

2023-2024 REPORT
2024-2025 FUTURE PRIORITIES

Annual Safety & Quality Account



Illawarra Shoalhaven
Local Health District

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 those that continue to be, the Custodians of Country. 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 regions 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 peoples continue to practice the oldest living culture.

This Acknowledgement extends to all Aboriginal people who reside in this area.

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



Mr Chris Bertinshaw
Board Chair

We are pleased to present the Illawarra Shoalhaven Local Health District (ISLHD) 2023-2024 Annual Safety and Quality Account, which highlights our ongoing commitment to delivering safe, high-quality healthcare. Our mission is guided by the core values of collaboration, openness, respect, and empowerment, and we remain focused on achieving a healthier community through patient-centred care and excellence in health outcomes.

This year's achievements reflect our strong governance frameworks and dedication to safety and quality improvement. Key accomplishments include rethinking the tiered trauma team response, implementing revised sepsis pathways in emergency departments, launching a day-only hip and knee joint replacement project, and expanding the Aged Care Outreach Service across the Illawarra.

We also increased the number of children completing their 6-8 week health and development checks, increased immunisation coverage for Year 7 students in our region and reduced surgical waitlists for the Shoalhaven region by utilising a small, rural hospital for specialist same day surgery. This required a multidisciplinary approach, leveraged existing resources and upskilled staff to increase capacity of the operating theatres. We successfully embedded Enhanced Recovery After Surgery (ERAS) protocols for colorectal surgery, following a year-long pilot project. This initiative aimed to streamline the colorectal surgery patient journey, enhancing overall efficiency while improving both patient and staff experiences. Additionally, we made progress on priorities

from last year's Account, including improving delirium and suicide risk management, and advancing the Aboriginal Mental Health and Wellbeing Strategy.

Our focus on partnering with consumers remained through the establishment of the Consumer & Community Advisory Council, and the launch of co-designed recovery tools to promote hope and empowerment. We also celebrated key events such as Human Experience Week 2024 and the "Gathering of Kindness," both of which deepened our understanding of patient and community needs. This year saw the launch of the "The Kind Side" podcast which has further helped to share compassionate healthcare stories with the community.

A positive workplace culture is essential to delivering safe, high-quality care. Our staff's hard work has been recognised with nominations as finalists in the 2024 Excellence in Nursing and Midwifery Awards and a win at the 2023 NSW Premier's Award for the ISLHD Cancer Clinical Trials Unit.

As we look to the future, our safety and quality priorities for 2024-2025 will focus on further improving falls and delirium management, expanding consumer engagement initiatives, and conducting a comprehensive review of ISLHD's Clinical Governance Framework to ensure it remains responsive and robust.

We are committed to continuing our efforts to deliver safe, high-quality care, promote innovation, and improve the health and wellbeing of the communities we serve.

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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 and Quality

Statement on Safety and Quality from the ISLHD Chief Executive

The Illawarra Shoalhaven Local Health District (ISLHD) 2023-2024 Safety and Quality Account reflects our continued commitment to delivering safe, high-quality care across the region. Despite ongoing challenges, including increasing demand on our hospitals and services, our focus on safety, quality, and continuous improvement has driven remarkable progress. While issues such as limited local residential aged care beds have impacted timely hospital discharges, our dedication to patient safety and service excellence has led to significant achievements in healthcare delivery.

Even four years on, the impacts of COVID-19 are still felt. The pandemic's suspension of non-urgent elective surgeries caused strain on resources, leading to a backlog of overdue surgeries. In response, ISLHD Orthopaedic Surgeon Dr. Chad Todhunter introduced the innovative concept of "Day Only" joint replacement surgery, allowing patients to undergo orthopaedic procedures without a traditional inpatient stay. This model involved multidisciplinary collaboration and the support of Virtual Hospital Wards, helping patients recover at home and reducing the surgical waitlist. Other benefits included lower risk of blood clots due to earlier mobilisation and fewer surgery cancellations. Importantly, the model improved patient flow within ISLHD and supported better clinical outcomes.

Amid growing challenges with bed availability, our teams have continued to push themselves to enhance the care provided, especially for older patients. The Aged Care Outreach Service (ACOS) was established to reduce the number of Residential Aged Care Facility (RACF) residents sent to Emergency Departments (EDs) when hospital admission wasn't necessary. By providing specialised geriatric emergency care on-site and virtually to RACFs, ACOS alleviated pressure on EDs, reduced unnecessary hospital transfers, and improved the overall healthcare experience for elderly patients.

Patient experience is central to the NSW Future Health Strategic Framework 2022-2032, which aims to bring kindness and compassion into personalised and

culturally safe care. In June 2024, ISLHD launched The Kind Side: Stories from NSW Health podcast to celebrate stories of kindness within NSW hospitals and health facilities. This initiative supports patient-centred care and enhances the well-being of both patients and staff across the District.

The NSW Health Strategic Framework 2022-2032 emphasises the safe delivery of care and the reduction of harm caused by healthcare services. I'm pleased to share that our recent projects have led to significant improvements in our performance for a number of Hospital Acquired Complication (HAC) measures. For the first time in five years, we've achieved our target for Healthcare Associated Infections (HAIs) in several quarters. Since the launch of the Emergency Department Sepsis Project in September 2023, along with two initiatives by the Urinary Tract Infections Working Party, we have seen a sustained decrease in HAIs. Our projects aimed at reducing endocrine and respiratory complications have also yielded positive results. The "Don't let it HAPpen" Oral Hygiene project, the "Reducing Hypos in Hospital" initiative, and the sustained efforts from the "Reducing Hospital Acquired Malnutrition" project have collectively brought endocrine and respiratory complications below target. We've also made progress in reducing medication complications, thanks to a targeted review and implementation of recommendations on anticoagulant management.

The newly established ISLHD Consumer & Community Advisory Council is a vital step in strengthening our commitment to safety, quality, and patient-centred care. The council provides a platform for patients, carers, and the broader community to help shape the services we deliver. By reviewing patient feedback and experiences, the council helps identify areas for improvement, reducing risks and enhancing the quality of care. This collaborative approach empowers patients and the community to co-design healthcare policies and initiatives, ensuring that care aligns with clinical best practices and the needs of those we serve.

I am continually proud to work alongside such passionate and professional colleagues who are committed to putting our patients first. This year,

many colleagues received well-deserved recognition at both state and national levels. Notably, Bronwyn Freeman was a finalist in the 2023 Excellence in Nursing and Midwifery Awards, in the Healing Heart category, for exceptional care as nominated by patients or their families. The ISLHD Cancer Clinical Trials Unit was honoured with the 2023 NSW Premier's Award for its innovation in advancing cancer care. Additionally, the Stroke Teams at Wollongong and Shoalhaven Hospitals were recognised with the prestigious World Stroke Organisation (WSO) Angels Gold Status Award for meeting the highest standards in stroke treatment and care. These achievements reflect the incredible talent and dedication of our teams, and I am proud to see their hard work celebrated at such a prestigious level.

As Chief Executive, I remain fully committed to further strengthening our efforts to ensure the ongoing safety and well-being of both our community and staff. Our journey toward excellence in healthcare delivery is one of continuous improvement, and we will continue to push the boundaries of what is possible in patient safety and quality care. I am proud to present the 2023-2024 Safety and Quality Account and encourage you to engage with us and provide feedback on this report and 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

Our Local Health District was established in 2011 to deliver high quality and safe services to residents living within the Illawarra and Shoalhaven regions.

The needs of our diverse community change over time, and to enable local services to evolve with these needs, we must understand our people and their expectations of healthcare.

Our area is growing and will be home to half a million people within the next 20 years. We know that demand for health services will also continue to rise, given our ageing population and large portion of residents living with chronic health conditions and risk factors, including drinking, smoking and obesity.

Diversity is reflected in our workforce and in the development of services that work to keep people well, to reduce the risk of serious and chronic conditions, and to treat people in the right place at the right time with best practice and respectful healthcare.

Our hospitals, community-based facilities, virtual and in-home services are weaved within a 250 kilometre stretch of coastline with a combination of regional and rural settings, together with a major speciality referral campus that is one of the busiest in New South Wales.

Our collective purpose is to continually enhance the health and wellbeing of our residents, and our mission remains clear – to develop excellent services, quality partnerships and healthy communities.

We are enabled to do this through innovative ideas, enhancements in technology and research, and integrated models of care that all contribute toward positive experiences for our community.



Our Vision:

Excellent services, quality partnerships, healthy communities

Our Purpose:

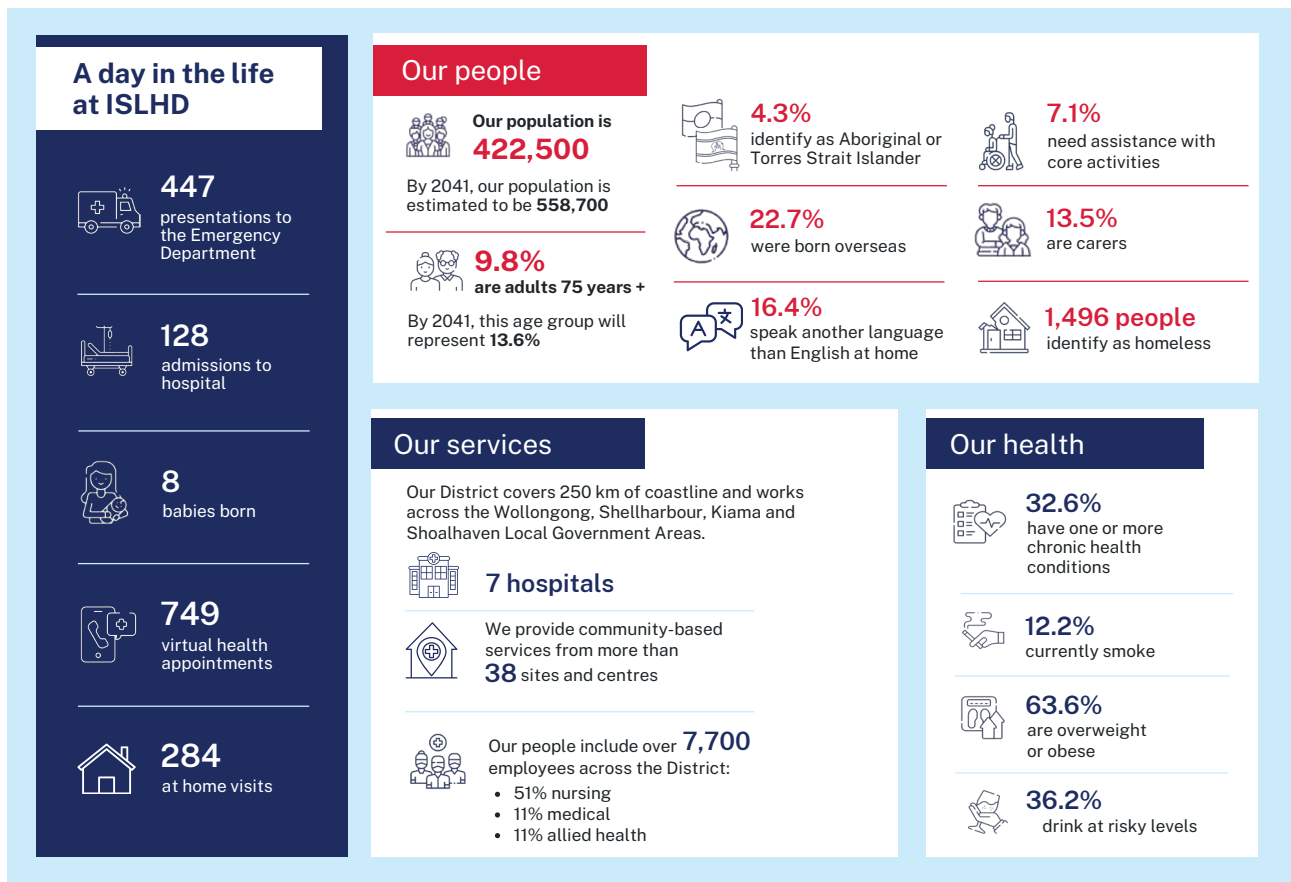
To provide best practice health care and programs that promote the health and wellbeing of people in the Illawarra Shoalhaven

Our Values:

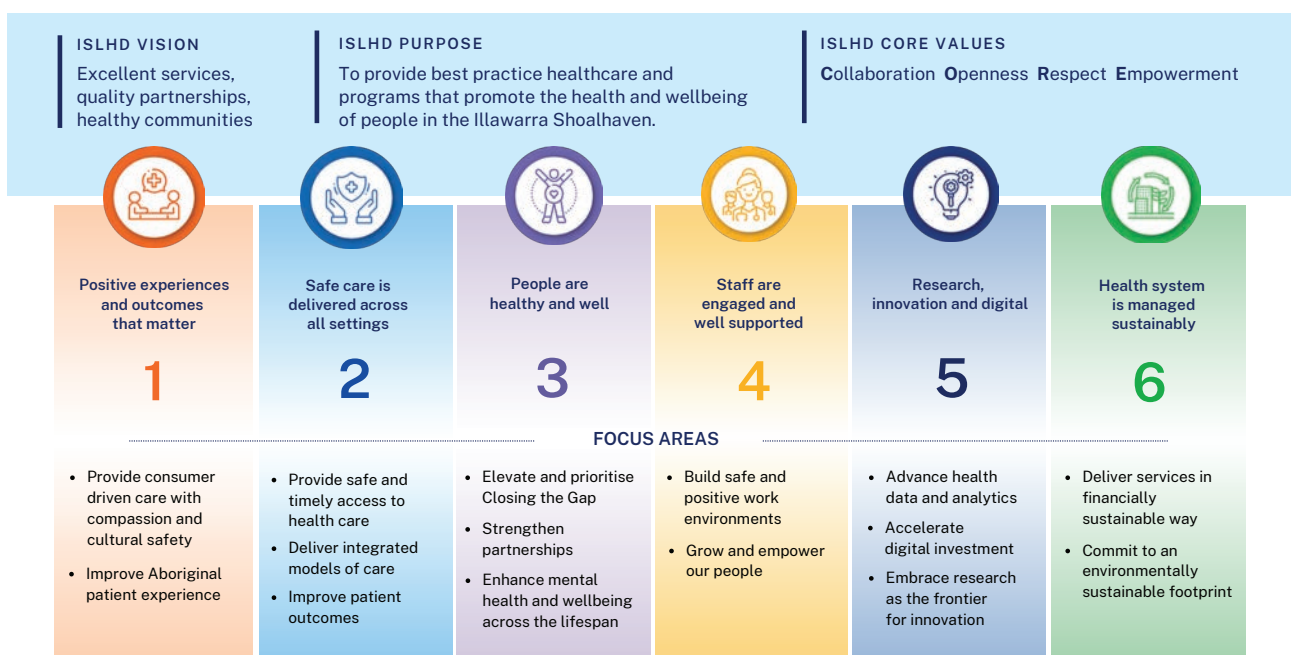
Collaboration, Openness, Respect, Empowerment



Our Story



Strategic Directions



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.

A Snapshot of 2023-2024 Achievements

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.

- **Continued construction on \$1.1 billion in hospital infrastructure projects** including the start of major works on the Shoalhaven Hospital Acute Services Building. In addition, early works for the New Shellharbour Hospital and Integrated Services project have been completed, including expansions at Bulli and Wollongong Hospitals.
- **Established the Aged Care Outreach Service**, to provide in-home care to people living in residential aged care facilities, avoiding unnecessary trips to hospital. In addition, we expanded the Transitional Aged Care Program, to support safe discharge of patients preparing for residential placement.
- **Expanded Drug and Alcohol Care** across medical, allied health and nursing specialities with the establishment and upgrade of clinical services including adult and youth counselling. The expansion included a 25 per cent increase in Drug and Alcohol workers across the district.
- **Increased access to preventative health checks for children** across the early childhood sector, to improve developmental outcomes before starting school.
- **Implemented the Primary School Mobile Dental Program** to provide children with preventative dental treatment.
- **Developed and implemented programs including 'Minding the Minutes' and 'Emergency Short Stay Optimisation'** at Wollongong Hospital to support more timely access to care. These programs resulted in significant improvements in hospital patient flow including the transfer of care of patients from Ambulance to the Emergency Department.



- **Enhanced environmental sustainability solutions** with the implementation of programs to reduce waste and increase awareness. This includes the 'War on Waste' initiative; establishment of Climate Risk and Net Zero Taskforce, and commencement of infrastructure works to support vehicle fleet electrification.
- **Developed and implemented e-learning orientation modules** to better support new staff induction. In addition, created and launched dedicated nursing recruitment campaigns to attract nationally and internationally skilled applicants, including graduate-specific programs in areas of workforce need, like mental health nursing.
- **Supported Waminda Women's Health and Wellbeing Aboriginal Corporation's Birthing on Country Program** with the completion of phase one. This includes a collaborative arrangement where endorsed midwives, employed by Waminda, provide care during labour/birth at Shoalhaven Hospital for women who have accessed Waminda's Maternity Service.

2. Achievements in Safety & Quality

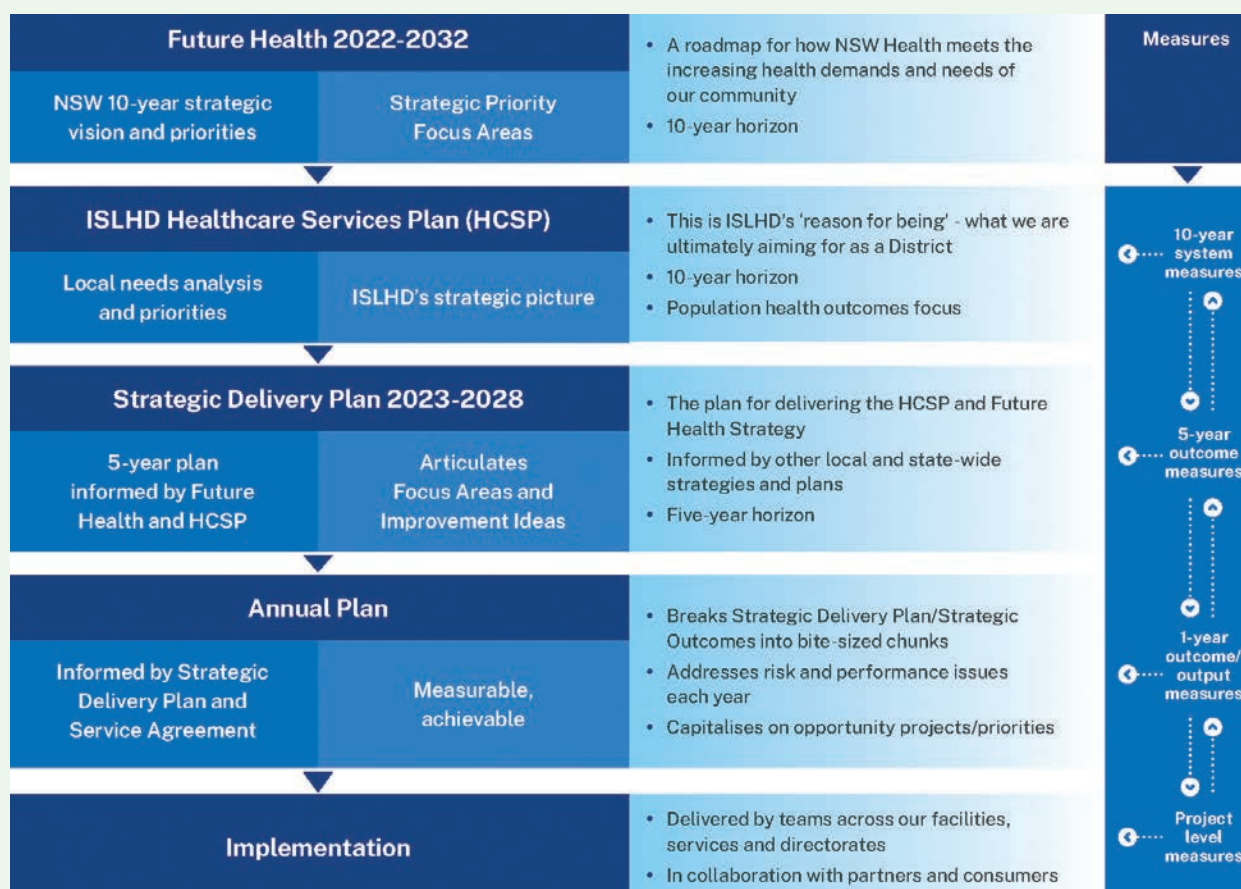
Our Strategy and Safety and Quality Planning Processes to identify our Priority Initiatives

Future Health: Guiding the Next Decade of Care in New South Wales (NSW) 2022 - 2032 is the roadmap for Illawarra Shoalhaven Local Health District (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 outlines how we will 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 - are 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.

Principles underpinning the Clinical Governance Framework include:

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

Clinical Governance Committee Structure

Board Health Care Quality and Safety Committee

- The district's peak safety and quality committee.
- Accept accountability for quality and safety.
- Provide strategic leadership for improving quality of health care in the ISLHD.
- Seek assurance on ISLHD implementation of Patient Safety and Clinical Quality Programs.
- Monitor performance against the Safety and Quality indicators within the Ministry of Health Service Level Agreement.
- Review and monitor performance against the safety and quality measures and indicators as part of the Strategic Plan.
- Act as an escalation point from the Executive for high-risk issues and concerns in relation to patient safety, clinical quality and accreditation to the Board.

ISLHD Clinical Governance Council

- ISLHD's peak clinical governance committee.
- Provide assurance on quality and safety of service delivery that is evidence based and effective.
- Ensure the necessary processes, systems and policies are in place.
- Recommend new quality initiatives and interventions.
- Ensure managers and clinicians understand their accountabilities.
- Act as a key leadership group in achieving and maintaining accreditation.

District National Safety and Quality Standard Committees

- Provide overall governance for the implementation, compliance and monitoring of each of the National Standards.
- Provide information to the ISLHD Clinical Governance Council and the Clinical Governance Unit on progress towards meeting the requirements of the National Standards.

Hospital and Service Safety and Quality & National Standard Working Groups

- Support and monitor patient safety and clinical quality.
- Implement National Standards and prepare for accreditation.
- Report to the District National Safety and Quality Standard Committees.

Clinical Governance Committee Structure

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 implement systems and processes that support clinical governance programs in line with the NSW Ministry of Health's Clinical Governance Policy Directive.

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

Quality Systems and Improvement

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

Patient Safety and Clinical Risk

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

Recognition and Awards Program

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

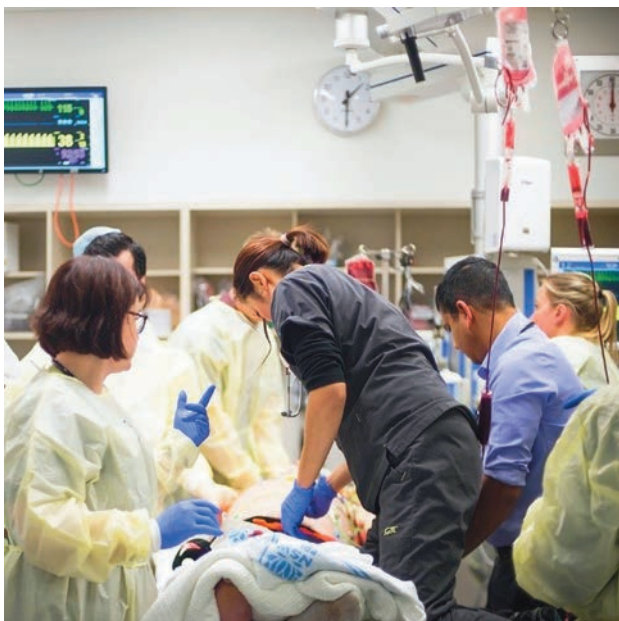
- **Quality and Innovation Awards**
The annual ISLHD Quality and Innovation Awards showcase the achievements of teams participating in the quality improvement initiatives. These awards are promoted throughout the district and are an effective tool to promote the benefits of Quality Improvement. Winners 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

Rethinking the tiered Trauma Team response

To provide a balanced response to treatment provision and facilitate careful use of hospital resources, many trauma centres employ a tiered trauma call system, in which the second tier allows a reduced Trauma Team response for patients that are less critically unwell.

To reduce unnecessary resource use, yet continue to provide a high level of service in Wollongong Hospital, we trialled a modification to our tiered trauma response. If a patient was not critically unwell, the surgical Registrar was placed on 'stand-by' for the trauma team activation, but their attendance was not mandated.



Strategies Implemented



Consultation and Trauma Committee



Informing impacted staff of change



Modified tiered trauma response trialled



Trauma Alert via switch, Surg 'Standby'

We investigated the effect of this change on missed injury, unplanned representation to the Emergency Department (ED), diagnostic imaging rates and staff satisfaction. A retrospective case series study assessing the 3-month period before and after the intervention was conducted.

The rate of missed injury remained low and was unchanged with the implemented change. A reduction was observed in the number of blood tests ordered in the intervention group indicating an improvement in resource management. Reductions were also observed with radiological imaging and an overall reduction in admissions.

As a result of this trial, it was also observed that ED staff were required to make more phone calls resulting in delays. The resulting solution was to have the ED make the referral as soon as it is acknowledged that the patient required surgical review, thus skipping the formal and more protracted referral process and improving patient outcomes by reducing delays.

Staff survey responses indicated that a majority felt that the change was safe (54.5%) and felt that the change was positive. Surgical staff felt that the change was positive (90%), and many ED staff also felt the change was positive (69%).

The removal of the surgical Registrar from the initial trauma standby response did not result in any adverse events, it did reduce admissions, pathology and imaging, but resulted in an increased ED length of stay and time to surgical review.

The trial of this change has resulted in permanent change to the activation procedure and has been added to hospital policy. The results of the evaluation of this retrospective case series study have been published in Emergency Medicine Australasia Journal making it readily available to other research teams, clinicians, and health decision-makers.

Winner of the ISLHD 2024

Quality and Innovation Health Research Award and Nominated for the NSW Health Innovation Awards

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.

Sepsis

Early escalation
and treatment
can save lives



Use the CEC Sepsis Pathways if your patient is experiencing any of these symptoms:



Fever and
chills



Low body
temperature



Low or no
urine output



Fast heartbeat



Nausea and
vomiting



Diarrhoea



Fatigue, confusion
or sleepiness



Blotchy or
discoloured skin



Breathlessness

Remember not all need to be present and can be mild

Sepsis antibiotic guidelines



Adult



Paediatric

CEC Sepsis Pathways



ISLHD Intranet Sepsis page:

Clinical Governance Unit > Key Clinical Priority Areas > Deteriorating Patient > Sepsis

Implementation of Sepsis Pathways in the Emergency Departments

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 in Australia 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.

The New South Wales (NSW) Clinical Excellence Commission (CEC) have evidence-based clinical pathways designed to support the recognition and management of sepsis across NSW Emergency Departments (EDs). Implementation has resulted in a decrease in time to antibiotic administration, mortality and intensive care admission rates, as well as hospital length of stay. Despite this, an initial review of hospital acquired sepsis patients (n=40) in Illawarra Shoalhaven Local Health District (ISLHD) indicated that only 15% received antibiotics within 60 minutes (30 minutes for neutropenic sepsis) as required.

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. ISLHD set out to improve the recognition and response to patients with

sepsis in our emergency departments (EDs) with the aim to reduce the serious adverse events associated with delayed recognition and response to sepsis in ISLHD EDs. The study identified factors that impacted sepsis management in the ED and developed strategies to optimise uptake of the CEC sepsis clinical pathways.

To address this problem the project team:

- 1) Established a monitoring system to measure compliance with the NSW CEC sepsis clinical pathways
- 2) Invited twenty-two emergency nurses and ten emergency medical officers from four ISLHD EDs who participated in nine virtual focus groups to identify facilitators and barriers to the uptake and use of the sepsis clinical pathways
- 3) Utilised a behaviour change theoretical framework to tailor behaviour change strategies to optimise uptake and use of the sepsis clinical pathways in the EDs.

Twenty-six tailored interventions were selected to address these facilitators and barriers and optimise clinician use of the pathways. These included:

- Education and training programs (including full day sepsis education days)
- Modifications to the electronic medical record (eMR) system (order set, ED electronic sepsis clinical pathways)
- Sepsis nursing and medical clinical champions
- Additional resources developed
- Audit and regular feedback.



To improve time to recognition of sepsis, alerts at ED triage were introduced and the paper pathways were replaced with electronic pathways. ISLHD is the first LHD in NSW to introduce an electronic sepsis pathway in ED and have collaborated with the CEC to inform the development of a NSW-wide electronic sepsis pathway. ISLHD is leading the state with this innovative digital solution, with the potential for this work to inform the build of an electronic pathway into the future Single Digital Patient Record.

To reduce time to treatment a sepsis antibiotic order set was introduced in the eMR, to make ordering more efficient. ISLHD is the first LHD in NSW to publish antibiotic guidelines on the internet, accessible by a dynamic QR code via mobile phone.

Regular auditing and reporting monitors that those patients who meet the sepsis criteria in ISLHD have the CEC sepsis clinical pathways followed and treatment meets the Sepsis Clinical Care Standard requirements. Results (April to June 2024) indicate that for adults and paediatric patients who meet the sepsis criteria, 44% (EDs for patients with signs of septic shock) and 74% (inpatient) have antibiotics within 60 minutes of recognition of sepsis, an improvement of 24% (inpatient) and 8% (EDs) compared to before implementation of this project. The median time from recognition of sepsis to first antibiotics administered for patients with symptoms of septic shock remains below 60 minutes. Blood cultures taken before antibiotics have improved by 11% (inpatient) and 21% (EDs) and lactate collection remains above 85%.

