



Health
Illawarra Shoalhaven
Local Health District

Annual Safety & Quality Account

2020-21 REPORT

2021-22 FUTURE PRIORITIES



Acknowledgement of Country



The District operates on the lands of the Dharawal and Yuin nations which encompass the Wadi Wadi, Dharawal, Wandiwandian, Walbanga language groups as well as many discrete communities and clans. These groups have lived in the Illawarra and Shoalhaven region for millennia, and their cultures, laws, ceremonies and connection to the land and waterways are strong and enduring.

The District also acknowledges, regrets and is sorry for the pain and loss placed on the lives of Aboriginal people who have been dislocated from their culture, displaced from their homelands and watched their children being taken away.

RECOGNITION OF THE ARTIST

This artwork was created by the Aunty Cecily Wellington-Carpenter who sadly passed away in late 2020.

Aunty Cecily was a renowned artist with over 35 years' experience. She was acknowledged at the highest levels, having won a National NAIDOC Art Prize in 2000.

Aunty Cecily's passion was always to tell a story, use vibrant colours and saltwater themes. She has left a significant artist's mark in the Illawarra and Shoalhaven regions with many of her pieces featured on public buildings and in publications.

Her family are proud to continue to acknowledge and honor Aunty Cecily's distinguished artwork and we are honored to be able to do so on many of the projects covered in this publication.

Aboriginal and Torres Strait Islander people are advised that this publication may contain images or names of people who have since passed away.

Message from the Chief Executive & Board Chair

SAFETY AND QUALITY ACCOUNT FOR ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

The 2020-2021 Safety and Quality Account has been endorsed by the Board of the Illawarra Shoalhaven Local Health District (ISLHD). The Board are accountable for ensuring effective clinical governance frameworks are in place to continuously improve the provision of health care to our Community and enhance the services we provide.

The commitment and resilience of our staff to continually maintain a focus on improving care and outcomes for the Community, even during the most difficult of periods for our region, has been remarkable. In particular, this report highlights our continued COVID-19 pandemic response, our suicide prevention initiatives and progress on planned activities from the 2019-2020 Safety & Quality Account.

Despite the challenges faced by the District, we have been able to access and activate the close connections we have with our stakeholders and communities. In this way we continue our focus on partnering with consumers (Standard 2) so we can continue to work together to achieve better outcomes and experiences for patients and staff.

We continued our preparedness and to be part of the short notice accreditation assessment process, where we will be measured against the National Safety and Quality in Healthcare Standards (NSQHS). This will see the District receive 48 hours' notice of accreditors arriving at our hospitals, ensuring we are consistently focused on stepping up to quality and safety standards.



Ms Margot Mains
Chief Executive



Chris Bertinshaw
Board Chair

CONTENTS

1. ABOUT ISLHD

- Commitment to Safety & Quality
- Our Core Values Commitment
- About us
- The people who live here
- Our Health
- Our Strategy at a Glance
- Our Vision and Purpose
- Improvements in the quality of health service provision
A Snapshot of Achievements over the previous 12 months

2. ACHIEVEMENTS IN SAFETY & QUALITY

- Planning Processes
- Governance Structures
Clinical Governance- National Standard 1
- Improvements achieved in Safety & Quality
 - **Highlights from our continued COVID-19 Pandemic Response**
 - Staff Vaccination
 - The Illawarra Shoalhaven COVID-19 Mass Vaccination Centre
 - Aboriginal and Torres Strait Islander Immunisation
 - Responding to COVID-19 in Multicultural Communities
 - COVID-19 Remote Monitoring
 - **Suicide Prevention Initiatives**
 - Safe Haven
 - Suicide Prevention Outreach Team
 - **Quick Access Response Team (QuART)**
 - **Safer, Better Emergency Nursing Care for ISLHD - HIRAID**
 - **A Skincare Journey - Interventions leading to better outcomes**
 - **Re-Imagination: Oral Health Care for Vulnerable Families - Aboriginal Health**
 - **When the Tests are Normal: New Therapies for Functional Neurological Disorder**

- **Illawarra Shoalhaven HealthPathways - 5 years, 510 local pathways**
- **What's your IMPAKT? Using an App to measure person-centredness in patient care areas**
- Progress on planned activities from the 2019-2020 Safety & Quality Account
 - **ED Transformational Redesign Program**
 - **Choosing Wisely - Promoting appropriate diagnostic ordering practices.**
 - **A Patient Reported Outcome Measure (PROM) for Diabetes with Aboriginal Communities in the Southern Shoalhaven region**

3. IMPROVING THE PATIENT EXPERIENCE *Partnering with Consumers- National Standard 2*

- Patient Reported Experience
- Partnering with Consumers in Governance, Planning and Design Evaluation
- Patient Reported Measures- Health Outcomes and Patient Experience (HOPE)
- Implementing the Teach-Back Communication Strategy
- Hospital to Home Journey Information booklet- Aboriginal Health
- Our Consumer Feedback
- Consent and Shared Decision Making Project
- Patient Information Portal (PiP)
- My Care Boards
- Community & Consumer Engagement in Shoalhaven District Memorial Hospital Redevelopment Planning
- Achievements in Improving the Patient Experience
 - **Virtually enhanced Community Care**
 - **Talking Pain our Way - Macedonian Chronic Pain Self-Management**



4. A WORKPLACE CULTURE THAT DRIVES SAFE & QUALITY CARE

- Improvement Science Program- 2020
- Leading quality through the CCCs (Compassion and person-centredness, Care based on evidence, Connecting complimentary data sets)
- Kindness works here
- Achievements in improving workplace culture
 - Ditch the Dump- Allied Health Education & Training
 - The SEED Program II
- 2020 NSW Health Awards Winner
- 2020 ISLHD Nursing and Midwifery Awards

5. OUR PERFORMANCE *Key Performance Indicators for Formal Results*

- Strategy 1: Keep People Healthy
- Strategy 2: Provide World-Class Care Where Patient Safety is First
- Strategy 3: Integrate Systems to Deliver Truly Connected Care
- Strategy 4: Develop and Support Our People and Culture
- Strategy 6: Enable eHealth, Health Information and Data Analytics

6. FUTURE PLANS - SAFETY & QUALITY PRIORITIES 2021-2022

- Annual Focus Areas and Priorities for Performance Improvement
- Safety & Quality priorities and initiatives 2021-2022
 - Elevating the Human Experience
 - Short Notice Accreditation Assessment Program (SNAAP)
 - Safety and Quality Essentials Pathway
 - Hospital Health Pathways

7. APPENDICES

- ISLHD Attestation Statement
- 2021 Quality Award Winners
- 2020 Staff and Volunteer Recognition (SAVR) Award Winners

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

COMMITMENT TO SAFETY & QUALITY

Statement on Safety and Quality from the ISLHD Chief Executive

The ISLHD 2020-2021 Safety & Quality Account is an open and transparent report on our performance in healthcare delivery and our commitment to excellent services, quality partnerships and healthy communities.

This report highlights our continued COVID-19 pandemic response, our preparedness to be part of the short notice accreditation assessment process (SNAAP), our commitment to Elevating the Human Experience, continual improvements to Clinical Governance, enhancing partnerships with our consumers and improvements in our models of care. The District's other key areas of focus will include implementation of the Hospital Health Pathways and the new Safety and Quality Essentials Pathway for our staff.

Importantly, we also update on our progress across existing programs from our prior year's account, including our Virtual Community Care programs which have been paramount in the response to the Delta onset of COVID-19 this year. We continue to drive our progress in Emergency Department redesign, addressing diabetes within the local Aboriginal community and promoting appropriate diagnostic ordering practices.

Last year I reflected on our response in unprecedented circumstances and the backdrop of this account is no different. Following the Delta onset of the COVID-19 Pandemic, our workforce was yet again called on to surge to meet the demand for care, sustain their focus in the face of adversity and support changes to our service delivery including integration of a record vaccination effort. The work of our staff has been recognised publicly by our Board, patients, community members and schools that have written to us, and by all four Mayors within our District. This is well deserved recognition and I am incredibly proud of the resilience and devotion our staff have shown.

Remarkably, at a time when we have been tested, it is clear that our teams have intensified their focus on safety and quality, challenging themselves to find ways of continuously improving the work they do for our community. In the face of additional challenges, we have seen innovations in the methods and models we use which will continue to have lasting impacts on the way we deliver our care. We have seen this with the use of telehealth, virtual care and an approach to utilisation of our emergency department short stay areas (ESSA). Our District also took a proactive stance in the assessment of environmental factors that contributed to managing spaces where COVID positive or suspect patients

were receiving care. We were able to engineer novel and effective solutions using alternate layouts, adjusting airflow and installing high-efficiency particulate air filters (HEPA) which were pivotal in making spaces functional and safe for both our staff and patients.

Our patients, consumers and carers have again played an important role in shaping the District's redevelopment and improvement plans. Patients are the only constant in every healthcare journey and we cannot achieve excellence without partnering with those that experience this journey with us. We are motivated to refresh and reinforce our approach to partnering through the Elevating the Human Experience program, by helping to identify, prioritise and action the initiatives that are recommended through the enabler groups. As Co-Facilitator of the Leadership, Accountability and Governance Enabler Working Group I am excited to be part of guiding the direction and development of some of these priorities.

I am also very pleased to be able to mention the ongoing use of our SEED wellness program which started at Milton Ulladulla Hospital in response to the January 2020 Australian Bushfires to support staff and the vulnerable community at the time. SEED is based on a Participatory Action Methodology and encompasses staff led initiatives that promote healing, wellness, belonging and connection. SEED has continued for 18 months at the hospital and these principles are now being used with the introduction of patient reported measures (PRMs) in the inpatient wards as improving staff wellness has been shown to improve patient-centred care especially where improvements such as increased compassion and deep listening were achieved.

Our leadership in understanding our consumers as people, not just patients, is demonstrated in our participation in collecting PRMs through 'Quality of Life' surveys to give the patient a voice about what matters to them rather than what is the matter with them. Despite the restrictions of lockdown, our committed staff have continued to roll this out making us the first in the state to go live through one of our Shoalhaven programs, using the Health Outcomes and Patient Experience (HOPE) technology platform.

I am pleased to present the Safety and Quality Account for 2020-2021, which summarises the District's progress over the past year. I invite you to review the Account and provide feedback, as we work to innovate, evolve and strengthen our services to support people to stay healthy in their homes and communities.

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



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

ABOUT US

The Illawarra Shoalhaven Local Health District (ISLHD) provides health services for the residents of the Illawarra Shoalhaven region - around 400,000 people. The Illawarra Shoalhaven extends from Helensburgh in the northern Illawarra to North Durras in the southern Shoalhaven and covers the Local Government Areas of Wollongong, Shellharbour, Kiama and Shoalhaven.

The region's landscape concentrates residential areas into a narrow strip of suburban communities and coastal towns.



OUR VISION:

Excellent services, quality partnerships, healthy communities

OUR PURPOSE:

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

OUR VALUES:

Collaboration, Openness, Respect, Empowerment

8 HOSPITALS
45 Community Based Service Sites and a workforce of more than 7300 staff
 (including 47% nursing, 15% medical, 9% allied health)



We have a total population of:

400,241 PEOPLE

* 2015 estimated residential pop.



THE PEOPLE WHO LIVE HERE

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

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

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

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

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

38,000

surgeries performed, planned and emergency (as of 2020)

156,672

ED presentations (as of 2020)

123

confirmed COVID cases treated (as of 2020)

44,394

COVID tests administered (as of 2020)



PROJECTED POPULATION

The population is projected to grow by 14% by 2031 to

456,790 PEOPLE



OUR HEALTH

Population groups in the Illawarra Shoalhaven at higher risk of poor health



Identify as **Aboriginal or Torres Strait Islander**
(compared to 2.9% in NSW)



Are aged **65 years or older**
(compared to 16% in NSW)



Have **mental health or behavioural conditions**



Were **born in a predominantly non-English speaking country**
(compared to 21% in NSW)



Are **developmentally vulnerable** in two or more domains



Have a **profound or severe disability**



Live **alone** and are susceptible to **social isolation**

11% (44,000 people) identify as **LGBTQI+**

1 in 6 women aged 15+ have experienced physical or sexual violence by a current or former partner

2,400 people are **homeless**

26% (103,000 people) are living in the **most disadvantaged communities** in the Illawarra Shoalhaven region (compared to 20% in NSW)

Residents in ISLHD are more likely to be:



Current Smokers



Risk Drinkers



Overweight or Obese

If we keep doing things in the same way, by 2031 ISLHD will have:



120
more emergency
presentations a
day



30,000
more hospital
admissions each
year - requiring
290 more beds



65,000
more **obese**
adults



27,000
more adults living
with **diabetes or**
high blood sugar

OUR STRATEGY AT A GLANCE

Vision

Excellent services, quality partnerships, healthy communities

Purpose

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

Strategic priorities



1. Excellence in models of care, health programs and health services

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



2. An engaged and high performing workforce for the future

ISLHD is considered an employer of choice within the region



3. Innovation, agility and learning for continuous improvement

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



4. Efficient, effective, sustainable financial operations

ISLHD is a financially sustainable and fiscally responsible organisation

What does success look like?



1. Partnerships and engagement

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



2. Governance

Strengthen governance and accountability at all levels of the LHD



3. Information Technology and eHealth

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

Critical enablers

CORE Values



COLLABORATION



OPENNESS



RESPECT



EMPOWERMENT



OUR VISION AND PURPOSE

Our Vision

Excellent services, quality partnerships, healthy communities

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

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

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

Our Purpose

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

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

IMPROVEMENTS IN THE QUALITY OF HEALTH SERVICE PROVISION

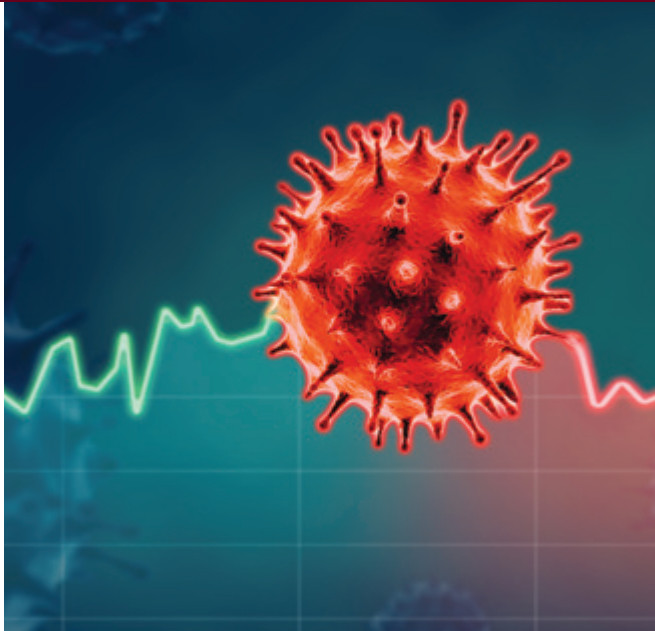
ISLHD is committed to ensuring delivery of safe, high quality care and services for our patients, consumers and community. Reflection on the safety and quality of care provided to people over the past 12 months is integral in continuous quality improvement and forward planning. The following outlines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

A SNAPSHOT OF 2020-2021 ACHIEVEMENTS

The past year has continued to challenge us as a health service, as we reinforce our efforts to adapt and respond to the fight against COVID-19.

In the Illawarra Shoalhaven Local Health District, our focus has remained on strengthening preparedness. We continued to upskill staff in critical care, we strengthened our protocols around availability and correct usage of personal protective equipment, and maintained a building program to support the ongoing response. This includes the establishment of dedicated COVID wards and Intensive Care capacity, additional observation units and on-site storage capability, new staff amenities, and specialised areas within Emergency for the safe care of patients. All of this has occurred as we continued to see increasing demand on our health services.

While we saw a reduction in patient presentations to our Emergency Departments for a brief period during the height of COVID-19 in 2020, our numbers significantly increased in 2021 to record levels. To ensure timely access to care for our patients, we worked in close collaboration with private providers to increase elective surgery, in



particular for those unable to receive their operations due to early COVID measures.

The safety and wellbeing of staff has been more important than ever before. We continued the staff wellness program, known as SEED, starting at Milton Ulladulla Hospital. SEED has grown to include other hospitals in the District, enhancing teamwork, building resilience and better supporting staff during challenging periods.

The community should be incredibly proud of the District's workforce. They have rallied in the face of adversity to continue to deliver high quality and safe health services. Their hard work, drive and dedication is nothing short of inspirational and we thank each and every member of staff for their contribution over the past 12 months.

Our District also celebrated important milestones including the opening of the Bulli Hospital and Aged Care Centre, our innovative new community health facilities known as HealthOne at Ulladulla and Dapto and we completed a much needed refurbishment of the Birthing Unit at Wollongong. Planning continues on the major redevelopment of Shoalhaven Hospital and a preferred site for a new Shellharbour Hospital was identified.

The past few months have seen the District contribute to the national COVID-19 vaccination program and in the first five weeks, our local teams administered 10,000 doses to essential frontline workers. Our continued focus is on bolstering vaccination efforts, while continuing to provide world class services to our local community and supporting their health and wellbeing.

OUR COVID -19 PANDEMIC RESPONSE

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

Then in March 2020, the world was thrown into a new way of operating, with the development of a once in a generation Pandemic - COVID-19. This situation has continued to challenge us as a health service as we have continually reinforced our efforts to adapt and respond to the fight against the COVID-19 delta variant.

Some of our many achievements aligned to the COVID-19 Pandemic Response include continued building of intensive care capacity and COVID wards, testing pop-up clinics, the vaccination program, expansion of virtual care, and the support of our local residential aged care facilities. Our District also took a proactive stance in the assessment of environmental factors that contributed to managing spaces where COVID positive or suspect patients were receiving care. We were able to engineer novel and effective solutions using alternate layouts, adjusting airflow and installing high-efficiency particulate air filters (HEPA) which were pivotal in making spaces functional and safe for both our staff and patients.

One highlight was the opening of **The Illawarra Shoalhaven's COVID-19 Mass Vaccination Centre**. The Illawarra Shoalhaven's COVID-19 Mass Vaccination Centre in the Wollongong central business district officially opened its doors on Monday 9 August, 2021.

SUICIDE PREVENTION INITIATIVES

The Illawarra Shoalhaven area has a suicide rate that is higher than the national average.

This year the Local Health District launched innovative suicide prevention initiatives including:

SafeHaven

A peer-led alternative to attending an Emergency Department for people experiencing suicidal crisis. Many people have times in their life where they experience distress and thoughts of suicide. They may be feeling very alone and wanting social connections or they might simply want a place to go where people understand. Often when people feel suicidal the only place to visit outside business hours is a Hospital Emergency Department.



A Suicide Prevention Outreach Team

Many people in a suicidal crisis struggle to find timely appropriate care. The Outreach team was launched in Nowra and is aimed at reducing deaths and suicide attempts by supporting people in their own homes. The teams can provide proactive care to where people live their lives and feel comfortable. They provide care pathways to other services and reduce the time people spend in Emergency Departments by coordinating admissions to appropriate wards.

QUICK ACCESS RESPONSE TEAM (QuART)

Quick Access Response Team (QuART) is an innovative model of care using coordinated allied health support to facilitate recovery of elderly patients in their home as an alternative to an inpatient admission.

QuART's aim is to provide an improved patient experience by allowing patients to engage in therapy in their familiar home environment, therefore reducing their risk of hospital acquired complications and deconditioning. Patients are targeted in the Emergency Department or the first 72 hours of admission. Validated patient reported measures indicate a high level of acceptance of the program by patients with hospital admission cost savings of \$1.3 million over a six-month period of the program.

SAFER, BETTER EMERGENCY NURSING CARE FOR ISLHD - HIRAID

In an effort to standardise emergency nursing care, an innovative multi-institutional research program was undertaken in collaboration with clinicians, health service providers and policy makers across Australia. The outcome of this collaboration was the HIRAID emergency nursing framework. HIRAID (History, Identify Red flags, Assessment, Interventions, Diagnostics, communication

and reassessment) is the first standardised emergency nursing framework in the world that improves: (a) emergency nursing assessment; (b) recognition and escalation of clinical deterioration; (c) pain management; (d) patient experience and (e) clinical handover. It is the only validated framework designed to enable emergency nurses to systematically assess and manage Emergency Department (ED) patients and provides a clear pathway to reduce variation and deliver safe, quality, and consistent emergency care to all ED patients, and presentation types, in metropolitan, regional and rural hospitals in NSW.

HIRAID was developed with experts and its implementation tested in Illawarra Shoalhaven Local Health District (ISLHD) EDs delivering immediate, measurable and improved emergency nursing care to the 150,000+ ISLHD emergency patients that are treated each year.

This has been a significant achievement that has delivered an empowered and confident emergency nursing workforce and better patient care outcomes within safer hospital EDs.

IMPAKT

Implementing and Measuring Person-centredness using an App for Knowledge Transfer: the iMPAKT app

The iMPAKT study is an international research project in partnership with two universities looking at nursing and midwifery measures, using performance indicators set by consumers.

The aim of the study was to evaluate a technological solution in the form of an App to implement and measure person-centredness in nursing. The focus was to enhance the knowledge transfer of a set of person-centred key performance indicators and the corresponding measurement framework used to inform improvements in the experience of care.

In this study 11 nursing/midwifery teams used the iMPAKT app (available on iPads) to capture data about their own practice and the patient's experiences relating to person-centredness within their clinical unit and enhanced the generation of meaningful data to evidence patient experience across a range of different clinical settings. The results of the IMPAKT study will inform a state-wide sustainability plan.



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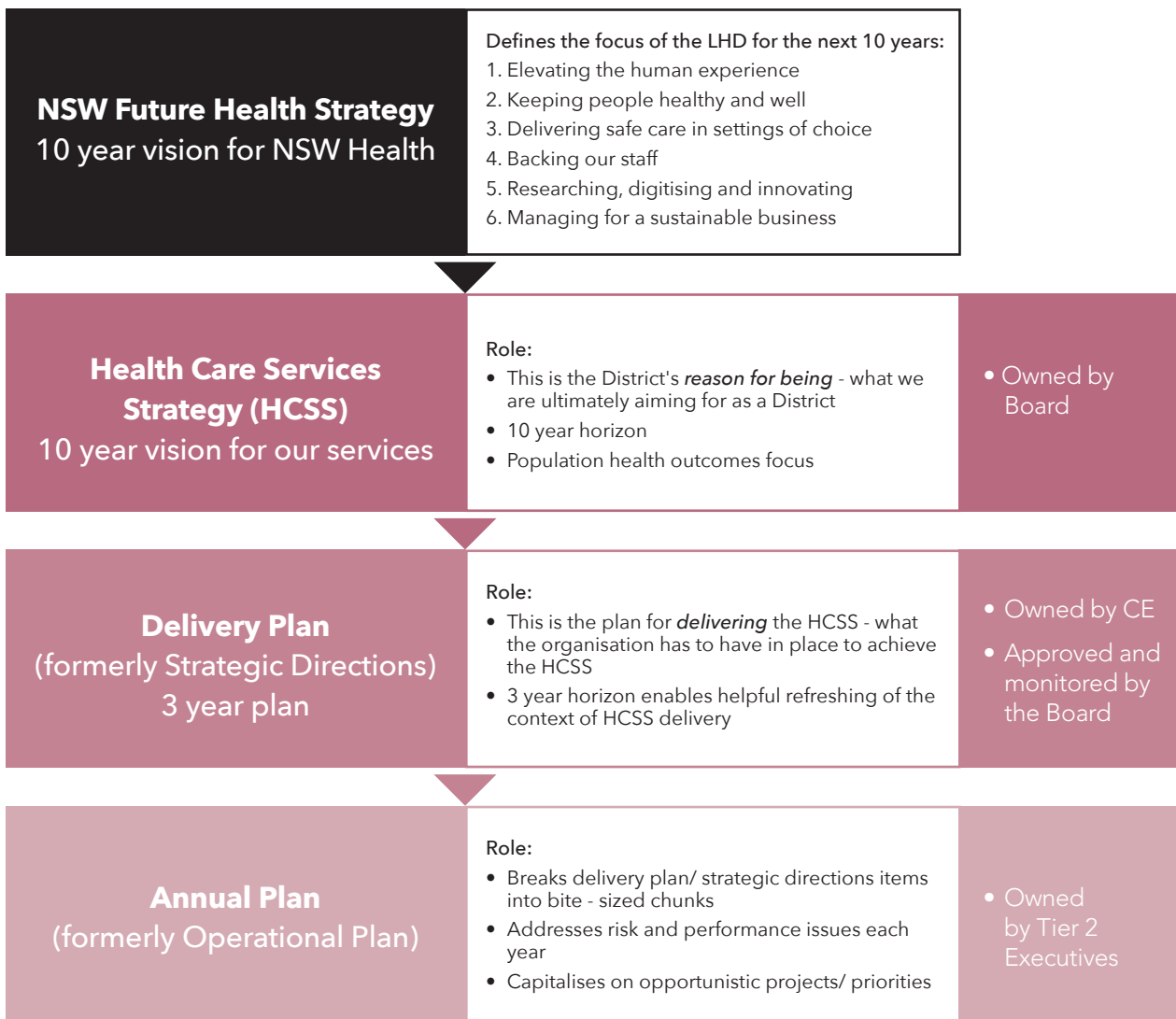
Achievements in Safety & Quality

Planning and Implementation for Safety & Quality

PLANNING PROCESSES to identify our Priority Initiatives

The Illawarra Shoalhaven Local Health District (ISLHD) has a 10-year strategy for health care service delivery which cascades from the NSW Health Strategy. Our 10-year Health Care Services Strategy is the pinnacle document for District planning.

ISLHD STRATEGY LANDSCAPE: WILL BE IN PLACE BY MARCH 2022



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

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

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

The Health Care Services Strategy focus areas are:

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



Our 3 Year Delivery Plan - STRATEGIC DIRECTIONS

“This is the plan for delivering the Health Care Services Strategy - what the organisation has to have in place to achieve the plan”

Within the long-term horizon of the Health Care Services Strategy, ISLHD has identified a three-year Strategic Direction and vision for **Excellent services, quality partnerships and healthy communities**

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

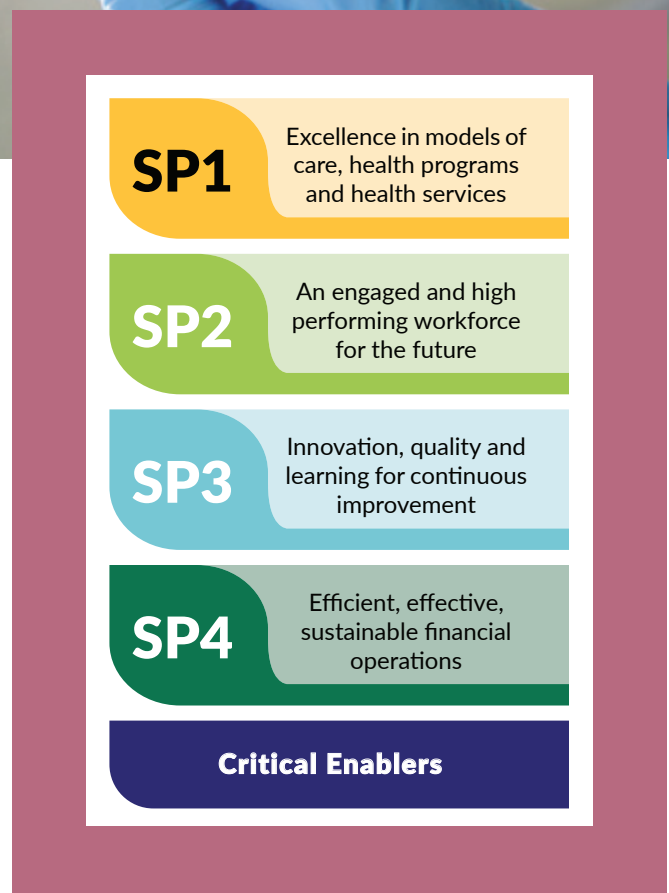
- SP1: Excellence in models of care, health programs and health services
- SP2: An engaged and high performing workforce for the future
- SP3: Innovation, agility and learning for continuous improvement
- SP4: Efficient, effective, sustainable financial operations
- CE1: Partnerships and Engagement
-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

While the above high-level strategies provide us with the pathway for development, it is necessary to break down that long-term journey into Annual Focus Areas and Priorities and hence the Illawarra Shoalhaven Local Health District's 2021-2022 Annual Plan communicates the priorities for improvements.

ANNUAL PLAN 2021-2022

The 2021-2022 Annual Plan communicates the Chief Executive's priorities for performance improvements that aim to:

- Reduce risk;
- Improve consumer experience and outcomes;



- Improve staff experience; and
- Improve the value for money of our services.

