medical advice' (DAMA) data with the new ISLHD Aboriginal Health 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 in navigating their hospital journey
- The LHD will continue to target Patient Experience Officer positions in the Shoalhaven and Wollongong Hospital emergency departments to support Aboriginal people when they present to the Emergency Departments and attempt to combat the number of DNWs
- Enhancing Aboriginal Workforce Representation: ISLHD is actively working to increase the number of Aboriginal staff employed in our emergency departments
- We are also continuously reviewing and updating the Hospital to Home Journey Booklet to ensure its effectiveness in supporting Aboriginal consumers through their hospital journey.

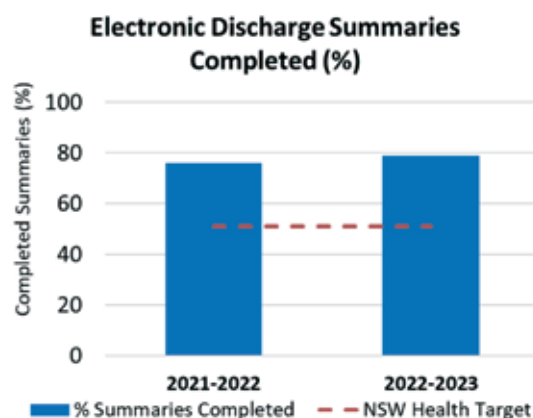
## Electronic Discharge Summaries Completed

**Sent electronically and accepted by General Practitioners (%)**

Target = greater than or equal to 51%

2021-2022 Result = 75.8%

2022-2023 Result = 79



## Improvement Strategies

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

The discharge summary audit compliance (based on the content requested by GPs) for 2022-2023 (n=45) is 89%.

A second phase of the project has commenced, with the development of:

- Staff Discharge Planning webpage
- Consumer webpage
- JMO orientation guide
- Consumer focus groups on information provided at discharge.



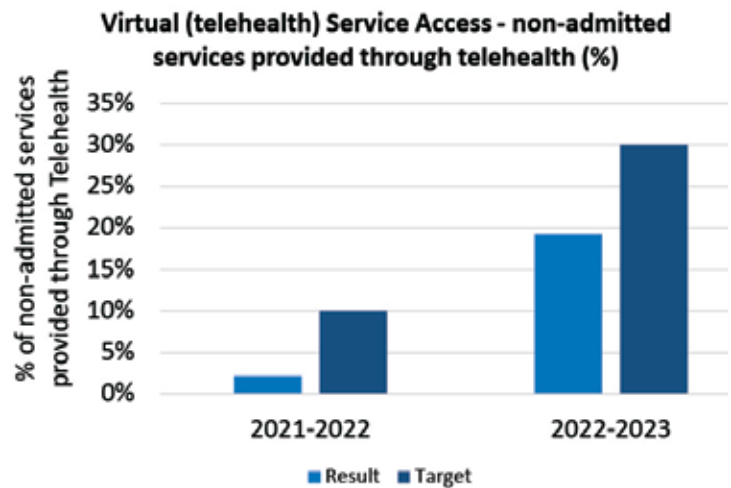


## Virtual Care (Telehealth) Service Access

**Non-admitted services provided through telehealth (%)**

Target = 10%  
2021-2022 Result= 2.2%

Target = 30%  
2022-2023 Result= 19.2%



## Improvement Strategies

The Virtual Care (Telehealth) Key Performance Indicator (KPI) has been identified as a stretch target with the desired outcome to ‘increase the use of virtual care to deliver services to patients in out of hospital settings’.

As a result, the measure 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.

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

## Potentially Preventable Hospital Services

Target = 20.4%  
2022-2023 Result= 20.1%

## Hospital In The Home Admitted Activity (%)

Target= 5%  
2022-2023 Result = 5.4% (n=2586)



## NSW Health Outcome 3: People are healthy and well

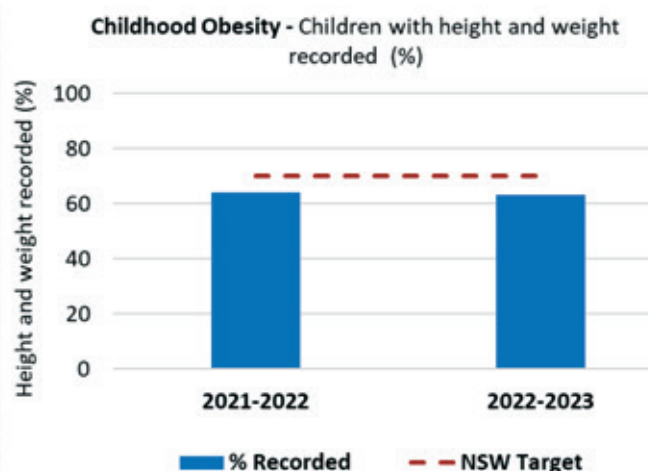
### Childhood Obesity

Children with height and weight recorded

Target 70%

2021-2022 Result = 64%

2022-2023 Result = 63%



### Smoking During Pregnancy

At any time during pregnancy per 1000 births

#### Aboriginal Women

Target = 2% decrease on previous year

2021-2022 Result = 34%

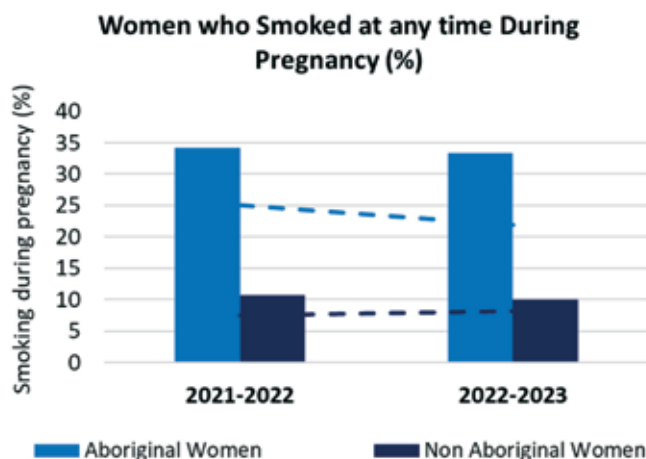
2022-2023 Result = 33.3%

#### Non Aboriginal Women

Target = 0.5% decrease on previous year

2021-2022 Result = 10.71%

2022-2023 Result = 10.17%



#### Improvement strategies

- Working in collaboration with the Health Promotion Team to improve quit smoking and vaping for Aboriginal women
- Child and Family Services are working with Maternity Services on the implementation of the Reduce Smoking and Vaping Policy.