In the 2023-2024 financial year, there were 2,663 admitted patients in ISLHD with a diagnosis of sepsis (2% of all ISLHD admissions). There were no deaths due to lack of timely recognition and treatment of sepsis. The rate of hospital acquired sepsis also continues to decrease, from 29.4 (n=212) in 2022-2023 to 21.4 (n=178) in 2023-2024 per 10,000 episodes of care.

This project has been shared nationally at a conference, and Internationally with a publication in the Journal of Advanced Nursing (<https://doi.org/10.1111/jan.16360>)

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 2023-2024, there have been multiple education presentations on sepsis and lessons learnt, and multiple Sepsis Champion Days held.

Joint Winner of the ISLHD 2024 Quality and Innovation Patient Safety First Award

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 health system is managed sustainably.



Day-Only Hip and Knee Joint Replacement Project

Elective hip and knee joint replacement surgery has historically required a multiple day admission to hospital with an average length of stay (LOS) of 7.32 days for hip replacements and 3.39 days for knee replacements. In order to address increased elective surgery waitlists and waiting times for surgery an innovative multidisciplinary approach was developed to enable appropriate patients to receive their surgery as a 'day-only' procedure.

A collaborative and coordinated multidisciplinary approach ensured:

- Appropriate patient selection
- Pre-operative planning including physical, psychological and emotional preparation of the patients
- Surgical and anaesthetic techniques to maximise capability for post operative discharge
- Immediate post operative nursing and allied health care to prepare the patient for discharge home, and
- Adequate post discharge follow-up.

Patient selection for the day-only project was undertaken by the orthopaedic surgeon at the time of referral for surgery utilising agreed selection criteria.

Practical criteria for surgery included the travel distance for the patient from the hospital, requirement

for a single side joint only operation, and availability of a carer at home for several days post operatively.

Patient related criteria included no comorbidities which may impact upon complications, motivation to participate in the rigorous physiotherapy requirements, and demonstrated engagement in the initial post operative period including capability to understand and follow complex instructions.

Patients were assessed by the Anaesthetist and needed to be suitable for surgery under spinal anaesthesia, and required post operative pain management education to ensure pain did not become a factor for re-admission to hospital.

Outcomes of the project included a reduction in the orthopaedic joint replacement waitlist times and a reduction in the average length of stay for this cohort of patients. As of June 2024, 31 patients had received their joint replacements as a day-only hospital stay with no post operative unplanned readmissions, no complications, and positive patient satisfaction. To date the project has released 143 bed days at an approximate bed day cost saving of \$257,000.

Shortlisted for the Agency for Clinical Innovation Rural Health Awards

Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter
- Research and innovation, and digital advances inform service delivery
- The health system is managed sustainably.



Implementation of the Aged Care Outreach Service in the Illawarra

The Illawarra population is ageing at an unprecedented rate, heightening the demand for aged care services. The Aged Care Outreach Service (ACOS) aims to improve the quality of care for older adults living in Residential Aged Care Facilities (RACF) by reducing hospital admissions via direct intervention during acute episodes. Prior to the establishment of the ACOS in the Illawarra, the plan for any urgent deterioration for RACF residents was to transfer them to the Emergency Department (ED) placing additional pressure on our already overburdened EDs and distressing these aged patients and their families.

The aim of this project was to reduce the number of avoidable ED presentations and admissions, and improve the quality of care for residents in RACFs across the Illawarra.

This innovative and sustainable service was co-created with the local RACFs to improve the quality of care for older adults living in RACFs. The service has a mobile medical and nursing team equipped with necessary medical resources to deliver on-site treatment for residents experiencing acute illnesses and navigating the complexities associated with hospital visits. This short-term hospital like care is delivered face to face and with virtual health technologies within the RACF.

In addition to the acute care interventions, ACOS Clinical Nurse Consultants (CNCs) also emphasise health education initiatives and targeted training for the staff at the RACFs. The investment in staff education not only enhances the quality of care provided to residents but also fosters a culture of continuous learning and improvement within the facilities.

The program reviewed a total of 1638 acutely unwell RACF residents over the initial 11-month period, with 86% of referrals to the service managed within the RACF improving the care and experience for consumers and subsequently avoiding a hospital admission and the risk of hospital acquired complications. The service has also enhanced the skills and capability of our local RACF staff, by providing targeted training, and has demonstrated sustainability and scalability within a very short time frame.

In cases where an admission to hospital was required after initial review by the ACOS, improved patient experiences have been demonstrated when treatment has been initiated prior to arrival in the ED and when direct ward admissions are facilitated avoiding long waiting times in the ED.

This project has empowered patients and their families to take control of their own health by including them throughout every step in the escalation process, with every decision made being shared. The RACF clinicians



have been included, along with the patient and family on triage, as well as upon review and daily whilst in the facility. The delivery of care is solely based on the patient's and families wishes. The Public Health Network was also included throughout the development and implementation of the service, through regular check-ins with General Practitioners.

Due to the success of the service in the Illawarra the program will soon be expanded to include the Shoalhaven region. Virtual technologies will be utilised to address the geographical challenges across the district.

'I was very impressed with this service and feel that my father is now receiving the best medical care on hand to him in the comfort of his own room - not having to unsettle him by taking him to hospital as he is 91 years of age - which is better for his mental health as well - many thanks as it gives our family faith and peace of mind in the health system.'

'This service is invaluable to my mum as she did not have to go to hospital. The staff are fantastic. Informative and very reassuring. Extremely happy with the service and care given to mum today'.

Special Commendation at the ISLHD 2024 Quality and Innovation Awards in the 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 healthy and well.

Increasing the number of children completing the 6–8-week child health and development check at Child and Family Health Centres

Child health and development checks are an important pathway to identify children who are developmentally at risk, initiating timely intervention to support children to be ready to start school. Despite child health and development “Blue Book” checks being freely available through state-wide child and family health services, the uptake for the eight recommended health and development checks drops significantly after the first check and continues to fall to the 4 year old checks.

The Illawarra Shoalhaven Local Health District (ISLHD) Child and Family service partnered with the New South Wales (NSW) Department of Customer Service (DCS) Life Journeys Team, Customer Experience Unit, Behavioural Insights Unit and the NSW Ministry of Health (MoH) in a cross-agency collaborative to conduct discovery research to explore current issues and barriers to attendance at routine health and development “Blue Book” checks. This identified two key challenges:

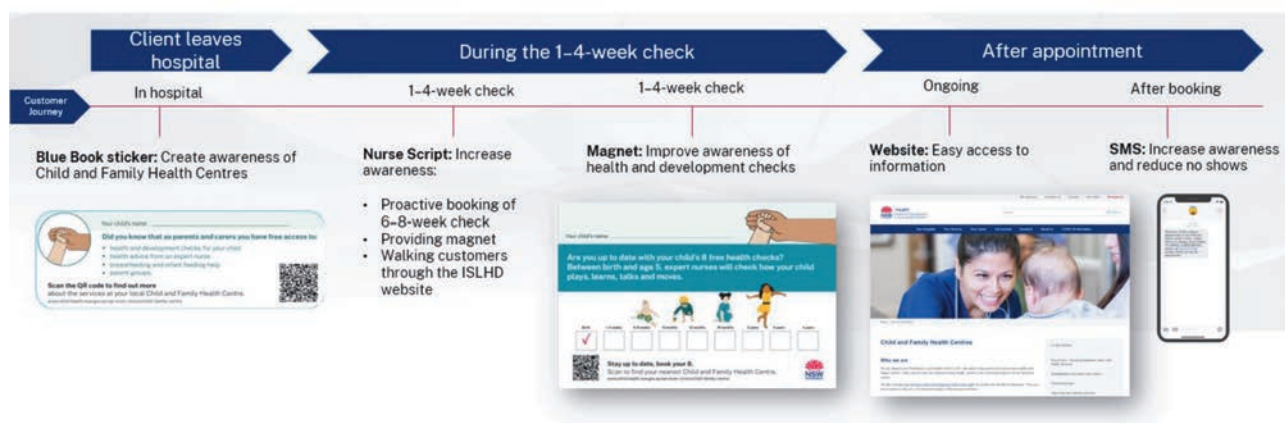
- A lack of awareness about Health and Development checks
- A large decline in bookings after the first check (1-4 weeks of age)

A behavioural analysis showed parents and carers face information overload, distractions, and limited reminders about health and development checks.

The aim of this project was to increase the number of children completing the 6-8 week child health and development check at Child and Family Health Centres.

This project actively involved frontline workers and families including those from Aboriginal, culturally and linguistically diverse (CALD), rural and regional communities in designing solutions which met their needs in impactful ways. Awareness, bookings and attendance at checks were highlighted as the key challenges. The solutions addressed these issues in the following ways:

1. Improvements to the accessibility and navigation of the Child and Family Health Service website, improving access to the health and development information and booking service to raise awareness
2. A QR code information sticker was placed on the front of the Blue Book for parents and carers to easily access information about free health services including child health checks and making a booking
3. A script was developed for use by nurses during the first check to aid conversations about the benefit of the health and development check and proactively book consumers into the second health check at 6-8 weeks
4. A motivational prompt in the form of a magnet was given out at the first (1-4 week) check to remind parents to book future checks and visit the website through the QR code for booking information
5. Confirmation and reminder SMS text messages using behavioural prompts were implemented to reduce non-attendance at booked checks
6. An audio-visual health messaging resource package using a narrative, experience-centred delivery was developed as part of a social media campaign and online parent webinar to promote the importance of the first 2000 days of a child's life. This resource includes practical ways that parents and carers can support their children and track their development in their child's Blue Books. All consumer resources direct families to the new child and family webpage to find information about how to book a health and development check for their child.



Since the commencement of the project in July 2022, the project has resulted in an increase in bookings of 32% for the 6-8 week check, going from 58% to 90%, a decrease in the no show rate for families who fail to attend their 6-8 week Blue Book check appointment to 10%, and an increase in the number of completed 6-8 week checks by 27%. In addition, there has been a significant increase in families accessing information and resources via the new child and family website with over 640 views each month. Overall, there has been an increase in the infant developmental screening rate for the 6-8 week Blue Book check from 39% to 66%.



"The solutions have helped to engage parents in the conversation around health and development checks."
NURSE QUOTE

The project has received multiple recognition awards including:

- Winning the award for Dedication to Evaluation from the Behavioural Insights Unit
- Finalists in 2023 NSW Premier's Awards for Highest Quality Healthcare
- Winner of the 2023 Department of Customer Service (DCS) Secretary's Award
- 2022 ISLHD Quality and Innovation Forum Best Poster Award
- 2022-2023 Applied Safety & Quality Program Best Project Award

Special Commendation at the ISLHD 2024 Quality and Innovation Awards in the Health Innovation Category.

Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter

Using an under-utilised rural hospital to reduce surgical wait lists

Multiple factors including the COVID-19 pandemic, an ageing and increasing population, workforce resources and a requirement for patients to travel long distances for surgical care have exacerbated surgical backlogs within the Shoalhaven region.

In addition, longer wait times for surgery can mean by the time a patient has access to appropriate care their condition may be more serious, leading to increased personal and medical costs for patients and the local surgical services.

To alleviate the waitlist backlogs and strain on surgical services within the Shoalhaven region this project developed and implemented a specialist same-day surgery service for the local population of the Milton Ulladulla region through increasing the capability of the under-utilised operating theatre at Milton Ulladulla Hospital (MUH) and associated equipment that was already available.

The project aim was to reduce the Shoalhaven surgical waitlist backlog through increased same day surgery capability at MUH utilising existing human resources and infrastructure.

A multi-disciplinary committee comprising of nurses, anaesthetists, surgeons and administrators designed the pilot program. This group initially developed mechanisms to establish a sustainable surgical service at MUH. This included identification of existing and additional local equipment and staffing resources, development of a training and support program for clinical staff to ensure clinical safety within the operating theatre, and development of standardised screening processes to ensure safe selection of appropriate patients for the theatre lists.

The pilot program created additional operating capacity, reduced surgical waiting lists, improved timely access to local surgical services and reduced the need for travel and overnight admission by patients. At the time the pilot program commenced, there were 450 overdue patients on the waiting list who had breached the recommended waiting time. As a result of the pilot, 161 of these patients received their surgery representing a 36% reduction in patients awaiting surgery.

A wide variety of day surgical procedures were safely undertaken with the most common surgeries performed being excision of malignant skin lesions with or without grafts (53%). For these patients in particular, timely access to surgery was an essential requirement both for their ongoing health and psychological well-being.

In reviewing post operative complications and symptom burden a patient survey and case review was undertaken (n=50). Findings showed that 100% of patients did not need to see a doctor after they were discharged home; 96% of patients received adequate pain relief; and 96% did not experience any nausea or vomiting. There were no mortality or serious morbidity issues. Patient satisfaction measures showed that 96% were given enough information upon discharge and 100% of patients said they were happy with the care they received.

This project demonstrated that a small rural operating theatre can safely manage suitable patients from an overburdened surgical waitlist. Potential opportunities exist to increase the number of surgical sessions and range of surgeries performed at MUH with review of the selection criteria against other surgical specialties.

This project has been published in Australian Health Review as an example of how under-utilised operating theatres can be successfully used to increase operating theatre activity and reduce overburdened surgical waitlists.

Winner of the ISLHD 2024 Quality and Innovation Award for the category of Health innovation and
Nominated for NSW Health Innovation Awards
Shortlisted for the Agency for Clinical Innovation Rural Health Awards

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

Progress on planned activities from the 2022-2023 Safety and Quality Account

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 (even death). In Illawarra Shoalhaven Local Health District (ISLHD), HAC rates have been monitored, reported, reviewed and quality improvement strategies implemented since 2018.

The ISLHD HAC Working Party and projects that have been conducted in the Applied Safety and Quality Program have focussed on reducing:

- Missed sepsis recognition in Emergency Departments
- Haemorrhagic Disorders due 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 focussed on the recognition and management of in-patient falls and delirium.

ISLHD has seen an overall improvement in all measured HACs and has made significant improvements achieving the target rates for 12 of 14 HACs (from 8 of 14) for the 2023-2024 time period.

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

Aligned to Future Health & ISLHD Strategic Outcomes

- Safe care is delivered across all settings



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 2023-2024, the incidence of delirium across the district has been consistently above the New South Wales 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. These changes may be caused by an infection or a medicine change. It may also be from:

- difficulty going to the toilet (constipation or not being able to empty the bladder)
- not drinking or eating enough (dehydration or malnutrition)
- bad pain
- medicines, including 'over the counter' medicines
- heavy alcohol consumption
- withdrawal from alcohol, cigarettes or medicines, particularly sleeping tablets
- changes in environment, such as being hospitalised.

The ISLHD Delirium Working Group continues to complete the quality improvement actions identified in the gap analysis developed against the best practice Australian Commission of Safety Quality in Healthcare -Delirium Clinical Care Standard. Completed actions include publishing the revised delirium policy and the creation of a dedicated intranet site that staff can access as a one - stop source of delirium information.

Future improvement actions for this Working Group include developing and delivering specialist education and training to clinical and non-clinical staff to guide the care and management of patients with delirium including the continued use of the 4AT delirium rapid assessment tool.

A multi-site study on post-operative delirium in collaboration with the University of Wollongong was conducted aimed towards improving staff competence and patient outcomes in relation to delirium detection, management and prevention. The project explored how developing, implementing and evaluating a postoperative delirium protocol by peri anaesthetic clinicians' affects patients, family, carers, practitioners and healthcare services and costs in metropolitan, regional and rural Local Health Districts.

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 2024-2025. The Suicide and Self-Harm Working Group continues to lead this work.

To date the Working Group has completed the following improvement actions: -

- Revised policies and procedures for recognising and responding to deterioration in a person's mental state
- Developed a Suicide, Self-Harm and Deteriorating Mental State webpage to host information and training resources to support staff
- Provided training to staff to identify mental health needs, risk, early warning signs and individual management strategies
- Embedded training to recognise patients with deteriorating mental state into the orientation and onboarding process for new staff
- Monitored the screening, assessment, management and escalation of patients with a suicide or self-harm risk via an established audit and process.

REACH (Recognise, Engage, Act, Call, Help is on the way) has been implemented in all inpatient services across the Illawarra Shoalhaven Local Health District (ISLHD), including Emergency Departments and Mental Health Services. Work will continue to provide staff with ongoing 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 process.

Online training in suicide prevention is required to be completed by all staff. Clinical staff will continue to receive face to face training in suicide prevention which focuses 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%. Further quarterly audit results throughout 2024, have consistently maintained compliance above 80%. As part of the ongoing monitoring strategy for the district, the Suicide and Self Harm Working Group have implemented new questions into the existing nursing documentation audit. This audit covers both the inpatient and community setting and forms part of the district audit schedule to monitor compliance with evidence-based practice and policy guidelines.

Over the next 12 months, the working party plans to provide non-mental health staff with additional education and support on the completion and use of safety plans. Safety Plans are developed in partnership with the patients, their families and carers to identify triggers and apply agreed ways to keep patients safe. In addition, a collaborative project involving clinicians, consumer representatives and managers will be conducted which will aim to develop, implement and evaluate an education and training program for emergency nurses in responding therapeutically to people with mental health, substance use and other health concerns. A consumer representative is a co-investigator for this project and has been involved in early discussions about the training program and study design. The consumer's involvement in this project will ensure a consumer voice in the training program development and the analysis and reporting of study findings.

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

This year we have continued to be guided by the aims of the Aboriginal Mental Health and Wellbeing Implementation Plan with a focus to ensure that Aboriginal people and communities are central to the planning, delivery and evaluation of mental health and wellbeing services. We have continued recruiting to the Aboriginal identified positions across the Mental Health Services and work with the mental health teams and units and our partners to promote and provide additional culturally responsive services and supports to Aboriginal people, families and carers accessing mental health services across the district.

Some of the examples of work the team has been involved with over the past twelve months includes:

- Aboriginal Mental Health Clinical Lead attends the district Advisory committees
- Representatives from both Illawarra and Shoalhaven attend the Aboriginal Mental Health Advisory committee
- Aboriginal Mental Health Advisory committee meets four times per year
- Aboriginal Mental Health Clinical Lead sends regular correspondence to the Advisory committee members including the 'lets djama' newsletter and requests for feedback and input into relevant projects, for example Aboriginal language use in the Mental Health Service
- Aboriginal people including staff and community on the working group for the Wellbeing Van
- 13 yarn resources available for consumers, family/ carers and staff
- Lets djama Aboriginal Mental Health newsletter emailed to all Mental Health staff, Aboriginal Talking circle and the Aboriginal Mental Health Advisory committee
- Aboriginal Peer worker provided input into the Wollongong Hospital "Co-design of family-focused recovery in adult mental health services" working group
- Aboriginal Navigator member of the Adult Survivors Program- Community of Practice (CoP)
- We continue to promote relevant information, training and resources for Aboriginal identified staff via talking circle, Aboriginal Mental Health Advisory committee and lets djama newsletter
- Nowra Community Mental Health Service and Waminda have established regular monthly Partnership and Clinical Review meetings
- Aboriginal Navigator has facilitated visits for various Waminda staff to the Shellharbour inpatient units, for connection with consumers, consultation and input into Wamindas' new Models of Care





- Continued support of the Respecting the Difference face to face training
- Aboriginal Mental Health staff have been involved in several activities to promote mental health, drug and alcohol and wellbeing including presenting at workshops, filming new resources for SafeSide, and suicide prevention.

Big news for Aboriginal people, families and communities is we now have the Aboriginal Wellbeing Van that will be travelling across the district.

This Wellbeing Van will be visible, accessible and optimistically a safe space for Aboriginal people to have a yarn, get resources and information about mental health and wellbeing. We will be engaging with different communities to get further direction and information about what communities want from this Wellbeing Van now and into the future.

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 healthy and well



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. Partnering with Consumers.



Partnering with Consumers in Governance, Service Planning and Improvement

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 170 consumers partnering with ISLHD services and programs, on high-level governance committees, district programs, quality improvement, and redevelopment projects. Our District National Standards committees have consumer representation.

ISLHD's Consumer and Community Advisory Council

Over the past year ISLHD partnered with consumers to establish and co-design a District Consumer and Community Advisory Council Group.

Co-creating a Consumer and Community Advisory Council – A consumer's perspective

As a consumer representative with Illawarra Shoalhaven Local Health District (ISLHD) for the past five years, I was honoured to be on the working party assigned to create Terms of Reference and procedures to recruit council members for the proposed Consumer and Community Advisory Council (CCAC).

With the full support of Chief Executive and the Clinical Governance Team, five consumer representatives: Kate Bowles, Jacqueline Forst, Gayle Sweeney, Thit Tieu and me worked in partnership with ISLHD Partnering with Consumers Managers.

Our team met monthly to formulate the purpose, roles and responsibilities of a Council that advocates for the entire Illawarra Shoalhaven, a geographically large area with people from diverse cultural and linguistic backgrounds.

Throughout the process, ISLHD staff and consumer voices were equally valued in our mission to establish a Council that advocates for 'All of Us', and at our first meeting, it was exciting to see authentic representation with our Aboriginal, LGBTQIA+ and multicultural members. We look forward to working together with ISLHD to improve the health experience of all members of our community.

Jo Spicer, ISLHD Consumer & Community Advisory Council member

The purpose of the Advisory Council is to provide a forum for a highly informed expert group of consumers and community representatives to engage with ISLHD on issues relating to improving consumer and community experience, including high level strategic operations, services, plans and policies.

Advisory Council consumer and community members contribute specialist knowledge and expertise, whether through lived, personal or professional experience. They raise issues of concern to consumers and communities, and where possible consult with community groups and networks to seek input on these matters.

Patient Reported Experience

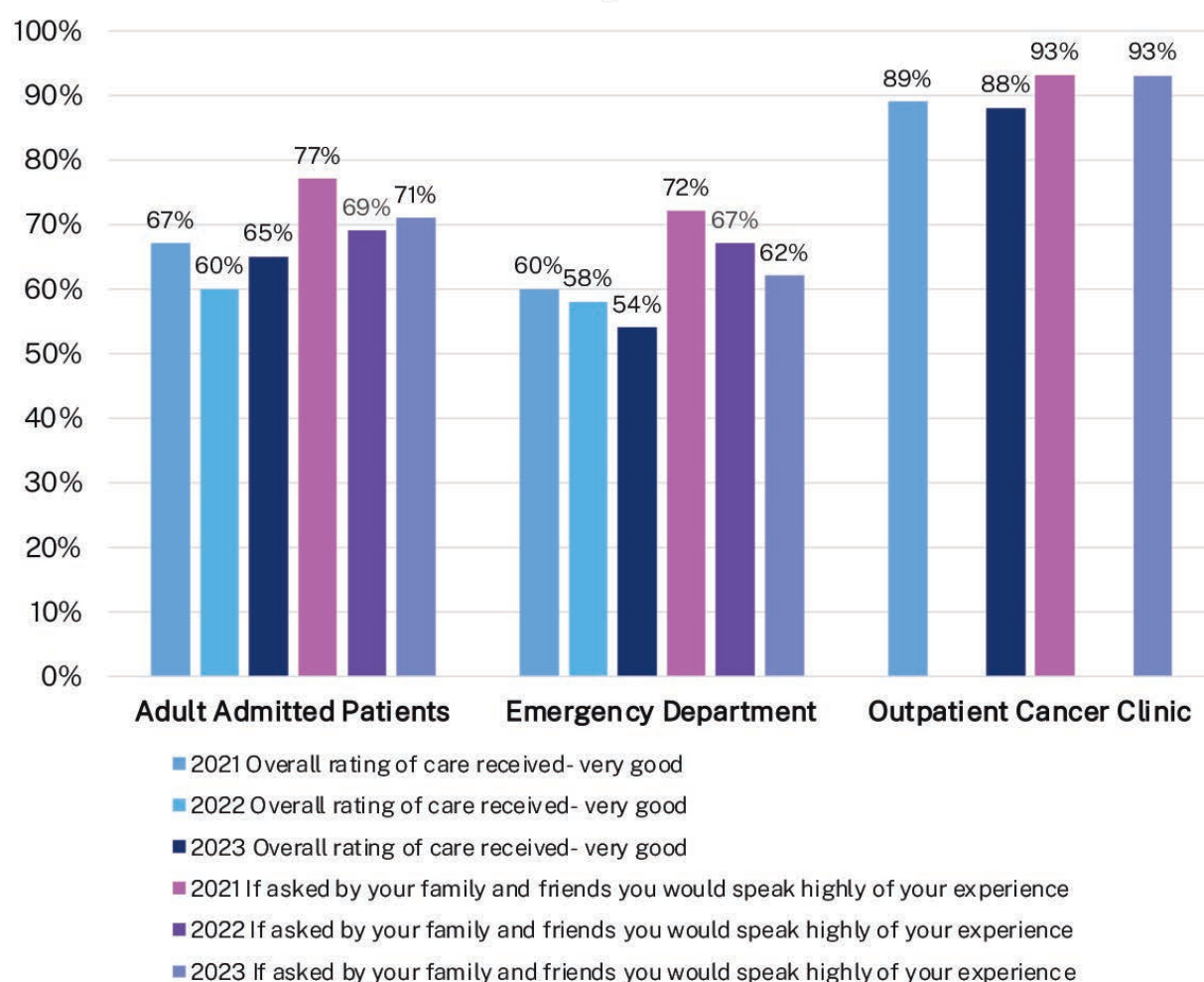
Illawarra Shoalhaven Local Health District (ISLHD) participates in the New South Wales (NSW) Patient Survey program by the Bureau of Health Information (BHI). Summaries of ISLHD results are provided to sites and services for review annually. Local site and service managers address areas identified for 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. Three patient surveys that included ISLHD facilities were conducted during 2022-2023 and reported in 2024. The comparison graph below shows the responses from 2021 to 2023.

- Adult Admitted Patient Survey, January to December 2021, 2022 and 2023
- Emergency Department Patient Survey, July to June 2020-2021, 2021-2022, 2022-2023
- Outpatient Cancer Clinics, January to December 2021 and 2023 (No survey was conducted in 2022).

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



BHI Patient Survey Results for ISLHD



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. PRMs are captured in patient surveys at the point of care. The Health Outcomes and Patient Experience (HOPE) digital platform, which integrated with the electronic medical record (eMR) in 2023, is where surveys are collected, results are viewed, and aggregated reports can be

created. At the individual level, 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 New South Wales about where it is performing well and where there are opportunities for improvement. PRMs ensure our patients have the best possible experiences and outcomes from their healthcare and help drive improvements in the safety and quality of that care.



*Capture the patient's perspectives about how illness or care impacts on their **health and well-being***



*Capture the patient's perception of their **experience with health care or services***



On 28 November 2023, ISLHD was the first district in the state to reach the milestone of **10,000 PROMs** collected since the inception of the HOPE platform in February 2021.

440 surveys collected a month	2684 patients registered and consented	5283 PROMs collected in the past 12 months	13786 PROMs collected to date
Average number of surveys collected across ISLHD each month - 32 active locations, 17 clinical programs.	Number of patients who are currently registered and have consented to participate in the PRMs program on the HOPE platform.	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.	Total number of Patient Reported Outcome Measure surveys collected since the HOPE platform went live in 2021.

**data at 30 August 2024*

Highlights from services collecting PRMs on HOPE

Locations that went live on the HOPE platform in 2023 - 2024:

- Shellharbour Medical Ward;
- Quick Access Response Team (QuART) in Wollongong and Shoalhaven;
- Transitional Aged Care Program in Wollongong, Shoalhaven and Figtree Private Hospital;
- Respiratory Outreach Service and Asthma Service in Wollongong;
- Illawarra Brain Injury Service at Port Kembla and Nowra;
- re-launch in Dapto Chronic Wounds clinic.

The **Wollongong Diabetes Service** – ‘PROMs have helped me make a breakthrough with what really concerns the client when I was getting nowhere with the current plan.’ – a clinician.

The **Shellharbour Hospital Medical Ward** (live on HOPE in December 2023) is currently the district's top collector of PREMs on HOPE. The PRMs team used a unique pre-implementation strategy of focussing on staff wellbeing prior to introducing PRM change management on this ward. This was done using ISLHD's very own SEED staff well-being program.

The **Osteoarthritic Chronic Care Program** (OACCP) in Wollongong and Shoalhaven have collected over 7800 PROMs to date - 57% of all PROMs collected. The Shoalhaven OACCP have a well-established workflow, where the majority of patients are completing their PROM surveys at home online prior to their appointment. This improves the overall efficiency and process of PROM review during the clinic.

The **Bulli Day Rehabilitation Service** presented their successful implementation of PRMs at a statewide Rehabilitation Showcase in June 2024. The service has also worked with the ISLHD Allied Health Performance and Strategy Lead to analyse their HOPE data to look at gaps in service provision and opportunities for improvement. Their data analysis was presented at the 2024 PRMs Symposium.

The **Transitional Aged Care Program** at Port Kembla and Nowra have developed a local workflow where they report on PROMs in every case conference in a multidisciplinary setting. Analysis of data collected since the service went live in November 2023, has identified that the top three areas of concern were problems with physical function, ability to participate in social roles and activities, and pain interference. Aggregated data also demonstrated that patients reported improvements in every domain of quality of life from survey results collected at the start and the end of the program.