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

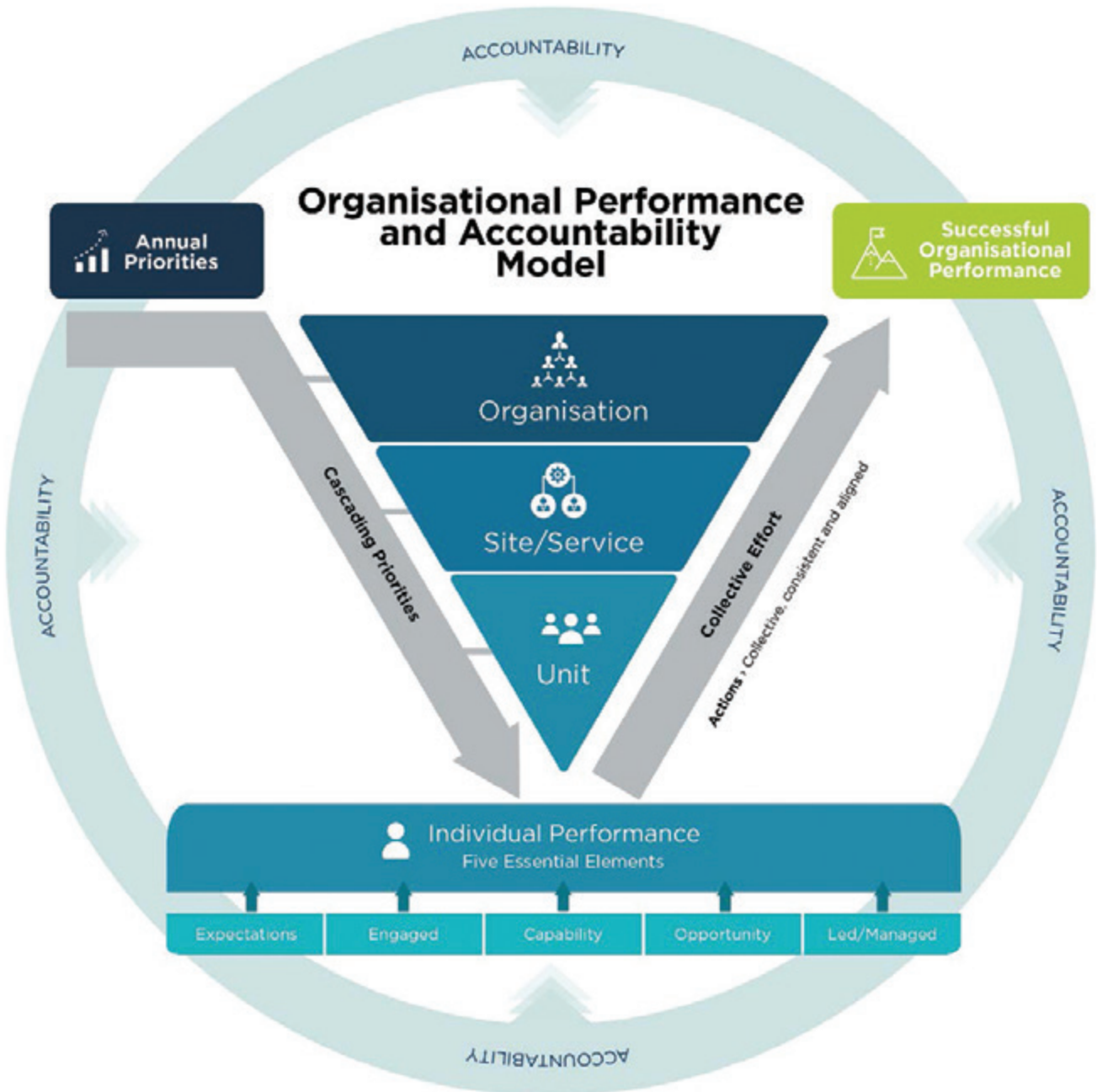
The focus for this Annual Plan are the District's "big rocks", the "non-negotiables", the "hot button issues"; these are not intended to reflect business as usual or improvements and innovations that may be implemented by Services / Hubs / Directorates in order to contribute to the District's broader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

ACHIEVING OUR PLAN

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

We monitor key success measures to track the progress of our priorities. Due to the strategic importance of the Annual Plan, and the criticality of achieving success, the Core Executive provide governance over the Annual Priorities. Additionally, a structured delivery approach informed by project and change management principles is used to deliver the priorities.

CASCADING & TRACKING ORGANISATIONAL PERFORMANCE



GOVERNANCE STRUCTURES

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

Clinical Governance - National Standard 1

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

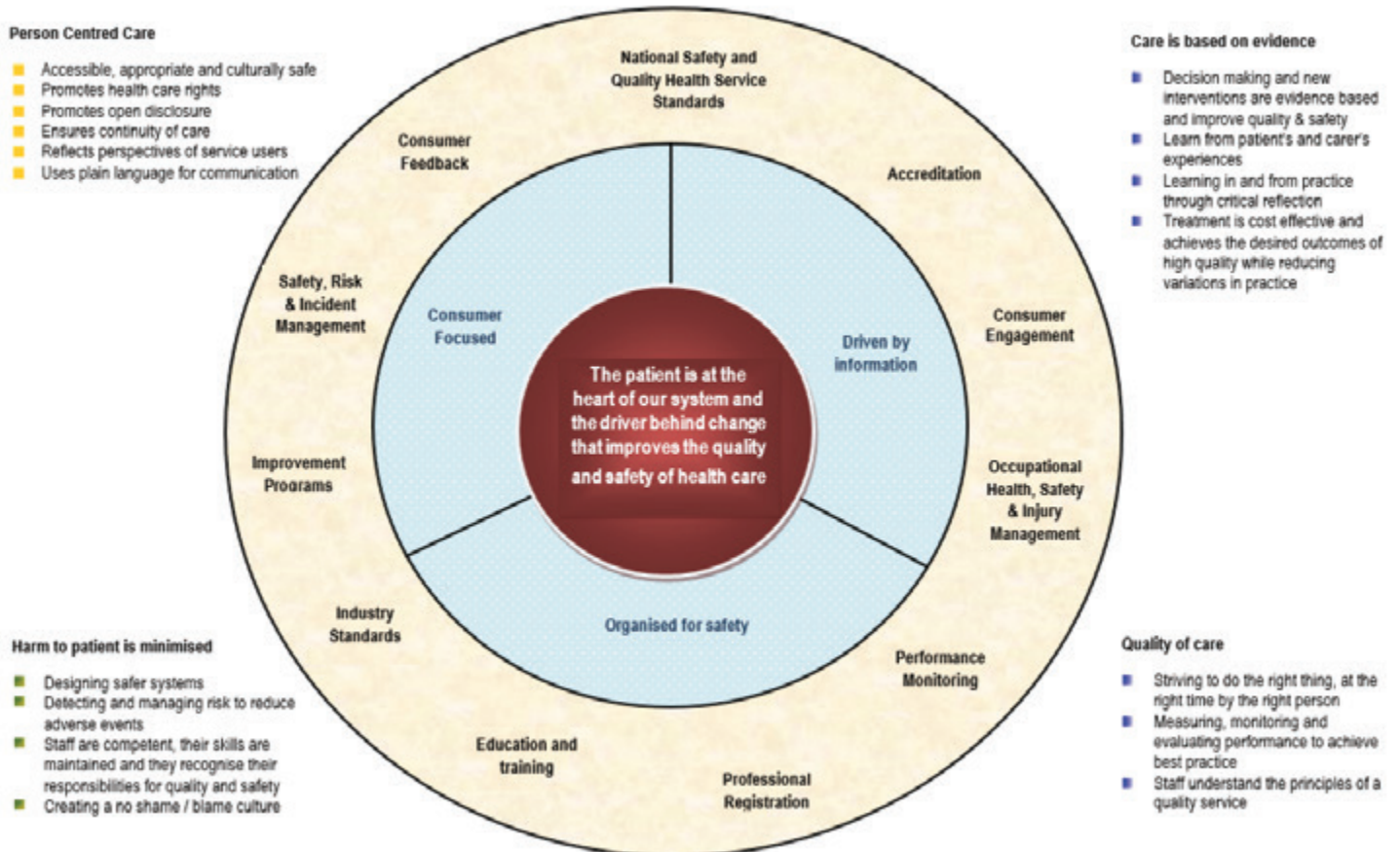
Clinical Governance Framework

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

The Framework:

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

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



To accompany the Clinical Governance Framework:

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

Clinical Governance Committee Structure

<p>BOARD HEALTH CARE QUALITY COMMITTEE</p>	<ul style="list-style-type: none"> • The District’s peak safety and quality committee. • Accept accountability for quality and safety. • Provide strategic leadership for improving quality of health care in the LHD. • Seek assurance on ISLHD implementation of Patient Safety and Clinical Quality Programs. • Monitor performance against the Safety and Quality indicators within the Ministry of Health Service Level Agreement. • Review and monitor performance against the safety and quality measures and indicators as part of the District Strategic Plan. • Act as an escalation point from the Executive for high risk issues and concerns in relation to patient safety, clinical quality and accreditation to the Board.
<p>ISLHD CLINICAL GOVERNANCE COUNCIL</p>	<ul style="list-style-type: none"> • The District’s peak clinical governance committee. Three consumers are members of this committee. • Provide assurance on quality and safety of service delivery that is evidence based and effective. • Ensure the necessary processes, systems and policies are in place. • Recommend or make decisions within their delegation relating to new quality initiatives and interventions. • Ensure managers and clinicians understand their accountabilities to the organisation and the Board. • Act as a key leadership group in achieving and maintaining accreditation.
<p>DISTRICT NATIONAL SAFETY AND QUALITY STANDARD COMMITTEES</p>	<ul style="list-style-type: none"> • Provide overall governance for the implementation, compliance and monitoring of each of the National Standards. • Provide information to the ISLHD Clinical Governance Council and the Clinical Governance Unit on progress towards meeting the requirements of the National Standards.
<p>HOSPITAL AND SERVICE SAFETY AND QUALITY & NATIONAL STANDARD WORKING GROUPS</p>	<ul style="list-style-type: none"> • Support and monitor patient safety and clinical quality. • Implement National Standards and prepare for accreditation. • Report to the District Safety and Quality National Standard Committees.

CLINICAL GOVERNANCE FUNCTIONS

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

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

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

The Clinical Governance Unit (CGU) is responsible for the Quality Systems and Improvement and Patient Safety and Clinical Risk portfolio within the Illawarra Shoalhaven Local Health District.

Quality Systems and Improvement

- Coordination of National Standards and Accreditation
- Education and support for Continuous Quality Improvement activities such as Clinical Practice Improvement (CPI) projects, quality activities and SAOEs (Situation, Action, Outcome and Evaluation)
- Management of Clinical Audit Systems
- Improving consumer experience, partnering with consumers and health literacy
- Management of the 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
- Clinical Policy Governance
- Clinical Risk Management
- Coordination of investigation of clinical incidents and lessons learned
- Compliments and Complaints Management
- Management of Safety Alerts and Recalls

- Incident Data Management

Access to Quality and Safety Development, Education and Training

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

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

Recognition and Awards Program

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

• Quality and Innovation Awards

The annual ISLHD Quality and Innovation Awards showcase the achievements of teams participating in 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

Highlights from our continued COVID -19 Pandemic Response

Throughout the pandemic maintaining patient safety and quality has been prioritised. We maintained all functions of the Clinical Governance Unit to ensure that issues around patient safety and quality were still the prime focus while we responded to the immediacy of COVID-19.

All hospital-acquired complications, clinical incidents or near misses have been investigated and actioned as per normal business with escalation as required.

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

Staff Vaccination

The COVID-19 ISLHD staff vaccination commenced on 15 March 2021. The planning and establishment of the clinics was a massive logistical undertaking involving Pharmacists, the Public Health Unit, our Nurse Immunisers and Information Technology teams.





THE ILLAWARRA SHOALHAVEN'S COVID-19 MASS VACCINATION CENTRE

The Illawarra Shoalhaven's COVID-19 Mass Vaccination Centre in the Wollongong Central Business District officially opened its doors on Monday 9 August, 2021. In just over a month, our team of dedicated staff and contractors converted the former David Jones department store into a purpose-built clinic, including medical treatment bays, waiting areas, a pharmacy preparation area, storage, staff facilities and public amenities. The centre is staffed by about 200 people each day which includes nurses, pharmacists, medical, administrative support and concierge staff. The centre has the capacity to administer approximately 2,500 vaccinations per day.

This project embodied true teamwork to deliver a very special facility for our community - all in just 38 days from start to finish. The Capital Works team, Bookings team, Centre Operations team, Finance, Procurement, Workforce and Communications have all played hugely important roles.

Many contractors and tradespeople, from within our community and beyond, also worked around the clock to make this a reality. Wollongong Council, the local business community, Police and Fire authorities all supported our efforts. Whilst the building's transformation is stunning, most importantly, it will work to support our fight against COVID-19.

ABORIGINAL AND TORRES STRAIT ISLANDER IMMUNISATION

We are ensuring that Aboriginal and Torres Strait Islander people and Communities are properly cared for and prioritised with the roll-out of vaccinations. The District implemented several initiatives to support our First Nations People during the COVID-19 pandemic to ensure our services were culturally appropriate.

One example of this is the Sharp Art Aboriginal Immunisation Artwork. In partnership with our Aboriginal community, The Sharp Art Aboriginal Immunisation Artwork project, promotes immunisation with our First Nations People. This project developed two paintings to represent the story of immunisations from birth to end of life with local Aboriginal artists and students. The paintings were completed by Aunty Cecily Carpenter Wellington and students from Ulladulla High School and Aunty Lorraine Brown and Aunty Narelle Thomas with the Coomaditchie United Corporation students.

The Ulladulla Immunisation Artwork Story

"Vaccination is very important it's a part of our health issues. Families going to their local health organisations are having needles for all different types of health reasons. Many many years ago our Ancestors would use bush medicine instead of needles which never existed, and our Elders would be our Doctors and Nurses. It is very important to gain vaccination in whatever health reason where it's needed."

The Coomaditchie Immunisation Artwork Story

"The artwork is a representation of vaccination and the importance of being vaccinated. Disease control can be helped by containing it. The circle is the enclosure – letting us know that the people within are safe from diseases because they have been vaccinated. From babies to the very old. The pretty colours are the actual diseases. The 'U' shapes are telling us this is a community issue and they have to be responsible, take notice and take care of their families. The hand prints are the community. The floating dots represent how diseases can be passed on from one person to the next."



RESPONDING TO COVID-19 IN MULTICULTURAL COMMUNITIES

The Illawarra Shoalhaven Local Health District (ISLHD) Multicultural Health Service (MHS) aimed to increase health literacy, promote COVID-19 infection control measures and promote COVID-19 testing amongst culturally and linguistically diverse (CALD) and refugee communities in the region.

A program was co-designed and developed by young people attending School, CALD seniors and people from refugee backgrounds and supported by bi-cultural workers. MHS applied a co-design model partnering with CALD consumers who were at the centre of the program co-design.

The program consisted of practical and relational building activities such as games, culturally relevant audio-visual materials, and information. Clinical staff were consulted and facilitated in the clinical components of the program including hand hygiene, wearing masks effectively and understanding testing. High impact teaching techniques were used to support opportunities to learn in relation to COVID-19 safe and infection control practices, for example testing, mask, and personal protection equipment (PPE) use were demonstrated. In addition, addressing mental health resilience and referral pathways was a critical component of the program.

About 880 people participated in the program, ranging from 14 to 85 years representing 21 language groups. Increased levels of confidence in applying infection control measures was reported. 85% of students reported increased literacy and awareness of how COVID 19 is transmitted and as a result an improved awareness in applying COVID-19 safe measures such as hand hygiene and social distancing. 80% of seniors reported a greater understanding of following Public Health Orders and increased confidence in wearing masks as well as where to get tested.

The program was highlighted by Multicultural NSW as an innovation with state-wide relevance and capacity for transferability to other settings across NSW.



COVID-19 REMOTE MONITORING

Virtual care has become an important tool for the health system in its delivery of care to people who are COVID-19 positive and in isolation. This includes assessment, care and support, monitoring and escalation. Remote monitoring allows healthcare workers to continue to deliver care to patients beyond an initial virtual visit or screening. This includes in-home monitoring of symptoms, underlying health conditions, risk factors, virtual clinical assessment and use of connected devices enabling timely intervention and escalation in the event of deterioration.

The Illawarra Shoalhaven Local Health District (ISLHD), in response to the COVID-19 pandemic, established the COVID-19 Virtual Care Centre (VCC) to remotely monitor COVID-19 positive patients. The VCC supports low and moderate risk COVID-19 positive patients to be monitored for deterioration in their own homes. The VCC:

- monitors COVID-19 positive patients in a shared care arrangement with their General Practitioner (GPs)
- ensures timely identification of clinical deterioration and ability for rapid clinical escalation
- provides holistic care to people isolated in their homes and quarantine hotels using virtual modalities.

This lowers the risk of exposure to COVID-19, for VCC clinicians, hospital staff and inpatients, household members and the community including GPs.

Upon admission to the VCC, patients' GPs are contacted to advise of admission. A further history of any pre-existing conditions is gained, as well as an escalation plan for non-COVID symptoms. Escalation of COVID related symptoms is managed by the overseeing medical officer. If the patient does not have a regular GP, a plan is established with the overseeing medical officer.

Using the VCC COVID-19 remote monitoring kits, COVID-19 positive patients record daily or twice daily observations, depending on their assigned pathway of care and VCC clinical judgment. These are transmitted securely to a dashboard monitored by VCC clinicians, either at their workstations or in their home offices. The VCC continues to monitor COVID-19 positive patients for the duration of their home isolation, with the ability to link in virtual allied health care as required. When certain criteria have been met, the VCC liaise with the Public Health Unit to facilitate release from isolation and communication with GPs to ensure follow-up as required.

ISLHD's ongoing COVID-19 Pandemic Response is Aligned to NSW Health State Health Plan

Direction 1 - Keeping People Healthy

Direction 2 - Providing World-Class Clinical Care

Direction 3 - Developing Truly Integrated Care

Aligned to ISLHD Strategic Priority

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

SUICIDE PREVENTION INITIATIVES

Safe Haven

Mental Health care is complex and there is no one right approach. The opening of Safe Haven is really important as it provides people in suicidal distress - a term that encompasses suicide plans, attempts and ideations - another option, another place to go for help. Many people are unsure where to go when in suicidal distress and Safe Haven is a deliberate non-clinical option.

At Safe Haven consumers can meet with peer workers, each with their own lived experience, who can empathise and provide a safe, non-judgemental place to talk.

Safe Haven...

- *Creates a safe alternative to a Hospital Emergency Department*
- *Provides for those experiencing emotional and suicidal distress*
- *Provides timely and effective care*
- *Is led by Peer Support Workers*
- *Creates a society that has better access to care. A society that keeps us in our communities where we can support one another.*



Safe Haven Wollongong Open

at 55 Urunga Pde, Wollongong.

OPENING HOURS

Wed-Sat 2.00 - 10.00pm

A calm, culturally sensitive and non clinical safe space to support people with suicidal thoughts.



Towards Zero Suicide

The Wollongong Safe Haven is one of 20 being trialled in NSW. The NSW Government has invested \$25.1 million in the Safe Haven initiative, which contributes to the Towards Zero Suicides Premier's Priority. Safe Haven does not replace the critical care provided by our Emergency Departments and Triple Zero being called if life is in danger. It is our hope however that people who might be reluctant to seek support from more traditional mental health services will be persuaded to come to our Safe Haven.

Losing someone to suicide is difficult and complex for any family or community. It is important that we all work together to play a pivotal role in building resilience, promoting help seeking, and connecting with each other.

SUICIDE PREVENTION OUTREACH TEAM

Under the Towards Zero Suicides program Illawarra Shoalhaven Local Health District (ISLHD) has launched a new service called the Suicide Prevention Outreach Team (SPOT) at Nowra. This is an important addition to our suicide prevention approach.

SPOT aims to reduce deaths by suicide, suicide attempts and suicidal distress by supporting people in their home, at the time they are in crisis, who may or may not have an existing mental health concern. Support is provided by a peer worker and a clinician working together.

Many people experiencing a suicidal crisis struggle to find timely appropriate care. They may not be comfortable going to an Emergency Department or leaving where they live. This is where the SPOT can assist. One of the new SPOT clinicians reports "To be able to go directly out to help a person when they are struggling with suicidality and provide them support, without them having to leave their home or community is leading edge. This is a first for ISLHD and an important step towards reducing suicides in our community."

SPOT provides community-based care for people and helps guide them to the most suitable ongoing care, preferably in the areas where they live with their existing support systems, when it is safe to do so.

A critical part of this initiative is the leadership by people with lived experience of suicide. SPOT is co-designed by people with lived experience of suicidal crisis and/or experience in caring for someone in crisis. Our Peer Workers with lived experience of suicidal crisis, play a critical role in the teams and lead the engagement with the person in crisis.

One of ISLHD's new SPOT Suicide Prevention Peer Workers, said she was really pleased to be a part of these new teams as her personal experience enabled her to bring genuine understanding to each situation she attends. "This is front line, recovery- focused work where we concentrate on promoting hope and responding to each individual's needs."

The SPOT is now operating in the Nowra Shoalhaven area. This team can be accessed by calling the NSW Mental Health Line.

'This is an important program reaching out to people where they live who are experiencing suicidal crisis.'

Towards Zero Suicides

Suicide Prevention Outreach Team now operating in Nowra.



ALIGNED TO NSW STATE HEALTH PLAN

Direction 3 - Delivering Truly Integrated Care

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

QUICK ACCESS RESPONSE TEAM (QuART)

In 2019, elderly patients presenting to the Emergency Department (ED) had limited access to at-home allied health services. This resulted in increased hospital admissions in this patient group. The aim of the project was to provide coordinated, at-home, allied health support and intervention to elderly patients, to avoid admission in 80% of accepted patients over six months.

In the second half of 2020, a dedicated Allied Health Quick Access Response Team (QuART) was initiated to provide at home allied health services for elderly patients (>65 years old). This would allow discharge from the ED and avoiding admission to hospital. A novel trans-professional model of allied health care was developed. This involved six allied health disciplines- Physiotherapy, Occupational Therapy, Social Work, Speech Pathology, Exercise Physiology and Dietetics. The QuART model of care used shared competencies and a shared initial assessment form. This meant that a clinician of any discipline could conduct an initial home visit.

A total of 206 patients were accepted into the program over the period of the pilot project. The initiative resulted in 92% of patients being discharged safely with some requiring referral for follow-up allied health services. Most referrals (60%) related to admission avoidance (patients referred to the program from ED), 27% to facilitation of early discharge, and 13% to other referrals, including from community services.

During the pilot phase of the project, the average length of stay for The Wollongong Hospital (TWH) and Shoalhaven District Memorial Hospital (SDMH) was used to estimate the bed day savings.

This approach resulted in collaborative patient-centred care, improved patient satisfaction, reduced average bed/days and cost savings.



ALIGNED TO NSW STATE HEALTH PLAN

Direction 3 - Delivering Truly Integrated Care

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

	NUMBER OF PATIENTS	AVERAGE ACUTE ADMISSION COST FOR SITE	SAVINGS
TWH	76	\$6,033 per admission	\$458 508
SDMH	75	\$5,400 per admission	\$405 000
		Total	\$863,508



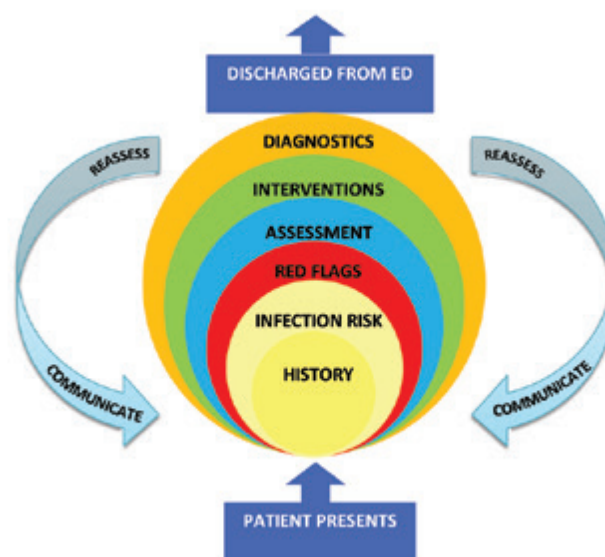
SAFER, BETTER EMERGENCY NURSING CARE FOR ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT = HIRAID

This project tests an innovative, practical solution developed by front line emergency nurses to reduce inpatient deterioration in patients admitted via the Emergency Department (ED).

Emergency nurses are the first clinician patients see. Patient safety is contingent on nurses' accurate assessment, interpretation of clinical data, intervention and escalation. However nurses' approach to assessment of the 8 million+ ED patients a year across Australia is inconsistent. Traditionally taught and commonly used approaches to patient assessment are not evidence-based nor framed in patient safety.

To address this major practice gap the team:

- 1) Developed HIRAID for use in any patient presentation. HIRAID encompasses the known essential components of safe patient care (History, Identify Red flags, Assessment, Interventions, Diagnostics, reassessment and communication).
- 2) With funding from the New South Wales (NSW) Agency of Clinical Innovation (ACI) we validated and tested HIRAID in the simulated environment finding improved detection of clinical indicators.
- 3) Tested HIRAID in the real world in four EDs. We analysed factors influencing future implementation, ecological validity and usability to enable upscaling. We ensured HIRAID could be sustained through 'business as usual' ED training schedules.



To support implementation, videos, education, electronic documentation templates and change champions were used.

This research collaboration involving clinicians, health service providers and policy makers has changed policy and practice across Illawarra Shoalhaven Local Health District (ISLHD) and NSW. The Australian Commission on Safety and Quality in Health Care (ACSQHC), NSW ACI, National Health and Medical Research Council (NHMRC) and the NSW and Commonwealth Chief Nurses have partnered with the research team to upscale the findings.

HIRAID is now embedded in all EDs in ISLHD with 90% sustained uptake by our 302 emergency nurses with a projected net benefit of \$1,813,760 per annum across ISLHD by 2022/2023.

HIRAID has been successfully implemented in 11 EDs (180+ nurses) in Southern NSW. The implementation of HIRAID as part of a revised NSW emergency nurse career pathway is part of the NSW ACI 2022/2023 work plan. The state-wide projected equivalent savings benefits of HIRAID equal \$227,585,008 per annum, by 2022-2023.

HIRAID will be formally adopted across a further 32 NSW, Victorian and Queensland EDs and rural Multi Purpose Services in 2022-2023. HIRAID is incorporated in Australia's leading emergency nursing textbook "Emergency and Trauma Care for nurses and paramedics".

Internationally, HIRAID train the trainer workshops have been held with colleagues in Fiji, Colombia, Nepal and Sri Lanka. The World Health Organisation Chief Nursing and Midwifery Officer has provided in principal support for adaptation.



Results show that our breast cancer patients have seen a 100% decrease in severe skin reactions and our head and neck cancer patients have seen a 40% decrease. We have seen an increase in head and neck patients finishing treatment without the need for dressings. Traditionally, only 19% of head and neck patients having both radiation therapy and chemotherapy finished treatment without the need for dressings compared to 60% when using Strata XRT.

Mepitel and StrataXRT have shifted the paradigm with respect to skin care in radiation therapy. These benefits may be applicable to other cancer disease sites and are currently being investigated.



ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

Aligned to ISLHD Strategic Priority

- Excellence in models of care, health programs and health services
- An engaged and high performing workforce for the future

A SKINCARE JOURNEY - INTERVENTIONS LEADING TO BETTER OUTCOMES

Traditionally, skin breakdown or 'skin burns' are considered expected side effects of radiotherapy. Since the 1990s, skincare recommendations for radiation treatment has consisted of clean and moisturised skin which does little to prevent severe skin reactions.

In 2014, The Illawarra Shoalhaven Cancer and Haematology Network (ISCaHN) embarked on a shift in the way in which we provided skin care by following a New Zealand trial of a silicone based film (Mepitel). Ideal for the treatment of breast cancer patients, Mepitel works by applying a film over the skin of the treatment area resulting in a decrease in severe skin reactions. This innovative management not only improved patient outcomes but also saw our Radiation Service emerge as a world leader in skin care for radiotherapy patients. In 2020, we further enhanced our skin care interventions with the trial and subsequent introduction of StrataXRT, a silicone based gel suitable for patients receiving head and neck treatment.

The introduction of Mepitel, and addition of StrataXRT, came from reviewing data and research from other cancer centres, both within Australia and overseas and led to an opportunity to trial both products for two suitable major cancer disease sites - Breast (Mepitel) and Head and Neck (StrataXRT).

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

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



RE-IMAGINATION: ORAL HEALTH CARE FOR VULNERABLE FAMILIES

Dental caries is a multifactorial disease and is linked to family related factors such as socio-demographics. The National Oral Health Plan outlines four population groups that experience more oral disease than the general population and face inequity of access to dental treatment:

- People who are socially disadvantaged or on low incomes.
- Aboriginal and Torres Strait Islander Australians.
- People living in regional and remote areas
- People with additional and/or specialised health care needs.