### Pregnant Women Quitting Smoking

By second half of pregnancy per 1000 births

Target = 4% increase on previous year

#### Aboriginal Women

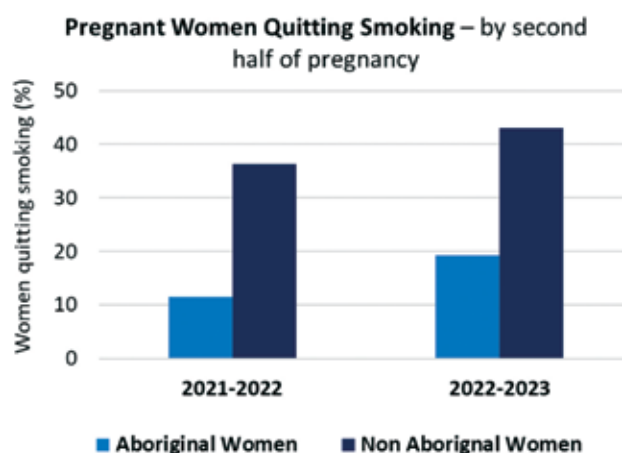
2021-2022 Result = 11.5%

2022-2023 Result = 19.2%

#### Non Aboriginal Women

2021-2022 Result = 36.3%

2022-2023 Result = 43.1%

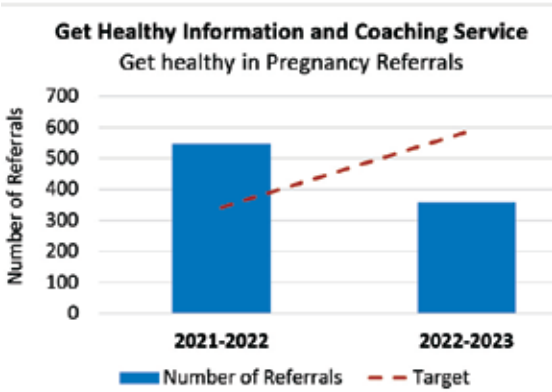




# Get Healthy Information and Coaching Service - Get Healthy In Pregnancy Referrals

2021-2022 Target = 342  
 2021-2022 Result = 547

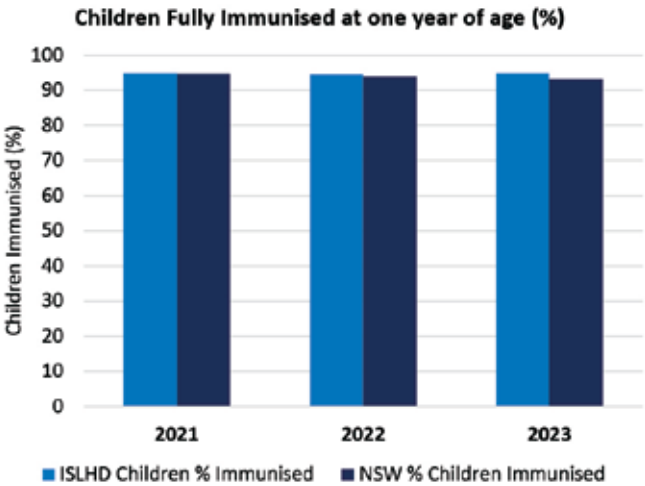
2022-2023 Target = 586  
 2022-2023 Result = 358



# Children Fully Immunised at One Year of Age (%)

Target = 95%

Year	2021	2022	2023
ISLHD % Children Immunised	94.8	94.4	94.7
NSW % Children Immunised	94.6	93.9	93.1



## Improvement Strategies

- ISLHD is again above the state average, and rates of immunisation have further increased this year, bringing us closer to the benchmark of 95%
- Work continues to help overcome ‘vaccine fatigue’ resulting from COVID-19. Attendance at early childhood community and education programs has occurred to promote vaccination with parents/carers

and educators, ensuring their knowledge is up to date and that immunisation remains a priority for our youngest patients

- Assisting general practices with catch up schedules and collaborating with Aboriginal Medical Services to provide catch up vaccination events is occurring including offering childhood checks, catch up schedules and vaccinations all at the one visit.



## Hospital Drug and Alcohol Consultation Liaison

The Ministry of Health has kept a baseline of 1300 for ISLHD. There were 4251 consultations in the 2022 - 2023 financial year, 327% above the baseline and 65% above the previous financial year's activity. Activity has increased with the recruitment of after-hours consultation liaison staff at Wollongong and Shellharbour Hospitals

### 2022 - 2023

Quarter	Number of Consultations	% Above Target
1	866	166%
2	649	99%
3	817	151%
4	1909	490%
Total	4251	327%



## Hepatitis C Antiviral (HCV) Treatment Initiation

The ISLHD treatment initiation target for 2022 - 2023 is 240 per year (20 per month).

2021-2022 Result = ISLHD services initiated 48 residents on treatment, equalling 20% of the 2020-2021 treatment target.

2022 - 2023 Result = ISLHD Services initiated 56 residents on treatment, equalling 23% of the 2022 - 2023 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 C Side Van** will offer Hepatitis C testing, fibro scanning, treatment, and education. It will expand Drug and Alcohol Services to the wider community. The ISLHD Viral Hepatitis Implementation committee also meets quarterly to discuss actions for our district.

**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 are providing point-of-care HCV testing providing the opportunity of HCV diagnosis within 1 hour of testing, increasing treatment initiation.



## Aboriginal Paediatric Patients Undergoing Otitis Media Procedures

2021-2022 = 12 patients

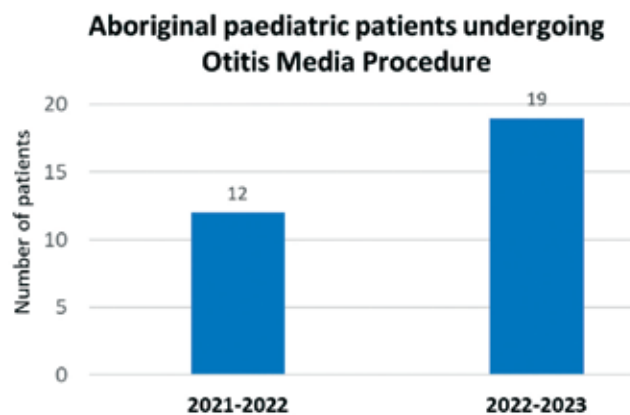
2022-2023 = 19 patients

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

2022-2023:

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



### Improvement Strategies

- To assist in addressing this gap in care delivery a proposal has been made for an outreach clinic to be held bimonthly at Nowra Community Centre specifically for the assessment of paediatric Aboriginal children who have been identified by an audiologist as having chronic otitis media.
- An ENT surgeon will assess children at this clinic and any children that require surgery will be booked and completed at Nowra Private Hospital under our existing current outsourcing agreements with local private facilities.

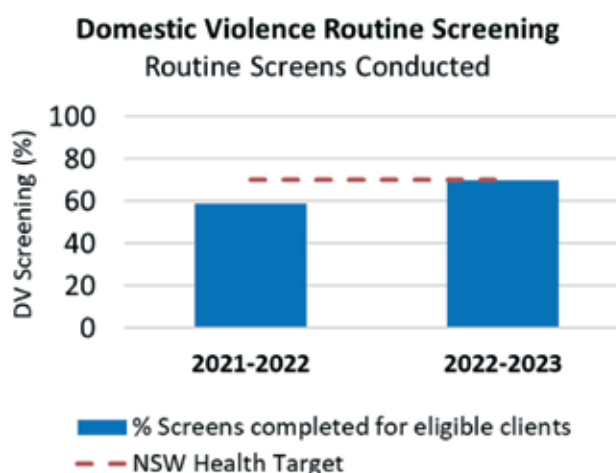
## Domestic Violence Routine Screening (DVRS)

### Routine screens conducted

Overall NSW State Target = 70%

2021-2022 Result = 59%

2022-2023 Result = 70%





## NSW first 2000 Days Implementation Strategy



### 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.

	Total
Births 2022/2023	4247
Completed 1 to 4 week	3812
	90%

## Sustaining NSW Families Programs

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

Target = 50%

2021-2022 Result = 40.7%

2022-2023 Result = 54.3%



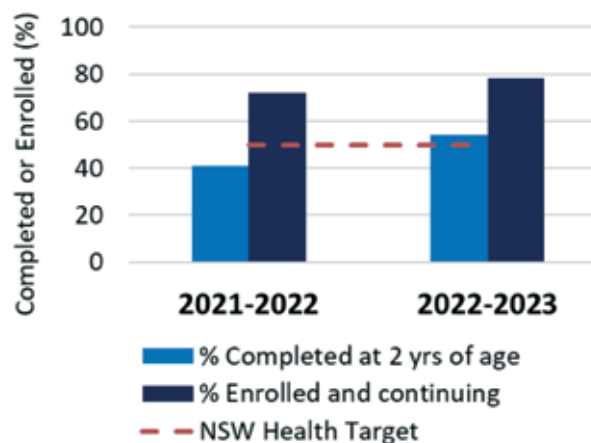
### Families enrolled and continuing in the program (%)

Target 65%

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

2022-2023 Result = 99 enrolled and 78% (n=99) continuing at 12 months

## Sustaining NSW Families Programs



## Improvement Strategies

- Staffing levels have increased with nursing positions almost filled and all Allied Health positions filled
- Referral rates have increased with an average number of 13 per month, uptake of the program is 84.6% once contact is made.
- Regular updates and in-services to relevant stakeholders continue to ensure timely and appropriate referrals.