Clinical Program Snapshot

PRMs in Aboriginal Health

A spotlight was shone on the **Aunty Jeans Program** (Wollongong and Shoalhaven) in a showcase of PRMs in ISLHD presented to the Agency for Clinical Innovation (ACI) executive staff. The team will also present the successful implementation of PRMs in the Aunty Jeans Program at the statewide PRMs Community of Interest meeting in September 2024.

The PRMs team held a half-day training session for the Aboriginal Health staff from the Aunty Jeans Program to improve their understanding of and confidence in using PRMs. Feedback included:

‘Thanks for a great session today. It was great learning more about how this pilot came about and how we are moving forward with this project into Aboriginal communities and leading the way for other districts and setting the benchmark.’



Other PRMs highlights

The PRMs team have collaborated and consulted with the Mental Health team in ISLHD to refine our approach to psychological safety for staff and patients in the use of PRMs.

The PRMs team have developed a suite of short training videos to support PRM users in how to use PROMs clinically and how to navigate the HOPE platform.

The PRMs team conducted a district-wide survey to review the impact and quality of our support. Key findings suggested that our approach to date regarding rounding with services that have gone live with HOPE aligns with clinician and administration staff preference.

The PRMs team have provided expertise and consultancy in PREM development for a range of services that do not use HOPE, including Interventional Radiology, Cancer Services, Child and Family, Medical Imaging, Ambulatory Outpatients, Spasticity Clinic, Physiotherapy Outpatients, Renal and the High-Risk Foot Service.

Future plans

Scoping and planning for 2025 is underway, with proposals to implement PRMs in:

- Maternity,
- Chronic Wound Care (more locations),
- Renal – dialysis and home-based programs,
- Aged Care Ward at Shellharbour Hospital,
- Geriatric Outpatient Therapy Unit (GOTU),
- Palliative Care
- and wards serviced by Occupational Therapists at Bulli Hospital.

Other areas of focus over the next year include improving equity of support to all locations across the LHD, increased support for PRM users around the use of PRM data, ongoing support for services/wards collecting PREMs and assistance in implementation for those eager to start.

The PRMs team are part of several statewide projects including the development of Aboriginal resources for staff and consumers, the development of short training videos for PRM users in NSW, and resources to support services to shift from paper based to digital methods of PRM collection.

Mr P's Story – Aunty Jeans Program

After completing the PROMIS 29 survey, Mr P was showing signs of anxiety and high levels of pain. Mr P explained his situation in more detail during a conversation with the Aunty Jeans Program facilitator when discussing his results. A Mental Health home visit was arranged immediately. Following this visit, it was clear Mr P had improved as his pain was much better managed, and he was in a happier state. The facilitator was able to offer him the Get Healthy Program which offers over the phone Health Coaching sessions to maintain his general healthy lifestyle. This story also shows the timely response from our district mental health services and the strong referral pathways now in place for the program.

Our Consumer Feedback

"The entire team, including doctors, nurses, admissions and ward staff have been so lovely during my stay. They have all been so compassionate and amazing to me and other patients. They are so incredibly hardworking and such amazing people. They have made my stay so enjoyable and deserve recognition for their amazing work."

"I wanted to pass on my thanks to everyone for taking the time and care. It is so greatly appreciated. From the moment I got there the staff were extremely prompt, friendly, understanding and thorough. I was treated quickly and accurately. Each member of staff took the time and care to ensure I was as comfortable as can be. In what I can imagine could often be a thankless job, please know you are all greatly appreciated. "

"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."

"I wanted to pass on my compliments for the entire experience. The efficient, courteous way I was attended to and the efficiency of all the staff, including at reception, triage, doctors and the courtesy lady in the waiting room, all were very impressive. I have visited overseas hospital emergency departments and our facilities here are far superior. Well done to everyone concerned - I have to say I was most impressed. Thank you for the experience."

"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."

"All the staff that attended to 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."

"All people from start to finish were absolutely amazing with my daughter. As soon as we entered the building the staff at the front desk were so professional, yet caring. The nurse was so great with her - calming both of us down. She was professional, had a calming nature, and showed us both compassion. The doctor was amazing and extremely thorough with his examination and explanations. They should be commended on their care and professionalism."

"Thank you to each and every staff member. The work that you did was outstanding. Your entire staff came to her aid within a few seconds of us arriving, and it was amazing the way they handled the situation. They left no stone unturned in ensuring the safety of our daughter. They constantly asked her if she was ok and how she was feeling. I can't thank you enough!"

"I am so thankful for you making what was a horrible medical situation for me manageable and comfortable. I'm so very thankful for the doctors and nurses. My condition was dealt with speed and accuracy. The level of care given by all my nurses was exceptional. You are all a credit to your profession, and I know 'thankyou's' don't equate to much, but I want to pass it on anyway. You guys are awesome! Thank you!"

"I want to pass on my heartfelt gratitude and to commend the work of your 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."



ISLHD's Carer Program

The Carer Program raises awareness of the role of carers, helps connect them to services, and assists health services to both recognise and include carers as partners in care. Carers support people who have chronic illnesses, disability, mental health conditions or are frail and aging. Carers regularly engage with the Illawarra Shoalhaven Local Health District (ISLHD), through supporting patients, clients and users of health services, or as patients themselves. ISLHD recognises the unique knowledge and experience that carers contribute. Involving a carer as a partner in care both benefits health staff and improves outcomes for patients.

The ISLHD Carer Program provides carers with information and education about carer support services and resources to help navigate the carer journey, both in the community as well as in the health services. This year is the 8th anniversary of the Carer Program's three-day Carer Education Program which is held across the district. The program provides carers with a comprehensive overview of services and supports they will likely need to use or know. This includes information on My Aged Care, the National Disability Insurance Scheme (NDIS), Legal Planning Ahead, Advance Care Planning, Financial support, Carer supports, Advocacy, Working with Health Services, Stress Management and Carer Health and Wellbeing.

Between 2017 and 2024, thirty Education Programs were run across the district with over 350 carers attending. The program content is continuously adapted in response to government policy, service changes, and carer evaluation of the program to ensure that the information provided is up to date and meeting carer's needs.

In 2024, the Carer Program facilitated the first Disability specific Carer Education Program, delivered

online. Over the years program feedback and evaluation identified increasing numbers of carers reporting the need for carer education in supporting children and young people with disability. The feedback indicated that a tailored program would be beneficial. One of the five annual programs was redeveloped to incorporate specialist disability information in consultation with ISLHD staff, including the Disability Team, Child and Family team and Allied Health team, as well as our NDIS partners. Several specialist guest presenters were engaged, including a consumer who shared her story and journey as a peer carer. The Disability specific program will run again, online in 2025, due to the positive feedback from carers who attended.

In 2020 the Carer Program started a Carer eNews as an alternative means of communication to carers. As carers complete an education program they are invited to sign up to the Illawarra or Shoalhaven edition of the Carers eNews which in 2024 goes out fortnightly to over 200 carers across the district. This platform aims to keep carers informed about arising services, supports and ISLHD consumer engagement opportunities. From this, carers have taken part in ISLHD Way Finding activities, Patient Information Portal (PIP) consumer review activities, and Consumer Advisory Council membership.

In 2024 the ISLHD Carer Information Booklet was reviewed and updated. First produced in 2018, the booklet is now in its fourth edition. Providing comprehensive information for carers it is well utilised across the district and available at many facilities and services. It covers information from legal and financial, aged and disability service systems, carer supports as well as ISLHD services both hospital and community based.

Achievements in Improving the Patient Experience

The Kind Side – Stories from NSW Health podcast

Helping to grow our culture of kindness

On 11 June 2024, the Illawarra Shoalhaven Local Health District (ISLHD) launched The Kind Side: Stories from NSW Health podcast. The podcast features conversations with ISLHD consumers, carers and healthcare workers to help us better understand each other and inspire more acts of kindness in health. The Kind Side was created by Frances Wood, Acting Quality Manager, together with consumer and carer, Stacey Lewis with funding and in-kind support from the NSW Ministry of Health KINDLAB, an Elevating the Human Experience initiative.

Kindness contributes to safe quality health care

Frances and Stacey were inspired to create a podcast to help grow our culture of kindness at ISLHD, improve experiences, and contribute to safe quality health care. Research by Civility Saves Lives found that clinicians who experienced incivility (rudeness) at work felt their performance was impacted. This creates a risk for safe quality care. Their research also found that people who witness rudeness are impacted too. This creates a risk for attracting and retaining healthcare workers and consumer outcomes and experiences. Promoting and encouraging kindness in health is the anecdote. Kindness can stem from love, altruism or empathy. Listening and reflection increases empathy, and a podcast is an effective medium for listening.

Creating a podcast to build empathy and inspire more kindness in health

To create the podcast, Frances and Stacey utilised the ISLHD Healthcare Experience Storytelling Program to co-design a process to recruit people to interview, enable informed consent, and manage confidential information. It was important to amplify diverse voices through the podcast by seeking out people with a variety of experiences as consumers, carers and healthcare workers. So far episodes, include Aboriginal health, multicultural health, mental health, and LGBTIQ+ topics. The conversations were recorded at ISLHD hospitals and community health centres using a portable microphone and published online.

Listeners reported having a better understanding and feeling inspired to be kinder

So far, The Kind Side podcast has achieved over 1,000 downloads. This is the number of times episodes have been downloaded to listen to. We surveyed 150 healthcare workers and 25 consumers after listening to a podcast episode. 94% of staff and 97% of consumers agreed or strongly agreed they:

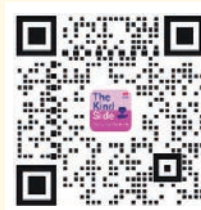
- Had a better understanding of the person.
- Felt inspired to perform more acts of kindness.
- Would commit to performing an act of kindness that week.

One consumer said “The podcast is fantastic! So inspiring, moving and uplifting! I was surprised by how much I learnt about various roles and experiences. The way you gently draw out the overt and covert examples of kindness is wonderful. Thanks for such a great effort and outcome.”

Be part of The Kind Side community

Everyone can help to grow our culture of kindness in ISLHD:

- Listening to the podcast.
- Promote the podcast to colleagues, friends and family.
- Explore opportunities to incorporate episodes into healthcare worker, student, and consumer activities (we have a facilitator guide and survey available for use).
- Connect us with consumers, carers, and healthcare workers to record podcast episodes with.
- Role model kindness in health.



Aligned to Future Health & ISLHD Strategic Outcomes

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

Hope and Empowerment with Co-Designed Recovery Tools

A peer-led investigation into the mental health consumer experience, identified consumers receive minimal information about what to expect from their admission or strategies to implement after discharge. Other issues included inconsistent and minimal readily available printed information regarding the mental health unit, psychoeducation and other available Mental Health Services, information was not available in a consolidated format, and orientation materials were generalised in nature and non-site specific with gaps in information. Only 31% of consumers rated information 7 or higher on a 10-point Likert scale -10 being most satisfied with information provided.

This project aimed to improve from 31% to 90% consumer satisfaction regarding information provided to Mental Health consumers during the course of admission at the Wollongong Hospital Mental Health Unit. (WHMHU). The objective was to empower consumers to navigate and take greater ownership of their recovery journey through greater access to information about local Mental Health Services, their treatment and holistic health information supporting wellness and recovery.

Identifying the above issues provided a clear direction for the development of two separate mental health information resources:

- An orientation manual to the unit titled the Welcome Magazine (Phase 1): An inpatient unit orientation manual providing facility-specific, comprehensive information to the consumer that was implemented as a pilot at the WHMHU.



- A wellness and service directory titled The Recovery Magazine (Phase 2): A multi-purpose interactive recovery tool providing information on wellness and recovery strategies, Mental Health Services and supports, and features the voice of lived experience throughout the document.



The combination of the two resources provides information following the consumer journey from admission to post discharge.

The team took an innovative approach by consolidating information and moving away from the standard formats of forms, brochures, and fact sheets. Consumers were previously provided with numerous of brochures which were often overwhelming and/or were misplaced. Both magazines are holistic, co-designed with consumers and carers, and collaborative projects between clinical and non-clinical staff. The Recovery Magazine is written in plain English and provides a whole person approach to wellness with interactive activities. The magazines are visually engaging, recovery focused and provide consumer and carer centric information in a non-clinical format.

As of May 2024, consumer satisfaction rates increased from 31% to 60% following the implementation of Welcome Magazine. There was also an increase to 90% in consumer satisfaction following the implementation of the Recovery Magazine. Evaluation was conducted with 40 consumers from the pilot group that received the Recovery Magazine. 100% indicated they utilised the tools within the magazine to develop recovery goals and coping strategies, with staff either individually or in a group setting.

Both the Welcome and Recovery Magazines have become standardised processes to disseminate recovery and consumer-focused information. The Recovery Magazine has replaced numerous separate documents and pamphlets that were being printed. It provides an efficient means of imparting information to consumers that would otherwise be provided ad hoc and inconsistently between different staff members. Over 600 Welcome Magazines and 50 Recovery Magazines have been distributed to date.



Primary School Mobile Dental Program

The Illawarra Shoalhaven Local Health District (ISLHD) Primary School Mobile Dental Program (PSMDP) provides free dental services to primary school aged children within the school setting. This program commenced across Illawarra & Shoalhaven in October 2023. Children enrolled in participating primary schools have access to free dental care through this program. The program is delivered by experienced oral health professionals, using a combination of fully equipped dental vans on school grounds and portable dental equipment set up inside school facilities.

The primary focus of the program is providing efficient and effective dental care to those who need it most, with particular attention on ensuring identified treatment needs are addressed.

Since October 2023, the ISLHD PSMDP has delivered dental treatment to 1500 primary school children across 14 ISLHD participating primary schools.

The program has received positive and complimentary feedback from schools and parents as the program meets the aim of improving accessibility of services and importantly aiding in early oral health intervention and prevention in the primary school setting.



All of Us Workshop 2023

All of Us: A Guide to Engaging Consumers, Carers and communities across NSW has been designed with consumers, carers and staff and supports consistent, useful and respectful consumer engagement across NSW Health and is intended to be a supportive resource that can be integrated or used alongside existing materials.

All of Us focuses on engaging consumers, carers and communities at the level of the service and organisation, in activities such as the design, implementation and evaluation of health policies, programs and services.

The guide is a website rather than a document. It includes six ways of working to use across any project, as well as tools, methods, videos and tips to support people leading and taking part in consumer engagement.

On the 5 September, 2023 Illawarra Shoalhaven Local Health District (ISLHD) was the first district to hold a workshop for interested staff, consumers, carers to introduce All of Us and start conversations about the six ways of working and tools.

The purpose of the workshop was to:

- Introduce people to the Guide
- Explore how it might build on existing local practices
- Explore the six ways of working (called core ingredients)
- Explore selected tools and launch a new tool: the method cards
- Champion and implement the ways of working locally by identifying what's already working locally and practical ways the tools and guidance in All of Us could build-on and strengthen local practices.
- Learn how to use the tools and guidance within All of Us so that local leaders can support others within the district to do the same.



Gathering of Kindness 2023

The 2023 Gathering of Kindness was celebrated by Illawarra Shoalhaven Local Health District (ISLHD) during the week of 13th-17th November 2023. The 2023 theme was MY KIND of Experience – Reframing Quality and Safety, which explored the actions and moments that matter to us all in transforming experiences in healthcare.

Kindness plays a huge role in the way we interact with our patients and consumers and their family members and carers. Providing high quality, safe and effective care and services will always be fundamental to how we work, but we are also placing a much stronger emphasis on the entire experience of those accessing our services.

Put simply, we know that the services we provide are about much more than the clinical care people receive – it is also about how people are treated and the way they are made to feel. We receive a lot of positive feedback across the district and while we often receive thanks for helping improve people's health, by far, it is the feedback about the kindness and compassion of our staff that generates the greatest amount of praise.

Every single member of the ISLHD team contributes to the overall experience people have, which is why initiatives promoting kindness are a reminder to us all to reflect on our practice and interactions with others.

ISLHD celebrated the 2023 Gathering of Kindness by hosting various in-person and hybrid sessions across the district. ISLHD Emergency Department Staff Specialist, Dr Bishan Rajapakse and other NSW Health colleagues participated on a panel for The Great Debate: is kindness soft and fluffy? We cheered on Quality & Accreditation Manager Frances Wood as she pitched her idea as part of KINDLAB: Cultivating Innovation in Kindness and Compassion (a unique adaption of the popular TV show 'Shark Tank'). Fran's submission The Kind Side: Stories from NSW Health was one of six projects shortlisted from over 50 submissions across NSW. Fran co-designed her KINDLAB submission with two consumers, with the idea to create a podcast to increase empathy between people in hospital and inspire acts of kindness.

The Clinical Governance Unit (CGU) hosted three workshop sessions Promoting, Celebrating and Cultivating Kindness facilitated by Dr Reetu Verma, Senior Lecturer at the University of Wollongong. Dr Verma is an academic, life coach and entrepreneur, building heart-centred business in the area of Healing, Health and Happiness to improve the lives of others. The aim of these workshops was to reframe quality and safety by demonstrating the importance of taking care of ourselves to ensure we can give the best care to our



patients, carers, families, ourselves and community. The workshops aimed to ensure staff wellness was recognised, and emphasised that being kind to ourselves (staff) enhances workplace satisfaction and happiness, and may lead to a reduction in clinical errors and ultimately improves quality and safety for patients and their families. Each session covered tips for practicing kindness to self, and others, as a priority for wellbeing. These sessions provided an opportunity to share challenges and opportunities so staff could learn from each other, provide opportunities to initiate reflective practice, and embed new ideas for growth and healing in a safe and nurturing environment.

'Watch' parties occurred at various sites where all staff enjoyed food platters that were sent out to teams across the district. The celebrations focussed on teams that do not usually get to participate in celebrations including Fleet Services, Clinical Information, Finance, Community Health, Peri-operative Services, Physiotherapy, Renal Services and Administrative staff.

2023 Peri-operative Nurses Week was also celebrated during the 2023 Gathering of Kindness. With a little help from the SEED team, the Peri-operative Nursing staff came up with some fun ways to celebrate the week. Staff participated in various fun activities including guessing games with prizes, lots of food to connect over at morning teas and an annual high tea event.

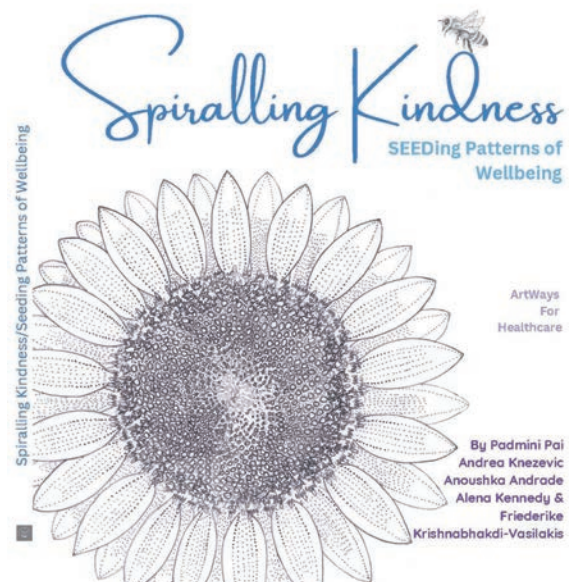
Spiralling Kindness - SEEDing Patterns of Wellbeing

ArtWays to Healthcare

In November 2023, at the NSW Gathering of Kindness, the Ministry of Health launched the Spiralling Kindness book. This book was designed as a tool to bring kindness and joy to ourselves during the day and to help take a short break for people working in the healthcare sector and beyond. A workday can be overwhelming and stressful at times and the goal of this book is to decompress and reset our minds and hearts. The exercises aim to foster a habit of caring for self and our wellbeing through affirmations and doodling.

The book was developed in collaboration between the SEED Program which is a workplace wellness initiative from Illawarra Shoalhaven Local Health District (ISLHD) and ArtWays, a local Art and Wholeness Project located in Wollongong, New South Wales.

This book was created with the kind support and funding put forward by the Medical Research Future Fund of the National Health and Medical Research Council (NHMRC). Spiralling Kindness is available for purchase on Amazon.com.



Human Experience Week 2024

New South Wales (NSW) Health has a long and proud history of celebrating Patient Experience Week. In 2023, NSW Health responded to staff and consumer feedback and moved from celebrating Patient Experience Week to Human Experience Week. This change emphasises the strategic importance of patient, carer, family and staff experience (Human Experience).

In 2024, Human Experience week was held from the 29 April to 3 May 2024, and the theme was to Innovate to Elevate, which focused on exploring the importance of amplifying voices to inspire hope and the important shift from surviving to thriving – removing the pebbles in our shoes to transform experiences.

The Illawarra Shoalhaven Local Health District (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) and People and Culture Directorate worked closely with the Ministry of Health to make this week a success.

The program of events included:

- Music – performances at our facilities by local musicians and multicultural dance groups provided entertainment for both staff and consumers

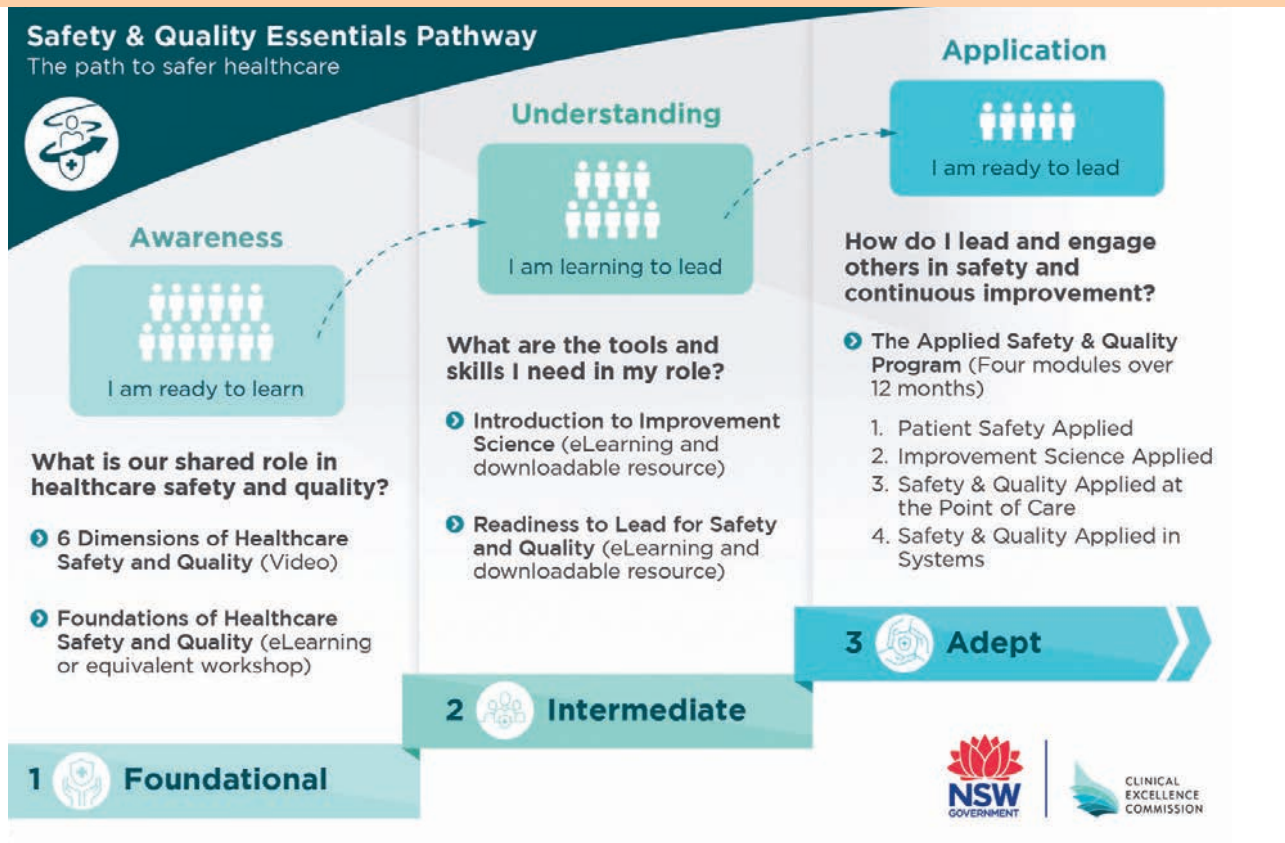
- Hope discussions – teams were supported to listen to an episode of The Kind Side podcast, and then reflect on the themes and how they were relevant to them. Refreshments were provided to support these discussions
- Coffee buddies – staff and patients in sub-acute environments were paired up to engage in meaningful conversations over a coffee. This provided space to connect human to human
- Human Experience Week Showcase - in-person and virtual events were held to showcase the amazing innovative work occurring across NSW to elevate the experience of all our consumers and staff.

All of these activities supported all people in our health care environments to have time for reflection and connection, enabling conversations, and to take some time out of their day to have some enjoyment and move from surviving to thriving.



4. A workplace culture that drives safe, high-quality care

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



Achievements in improving Workplace Culture and Leadership

Safety and Quality Essentials Pathway Program

The Safety and Quality Essentials Pathway Program continues to evolve within the Illawarra Shoalhaven Local Health District (ISLHD). Since the Clinical Excellence Commission (CEC) released the program in 2021, ISLHD's Clinical Governance Unit has continued to introduce new and exciting components across all of the three levels of the pathway.

Level 1: Foundational

The Foundational Level training aims to build staff awareness of the shared role in healthcare safety and quality. To support our staff and their different learning styles, interactive face to face Foundational level

training is now offered across all sites and services. To date, 540 staff have completed either the eLearning or face to face training.

Level 2: Intermediate

The Intermediate level training is designed for emerging local leaders of safety and quality and aims to build an understanding of the tools and skills needed to lead continuous improvement. To support a deeper learning in quality and safety, ISLHD has introduced an interactive face to face two-day Intermediate Level training in 2024. The workshop topics include Introduction to Improvement Science Methodology (day 1) and Readiness to Lead (day 2). To date, over 100 staff have completed the eLearning modules, with an additional 25 staff registered to complete the face-to-face training in October 2024.



Level 3: Adept – Applied Safety and Quality Program

The Adept level training program is now well embedded within ISLHD. This level is designed for local leaders of safety and quality with a focus on workplace application to build local capability and lead continuous improvement. To date, 40 staff have completed this 12-month program, with a further 23 staff currently completing the program throughout 2024/2025. The 12-month program has expanded in 2023/2024 and now includes 360-degree feedback surveys and an additional session on Leadership Styles.

In 2024, we are introducing two electives for participants and faculty members: Reflective Practice and Unconscious Bias and Questionnaire Design workshops. These electives will also be offered to all ISLHD staff in 2025. In addition, many of the Safety and Quality Program Faculty members have further developed their skills by completing the following Clinical Excellence Commission's electives: Facilitating Engaging, Active and Experiential Learning; Virtual Facilitation and Moderating Intensive; Reflective Practice workshops, Coaching Skills Applied for Safety and Quality, Story Sharing to Influence Safety and Quality and Questionnaire Design.

The calibre of projects being undertaken by the participants of the 2023-2024 Adept level program continues to improve, with many project outcomes making a significant difference to patient safety and service delivery. A sample of 2023-2024 program projects outcomes include:

- Improved recognition and escalation the deteriorating patients for better patient outcomes
- Improved completion of patient risk screens within 24 hours of admission
- Reduced Urinary Tract Infection rate in General Surgery patients
- Increased health and development screening for eligible 4-year-old children attending early learning centres
- Improved Level 2 Clinical Procedure Safety checks in Medical Imaging.

Aligned to Future Health & ISLHD Strategic Outcomes

Staff are engaged and well supported

- Build safe and positive work environments
- Grow and empower our people

Elevating the Human Experience

The term 'Elevating the Human Experience' is now well entrenched in the health lexicon as we continue to place a stronger emphasis on the entire experience of people accessing our health services and facilities.

The Elevating the Human Experience (ETHE) – Our Guide to Action vision describes what the New South Wales (NSW) public health system, working in partnership with patients, families, carers and caregivers, can do to make their experiences positive and personal. The goal is to transform the way staff partner with patients and acknowledge the powerful voice of our consumers. By doing so, we will set new standards for excellence in human experiences – for every person, every time.

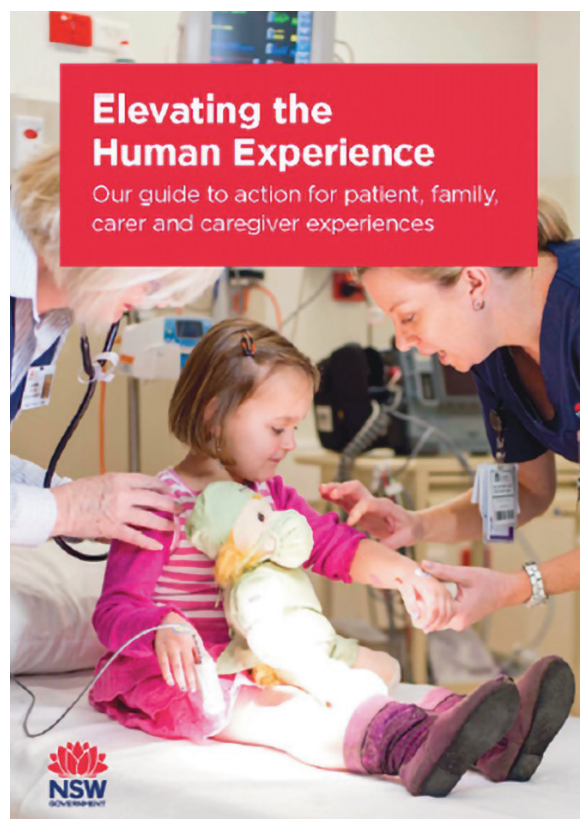
Each year, events such as Human Experience Week (April/May) and the Gathering of Kindness (November) give us a platform to celebrate exceptional patient and staff experiences however, our focus on ETHE remains a commitment every day of the year.