*Excellence
in Aboriginal
Healthcare*

Through innovative partnerships between Illawarra Shoalhaven Local Health District's Oral Health, Child and Family Health Services and Our Mia Mia Wellbeing Hub at Nowra East Public School, models of care were developed to improve equity of access, continuity of care, patient experience and health outcomes for vulnerable and at risk families.

The following clinical pathways were established:

- Our Mia Mia Wellbeing Hub Outreach Service.
- Aboriginal Maternal Infant and Child Health Service (AMICHS) referrals.
- Sustaining NSW Families (SNF) referrals.

- Out of Home Care (OOHC) referrals.
- Mums+Booris referrals.

For all referrals received, the parent/carer is contacted to learn whether any siblings can be added to the same clinical pathway. Siblings are flagged as 'at risk' and seen together. Children from the same household receive care as a family unit. A dental questionnaire is completed and an 'At Risk' patient alert is automatically added. The child's record includes information on the appropriate clinical pathway. Furthermore, a 'Vulnerable Families' report allows dental clinicians to continually monitor the child's journey and highlights where more intensive support and follow-up is required.

Following implementation of the project:

- In 2019, 31% of all unique 0 to 17 year olds treated at Nowra Dental Clinic were Aboriginal. Aboriginal children represent only 7.8% of all 0 to 17 year olds in ISLHD. As Aboriginal children were treated at 4 times the rate that would be expected from demographic data, inequalities in oral health care have been significantly reduced.
- A higher proportion (55%) of Aboriginal children received care along with one or more siblings compared to that of non-Aboriginals (50%). This addresses the increased risk of dental caries related to family associated factors such as socio-demographics.
- A survey of parents/carers whose child attended the Wellbeing Hub Outreach Clinic (n=20) found that 100% were 'always satisfied' with the cultural appropriateness of the service. Eighty four percent (84%) reported that their child always felt comfortable coming to the service and 47% stated that this was the first time their child had accessed dental care.

- To date, 1047 patients (73% Aboriginal and 27% non-Aboriginal) have been referred to the Oral Health Service through the five clinical pathways.

This project has represented a true partnership between the Oral Health Service and Child and Family Health Services and continues to be expanded.

Initially commencing in the Shoalhaven with referrals from the AMICHS in Nowra, the program now includes referrals from the AMICHS based at Shellharbour Hospital. The Mums+Booris clinical pathway has been added and caters for new and expectant Aboriginal mothers and their children. The normal eligibility criteria for adults has been removed to increase the reach of this pathway. There are current plans to further expand this clinical pathway to include Waminda (South Coast Women's Health & Welfare Aboriginal Corporation) in Nowra.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 - Keeping People Healthy

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Australia's National Oral Health Plan 2015-2024 -Healthy Mouths Healthy Lives

NSW Aboriginal Oral Health Plan

First 2000 Days Implementation Strategy 2020-2025

WHEN THE TESTS ARE NORMAL: NEW THERAPIES FOR FUNCTIONAL NEUROLOGICAL DISORDER

Functional Neurological Disorder (FND) is a condition where an individual experiences altered motor or sensory functions, incompatible with a medical illness. It is very common and associated with significant impairment, psychological distress, and high health burden. Despite the significant health burden this diagnosis presents, timely access to treatment remained an unmet need within Illawarra Shoalhaven Local Health District (ISLHD). Individual FND treatment was scarcely available, resulting in patients waiting 12 months or more for intervention, experiencing increasingly debilitating symptoms in this time.

Development of a multidisciplinary, cognitive behavioural (CBT) Telehealth Group, and establishment of a clinical pathway addressed this need. The Group is facilitated by two clinical psychologists and guest presenters including Psychiatry, Physiotherapy, Dietetics, Neuropsychology, and a consumer advocate. There are 6 weekly sessions, 10 patients attending, accompanied by their carers in the final week. Each weekly session incorporates education and skills practice focusing on self-management of symptoms,

quality of life and reducing hospital presentations.

Patients reported less frequent and less debilitating symptoms following the Group and at follow-up. Improved self-management of symptoms was observed alongside a reduction in symptoms of depression, anxiety and stress. Patients also reported improved quality of life due to fewer role limitations related to physical and emotional impacts. Preliminary analyses of a subsample of patients (n=4) who presented to hospital in the 3 months prior to attending the Group, revealed a 75% reduction in Emergency Department (ED) presentations. Patient experience of completing the Telehealth Group was also very positive, with 100% of participants being "Extremely satisfied" with the care they received, and rating their experience of Telehealth as Good or Excellent.

This innovative treatment has established a model of care for FND patients within ISLHD, allowing timely access to treatment. The relationships between Neuropsychiatry, Psychology and Allied Health means patients now have access to multidisciplinary intervention, which previously did not exist. We have observed improved clinical outcomes for patients, correlating to reduced health burden, both in terms of staff cost savings of >\$40,000, and the potential to reduce presentations to ED. Telehealth delivery allows clinicians to facilitate the Group from multiple sites, reducing staff travel-time and costs, and removing geographical barriers for patients.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 - Keeping people Healthy

Direction 2 - Providing World-Class Clinical Care

Aligned to ISLHD Strategic Priority

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





ILLAWARRA SHOALHAVEN HEALTHPATHWAYS - 5 YEARS, 510 LOCAL PATHWAYS

The HealthPathways Illawarra Shoalhaven site has reached its 5th birthday this year and has notched up an impressive 510

clinical and referral pathways which have been agreed to by Illawarra Shoalhaven Local Health District (ISLHD) clinicians and General Practitioners (GPs).

Usage by GPs and practice staff continues to climb as they return to the site for trusted information, guidance, reassurance and resources.

The chart below shows the steady climb in usage over the years with a solid incline in 2019 followed by a steep rise in 2020. Research into other regions where they have used HealthPathways for a longer period suggests that the usage will continue to climb as more health professionals discover the site.



The most viewed pathways are linked to changes in practice or guidelines, new medications, shared care between primary and secondary care, disasters or pandemics and GPs with special interests.

The HealthPathways Illawarra Shoalhaven Program is a collaboration between the Illawarra Shoalhaven Local Health District and COORDINARE, and supports integration across the health system with the patient at the centre of agreed ways of working. It offers transparency and a platform to link in secure messaging and other advances and redesign improvements.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

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





WHAT'S YOUR IMPAKT? Using an App to measure person-centredness in patient care areas

Delivering Person-centred Care is a global healthcare priority. The measuring of person-centredness in organisations and clinical areas is still an area requiring investment and investigation. IMPAKT is an App for "Implementing and Measuring Person-centredness for Knowledge Transfer". This App provides real-time feedback to staff on eight person-centred Key Performance Indicators (KPIs) which were tested within several international studies.

Consumers (patients and their families) are encouraged to provide feedback on person-centredness of the health care environment they find themselves in. The App collects a range of data from patient surveys, documentation, patient stories and observations of time health professionals spent with patients. It provides a report which is downloadable, for sharing amongst staff. This provides staff with meaningful data about their practice and areas where they can improve as well as celebrate.

Testing the App began in 2018 with an invitation to six clinical units across the Illawarra Shoalhaven Local Health District (ISLHD) and five in Northern Ireland. In ISLHD, the staff used the iMPAKT app over three cycles, which consisted of data collection, downloading their report from the App,

team discussions of the findings, and the development of action plans to enhance their person-centred practices. Staff were encouraged to see the data as complimentary with other data sets such as the incident management system and the results from a Safety Attitudes Questionnaire which had recently been undertaken.

A number of practice improvements affecting patients and staff were implemented in each clinical unit in response to the data. There was an improvement in mean scores across all four data sets (surveys, documentation, observation and patient stories).

This pilot study tested the App's feasibility and with its success a larger scale international study will be implemented in 2022. This is being supported by funding Chief Nurses and will trial the KPI and iMPAKT app across NSW, South Australia and Northern Ireland.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

Direction 3 - Developing Truly Integrated Care

Aligned to ISLHD Strategic Priority

- Innovation, quality and learning for continuous improvement



PROGRESS ON PLANNED ACTIVITIES FROM THE 2019-2020 SAFETY & QUALITY ACCOUNT

Emergency Department (ED) Transformational Redesign Program

The Illawarra Shoalhaven Local Health District (ISLHD) ED Transformational Redesign Program: Transforming the Patient Journey through ISLHD's Emergency Services, is a strategic program initiative that commenced in January 2020. The primary goal of the program is to improve ED internal efficiencies and reduce 'unnecessary testing' through partnership with the ISLHD Choosing Wisely program.

Despite the challenges of the COVID-19 pandemic which placed the program on hold for several months, the ED Transformational Redesign Program has successfully implemented the following initiatives during its first phase in 2020-2021.

Senior Assessment and Streaming (SAS) Model of Care

The Senior Assessment and Streaming (SAS) Model of Care has been implemented in several EDs in Australia. It has shown to have significant impact on improving patient flow and reducing length of stay. The SAS model aims to have a senior emergency doctor involved in patient care early in the patient journey.

The SAS Model of Care was implemented across Wollongong, Shellharbour and Shoalhaven EDs in 2020. While the SAS model varied slightly between departments, positive results have been seen across the board with reduction in time to treatment, reduction in time to first test request and an improvement in triage benchmarks.



ED Short Stay Area (ESSA)

When COVID-19 impacted Australia in 2020, the Wollongong Hospital ED had to repurpose their ESSA to manage patients with COVID-19, which had a significant impact on ED access and flow.

The ED Transformation team collaborated with the Wollongong ED leadership team to identify a new area to re-open ESSA beds. A staged re-opening of ESSA commenced from late February 2021, and fully opened from 19th April 2021, with significant improvement in access and flow.

Fast Track Model of Care

Wollongong Hospital ED commenced their Fast Track Model of Care from 19th April 2021. The Fast Track Model of Care is for patients presenting to the ED with low acuity illnesses and injuries who are likely to be discharged within 4 hours of arrival. Patients are identified for 'Fast Track' at triage using an exclusion criteria as a guide. The area is staffed by experienced Nurse Practitioners, doctors and nursing staff who see and treat patients in this area to facilitate discharge within 4 hours.

The ED Transformational Redesign program is entering the second phase with other projects planned within EDs to replicate the success across ISLHD. For example, Shoalhaven Hospital Emergency Department is piloting an ED Short Stay Area with the goal to improve ED access to care and patient flow, enhancing the patient experience.



ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

Aligned to ISLHD Strategic Priority

- Excellence in models of care, health programs and health services
- Innovation, quality and learning for continuous improvement



Health
Illawarra Shoalhaven
Local Health District



**Choosing Wisely
Australia**

An initiative of NPS MedicineWise

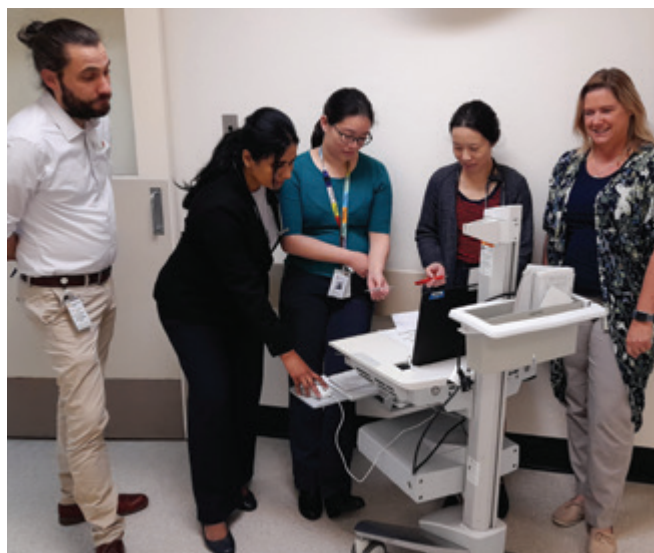
Choosing Wisely in ISLHD

CHOOSING WISELY - PROMOTING APPROPRIATE DIAGNOSTIC ORDERING PRACTICES

Choosing Wisely Australia® is part of a global healthcare initiative to improve the safety and quality of healthcare. Australia's peak health professional colleges, societies and associations have developed lists of recommendations of the tests, treatments, and procedures that healthcare providers and consumers should question. Each recommendation is based on the latest available evidence. Importantly, they are not prescriptive but are intended as guidance to start a conversation about what is appropriate and necessary.

Illawarra Shoalhaven Local Health District (ISLHD) committed to becoming a Choosing Wisely Champion Health Service in February 2020. The goal of the Choosing Wisely Program is to reduce the volume of unnecessary medical imaging and pathology tests ordered throughout ISLHD. This program aims to:

- Improve health outcomes by decreasing frequent and invasive investigations that can expose the patient to undue risk of harm and/or emotional stress or financial cost.
- Improve patient and staff experiences of care.



- Reduce the overall costs of inpatient and emergency care.

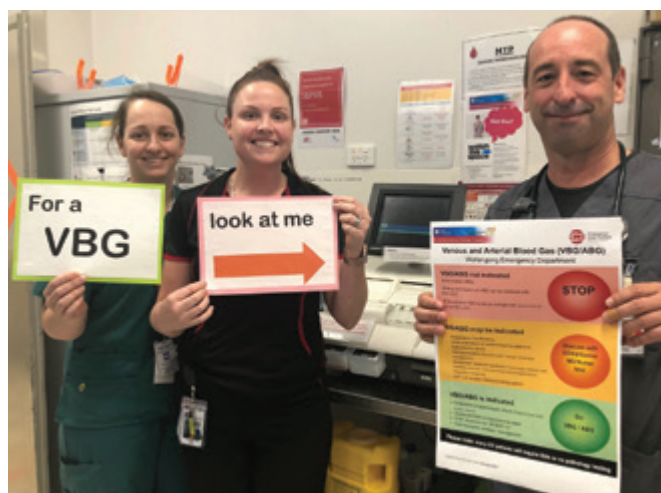
There have been some great projects undertaken during 2020-2021 by individual ISLHD site teams. There has been positive engagement from other specialities to commence their own Choosing Wisely projects during the latter half of the year.

Introducing Choosing Wisely Principles at Shellharbour Hospital (SHH)

The Director Medical Services at SHH, has been leading a Choosing Wisely project to reduce unnecessary pathology testing of inpatients. This includes the introduction of Choosing Wisely Principles during the orientation of new Junior Medical Officers (JMOs). Prompt-cards have been distributed to JMOs with pathology re-testing interval guidelines. The medical team's afternoon patient rounds are used to discuss appropriate pathology required. Results for 2020 demonstrated a 20.2% (almost \$400,000) decrease in spending costs for pathology for SHH hospital.

Unnecessary Medical Imaging in Shoalhaven District Memorial Hospital (SDMH) ED

A large volume of imaging comes from the ED, and decreasing unnecessary testing remains a challenge. In order to improve the appropriateness of imaging referrals, the SDMH ED has moved to requiring senior clinician input for all computerized tomography (CT) scans and ultrasound requests. The goal is to prevent wasteful and unnecessary advanced imaging that does not benefit patients, with the added effect of decreasing harm to patients and improving overall emergency department efficiency and throughput. The project is currently in place and is awaiting outcome data.



The Wollongong Hospital ED Venous Blood Gas (VBG)/Arterial Blood Gas (ABG) ED Project

The Wollongong Hospital (TWH) Emergency Department (ED) team have conducted audits of recent medical records and found that 20% of VBGs had no clear indication for testing. The ED Transformational Redesign Program have been assisting the team with a goal to reduce the variation of this testing both in the ED and in the Pathology unit which could save the department up to \$130,000 per year. Solutions included a staff education and awareness campaign, a reference guide for staff on indications e.g.

traffic light tool, and an ISLHD procedure for VBG sampling. As of August 2021 the average decrease is 15% per week, with an estimated saving of \$70,500 per year. VBGs being sent to pathology have also significantly decreased. This has improved workflow as VBGs are time sensitive tests which disrupt the processing of other tests in the Pathology Department.

ISLHD EPIC Implementation Project

One current district-wide Choosing Wisely solution is the implementation of the nursing Emergency Protocols Initiating Care (EPIC). The EPIC guidelines enable nurses to initiate medications and X-rays for 54 different conditions including headaches, vomiting, chest pain, asthma, and abdominal pain. EPIC will ensure our patients have access to the best available timely, evidenced based care. EPIC are safe, reliable, improve patient care and emergency department flow.

The EPIC guidelines will replace the expired ACN (Advanced Clinical Nurse) Guidelines. The EPIC Project team members are working diligently through the necessary approval and implementation processes to implement the EPIC Guidelines across ISLHD. This project went live in September 2021 and the Emergency Care Institute (ECI), set up under the umbrella of the Agency for Clinical Innovation (ACI), is leading the state-wide EPIC project which will take on the learnings from the ISLHD implementation.



ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

Aligned to ISLHD Strategic Priority

- Excellence in models of care, health programs and health services
- Innovation, quality and learning for continuous improvement



A PATIENT REPORTED OUTCOME MEASURE (PROM) FOR DIABETES WITH ABORIGINAL COMMUNITIES IN THE SOUTHERN SHOALHAVEN REGION

Privileging Shoalhaven Aboriginal community voices in research about a Diabetes PROM set

Preliminary community consultation for this qualitative research study commenced in September 2019. The study was submitted for ethical approval from the Joint University of Wollongong and Illawarra Shoalhaven Local Health District Health Medical Human Research Ethics Committee (HREC), the Australian Capital Territory Health HREC, and the Aboriginal Health and Medical Research Council and was approved to commence in June, 2020.

The research team have met with thirty (30) Aboriginal people with diabetes living in the Shoalhaven. The community members have attended focus groups or an

individual interview between October 2020 and March 2021 with some broad questions asked to gather information about their perceptions of the Patient Reported Outcome Measure (PROM) set for diabetes.

The focus groups and individual interviews were audio recorded and transcribed, and the transcripts were analysed by the research team. A summary of the main themes has been shared with some community members throughout May and early June 2021 with ongoing plans for findings to be shared with the broader community.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 - Providing World-Class Clinical Care

Direction 3 - Developing Truly Integrated Care

Aligned to ISLHD Strategic Priority

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



3

Improving the Patient Experience

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

PARTNERING WITH CONSUMERS - NATIONAL STANDARD 2

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

A message from ISLHD Consumer Representatives

Like Health Districts around Australia, ISLHD operates to the National Safety and Quality Healthcare Standards.

At the heart of these standards is the belief that healthcare should be a partnership with people who use health care services. There is a specific standard for this: Standard 2: Partnering with Consumers. The aim of Standard 2 is for consumers to be involved in planning and design of services, and for patients to be actively involved in their own care, "to the extent that they choose".

Because of Standard 2, people like us with lived experience of ISLHD services - whether as patients or carers - have been invited onto committees, involved in governance activities and included in project teams.

Coming into this system as consumers means that we have different kinds of knowledge about health. We know what it feels like to walk into a busy hospital not knowing where to go. We know how to take in new medical information while also trying to explain what our own lived experience of illness or caring looks like to us.

And we often reflect on what it means to describe people like us, who are part of the healthcare system, as "consumers". In the everyday sense, consumers are people who buy and use products, more like customers than patients or carers. Consumers have choices about what to buy, and they are a target for advertising because they have this choice. This is why consumerism does not entirely make sense as a way of thinking about public health. People who find themselves either using health services, or supporting

someone as a carer, do not always feel they have a choice about this.

Health care isn't a product we can return if it doesn't work. But one way or another, most of us will be healthcare consumers at some stage in our lives, whether as patients or carers. This is why Standard 2 is the one for all of us.

We are glad to be here sharing some stories about how consumers experience partnering with ISLHD.

Jo Spicer, Kate Bowles and Jacqui Forst

PATIENT REPORTED EXPERIENCE

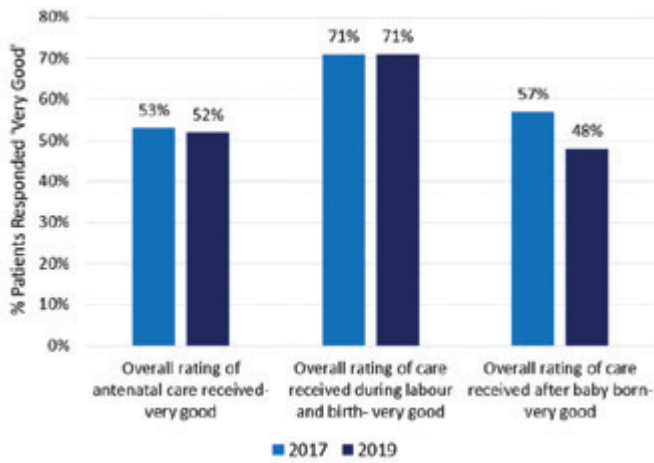
ISLHD participates in the NSW Patient Survey program by the Bureau of Health Information (BHI). The Clinical Governance Unit provides summaries of ISLHD results to sites and services for review annually. Local site and service managers address areas identified for improvement. Consumers are asked in all surveys to rate the overall care they received while in the hospital or service. They also rate how highly they would speak of the service to their family and friends. Five patient surveys that included ISLHD facilities were conducted during 2019-2020 and reported in 2020-2021:

- Adult Admitted Patient Survey, January-December 2019
- Emergency Department Patient Survey, July 2019-June 2020
- Rural Hospitals Adult Admitted Patient Survey, July 2019-June 2020
- Maternity Services Survey, January-December 2019
- Outpatient Cancer Clinics, January-December 2019

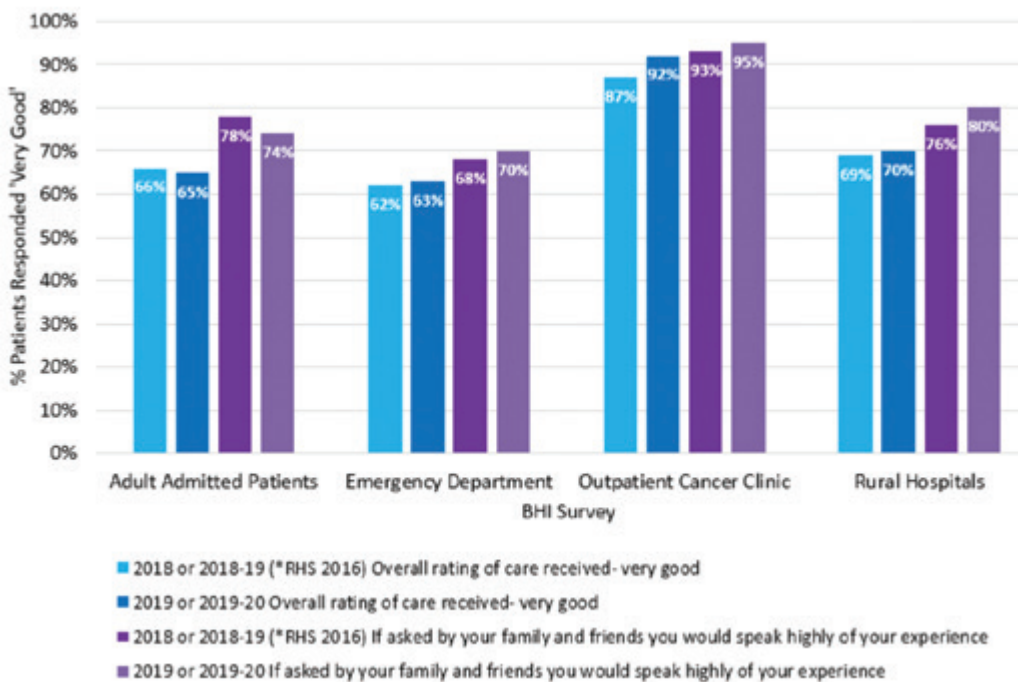
The Adult Admitted and Emergency Department surveys include Milton Ulladulla Hospital, Shellharbour Hospital, Shoalhaven Hospital and Wollongong Hospital. The Rural Hospitals Adult Admitted Survey includes Coledale, Port Kembla and David Berry Hospitals. The Maternity Services Survey includes Wollongong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



BHI ISLHD Maternity Services Survey



BHI Patient Survey Results for ISLHD



"We are impressed with the excellent care that Dad is receiving. The wards are bright and roomy and the food is excellent. The nurses are very prompt to respond to call buzzers and keep a constant watch over everyone. Each member of staff has combined professional competency with a kind, cheerful and respectful manner towards our father and other patients, too. It is a tribute to the entire team that during our wait for a permanent aged care placement, Dad has been so content and relaxed. Thank you all very much!"

When asked:

'Did a health professional explain the test, X-ray or scan results in a way that you could understand?'

Patients answering 'Yes, completely' improved from 65% to 85% at Shoalhaven Hospital and from 71% to 75% across the Local Health District.

When asked:

'Do you think the time you had to wait from arrival at hospital until you were taken to your room or ward was...?'

Patients answering 'About right' improved from 87% to 97% at Shellharbour Hospital and from 82% to 85% across the Local Health District.

When asked:

'Did the Emergency Department staff provide care and understanding appropriate to the needs of your child?'

Patients answering 'Yes, definitely' improved from 75% to 84% across the Local Health District Emergency Departments.

When asked:

'Did the hospital staff give you a document summarising the care you received in the hospital (e.g. a copy of the letter to your GP, a discharge summary)?'

89% of patients in our smaller (rural) hospitals answered 'Yes'. This is significantly higher than the NSW average of 64% for rural hospitals.

When asked:

'Did you have confidence and trust in the nurses treating you?'

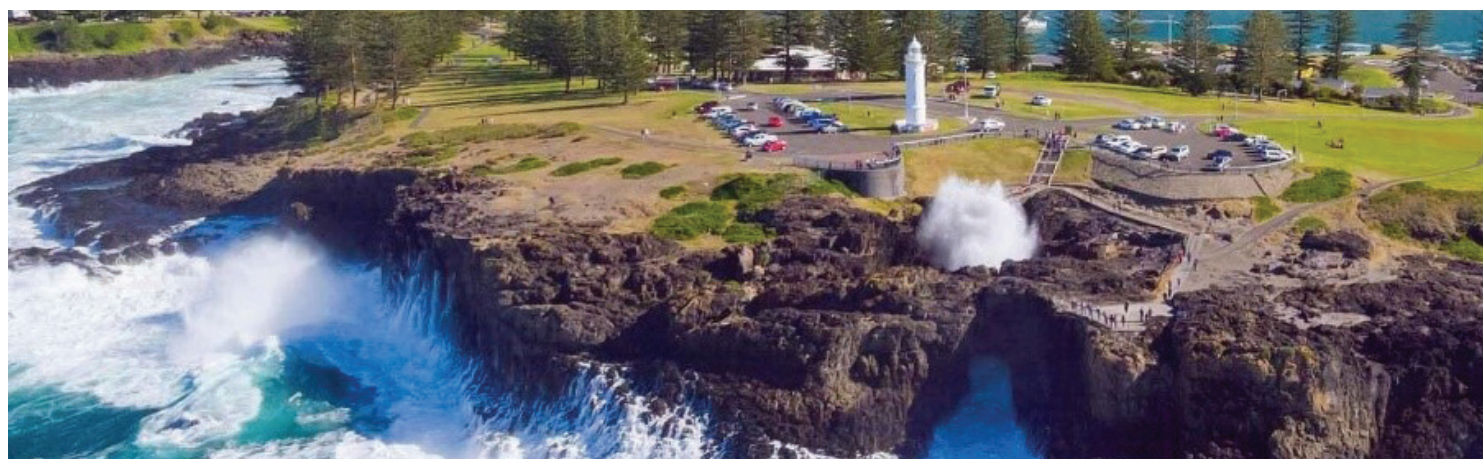
89% answered 'Yes, always'.

When asked:

'Were the nurses kind and caring towards you?'

82% answered 'Yes, always'.

"I would like to express my gratitude and thanks to the staff who cared for me. Every health care worker we dealt with was calm, professional and caring. Each and every one made a very frightening experience much easier to deal with, and from the several hours we spent in ED we can confirm that their friendly bedside manner and professionalism extended to every patient around us. Thank you and congratulations on a wonderful and much appreciated service."





PARTNERING WITH CONSUMERS IN GOVERNANCE, PLANNING AND DESIGN EVALUATION

National Safety and Quality Health Service (NSQHS) Standard 2: Partnering with Consumers, requires health organisations to work in partnership with a diverse range of consumers in governance and service planning and improvement. This is because consumer partners can add value and support organisational efforts to improve quality of care, efficiency of resource use, and community support for programs or services. (Consumers Health Forum of Australia, 2017).

In Illawarra Shoalhaven Local Health District (ISLHD) we use a variety of strategies and models to engage consumers as partners in governance and service planning and improvement activities, including: informal, one-off events; formal and ongoing participation on committees; feedback through formal surveys and social media; and way-finding audit teams.

In 2020 the Clinical Governance Unit (CGU) developed a new system and processes to support ISLHD Hubs and Services to engage consumers in governance and service planning and improvement activities. There are processes

and resources to: recruit, orientate, support and remunerate consumers; provide training for staff; and evaluate effectiveness from both a staff and consumer perspective. This information is contained in a dedicated CGU intranet page titled: 'Consumers on committees and project teams'.