## Mental Health Peer Workforce Employment

### Full Time Equivalents (FTE) (Number)

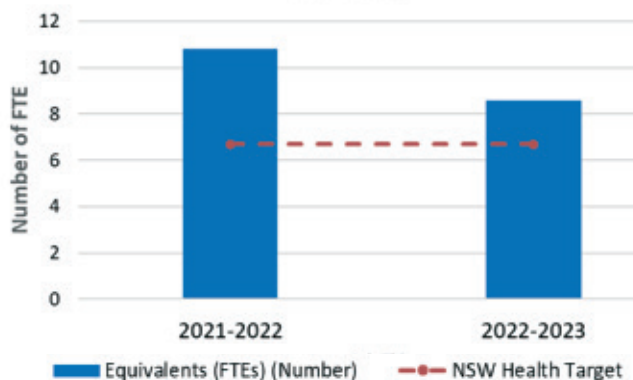
Target = 6.7 FTE

2021-2022 Result = 10.83 FTE

2022-2023 Result = 8.6 FTE



## Mental Health Peer Workforce Employment - Full Time



## BreastScreen Participation Rates

Target 55%

2021-2022 Result

Women aged 50-69 years = 45.4%

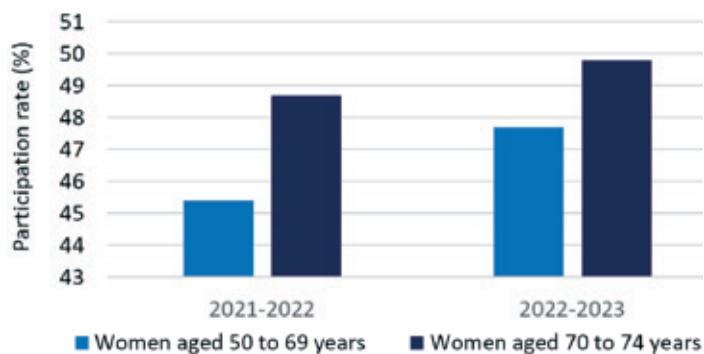
Women aged 70-74 years = 48.7%

2022-2023 Result

Women aged 50-69 years = 47.7%

Women aged 70-74 years = 48.7%

## BreastScreen Participation Rates %





## NSW Health Outcome 4:

### Our staff are engaged and well supported

#### Take Action - People Matter Survey

Target = any increase from previous year

2021-2022 Result= 32%

2022-2023 Result = 31%

#### STAFF ENGAGEMENT - PEOPLE MATTER SURVEY ENGAGEMENT INDEX

Target = any increase from previous year

2021-2022 Result= 60%

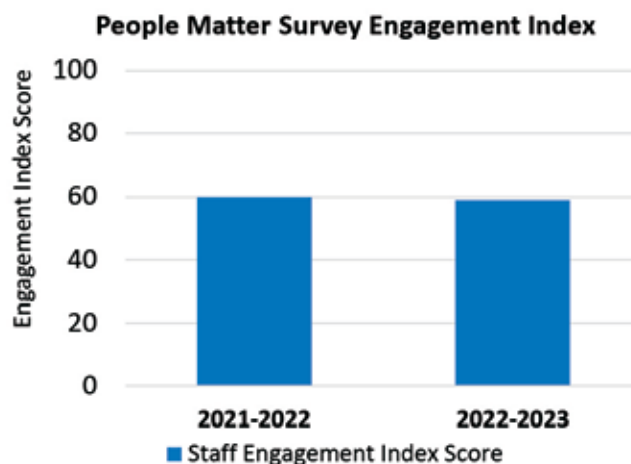
2022-2023 Result=59%

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

Target = greater than 5% decrease from previous year

2021-2022 Result= 6%

2022-2023 Result= 5%



#### Staff Performance Reviews Completed within the last 12 Months

Target = 100%

2021-2022 Result = 55.4%

2022-2023 Result = 62.6%



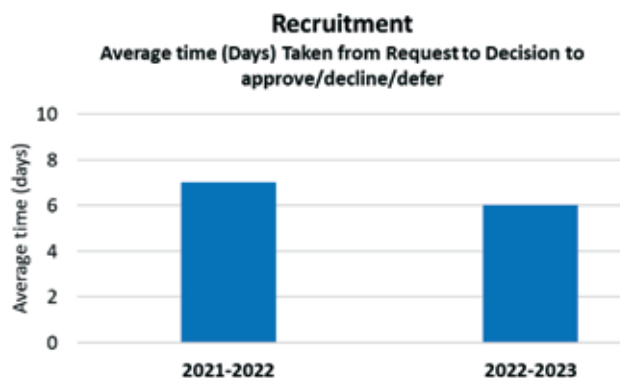
#### Staff Recruitment

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

Target = less than 10 days

2021-2022 Result = 7 days

2022-2023 Result = 6 days



# Aboriginal Workforce Participation

Target = 3

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

2021-2022 Result = 2.54%

2022-2023 Result = 2.60%

## EMPLOYMENT OF ABORIGINAL HEALTH PRACTITIONERS

2021-2022 Result = 3

2022-2023 Result = 2



# Compensable Workplace Injury - Claims

Target = 0

2021-2022 – 162, 16.1% decrease

2022-2023 – 192, 18.5% increase



## Improvement Strategies

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



# NSW Health Outcome 5:

Research and Innovation, and digital advances inform service delivery

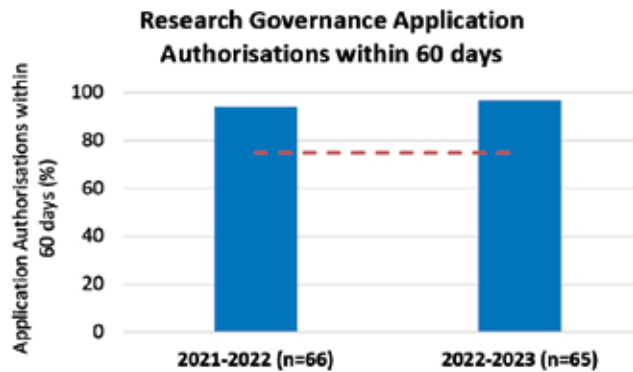
## Research Governance Application Authorisations

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

Target = 75%

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

2022-2023 Result= 97% (n=65)



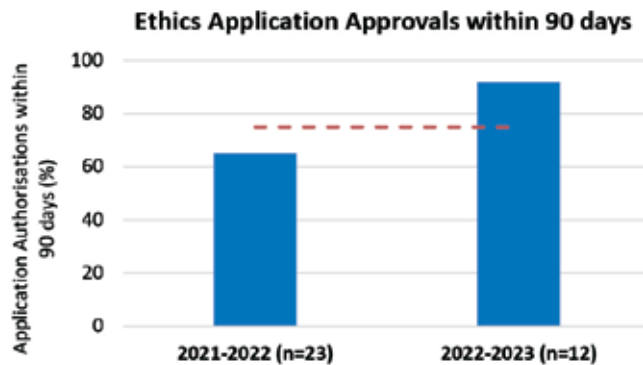
## Ethics Application Approvals

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

Target = 75%

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

2022-2023 Result= 91.67% (n=12)







## Improvement Strategies

ISLHD and the University of Wollongong (UOW) have made the mutually beneficial agreement to separate as a Health Research Ethics Committee (HREC) commencing 1 July 2023. UOW Ethics staff and committee members have provided 20 years of support and mentorship, however the time has come for ISLHD to align itself with other health organisations and to strengthen our rural and regional networks. ISLHD is pleased to announce its new partnership with Greater Western HREC.