The Illawarra Shoalhaven Local Health District (ISLHD) ETHE Community of Practice continues in its third year. Formed in August 2021 the group aims to work towards ETHE across ISLHD. The objectives of the Community of Practice are to:

- Provide a forum to connect like-minded people across ISLHD who are passionate about giving and receiving exceptional human-centred care
- Share discussions and garner the ideas and possible initiatives from our ISLHD community
- Support the vision, purpose and aspirations of the NSW Health in the ETHE strategy.

The SEED Staff Wellbeing Program have continued their work throughout the year promoting holistic wellness and connections in the workplace community. Following the successful implementation of the SEED Program in 2023, the SEED Team have since focused on presenting the SEED Program to different sites and services within ISLHD, to invite the implementation of creative wellbeing strategies within the workplace.

A key milestone was the delivery of several SEED Introductory sessions throughout ISLHD from January to June of 2024. The SEED team presented at the St Vincent's Hospital Network, the Clinical Excellence Commission, Shoalhaven Drug and Alcohol Service as well as the ISLHD Infection Management and Control Service. The workshops invited deep reflection, connection and mindfulness and invited participants to reflect on their own work sites and brainstorm initiatives that could be implemented to improve the collective wellbeing of their workplace. Throughout these sessions, the SEED initiatives such as the Affirmation Cards, Kindness Kits and Spiralling Kindness Doodling books were introduced to participants as tangible tools for wellbeing.



On 4-6th October 2023 ISLHD staff from varying departments and roles participated in a three-day retreat at the Nan Tien Temple. The retreat was funded by NSW Health from the 2022 Workforce Recovery Grant.

The intent of the residential retreat was for staff to take time away from their busy roles to explore Person Centredness in a serene environment. Person Centredness is viewed as a way of being and practicing in everyday life. It involves thinking creatively, problem solving and showing mutual respect to all. It is not something to do intentionally but rather a way of being - how one interacts with people, and how people hold themselves accountable for the ways in which they behave.





A group of 20 staff attended, and the event was facilitated by:

- Professor Brendan McCormack – Head of School and Dean, Susan Wakil School of Nursing and Midwifery (Sydney Nursing School), Faculty of Medicine and Health, University of Sydney
- Associate Professor Dr Maria Mackay - Academic Lead and Associate Professor, Indigenous Health Graduate School of Medicine, Ngarruwan Ngadju First Peoples Health and Wellbeing Research Centre
- Dr Padmini Pai, SEED Program Lead.

Day 1 included sessions on the Ecology of personhood by Professor McCormack, Human Flourishing by Associate Professor Mackay and wellbeing practices by Dr Padmini Pai.

Day 2 involved some creative work with ArtWays and participating in a Yarning Circle led by Associate Professor Mackay and Ashlee Williams-Barnes.

Day 3 comprised of some theory work on the Theory U and the Person-Centred Practice Framework led by Professor McCormack.

Attendees also had the opportunity to participate in early morning chanting, bell ringing ceremonies and Tai Chi with Temple Monks. The Retreat was meaningful to all participants who had a chance to “press pause and decompress”, connect to SEED practices, use SEED Affirmation Cards, and relate theory to practice. Staff reported feeling refreshed and rejuvenated.

Aligned to Future Health & ISLHD Strategic Outcomes

Staff are engaged and well supported

- Build safe and positive work environments
- Grow and empower our people



Staff Achievements

2024 NSW Excellence in Nursing and Midwifery Awards - Finalist

Aboriginal Nurse/Midwife of the Year

Binji and Boori Illawarra registered midwife, Tamara Blanch, was named among the finalists in the Excellence in Nursing and Midwifery Awards 2024.

The Awards recognise the outstanding contributions and excellence in practice of the state's nurses and midwives.

Tamara is one of three finalists in the Aboriginal Nurse/Midwife of the Year category. This award recognises an outstanding Aboriginal and/or Torres Strait Islander nurse or midwife who demonstrates exceptional commitment to the provision of quality, safe, compassionate and culturally appropriate health care of Aboriginal and Torres Strait Islander peoples and/or communities. This nurse/midwife is committed to improving care and advocating for better delivery of healthcare services to Aboriginal and Torres Strait Islander peoples and/or communities.

Tamara is a proud Yuin woman who started work with the Binji and Boori Aboriginal Maternal Infant Child Health (AMICH) service 20 years ago. Realising a passion for midwifery, Tamara completed a Bachelor of Midwifery in 2011.

Here is an excerpt from Tamara's nomination:

"Tamara works tirelessly for Binji and Boori, going above and beyond to plan and implement community development programs for families, sourcing educational and development opportunities for the team as well as developing team building sessions."

"Tamara was a key stakeholder in a redevelopment of the model of care for the antenatal team in 2023, using her knowledge of community and culturally appropriate antenatal care so that the team could continue to provide culturally and clinically safe care to each woman who reached out to the team."

"Tamara planned the team's first smoking and welcome-to-country ceremony held in November 2023, a ceremony that was held in high regard by the families and the wider community that attended. This was held at Killalea at a site adjacent to the traditional birthing tree and will now be an annual event."

"Tamara is well known for her wonderful sense of humour and knows those moments when her colleagues and families need a good laugh. She is kind, caring, non-judgemental, very empathetic, and most of all an amazing advocate for the women and their families in her care."

2023 Allied Health Professionals Day

Each year, our organisation uses Allied Health Professionals Day (14 October) as an opportunity to celebrate the significant contribution of our Allied Health colleagues right across the district.

The 2023 theme 'Stronger Together' reflects the collaborative spirit within our district's multidisciplinary healthcare teams. Celebrations occurred throughout the month of October, and a number of outstanding clinicians were nominated as part of the 2023 event

- **Allied Health Professional of the Year**
Caitlin Reid, Physiotherapist, *Quick Access Response Team, Shoalhaven District Memorial Hospital*
- **Allied Health Leader of the Year**
Anna Fulford, Allied Health Team Leader, *Community Palliative Care Service*
- **Allied Health Educator of the Year**
Emma Woods, Speech Pathology Educator, *Adult & Paediatric Speech Pathology Service*
- **Allied Health Researcher of the Year**
Pete Destry, Social Worker, *Community Mental Health Rehabilitation, Mental Health Service*
- **Early Career Allied Health Professional of the Year**
Amelia Logan, Dietetics, *Wollongong Hospital Mental Health & Oncology*
- **Allied Health Assistant or Technician of the Year**
Simona Connor, Allied Health Assistant, Allied Health Assistant, *Occupational Therapy, Illawarra Hospitals Group*

2023 Illawarra Shoalhaven Health Education Centre (ISHEC) Awards for Teaching Excellence

The ISHEC Awards for Teaching Excellence were recently announced. These awards recognise and reward significant and outstanding achievements in clinical teaching and learning. All the nominees have contributed significant service to clinical education and learning.

Congratulations to Antonia (Toni) Champion, Clinical Nurse Educator, Oncology /Haematology, who was awarded the Emerging Educator Award, and Elizabeth (Lis) Murphy, Social Work Educator, who won the Margaret Swinton Award for Teaching Excellence.

The Emerging Educator Award recognises a junior clinician (less than five years in health) who has given enthusiastic and extensive service in teaching and learning. Toni has a commitment, enthusiasm and passion to clinical education, involving a steadfast dedication to providing high-quality, effective, and up-to-date instruction to students and staff.

The Margaret Swinton Award for Teaching Excellence recognises a clinician who embodies a career giving distinguished and extensive service in education with a special focus on multidisciplinary education. Lis has worked in health for over 30 years. She was the first Social Work Educator in NSW Health and provided leadership and vision to establish this role across the state. She has been involved in developing social work education strategic plans for ISLHD and NSW Health, and pioneered the social work Stories Podcast with the University of Wollongong.





2023 NSW Premier's Award winner – ISLHD Cancer Clinical Trials Unit

Congratulations to the Illawarra Shoalhaven Local Health District's (ISLHD) Cancer Clinical Trials Unit at Wollongong Hospital, which was announced the winner of the Outstanding Cancer Clinical Trials Unit award at the NSW Premier's Awards for Outstanding Cancer Research.

The ISLHD Cancer Clinical Trials Unit is driving healthcare improvement through clinical trials in Haematology, Medical Oncology and Radiation Oncology, and positively impacting patient outcomes. The unit has achieved remarkable milestones for the local cancer community, including:

- Structured expansion of a self-funded trials unit in a regional public health organisation under the guidance of an experienced Cancer Clinical Trials Manager.
- Ten-fold increase in the number of clinical trials conducted over 8 years, now with more than 75 active cancer clinical trials.
- Establishment of a diverse workforce of 26 staff in the self-funded trial unit who have come from science, physics, nursing, pathology and business backgrounds.
- Provided access to trial treatments for more than 100 patients in 2022 alone.
- Development of partnerships with pharmaceutical and academic partners driving business development opportunities.
- Initiating clinical trials in rural Cancer Care Centres resulting in 10 active trials aiming to reduce disparity in access to clinical trials for regional and rural communities.
- Increasing the diversity of trials, treating more than 23 different cancer types.

Recognition for Wollongong & Shoalhaven Hospital Stroke Teams

The Wollongong Hospital Stroke Team were awarded a prestigious World Stroke Organisation (WSO) Angels Gold Status Award for meeting the highest standards in stroke treatment and care. To achieve WSO Gold status, a hospital must demonstrate outcomes including optimum time to treatment, coordinated care, appropriate scans and screening, and ensuring patients are discharged on medications to minimise further risk of stroke.

The Shoalhaven Hospital Stroke Team were awarded a Gold World Stroke Organisation Award, Australian Stroke Coalition Certificate of Distinction and Stroke Unit Certification Plaque at the Stroke Society of Australasia Conference, August 2023. The awards are recognition for the team's incredibly passionate work in ensuring regional stroke patients have access to the same health outcomes as those in metropolitan areas.



Recognition of Clinical Governance Unit's Health Service Managers

Five staff from the Clinical Governance Unit received an Australasian College of Health Service Management (ACHSM) Leadership Recognition Award in April 2024.

These awards recognise experience in competency, risk management and clinical governance, and contribution towards a safety culture.

The Clinical Governance Unit staff that were recognised were:

- Michelle Hudoba, Clinical Programs Manager
- Padmini Pai, SEED Program Lead
- Anna Rebikov, Senior Patient Safety and Clinical Risk Manager
- Gaye Sykes, Senior Manager, Quality Systems and Improvement
- Sharon Williams, Consumer Feedback Manager



5. Our Performance

NSW Health Outcome 1:

Patients and carers have positive outcomes that matter

PATIENT ENGAGEMENT INDEX

Target= greater than or equal to 8.7

Adult Admitted Patients

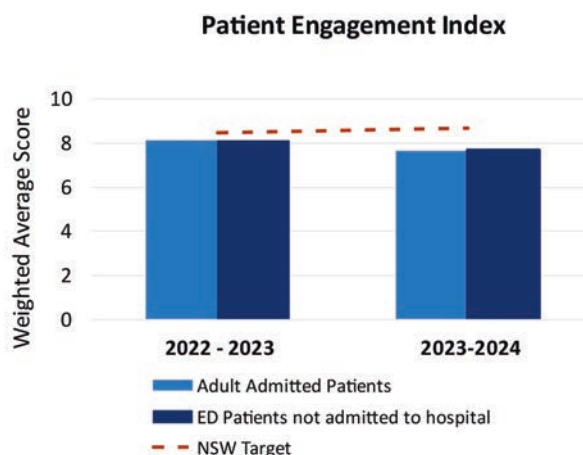
2022-2023 Result = 8.2

2023-2024 Result = 7.7

Emergency Department Patients not admitted to hospital

2022-2023 Result = 8.1

2023-2024 Result = 7.7



OVERALL PATIENT ENGAGEMENT INDEX

Target= greater than or equal to 8.7

Adult Admitted Patients

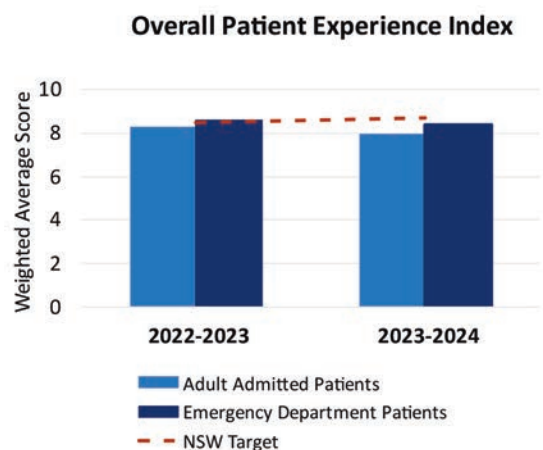
2022-2023 Result = 8.3

2023-2024 Result = 8.0

Emergency Department Patients

2022-2023 Result = 8.6

2023-2024 Result = 8.4



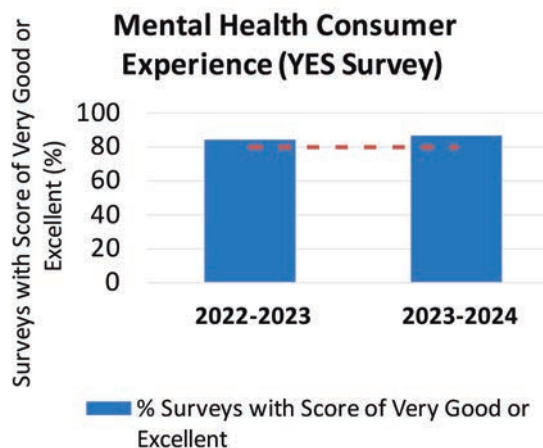
MENTAL HEALTH CONSUMER EXPERIENCE

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%

2023-2024 Result = 87%





Emergency Department Patient Experience Officers

The trial of the NSW Health Emergency Department Patient Experience program commenced in 2019 and expanded to the ISLHD in mid-2020.

This program was created and trialled based on two important reviews that occurred in 2018.

In 2018 NSW Health released an updated version of the Policy Directive “Emergency Department Patients Awaiting Care”. As the title suggests this document outlines the requirements of patients awaiting care in the Emergency Department.

In 2018 Peter Anderson was appointed to lead a review into the safety of staff, patients, and visitors in NSW public hospitals. This resulted in the Anderson Report into improvements to security in hospitals (Final Report 2020).

These two documents put patient satisfaction in the spotlight.

The Patient Experience Officer (PEO) is a proactive measure that helps patients, their families and visitors know where to go when they arrive, what to expect during their time in the emergency department, when they are likely to be seen and if there are any delays, as well as providing access to refreshments, wi-fi, and mobile device charging stations.

Starting in the waiting room, the PEO welcomes patients, carers and friends. They answer questions and facilitate communication with clerical and clinical staff. The PEO helps to support a positive patient and staff experience within ED.

The PEO's support helps to provide a calm and humanised waiting room, deescalating incidents before they happen, helping recognise clinical deterioration, providing care and reassurance to patients that they have not been forgotten.

The PEO can be involved in assisting with the discharge of patients by helping them prepare for going home,

whether that is assisting patients in a wheelchair to the waiting room, phoning a taxi, or taking patients out to their transport and safely seeing them off.

The PEOs assist in the collection of compliments and complaints and are trained to enter these in formal systems so the information is captured and can be responded to by the Health Service. Furthermore, the PEOs are responsible for coordinating the Emergency Department's Patient Experience Surveys. These surveys, sent out by the PEOs, have elicited thousands of responses which helps to shape our future ways of working.

The small acts of kindness offered by the PEOs are making a difference to the experience of patients, carers, families and staff within our Emergency Department and this has been frequently reflected through compliments received. The Patient Experience Officer Program has been an incredibly successful program in the ISLHD.

Patient's Story

My son presented at the Wollongong Emergency department. We were treated in a very professional and caring manner by all staff. I would like to draw special attention to the Liaison person who works in the waiting room. She spoke to all patients and attended to all their needs within her control such as providing blankets, communicating, directing people to the correct person to see and many other tasks. I believe this service helps keep people in the waiting area at ease and less stressed out making it a safer environment to be in.

Thank you for your kind service.

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'. Pressure injuries have previously been referred to as bed sores, pressure ulcers or decubitus ulcers. The most serious pressure injuries (stage 3, 4 and unspecified) that develop after admission to hospital are included as hospital acquired complications.

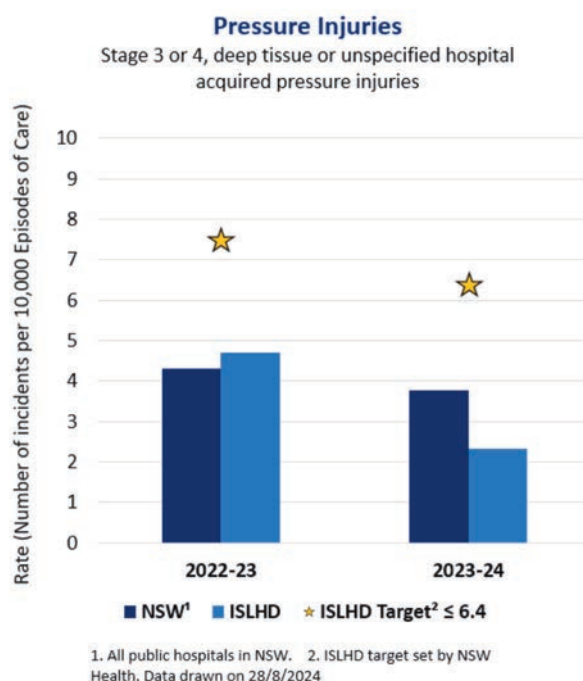
Pressure injuries can be difficult to treat and take a long time to heal. This can lead to serious complications, such as infections. They can cause severe pain, sleep and mood disturbance and adversely affect rehabilitation and mobility.

ISLHD achieved a sound result for 2023-2024 with 2.321 incidents per 10,000 episodes of care, equating to 19 patients. Our target was to remain below the NSW average rate of 3.758. The target set for us by NSW Health in 2023-2024 was less than 6.4 incidents per 10,000 episodes of care.

CONTINUAL IMPROVEMENT

Our strategies for preventing pressure injuries include:

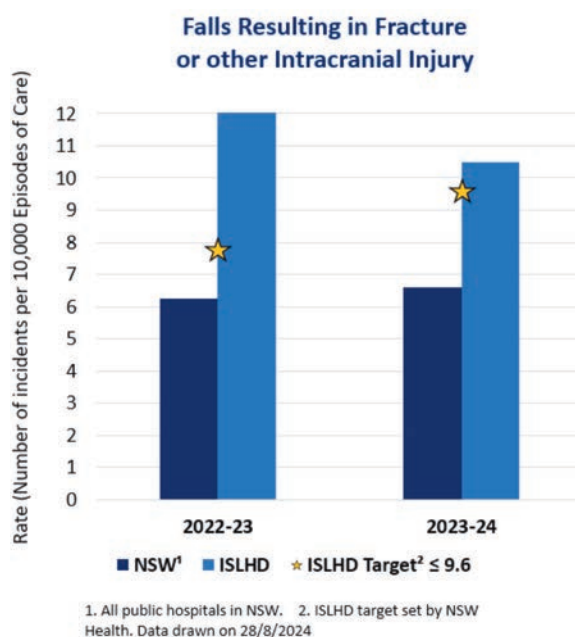
- A Pressure Injury Prevention Project looking at documentation improvement across medical, nursing, and allied health
- Entry of alerts into the patient's electronic medical record to help track and treat pressure injury and prevent deterioration
- Pressure injury risk assessments when a patient is admitted to our service and regularly during care
- An ISLHD Pressure Injury and Nutrition working group continues to implement improvement actions, including ISLHD-wide education and resources for pressure injury prevention and management
- ISLHD took part in the 2022 Agency for Clinical Innovation (ACI) Leading Better Value Wound Care project and continues to implement the actions from the identified focus areas for improvement, including improved pressure injury documentation and education
- Targeted, district wide Wound Care Education Days for clinicians with a focus on pressure injury prevention and management
- Engagement of a consumer with lived experience to review and co-design resources and deliver education to our ISLHD clinicians
- Partnering with our multi-disciplinary teams in the community to produce evidenced based clinical tools that guide specific pressure injury prevention and management interventions
- 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
- Partnering with the Infection Prevention, Wound Management and Procurement Teams to review and monitor product and service delivery with our equipment service provider to ensure effective, good value products are available
- New software to capture wound images that enable faster access to remote consultation with the ISLHD specialist wound care service
- Continuing to use WOUND-Q®, Patient Reported Outcome Measure to facilitate shared decision making and enhance patient experience (as part of the state-wide Leading Better Value Care Wound Care initiative). Plan to introduce the PROMIS 29 quality of life tool in 2025.



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. 86 ISLHD patients fell and suffered a serious injury in 2023-2024 with 10.504 incidents per 10,000 episodes of care. Our target was to remain below the NSW average rate of 6.598. The target set for us by NSW Health in 2023-2024 was less than 9.6.

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 mobilisation and 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
- Quarterly falls auditing and implementation of action plans and quality improvement activities
- All members of patient care teams attend reviews and safety huddles. They review incidents and update falls strategies
- Development and implementation of a district Falls Prevention and Safe Mobilisation Clinical Leaders Program to champion evidence based clinical practice, education and innovation.
- Project Management Office led Falls Prevention Project was completed December 2023 resulting in:
 - Collection of lessons learnt and updated falls prevention governance structure and accountability frameworks
 - Ward inspections identifying environmental factors that cause falls informed recommendations on incorporating falls prevention strategies into future builds and refurbishments
 - Education to all our non-clinical staff to assist in facilitating falls prevention and patient safety within their roles
 - User acceptance testing of equipment such as invisa-beamTM early warning monitoring devices and sensor mats
 - Redesigned ISLHD Falls Prevention Intranet resource 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.

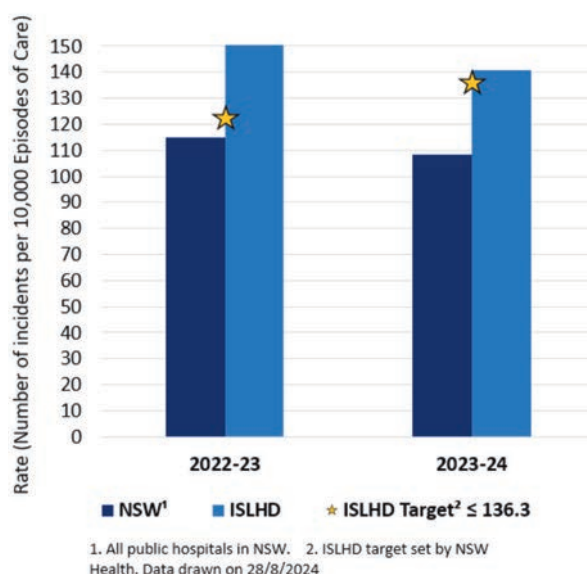
Our rate was 140.95 incidents per 10,000 episodes of care for 2023-2024. This is higher than the target set for us by NSW Health in 2023-2024 of less than 136.3. While the ISLHD rate has decreased from 2022-2023, it is still above the NSW average rate of 108.34 incidents per 10,000 episodes of care for 2023-2024.

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 occurs, with response evaluation and summary reports to ISLHD governance structure as necessary.
- Audits are conducted regularly to track compliance to policy. These include:
 - Hand hygiene using observational audit techniques and consumer feedback surveys
 - Central and peripheral line management
 - Environmental Cleaning
 - Sterilisation of reusable medical equipment
 - Linen Management.
- Results of audits and patient reviews are used to identify education and other practice improvements with relevant groups of staff.
- Detailed review and reporting of specified hospital acquired infections to NSW Health occurs.
- The ISLHD Sepsis Committee is monitoring that

Hospital-Acquired Infections



we recognise, escalate and treat patients with sepsis. A district sepsis project implemented 26 interventions, some of which included:

- Emergency Department electronic sepsis form and antibiotic order set
- Designated sepsis leads at Emergency Departments and wards
- Additional education resources and sepsis champion days
- Quarterly auditing and reporting has been established to monitor that those patients that 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 2024. 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 aimed to reduce catheter associated UTIs in general surgery patients in the 30 days post-surgery. The UTI rate in General Surgery at Wollongong Hospital has reduced from 2.7% to 1.3%. Interventions include staff and consumer education, criteria led catheter removal and improved catheter care and hygiene strategies.

Blood Clots

Hospital - acquired venous thromboembolisms 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, dyspnoea, tachypnoea and/or respiratory distress, tachycardia, arrhythmias, cough or haemoptysis. VTE has a high patient mortality.

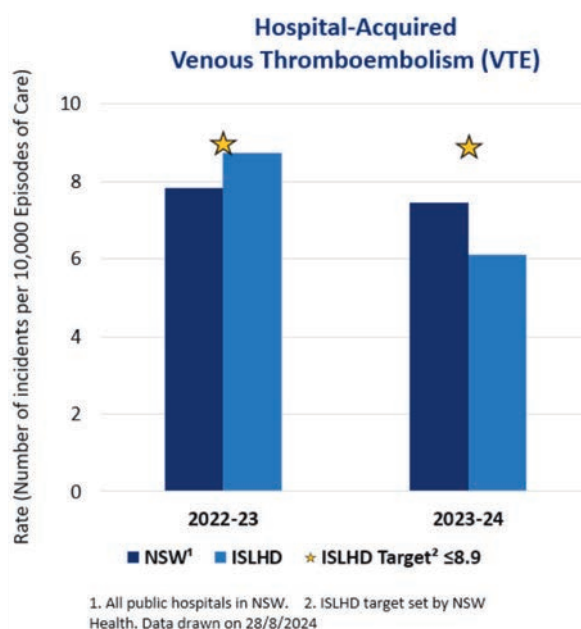
Appropriate intervention can reduce VTE for both medical and surgical patients. Interventions include blood thinning medication (anticoagulants) and non-invasive medical devices such as compression stockings.

50 patients experienced a VTE in 2023-2024. Our rate is 6.107 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 also less than the NSW average rate of 7.442 per 10,000 episodes of care for 2023- 2024.

CONTINUAL IMPROVEMENT

Our strategies for preventing VTE include:

- Quarterly monitoring and reporting of hospital acquired VTE
- 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
- The VTE assessment electronic medical record solution went live in January 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.

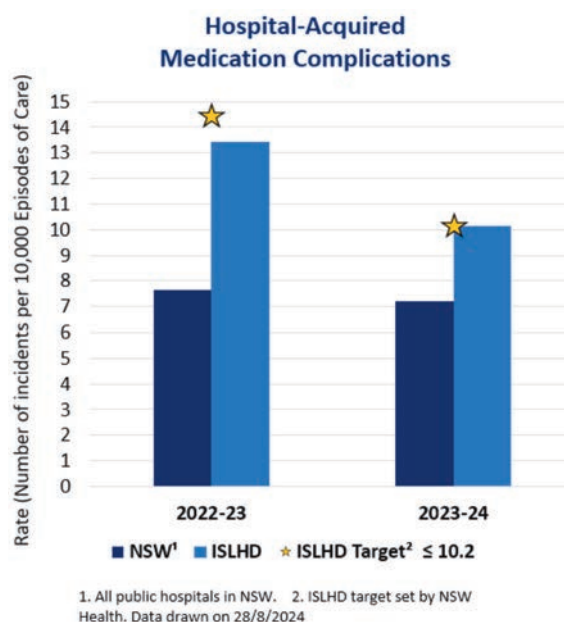
Medication complications in hospital cause pain and discomfort for patients. They also increase the length of hospital stay and the cost of admission.

Our rate was 10.14 incidents per 10,000 episodes of care for 2023-2024. This equates to 83 patients with medication complications. This meets our NSW Health target of less than 10.2, but it is above the NSW average rate of 7.22 incidents per 10,000 episodes of care in 2023-2024.

CONTINUAL IMPROVEMENT

There is quarterly monitoring and reporting of medication complications in hospital. All medication incidents are reported, reviewed and recommendations implemented. There is regular clinical auditing to ensure medication safety, including:

- High risk medications
- Labelling of injectable medicines



- Medication and vaccination storage
- Medication management and reconciliation at admission (best possible medication history), transfer and discharge.

A review of cases, where bleeding was due to use of an anticoagulant, recommended strategies to reduce the rate of bleeding. The VTE electronic medical record solution also helps 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.