The CGU piloted these processes in 2020 to recruit three consumers to join the Clinical Governance Council and Local Health District Standard 2 Committee. This has been a successful partnership, and the three consumers continue to participate as members of these committees. They are also involved in Local Health District quality improvement projects: Consent Project, My Care Boards and Teach-back.

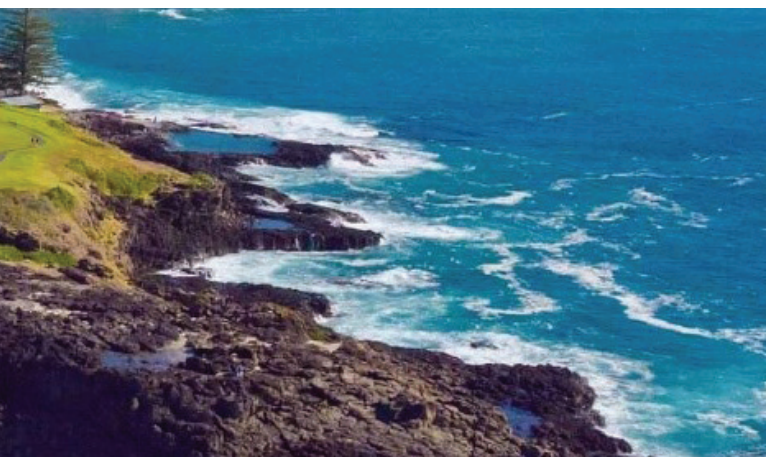
The CGU conducted an inaugural organisational assessment in early 2021 to evaluate the scope and effectiveness of our consumer partnerships in governance and service planning and improvement - the key results are contained in the following table.

"They (the consumers) bring the better perspective, the perspective we often forget about being part of the system. They bring challenging situations to consider."

Staff feedback, ISLHD Organisation Assessment, 2021

"Working in this committee my experience of my disability feel useful and genuinely valued, and in a world where it's mostly a burden that's pretty awesome"

Consumer involved ISLHD Organisational Assessment 2021



Results of ISLHD organisational assessment and progress against key performance indicators (KPIs) for Partnering with Consumers in governance and service planning and improvement, 2020

Scope of our partnerships:

- ISLHD partnered with a total of 86 consumers in 2020.

Key Performance Indicator:	Target	2020 Result:
1. ISLHD governance committees (and relevant service improvement and planning teams) have consumer members.	100%	Not achieved - see recommendation 1.
2. Consumers feel they are able to make a meaningful contribution on governance committees / project teams to help plan and improve services and care.	100%	Achieved -100% of respondents 'strongly agreed' or 'Agreed'.
3. Staff feel that consumers make a meaningful contribution on governance committees / project teams to help plan and improve services and care.	100%	Not achieved - 84.6% 'strongly agreed' or 'agreed'

Key Recommendations:

1. Replace KPI 1 with '*ISLHD governance partnerships with consumers reflect the diversity of the local community*'.
2. Hub and Service committees and project teams with formal and ongoing consumer partnerships, address key risks, including training for staff members; orientation for consumers; remunerating consumers; providing appropriate support for consumer members.
3. ISLHD work in partnership with consumer partners to coordinate and conduct an ISLHD Consumer Forum in 2022.

PATIENT REPORTED MEASURES - Health Outcomes and Patient Experience (HOPE)

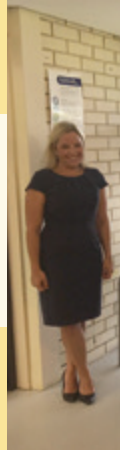
Patient Reported Measures (PRMs) are being collected to give the patient a voice about **"What matters to them rather than what is the matter with them"**.

PRMs increase the level of engagement between patients and clinicians, helping to deliver personalised, appropriate and integrated care in a timely manner.

PRMs are a tool which provide information to the clinician about other aspects of the patient's wellbeing not only medical information. This is done using a general survey and a condition specific survey about how their condition is affecting them. After the patient has received their care they are also given the opportunity to feedback about their experience of receiving this service.

PRMs have been collected on a smaller scale since 2015 and now is being collected across 10 state wide Leading Better Value Care (LBVC) Initiatives that are specifically about providing value to the patient. To enhance the

collection of this information a new information technology (IT) platform has been built with the patient being the first priority and the clinician the second. This platform HOPE (Health Outcomes and Patient Experience) allows the patient to complete their survey at home, in privacy and at their own pace, or in the waiting room on an iPad device. It also allows the patient to see all of their surveys across all the LBVC services they attend and throughout their whole life no matter where in the state they live or move to. The information collected shows graphs so they can easily monitor changes overtime. It also has a library to allow patients to access approved information about their condition. The surveys are collected in real time so that the clinician can see the results immediately and then have a meaningful conversation with the patient about everything that is affecting the patient at this time not just the condition that they have presented with. By addressing all issues the patient is able to better engage in treatment for which they have presented. PRMs will be used by patients and carers to help decide their choice of treatment, provider or facility, and to improve their ability to manage the quality of care received as relevant to their health care needs.





In ISLHD these surveys are now being done in all of the outpatient LBVC Initiatives with ISLHD being the first in the state to 'Go Live' in St George's Basin Community Centre Osteoarthritis Chronic Care program.

In June 2021, ISLHD became the first internationally to collect PRMs on an inpatient ward.

With these surveys being collected on inpatient wards, outpatient settings, and in the future General Practitioners rooms, patient information will become continuous throughout the life span.

IMPLEMENTING THE TEACH-BACK COMMUNICATION STRATEGY

Effective communication is critical for safe and quality care. Communication is one of the top contributing factors relating to patient safety incidents in Illawarra Shoalhaven Local Health District (ISLHD), and across NSW Health. National Safety and Quality Health Service (NSQHS) Standard 2 requires organisations to set up systems and processes to support clinicians to communicate effectively with patients about all aspects of their care, including obtaining informed consent, and determining a patient's treatment preferences and goals of care.

In 2020, the Clinical Governance Unit (CGU) developed a coordinated approach to support clinical teams to introduce the Teach-back strategy in clinical communication, with a particular focus on 'risk communication'. Teach-back is an effective and evidence-based communication strategy that clinicians can use to explain information clearly, and to check understanding.

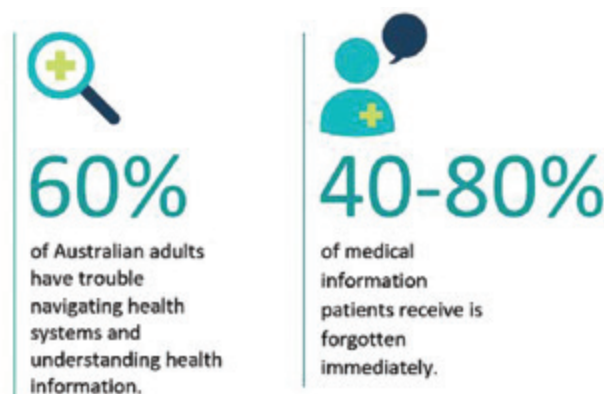
The 3 steps for using Teach-back are:

1. Explain information using plain language
2. Check that you have explained the information clearly
3. Re-explain the information your patient / client did not understand.

There are also many benefits to using Teach-back, including reduced risk of adverse events relating to communication, improved patient understanding and experience of care, and reduced readmissions.

Clinicians consider the health literacy needs of patients and consumers when using Teach-back. This is because almost 60% of the adult Australian population does not have the health literacy skills to understand and use everyday health information, such as using medications safely or understanding the risks associated with medical treatment.

Did you know?



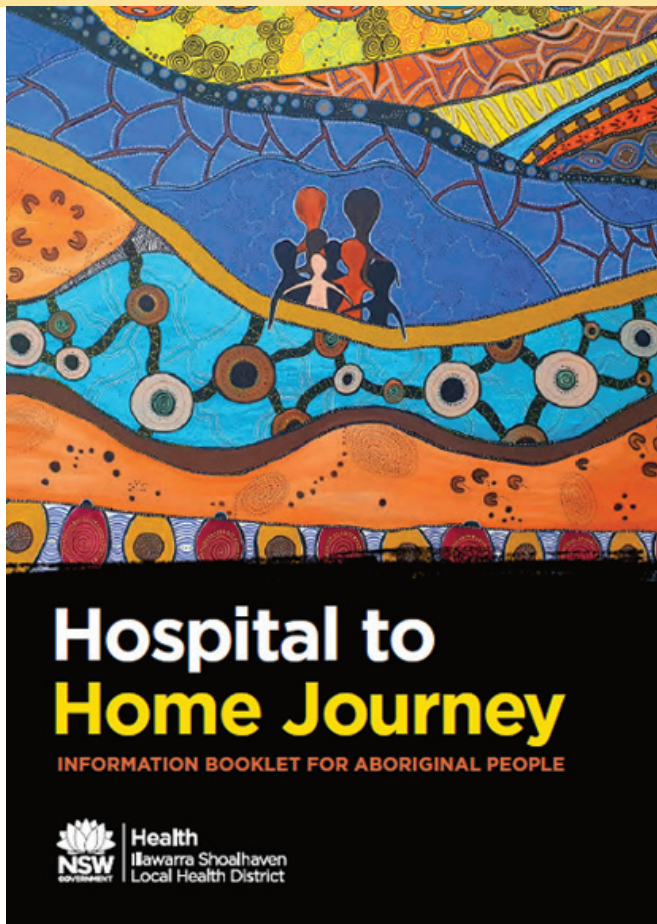
Source: National Statement on Health Literacy, ACSQHC, 2014; AIHQ, Universal Precautions Toolkit

In 2020, the ISLHD Local Health District Standard 2 Committee endorsed the use of Teach-back in ISLHD as a key strategy and tool to improve clinical communication. The CGU developed a number of resources to support teams to implement Teach-back, including:

- A dedicated Teach-back intranet page on the CGU website
- The '3 Steps to Teach-back' Implementation Guide
- A medical Teach-back education presentation, focussing on informed consent.

In 2020, Integrated Community Services introduced Teach-back training in all clinical teams. Over 90% of Oral Health staff completed Teach-back training and the service saw a 100% reduction in communication-related complaints following the implementation of Teach-back training.

The CGU is currently working with The Wollongong Hospital Renal Dialysis service to implement Teach-back. The results of this pilot project will inform implementation of Teach-back across the ISLHD throughout 2022.



HOSPITAL TO HOME JOURNEY INFORMATION BOOKLET

The Hospital to Home Journey Information Booklet was co-designed with Elders, staff and community members to provide the right information at the right point of care.

The booklet aims to encourage Aboriginal patients and clients to identify as an Aboriginal person, which will help improve their hospital journey and health understanding, and allow for improvement in the delivery of culturally appropriate services, care and communication.

The Hospital to Home Journey Information Booklet will be rolled out in a phased implementation across the Local Health District, starting at Shoalhaven Hospital.

OUR CONSUMER FEEDBACK

"All the nurses and doctors that looked after me were wonderful. Not only were the nurses lovely, but also the pathology collectors, the wards people that cleaned, and the food delivery staff. I also cannot speak highly enough of the doctor and the nursing staff from the Hospital in the Home Team. You are all doing an amazing job in these difficult and trying times."

"I took myself to Shoalhaven emergency and was dealt with quickly. I was diagnosed with a heart attack and was admitted. After being stabilised I was transferred to Wollongong Coronary Care Unit. All I can say is that all the staff I dealt with and who cared for me did an excellent job. Not only were they happy and polite, they thoroughly explained everything that was happening and what was going to happen. The care I received was excellent and made the difficult time more bearable. Thanks to all who looked after me."

"I just wanted to make contact and acknowledge the staff at the COVID testing clinic. From the lady that took my initial call, to the two nurses who performed the test. I previously had a terrible experience at another test location. When I mentioned this to the lady on the phone today, she was just so understanding and passed my concerns onto the nurses. The two nurses who swabbed were amazing—had me deep breathing and were just so kind. It was over before I knew it and not traumatic in the least. My sincere thanks for their understanding."

"I have just had my first COVID vaccine. What a well organised and smooth operation. Courteous, friendly and informative staff. CORE values in action! Thanks to all involved."

"Thank you to all of the staff, they were kind, caring, kept me informed and very professional. It's stressful being in a vulnerable state and I can't thank you all enough for your care."

"I would like to highly recommend all your staff - cleaners, security, students, nurses and doctors. There was so much going on in Emergency and all the staff were professional and did their job with ease. I'm so grateful I live in Australia and have a hospital system I can use for free. Thank you for all the staff that assisted me. I really appreciate the service I got."

"I returned equipment that we rented to help my wife rehabilitate from a broken leg. When I unloaded all this equipment at the entrance a friendly Security Guard stepped forward with a smile and said, "Can I help you mate" and carried it all inside and took the bulk of it up in the lift. The lady who checks you in was also pleasant and helpful. I found the staff very helpful and friendly. Thank you."

"From the bottom of our hearts we would like to thank the extraordinary community nurses who have taken care of my husband. They are truly masterful in their profession. Each amazing nurse has brought their own particular brand of professionalism, skill, reassurance and, at times, humour. We are most fortunate to have this facility available to us, and we remain in awe of who they are and what they do. Thank you!"

CONSENT & SHARED DECISION MAKING PROJECT

Illawarra Shoalhaven Local Health District (ISLHD) established the District Consent Project in March 2020 to review and improve local consent systems and processes.

Failure to obtain informed consent results in high numbers of patient safety incidents and health liability claims, as well as poor patient experience. The number of consent-related patient safety incidents in ISLHD - where consent was identified as being a main contributing factor, increased between 2019 and 2020.

The overall aim of the project is to decrease the number of consent-related patient safety incidents by 90% by December 2022. ISLHD is also required to meet the requirements for informed consent in National Safety and Quality Health Service (NSQHS) Standard 2: Partnering with Consumers and the NSW Health Consent to Medical and Healthcare Treatment Manual (Consent Manual). This project is being coordinated by the Clinical Governance Unit and a District-wide working party, inclusive of executive sponsors and consumer representation.

In the healthcare setting, a health practitioner must obtain valid consent from a patient, or their person responsible, before a medical procedure or treatment is carried out (e.g. surgery, invasive diagnostic test). Informed consent is a two-way process of shared decision making between the health practitioner and the patient that occurs prior to the commencement of any medical treatment (unless the situation is an emergency).

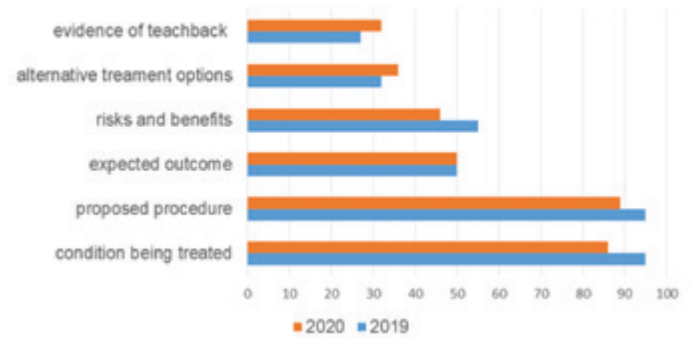
The NSW Consent Manual, and NSQHS Standard 2 require health practitioners to tailor information to an individual patient's needs and circumstances. In regards to shared decision making for informed consent, this can include using plain language, diagrams, checking that the patient has understood and using interpreters where needed.

The project has used quality improvement methodology to better understand the problem, and to develop improvement actions. The project used evidence from the literature and local data to evaluate: the effectiveness of local systems and processes for informed consent; the attitudes and experiences of informed consent for health practitioners and patients; and the elements of best practice for informed medical consent.

An audit of the consent-related patient safety incidents for 2019 and 2020 showed significant variability for compliance of documentation for explaining risks and options of recommended procedures and treatments.



% Compliance in medical record of components of informed consent, 2019 & 2020 Consent IIMS



The project is currently implementing an action plan for improvement. This plan contains actions to improve: governance and monitoring and documentation processes; clinical skills and knowledge; and patient education.

PATIENT INFORMATION PORTAL (PiP)

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

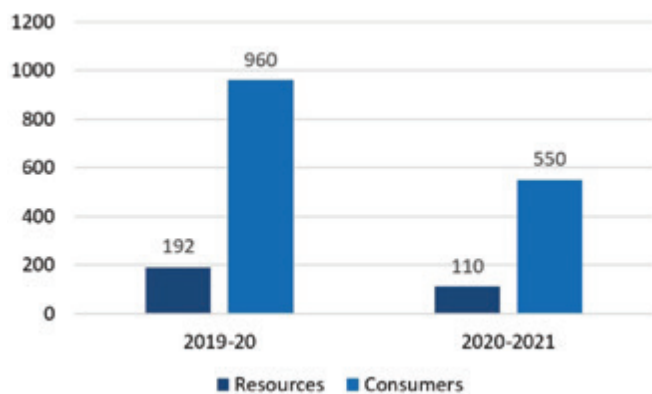
Established in 2013, the PiP process addresses the impacts and risks of low health literacy. All documents published on the PiP use feedback provided by at least five consumers that would receive or use the document. They are also developed in consultation with staff, with a two week period for feedback to be provided. All PiP documents are written at a grade 8 or less readability to ensure that they are easy to read, understand and use.

In 2019-2020, 192 ISLHD documents (43 in languages other than English) were published or updated. In 2020-2021, 110 documents (5 in other languages) were published or updated. Multicultural Health also partnered with PiP authors across the Local Health District to obtain 13 translation grants for 50 translations in 12 different refugee languages (published in July to September 2021). ISLHD is

currently updating the procedure on consumer information to make sure it is used for:

- 1) translations of PiP documents with a clear process for updating translations along with the English versions
- 2) other forms of consumer information (e.g. internet and social media).

Number of Consumer Health Resources Published on PiP and Consumers Involved



“Health care professionals need to speak slower, especially their names and titles, and to ask for clarification to check if patients are listening and understand. Pause, wait for patients to ask questions or comment.”

ISLHD Patient comment from the Bureau of Health Information (BHI) Adult Admitted Patient Survey, 2019.

There are currently 144 Health Literacy Ambassadors (HLAs) across ISLHD who have received training in health literacy and the PiP. The HLAs have a key role in embedding the PiP process and partnering with consumers across the district. In 2021-2022, ISLHD is running focus groups to determine how the HLA role has evolved, particularly in involving consumers in quality improvement activities.

MY CARE BOARDS

Partnering with patients in their own care is an important part of person-centred-care. The My Care Board is a tool Illawarra Shoalhaven Local Health District (ISLHD) established in 2020 across all inpatient wards to support communication and shared decision-making between staff, patients, their families and carers.

The My Care Board is located near a patient's bed where it can be easily accessed and updated by both staff and consumers.

The My Care Board was developed with staff and consumers who were members of the My Care Board Working Party.

Prior to 2020:

- There were patient bed boards developed in isolation and not across every ward
- There was no consistency. Nine different boards were identified across the Local Health District.
- The patient boards were exclusively for staff. They outlined what was being done “to” the patient as opposed to “with” the patient.

The My Care Board Working Party developed a standardised core set of resources and processes to support this initiative including:

- My Care Board Staff Information Sheet
- My Care Board Patient Information Sheet (In English, easy language and in community languages)
- My Care Board Inpatient Communication Boards Procedure
- My Care Board - Six Minute Intensive Training (SMIT) tool
- Processes for monitoring, reviewing and reporting - pre and post staff surveys, and an observational tool and reporting structure.

Peter's Care Board

Full Name:

Today is:

My Nurse: My Team:

To move safely:

- ASSISTANCE
- STANDBY ASSISTANCE
- SUPERVISION
- INDEPENDENT

To communicate:

Interpreter?

To eat and drink:

Plan / goals:

Other information or questions for my care team:

I want to ask a question

Planned discharge date:

For immediate concerns or unanswered questions please speak to the Nurse In Charge.

NSW Health Illawarra Shoalhaven Local Health District



WHY?

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

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

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

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

HOW?

How soon should it be done?

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

Use simple language easily understood by the patient and carer.

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

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

Commenced on admission to the ward.

Not all fields are required if not relevant.

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

PRACTICALITIES

Supports existing handover tools/processes.

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

PREDICTED CHALLENGES/ BARRIERS

Language? Cognition?

- Short stay patients?
- Engagement of all team members in updating the board
- Change to mobility language
- Refusal.

The reporting and monitoring processes have identified that the generic My Care Boards were not user friendly for Paediatric Services. As a result the Clinical Governance Unit has been working with a consumer representative, the University of Wollongong, and ISLHD Paediatrics Services, to develop a communication board that is fit for purpose for paediatric patients, their carers and staff. The Paediatric My Care Board is presently under development.

COMMUNITY & CONSUMER ENGAGEMENT IN SHOALHAVEN DISTRICT MEMORIAL HOSPITAL REDEVELOPMENT PLANNING

How have community members been engaged to be part of the redevelopment process?

Consumer involvement in all ISLHD service planning

Consumers sit at the table with ISLHD staff to develop all of ISLHD's service plans. Recent plans involving consumers (current or former clients/patients of the relevant service) which have shaped the Shoalhaven redevelopment include:

- Mental health
- Rehabilitation
- Palliative Care
- Emergency Department

Shoalhaven Hospital's Consumer Advisory Committees

- A public expression of interest was sought for members of the community to join the Shoalhaven Hospital Consumer Advisory Committee
- The local Aboriginal community was directly approached to nominate members for the Aboriginal Advisory Committee

Members of both committees were invited to express an interest in participating in the Redevelopment Planning

What engagement has occurred?

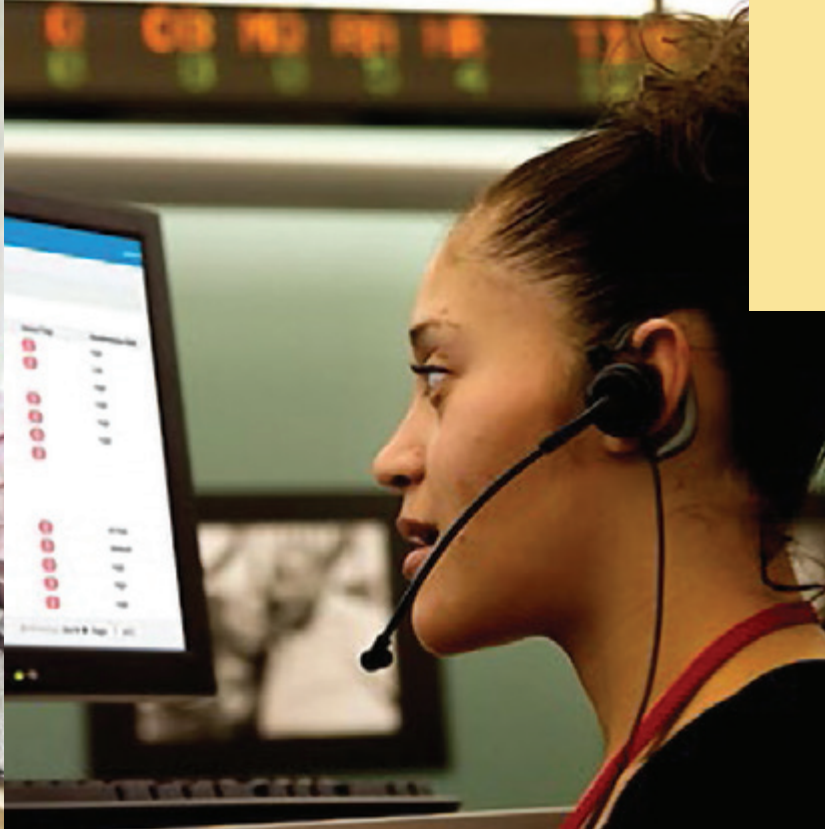
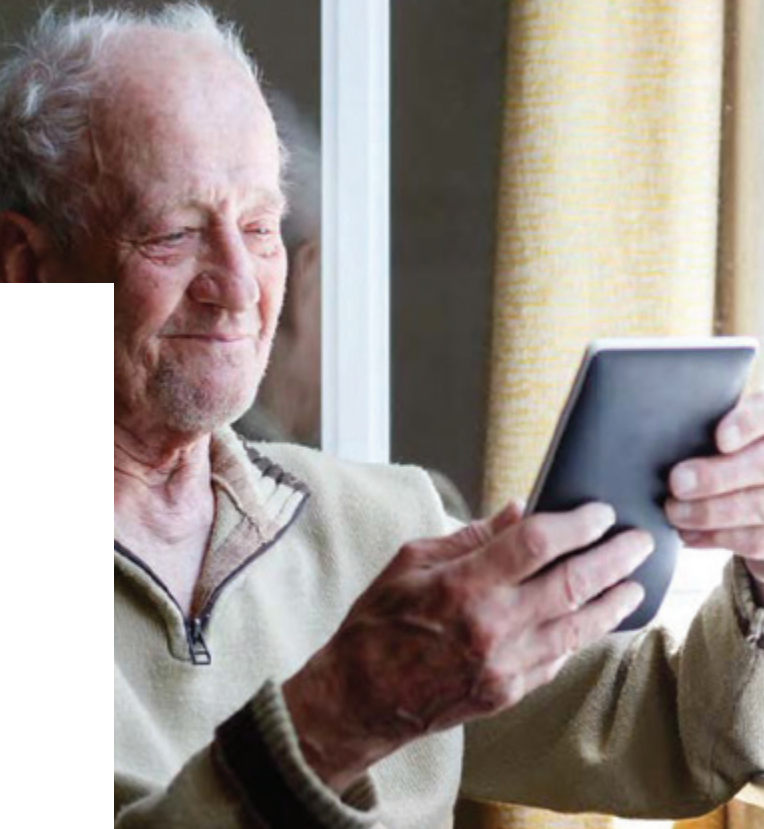
The Master Plan was launched in 2019 and was put on public display. Feedback from the community was received

The Redevelopment Team met with Shoalhaven Hospital's Consumer Advisory Committee and the Aboriginal Advisory Committee at project initiation, and have been working with them through the master planning phases

The Consumer and Aboriginal Advisory Committees were invited to participate in redevelopment planning in their areas of interest, and were allocated to Project User Groups to actively participate in:

- Models of Care
- Functional Briefs
- Digital Health vision & requirements
- Governance meetings including Project Development Committee which is at the highest level of governance in the project

The Planning team also met with the Shoalhaven Council Aboriginal Advisory Committee at project initiation, and more meetings will happen in the master planning phase



ACHIEVEMENTS IN IMPROVING THE PATIENT EXPERIENCE

Virtually enhanced Community Care (VeCC)

VeCC is the first of its kind within ISLHD and was initially established for the management of COVID-19 patients, however it has now been successfully implemented for patients with chronic disease.

The aim of the VeCC service is to collectively help consumers with high utilisation of health services and at risk of hospitalisation. The VeCC helps patients to stay motivated and healthy in their own homes, through increased engagement in their health care decisions and remote monitoring of their blood pressure, oxygen levels, temperature, blood glucose levels, weight and symptoms. Patients are provided with a Phillips tablet for virtual clinical consultations and support, health coaching and education, and a targeted patient-centred plan is developed in collaboration with the patient and their General Practitioner. Importantly, VeCC optimises best practice clinical care through a virtual platform, allowing clinicians to monitor a patient's health and wellbeing remotely, in real time, and provide immediate health advice and appropriate intervention. This innovative patient-centred intervention empowers individuals in the management of their health condition(s) in timely manner, prioritising patient safety whilst avoiding unplanned and unnecessary hospital admissions.

Since commencement in November 2020 VeCC has responded to the needs of 120 patients with chronic disease, and is on target to provide an estimated 280 patients by July 2022 with best practice virtual care and remote monitoring in the comfort of their own home. Crucially, through the regular remote monitoring of a patient's health, VeCC pre-empts any deterioration

or change, facilitating early intervention and avoiding unnecessary hospital admissions whilst simultaneously prioritising patient safety, permitting rapid and clinically informed escalation and hospitalisation as required.

Preliminary data indicates VeCC patients that engaged in the service for at least one month (n=38), are presenting to hospital less frequently and demonstrate a significant reduction in length of stay in hospital, translating to a saving in excess of \$265,000 to date. Elimination of appointment travel time for patients and staff, enables a larger clinician-to-patient ratio, allowing more patients within this vulnerable group to access gold standard clinical care, including from rural areas.

Effective integration with other ISLHD services, for example Dietetics and Psychology, enables patients to be referred and treated by a multidisciplinary team through the VeCC platform. The VeCC model has been successfully expanded and translated for remote monitoring and virtual care of patients with gestational diabetes and inter-district monitoring of patients with chronic disease in Southern NSW LHD during Christmas closure periods. The VeCC service is an exemplar model for the Agency of Clinical Innovation eHealth Virtual Care Accelerator program, informing developing models of virtual care throughout NSW Health.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 - Keeping People Healthy

Direction 2 - Providing World-Class Clinical Care

Direction 3 - Developing Truly Integrated Care

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



TALKING PAIN OUR WAY: MACEDONIAN CHRONIC PAIN SELF-MANAGEMENT

This initiative was developed in response to low health literacy about pain rehabilitation, psychosocial and cultural normalisation of ageing and pain, and low attendance to Illawarra Shoalhaven Local Health District (ISLHD) Chronic Pain Services among lower literacy older Macedonian speaking women.