This new partnership demonstrates ISLHD's commitment to building strong, collaborative relationships with other regional and rural health services, and aligns our District with other LHDs in managing the ethical review of health research. As part of the transition, the Research Office will also be providing on-site ethics support to staff across the district.



# 6. Future Plans- Safety and Quality Priorities 2023-2024

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

### ISLHD Strategic Delivery Plan

The Strategic Delivery Plan 2023-2028 is a crucial tool for ISLHD to achieve its goals and improve health outcomes as it sets out the strategic outcomes and focus areas to achieve ISLHD's vision of 'Excellent services, quality partnerships and healthy communities' over the coming five years.

This Strategic Delivery Plan is firmly rooted in the state-wide strategic direction Future Health: Guiding the Next Decade of Care in NSW 2022 - 2032.

Our Strategic Delivery Plan 2023-2028 focuses on six key strategic outcomes:



Patients and carers have positive experiences and outcomes that matter



People are healthy and well



Research and innovation, and digital advances inform service delivery



Safe care is delivered across all settings



Our staff are engaged and well supported



The health system is managed sustainably

The Strategic Delivery Plan is supported by a Strategic Implementation Plan and a number of district-wide plans. Each year, our Annual Planning process details the initiatives needed to achieve our aims outlined in the Strategic Delivery Plan.

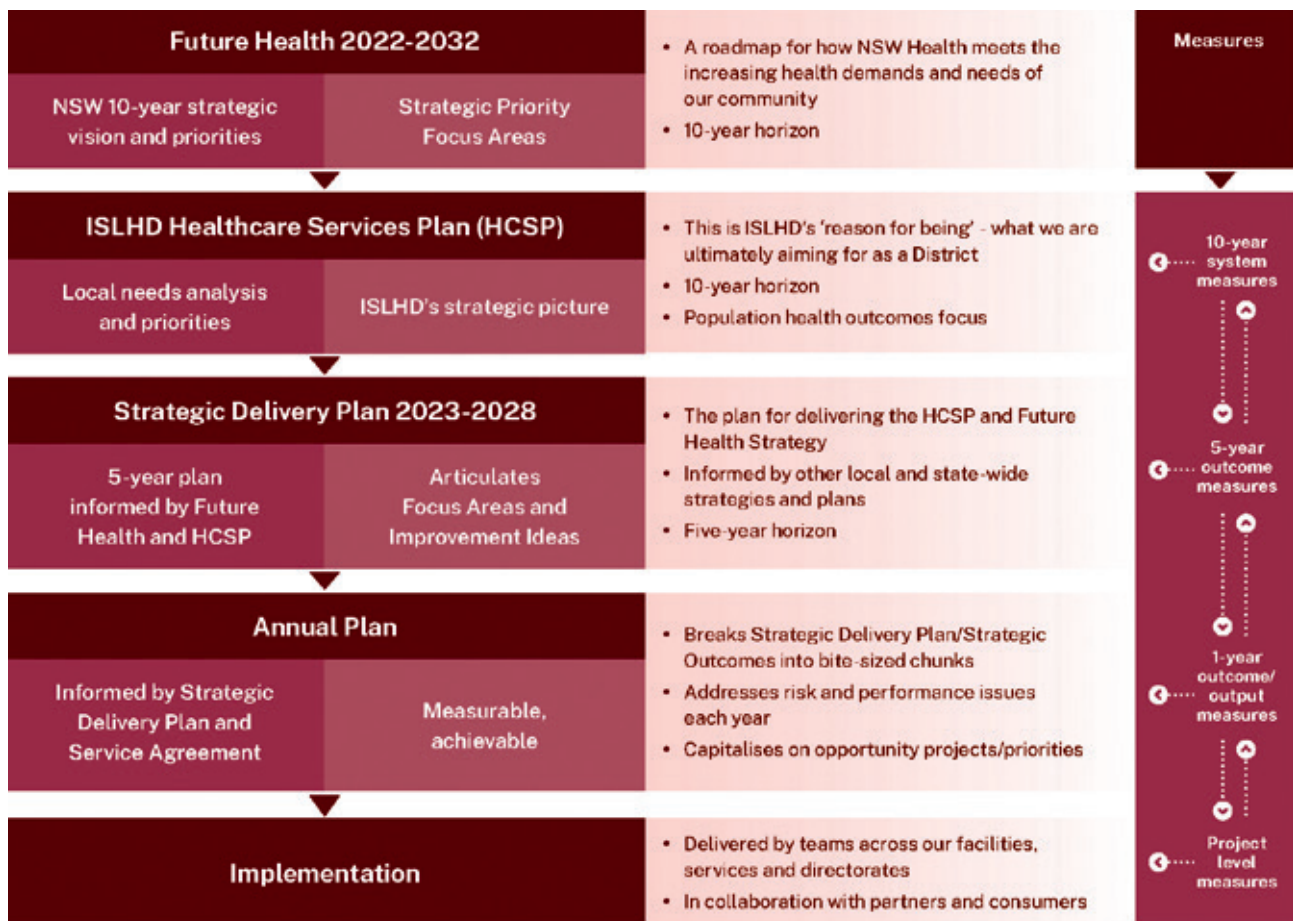
### ISLHD Strategic Implementation Plan

A corresponding ISLHD Strategic Implementation Plan 2023-2028 has been developed to achieve the goals articulated in the Strategic Delivery Plan. The Implementation Plan has been formulated in consultation with the ISLHD Executive and their teams. The Implementation Plan outlines specific steps and actions necessary to achieve the strategic objectives over the next five years. It is proposed that the Implementation Plan will be used during the annual planning process to inform agreed actions.

The Strategic Delivery Plan will be used to inform ISLHD's annual planning process. Each year, ISLHD teams will use the Strategic Delivery Plan and the Strategic Implementation Plan to identify implementation priorities.

The below diagram demonstrates how the Strategic Delivery Plan fits into the broader state-wide strategic direction and how the plan interrelates with other existing local plans.





## How will we know we have achieved this plan?

The plan contains long-term outcome measures for each strategic outcome. These outcome measures will be taken at baseline and after five years. Additionally, ISLHD annual plans will include process measures and will be measured annually.

An annual report will be developed against this Strategic Delivery Plan that describes strategic actions achieved in the previous year.

The Strategic Delivery Plan will be reviewed, including analysis of progress against its focus areas and goals, which will occur in year three and year four.





# Annual Focus Areas, Key Actions and Projects

Healthcare organisations such as ISLHD require both long-term strategies and short-term plans to navigate the ever-changing healthcare landscape successfully.

Long-term strategies offer a clear vision, aiding in adaptation to changes, resource allocation, stakeholder alignment, and strategic partnerships.

Short-term plans such as the Annual Plan, translate these strategies into actionable steps, ensuring operational clarity, accountability, flexibility, performance monitoring and resource efficiency.

The 2023-2024 Annual Plan:

- Outlines specific goals and priorities for the upcoming year
- Details actionable steps and tasks to achieve those goals
- Allocates responsibilities, timelines, and measures of success for each task
- Provides a roadmap for monitoring progress and adapting to changing circumstances.