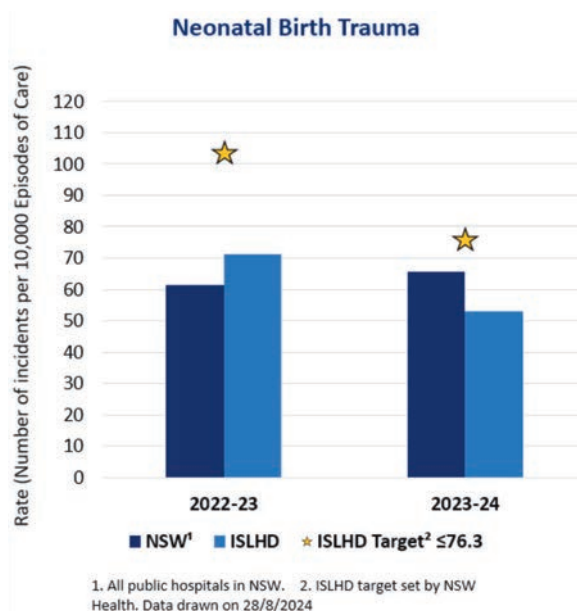
Neonatal birth trauma may have long-lasting effects and these may impact the mother's ability to bond with their baby.

Our results have decreased from 71.296 per 10,000 episodes of care in 2022-2023, with an average rate of 52.84 per 10,000 episodes of care in 2023-2024 (total of 17 babies). This is below our target with a rate of less than 76.3 and the NSW average rate of 65.45 per 10,000 episodes of care.

CONTINUAL IMPROVEMENT

Our prevention strategies include:

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



- Any antenatal or intrapartum risk factors for neonatal birth trauma identified are discussed with the treating team. This is documented in a management plan that is updated as needed
- A paediatrician is present at all births where there is birth trauma or risks are identified, as per current ISLHD policy.

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 a women's length of stay in hospital after giving birth.

There were 61 cases of 3rd and 4th degree perineal tears in 2023-2024. Our rate of 327.43 per 10,000 episodes of care is below the NSW Health target of 353.2 but not the NSW average of 307.01 per 10,000 episodes of care.

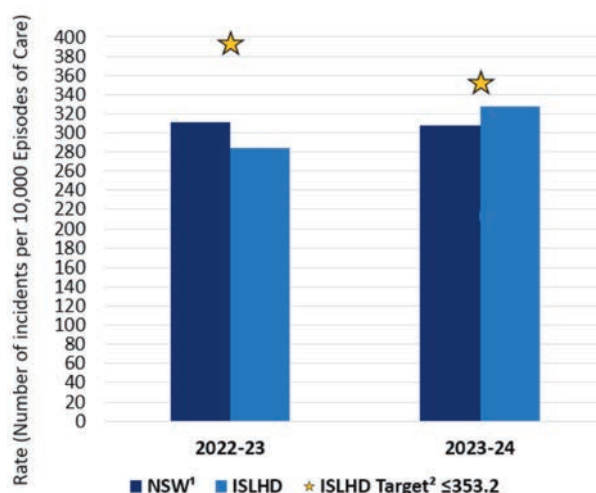
CONTINUAL IMPROVEMENT

Our ongoing prevention strategies include:

- Quarterly monitoring and reporting of 3rd and 4th degree vaginal tears in childbirth.
- Incident reporting of all 3rd and 4th degree tears.
- Multidisciplinary case review of all 4th degree tears using the Harm Score 2 -4th Degree Perineal Tear template.



Vaginal Tears in Childbirth



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 28/8/2024

- 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 on Safety and Quality in Health Care 3rd and 4th degree Perineal Tear Clinical Care Standard.

Respiratory Complications

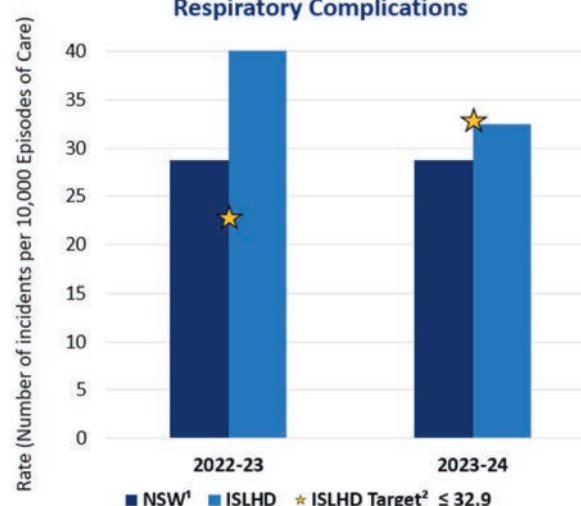
Patients with respiratory failure and acute respiratory distress syndromes experience stressful symptoms. These can include extreme shortness of breath and heightened anxiety. Patients with aspiration pneumonia also have shortness of breath, cough and phlegm. They also experience fevers, sweats, fatigue 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 32.096 incidents per 10,000 episodes of care for 2023-2024. This equates to 266 patients with hospital acquired respiratory complications. While this is higher than the NSW average rate of 28.702 per 10,000 episodes of care, it is lower than the ISLHD target rate of less than 32.9 incidents per 10,000 episodes of care for 2023-2024. It is also an improvement from the last financial year.



Hospital-Acquired Respiratory Complications



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 28/8/2024

CONTINUAL IMPROVEMENT

Our ongoing prevention strategies include:

- Quarterly monitoring and reporting of respiratory complications in hospital. Our most common type of respiratory complication is aspiration pneumonia.
- Strategies from a previous quality improvement project to reduce hospital acquired pneumonia continue to be implemented across the district.

Renal Failure

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

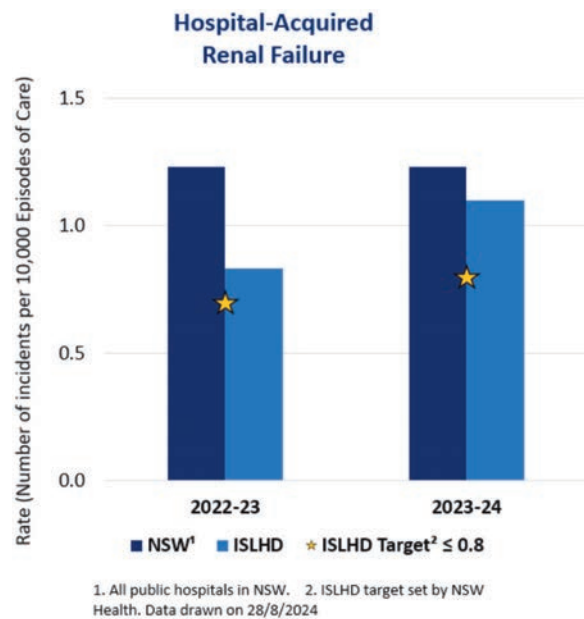


Hospital-acquired renal failure can lead to an increased length of stay, cost of admission and additional treatment.

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 1.099 per 10,000 episodes of care in 2023-2024. This equated to only 9 patients. This is above the ISLHD target of a rate of less than 0.8 but remains below the NSW average rate of 1.232 per 10,000 episodes of care in 2023-2024.



CONTINUAL IMPROVEMENT

- Quarterly monitoring and reporting of hospital acquired renal failure.

Gastrointestinal Bleeding

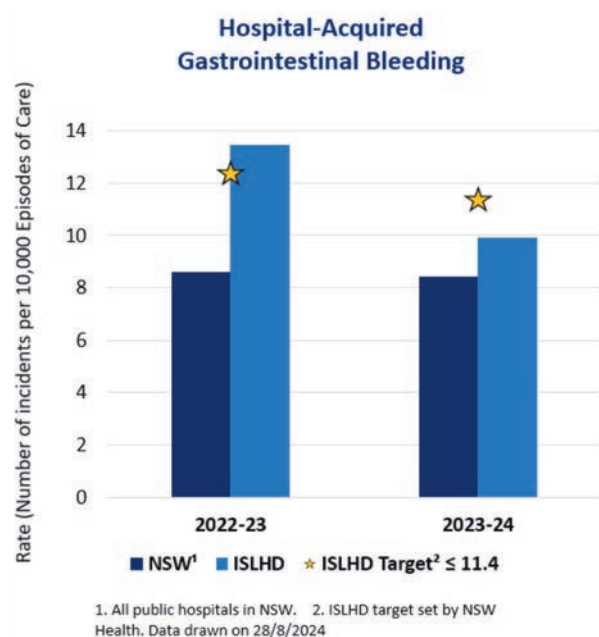
Patients with gastrointestinal bleeding experience symptoms that include vomiting or diarrhoea, vomiting of blood and blood in their stool. Symptoms also include tiredness, shortness of breath, faintness, dizziness and collapse.



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 9.89 per 10,000 episodes of care. This equated to 81 patients. This is below the ISLHD target rate of less than 11.4 for 2023-2024. It is above the NSW average rate of 8.43 per 10,000 episodes of care.



CONTINUAL IMPROVEMENT

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

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



Delirium

Delirium is a clinical syndrome that usually develops in the elderly. Symptoms develop over a short period of time and can fluctuate throughout the day. Signs and symptoms patients can experience include:



- Acting differently, emotional and behavioural changes
- Seeming confused and forgetful, being 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 in hospital, increasing the risk for other complications such as falls. Delirium can lead to dementia or worsening of existing dementia. Delirium increases the risk of relocation to supported care from hospital, rather than independent living at home. There can be long-term impacts on everyday function and even death.

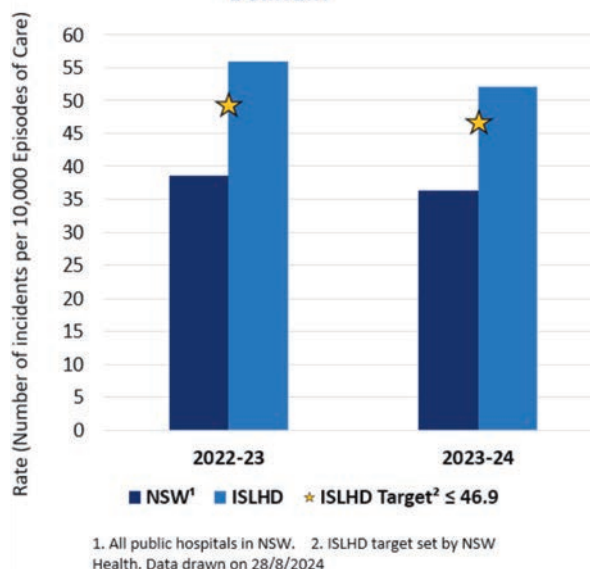
Our rate is 52.03 incidents per 10,000 episodes of care for 2023-2024. This is above the NSW Health target of less than 46.9 and the NSW average rate of 36.25 per 10,000 episodes of care for 2023-2024.

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 risk assessments.
- Promoting care partnerships with the person and their family and carer and person centred care.

Hospital-Acquired Delirium



- 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 prevention in collaboration with the University of Wollongong (UOW) is in the final stages of data analysis.

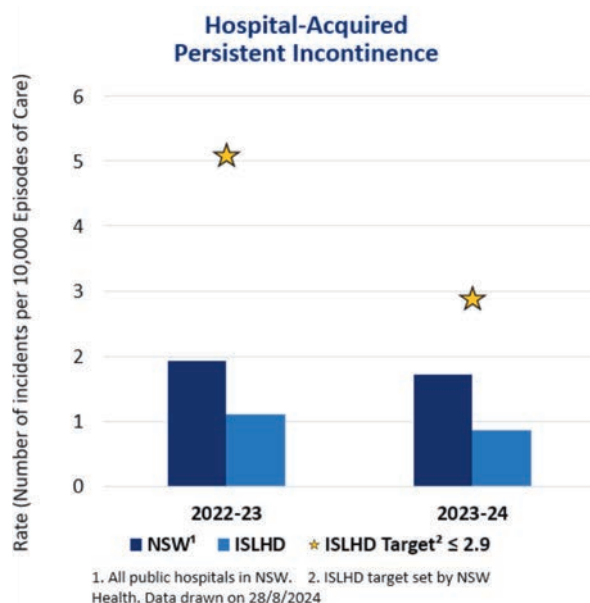
Persistent Incontinence

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

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

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

ISLHD has achieved an excellent result for 2023-2024 with 0.855 incidents per 10,000 episodes of care. This equates to only 7 patients. We remained below both the NSW Health target rate of 2.9 and the NSW average rate of 1.72 incidents per 10,000 episodes of care in 2023-2024.



CONTINUAL IMPROVEMENT

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

Endocrine Complications

Endocrine complications in hospital include:

- **Malnutrition, a deficiency of nutrients such as energy, protein, vitamins and minerals.** It has negative effects on the body (reduced muscle and tissue), its function and on clinical outcome.
- **Hypoglycaemia, or low blood glucose,** caused by insulin. Insulin is a treatment for people with type 2 diabetes.



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

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

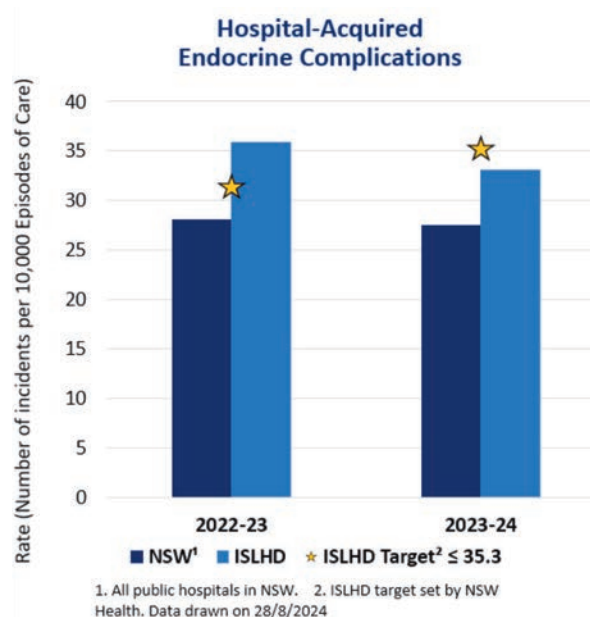
The ISLHD rate of endocrine complications was 33.1 incidents per 10,000 episodes of care for 2023-2024. This is below the NSW Health target of a rate less than 35.3, but above the NSW average rate of 27.45 incidents per 10,000 episodes of care for 2023-2024.

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 Nutrition Care Policy with regular monitoring of compliance
- Introduction of early nutrition 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 of trends and management of blood glucose levels according to policy.
- A project to reduce the hypoglycaemia rates at Wollongong Hospital was completed, with an education package developed for clinical staff and a decrease in hospital acquired hypoglycaemia. Additional training sessions were provided across the district, and resources published for use.



Cardiac Complications

Cardiac complications in hospital are problems with your heart.

Cardiac complications include:

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

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

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

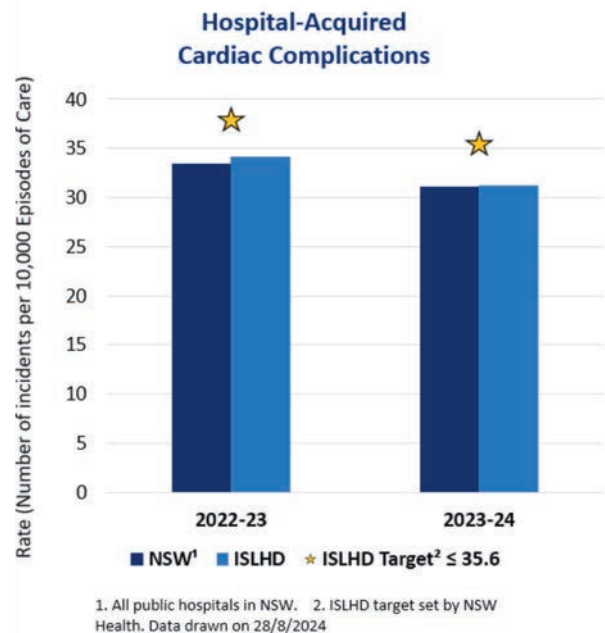
Cardiac complications in hospital may be caused by too much intravenous fluid, medicines not charted, or the onset of another cardiac event.

ISLHD achieved a good result for 2023-2024 with 31.268 incidents per 10,000 episodes of care. This is below the NSW Health target of a rate less than 35.6. However, it is slightly above the NSW average rate of 31.127 incidents per 10,000 episodes of care. This equates to 256 patients.

CONTINUAL IMPROVEMENT

Strategies for the prevention and management of cardiac compilations 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) and providing NRT for all patients who currently smoke and are going for cardiac surgery (in patients and outpatients). In addition, providing smoking cessation education for patients and carers.



- Cardiac monitoring and clinical observations project to change the process for patient observations within Cardiology. This is to improve patient safety for patients who require cardiac monitoring and improve the patient transfer 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.

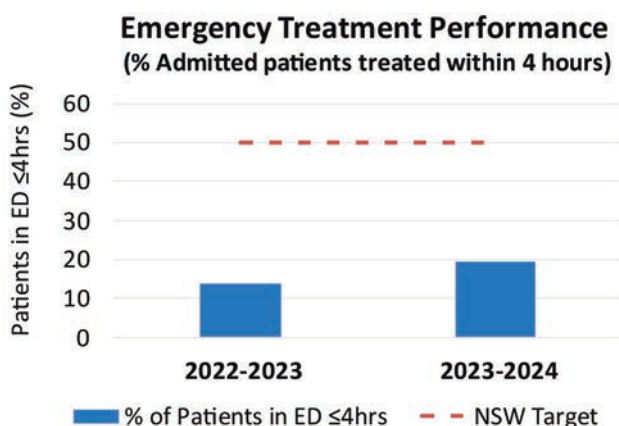
EMERGENCY TREATMENT PERFORMANCE - ADMITTED

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

Target = greater than or equal to 50%

2022-2023 Result = 13.9%

2023-2024 Result = 19.5%



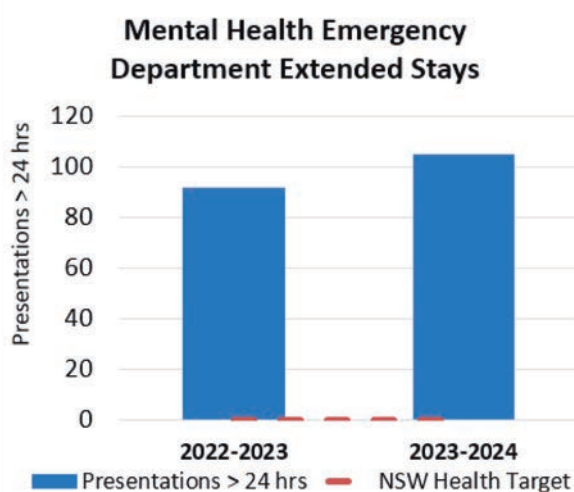
EMERGENCY DEPARTMENT EXTENDED STAYS

Mental Health presentations staying in ED greater than 24 hours.

Target = 0

2022-2023 Result = 92

2023-2024 Result = 105



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 patients with intoxication/substance use for assessment
 - Transport delays.
- Model of Care for Disposition - Mental Health Emergency Department referral pathway to facilitate early referral, promote co-allocation of consumer care, and timely medical clearance.
- Virtual Hospital Expansion
- Short Stay Models of Care Optimisation
- Bulli Urgent Care Centre operational hours expansion.



EMERGENCY DEPARTMENT PRESENTATIONS

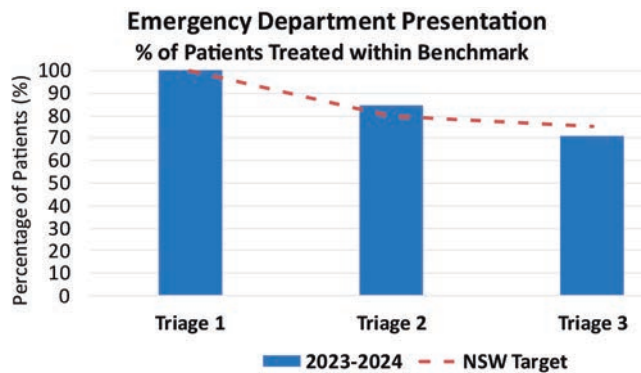
Treated within Benchmark times (%)

2023 -2024

Triage 1 = 100% Target = 100%

Triage 2 = 84.4% Target = 80%

Triage 3 = 71.1 % Target = 75%



INPATIENT DISCHARGES FROM EMERGENCY DEPARTMENT ACCESSIBLE AND REHABILITATION BEDS BY MIDDAY (%)

Target= 35%

2023-2024 Result = 32% (n=8801)

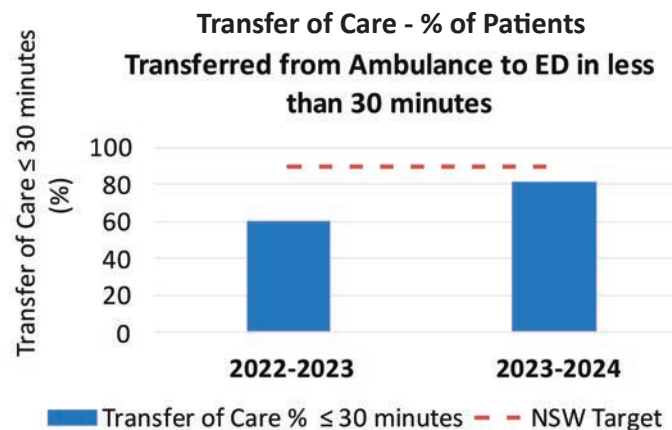
TRANSFER OF CARE

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

Target = greater than 90%

2022-2023 Result = 60.7%

2023-2024 Result = 81.3%



IMPROVEMENT STRATEGIES

In collaboration with the Ministry of Health (MoH) Access and Flow Recovery Plan and performance monitored monthly with MoH, priority strategies for improvement have included:

- Expansion of the virtual hospital program
- Optimising the Medical Assessment Unit (MAU) and Acute Surgical Unit (ASU) model of care
- Extending the operational hours of the Bulli Urgent Care Centre
- 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

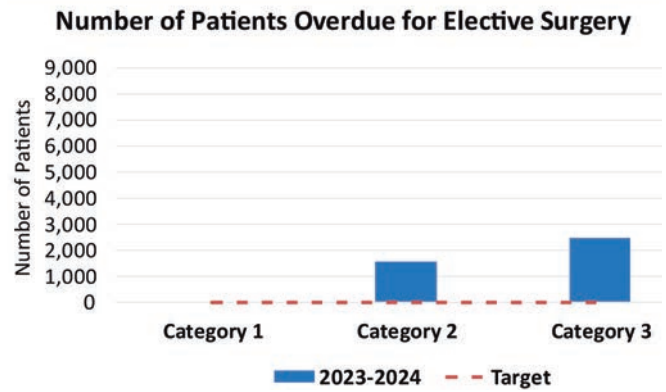
Target = 0

2023 -2024

Category 1 = 0 patients

Category 2 = 1530 patients

Category 3 = 2446 patients



ELECTIVE SURGERY ACCESS PERFORMANCE (ESAP)

% of Patients Treated on Time

2023 -2024

Category 1 = 99.6%

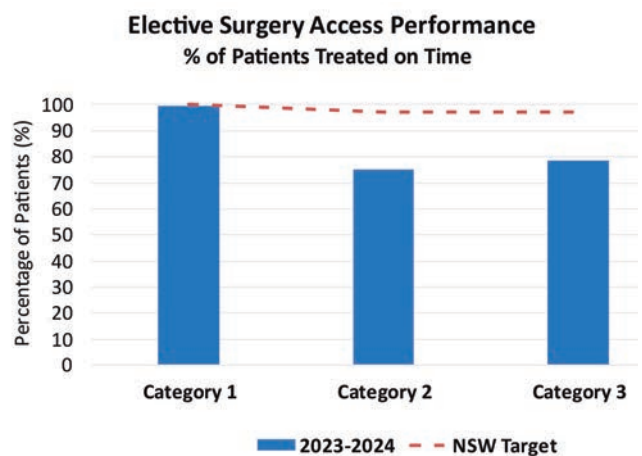
Target = 100%

Category 2 = 75.3%

Target = 97%

Category 3 = 78.5 %

Target = 97%



IMPROVEMENT STRATEGIES

- Outsourcing of elective surgery continued in 2023-2024 as access to overnight beds continued to be an issue.
- 2,668 surgical procedures were successfully performed across 4 private facilities.
- Both Wollongong and Shellharbour hospital operating theatres are at full activity however Shoalhaven Hospital remains at 75% capacity due to ongoing Anaesthetic and nursing shortages.
- The Virtual Hospital Ward continues to support reduced lengths of stay for clinically appropriate hip and knee replacements as well as work closely with the Acute Pain Service (APS) to support early discharge for a significant number of Chest Injury Pathway (CHIP) patients.
- In 2023-2024 ISLHD had the highest number of same day discharge hip replacements in NSW.





Elective Colorectal Enhanced Recovery After Surgery (ERAS) pilot project.

Implementing an Enhanced Recovery After Surgery (ERAS) program tailored to colorectal surgery was an important priority for Shoalhaven District Memorial Hospital (SDMH). A hospital audit and participation in the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) showed a persistent high length of stay (LOS), with an average of nine days. This was significantly above the reported ACS-NSQIP average of four days when compared to all participating hospitals. A project was implemented to reduce hospital LOS and optimise patient outcomes using evidence-based interventions through a coordinated multidisciplinary pathway.

The pilot project involved planning, implementation, evaluation, and embedding practice. Fifty patients were included from June 2022 - December 2023. Eligibility criteria entailed adult patients scheduled for elective colorectal surgery. LOS, complications, and readmissions were assessed as primary outcomes.

Patients on the ERAS pathway resulted in a significant reduction in LOS with a median of four days. There were a diverse range of colorectal procedures included and there were minimal complication rates.

The patients' self-reported health experience was also captured and a welfare phone call within 7 business days post discharge from patients' acute hospital stay was conducted at a rate of 76%. Questions ranged from monitoring post operative pain and nausea, wound management, bowel function and follow up arrangements with specialists. With two open ended

questions asking patients to describe their hospital experience and provide any feedback following their hospital stay, all patients described a positive experience with most responses describing satisfaction at being at home sooner, feeling prepared for their recovery, and having clear expectations for the first few days after their surgery.

The implementation of an ERAS pathway has reduced LOS, enhanced patient care and improved hospital efficiency.

Illawarra Shoalhaven Local Health District
Enhanced Recovery After Surgery
ERAS

Using ERAS to help you recover from your bowel surgery

Research shows after your operation the sooner you get out of bed, exercise, and begin eating and drinking, the easier your recovery will be. You will be less likely to develop complications.

Benefits for you include:

- Quicker return to your usual mobility
- Decreased risk of chest infection
- Quicker return of bowel function
- Decreased tiredness after surgery
- Reduced risk of developing a blood clot after surgery
- Reduced length of stay in hospital.

The ERAS program will include pre-admission education, and a structured approach to managing your care during your hospital stay. Playing an active part in your recovery will help you to get better sooner.

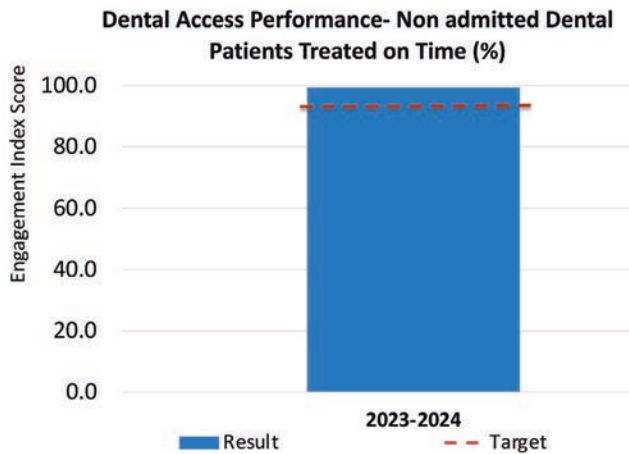
If you have any questions, ask a member of staff who can help you.

DENTAL ACCESS PERFORMANCE

Non-Admitted Dental Patients Treated on Time (%)

Target = 97%

2023 -2024 Result = 99.5%



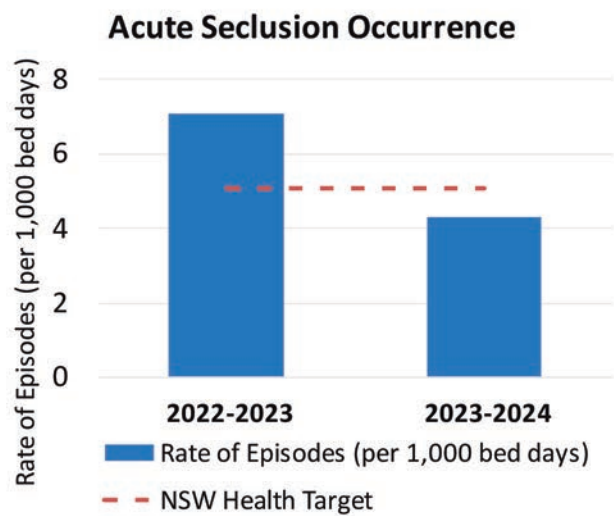
MENTAL HEALTH: ACUTE SECLUSION OCCURRENCE

Rate of Episodes (per 1,000 bed days)

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

2022-2023 Result = 7.1

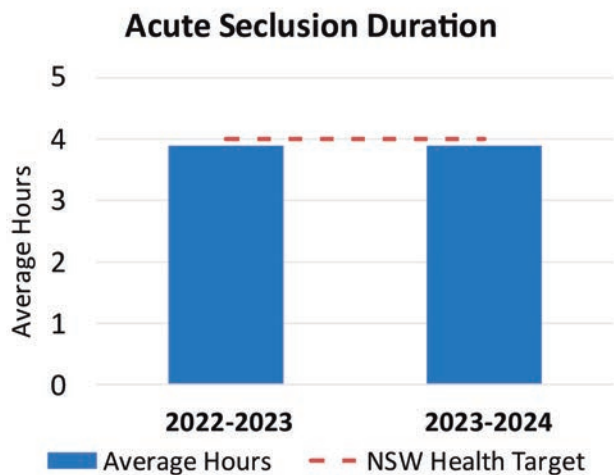
2023-2024 Result = 4.3



ACUTE SECLUSION FREQUENCY

Target = less than or equal to 4.1%

2023-2024 Result = 3.0%



MENTAL HEALTH: ACUTE SECLUSION DURATION

Average hours

Target = less than 4 hours

2022-2023 Result = 3.9 hours

2023-2024 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.