The program supports consumers to share cultural and experiential knowledge to adapt program content, while enabling pain self-management and program sustainability. Consumer relationships have been strengthened to produce a targeted and supported model of care, while establishing community word of mouth to support referrals to Macedonian chronic pain management programs.

This is the first Macedonian Chronic Pain Self-Management Group conducted in NSW.

Innovative elements included:

- Training for bilingual facilitators by experienced trainers and the Agency of Clinical Innovation (ACI) Pain Network.
- Macedonian program materials locally translated and tested with low literacy consumers.
- Recruitment through community outreach sessions and pre-program interviews
- Chronic Pain Service (CPS) eligibility assessment pathway working with referring General Practitioners.
- The women consistently provided feedback and suggestions to tailor all program content and influence the development of new culturally specific resources.

Newly developed culturally specific rehabilitation resources have been distributed throughout ISLHD and to the

ACI for state-wide use. These translated and culturally adapted materials, and learnings, will inform future pain management programs targeting the Macedonian community in NSW.

After 6 weeks the group reported a significant increase in the use of daily home based relaxation and exercises, increases in mental wellbeing and mobility, reduction in pain intensity and interference, and improved confidence in pain self-management. With ongoing home based exercise and relaxation techniques the women have reported substantially reducing disability despite persisting pain.

Participant benefits include:

- Avoiding unnecessary GP appointments. A minimum total of 45 hours for fifteen participants was saved during the program.
- Some women also reported reduced costs by not re-filling prescriptions for pain and sleep medications.

73% of participants reported no longer using pain medications or used them sometimes instead of daily.

53% of participants reported ceasing sleep medications.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 1 - Keeping People Healthy

Direction 3 - Developing Truly Integrated Care

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

4

A workplace culture that drives safe and quality care



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

ISLHD IMPROVEMENT SCIENCE PROGRAM

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

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

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

The program is delivered in two components:

1. Theory - Two Day Improvement Science Methodology Workshop - Participants are required to attend a two-day

Illawarra Shoalhaven Local Health District is one of the region's largest employers with a workforce of more than 7,300 staff. The staff of the Illawarra Shoalhaven Local Health District are our greatest asset, and we are proud of our performance in developing a workplace culture that is focussed on safety and quality. The development of capable, agile, resilient and inspiring individuals is vital in ensuring that we have the leaders of tomorrow.

workshop where they will learn the theoretical aspects of the improvement science methodology. Following the workshop, participants attend monthly group meetings to further enhance their skills in project management encompassing active learning sets and practical exercises.

2. Practical - Conducting an Improvement Project in the Workplace - This component is designed to assist participants to develop their leadership and project management skills through implementation of a quality improvement project. Learning is further enhanced through individual and group coaching and mentoring sessions with trained Improvement Science Advisors. Key milestones are presented via a poster and PowerPoint presentation at the End-Point Presentation Day.

Congratulations to the 15 participants of the 2020/2021 Improvement Science Program who graduated on the 29 April 2021. The Improvement Science Program ran over a 13 month period from March 2020 to April 2021.



The **Best Project and Best Poster** was awarded to Sarah Jennings and Stacey Atkins from Shoalhaven District Memorial Hospital Speech Pathology Department, for their project titled *Don't Let it HAPpen - Reducing the Rate of Hospital Acquired Pneumonia in ISLHD*. The project demonstrated a 75% maintenance or improvement in patient's oral scores and a 34% average increase in staff knowledge and confidence in delivering best practice oral and denture care.

A **Special Commendation** was awarded to Katherine Smithers, for her project titled *Lose the Long Length of Stay*. The project aimed to decrease the average length of stay at Bulli Hospital and Aged Care Centre (BHACC) from 18 days to 14 days to meet the expected length of stay. To date the team have successfully reduced the average length of stay by 2.9 days, to 15.1 days average length of stay.

IMPROVEMENT SCIENCE ADVISOR TRAINEE PROGRAM

The Improvement Science Advisor Trainee Program was developed by the Clinical Governance Unit in 2017. Trainees are required to complete the Improvement Science Program, followed by 9 months of additional training to successfully complete all the required components of the program. Congratulations to Rach Ellem who successfully completed the program this year. Rach will now go on to be a trainer and improvement science advisor for the new ISLHD Quality and Safety Essentials Pathway in 2022.



LEADING QUALITY THROUGH THE CCCs

Compassion and Person- Centredness
Care Based on Evidence and
Connecting complimentary data sets

Leading quality through the CCCs is a continuation of the discoveries made by the Illawarra Shoalhaven Local Health District (ISLHD) Nursing and Midwifery Research Unit and Essentials of Care Co-ordinators while performing and facilitating the Safety Attitudes Questionnaire (SAQ) Study across the Local Health District (LHD) in 2018, 2019 and 2020. The result of performing the SAQ highlighted variability in safety and quality culture, perceived accountability for actions, and different leadership styles across the healthcare system. The relationship between safety culture and both clinical outcomes and patient experience, is well known therefore it was important to continue the pursuit of a strong safety and quality culture.

Funding was received from the Nursing Midwifery Reserve Strategy Funding to continue the great work, striving for person-centred compassionate leadership that integrates evidence-based safe and quality care, supported by complimentary data sets.

Evidence was gathered from safety and quality leading staff within the LHD, Nurse Unit Managers whose departments performed highly in the SAQ, a further 60 Nurse and Midwifery Unit Managers, and a number of Operational and Nurse Managers. In addition, this data was combined with focus group data gained from a further 285 staff in teams working toward cultural change. Using supporting data from the SAQ, the People Matters Survey and consumer feedback, the Project Manager for Leading Quality through the CCCs and the Nursing and Midwifery Leadership and Culture Nurse Managers have partnered to develop a pathway for nursing and midwifery leaders. The pathway, and the programs that sit within it, will assist in education, training and career progression for nursing and midwifery leaders, but ultimately assist them to lead positive quality and safety cultures. The pathway will draw on the offerings of the Health Education and Training Institute (HETI) and the Clinical Excellence Commission (CEC), as well as utilising the outstanding knowledge and expertise of professionals already working within our LHD. The goal is to develop a program which can be sustained over several years.

The program will offer masterclasses in a range of requested topics in order to meet the project aims, be supported with mentoring and clinical supervision, whilst at the same time create a community of practice of high performing nursing and midwifery leaders.

ALIGNED TO NSW STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

Strategy 1 - Supporting and Developing our Workforce

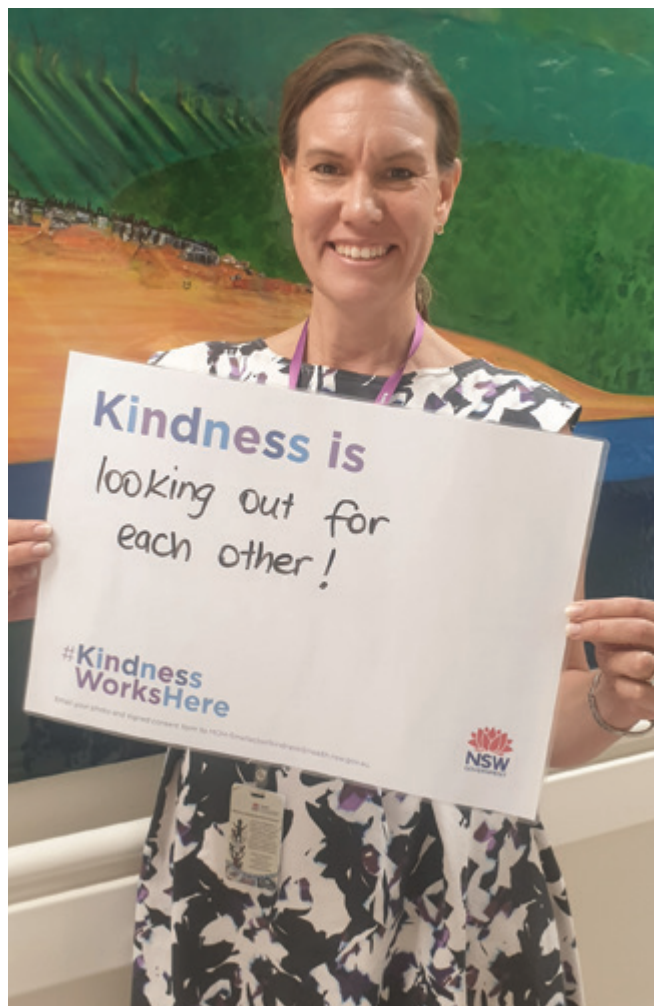
Aligned to ISLHD Strategic Priority

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

KINDNESS WORKS HERE

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

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





ACHIEVEMENTS IN IMPROVING WORKPLACE CULTURE

Ditch the Dump - Allied Health Education & Training

The delivery of education and training within Illawarra Shoalhaven Local Health District (ISLHD) Allied Health Services did not consistently use evidence based adult learning principles and staff often worked in silos. In 2018, only 22% of Allied Health disciplines conducted simulation training in high priority areas (areas aligned with strategic priorities, deemed high risk, and/or considered a high need for education and training).

The aim of this project was within 9 months, 100% of Allied Health disciplines would deliver education and training in high priority areas in line with evidence based adult learning principles.

A best practice flowchart was implemented to provide a consistent process and ensure a collaborative approach to Allied Health Educators working together. In addition, a performance and education development register, video, champion's group and resource inventory was implemented.

This project is on its way to achieving the aim of improving consistency of ISLHD Allied Health education and training using evidence-based adult learning principles with 8/9 (89%) Allied Health disciplines completing simulation training in a high priority area. No incidents have occurred

Valuing innovation and collaboration that encourages and empowers health care teams to provide evidence based education and training that is translatable to clinical practice improving patient care and patient outcomes.

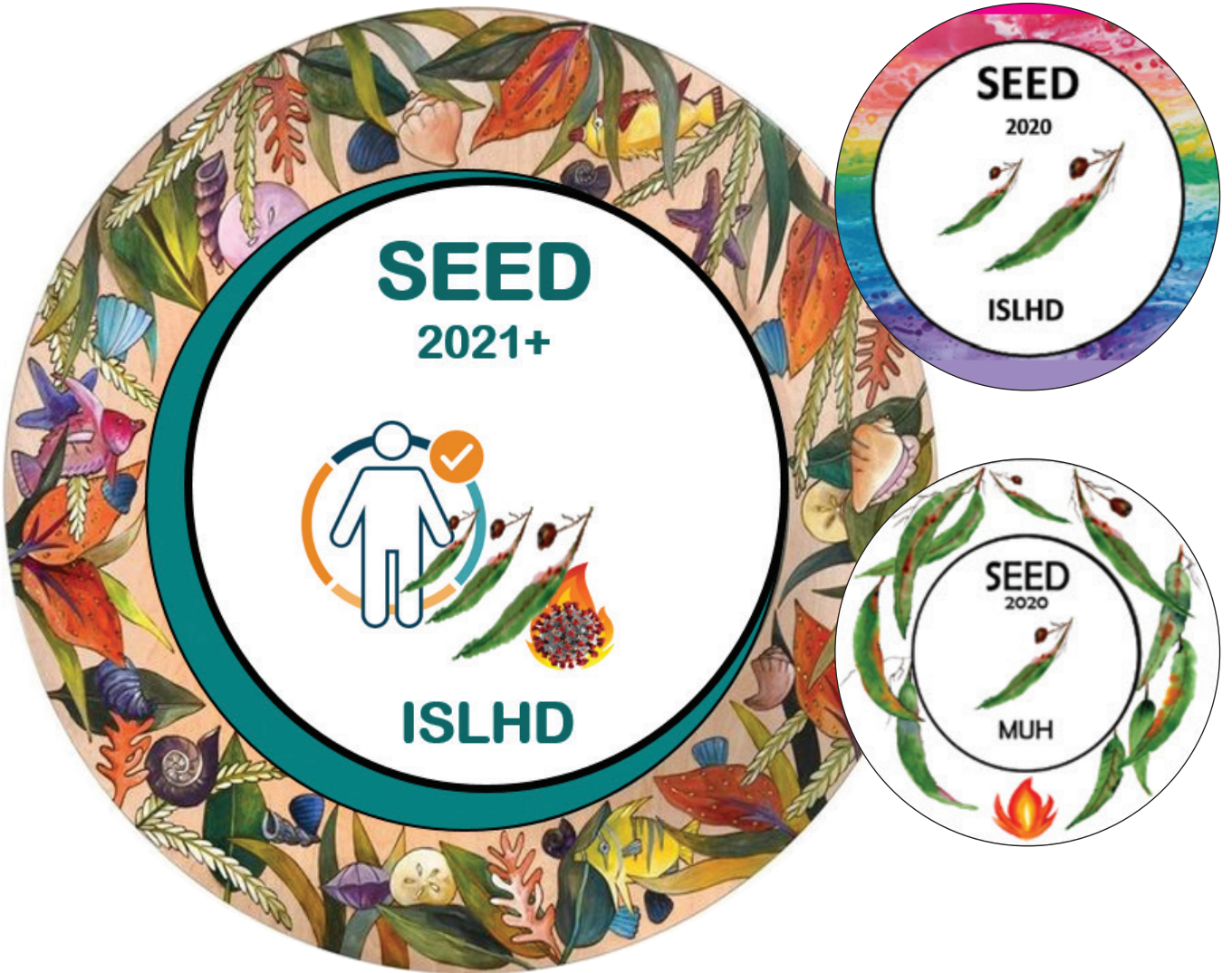
post simulation training in the targeted high priority areas. For all Allied Health disciplines, 86% of participants (n=108) rated their simulation education and training experience as 'excellent' and 'very informative'. For post simulation evaluations, 100% of participants (n=126) 'agreed' or 'strongly agreed' that the highest risk learning objective was achieved.

ALIGNED TO NSW STATE HEALTH PLAN

Strategy 1 - Supporting and Developing our Workforce

Aligned to ISLHD Strategic Priority

- Excellence in models of care, health programs and health services
- An engaged and high performing workforce for the future
- Innovation, agility and learning for continuous improvement



The SEED Program II

It is often said that navigating hardships can make us stronger, and life has certainly challenged us like never before over the past year. But from adversity, some of the most amazing things can grow.

One of the standouts for our Local Health District (LHD) is the ongoing development of the SEED Program; created to support staff at Milton Ulladulla Hospital deal with the devastating bushfires that tore through their community in January 2020.

Knowing SEED has made a real difference to Milton Ulladulla Hospital, it is little wonder that the team was keen to share their lessons, their insight and their motivation to enable colleagues from around the LHD to also benefit from this wellbeing initiative.

SEED II is now guiding the implementation of wellness

projects around the LHD, using the framework of preparedness for change. Teams across our LHD are now embracing SEED objectives including change, connection, growth and strength. This project is also breaking down silos and being able to contribute to collaborative connections across hospitals which means our staff, our LHD and our community can benefit from the knowledge and strength of our colleagues in Milton Ulladulla.

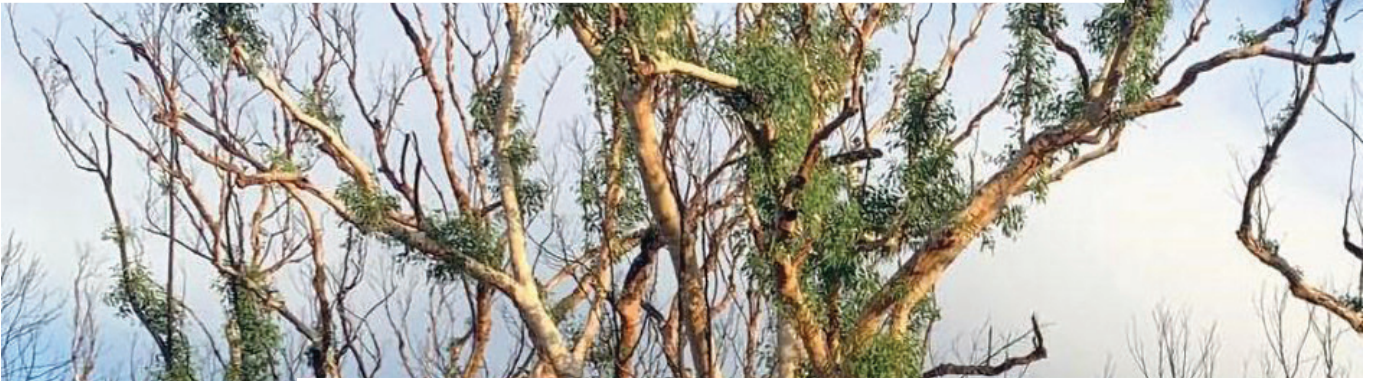
Supporting staff to get through tough times, the SEED Program continues to deliver strength and hope for a

ALIGNED TO NSW STATE HEALTH PLAN

Strategy 1 - Supporting and Developing our Workforce

Aligned to ISLHD Strategic Priority

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



On 26th November 2019, fires ignited in the lower Shoalhaven region. It raged for 74 days, burning hundreds of hectares and destroying 312 homes. Sadly, two souls were lost. An urgent need to address the psychological impact of the bushfires on affected communities and the staff that care for them was recognised. From this the SEED Program was born at Milton Ulladulla Hospital (MUH).

The SEED Program utilised Participatory Action Methodology to ascertain the needs of staff, and implemented five initiatives that applied strength-based training and peer support. It built resilience and aided recovery processes, while preparing the staff to better cope with and work within future disasters.

Going forward, the SEED Program has recognised opportunities, not just challenges, for organisational growth and development. Following the success of SEED at MUH, further staff consultation across the LHD has taken place to identify areas of opportunity to improve the capacity for healthcare professionals to acknowledge their inner strengths and provide peer support. In honour of staff at MUH, the Program has kept the title the "SEED Program" while acknowledging the individualised needs of each hospital:

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

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

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

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

SEED II provides a framework for supporting staff to identify, collaborate and find a common voice that fosters promotion and implementation of staff wellness in times of need. The skills learnt through SEED II will inform future change preparedness and improve the capacity of healthcare professionals to manage their own psychological health. Like the original SEED Program at MUH, SEED II has proven that hardships are a great leveller and wellness is a significant space where we all sit as equals. Together, a true person-centred workplace has been created.



MILTON ULLADULLA HOSPITAL SEED PROGRAM DOCUMENTARY

To celebrate the Milton Ulladulla story of the SEED Program a documentary has been developed to pay tribute to the challenging months experienced by MUH staff and the wider Milton community. The creation of the film "gave us an opportunity to tell and capture our stories so they won't be forgotten... it is our collective healing."



"In recognition of staff at MUH, the Program has kept the title the 'SEED Program' while acknowledging the unique needs of each hospital."

"If an egg is broken by an outside force, life ends. If broken by an inside force, life begins. Great things always happen from the inside. SEED is one such Program that has evolved from the inside-out."

"SEED II has provided an opportunity to embed sustainable change for staff wellness by recognising that staff are the most knowledgeable about their own wellness."

"We consider ourselves truly fortunate to have been able to meet the brave and spirited staff at Milton Ulladulla Hospital."

"I felt so inspired that our organisation was truly valuing and caring for me and my colleagues. SEED is a real turning point for me."

"SEED II has evidently contributed to innovation by using a collective model of leadership through inter-hospital connection and collaboration."

"It was shown that positive changes in culture are possible when there is collaboration, commitment and courage."

"This Program needs the recognition as it certainly bridges the missing link for some of us. We now feel valued that our leaders trust us to be the experts of our own wellbeing."

"I have learnt over the past eight months to trust in the SEED process. Be prepared, but also allow things to unfold at its own pace."

"It is in times like these, when we have lost one of our dear colleagues, that programs like SEED are even more important to face our vulnerability. I wonder how many more SEEDs we can plant?"

"Like the original SEED Program at MUH, SEED II has proven that hardships are a great leveller and wellness is a significant space where we all sit as equals."



MILTON ULLADULLA HOSPITAL SEED PROGRAM DOCUMENTARY

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22ND ANNUAL NSW HEALTH AWARDS 2020



#NSWHealthAwards
A COVID Safe event



2020 NSW HEALTH AWARDS WINNER

Our Local Health District was well represented at the 2020 NSW Health Awards with our Drug and Alcohol Service winning the Transforming Patient Experience Award.

The team's winning project targeted Multicultural Alcohol and Drug Use. The team partnered with our Health Care Interpreter Service and Multicultural Health Service to create a series of films in 16 languages on how to access drug and alcohol support services. Multicultural consumers

and groups were also proactively involved in every aspect—identifying need, messages, scripting, filming, editing and promotion. The co-design methodology enhanced trust and built sustainable partnerships. The video resources address health literacy, stigma and cultural barriers to help improve harm minimisation strategies. They have had over 1,400 YouTube views, and bookings and culturally and linguistically diverse (CALD) community workshop participation for drug and alcohol information have more than doubled.

2020 ISLHD NURSING AND MIDWIFERY AWARDS

Across 9 categories there were 124 staff nominated for the 2020 Nursing and Midwifery Awards, which is a testament to how many dedicated and hardworking staff we have working in our organisation. The winners of each category are as follows:



Excellence in Nursing - Assistant in Nursing: Serena Vallieres - COVID-19 Clinic, Shellharbour Hospital



Excellence in Nursing - Enrolled Nurse: Tracey Rawlings - Wollongong Community Health Centre



Excellence in Innovation - Education: Nadine Taylor - District Midwifery Educator, Maternity Services



Excellence in Innovation - Research: Sarah Kalchbauer - Project Officer: Building a sustainable quality and safety culture, District Nursing and Midwifery Directorate



Excellence in Nursing - Clinical Leadership: Amy Purkiss - PACE Clinical Nurse Consultant, Shellharbour Hospital



Excellence in Midwifery - Registered Midwife: Donna McDermid - Binji and Boori Midwife, Aboriginal Maternal Infant Child Health



Excellence in Nursing - Registered Nurse: Caroline Hand, Clinical Nurse Specialist, Renal Unit, Shoalhaven Hospital



Excellence in Nursing - Management: Svetlana Bosevski – Nurse Unit Manager, A5 COVID-19 Ward, Wollongong Hospital

Team Award for Excellence in Nursing: A5 COVID-19 Team (C3 West), Wollongong Hospital (Award accepted by Svetlana)

2020 NSW EXCELLENCE IN NURSING AND MIDWIFERY AWARDS

Winner of 'Team of the Year' category
Shellharbour Hospital COVID-19 Assessment Clinic Team

Finalist in the 'Judith Meppem Leadership Award' category
Monica Dale from the ISLHD Emergency Management and Disaster Unit

2021 NSW EXCELLENCE IN NURSING AND MIDWIFERY AWARDS

Finalist in the 'Judith Meppem Leadership Award' category
Deborah Cameron, Executive Director of Nursing and Midwifery Services Clinical Governance

Finalist in the 'Aboriginal Nurse / Midwife of the Year'
Matthew White, Shoalhaven District Memorial Hospital

Finalists in the 'Healing Heart Award for exceptional care' nominated by patients/consumers or their families/carers.
Jennifer Greed, Shoalhaven District Memorial Hospital
Alison Millar, Palliative Care After Hours
Nicole Clegg, Community Nursing



STRATEGY 1: KEEP PEOPLE HEALTHY

Childhood Obesity

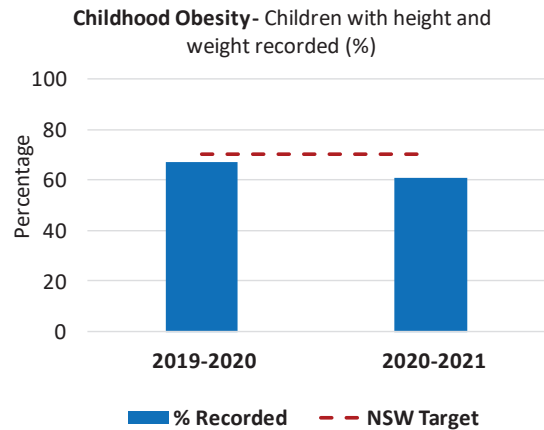
Children with height and weight recorded

Target 70%

2019-2020 Result = 67%

2020-2021 Result = 61%

ISLHD saw a significant decline in the Routine Height and Weight measurements in the Paediatric Inpatient Setting. This will be a focus for 2022.



Smoking during Pregnancy

Aboriginal Women

Target = 2% decrease on previous year

2019-2020 Result = 41%

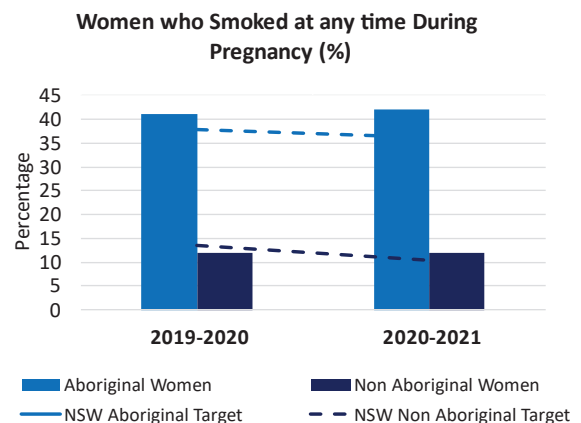
2020-2021 Result = 42%

Non Aboriginal Women

Target = 0.5% decrease on previous year

2019-2020 Result = 12%

2020-2021 Result = 12%



Pregnant Women Quitting Smoking

By second half of pregnancy

Target = 16.2%

Aboriginal Women

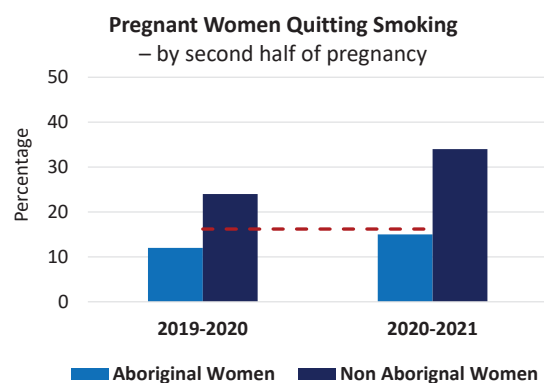
2019-2020 Result = 12%

2020-2021 Result = 15%

Non Aboriginal Women

2019-2020 Result = 24%

2020-2021 Result = 34%



IMPROVEMENT STRATEGIES INCLUDE:

Development of a new pathway for women to receive nicotine replacement therapy. They receive an initial phone consultation and then ongoing text messaging support. Referrals can also be made from midwives.

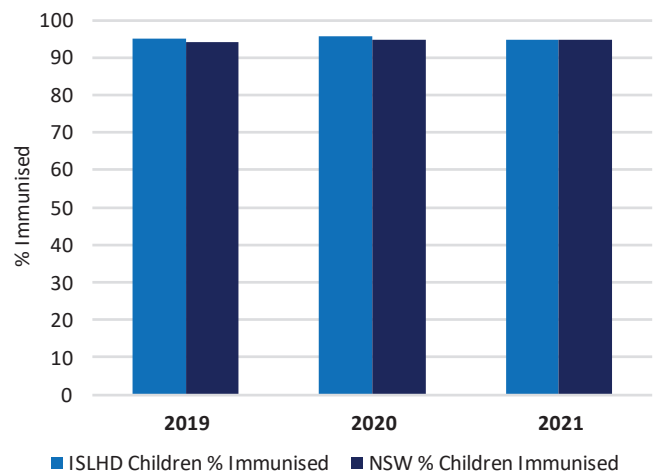


Children Fully Immunised at one year of age (%)

	2019	2020	2021
ISLHD	95.1%	95.7%	94.8%
NSW	94.2%	94.8%	94.6%



Children Fully Immunised at one year of age (%)

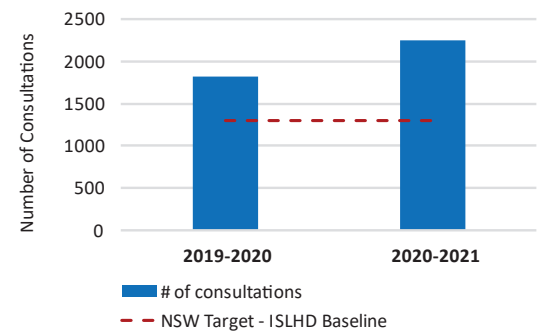


Hospital Drug and Alcohol Consultation Liaison

The Ministry of Health has kept a baseline of 1300 for ISLHD. There were 2250 consultations in the 2020-2021 financial year, 73% above the baseline and 23% above the previous financial year's activity. Activity is likely to increase with the recruitment of after-hours consultation liaison staff at Wollongong and Shellharbour Hospitals.

Quarter	2019 - 2020		2019 - 2020	
	Number of Consultations	% Above Target	Number of Consultations	% Above Target
1	443	36%	562	73%
2	442	36%	590	81%
3	466	43%	604	85%
4	469	44%	494	52%
Total	1820	29%	2250	73%

Hospital Drug and Alcohol Consultation Liaison



Hepatitis C Antiviral (HCV) Treatment Initiation

The ISLHD treatment initiation target for 2020-2021 is 240 per year (20 per month).