## STRATEGIC PRIORITY 1:

Patients and carers have positive experiences and outcomes that matter

Focus Area	Key Actions / Projects
<b>Provide consumer driven care with compassion and cultural safety</b>	Expand hospital substitution and admission avoidance programs (including Virtual Hospital Ward [VHW] and Hospital in the Home [HITH] expansion)
	Implement National Disability Insurance Agency (NDIA) Discharge Assessment template to facilitate safe and timely discharge of National Disability Insurance Scheme (NDIS) participants
	Deliver consumer and community consultation, engagement and codesign options across ISLHD services, utilising the recommendations from “Elevating the Human Experience” and “All of Us: A guide to engaging consumers, carers and communities across NSW Health”
	Implement Voluntary Assisted Dying framework and services
<b>Improve Aboriginal patient experience</b>	Implement year two of the ISLHD Aboriginal Mental Health and Wellbeing Strategy
	Complete and report against the Transforming Aboriginal Health Action Plan



## STRATEGIC PRIORITY 2: Safe care is delivered across all settings

Focus Area	Key Actions / Projects
<b>Provide safe and timely access to care</b>	Access and flow improvement program: multiple Initiatives with a focus on alternate models of care to support Emergency Department (ED) avoidance, access to timely care and the care of patients with complex needs
	Develop bed capacity across ISLHD to respond to demands, particularly for patients waiting for Residential Aged Care Facility (RACF) placement, including outsourcing additional Transitional Aged Care Program (TACP) beds
	Implement outpatients program
	Implement revised clinical leadership and medical workforce model for obstetrics
	Implement strategies to reduce the number of endoscopy Category A overdue patients
	Implement strategies to reduce overdue patients on elective surgery waitlist to zero
	Review Clinical Governance Framework (assurance, committee structures and accountability)
<b>Deliver Integrated models of care</b>	Expand Virtually enhanced Community Care (VeCC) Virtual Hospital Ward (VHW) activity with a focus on the most beneficial diagnosis related groups for VHW.
<b>Improve patient outcomes</b>	Implement District Healthcare Associated Complication (HAC) action plan

## STRATEGIC PRIORITY 3: People are healthy and well

Focus Area	Key Actions / Projects
<b>Elevate and prioritise Closing the Gap</b>	Implement agreed changes to Aboriginal Health Strategy
	Implement strategies across ISLHD to increase Aboriginal and Torres Strait Islander employment rates
<b>Strengthen partnerships</b>	Update Aboriginal Health Partnership Agreement in collaboration with the Aboriginal Community Controlled Health Organisation.
	Implement Respiratory collaborative commissioning project with the Primary Health Network (PHN) to support better pathways for care for our consumers across ISLHD and Southern Local Health District.

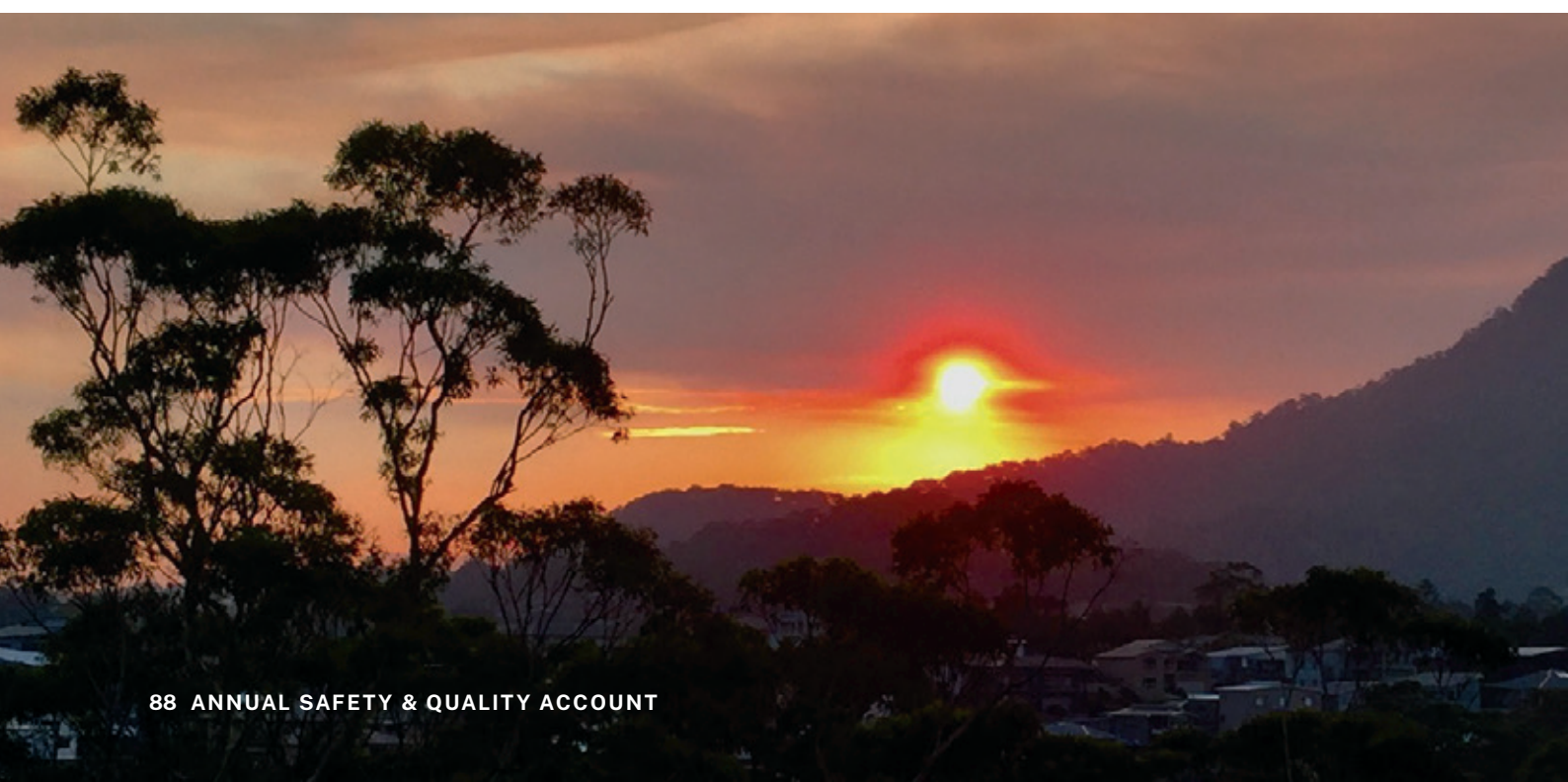


## STRATEGIC PRIORITY 4: Staff are engaged and well supported

Focus Area	Key Actions / Projects
<b>Build safe and positive work environments</b>	Continue to implement ISLHD organisational redesign to meet future health needs
	Review outcomes of the colleague wellbeing project and develop ISLHD Wellbeing Strategy
<b>Grow and empower our people</b>	Develop workforce diversity, inclusion and belonging strategy
	Develop Talent Management Strategy
	Deliver the Allied Health workforce Strategy
	Develop and implement Medical workforce and leadership strategy