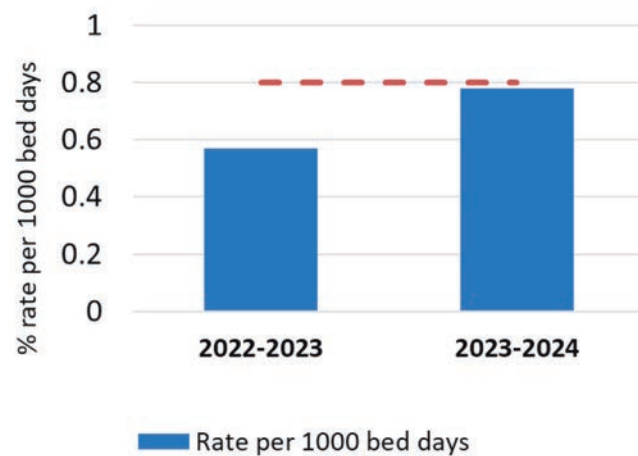
Target = less than 0.8

2022-2023 Result= 0.57

2023-2024 Result= 0.78



Involuntary Patients Absconded



MENTAL HEALTH: ACUTE POST-DISCHARGE COMMUNITY CARE

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

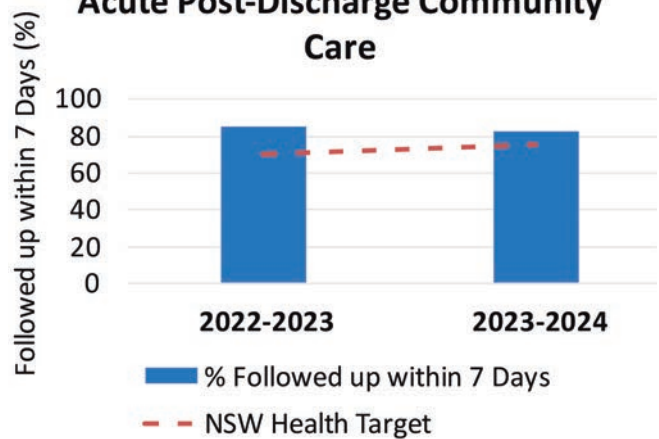
Target = greater than or equal to 75%

2022-2023 Result = 85.1%

2023-2024 Result = 82.7%



Acute Post-Discharge Community Care



MENTAL HEALTH: ACUTE READMISSION WITHIN 28 DAYS

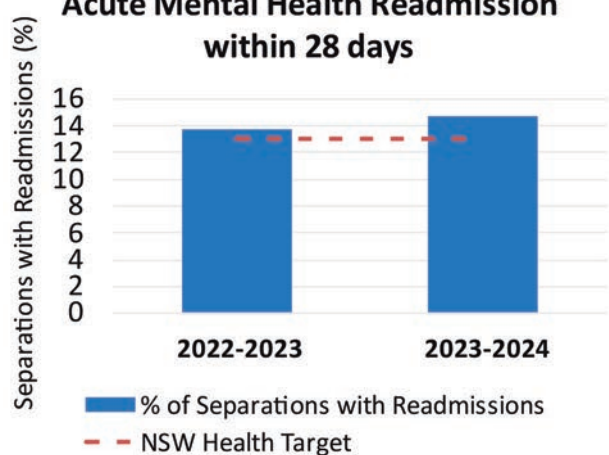
Percentage of Separations following overnight acute care from an acute Mental Health unit.

Target = less than or equal to 13%

2022-2023 Result = 13.7%

2023-2024 Result = 14.7%

Acute Mental Health Readmission within 28 days



UNPLANNED HOSPITAL READMISSIONS

Within 28 days of separation

Target = Reduction on previous year

Aboriginal persons

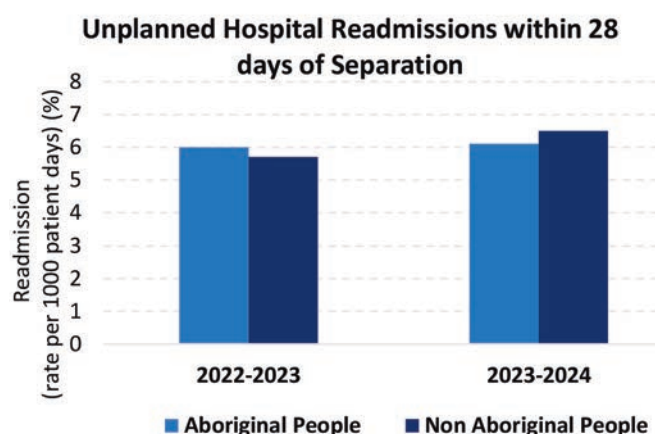
2022-2023 Result = 6%

2023-2024 Result = 6.1%

Non-Aboriginal person

2022-2023 Result = 5.7%

2023-2024 Result = 6.5%

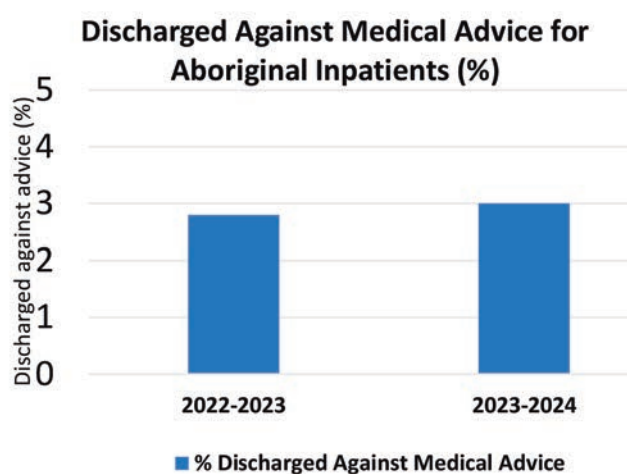


DISCHARGED AGAINST MEDICAL ADVICE FOR ABORIGINAL INPATIENTS (DAMA)

Target= greater than 1% decrease on previous year

2022-2023 Result = 2.8%

2023-2024 Result = 3%



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.
- ISLHD continues to target Patient Experience Officer positions in the Shoalhaven and Wollongong Hospital Emergency Departments to support Aboriginal people and attempt to combat the number of DNWs.
- Enhancing Aboriginal Workforce Representation: ISLHD has recruited Manager of Aboriginal Workforce and Culture to support district-wide initiatives to improve Aboriginal staff and Cultural safety.
- 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.

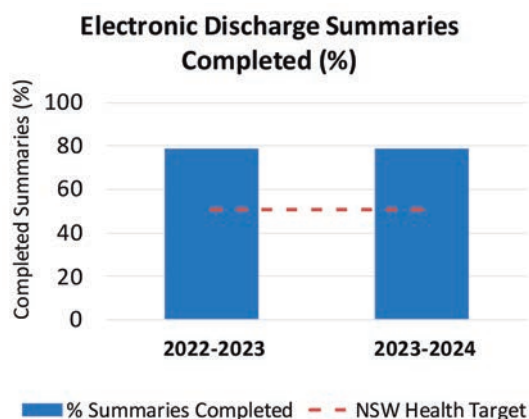
ELECTRONIC DISCHARGE SUMMARIES COMPLETED

Sent electronically and accepted by General Practitioners (%)

Target = greater than or equal to 51%

2022-2023 Result = 79%

2023-2024 Result = 79%



IMPROVEMENT STRATEGIES

The ISLHD Discharge Summary Project continues, with 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 General Practitioners) for 2023-2024 (n=25) is 91%.

The second phase of the project has been completed, with the development of:

- Staff Discharge Planning webpage
- Consumer webpage
- Junior Medical Officer orientation guide
- Consumer focus groups on information required at discharge.

A third phase of the project has commenced, aiming to reduce incidents and complaints related to discharge. The first strategy being implemented is updating the nursing discharge checklist, including information requested via the consumer focus groups in phase 2 of the project.



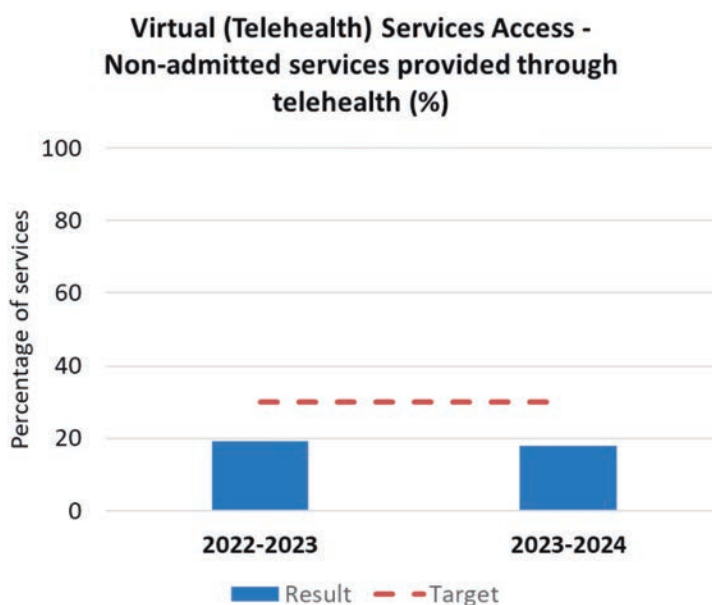
VIRTUAL CARE (TELEHEALTH) SERVICE ACCESS

Non-admitted services provided through telehealth (%)

Target = 30%

2022-2023 Result= 19.2%

2023-2024 Result= 17.9%



IMPROVEMENT STRATEGIES

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
- Consumer feedback is being collected on patient experience using the various Telehealth platforms.
- Monthly Virtual Health Medical Officer and Manager executive meetings are being held to discuss specific patient mortality and mobility cases in order to improve safety and quality care. During monthly meetings, there is ongoing discussions around the acceptance of any new cohorts of patients throughout our region and any safety issues are further explored by the team for trouble shooting.

INCOMPLETE EMERGENCY DEPARTMENT ATTENDANCES FOR ABORIGINAL PATIENTS (%)

Target = 16.7%

2022-2023 Result= 17.7%

2023-2024 Result = 16.3%



POTENTIALLY PREVENTABLE HOSPITAL SERVICES

Target = 20.4%

2022-2023 Result= 20.1%

2023-2024 Result = 20.4%



HOSPITAL IN THE HOME ADMITTED ACTIVITY (%)

Target= 5%

2022-2023 Result= 5.4% (n=2,586)

2023-2024 Result = 7% (n=3,572)



NSW Health Outcome 3:

People are healthy and well

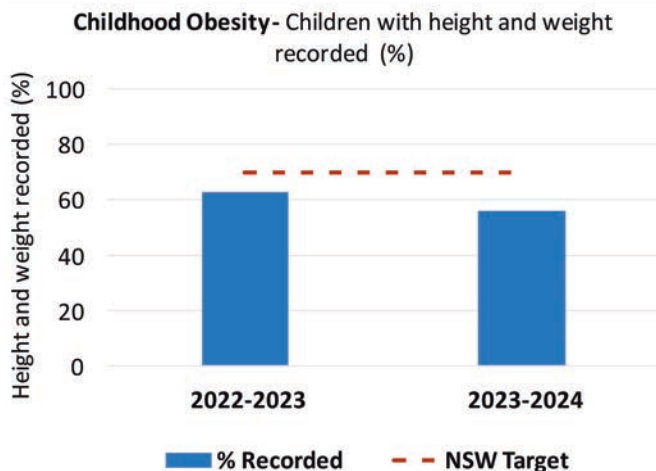
CHILDHOOD OBESITY

Children with height and weight recorded

Target 70%

2022-2023 Result = 63%

2023-2024 Result = 56%



SMOKING DURING PREGNANCY

At any time during pregnancy per 1000 births

Aboriginal Women

Target = 2% decrease on previous year

2022-2023 Result = 33.3%

2023-2024 Result = 36.2%

Non Aboriginal Women

Target = 0.5% decrease on previous year

2022-2023 Result = 10.1%

2023-2024+ Result = 9.7%



PREGNANT WOMEN QUITTING SMOKING

By second half of pregnancy per 1000 births

Target = 4% increase on previous year

Aboriginal Women

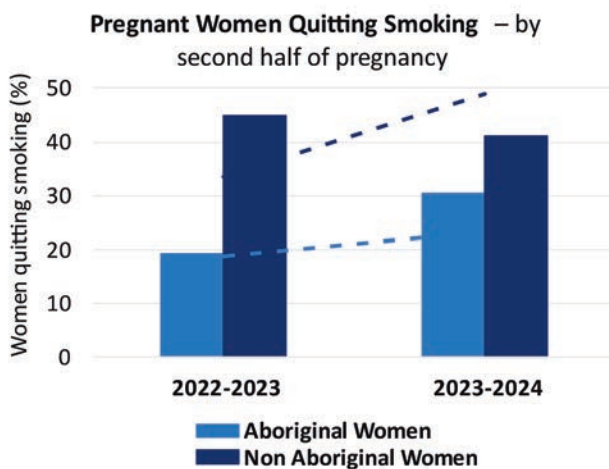
2022-2023 Result = 19.2%

2023-2024 Result = 30.3%

Non Aboriginal Women

2022-2023 Result = 44.85%

2023-2024 Result = 41.2%



GET HEALTHY INFORMATION AND COACHING SERVICE

Get Healthy in Pregnancy Referrals

2022-2023 Target = 586

2022-2023 Result = 358

2023-2024 Target = 643

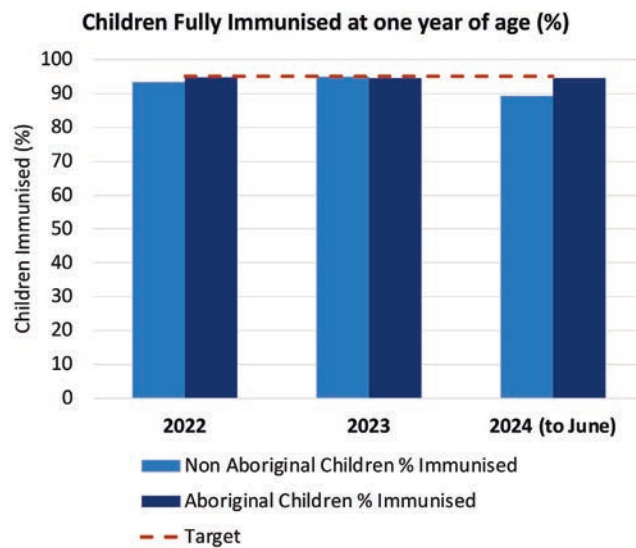
2023-2024 Result = 336



CHILDREN FULLY IMMUNISED at one year of age (%)

Target = 95%

Year	2022	2023	2024 (to June)
% Aboriginal Children	93.5	95	89.4
% Non Aboriginal Children	94.7	94.6	94.6



IMPROVEMENT STRATEGIES

- Implementation of an online consent form for the school Immunisation program.
- Supporting the state-based initiative electronic medical record (eMR)/ Australian Immunisation Register (AIR) Integration Project, enabling all vaccinations records to be uploaded automatically to AIR in accordance with the Australian Immunisation Register Act.
- 25 Influenza clinics conducted, 355 Influenza vaccines provided to vulnerable populations.
- Continuing and ongoing education to immunisation providers (now includes community pharmacies).



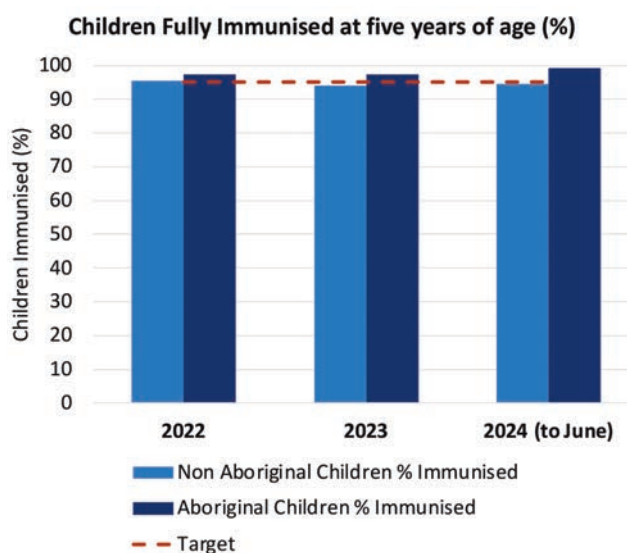


CHILDREN FULLY IMMUNISED at FIVE years of age (%)

Target = 95%



Year	2022	2023	2024 (to June)
% Aboriginal Children	97.4	97.2	99.2
% Non Aboriginal Children	95.5	94.1	94.6



HUMAN PAPILLOMAVIRUS VACCINATION : 15 year olds receiving a dose of HPV vaccine (%)

Target = 80%

Year	2023
ISLHD Girls: HPV Dose 2 (% of 2022 Dose 1 recipients)	69.4%
ISLHD Girls: HPV Dose 2 (% of 2022 Dose 1 recipients)	72.2%



Increasing HPV and dTpa immunisation coverage for Year 7 students in ISLHD high schools

A decline in vaccination rates have been observed at a national level since the COVID-19 pandemic. In 2022, ISLHD adolescent vaccination rates decreased by 11% for human papillomavirus (HPV) and 17% for diphtheria-tetanus-pertussis (dTpa) when compared to 2021.

ISLHD aimed to increase adolescent immunisation vaccination rates to meet the NSW Health 80% target and did this by implementing various initiatives to optimise the online consent platform for school immunisations, aiming for high coverage and equity. These strategies included:

1. Collaboration with 52 high schools to increase the uptake of the Year 7 vaccines, dTpa and HPV, especially amongst Aboriginal and Torres Strait Islander adolescents.
2. Educational sessions
3. Development of strong school partnerships
4. Revised communication materials, extensive phone support and consent assistance
5. Catch-up clinics and tailored solutions for schools with lower coverage.
6. An Aboriginal Immunisation Worker to ensure access to vaccinations for Aboriginal Torres Strait children through community-led approaches, collaborating to address inequalities with culturally

appropriate information and active engagement, fostering partnerships and embedding cultural safety and trust for students and parents.

Through the unwavering dedication and determination of the Immunisation Staff, substantial support was extended to parents, resulting in an additional 1625 consents obtained. Furthermore, recognising the unique needs of Aboriginal and Torres Strait Islander communities, 12 schools with a significant enrolment of Indigenous children were visited and efforts were made to ensure equitable access to vaccination services and the provision of high-quality information. Fostering an environment of cultural safety, inclusivity, and trust, the Aboriginal Immunisation Worker engaged students and communities by sharing pertinent stories regarding vaccinations. This approach empowered students to feel secure, and included in the decision-making process.

In 2023, the immunisation coverage was 74% for HPV, 75.3% for dTpa, placing ISLHD the 3rd highest-performing district in the state. Further success includes a 3.4% increase in HPV and an impressive 12.9% increase in dTpa coverage since 2022. These advancements represent the highest improvement percentages in the state for both vaccines.

In total, 118 school clinics and 12 catch up clinics were held, with over 10,000 vaccines administered in 2023.

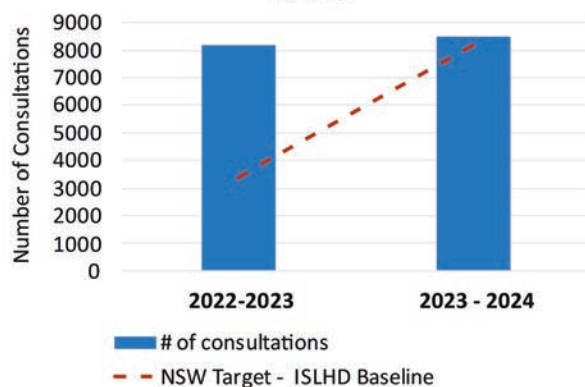
HOSPITAL DRUG AND ALCOHOL CONSULTATION LIAISON



The 2023-2024 baseline for ISLHD was 8168. There were 8506 consultations in the 2023 - 2024 financial year, 4% above the baseline and 4% above the previous financial year's activity. Activity has increased.

From April 2024 ISLHD Drug & Alcohol Service have transitioned from recording Consultation Liaison data in SharePoint to the electronic medical record. Both direct and indirect contact figures are now based on the service delivery mode of the new consult activity forms, opposed to manual clinician entry.

Hospital Drug and Alcohol Consultation Liaison



2023 - 2024

Quarter	Number of Consultations	% Above Target
1	2604	11%
2	2720	47%
3	1965	-13%
4	1217	-78%
Total	8506	4%

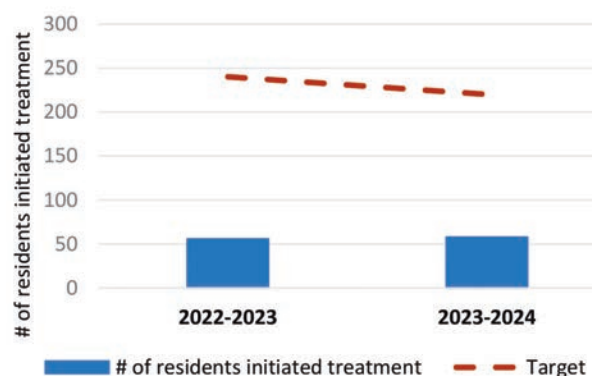
HEPATITIS C ANTIVIRAL (HCV) TREATMENT INITIATION

The ISLHD treatment initiation target for 2023 - 2024 is 220 per year (18 per month)

2023-2024 Result

ISLHD services initiated 58 residents on treatment, equalling 27% of the 2023 - 2024 treatment target (220 per year).

Hepatitis C Antiviral Treatment Initiation



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.

ETHOS study Wave III

30/10/2024 - 1/11/2024 Illawarra Drug & Alcohol Service (iDAS) and 6/11/2024 - 8/11/2024 Lawrence Avenue Methadone Program (LAMP)

Previously, the Orana Centre and LAMP were involved in Wave I (in 2018) and Wave II (in 2021) campaigns. The study is now rolling out Wave III.

Study full title: A non-randomised trial to assess the effect of an intervention incorporating on-site Hepatitis C virus RNA testing, liver fibrosis assessment, and linkage to care to enhance scale-up of direct-acting antiviral therapy for hepatitis C virus infection among people with a history of injecting drug use, and either recent injecting drug use or receiving opioid substitution therapy: the ETHOS ENGAGE Study.

Quality Improvement Project:

August 2024 - April 2025.

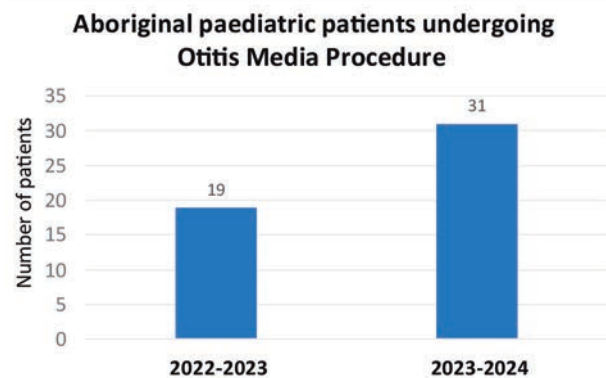
Re-Engage past D&A HCV positive patients lost to follow up since year 2020. Aim - Reassess patient needs, provide HCV treatment, provide post HCV treatment testing to check for cure.



ABORIGINAL PAEDIATRIC PATIENTS UNDERGOING OTITIS MEDIA PROCEDURES

2022-2023 = 19 patients

2023-2024 = 31 patients



IMPROVEMENT STRATEGIES

- ISLHD has commenced a bimonthly outreach clinic at Nowra Community Centre specifically for the assessment of paediatric Aboriginal children who have been identified by an audiologist as having chronic otitis media.
- Patients are assessed during these clinics and any children that have required surgery have been booked accordingly.

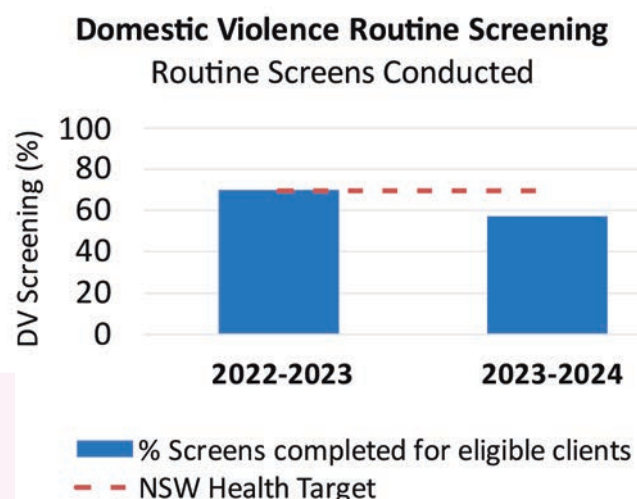
DOMESTIC VIOLENCE ROUTINE SCREENING (DVRS)

Routine screens conducted

Overall NSW State Target = 70%

2022-2023 Result = 70%

2023-2024 Result = 57%



IMPROVEMENT STRATEGIES

- Child and Family Health district-wide DVRS committee meets monthly to drive practice improvement.
- DVRS education provided to all Child and Family Health screening staff.
- Child and Family Health Clinical leads delivered mandatory Policy to Practice sessions.
- Child and Family Health domestic violence champions contribute to continuing practice improvement strategies.

NSW FIRST 2000 DAYS IMPLEMENTATION STRATEGY



	Total
Births 2023/2024	4140
Completed 1 to 4 week	3672
	88.7%



Initiatives include:

- The ISLHD Sustaining NSW Families team continues to grow with capacity rising from 66% to 76%.
- Consistently meeting key performance indicators for retention at 24 months and retention at 12 months which has ranged between 68% to 100%, above the target of 65%.
- Continue to network with relevant stakeholders, now on Health Pathways and presenting to General Practitioners to increase referrals from this area.
- ISLHD Sustaining NSW Families team have been actively working with the Ministry of Health on the Sustaining NSW Families Evaluation and actively supporting the new Sustaining NSW Families teams being developed statewide.

SUSTAINING NSW FAMILIES' PROGRAMS

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

Target = 50%

2022-2023 Result = 54.3%

2023-2024 Result = 64.7%

Families enrolled and continuing in the program (%)

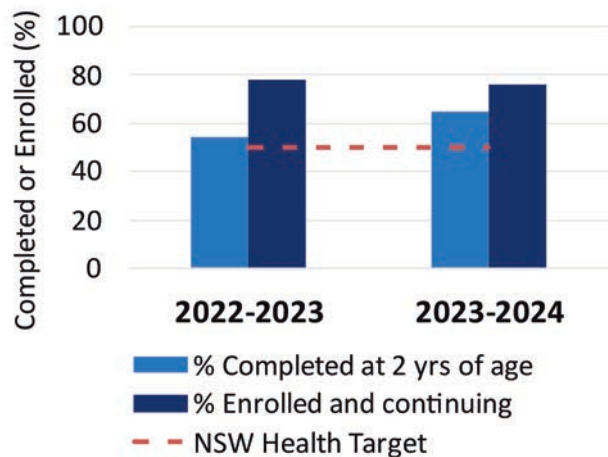
Target 65%

2022-2023 Result = 99 enrolled and 76% continuing at 12 months

2023-2024 Result = 114 enrolled and 92.5% continuing at 12 months



Sustaining NSW Families Programs



IMPROVEMENT STRATEGIES

- ISLHD Sustaining NSW Families program has continued to grow steadily over the past 12 months with capacity rising from 51% to 66%.
- There has also been an improved retention rate at 2 years from 40.7% to 54.3%.
- Staffing levels have also 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.