2019-2020 Result = ISLHD services initiated 62 residents on treatment, equaling 15.5% of the 2019-2020 treatment target (400 per year).

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

Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals

Target = 342

2019-2020 Result = 206

2020-2021 Result = 519

Breastscreen participation rates

2019-2021 Result

Women aged 50 to 69 years = 52.1%

Women aged 70 to 74 years = 56.9%

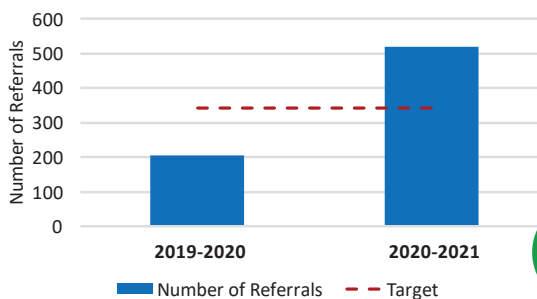
IMPROVEMENT STRATEGIES INCLUDE:

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

The **Hepatitis C Outreach** Bus will offer Hepatitis C testing, fibro scanning, treatment and education. It will expand drug and alcohol services to the wider community.

Dried Blood Spot (DBS) Testing is available at all drug and alcohol sites. Training by drug and alcohol staff is available to Mental Health Outreach Services and community locations as part of the Needle Syringe Program (NSP) Sonic project.

Get Healthy Information and Coaching Service
Get healthy in Pregnancy Referrals



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

- COVID-19 in 2020-2021.
- Closure of Crown Street Wollongong BreastScreen clinic from April 2021 for essential works.

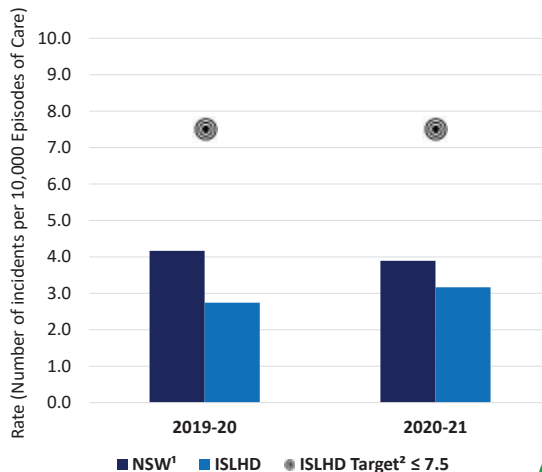
STRATEGY 2: PROVIDE WORLD CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST

Pressure Injuries

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

ISLHD achieved an excellent result for 2020-2021 with 3.17 incidents per 10,000 episodes of care, equating to 22 patients. Our target was to remain below the NSW average rate of 3.89. The target set for us by NSW Health in 2020-2021 was ≤ 7.5 incidents per 10,000 episodes of care.

Pressure Injuries
Stage 3 or 4, deep tissue or unspecified hospital acquired pressure injuries



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 6/9/2021



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

CONTINUAL IMPROVEMENT

Our strategies for preventing pressure injuries include:

- Pressure injury risk assessments when a patient is admitted to hospital.
- Monthly monitoring and reporting of pressure injury hospital acquired complications.
- Regular reviews of our documentation.
- Regular reviews of coding.
- Regular reviews of the staging of pressure injuries.

- Implementing action plans following our annual pressure injury audits.
- The Hospital Acquired Pressure Injury (HAPI) evaluation project -The HAPI Collaborative is a collaboration between ISLHD, Southern Cross University and a number of other Local Health Districts in NSW. The project aim is to identify areas for improvement to reduce pressure injuries. The improvement initiatives that ISLHD focused on were education regarding equipment and staging of pressure injuries.
- New static mattresses were introduced to improve pressure injury prevention and management.
- Ensuring the mattresses that are provided to our patients are of a high quality and replaced as required.
- An alternating air mattress is available for all patients at high risk of developing a pressure injury.

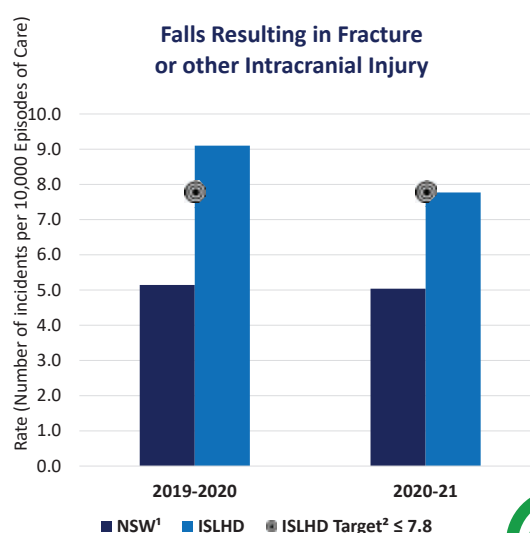
Falls

This complication includes falls occurring in hospital which result in a fracture or head injury.

Falls are one of the most frequently reported clinical incidents in hospitals around the world. Falls result in a longer length of stay, increased use of resources and rates of discharge to a nursing home.

54 ISLHD patients fell and suffered a serious injury in 2020-2021 with 7.77 incidents per 10,000 episodes of care. Our target was to remain below the NSW average rate of 5.039. The target set for us by NSW Health in 2020-2021 was ≤ 7.8 .

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



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 6/9/2021

CONTINUAL IMPROVEMENT

Our ongoing falls prevention strategies include:

- All falls resulting in injury (n=65, 2020) and 533 patient falls (2021) reviewed. Analysis of these results has identified causes, trends and areas improving or needing improvement.
- Monthly monitoring and reporting of all falls in hospital.
- Focus on identifying falls risk factors, toileting routine, intentional rounding and supervision in bathrooms.

- Implementation of ISLHD Falls Collaborative Care Bundle across all inpatient settings which includes, completing risk assessments within 4 hours, use of clinical judgement to guide risk, communicating for safety, post fall huddles and falls intervention plans. Evaluation is ongoing and progress is monitored by monthly falls working parties within each hospital group.
- Patient care boards have been implemented which include mobility status and risks.
- All members of patient care teams attend reviews and safety huddles. They review incidents and address falls strategies.

Hospital Acquired Infections

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

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

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

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

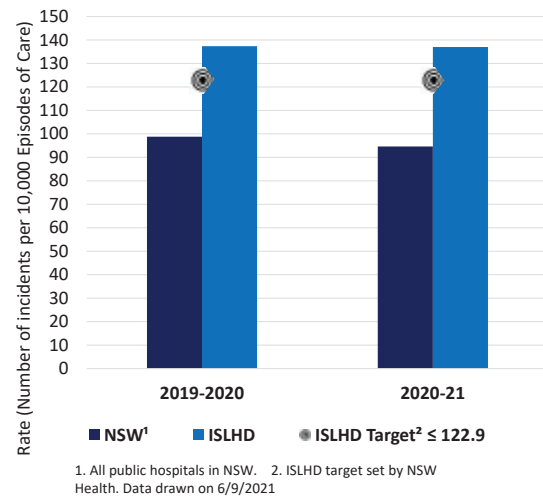
Our rate was 136.99 incidents per 10,000 episodes of care for 2020-2021. This is higher than the target set for us by NSW Health in 2020-2021 of ≤ 122.9 . It is also above the NSW average rate of 94.64 incidents per 10,000 episodes of care for 2020-2021.

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). Prompt identification of infection risks, and timely response to contain and mitigate the risk, with response evaluation and summary reports to ISLHD governance structure as necessary.
- Audits conducted regularly 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.

Hospital-Acquired Infections



- Results of audits and HAC reviews are used to identify education and other practice improvements with relevant groups of staff.
- Detailed review and reporting of specified HAI to NSW Health and the Australian Council for Healthcare Standards.
- Sepsis committee are monitoring how we recognise, escalate and treat patients with sepsis. A sepsis working party is working to identify facilitators and barriers to using sepsis care bundles in the Emergency Department. Tailored interventions will be used to develop a revised implementation toolkit.
- Pilot project to reduce hospital acquired pneumonia by improving oral health care.
- Working party to improve identifying clinical indications of Urinary Tract Infection (UTI), sampling and documentation.

Blood Clots

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

VTEs are one of the leading causes of preventable deaths in Australia. They account for almost 10% of all hospital deaths.

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

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

54 patients suffered a VTE in 2020-2021. Our rate is 7.77 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 slightly above the NSW average rate of 6.59 per 10,000 episodes of care for 2020-2021.

"VTE is one of the leading causes of preventable death in Australia, accounting for almost 10% of all hospital deaths."

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

Medication Complications

The three main medication complications that occur in hospital include:

- Respiratory complications or difficulty breathing due to medication
- Bleeding due to an anticoagulant (a medication to prevent and treat blood clots).
- Movement disorders or serious alteration to consciousness from psychotropic medication.

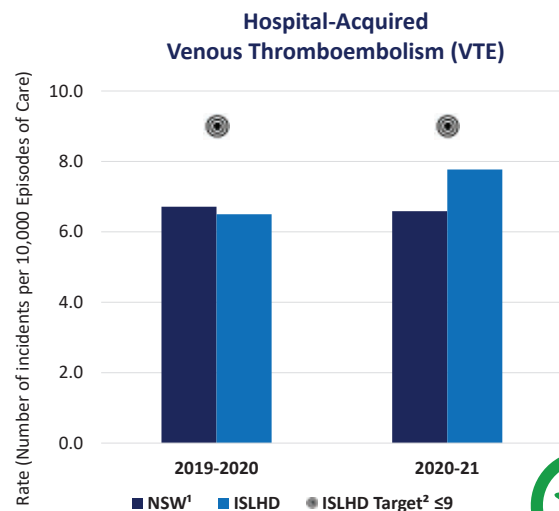
Medication complications in hospital cause pain and discomfort for patients. They also increase the length of hospital stay and the cost of admission.

Our rate was 14.97 incidents per 10,000 episodes of care for 2020-2021. This equates to 104 patients with medication complications. This is slightly higher than our target of less than 14.5 and above the NSW average rate of 9.53 incidents per 10,000 episodes of care in 2020-2021.

CONTINUAL IMPROVEMENT

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

"I had wished someone had provided an in depth explanation of all side effects of the medication that I was given."



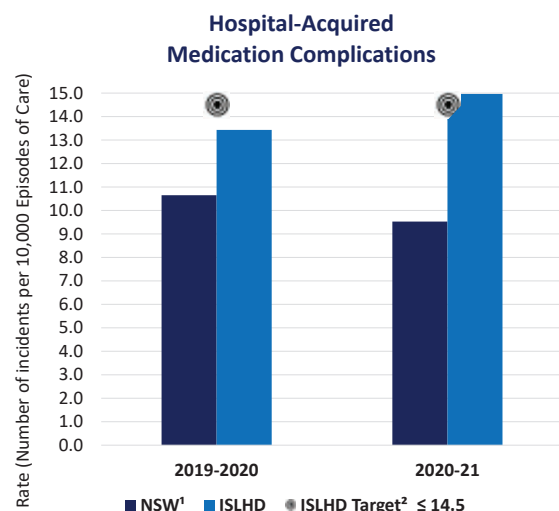
1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 6/9/2021



CONTINUAL IMPROVEMENT

Our strategies for preventing VTE include:

- Monthly monitoring and reporting of hospital-acquired VTE.
- Implementation of electronic VTE assessment form in patients' electronic medical record (eMR).
- Annual auditing to monitor compliance to policy and monthly reporting of VTE risk assessment completion rates.
- Ensuring patients at risk of VTE are identified and a prevention plan is developed and implemented.
- All incidents reported, reviewed and recommendations implemented.



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 6/9/2021

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
- Best possible medication history
- Medication reconciliation.

Patient quote from Bureau of Health Information (BHI) Adult Admitted Patient Survey 2019.



Neonatal Birth Trauma

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

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

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

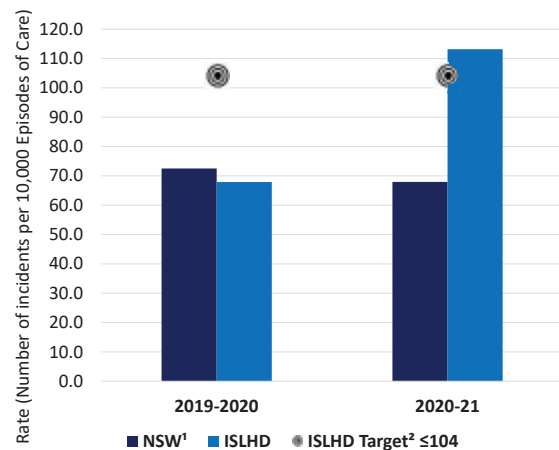
Our 2020-2021 results have increased, with an average rate of 113.15 per 10,000 episodes of care (total of 40 neonates). Our target is a rate of less than 104 and the NSW average rate is 67.93 per 10,000 episodes of care.

CONTINUAL IMPROVEMENT

Our prevention strategies include:

- Monthly monitoring and reporting of neonatal birth trauma.
- Incident reporting and regular case review, including documentation and coding.
- When a neonatal birth trauma is suspected, treated but later ruled out, this is documented clearly in the clinical notes. The clinical team reviews Neonatal Birth Trauma HACs in consultation with the coding team as required.

Neonatal Birth Trauma



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 6/9/2021

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

Vaginal Tears in Childbirth

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

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

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

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

Our rate of 335.27 per 10,000 episodes of care has improved since 2019-2020. We are below the ISLHD target of 393.9 but slightly above the NSW average of 310.11 per 10,000 episodes of care.

CONTINUAL IMPROVEMENT

Our ongoing prevention strategies include:

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

Respiratory Complications

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

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

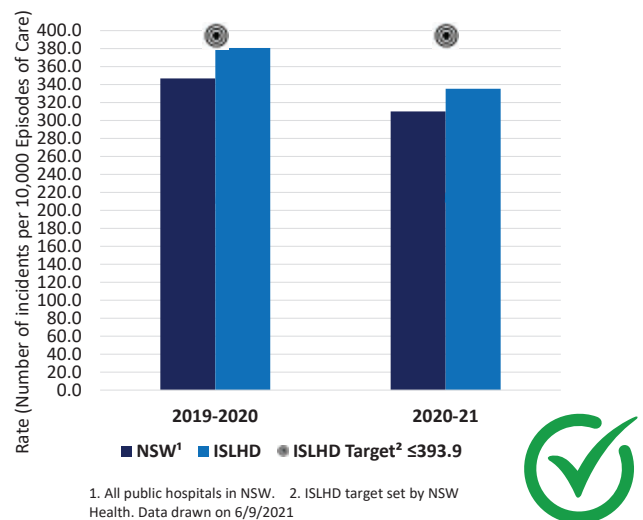
Our rate was 35.69 incidents per 10,000 episodes of care for 2020-2021. This equates to 248 patients with respiratory complications. This is higher than the NSW average rate of 24.189 per 10,000 episodes of care and the ISLHD target rate of less than 22.9 incidents per 10,000 episodes of care for 2020-2021.

CONTINUAL IMPROVEMENT

Our ongoing prevention strategies include:

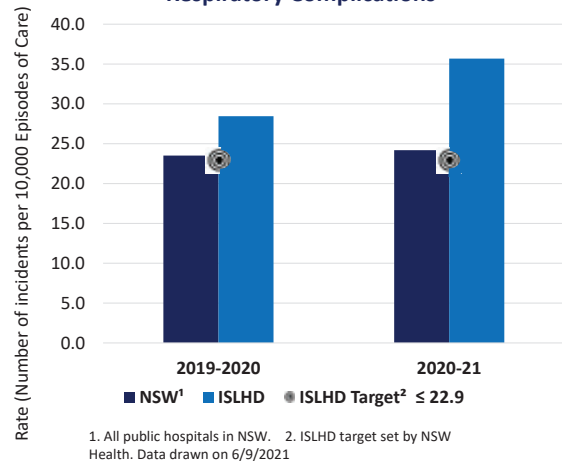
- Monthly monitoring and reporting of respiratory complications in hospital. Our most common type of respiratory complication is respiratory failure and aspiration pneumonia.

Vaginal Tears in Childbirth



- The Perineal Protection Care bundle, including new staff and consumer education.
- Consumer information on antenatal perineal care given to all women at 36 weeks gestation. Also, consumer information on vaginal tears and care is on the Patient Information Portal from the National Standards 3rd and 4th degree perineal tear Clinical Care Standard.
- A paediatrician is present at all births where there is birth trauma or risks identified, as per current ISLHD policy.

Hospital-Acquired Respiratory Complications



- Implementation of recommendations from a multidisciplinary HAC clinical review.
- Don't let it HAPpen! Reducing the rate of Hospital Acquired Pneumonia project at 3 pilot sites has shown a decrease of 9 aspiration pneumonia HACs in four months, which is a rate decrease of 63% (1.33 to 0.488 per 1000 patient days).

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

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

Renal Failure

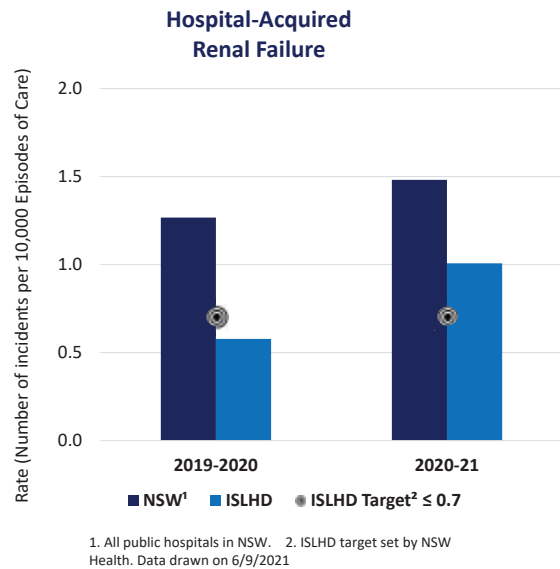
Hospital-acquired renal failure (or kidney injury) is acute and requires dialysis (treatment to filter the blood).

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

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

Hospital-associated acute kidney injury (also known as acute renal failure) is common. It may be caused by decreased blood flow in the kidneys due to low blood pressure or dehydration. It may also be caused by medications, recent surgery, radiographic contrast media, or sepsis. 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 1.007 per 10,000 episodes of care in 2020-2021. This equates to only 7 patients. While this is above the ISLHD target of a rate of less than 0.7, it remains below the NSW average rate of 1.481 per 10,000 episodes of care in 2020-2021.



CONTINUAL IMPROVEMENT

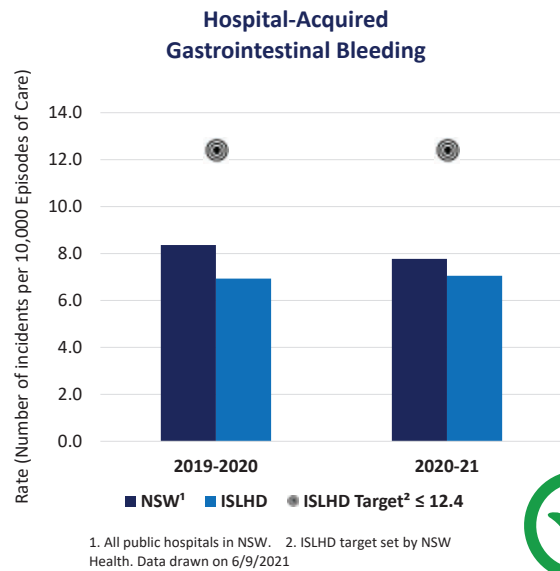
- Monthly monitoring and reporting of hospital acquired renal failure.

Gastrointestinal Bleeding

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

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

ISLHD achieved an excellent result again for 2020-2021 with a rate of 7.051 per 10,000 episodes of care. This equates to 49 patients. This is both below the ISLHD target rate of less than 12.4 and the NSW average rate of 7.772 per 10,000 episodes of care.



CONTINUAL IMPROVEMENT

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

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

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



Delirium

Delirium is a serious medical condition and appears as a sudden change in mental function.

Symptoms occur abruptly over hours or days. Delirium may cause the person to:

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

Delirium can occur to anyone. It is most common in older people who are in hospital, especially in people with dementia. Delirium leads to longer stays at hospital, increasing the risk for other complications. Delirium can lead to dementia or worsening of existing dementia. Delirium increases the risk of relocation to supported care from hospital, rather than independent living at home. There can be long-term impacts on everyday function and death.

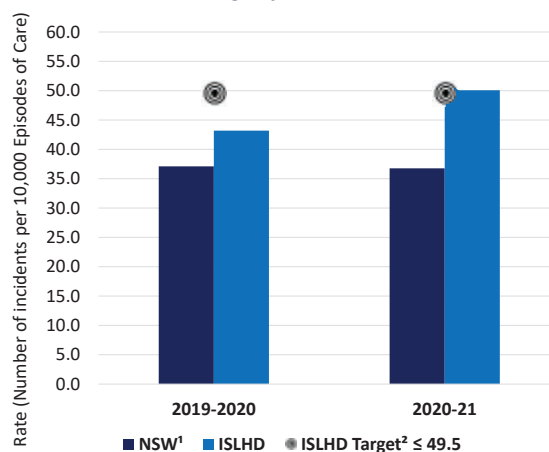
Our rate is 50.08 incidents per 10,000 episodes of care for 2020-2021. This is above the NSW Health target of less than 49.5 and the NSW average rate of 36.76 per 10,000 episodes of care for 2020-2021.

CONTINUAL IMPROVEMENT

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

- A multidisciplinary HAC clinical review to identify areas of improvement in the prevention and management of hospital acquired delirium.

Hospital-Acquired Delirium



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 6/9/2021

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

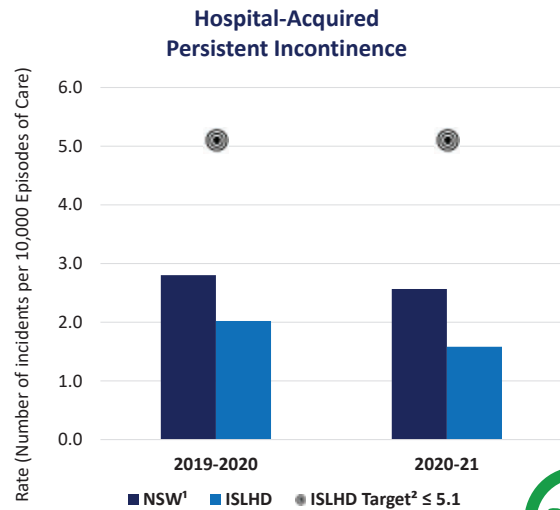
Persistent Incontinence

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

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

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

ISLHD has again achieved an excellent result for 2020-2021 with 1.58 incidents per 10,000 episodes of care. This equates to only 11 patients. We remained below both the NSW Health target rate of 5.1 and the NSW average rate of 2.57 incidents per 10,000 episodes of care in 2020-2021.



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 6/9/2021



CONTINUAL IMPROVEMENT

Persistent incontinence that occurs in hospital continues to be accurately identified and reported. Monthly review and reporting of persistent incontinence HACs continues. Patients with multiple HACs are regularly being reviewed by the clinical coding team to identify any coding errors.

Endocrine Complications

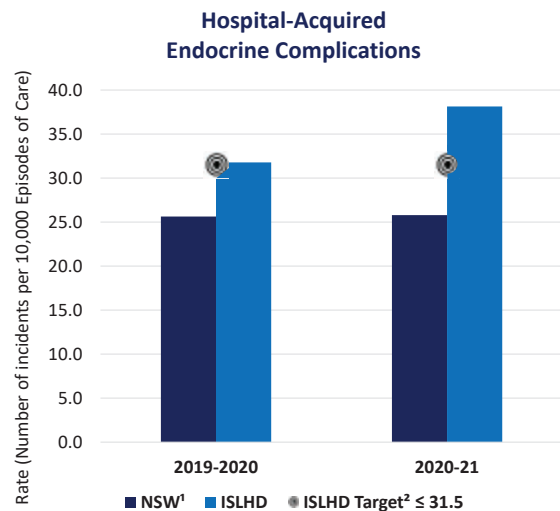
Endocrine complications in hospital include:

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

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

Malnutrition can develop from illnesses that cause poor absorption of nutrients or nutrient loss, or from diseases that cause increased nutritional requirements or impact 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 38.13 incidents per 10,000 episodes of care. This is above the NSW Health target of a rate less than 31.5 and the NSW average rate of 25.80 incidents per 10,000 episodes of care. 265 patients developed malnutrition or hypoglycaemia in hospital. Despite increasing endocrine HACs, malnutrition has significantly reduced from a rate of 7.656 in 2019-2020 to 6.898 (per 10,000 episodes of care) in 2020-2021.



1. All public hospitals in NSW. 2. ISLHD target set by NSW Health. Data drawn on 6/9/2021

CONTINUAL IMPROVEMENT

Malnutrition remains on the Local Health District's Clinical Risk Register. A malnutrition HAC clinical review was undertaken. 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 HAC 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 HACs using a standardised review tool
- Dietitians working in a number of multidisciplinary comprehensive care projects across ISLHD with a nutrition and hydration element including sarcopenia, falls, and enhanced recovery after surgery (ERAS).

Strategies for prevention and management of hypoglycaemia include:

- The hypoglycaemia policy was updated and an implementation plan is underway. A hypoglycaemia kit audit was conducted to standardise the inpatient hypoglycaemia kits.
- Regular monitoring and management of blood glucose levels according to policy.

Cardiac Complications

Cardiac complications in hospital include problems with the heart.

Cardiac complications include:

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

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

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

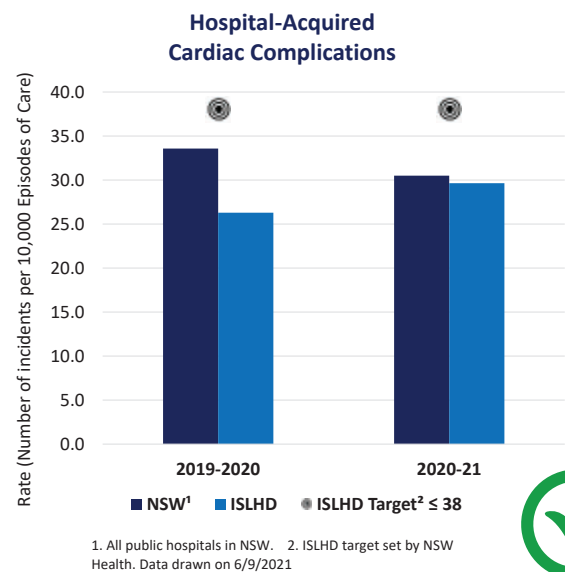
Cardiac complications in hospital may be caused by too much intravenous fluid, medicines not charted or the onset of another cardiac event.

ISLHD achieved a good result for 2020-2021 with 29.64 incidents per 10,000 episodes of care. This is below both the NSW Health target of a rate less than 38 and the NSW average rate of 30.50 incidents per 10,000 episodes of care. This equates to 206 patients.

CONTINUAL IMPROVEMENT

Strategies for the prevention and management of cardiac complications include:

- Emergency response protocol in place for cardiac events in hospital. This is monitored and reported monthly.



- Auditing of standard clinical observations. This includes variations to recommended frequency of observations for deteriorating patients.
- Clinical pathways are in place for cardiac complications. This includes acute coronary syndrome, heart failure, atrial fibrillation and more.
- Quarterly auditing of Acute Coronary Syndrome patient care and action plans implemented.
- Monthly monitoring and reporting of:
 - Hospital acquired cardiac complication rates
 - Time to unblocking and restoring blood flow to the coronary artery for STEMI patients.

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

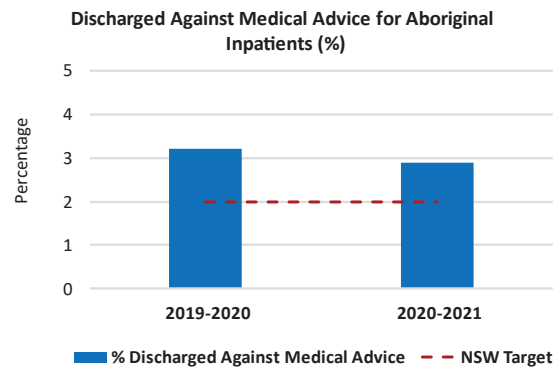
Discharged against Medical Advice for Aboriginal Inpatients

Target = < 2%

2019-2020 Result = 3.2%

2020-2021 Result = 2.9%

Aboriginal Health Strategy have been working with Emergency Departments at Shoalhaven, Wollongong, and Shellharbour Hospitals to implement the Aboriginal Hospital to Home Journey Booklet. The booklet was developed in partnership with Aboriginal Elders and community members. It addresses culturally appropriate care, discharges against medical advice, patients that did not wait for treatment in Emergency, health literacy, shared discharge planning, and continuity of care to primary health.