## STRATEGIC PRIORITY 5: Research, innovation and digital advances inform service delivery

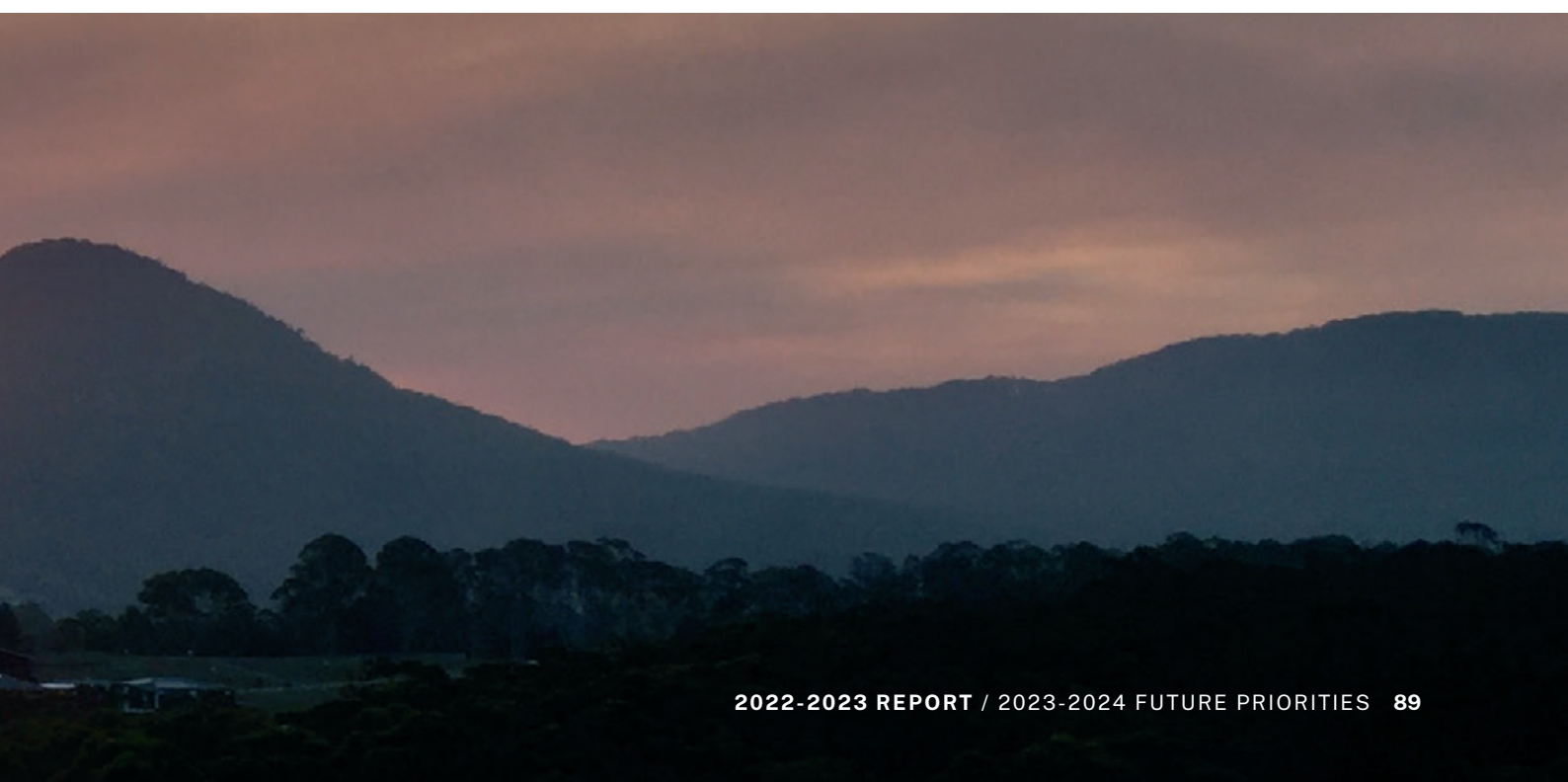
Focus Area	Key Actions / Projects
<b>Advance health data and analytics</b>	Develop the analytics and information strategy
<b>Accelerate digital investment</b>	Prepare for single digital patient record (SDPR)
<b>Embrace research as the frontier for innovation</b>	Develop ISLHD Research Strategy
	Translate innovate health and medical research into evidence-informed policy and safe clinical practice





## STRATEGIC PRIORITY 6: Health system is managed sustainably

Focus Area	Key Actions / Projects
<b>Deliver services in financially sustainable way</b>	Deliver against Efficiency Savings Initiatives (part of financial sustainability plan) include full time equivalent (FTE) affordability
	Shoalhaven financial efficiency program
	Optimisation of own source revenue
	Maintain project plan compliance for nursing and midwifery workforce and continue nursing and midwifery workforce working group. Maintain implementation of nursing hours per patient days or the newly legislated safe staffing levels
	Develop a Wollongong Health Precinct Strategy and commence master planning for Wollongong Hospital redevelopment
	Develop a Clinical Services Plan (CSP) for Milton Ulladulla Hospital
	Deliver against design and construction of the Shoalhaven Hospital redevelopment
	Deliver against design and early works components of the new Shellharbour Hospital and integrated services project
	Complete Port Kembla Hospital decant and closure
	Implement state-wide Procurement Reform Program
	Develop Business Continuity Plan
	Develop a delivery performance framework
	Review of corporate staffing locations aligning with the decant of staff from the Port Kembla Hospital site
<b>Commit to an environmentally sustainable footprint</b>	Build governance structure to lead ISLHD's environmental sustainability transition



# Safety & Quality Priorities and Initiatives 2023-2024

## Delirium risk identification, assessment and management

Reducing the incidence of hospital acquired delirium is a key initiative for Illawarra Shoalhaven Local Health District (ISLHD). For 2022/2023, the incidence of delirium across the Local Health District (LHD) has been consistently above the NSW average.

Delirium is a serious medical condition and appears as a sudden change in mental function. Symptoms for delirium occur suddenly, and involve changes to a person's physical and mental state. Someone with delirium may:

- appear confused and forgetful
- be unsure of the time of day or location
- be unable to pay attention
- act differently from their usual self
- have changes in their function i.e. mobility, ability to care for themselves
- be very agitated, sleepy, quiet and withdrawn, or a combination of these
- have changes to sleeping habits, such as staying awake at night and being drowsy during the daytime
- feel fearful, upset, irritable, angry or sad
- see things that are not there, but that seem very real to them
- lose control of their bladder or bowels (incontinence).

An ISLHD Delirium Working Group has completed a gap analysis against the best practice Australian Commission of Safety Quality in Healthcare - Delirium Clinical Care Standard, to identify improvement actions. Completed actions include revising the delirium policy to guide care and management of patients with delirium as well as ongoing staff education and training using the 4AT delirium rapid assessment screening tool. Furthermore a dedicated intranet site has been created as a one-stop source of delirium information.



A postoperative delirium project titled Improving detection, management and prevention of delirium to improve patient outcomes and staff competence, has commenced. This is a multi-site study on post-operative delirium in collaboration with the University of Wollongong.

This project is exploring how developing, implementing and evaluating a postoperative delirium protocol by peri anaesthetic clinicians effect patients, family, carers, practitioners and healthcare services and costs in metropolitan, regional and rural LHDs.

The project is measuring outcomes associated with increased delirium detection, increased nurses' competence and confidence, decrease adverse events e.g. falls, longer lengths of stay, relocation to nursing home, and is currently in the post intervention data collection phase.

Preliminary results have shown that nurses' confidence and competence to detect and manage delirium have increased with feedback from participants describing self-reported practice changes associated with increased use of assessment tools, increased awareness of risk factors, triggers and causes (of delirium), using non-pharmacological strategies first, early escalation to the medical team, and improvements in documentation.

### Aligned to Future Health & ISLHD Strategic Outcomes

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

## Suicide and Self Harm risk identification, assessment and management in non-mental health settings

Improving suicide and self-harm risk identification, assessment, and management in non-mental health settings will be a safety and quality priority for 2023-2024. A Suicide and Self-Harm working party was set up at the end of 2022 to lead this work.