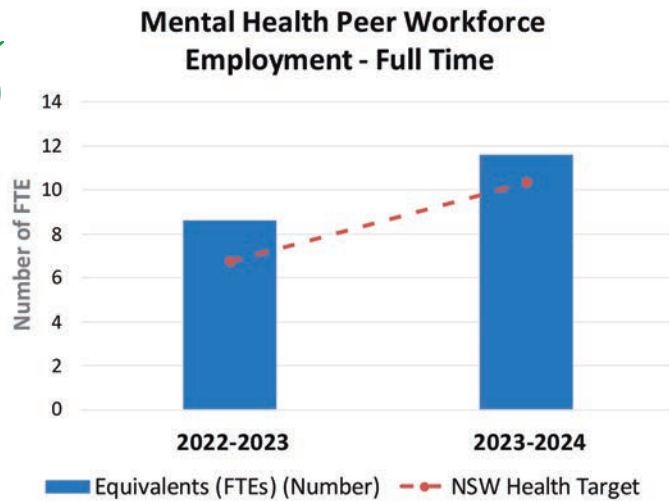
**MENTAL HEALTH PEER
WORKFORCE EMPLOYMENT**

Full Time Equivalents (FTE) (Number)

Target = 10.3 FTE

2022-2023 Result = 8.6 FTE

2023-2024 Result = 11.6 FTE



BREASTSCREEN PARTICIPATION RATES

Target 50%

2021-2023 Result

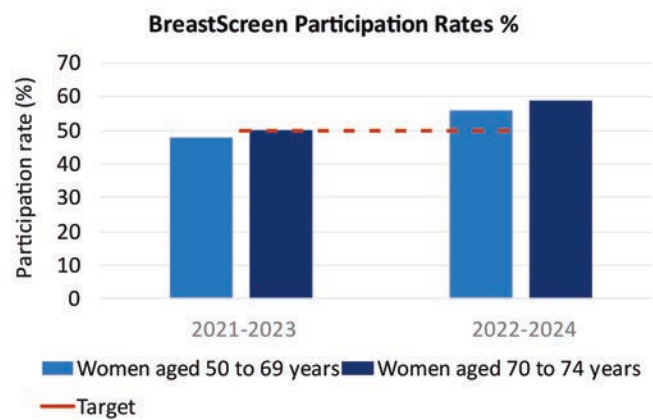
Women aged 50-69 years = 47.8%

Women aged 70-74 years = 49.9%

2022-2024 Result

Women aged 50-69 years = 55.8%

Women aged 70-74 years = 58.6%





NSW Health Outcome 4:

Our staff are engaged and well supported

TAKE ACTION - PEOPLE MATTER SURVEY

Target = any increase from previous year
2022-2023 Result= 31%
2023-2024 Result = 32%

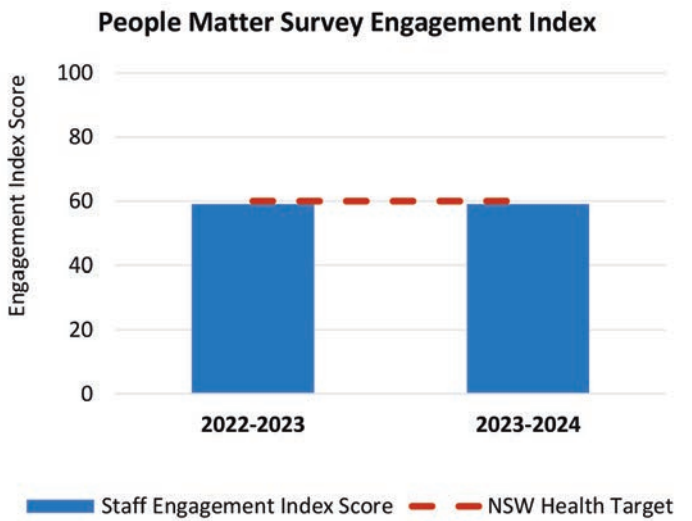


STAFF ENGAGEMENT - PEOPLE MATTER SURVEY ENGAGEMENT INDEX

Target = any increase from previous year
2022-2023 Result= 59%
2023-2024 Result= 59%

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

Target = greater than 5% decrease from previous year
2022-2023 Result= 5%
2023-2024 Result= 5%





Schwartz Rounds

Schwartz Rounds are a multidisciplinary forum where staff employed in a healthcare environment have the opportunity to discuss the emotional and social impacts of working in healthcare. The Rounds generally involve three staff members sharing their story about a nominated topic, followed by the audience being given the opportunity to reflect and discuss what they heard through a facilitated group discussion.

Ensuring staff are engaged and well supported is a key Strategic Priority for ISLHD. Linked to the Ministry of Health (MoH) Elevating the Human Experience Framework, ISLHD applied and was successful in being granted a Schwartz Rounds licence in 2023. Shellharbour Hospital was identified as the pilot site for ISLHD's Schwartz Rounds journey. To guide implementation, a Steering Committee was formed, made up of Shellharbour Hospital staff and a representative from the People and Culture team. The committee were supported by the MoH Elevating the Human Experience team to establish the process and develop a plan for implementation. An Executive Sponsor, clinical and non-clinical lead were identified to drive the implementation of Schwartz Rounds locally and encourage participation from staff. All committee members completed the Schwartz Centre training, in addition to Trauma Informed facilitation training.

After launching in October 2023, six Rounds have been held. Attendance and participation has been overwhelming, with a 'full house' for each Round.

Participant feedback has indicated that the experience of attending a Schwartz Round has had a positive impact on participant wellbeing and perspectives on care:

- 100% of participants said that the discussions gave them new insights into the perspectives and experiences of their co-workers (strongly agree / agree)

- 95% of participants said that they strongly agreed or agreed that the discussion gave them new insights into the perspectives and experiences of clients / patients and / or families
- 95% strongly agreed or agreed that because of the Round, they felt less isolated in their work with clients / patients and carers
- 96.9% agreed or strongly agreed that the Round had a positive impact on their overall sense of wellbeing
- "An amazing experience. Very brave panellists sharing very personal stories"

The biggest challenge experienced by the Shellharbour Schwartz Rounds team has been finding panellists to share their stories. This requires courage to share a personal experience and speak in public. All panellists have found the experience very positive and indicated that they felt well supported throughout the process.

Keys to the successful implementation and sustainability of The Schwartz Round program in ISLHD are:

- An active and engaged Steering Committee based at the site
- A very active and engaged Clinical Lead and Executive Sponsor
- Willingness for all Committee members to undertake all roles involved in a Schwartz Round (facilitator, panellist, support person)
- Committee members being eager to learn new skills in a supported environment (for some, facilitation of this type of discussion was a new experience)
- Hot and cold debriefing of panellists and facilitators after each Round to ensure psychological safety.

It is hoped that in 2024-2025, the Schwartz Rounds program will expand to another ISLHD location.

STAFF PERFORMANCE REVIEWS COMPLETED WITHIN THE LAST 12 MONTHS

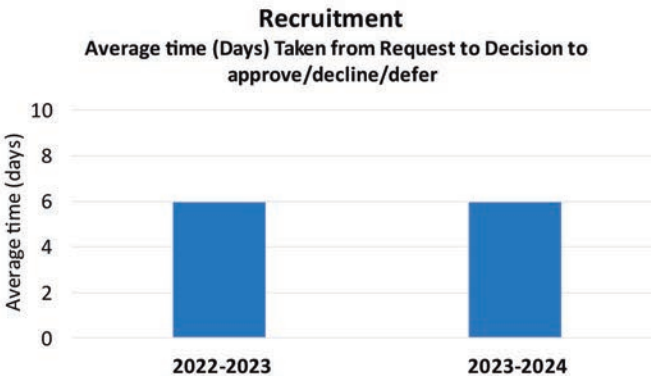
Target = 100%
 2022-2023 Result = 62.6%
 2023-2024 Result = 51%



STAFF RECRUITMENT

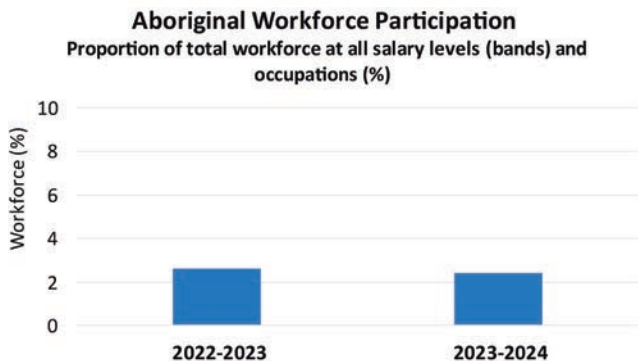
Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)

Target = less than 10 days
 2022-2023 Result = 6 days
 2023-2024 Result = 6 days



ABORIGINAL WORKFORCE PARTICIPATION

Target = 3%
Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)
 2022-2023 Result = 2.6%
 2023-2024 Result = 2.4%

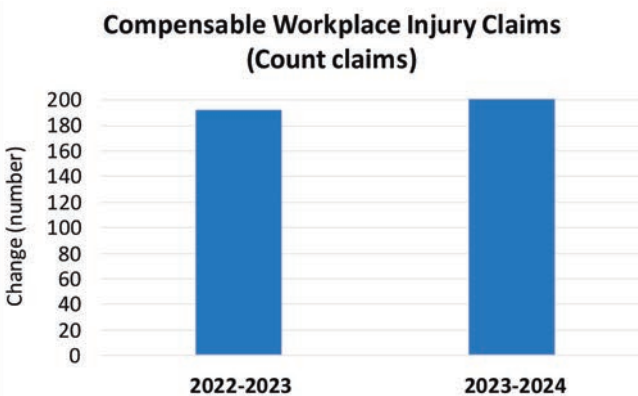


EMPLOYMENT OF ABORIGINAL HEALTH PRACTITIONERS

2022-2023 Result = 2
 2023-2024 Result = 2

COMPENSABLE WORKPLACE INJURY - CLAIMS

Target = 0
 2022-2023 = 192, 18.5% increase
 2023-2024 = 209, 8.9% increase

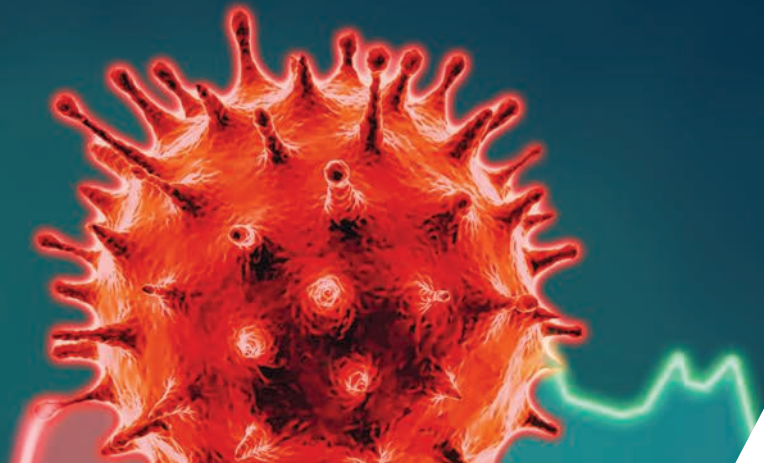


IMPROVEMENT STRATEGIES

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

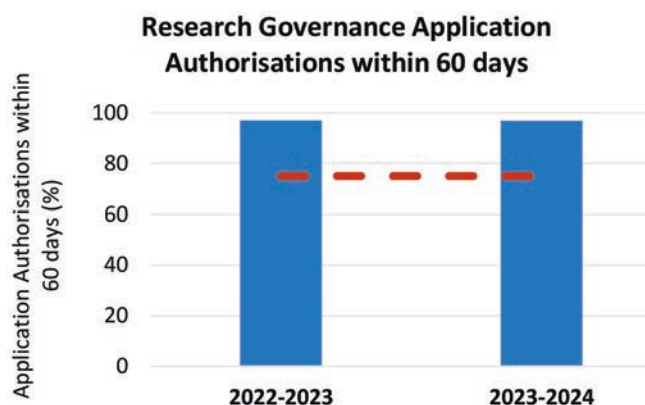
Site specific within 60 calendar days

– Involving more than low risk to participants (%)

Target = 75%

2022-2023 Result= 97%

2023-2024 Result= 97%



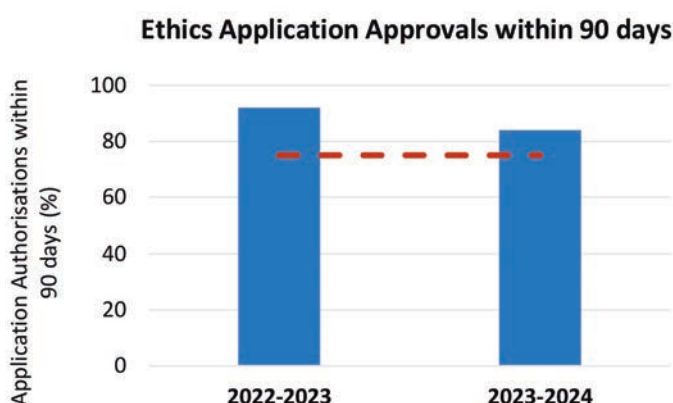
ETHICS APPLICATION APPROVALS

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

Target = 75%

2022-2023 Result= 92%

2023-2024 Result= 84%



IMPROVEMENT STRATEGIES

ISLHD and 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 districts 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.

Serratus Anterior Plane Blocks for Early Rib Fracture Pain Management

Patients with rib fractures resulting from blunt thoracic trauma are a common presentation to Emergency Departments (ED). Severe pain from rib fractures can impair breathing function and result in complications. Early effective analgesia is therefore a crucial treatment goal for these patients however, this is often difficult to achieve. Elderly patients who sustain rib fractures are much more vulnerable to these complications with twice the mortality and morbidity of younger patients with similar injuries.

The serratus anterior plane block (SAPB) has been used as an analgesia following cardiothoracic and chest wall surgery resulting in both a reduction in pain scores and the need for opioid medication. The available evidence on SAPB for rib fractures is limited and suggests that these blocks are feasible and quick to perform, leading to a reduction in pain scores.

We undertook the Serratus Anterior Plane Blocks for Rib Fractures in the Emergency Department (SABRE) research trial to evaluate whether the addition of a SAPB to usual rib fracture care reduces pain scores, opioid requirements, and respiratory complications in patients with rib fractures in the ED.

210 participants were enrolled of which the primary outcome was reached with patients experiencing a meaningful reduction in pain whilst also reducing opiate requirements. The analgesic effect was maintained in older adults, a reassuring finding as this population are at greater risk of in-hospital complications. Importantly, there were no episodes of complications.

Preliminary data as a result of this protocol have resulted in earlier patient discharge times. Patients in the Illawarra region are spending 2-3 days at home discharged with a catheter (for subsequent top up serratus plane anaesthesia). These days would normally have been spent at hospital.



6. Future Plans-Safety and Quality Priorities 2024-2025

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 Illawarra Shoalhaven Local Health District (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, 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



Safe care is delivered across all settings



People are healthy and well



Our staff are engaged and well supported



Research and innovation, and digital advances inform service delivery



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.

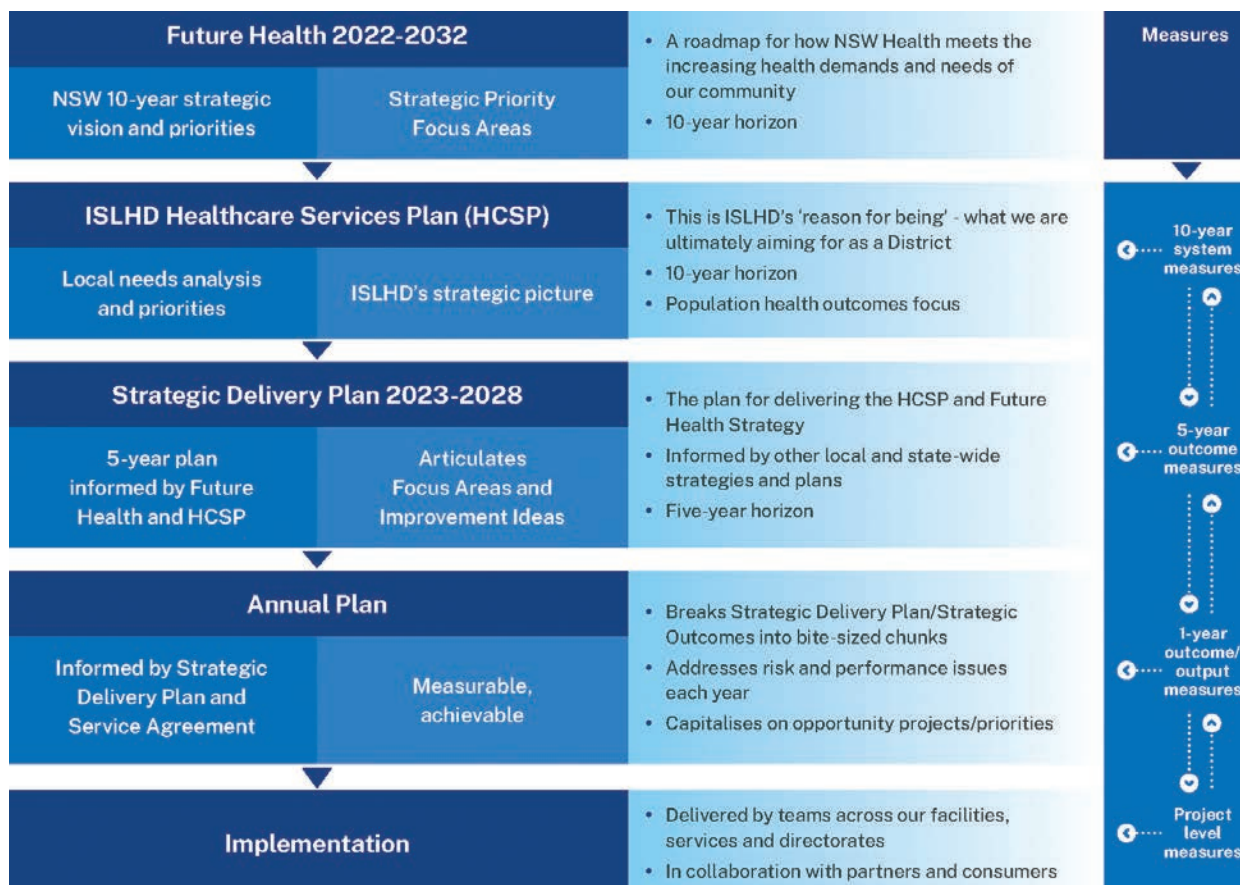
How will we implement this plan?

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. This 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 be used during the annual planning process to inform agreed actions which should be assigned to individuals with specified measures.

This 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.

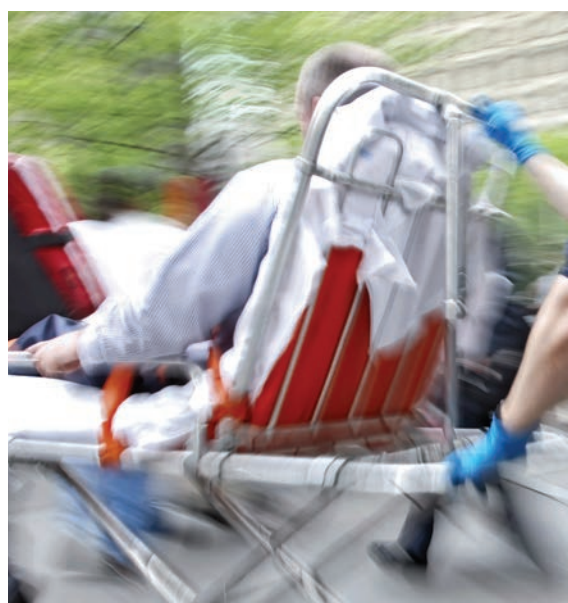


How will we know we have achieved this plan?

The plan contains long-term outcome measures for each strategic outcome. These outcomes 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 in year 3 and 4 and will include an analysis of progress against its focus areas and goals.



Annual Focus Areas, Key Actions and Projects

ISLHD requires short-term plans to achieve long-term strategies and 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 actions, ensuring operational accountability, flexibility, performance monitoring and resource efficiency.

The 2024-2025 Annual Plan:

- Aligns with the Strategic Outcomes and Focus Areas outlined in ISLHD's Strategic Directions 2023-2028
- Outlines goals mapped against the focus areas that ISLHD is committed to achieving over a three-year period, commencing last year in financial year 2024 (FY24)
- Details actionable steps and tasks to achieve those goals in the upcoming year and into next year where appropriate
- Allocates responsibilities, timelines, and SMART (specific, measurable, achievable, relevant, timely) measures of success for each action
- Provides a roadmap for monitoring progress and adapting to changing circumstances by identifying SMART measures of success that will assist us to understand progress against actions and goals.

Strategic Outcome 1:

PATIENTS AND CARERS HAVE POSITIVE EXPERIENCES AND OUTCOMES THAT MATTER

FOCUS AREA	KEY ACTIONS/ PROJECTS
Provide consumer driven care with compassion and cultural safety	Improve cultural safety for staff and patients in ISLHD's Emergency Departments (ED) by ensuring all ED staff have completed online and face to face Respecting the Difference training within 3 months of commencing employment.
	Improve Emergency Department experiences for all patients
	Respond to requests and recommendations of inquiries, such as parliamentary inquiries and special commissions.
	Improve health services for children and families by implementing: <ul style="list-style-type: none"> - Child safe organisation - First 2000 days - Paediatric capability framework - Trauma informed care framework - Implementation of Kids Head to Health hub
	Grow virtual and hybrid non admitted care options through integration into all non-admitted allied health services- driven by clinical safety and consumer preference.
Improve Aboriginal patient experience	Foster strong relationships that enable co-design initiatives by renewing partnership agreements with Aboriginal Community Controlled Health Organisations (ACCHOs) and key stakeholders.



Strategic Outcome 2:

SAFE CARE IS DELIVERED ACROSS ALL SETTINGS

FOCUS AREA	KEY ACTIONS/ PROJECTS
Provide safe and timely access to care	Facilitate acute patient flow by introducing/expanding transdisciplinary models of care.
	Make the patient journey through the system as efficient as possible through implementing access and flow initiatives.
	Commence service delivery under Healthcare@Home program to expand virtual care and virtual Hospital in the Home.
	Improve patient safety by working to reduce hospital acquired complications to within their expected range.
	Ensure National Disability Insurance Scheme (NDIS) patients receive appropriate care by partnering with Commonwealth and others to reduce number of NDIS patients awaiting placement within ISLHD facilities.
	Prevent unnecessary ED presentations and admissions by providing pathways for ISLHD consumers to access appropriate care.
	Reduce length of stay by continuing the Acute Rehabilitation Team at the Wollongong Hospital.
	Build a safety culture by promoting the quality and safety program through internal communication channels.
Deliver Integrated models of care	Grow provision of care closer to home by increasing community and out of hospital services including virtual care.
	Commencement of Collaborative Commissioning partnership program for chronic obstructive pulmonary disease.
	Implement 24/7 integrated domestic and family violence crisis response program.
	Reduce ED presentations and admissions within the Shoalhaven by expanding the Aged Care Outreach Service to Shoalhaven region.
Improve patient outcomes	Ensure specialty services are providing care that is high quality, safe, streamlined, and efficient through the development of 3–5-year service plans as part of the speciality service planning project.

Strategic Outcome 3:

PEOPLE ARE HEALTHY AND WELL

FOCUS AREA	KEY ACTIONS/ PROJECTS
Elevate and prioritise Closing the Gap	Invest in Closing the Gap through the development and delivery of the Aboriginal Health Strategy and Action Plan.
	Transform Aboriginal Health through the delivery of NSW Health Aboriginal Health Transformation Agenda.
Strengthen partnerships	Partner meaningfully with ACCHOs by operationalising partnership agreements through the establishment of subcommittees.
	Partner with private providers to establish the model of care for Kids Head to Health hub for supervision, education, training and care coordination.
	Partner with the Primary Health Network on the Strategic Alliance work program for delivery of projects.
	Collaborate with key partners to transform Wollongong through the development of a Health Precinct Strategy and the establishment of ongoing partnerships.
	Improve nursing student placement experience by partnering with the University of Wollongong (UOW) to establish an internal facilitation model for clinical placements.
Enhance mental health and wellbeing across the lifespan	Increase access to ISLHD services that address the needs of vulnerable populations.
	Complete the Drug and Alcohol and Mental Health review project.

Strategic Outcome 4:

STAFF ARE ENGAGED AND WELL SUPPORTED

FOCUS AREA	KEY ACTIONS/ PROJECTS
Build safe and positive work environments	Reduce preventable harm to staff by developing and implementing a comprehensive Work Health and Safety governance framework.
	Become more inclusive, dynamic, and culturally safe by increasing the number of Aboriginal staff by developing and implementing an Aboriginal employment strategy as part of the Aboriginal Health Strategy and Action Plan.
	Meet future workforce needs by developing Shellharbour and Shoalhaven workforce implementation plans to support redevelopments.
	Improve ISLHD accountability and governance by finalising the organisational design project and transitioning it to business-as-usual operation.
	Increase diversity and cultural safety by implementing workforce, diversity, inclusion and belonging initiatives.
	Enhance nursing and midwifery staffing in emergency departments through the roll out of state safe workforce levels.
	Implement standardised robust medical workforce employment, utilisation, and engagement processes that support best practice operational governance practices.
	Respond quickly to patients showing deterioration by funding the district Deteriorating Patient Response Team.
	Prevention of Occupational Violence and Aggression (OVA).
Grow and empower our people	Optimise our workforce for long term success by applying the NSW Talent Management Strategy within ISLHD.
	Invest in daring leadership by spreading Dare to Lead™ cross disciplinary.
	Empower our nursing and midwifery staff in their roles by developing a nursing & midwifery leadership academy.

Strategic Outcome 5:

RESEARCH, INNOVATION AND DIGITAL ADVANCES INFORM SERVICE DELIVERY

FOCUS AREA	KEY ACTIONS/ PROJECTS
Advance health data and analytics	Develop 'one source of truth' through the development of a single data warehouse for the district.
	Establish strong governance of systems and digital infrastructure through the digital governance framework.
	Make data-led decision-making business as usual through implementation of Power BI.
	Improve data management and flexibility by migrating to cloud.
	Improve financial and data literacy through development and delivery of program to cost centre managers.
Accelerate digital investment	Support the development and implementation of the Single Digital Patient Record.
	Improve district collaboration with the extended use of Microsoft tools.
Embrace research as the frontier for innovation	Foster opportunities for high quality research by developing a business case in conjunction with the Agency for Clinical Innovation to address the gap in health-based research and innovation structures in the Illawarra Shoalhaven region.



Strategic Outcome 6:

HEALTH SYSTEM IS MANAGED SUSTAINABLY

FOCUS AREA	KEY ACTIONS/ PROJECTS
Deliver services in financially sustainable way	Deliver against the district's Financial Sustainability Plan: revenue, economic impact payments, expenditure, forecasting and full-time equivalents (FTE).
	Improve procurement efficiency through the delivery of state-wide procurement reform.
	Improve management of assets through ISLHD asset strategy and compliance with state requirements.
	Deliver progress towards Shellharbour Hospital Redevelopment.
	Deliver progress towards Shoalhaven Hospital Redevelopment.
	Deliver Milton Ulladulla Health Service Plan (HSP), master planning and funded capital works.
	Deliver Wollongong Hospital Clinical Services Plan (CSP) and undertake master planning.
	Decant Port Kembla Hospital late 2024 and review corporate staffing locations.
	Improve patient care by delivering Medical Ambulatory Care Unit relocation and transit lounge expansion at Wollongong Hospital.
	Improve access to services in Milton Ulladulla Hospital by delivering a computed tomography (CT) scanner and upgrades to cancer services.
	Increase access to services for ISLHD children by delivering Kids Head to Health hub.
	Increase access to services for southern Illawarra residents through delivery of the Warrawong Community Health Centre.
	Increase safe care at Shellharbour Hospital by introducing and completing the safe assessment unit.
	Improve business intelligence through the development of a performance framework.
	Understand, manage, and control risks through the development of a business continuity plan.
	Increase efficiency and reliability by reviewing and changing maintenance practices from reactive to proactive.
	Explore the delivery of Aged Care services within the district.
	Implement ongoing financial improvement strategies over a period of 3 years resulting in an overall saving of \$20 million enabling Shoalhaven Hospital Group to operate within its allocated staffing profile and financial budget and meet allocated activity (National Weighted Activity Unit-NWAU) targets.
Commit to an environmentally sustainable footprint	Develop a position to coordinate key deliverables for ISLHD to adapt to and mitigate the impacts of climate change.
	Undertake Climate Change Risk Assessment.
	Support the ISLHD Climate Change Risk and Net Zero Taskforce and develop key working groups to commence hot spot projects to adapt to and mitigate climate change, including clinical, waste, fleet and energy reduction projects.
	Undertake fleet electrification.

Safety & Quality Priorities and Initiatives 2024-2025

Improvement of Falls and Delirium Hospital Acquired Complications

Reducing the incidence of hospital acquired falls and delirium is a key initiative for Illawarra Shoalhaven Local Health District (ISLHD). For 2023/2024, the incidence of hospital acquired falls and delirium across the district has been consistently above the NSW average.

An ISLHD Falls Prevention and Safe Mobilisation Clinical Leaders Program will be implemented in 2024-2025 to engage key staff who will become Clinical Leaders in falls prevention and safe mobilisation. These staff will receive formal training to enhance leadership skills and further understanding of falls prevention and safe mobilisation so they can role model, educate others, and conduct quality improvement activities to improve falls incidence in their departments.

In addition to the above program there will be a focus on strengthening the governance of the Falls Prevention Steering Committee, enhancing the ward level safety huddles and huddles to discuss the care and management of patients who fall more than once, and the implementation of executive led falls huddles where patients have been injured.

The ISLHD Delirium Working Group will continue to complete the quality improvement actions identified in a gap analysis developed against the best practice Australian Commission of Safety Quality in Healthcare -Delirium Clinical Care Standard. Future improvement actions for this Working Group include developing and delivering specialist education and training to clinical and non-clinical staff to guide the care and management of patients with delirium including the continued use of the 4AT delirium rapid assessment tool.