Unplanned Hospital Readmissions

Within 28 days of separation

Aboriginal persons

2019-2020 Result = 5.9%

2020-2021 Result = 4.4%

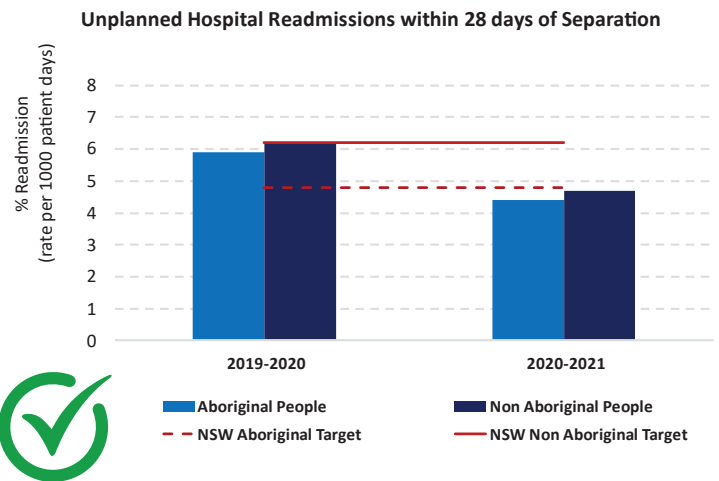
Target = 4.8%

Non-Aboriginal person

2019-2020 Result = 6.2%

2020-2021 Result = 4.7%

Target = 6.2%



Number of Patients Overdue for Elective Surgery

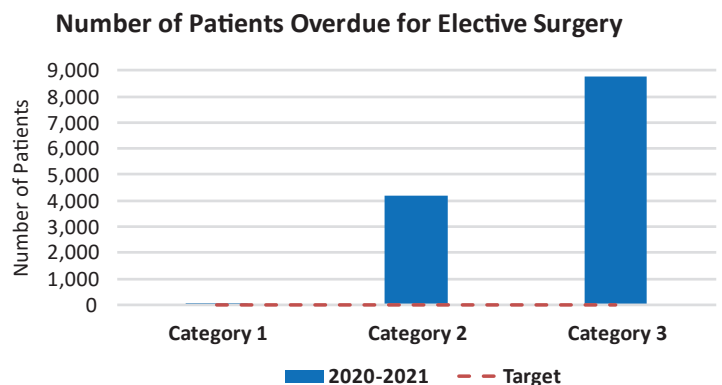
2020-2021

Category 1 = 21

Category 2 = 4181

Category 3 = 8782

Target = 0



Elective Surgery Access Performance

% of Patients Treated on Time

2020 -2021

Category 1 = 99.4%	Target = 100%
Category 2 = 66.3%	Target = 97%
Category 3 = 65.3%	Target = 97%

Paediatric Admissions from Elective Surgery Waiting List

2020-2021

Result = 782
Target = 1348
Variance from Target (Number) = -566

Collaborative Model with Private Providers for Elective Surgery

The Illawarra Shoalhaven Local Health District (ISLHD) complete over 14,000 elective surgeries each year.

ISLHD has always embraced a collaborative working relationship with private providers in our local area. ISLHD has engaged in outsourcing elective surgery to private providers for a number of years to ensure patients were receiving their surgeries within the clinically indicated time frames. Staff within ISLHD have worked hard with neighbouring private facilities to ensure the best care is provided for the ISLHD community. This collaborative model of outsourcing elective surgery gives patients additional opportunity to have their elective surgery completed by our expert local surgeons at a neighbouring private facility, all of which is coordinated by ISLHD.

The COVID-19 pandemic has added both challenges and opportunities to our service delivery. Staff within the Division of Surgery have taken the initiative to use the time during this pandemic to work closely with our neighbouring private facilities to negotiate additional operating time for our public patients. Our local staff have the skills and experience needed to professionally negotiate these agreements. ISLHD staff must collaborate in an open and honest way, articulating the Public Hospital's requests to the providers while maintaining service in our primary facilities. It is in the communities best interest that we utilise all providers in the area including their theatres, surgeons and staff to care for and attend to public patients in the private facility.

Post the Elective Surgery cessation in early 2020, our LHD outsourced over 1800 surgical procedures to private facilities to assist in reducing the number of patients waiting beyond their clinically recommended timeframe by over 900. This has meant that during the current COVID pandemic, patients needing elective surgery have been treated in a timely, efficient manner.

There is a fine line between balancing what is provided privately and what we can safely provide in our hospitals during this pandemic response. The hospital needs to remain COVID ready with wards, Intensive Care Units and staff ready in anticipation of a surge of local positive patients.

The current COVID pandemic has solidified this model of care and the district will continually work with these providers to improve the care for our patients.

Overall Patient Experience Index

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

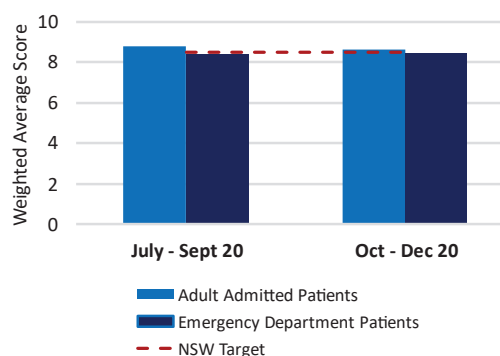
How would you rate how well the health professionals worked together?

How well organised was the care you received in hospital?
Overall rating of care received

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

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

Overall Patient Experience Index



Patient Engagement Index

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

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

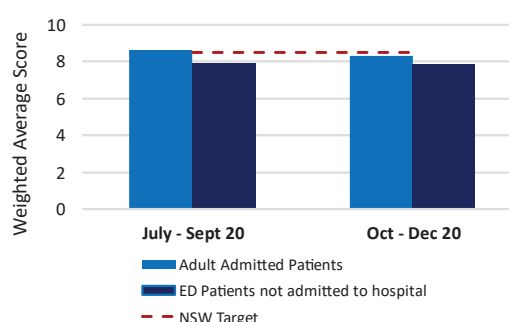
Were you involved, as much as you wanted to be, in decisions about your care?

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

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

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

Patient Engagement Index



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

Emergency Treatment Performance

Patients with total time in the Emergency Department ≤ 4 hours

Target = > 81%

2019-2020 Result = 60.2 %

2020-2021 Result = 57.9%

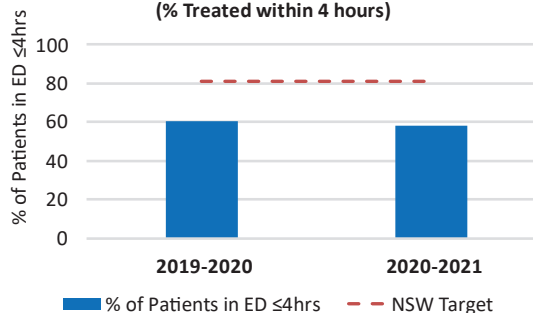
Emergency Departments(EDs) implemented new Models of Care

Fast Track

A Fast Track model of care has been implemented, replacing the subacute model of care and is for patients presenting to ED with low acuity illnesses and injuries who are likely to be discharged within 4 hours of arrival. Patients are identified for Fast Track at triage using the Fast Track exclusion criteria as a guide. The Fast Track is staffed by experienced Nurse Practitioners, ED medical officers and nursing staff who see and treat patients in this area to facilitate discharge within 4 hours.

The Fast Track model of care has seen significant reductions in ED length of stay for non-acute presentations, an improvement in all triage category benchmarks, and an increase in discharges within 4 hours of arrival.

Emergency Treatment Performance (% Treated within 4 hours)



ED Short Stay Area (ESSA)

ESSA is an inpatient unit attached to the ED for treatment and observation of ED patients. ESSA units assist with ED patient flow by allowing those who require greater than 4 hours treatment or observation to be managed in a separate area.

The new models of care have contributed to a significant and sustained improvement, the outcome of which is the hospital admission avoidance of more than 30 patients per day.

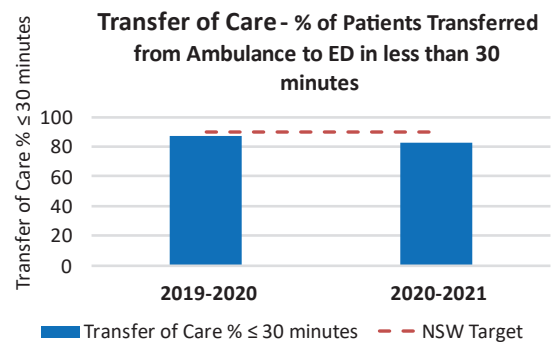
Transfer of Care

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

Target = > 90%

2019-2020 Result = 87.4 %

2020-2021 Result = 82.8%



Emergency Department Presentations

Treated within Benchmark (%)

2020-2021

Triage 1 = 100%

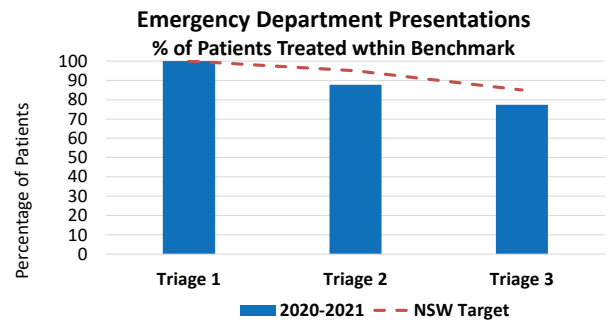
Target = 100%

Triage 2 = 87.8%

Target = 95%

Triage 3 = 77.4%

Target = 85%



Emergency Department Patient Experience Officer Program

The ISLHD Emergency Department (ED) Patient Experience Officer (PEO) Program is a collaborative program with the NSW Ministry of Health (MOH) as part of the Elevating the Human Experience initiative. The PEO program aims to improve patient experience in EDs by creating an environment where consumers feel welcomed, safe, and empowered through the facilitation of effective communication between patients and clinicians.

The ISLHD PEO program commenced in early 2020 and currently consists of 5 full time equivalent positions across Wollongong, Shellharbour, and Shoalhaven Memorial District Hospital Emergency Departments. There is currently a mix of Aboriginal and Torres Strait Islander targeted and non-targeted positions to assist in providing a culturally appropriate environment for our consumers from their initial engagement with the ED.

The PEOs positively impact on the experience of our consumers in the ED and have demonstrated the following benefits:

- A decrease in complaints
- A marked increase in compliments
- Reduced waiting room security call outs.

"I can see the difference that having someone in the ED waiting room makes. Someone who can take the time to explain some of the processes. Some people can come in very anxious and unwilling to stay, even if they need to, but after speaking to them and following through, they do end up staying and receiving the care that they need. I like being able to be someone that people feel they can have a conversation with, someone that may be able to distract them from their anxiety and pain while they are here."

The PEOs are an integral part of the ED team and approach situations with a consumer-focused perspective and work to meet the needs of each individual consumer they engage with. The PEO program will continue to be funded through until 2024. This will see the great work of the PEOs continue to elevate the human experience for our community members presenting to ISLHD Emergency Departments.

STRATEGY 3: INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE

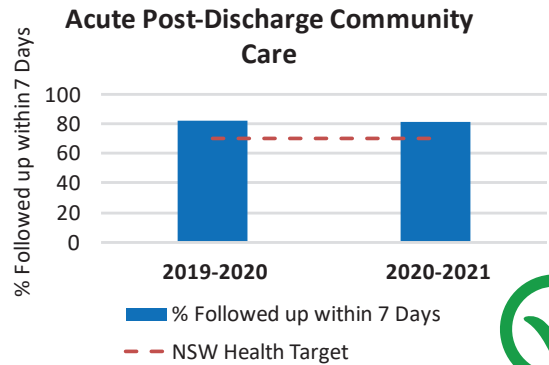
Mental Health: Acute Post-Discharge Community Care

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

Target = $\geq 70\%$

2019-2020 Result = 81.7%

2020-2021 Result = 81.1%



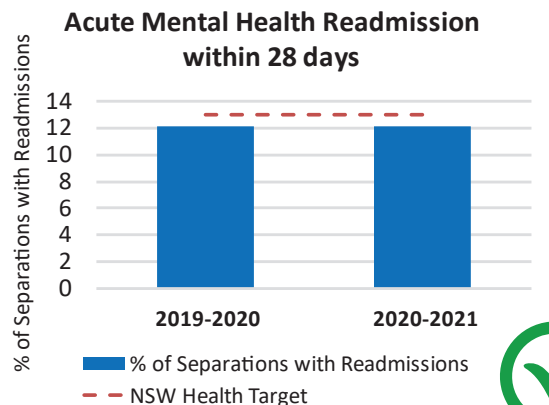
Mental Health: Acute readmission within 28 days

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

Target = $\leq 13\%$

2019-2020 Result = 12.1%

2020-2021 Result = 12.1%



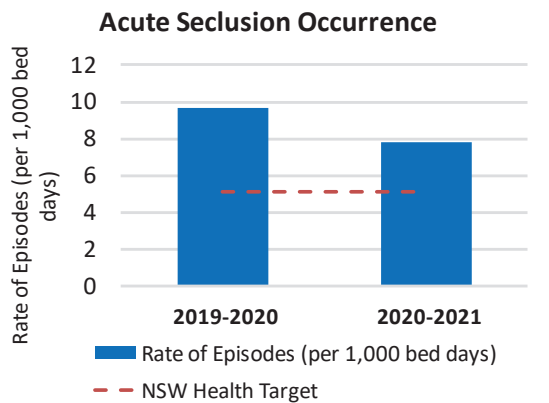
Mental Health: Acute Seclusion Occurrence

Rate of Episodes (per 1,000 bed days)

Target = ≤ 5.1 per 1000 bed days

2019-2020 Result = 9.7%

2020-2021 Result = 7.8%



Improvement initiatives include:

Improvement initiatives include a new localised procedure for seclusion restraint for Mental Health units being developed incorporating Ministry of Health policy and the latest evidence-based strategies for seclusion and restraint reduction, including debriefing consumers and staff after a seclusion or restraint event.

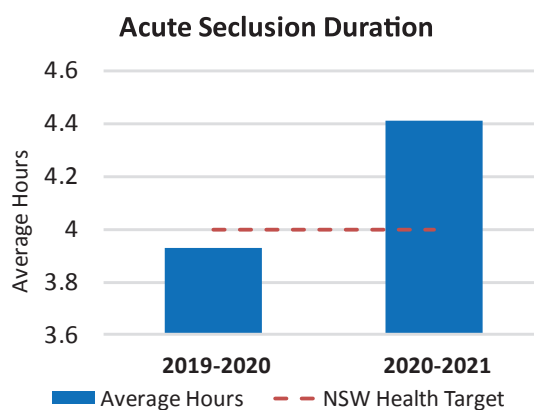
Mental Health Services have been implementing or enhancing a range of new principles, values and prevention strategies, including sensory rooms, sensory modulation interventions, individualised care plans, safety planning and meaningful group programs.

Increased staff education has included practices to maximise a person's choices, rights and freedom, promotion of safety for all and a focus on legislative basis.

Mental Health: Acute Seclusion Duration

Average hours

Target = < 4 hours
 2019-2020 Result = 3.93 hours
 2020-2021 Result = 4.41 hours



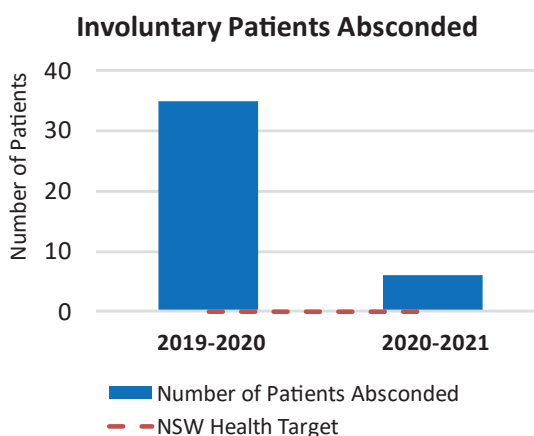
Mental Health: Involuntary Patients Absconded

From an inpatient mental health unit - Incident Types 1 and 2

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

Target = 0
 2019-2020 Result = 35
 2020-2021 Result = 6

Type 1 = 5 Type 2 = 1

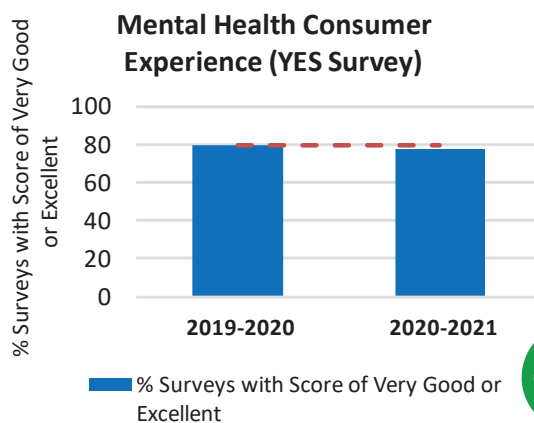


Mental Health Consumer Experience

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

Target = 80%
 2019-2020 Result = 80%
 Inpatient return rate = 26%
 Community return rate = 2%

2020-2021 Result = 78%
 Inpatient return rate = 40%
 Community return rate = 3%



The Mental Health Service Team Coordinator for Consumer Participation is working closely with Nurse Unit Managers and their teams to develop YES Survey Consumer Feedback action plans. The action plans are across inpatient units and community settings and focus on areas identified in the survey as needing improvement.

Emergency Department (ED) Extended Stays

Mental Health presentations staying in ED > 24 hours.

Target = 0

2019-2020 Result = 1.8%

2020-2021 Result = 1.7%

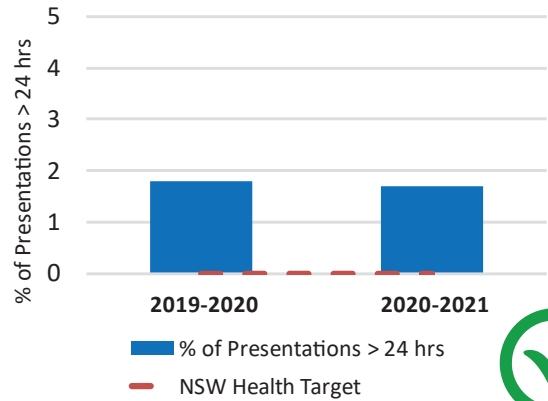
Mental Health Peer Workforce Employment

Full Time Equivalents (FTE) (Number)

2020-2021 Result = 8.4 FTE

Target = 6.7 FTE

Mental Health Emergency Department Extended Stays



Improvement initiatives include:

- Training for all Mental Health clinicians in ED to become accredited persons in line with a new procedure.
- As part of a review of Mental Health ED demand and resourcing, a Mental Health ED Nursing Unit Manager position is being created for centralised coordination of this clinical stream. Expansion of the Drug and Alcohol Clinical Nurse Consultant in ED will also improve MH assessment capacity. The Mental Health Service will also co-lead a proposed MH/ED working party with Critical Care Co-Directors to look at ED workflows district-wide.
- Development of the Mental Health ED Dashboard to ensure timely access to clinical performance data.

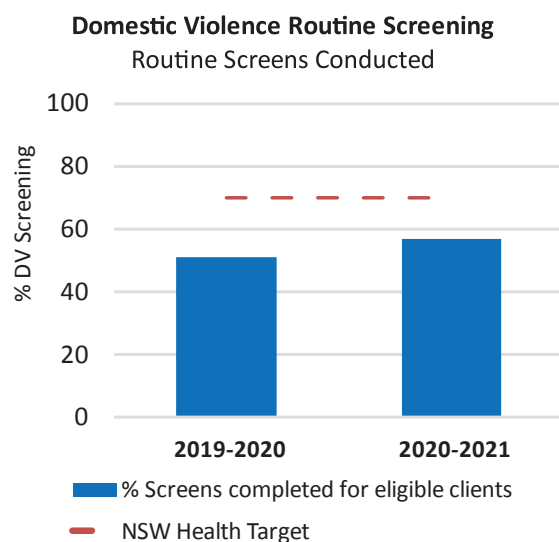
Domestic Violence Routine Screening (DVRS)

Routine screens conducted

Overall NSW State Target $\geq 70\%$

2019-2020 Result = 51%

2020-2021 Result = 57%



Drug and Alcohol and Mental Health have reached the target.

Child and Family Services improvement strategies include:

- The Child and Family Health Nursing service formed a working party. In consultation with staff, further education and support materials were provided.
- Procedures were altered to focus on completing the DVRS by 8 weeks post-natal.
- Change implemented to complete the DVRS form ONLY when they actually complete the screen.
- The DVRS is completed in a standalone form
- Self-audit activity identified areas for improvement

Out of Home Care Pathway Program

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

Target = 100%
 2019-2020 Result = 100%
 2020-2021 Result = 100%



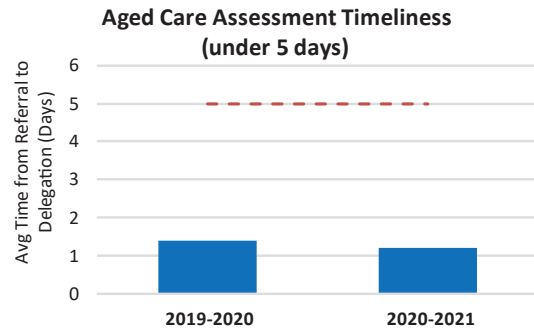
Out of Home Care assessments include new referrals, transfers into ISLHD and reviews.

Improvement initiatives include the Youth Health Nurse completing a leaving care assessment for Young People aged 15-17 years old.

Aged Care Assessment Timeliness

Average time from referral to delegation for admitted patients.

Target = ≤ 5 days
 2019-2020 Result = 1.4 days
 2020-2021 Result = 1.2 days

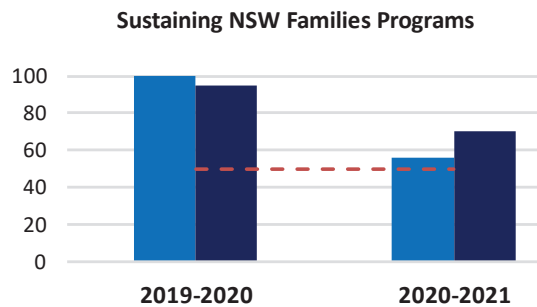


Sustaining NSW Families Programs

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

Target = 50%
 2019-2020 Result = 100%
 2020-2021 Result = 56%
 NSW Average = 69%

■ % Completed at 2 yrs of age
 ■ % Enrolled and continuing
 - - NSW Health Target



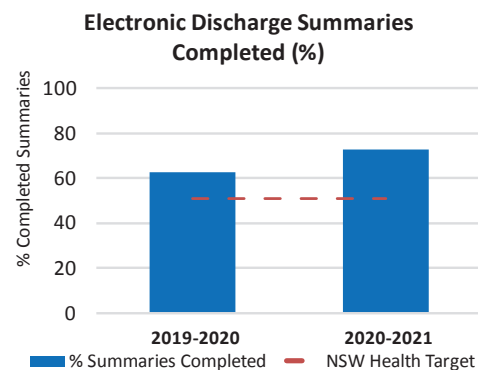
IMPROVEMENT STRATEGIES INCLUDE:

Working with stakeholders in Maternity, Mental Health, Social Work, Drug and Alcohol and Aboriginal Maternal and Infant Health Services to improve uptake and access to the program.

Note: ISLHD Sustaining NSW Families Programs lost funding for 75 families (50%) in 2020 when New Directions funding ceased. This affected enrolment numbers. ISLHD has received ongoing funding for 75 families as of July 2021.

Electronic Discharge Summaries

Target = ≥ 51%
 2019-2020 Result = 62.5%
 2020-2021 Result = 72.6%



IMPROVEMENT STRATEGIES INCLUDE:

The ISLHD Discharge Summary Project aims to improve completion rates within 48 hours of discharge and the content of discharge summaries. A discharge summary dashboard and monthly performance indicator has been developed to monitor completion rates. A discharge summary audit has been implemented as part of the junior medical officer assessments. The aim is to ensure the content contained in the discharge summaries includes the most commonly requested elements by General Practitioners (GPs). A discharge summary procedure has been developed to guide governance of the process.

STRATEGY 4: DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

Staff Engagement People Matter Survey Engagement Index

Target = any increase from previous year

2019-2020 Result= 63%

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

*This includes Workplace Culture - People matter Survey Culture Index & Take Action- People Matter Survey

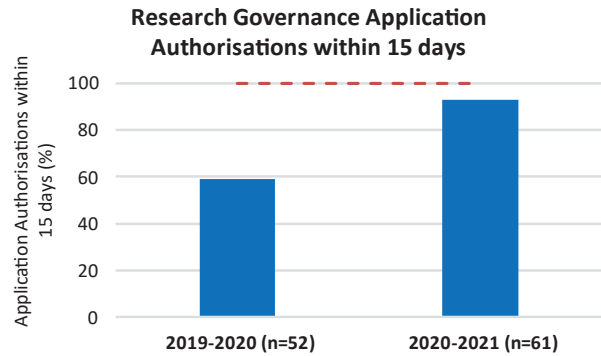
Research Governance Application Authorisations

Site specific within 15 calendar days - involving more than low risk to participants (%)

Target = 100%

2019-2020 Result= 59% (n=52)

2020-2021 Result= 93% (n=61)



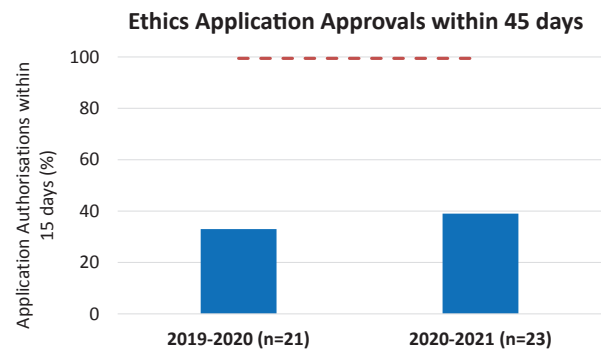
Ethics Application Approvals

By the human research ethics committee within 45 calendar days - involving more than low risk to participants (%)

Target = 100%

2019-2020 Result= 33% (n=21)

2020-2021 Result= 39% (n=23)



The University of Wollongong (UoW) ISLHD Joint Health Research Ethics Committee (HREC) is a UoW administered committee.

Staff Performance Reviews

Completed within the last 12 months

Target = 100%

2019-2020 Result = 56.8%

2020-2021 Result = 69.2%



IMPROVEMENT STRATEGIES:

- Simplified performance review process and forms.
- Strengthened goal links to annual priorities.

Staff Recruitment

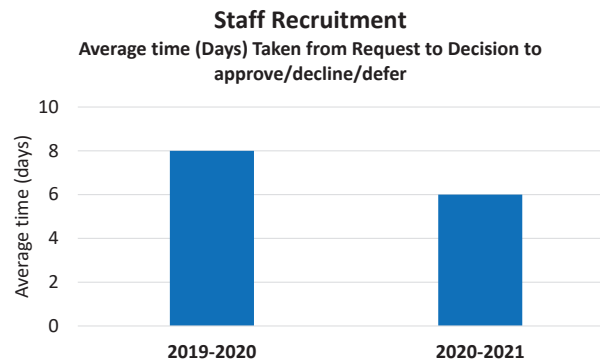
Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)

2019-2020 Result = 8 days

2020-2021 Result = 6 days

IMPROVEMENT STRATEGIES:

- Developed Managers Dashboard so Managers have visibility of this metric and can see how they are performing.
- Provided clear communication to Managers about the need and expectation to approve request to recruit forms quickly.
- Developed and published newsletters and factsheets to support this process.



Aboriginal Workforce Participation

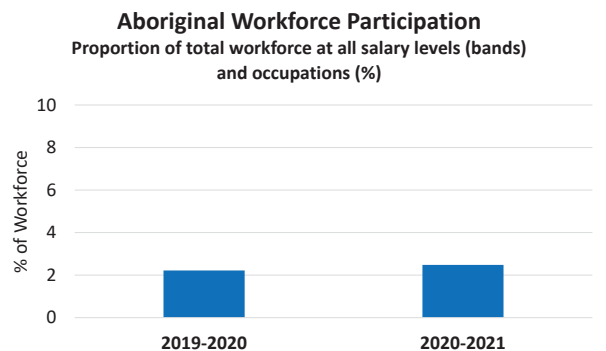
Aboriginal workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)

2019-2020 Result = 2.22%

2020-2021 Result = 2.48%

IMPROVEMENT STRATEGIES:

Recruitment of a Manager of Aboriginal Workforce and Culture to support an improved focus in this area.