To date a Suicide, Self-Harm and Deteriorating Mental State webpage has been developed and includes:

- Policies and procedures for recognising and responding to deterioration in a person's mental state.
- Processes for partnering with consumers, and their families and carers. Identifying mental health needs, risks, early warning signs and individual management strategies.
- Assessment processes to identify the cause of deterioration in a person's mental state.
- Rapid referral processes to specialist mental health services. Or, for delirium investigation and management as appropriate.
- Prescribed escalation protocols, to consultation liaison services, Emergency Department (ED) Clinical Nurse Consultants and/or Mental Health Services. This includes (but is not limited to) the Mental Health Suicide Pathway.
- Screening, assessment and escalation processes for Community Services.
- Training resources for staff.

Work will continue to provide staff with training so when patients, carers and/or families are concerned about acute physical or mental state deterioration, they are encouraged to talk to their treating team and if they feel their concerns are not addressed activate the REACH (Recognise, Engage, Act, Call, Help is on the way) process. REACH has been implemented in all inpatient services across ISLHD, including EDs and Mental Health Services.



Online training in suicide prevention is required to be completed by all staff, and clinical staff also will continue to receive face to face training in suicide prevention which focusses on how to ask consumers questions about self-harm and suicide, to improve screening, assessment, and documentation.

Monitoring of the screening, assessment, management, and escalation of patients with a suicide or self-harm risk has been established with a quarterly audit. The initial baseline and follow-up audit results following the first round of training showed that screening and/or assessment of the audit sample improved from 65% to 88%. Over the next 12 months, the working party plans to provide non-mental health staff with additional education and support on the use of safety plans and the Carer Top 5 tool.

### Aligned to Future Health & ISLHD Strategic Outcomes

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



# Aboriginal Mental Health and Wellbeing Strategy

In May 2023 Illawarra Shoalhaven Local Health District Aboriginal Mental Health and Wellbeing Plan was officially launched. The plan is a three-year guide for how ISLHD can support the mental health and wellbeing of our Aboriginal and Torres Strait Islander communities.

This plan has been developed with representation from Aboriginal community members from across the District. People shared their expertise and insights to assist with the development of this plan in several ways including yarn ups and sharing personal and family stories from those with a lived experience of mental health illness and mental health services.

The plan will guide our focus on providing care in a way that culturally supports, strengthens, and values the mental health and wellbeing of our Aboriginal people, including their carers and family.

The next twelve months the focus will continue to be:

- Developing relationships and building regular working groups for Aboriginal Mental Health and Drug & Alcohol Collaboration
- Aboriginal Consumer Pathway - mapping all services including ISLHD and Aboriginal Community Controlled Health Organisations
- Building and Embedding Culturally Safe Mental Health Treatment Guidelines - what questions to ask, what documentation to use, how to involve family, which external partners to access, how an Aboriginal health worker can help, examples of ways to bring culture into treatment
- Aboriginal Workforce Strategy - building the Aboriginal Mental Health workforce
- Aboriginal Cultural Supervision - delivery of cultural supervision to non-Aboriginal staff, including ways to embed cultural considerations into the existing clinical supervision program

Identified Aboriginal Mental Health positions are growing in numbers. This includes new Aboriginal identified positions:

- Aboriginal Mental Health Workers
- Aboriginal Mental Health Trainees; one each in the Shoalhaven and Illawarra Community teams,
- Aboriginal Mental Health & Wellbeing Navigator
- Aboriginal Mental Health & Wellbeing Peer Worker in district roles based at Shellharbour hospital.
- Aboriginal Health Assistant in the Sub-Acute Mental Health unit (Shoalhaven Hospital)
- Aboriginal Clinical Leader and an Aboriginal Mental Health Clinician position that will be working within the Safeguards community team (working with children and adolescents experiencing acute mental health crisis).

Alongside the Aboriginal workforce we are working together with our non-Aboriginal staff ensuring they have the required resources, knowledge and confidence to work with Aboriginal people accessing the Mental Health services across the district with cultural supervision and yarning circles for mental health staff, building on the Respecting the Difference and Be the Difference district training.



## Aligned to Future Health & ISLHD Strategic Outcomes

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

## Improvement of Hospital Acquired Complication rates

Hospital Acquired Complications (HACs) are patient complications that occur after admission to hospital for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. HACs are a patient safety concern, leading to longer stays in hospitals and a poor outcome for the patient. In ISLHD, HAC rates have been monitored, reported, reviewed and quality improvement strategies implemented since 2018.

In 2022-2023, the ISLHD HAC Working Party and projects in the Safety and Quality Program have focussed on reducing:

- Haemorrhagic Disorders to circulating anticoagulants (medication complication) HAC rates
- Hypoglycaemia (low blood glucose) HAC rates at Wollongong Hospital
- Urinary tract infections following general surgery at Wollongong Hospital
- Aspiration pneumonia HACs.

Other working parties have also been focussing on the recognition and management of falls, sepsis and delirium (which can be both community and hospital acquired).

Reduction of HAC rates will remain a continued safety & quality priority for ISLHD over the next year.



### **Aligned to Future Health & ISLHD Strategic Outcomes**

- Safe care is delivered across all settings



# 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

21.09.23

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

Signed



Position

Chief Executive

Name

Margot Mains

Date

19.09.23

#### 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



### 2023 Winners

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 of Healthcare Standards (ACHS) Awards and NSW Premiers Awards.

### Chief Executive and Overall Winners Award

The **Transforming Patient Care from Hospital to Home Project** aims to utilise a patient-friendly virtual platform to monitor health and wellbeing. The Virtual Home Ward (VHW) aims to (i) support patients to recover at home and (ii) reduce lengths of stay in acute hospitals. Patients admitted to VHW receive daily clinical care and review by a multidisciplinary team, including remote monitoring of their clinical observations alongside virtual clinical consultations via an ISLHD provided tablet and equipment. Since commencement, more than 700 patients have been admitted to the VHW for an average of three days, releasing more than 1,600 bed-days in acute hospital settings.

### Nominated for NSW Premiers Awards

#### Category 1 - Integrated Value Based Care

##### *Reducing Haemodialysis Permacath Exit Site Infections*

Renal Haemodialysis Unit, Wollongong Hospital  
Renal Services

Nominated for NSW Health Innovation Awards  
Special Commendation:

##### *Virtually Enhanced Community Care*

Virtual Hospital Ward

#### Category 3 – Excellence in the Provision of Mental Health Services

##### *Adult Suicide Care Pathway*

ISLHD Mental Health Service

Nominated for NSW Health Innovation Awards

#### Category 4 - Health Research and Innovation

##### *Uptake and Impact of the Early Notification Care Bundle for Patients with Hip Fracture (eHip)*

ISLHD Emergency Services

Nominated for NSW Health Innovation Awards

#### Category 5 – Keeping People Healthy

##### *Breathing for Two: Managing Asthma During Pregnancy*

Respiratory Medicine Outpatients, Wollongong Hospital

Nominated for NSW Health Innovation Awards

#### Category 6 – Patient Safety First

##### *Pain as Usual but Forgotten*

Geriatric and Orthopaedic Geriatric Ward, Wollongong Hospital

Nominated for NSW Health Innovation Awards

#### Category 7 – People and Culture

##### *Kindness on Wheels*

SEED Program, Clinical Governance Unit

Nominated for NSW Health Innovation Awards

#### Category 8 – Transforming Patient Experience

##### *Transforming Patient Care from Hospital to Home*

Intensive Care Unit, Virtually Enhanced Community Care, Ambulatory and Primary Health Care

Nominated for NSW Health Innovation Awards

Nominated for the Australian Council of Healthcare Standards Awards

Category: Clinical Excellence and Patient Safety

**Category 10 – Staff Member of the Year  
Joint Winners**

*Associate Professor Spiros Miyakis,  
Co-Director Division of Medicine*

ISLHD Nomination for NSW Health Staff Member  
of the Year Award

Nominated for NSW Health Innovation Awards

*Associate Professor Bruce Ashford,  
Clinical Director Illawarra Health Medical  
Research Institute*

ISLHD Nomination for NSW Premiers Public  
Servant of the Year Award.