As an overall strategy to reduce the incidence of hospital acquired falls and delirium an initiative named GRACE, Getting to know youR pAtient for safe Individualised CarE, has commenced to improve the way nurses perform risk screening and assessment, through person-centred conversation, observation, use of clinical judgement and thorough physical assessment on admission to the ward.

GRACE is an initiative aimed at improving the way nurses perform risk screening and assessment, through person centred conversation, observation, use of clinical judgement and thorough physical assessment, to:

- improve the quality and accuracy of nurse-led risk screening and assessment
- enhance the lived experience of patients and their families/carers
- reduce harm and the occurrence of nurse-sensitive hospital acquired complications.

Aligned to Future Health & ISLHD Strategic Outcomes

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





Further development of ISLHD's Consumer and Community Advisory Council

Over the past year Illawarra Shoalhaven Local Health District (ISLHD) partnered with consumers to establish and co-design a District Consumer and Community Advisory Council Group. This group developed Terms of Reference, an Expression of Interest process, a Handbook for Council Members, and an Onboarding process.

15 Consumer and Community Representatives have been appointed to ISLHD's Consumer & Community Advisory Council. Members represent community diversity in relation to age, race, gender, sexuality, culture, ethnicity and language, mental health and disability. Three Aboriginal members have been appointed, with a further two members parents of Aboriginal children.

The purpose of the Advisory Council is to provide a forum for a highly informed expert group of consumers and community representatives to engage with ISLHD on issues relating to improving consumer and community experience, including high level strategic operations, services, plans and policies.

Further development of the Consumer and Community Advisory Council will be a key focus for 2024-2025. Plans for the Council include building the Council's relationship with ISLHD and each other to create trust and psychological safety. This will involve a communication strategy to introduce the Council members to ISLHD staff and the ISLHD community. In addition, the Council plans to develop a 12-month work plan, develop some key performance indicators and evaluation measures, and engage with local communities.

Aligned to Future Health & ISLHD Strategic Outcomes

- Patients and carers have positive experiences and outcomes that matter

Strengthening Aboriginal Cultural Engagement – using the results from the Aboriginal Cultural Engagement Self-Assessment Tool

The Aboriginal Cultural Engagement Self-Assessment Tool (referred to as Assessment Tool) has been designed by the NSW Government to assist NSW Health organisations in moving towards a health system where cultural differences and strengths are recognised and responded to in the governance, management and delivery of health services. It supports health services to assess whether there has been a measured approach towards the delivery of culturally safe and accessible health services for Aboriginal patients and clients.

Additionally the Assessment Tool provides evidence during the accreditation process against the Aboriginal specific actions in the National Safety and Quality in Healthcare Standards (Second Edition) and the strategic directions of the NSW Aboriginal Health Plan (the plan). The Assessment tool embeds the strategic directions of the NSW Aboriginal Health Plan and strategically aligns with the six Aboriginal-specific actions from the National Safety and Quality Standards, Second Edition (NSQHS Standards) and the ISLHD Service Agreement requirements regarding partnerships with Aboriginal Community Controlled Health Services (ACCHS). It further supports implementation of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026.

The Aboriginal Cultural Engagement Self-Assessment Tool is part of a suite of resources which serves to:

1. Reflect and review current engagement and strategies in place, capturing transferrable learnings and validation of current process.
2. Identify actions to strengthen Aboriginal cultural engagement between NSW Health organisations/ services and local Aboriginal stakeholders.
3. Form part of the district's response to accreditation demonstrating processes that support engagement and service planning that is considerate of the needs of Aboriginal and Torres Strait Islander people.

As a result of the Assessment Tool outcomes from 2023-2024, all sites and services across Illawarra Shoalhaven Local Health District have developed action plans to further strengthen cultural safety and behaviours. Further progress of these action plans will be a key focus for 2024-2025.

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 healthy and well



7. Appendices

Appendix 1 2024 Attestation Statement

TRIM DT24/93368



Illawarra Shoalhaven Local Health District

This attestation statement
is made by Marilyn Smith OAM

Name of office holder/member of Governing Body

Holding the position/office
on the Governing Body Acting 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.
2. The Governing Body has fully complied with, and acquitted, any Actions in the National Clinical Trials Governance Framework, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture
3. 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 endorsed the Organisation's current clinical trials governance framework
 - f. 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
 - g. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services, including clinical trial services.
 - h. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.



TRIM D24/93368

4. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander peoples.
5. I have the full authority of the Governing Body to make this statement.
6. 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
- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using the National Clinical Trials Governance Framework under the Scheme
- specific Actions in the National Clinical Trials Governance Framework concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

Signed

Manish D

Position

Acting Chair of the Illawarra Shoalhaven Local Health District Board

Date

17/09/2024

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

Signed

Margot K Mains

Position

Chief Executive

Name

Margot Mains

Date

13/09/2024



Appendix 2

Winners 2024

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 the NSW Health Awards, the Agency for Clinical Innovation (ACI) Rural Health Awards and NSW Premier's Awards.

Chief Executive Award

The *Hope and Empowerment with Co-Designed Recovery Tools* initiative aimed to improve consumer satisfaction from 31% to 90% regarding information provided to Mental Health consumers during their admission at the Wollongong Hospital Mental Health Unit. The objective of the project was to empower consumers to navigate and take greater ownership of their recovery journey by providing greater access to information about ISLHD Mental Health Services, their treatment, and holistic health information supporting wellness and recovery.

Winner Category 3

Multicultural Health Award

Enough understanding isn't enough: Increasing interpreter use

Wollongong Hospital

- Nominated for NSW Health Innovation Awards

Winner Category 4

Excellence in the Provision of Mental Health Services Award

Hope and Empowerment with Co-Designed Recovery Tools

Mental Health Service

- Nominated for NSW Health Innovation Awards

Winner Category 5

Health Innovation Award

Using an under-utilised rural hospital to reduce surgical wait lists

Milton Ulladulla Hospital

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

Winner Category 6

Health Research Award

Rethinking the tiered trauma team response

Wollongong Hospital Emergency Department

- Nominated for NSW Health Innovation Awards

Winner Category 7

Keeping People Healthy

Increasing HPV and dTpa immunisation coverage for Year 7 students in high schools

Public Health Unit

Winner Category 8

Patient Safety First – Joint Winners

Elective Colorectal Enhanced Recovery After Surgery (ERAS) pilot project

Shoalhaven District Memorial Hospital

- Shortlisted for the Agency for Clinical Innovation Rural Health Awards

Could it be Sepsis? Implementation of Sepsis Pathways in the Emergency Departments

ISLHD Emergency Services

Winner Category 10

Transforming Patient Experience Award

*Day Ward 48-hour Patient Calls for
Pre-Operative Communication*

Shellharbour Hospital

- Nominated for NSW Health Innovation Awards

Staff Member of the Year

Dr Shabnam Cook

Clinician

- Virtually enhanced Community Care/ Virtual Hospital Ward
- Ambulatory and Primary Health Care

Volunteer of the Year

Margaret Young

Volunteer

Mental Health Service

- Nominated for NSW Health Innovation Awards

ACI Rural Health Awards

Shortlisted project

Day Only Hip and Knee Joint Replacement Project
Shoalhaven District Memorial Hospital

NSW Premier's Awards Nomination: Category

Highest Quality Healthcare

Initiatives for Suicide Prevention Project
Mental Health Services

Special Commendations

Category 5

Health Innovation Award

My Blue Book – check ME out!
Child and Family Services

Category 8

Patient Safety First

Minding the Minutes
Wollongong Hospital

Category 10

Transforming Patient Experience Award

*Implementation of the Aged Care Outreach
Service in the Illawarra*
Division of Aged Care, Rehabilitation
and Palliative Care.

Director of Clinical Governance

Best Poster Award

Surgical Site Infection Prevention
Bundle -General Surgery
Shoalhaven District Memorial Hospital

2023 SAVR Awards

Appendix 3

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

SAVR Award Finalists



Transforming Aboriginal Health

- Lara Acevedo - Aboriginal Project Officer, Capital Planning & Delivery - Planning, Information & Performance
- Naomi Hoffman - Clinical Nurse Consultant - Ambulatory & Primary Health Care
- Capital Planning Team - Planning, Information and Performance
- Voice to Parliament Webinar Team



Collaboration and Connection

- Tara Brady - Allied Health Strategy & Performance Leader - Allied Health
- Dr Shabnam Cook - Clinician - Virtually enhanced Community Care/Virtual Hospital Ward - Ambulatory & Primary Health Care
- Megan Foye - Co Director - Division of Aged Care, Palliative Care & Rehabilitation
- Sharon Williams - Consumer Feedback Manager - Clinical Governance Unit
- Procurement Policy & Compliance - Procurement & Supply Chain



Innovation and Process Improvement

- Natasha Absalom - Senior Speech Pathologist - Wollongong Hospital
- Dylan Dimovski - Registered Nurse - Mental Health Services
- Aged Care Outreach Project Team - Project Management Office
- Stroke Department - Wollongong Hospital
- Virtual Hospital Ward Team - Ambulatory and Primary Health Care



Leadership Excellence

- Jackie Donsante - Nurse Manager - Leadership & Culture - Nursing & Midwifery Directorate
- Sharon Morgan - Nurse Manager - Leadership & Culture - Nursing & Midwifery Directorate
- Clare Sheehan - Director - Staff Safety & Recovery - People and Culture
- Jacinta Wall - Acting Occupational Therapy Unit Head - Child & Family Service - Child & Family Services
- Kylie Wright - Director Clinical Governance - Clinical Governance Unit

Outstanding Service

- Graeme Bell - MOSAIQ Clinical Lead - Cancer Care Division
- Elisabeth Murphy - Social Work Team Educator - Allied Health
- Teena Thomas - Registered Nurse - Shellharbour Hospital
- Bungora Opioid Treatment Team - Drug & Alcohol Service
- Clinical Governance Unit
- Medical Imaging



Work Health and Safety Star

- Keisja Divett-Mckiernan - Work Health & Safety Committee Chairperson - Milton Ulladulla Hospital
- Amy Lochhead - Health Service Manager - Sterilisation Services Department - Wollongong Hospital
- Erin Muscat - Safety Advisor - Northern Illawarra Hospital Group
- B2 West (Acute Surgery Unit) - Wollongong Hospital
- Shellharbour Hospital Medical Imaging Team





Volunteer of the Year

- Sandra Bull - Wollongong Hospital
- Colleen Clifford - Milton Ulladulla Hospital
- Helen Keys - David Berry Hospital
- Christine McLoughlin - Coledale Hospital
- Irene O'Neil - Wollongong Hospital
- Margaret and Tony Young - Mirrabook Mental Health Unit | Mental Health Services
- Chaplaincy - Wollongong Hospital
- Friends of Wollongong Hospital
- Milton Ulladulla Hospital Auxiliary Volunteer Team

Unsung Hero - Making a Difference

- Kimberley-Jane Fleming - ICU Clinical Nurse Educator - Wollongong Hospital
- Sonia Janssen - Clinical Nurse Consultant/Acting Team Leader - Mental Health Services
- Dr Bishan Rajapakse - Emergency Physician, Staff Specialist - Emergency Department - Shellharbour Hospital
- Caitlin Reid - QuART Physiotherapist - Shoalhaven District Memorial Hospital
- Leigh Williams - ICU Clinical Support Officer - Wollongong Hospital

Rising Star

- Eliza Brazel - Audiometrist - Child and Family Services
- Charlotte Lee - Social Worker - Bulli Hospital
- Natalie Pitt - Administration Officer - Child & Family Services
- Bronwyn Tolhurst - Lawyer - Legal Services
- Stephanie Varcoe - Clinical Psychology Registrar - Child & Family Services



Extraordinary Care for our Patients

- Annabelle Crawford - Paediatric Speech Pathologist - Wollongong Hospital
- Kathryn Perry - Rehabilitation Clinical Nurse Consultant - Aged Care Division
- James Shakeshaft - Senior Physiotherapist - Ambulatory and Primary Health Care
- Illawarra Shoalhaven Sexual Health Service
- Renal Unit - Wollongong Hospital (Home dialysis unit)
- Shoalhaven Acute Geriatric Unit

Chief Executive's Award

- Dr Shabnam Cook - Clinician - Virtually enhanced Community Care/Virtual Hospital Ward - Ambulatory & Primary Health Care
- Megan Foye - Co Director - Division of Aged Care, Palliative Care & Rehabilitation
- Lavinia Harvey - Technical Officer - Critical Care Division
- Sharon Morgan - Nurse Manager Leadership & Culture - Nursing & Midwifery Directorate



2023 SAVR Award Winners

Transforming Aboriginal Health



Lara Acevedo

Aboriginal Project Officer

*Capital Planning & Delivery Planning,
Information and Performance*

Lara Acevedo is a proud Wiradurji woman, who works tirelessly to improve access to high quality culturally safe healthcare for Aboriginal People in the Illawarra Shoalhaven. In her current role as Aboriginal Project Officer, Capital Planning she has made significant contributions to:

- Actively engaging with local Aboriginal communities to better understand their needs, and to apply their cultural knowledge and wisdom to planning for the new Shellharbour Hospital and the redevelopment of Shoalhaven District Memorial Hospital
- Laying the foundations for new and redeveloped facilities to provide culturally safe and exceptional health care/services.

Lara connects with community across ISLHD's capital projects in both the planning and delivery stages. Her relationships with the Elders and community have meant that they continue to be engaged with the project throughout each stage and have offered their voice and contributed in such a meaningful way. Ultimately this will improve access as these places are recognised as welcoming and culturally sensitive places thanks to the input of local community.

Lara has coordinated Smoking Ceremonies on both sites where Elders shared stories and truth telling, cleansed the site and Welcomed to Country, and staff and community danced together in a show of commitment to providing culturally safe and appropriate health care in the new facilities.

Outside of her core role, Lara coordinated ISLHD's participation in NAIDOC celebrations, supporting services to hold stalls and run engagement activities at events across the district and is a generous mentor and guide to colleagues wishing to improve their cultural competency. Lara has participated as a co-facilitator in Respecting the Difference training and Voice to Parliament information sessions.

Lara's commitment to respecting and elevating the voices of Aboriginal Elders and community across the planning, development and delivery of ISLHD facilities and services has a tangible positive impact worthy of significant recognition.



Naomi Hoffman

Clinical Nurse Consultant

Ambulatory and Primary Health Care

Naomi is a proud Kamilaroi woman and an emerging leader for Aboriginal people in the Illawarra. She is the Sexual Health Clinical Nurse Consultant and has completed a range of postgraduate and master's degrees at various universities and is currently completing her Nurse Practitioner Training in Sexual Health and Human immunodeficiency virus (HIV) in order to bring an exceptionally higher standard of care to her patients and her community. She goes above and beyond requirements to encourage and support our Aboriginal patients by providing intensive support for those at risk of illness and poorer health outcomes through non-adherence to medications and/or disengagement from services.

Naomi will adapt her clinical service provision to best suit her patients within a culturally safe environment and this includes taking her clinic to community, grabbing a coffee, and having a yarn. Naomi also has co-established the Aboriginal Sexual Health Program for the service based on the needs of our local Aboriginal communities across the district, this is in direct response to closing the gap on poorer health outcomes, reducing barriers, and increasing access to high quality care.

Naomi is an inclusive and respectful team member who engages with all members of the multidisciplinary team. She has been recognised by the University of Wollongong as an outstanding nursing leader. Naomi is thorough and meticulous in her attention to clinical service provision. Naomi is an exemplary nursing leader who really enjoys teaching and mentoring junior nursing staff and has inspired others to undertake further studies and supports other Aboriginal staff across the district. She also loves a good yarn, and is never short of a few stories

Collaboration and Connection



Dr Shabnam Cook

**Clinician, Virtually enhanced Community Care/
Virtual Hospital Ward**

Ambulatory and Primary Health Care

Dr Shabnam Cook, or Shab as she is known, has been part of the Virtually enhanced Community Care (VeCC) team since 2020. Shab started with VeCC during the COVID-19 pandemic and was instrumental in the development of the COVID-19 monitoring at home service but has been even more pivotal in the establishment of the Virtual Hospital Ward (VHW). VHW (part of the VeCC) began in July 2022. Being a completely new service to the district, establishing the VHW was not without its barriers.

It was new service, that medical teams were unfamiliar with. Shab accepted this challenge and took it upon herself to station herself in the Wollongong Emergency Department. “Let me take that patient home with the Virtual Hospital Ward” she repeatedly asked consultants, registrars, and junior medical officers. Slowly but surely the “Shab effect” as it is known, kicked in and spread throughout the hospital. Shab’s enthusiasm, communication and dynamic personality allowed her to generate and build on relationships so that referral to the VHW became business as usual. But it was not only the staff that experienced the “Shab effect”, it was the patients as well. She gave the patients another option – “Would you like to go home and be cared for by my team?”. Few could resist.

The effect on access and flow was noticed with the question continually being asked at bed management – “Is Shab in the hospital today”. Shab’s ability to network and educate, not only the staff, but also the patients, has allowed her to generate trust in establishing a new virtual model of care. Shab has broken down silos and brought the community and inpatient teams together to achieve patient centred care for patients in their own home.

Innovation and Process Improvement



Dylan Dimovski

Registered Nurse

Mental Health Services

Dylan developed and implemented a nurse-lead clozapine clinic in Illawarra Community Mental Health. There were a number of drivers for the need for this service:

- shortage of doctors to be able to see patients on a monthly basis to attend to their clozapine
- difficulties discharging consumers to wider community services due to the General Practitioner bulk billing crisis, and inaccessibility and unaffordability of private psychiatrists
- consumer complaints about constantly seeing different doctors and having no continuity of care.

This was leading to short appointments, where it was difficult to be proactive about other physical health conditions.

Dylan researched other nurse-lead clinics and worked with the clinical director and under mentorship from the clozapine co-ordinator coordinated a clinic parallel to the doctors’ clinic, which allowed for access to medical support if needed. This allowed for consenting consumers to the nurse-lead clinic to have longer appointments to address the impacts of their clozapine and physical health issues more widely.

All blood results and scripts continue to go through the doctor and each consumer still has a doctors' appointment every 3 months. Suitable patients were selected for the clinic as per Dylan's criteria.

There has been great consumer satisfaction from this initiative. Dylan has picked up more physical health issues and has been able to actively address them. It has saved money in terms of doctor time, which has released time for the doctor to spend more time with more medically complex consumers.

We hope to expand this program to more of the nurses and include more consumers in this program. Dylan's presentations have been well written, evidenced, and well thought out.

Leadership Excellence

Clare Sheehan

Director Staff Safety and Recovery

People Safety Culture

Clare exemplifies compassion, sincerity, collaboration, and empowerment as a leader. Clare's transformational leadership style serves as inspiration to others, making her an exceptional leader who truly demonstrates these qualities.

Clare genuinely cares about the well-being of her team. She takes the time to listen to their concerns, understands their personal challenges, and provides support when needed. Clare's empathy and compassion creates a sense of trust and psychological safety within the team, allowing everyone to thrive.

Clare's sincerity shines through in her interactions with her team. She is transparent and honest in her communication, ensuring her team members feel valued and respected, always encouraging innovation and process improvement from within. This is evident by the improved efficiency and performance of the staff safety and recovery directorate, adding value to the organisation with improved outcomes.

Clare understands the power of collaboration and actively encourages it within her team. She fosters a culture of open communication and idea-sharing, where diverse perspectives are welcomed and respected. Clare promotes teamwork and ensures everyone's input is considered, leading to innovative solutions and increased team cohesion.

Clare empowers her team members to take ownership of their work. She provides them with the necessary resources, guidance, and autonomy to make decisions and contribute meaningfully. Clare's trust in her team's abilities fosters a sense of ownership and accountability, enabling personal and professional growth.

Clare goes above and beyond to support her team's development. She identifies their strengths and areas for growth, and actively provides opportunities for skill-building and advancement. Clare acts as a mentor, offering guidance and encouragement to help her team reach their full potential.

Clare's genuine care for her team, commitment to open communication, promotion of collaboration, empowerment of individuals, and consistent recognition and appreciation contribute to a positive and thriving work environment.

Outstanding Service



Elisabeth Murphy

Social Work Team Educator

Allied Health

Lis Murphy has over 30 years of service to NSW Health, mostly in roles in ISLHD. Lis was the very first Social Work Educator in NSW Health and her leadership and vision has assisted to establish this role across NSW as an integral cornerstone in ensuring positive and engaging experiences for consumers. In her role as ISLHD Social Work Educator, Lis leads our professional development strategies and standards of Social Workers across the district.

Lis has identified challenges such as a large influx of new graduate staff and has implemented sustainable strategies to support staff in the provision of effective clinical service.

Lis has worked tirelessly to develop effective partnerships within ISLHD, NSW Health and academic institutions to ensure that NSW Health is receiving and developing excellent social work clinicians. Lis pioneered the Social Work Stories Podcast with University of Wollongong academic partners; the podcast consistently ranks number 2 Internationally in Social Work Podcasts and has a huge audience in over 96 countries. Lis was also approached by Agency for Clinical Innovation to deliver the recently launched 'Making Visible: Preventing and Responding

to Violence, Abuse and Neglect' podcast to support healthcare professionals to prevent and respond to family and domestic violence, sexual assault, child abuse and neglect.

Lis has coached and supported social workers to provide interesting student clinical placements and projects which enhance patients' care. Lis demonstrated her empowering leadership style to motivate a group of managers and clinicians to lead a statewide research project into vicarious trauma in social work. The learnings from this project have improved safety and service delivery.

Lis demonstrated clinical leadership during COVID-19 pandemic, providing excellent and innovative care at Wollongong Hospital and publishing a journal article on hospital social work with death and dying during COVID-19.

Work Health and Safety Star

Keisja Divett-Mckiernan

Work Health & Safety Committee Chairperson
Milton Ulladulla Hospital

Keisja joined the Milton Ulladulla Hospital Work Health and Safety (WHS) Committee as a nursing representative in 2020 and has been the Committee Chairperson since May 2021. Keisja's role modelling practices and passion for WHS have underpinned her ability to collaborate with staff groups and empower individuals to positively influence their teams and their work environment. Keisja also works closely with the site Executive to prioritise WHS and achieve safety enhancements. She has demonstrated her commitment to WHS through engaging in a comprehensive review of staff injuries whilst promoting injury prevention practices. Keisja's leadership and involvement has resulted in a 50% reduction in staff injuries in the past year.

Keisja has also led the implementation of an innovative approach to the annualised review of WHS audit criteria by committee members. This has resulted in all criteria being presented to the WHS committee throughout the audit cycle ensuring risks are noted and acted upon.

As a strong advocate for WHS culture, Keisja recognised the importance of meaningful staff engagement. She has progressively built a robust WHS committee membership which has incorporated succession planning for key roles. Keisja has made a significant contribution to embedding a safety culture within the Milton Ulladulla Hospital team.

Volunteer of the Year



Helen Keys

David Berry Hospital

All of the Palliative Care volunteers are wonderful, and they all deserve awards, but sometimes special recognition is required. Helen Keys joined the Shoalhaven Palliative Care Volunteer Service in 1993 – she has been volunteering for 30 years!

During Helen's illustrious 30-year volunteer career she has been instrumental in the numerous activities of the service. She has provided support to patients and carers receiving care in Karinya Palliative Care Unit at David Berry Hospital, has supported clients and their carers in their homes in the community, assisted with the annual Memorial Service and has actively supported the Shoalhaven Wig Library. Helen has also been a key member of the Volunteer Incorporation Committee for many years, several of them as President.

Helen displays extraordinary leadership and is highly respected by the volunteer group. She has been a frequent source of wisdom. Whilst she embodies all of the CORE values, she particularly displays empowerment by mentoring and supporting other volunteers in the service. Helen's knowledge has been an important part of recognising and remembering the rich history of the Palliative Care Volunteer Service.

Helen is currently an active committee member and is also still actively involved in maintaining the Wig Library which is a free wig lending service that has supported the Shoalhaven community for 35 years.

Helen's selfless contribution of her time, compassion and experience is inspirational. Her outstanding commitment to Palliative Care has made a difficult time just that little bit easier for countless people in our community.



Margaret and Tony Young
Mirrabook Mental Health Unit
Mental Health Services

Margaret and Tony Young are inspirational and selfless volunteers at Mirrabook Mental Health Unit. Each week they consistently give up their personal time and money to cook cakes and muffins for the consumers of Mirrabook. Before the COVID-19 pandemic, they managed to access donations of supplies and cakes from Woolworths, where they were dropping cakes off for inpatients twice weekly, as well as cooking. This is now consistently every week.

The pleasure and enjoyment this gives consumers is beyond measurable. A lovely treat for them and for some who may not have anyone, realising that people care enough to provide such a lovely gesture.

Each Christmas, Margaret and Tony prepare small gifts for the consumers, and staff pass these out on Christmas day. Again, all funded by themselves.

Unsung Hero - Making a Difference



Caitlin Reid
QuART Physiotherapist
Shoalhaven District Memorial Hospital

Caitlin consistently works to positively influence her workplace, improve work situations, and goes above and beyond the expectations of her role to deliver an exceptional contribution to ISLHD.

With a team spread across two sites, Caitlin has been instrumental in supporting positive culture within her team, coordinating team building activities to increase morale and team interaction, and achieved an increase in connection and communication between team members across sites. Caitlin maintains a positive, can-do attitude both for her team and patients. Caitlin consistently volunteers to take on additional tasks and support other team members without being asked. She initiates innovative ideas and has demonstrated a drive for continual learning and skill progression to enable her to empower her team. Caitlin has coordinated a monthly professional development program for her team, leading education topics and organising experts to extend the interdisciplinary skills of the team. She continuously seeks learning and development opportunities to enhance and innovate patient-centred care.

Caitlin has initiated numerous quality activities for the Quick Access Response Team (QuART) including completing a project titled "Ask the Question" focusing on the impact of providing opportunities for consumer feedback for both the patient and staff member. As a result of this project, in the past 9 months Caitlin has contributed over 33% of all compliments not only for QuART but other services and wards of the Shoalhaven District Memorial Hospital. As a result, Shoalhaven District Memorial Hospital has recorded more compliments than complaints each month since October 2022.

Caitlin identifies areas within our patient care that can be improved and supports this by investigating and initiating opportunities including building relationships within and outside of ISLHD to support our patient's care. Her initiative and collaboration without being prompted exceeds the expectations of her role and has enhanced the performance and culture of QuART and the delivery of our service.

Rising Star



Stephanie Varcoe
Clinical Psychology Registrar
Child & Family Services

Steph started as a Clinical Psychology Registrar in the midst of the COVID-19 pandemic lockdowns in 2021. She contributed to the success of online service provision for clients accessing Child and Family Psychology services during this time. Steph has completed all the requirements of her Registrar program and is now writing up her PhD research thesis. She hopes to apply for an endorsement in Clinical Psychology by 2024 and is keen to pursue her interest in research.

Steph is a very professional and strives for excellence in all that she does. She demonstrates emerging leadership qualities and has stepped in at the last minute to cover a colleague with their Safety and Quality Program poster and End Point presentation. Steph had also assisted in piloting this project, a three-session model of service delivery targeting children aged 3-5 years presenting with emotional and behavioural problems. As part of the First 2000 Days Early Childhood Health and Development Network services, Steph developed and delivered a presentation to local Early Childhood Educators on Managing Challenging Behaviours in the Early Years. Stephanie has also presented to the ISLHD Psychologists'

Professional Development Day on her PhD research which involves the study of Mental Health in the Transition to School.

Steph enjoys assisting with any desk-top publishing and, not long after she started, offered to revamp the ISLHD Psychologists' Orientation Manual. While always looking towards the future, Steph is already starting to think about how we will manage the future demand for Child and Family Psychology services. To this end, she is interested in applying for Health Education and Training Institute (HETI) grants to ensure we are adequately trained to deliver evidence-based care. Steph is aware of the need for workforce development in Psychology and actively encourages students and other early career psychologists to consider a career in Health.

Extraordinary Care for our Patients



Annabelle Crawford
Paediatric Speech Pathologist
Wollongong Hospital

Annabelle is a skilled Paediatric Speech Pathologist and clinical leader. Annabelle provides high quality and evidence based paediatric and paediatric feeding care for children and families across the ISLHD. She is knowledgeable and approachable, and staff feel comfortable accessing her for clinical support, improving the quality of the paediatric service ISLHD wide.

Annabelle has led the implementation of developmental care rounds in the Wollongong Hospital neonatal unit, improving multidisciplinary collaboration between Allied Health and Nurse specialists, to improve the quality of care to neonates. Annabelle has a district focus to her care and leadership and has been instrumental in upskilling clinicians in paediatric feeding across the district and improving families' access to paediatric feeding support. Most notably

in the past 12 months Annabelle has supported an adult Speech Pathologist in the Shoalhaven Speech Pathology team to upskill in paediatric feeding, improving inpatient access to specialised paediatric feeding services to 5 days per week.

Annabelle has improved multidisciplinary collaboration with Speech Pathology at Nowra Community Health Centre, which has seen a close to 50% increase in referral numbers across the past 12 months.

Annabelle has also recently joined the Allied Health workplace culture and communication portfolio and is committed to proactively building on clinicians' resilience and wellbeing in Speech Pathology to ensure an ongoing skilled and productive workforce, benefiting our patients and families.

Chief Executive's Award

Dr Shabnam Cook

**Clinician, Virtually enhanced Community Care/
Virtual Hospital Ward**

Ambulatory and Primary Health Care

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



**Illawarra Shoalhaven
Local Health District**