Nominated for the NSW Premiers Public Servant  
of the Year Award

**ACI Rural Health Awards – Shortlisted projects**

*Transforming Patient Care from  
Hospital to Home*

Intensive Care Unit, Virtually Enhanced  
Community Care, Ambulatory and Primary  
Health Care

*Geriatric Screening Pilot Project*

Shoalhaven Cancer Care Centre, Cancer Services

**ISLHD's NSW Premiers Awards Nominations**

*Adult Suicide Care Project*

ISLHD Mental Health Services: Category –  
Excellence in Service Delivery

Combined Project nomination

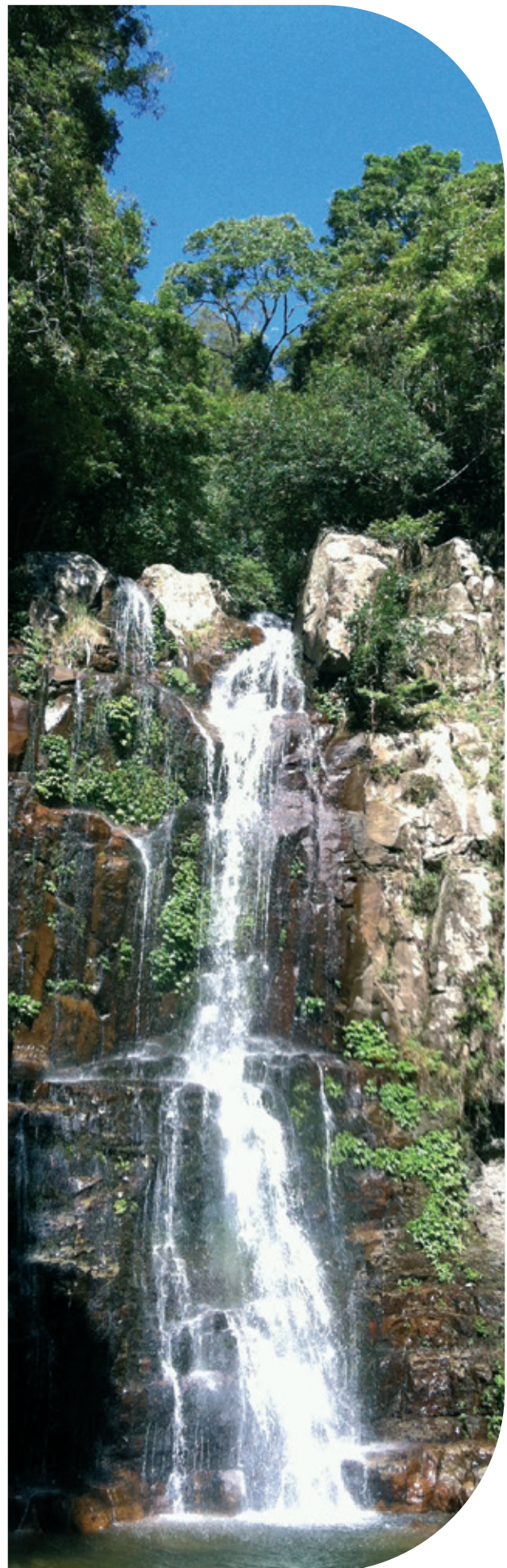
*Transforming Patient Care from Hospital  
to Home and Virtually Enhanced  
Community Care – Joint Initiative*

Intensive Care Unit, Virtually Enhanced  
Community Care, Ambulatory and Primary Health  
Care and Virtual Home Ward:  
Category - Excellence in Service Delivery

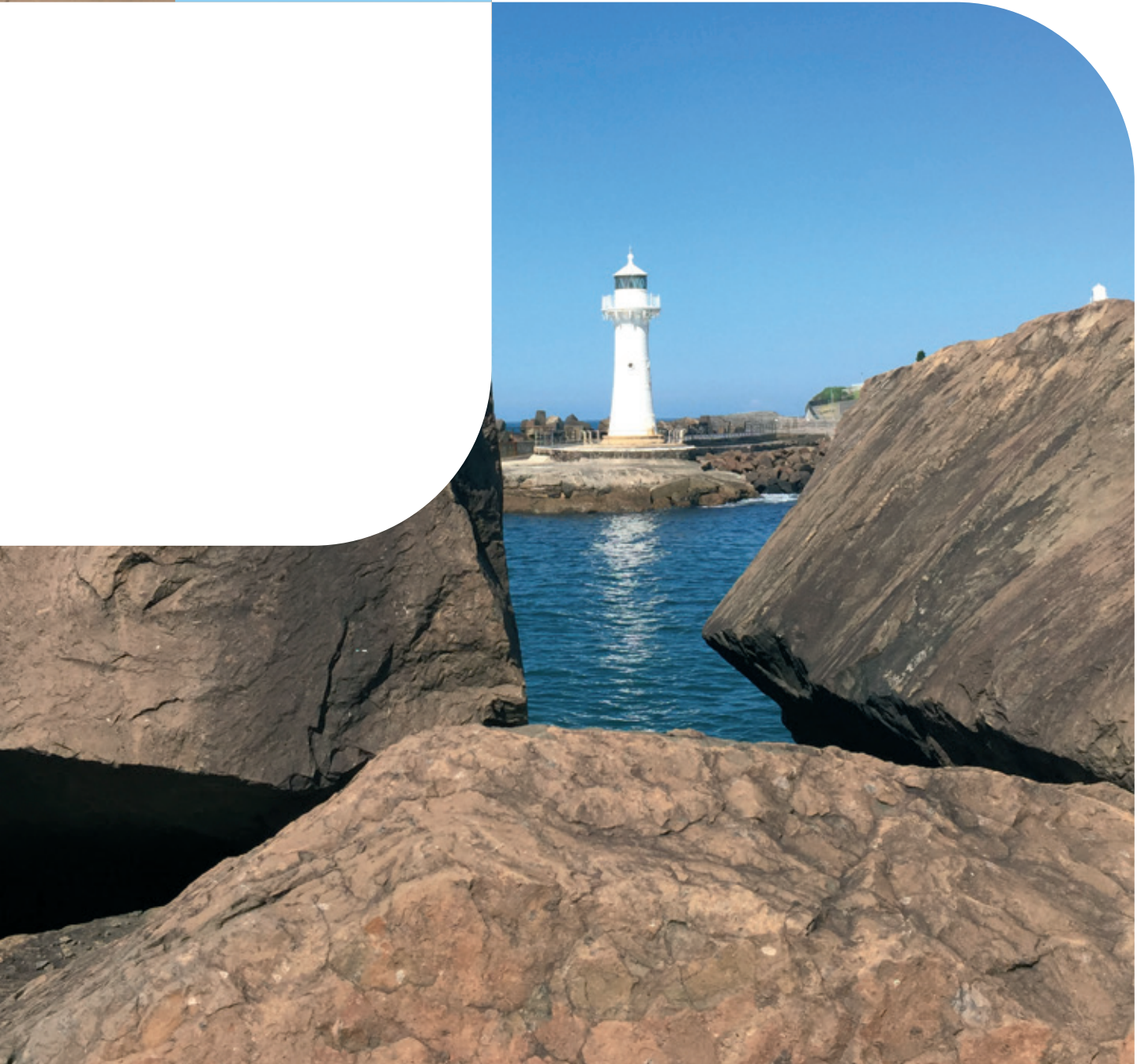
**Director of Clinical Governance, Patient Safety  
and Quality Best Poster Award**

*My Blue Book – check ME out!*

Child and Family Services







# Illawarra Shoalhaven Local Health District has a new website!

[islhd.health.nsw.gov.au](https://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