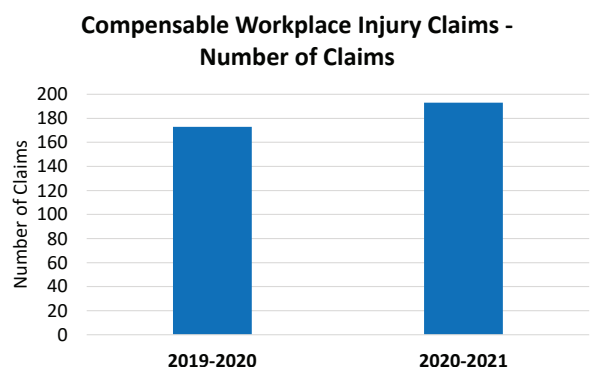
Compensable Workplace Injury Claims

2019-2020 Result = 173

2020-2021 Result = 193

2020-2021 saw significant changes to overall services provided due to COVID -19 resulting in changes to what work was done, how and where.

Continued focus on key risks, with additional focus on behavioural safety changes.



STRATEGY 6: ENABLE eHEALTH, HEALTH INFORMATION AND DATA ANALYTICS

Telehealth Service Access

Non-admitted services provided through telehealth (%)

Target = 10%

2020-2021 Result= 1.2%



Future Plans - Safety & Quality Priorities 2021-2022

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

ANNUAL FOCUS AREAS AND PRIORITIES FOR PERFORMANCE IMPROVEMENT

The 2021-2022 Annual Plan communicates the Chief Executive's priorities for performance improvements that aim to:

- Reduce risk
- Improve consumer experience and outcomes
- Improve staff experience
- Improve the value for money of our services.

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

The focus for this Annual Plan are the LHD's "big rocks", the "non-negotiables", the "hot button issues"; these are not intended to reflect BAU or improvements / innovations that may be implemented by Services / Hubs / Directorates in order to contribute to the LHD's broader strategy.

Our Plan's Principles

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



ANNUAL FOCUS AREAS, TARGETS, AND KEY ACTIONS

Strategic Priority 1: Excellence in models of care, health programs and health services

FOCUS	PURPOSE	TARGETS / MEASURES	KEY ACTIONS
COVID-19 Response	Reduce the transmission of COVID-19 by delivering a vaccination program, and ensuring readiness and capacity to respond to community outbreaks and need for hospitalisation	<p><u>ISLHD Target:</u> Maintain vaccination target compliance for all designated categories of eligible people</p>	<ul style="list-style-type: none"> • 7 days per week public health response to any locally identified case (community and hotel quarantine) and to other LHDs • Run testing clinics and vaccination centres • Ensure vaccination rollout is on target • Maintain training for vaccination and testing • Maintain COVID-19 treatment preparedness, including surge capacity and training of Intensive Care Unit (ICU) staff • Maintain a 7 day per week extended hours Public Health Response team • Maintain and monitor appropriate levels of key Personal Protective Equipment (PPE) • Manage critical PPE supply • Monitor Respiratory Protection Program compliance • Support vaccination recruitment strategy
Access & Flow for Emergency Performance	Reduce the transmission of COVID-19 by delivering a vaccination program, and ensuring readiness and capacity to respond to community outbreaks and need for hospitalisation	<p>PP: 100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commence treatment on time</p> <p>SA: Emergency Treatment Performance - Admitted - % of patients treated in ≤ 4 hours: to trajectory</p> <p>SA: Transfer of care - Patients transferred from ambulance to ED ≤ 30 minutes: 90%</p> <p><u>ISLHD Targets:</u></p> <ul style="list-style-type: none"> • Patients Waiting in ED > 24 Hours: 0 • 50% reduction in the number of consumers waiting longer than 24hours in ED for admission into mental health service (compared to FY20/21). 	<ul style="list-style-type: none"> • Access and Flow Improvement Program • ED Transformation Program • Choosing Wisely Program • Implement Planned Care for Better Health (PCBH) • Progress the roll out of Virtual Community Care • Progress the expansion of Mental Health Police and Ambulance Project • Establish and coordinate ED Transformation and Inpatient Capacity program schedules/reporting

ANNUAL FOCUS AREAS, TARGETS, AND KEY ACTIONS

Strategic Priority 1: Excellence in models of care, health programs and health services

FOCUS	PURPOSE	TARGETS / MEASURES	KEY ACTIONS
Surgical Services Efficiency & Delivery	Ensure timely and appropriate access to elective surgery	SA: Elective Surgery Overdue - Patients (Number) SA: Elective Surgery Access Performance - Patients treated on time (%) <u>ISLHD Targets:</u> <ul style="list-style-type: none"> Number of overdue Category A Endoscopy Patients: 0 Improved Category 2 and 3 Elective Surgery Access Performance for Aboriginal consumers 	<ul style="list-style-type: none"> Surgery out-sourcing program to manage overdue patients Program to reduce the number of endoscopy Category A overdue patients; including direct access service, revision of guidelines, and maximise internal capacity
Integrated Community Care	Enhance community- based care options to support in-home management, improve patient activation and reduce hospitalisation and ED visits	PP: Reduce preventable hospital visits by ≥2% by caring for people in the community. PP: Towards zero suicides - Reduce the rate of suicide deaths	<ul style="list-style-type: none"> Implement agreed and funded Community Health review recommendations Expand the scope of Virtual Community Care (VCC) Deliver the Planned Care Better Health service agreement indicator Deliver the Toward Zero Suicide program Reduce preventable hospital admissions in the Southern Illawarra through increased Hospital in the Home (HITH) referrals and services Establish and coordinate Virtual Mental Health Project schedule/reporting
Aboriginal Health	Improve the health outcomes and the equity of access to healthcare for our Aboriginal people	SA: Reduce smoking during pregnancy - Aboriginal women: ≥2% decrease on previous year <u>ISLHD Targets for Aboriginal consumers:</u> <ul style="list-style-type: none"> Reduce ED Did Not Wait, from FY19/20 monthly average 6.8 to 4 Improve Category 2 and 3 Elective Surgery Access Performance: Elective Surgery Treated on Time Achieve target for patients who discharge against medical advice 	<ul style="list-style-type: none"> See <i>Access & Flow for Emergency Performance actions</i> Reduce ED Did Not Wait for Aboriginal consumers See <i>Surgical Services Efficiency & Delivery actions</i> Improve engagement with and coordination of services for Aboriginal consumers Establish and coordinate Reconnecting to Country Project schedule/reporting
First 2000 days	Address the needs of those who are vulnerable and at risk, to improve their health and wellbeing outcomes in their first 2000 days	SA: NSW Health First 2000 Days: Implementation Strategy - Delivery of the 1-4 week health check (%): 85%	<ul style="list-style-type: none"> Implement 'Integrated Trauma Informed Care Framework' Establish a partnership with preschools to increase number of developmental checks for children Support pregnant women and their families to quit smoking Provide support to women in early pregnancy at risk of excessive weight gain and gestational diabetes mellitus (GDM) Improve access to breastfeeding support in the antenatal period

Strategic Priority 2: An engaged and high performing workforce for the future

FOCUS	PURPOSE	TARGETS / MEASURES	KEY ACTIONS
Staff Safety	Promote, protect, and maintain the health, safety and wellbeing of staff	<p>SA: Compensable workplace injury - claims: >10% decrease across ISLHD</p> <p><u>ISLHD Target:</u> Reduce Lost Time Injury (LTI) by 10%, on FY20/21 (total of 15 less LTI across District)</p>	<ul style="list-style-type: none"> • Ensure Work Health and Safety (WHS) included in all Tier 3 and 4 Personal Effectiveness and Development (PED) plans/Monthly Accountability Meetings (MAMs) and discussed as part of all huddles • Implement / sponsor key risks initiatives • Implement Anderson Review recommendations • Safety Transformation Program <ul style="list-style-type: none"> Key risks initiatives <ul style="list-style-type: none"> - Implement risk assessment training - Aggression - develop aged care Violence Prevention Management (VPM) training - Home visit - develop and implement community health remote staff safety program - Ageing workforce/infection - develop staff wellness proposal (incl. staff health clinic) - Fatigue - establish fatigue management monitoring/reporting escalation mechanism - Psychological - deliver Nan Tien pilot project (plus Team Up and Employee Relations Management Improvement Project - refer <i>Leadership & Culture</i>) - Volunteers - develop volunteer online mandatory training • Develop safety investigations training program and deliver 21/22 program schedule • Security Improvement Program <ul style="list-style-type: none"> - Develop Anderson Security Report improvement plan and deliver 21/22 program schedule
Leadership & Culture	Improve organisational performance and accountability through attentive management and visionary leadership within a values-based culture	<p>SA: Staff Performance Reviews - within the last 12 months 100%</p> <p>SA: Staff Engagement and Experience - Racism experienced by staff (%): ≥5% points decrease on previous year</p> <p>SA: Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations: 3% across LHD</p> <p>SA: Employment of Aboriginal Health Practitioners: target 2.8% Nursing and Midwifery Workforce</p> <p><u>ISLHD Targets:</u></p> <ul style="list-style-type: none"> • All staff PED completions >75% • Tier 1-4 PED completions >90% 	<ul style="list-style-type: none"> • PED completion cascade and promotion • Sponsor roll-out of Management/Leadership Essentials Program, as required (Program to be developed) • Convert Aboriginal Health workers (in own directorate) to Aboriginal Health Practitioner (AHP), where applicable • Support sites and services to deliver the targeted employment strategy • Establish a process for an on-going school based trainee program for First Nations peoples • Aboriginal Nurse Mentor Programs • Cadetships • Gradstart and Enrolled Nurse (EN) Scholarship • Capability Development Program <ul style="list-style-type: none"> - Develop Team Up Program and deliver 21/22 program schedule - Develop Management/Leadership Essentials Program (From Staff Member to Manager; From Manager to Leader) - Deliver Conversation Culture 21/22 program schedule • Employee Relations Management Improvement Project <ul style="list-style-type: none"> - Develop grievance management training and resources - Establish misconduct Key Performance Indicator (KPI) reporting and establish case review committee - Revise underperformance procedure to be less punitive and develop management resources

Strategic Priority 3: Innovation, agility and learning for continuous improvement

FOCUS	PURPOSE	TARGETS / MEASURES	KEY ACTIONS
Research Leadership & Outcomes	Establish ISLHD as a recognised clinical research organisation and empower an integrated culture of research, innovation and improvement	<p>SA: Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)</p> <p>SA: Outcome Indicator: Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)</p> <p><u>ISLHD targets:</u></p> <ul style="list-style-type: none"> • Number of peer-reviewed journal publications with ISLHD lead or senior author: increase on FY20/21 • Number and/or value of clinical trials: increase on FY20/21 • Value of external grants: increase on FY20/21 • Number of external grants applied for: increase on FY20/21 • Value of internal award programs: increase on FY20/21 	<ul style="list-style-type: none"> • Finalise Research Strategy and implement • Support Nursing and Midwifery staff to achieve higher degree qualifications • Build research expertise and capacity within the workforce



Strategic Priority 4: Efficient, effective, sustainable financial operations

FOCUS	PURPOSE	TARGETS / MEASURES	KEY ACTIONS
Balanced budget & Sustainability	Deliver a balanced budget, through prioritising a safe and sustainable workforce and workplace	<p>SA: Expenditure Matched to Budget - General Fund - Variance: within 0.5%</p> <p>SA: Own Sourced Revenue Matched to Budget - General Fund - Variance within 0.5%</p> <p><u>ISLHD Targets:</u></p> <ul style="list-style-type: none"> District to achieve budgetary targets including no overall growth in FTE, achieving Nursing Hours per Patient Day (NHPPD) targets and reductions in: <ul style="list-style-type: none"> Overtime Sick leave Premium labour Annual Leave District to meet NWAU target within +/-2%. Reduce representations to ED in 48 hours, from FY19/20 monthly average of 436 Reduce workers compensation claims by 10% Goods & Service spend real reduction > 1.3% of addressable spend (i.e. >\$3.0M) 3 	<ul style="list-style-type: none"> Review organisational structure Ensure full time equivalent (FTE) control, management to budget, increased efficiency, and delivery of savings to eliminate deficit Reduce workers comp claims (refer Staff Safety) Reduce goods and services spend (refer Procurement & Supply Chain Optimisation) Monitor to ensure purchasing on contract for major HealthShare NSW contracts Increase Health Inventory Master File (HIMF) usage and reduce free text and standing orders Develop and communicate analysis of key causal factors and relevant actions to improve efficiencies Confirm establishment Rostering Improvement Project Develop and implement reporting Develop and deliver management training 21/22 schedule Establish Rostering Governance Steering Committee Recruitment Performance Project Develop Recruitment Operations Manual Develop and deliver training 21/22 schedule Position Management Improvement Project Develop and implement reporting Centralise position management Complete Stafflink data cleanse Environmental Sustainability Program Develop Facilities Sustainability Program to reduce carbon impact Develop Procurement Sustainability Program to reduce carbon impact Establish and coordinate Medical Workforce Deployment and Choosing Wisely Project schedules/reporting Savings While Spending Program Deliver 21/22 program schedule NSW Health Supply Chain Reform Program Deliver 21/22 program schedule Develop and implement Contract Management Framework Establish clinical product governance approach Implement the 2020/21 Medical Imaging Review Recommendations Medical workforce action plan Maintain project plan compliance for Nursing & Midwifery (N&M) workforce & continue steering committee, to achieve NHPPD within 10% of target per ward, and overtime reduction by 30% on FY 20/21



Strategic Priority 4: Efficient, effective, sustainable financial operations

FOCUS	PURPOSE	TARGETS / MEASURES	KEY ACTIONS
Asset Utilisation	Deliver functional, functioning, and safe infrastructure to enable efficient and effective clinical and non-clinical service delivery	SA: Complete an annual review and submission of local Strategic Asset Management Plan and Asset Management Plan SA: Asset maintenance Expenditure as a proportion of asset replacement value: 2.5%	<ul style="list-style-type: none"> • Deliver the new Shellharbour Hospital (SHH) and Integrated Service plan and Shoalhaven Memorial District Hospital (SDMH) redevelopment • Deliver the Clinical Services Plan (CSP) for the New Shellharbour Hospital. • Deliver the CSP for Warrawong Community Health Centre • Complete planning for Bulli and The Wollongong Hospital (TWH) • Complete the functional briefs and detailed design plans for SDMH • Deliver Investment Proposal • Complete the Strategic Asset Management Plan (SAMP)/ asset management plan (AMP) for LHD • Asset Management Improvement Program (Nous recommendations) <ul style="list-style-type: none"> - Develop SAMP and AMP and deliver 21/22 maintenance program • Develop Asset Management Improvement Program and deliver 21/22 program schedule



Critical Enablers

FOCUS	PURPOSE	TARGETS / MEASURES	KEY ACTIONS
Partnerships	Collaborate effectively with external partners to ensure our services are integrated and co-designed for the benefit of our community		<ul style="list-style-type: none"> Develop Waminda partnership Support the Aboriginal Health Partnership Committee to deliver agreed plans and strategy Primary Health Network: Annual Plan delivery
Patient Safety	Reduce harm to patients	<p>SA: Fall-related injuries in hospital - Resulting in fracture or intracranial injury target of <3/1000 bed days</p> <p>SA: Harm-free admitted care: (Rate per 10,000 episodes of care):</p> <ul style="list-style-type: none"> Falls (see SA target) Obstetrics related hospital acquired complications (HACs) <p><u>ISLHD Targets:</u></p> <ul style="list-style-type: none"> Reduce rate of obstetrics related HACs, such as: <ul style="list-style-type: none"> Rate of 3rd or 4th degree Perineal Lacerations Neonatal Birth Trauma 	<ul style="list-style-type: none"> Implement Clinical Excellence Commission (CEC) Comprehensive Care Bundle Implement towards zero falls action plan Establish a Clinical Risk Observatory Updated Milton Ulladulla Hospital (MUH) Medical Officer (MO) staffing plan and rostering Implement revised clinical leadership and medical workforce model for obstetrics Implement a safe and appropriate medical workforce model for MUH <ul style="list-style-type: none"> Implementation networked midwifery group practice model Supporting Aboriginal women to birth in a culturally secure and safe service
Corporate Governance	Ensure business continuity		<ul style="list-style-type: none"> Lead the development of the LHD's Business Continuity Plan
	Enhance oversight and collaboration for shared ICT services		<ul style="list-style-type: none"> Enhance electronic patient record (ePR) committee engagement with South Eastern Sydney Local Health District (SESLHD) Develop a joint South Eastern Sydney / Illawarra Shoalhaven Information Communication & Technology (ICT) governance committee
Information Systems Enhancement	Implement and maintain systems which improve the digital patient health record, enhance clinical decision support, and improve the quality and efficiency of patient care		<ul style="list-style-type: none"> Implement the state electronic medical record (eMR) optimisation project (18 month program) Provide recommendations for electrocardiogram (ECG) integration Develop positions to better link clinical requirements to ICT Delivery Progress Enterprise Data Warehouse for Analysis Reporting and Decision (EDWARD) implementation
	Maintain and enhance district ICT infrastructure		<ul style="list-style-type: none"> Implement the Mobile Device Management (MDM) system to enhance security and mobility requirements <ul style="list-style-type: none"> Phase 1 convert all corporate devices Phase 2 implement BYOD functionality Implement Phase 2 of the Voice strategy (small hospital/large Community centres) O365 - Phase 1 Conversion to O365 planning and costing O365 - Phase 2 Implementation Trim workflow implementation Gov Data Centre project completion Migration to eHealth Central Active Directory Develop plan to integrate corporate and Clinical networks Support the development of the ICT strategies for capital developments Bulli ICT redesign and implementation (IRT portion)
	Improve non-clinical efficiency and effectiveness in support of improved patient outcomes		<ul style="list-style-type: none"> Complete Performance and Talent (PAT) build and super-user training (<i>Note - PAT will not be rolled out for use outside of HSSE staff in 21/22</i>)

SAFETY & QUALITY PRIORITIES AND INITIATIVES 2021-2022

Elevating the Human Experience

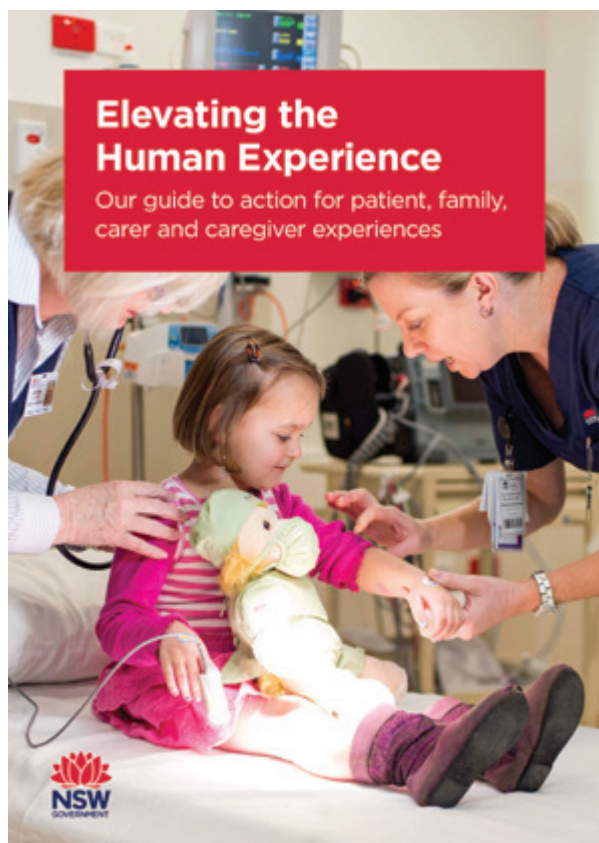
NSW Health has launched its resource Elevating the Human Experience - Our Guide to Action. This publication was developed in partnership with patients, families, carers and health service teams.

This Guide to Action outlines NSW Health's vision for patient, family, carer and caregiver experience, and details how NSW Health will work to deliver outcomes that matter to patients.

Delivering excellence in patient, family, carer and caregiver experience supports NSW Health in providing world-class clinical care. It also supports the NSW Premier's Priority to deliver world-class customer service.

Many of our consumers and staff generously shared their time, experience, and stories throughout the development of this Guide. This collaborative approach has enabled the Guide to Action to reflect not only best practices, but also opportunities for improvement in relation to human experience.

An ISLHD Elevating the Human Experience Community of Practice (CoP) has been established to provide structure to this process at a local level and will work collaboratively with seven statewide Enabler groups dedicated to exploring priority initiatives focused on the human experience across three domains.



DOMAIN	ENABLERS
Process	<ul style="list-style-type: none"> • Measurement, feedback and response • Information and communication • Innovation and technology
People	<ul style="list-style-type: none"> • Collaborative partnerships • Culture and staff experience • Leadership, accountability and governance
Place	<ul style="list-style-type: none"> • Environment and hospitality

ALIGNED TO NSW HEALTH STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

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

Aligned to ISLHD Strategic Priorities

- Excellence in models of care, health programs and health services
- An engaged and high performing workforce for the future
- Innovation, agility and learning for continuous improvement

Short Notice Assessment Accreditation Program (SNAAP)

The National Safety and Quality in Healthcare Standards

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





Clinical Governance



Partnering with Consumers



Preventing and Controlling Healthcare Associated Infection



Medication Safety



Comprehensive Care



Communicating for Safety



Blood Management



Recognising and Responding to Acute Deterioration

ALIGNED TO NSW HEALTH STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

Direction 3 - Delivering Truly Integrated Care

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

Aligned to ISLHD Strategic Priorities

- Excellence in models of care, health programs and health services
- An engaged and high performing workforce for the future
- Innovation, agility and learning for continuous improvement

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

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

Short Notice Assessment Accreditation Pathway (SNAAP)

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

Illawarra Shoalhaven Local Health District and Short Notice Assessment Program

Illawarra Shoalhaven is the first Local Health District in New South Wales to be approved to participate in the SNAAP by the Clinical Excellence Commission and NSW Health.

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

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

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

ISLHD will undertake its first SNAAP Assessment in 2022.

Safety & Quality Essentials Pathway

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

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

The Pathway consists of four levels of training for staff:

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



ALIGNED TO NSW HEALTH STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

Aligned to ISLHD Strategic Priorities

- Excellence in models of care, health programs and health services
- An engaged and high performing workforce for the future
- Innovation, agility and learning for continuous improvement

Details of the Safety & Quality Essentials Pathway are detailed below

FOUNDATIONAL	INTERMEDIATE	ADEPT	ADVANCED
<p>Foundations of Healthcare Safety & Quality</p> <p>Including:</p> <ul style="list-style-type: none"> • 6 minute video The 6 Dimensions of Health care Quality • Pre-requisite for Applied S & Q • eLearning module Foundations of Healthcare Safety and Quality • PowerPoint slide set • New CEC Webpage • All staff, all roles 	<p>Readiness to Lead for Safety & Quality</p> <p>e-learning, workbook, resources</p> <p>Pre-requisite for Applied S & Q</p> <hr/> <p>Introduction to Improvement Science</p> <p>e-learning, workbook, resources</p> <p>Pre-requisite for Applied S & Q</p> <hr/> <p>CEC Academy Website & Resources</p> <p>Templates, tools, videos</p>	<p>Applied Safety & Quality</p> <p>Learning labs, workplace activities & QI project over 12 months. Participate as individuals or teams</p> <hr/> <p>Safety & Quality Faculty Development</p> <hr/> <p>Safety & Quality Workshop for Boards</p> <hr/> <p>Safety & Quality Electives & Webinars</p>	<p>Safety & Quality Fellowship</p> <p>Under development</p> <hr/> <p>Safety & Quality Electives</p> <p>Range of short programs & masterclasses providing a deeper dive into specific Safety and Quality processes, tools and methods</p> <p>Including:</p> <ul style="list-style-type: none"> • Patient Safety Leader Training • Improvement Sc Coach (TTT) • Applied Measure & Variation • Advanced PDSA



ISLHD Hospital HealthPathways Pilot

Reducing unnecessary medical imaging and pathology testing is a key initiative for Illawarra Shoalhaven Local Health District (ISLHD) as part of the ISLHD Strategic Priorities. The Emergency Department Transformational Redesign Program (EDTRP), in collaboration with the ISLHD Choosing Wisely Program, has commenced a 12 month pilot to introduce the Streamliners New Zealand (SNZ) Canterbury 'Hospital Health Pathways' (HHP) module.

Audits suggest that 20 – 30% of imaging and pathology tests conducted in the ISLHD are unnecessary, there is evidence that they provide no benefit, or in some cases lead to harm. Unnecessary testing in the Emergency Department (ED) increases the cost of health care, increases time to reach a final decision for admission/discharge (admit/discharge) and increases ED length of stay.

The HHP is an online platform designed to be used by doctors to guide patient assessment, management, and determine the need for admission or discharge, plus how to refer patients for further consultation. The pathways are defined as “structured multidisciplinary care plans which detail essential steps in the care of patients with a specific clinical problem”, and are designed for use in the ISLHD’s EDs. The pathways link evidence to practice for specific health conditions, optimising patient outcomes and maximising clinical service efficiency.

Hospital Health Pathways have been shown to:

- Reduce unnecessary medical interventions
- Prevent in-hospital complications
- Reduce length of stay
- Reduce hospital costs

- Improve clinical agreements
- Provide a single source of information in a common format
- Improve patient flow
- Improve disposition planning

As part of the pilot, the HHP website will provide 300 HHPs for clinicians to use to guide care. In addition, 10 local pathways have been reviewed by ISLHD ED and speciality subject matter experts to reach agreement on how patients with particular conditions will be managed in the ISLHD context. Each pathway also outlines direct admission processes to help expedite the transfer of care from ED in inpatient speciality areas.

The 10 localised pathways include:

- Headache
- Falls
- Deep Vein Thrombosis
- Pulmonary Embolism
- Syncope
- Abdominal Pain
- Appendicitis
- Cholecystitis
- Diverticulitis
- Pancreatitis

ALIGNED TO NSW HEALTH STATE HEALTH PLAN

Direction 2 - Providing World-Class Clinical Care

Aligned to ISLHD Strategic Priority

Excellence in models of care, health programs and health services

APPENDIX 1 Attestation Statement



Health
Illawarra Shoalhaven
Local Health District

This attestation statement is made by Chris Bertinshaw

Name of office holder/member of Governing Body

Holding the position/office on the Governing Body Chair of the Illawarra Shoalhaven Local Health District Board

Title of officeholder/member of Governing Body

For and on behalf of the governing body titled Illawarra Shoalhaven Local Health District

Governing body's title (the Governing Body)

Illawarra Shoalhaven Local Health District

Health service organisation name (the Organisation)

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture. In particular I attest that during the past 12 months the Governing Body:
 - a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation
 - b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers
 - c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community
 - d. has endorsed the Organisation's current clinical governance framework
 - e. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians
 - f. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services
 - g. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.

2. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
3. I have the full authority of the Governing Body to make this statement.
4. All other members of the Governing Body support the making of this attestation statement on its behalf.

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

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme
- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

Signed _____

Position Chair of the Illawarra Shoalhaven Local Health District Board

Date _____

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

Signed Margot K Mains

Position Chief Executive

Name Margot Mains

Date 23.07.21

Schedule of health service organisations covered by this attestation statement

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

APPENDIX 2 Quality Award Winners 2021



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

Projects are selected from this forum for submission to NSW Health Awards, ACHS Awards and NSW Premiers Awards.

Chief Executive and Overall Winners Award - Joint Winners

The **Safer, Better Emergency Nursing Care for ISLHD - HIRAID** project aims to reduce patient deterioration related to Emergency Department (ED) care by implementing a new, validated emergency nursing framework called HIRAID. This has resulted in a reduction in ED related patient deterioration from 27% to 13% and patient treatment delays from 28% to 15%. Savings achieved were \$1,914,252 with a payback period of 75 days.

The **SEED** project played a critical role in supporting the staff at Milton Ulladulla Hospital during the 2019/2020 bushfire disaster. The SEED Program has since been rolled out to staff at Bulli Hospital and has successfully been integrated in the roll out of the Patient Reported Measures (PRMs) program.

Category 1: Collaborative Staff Member of the Year

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

- Nominated for NSW Health Innovation Awards

Category 2: Delivering Integrated Value Based Care

Quick Access Response Team (QuART), ISLHD Allied Health

- Nominated for NSW Health Innovation Awards
- Nominated for NSW Premiers Awards

Category 3: People and Culture

SEED, Milton Ulladulla Hospital and the Clinical Governance Unit

- Nominated for NSW Health Innovation Awards

Category 4: Excellence in Aboriginal Healthcare

Re-Imagination: Oral Health Care for Vulnerable Families, Nowra Dental Clinic

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

Category 5: Volunteer of the Year

No nomination

Category 6: Transforming Patient Experience

Enhanced Care...Anywhere, Ambulatory and Primary Health Care

- Nominated for NSW Health Innovation Awards
- Nominated for NSW Premiers Awards

Category 7: Patient Safety First

A Skincare Journey - Interventions Leading to Better Outcomes - Illawarra and Shoalhaven Cancer Care Centre, Cancer Services

- Nominated for NSW Health Innovation Awards

Category 8: Keeping People Healthy

Be a COVID Warrior! Responding to COVID-19 in Multicultural Communities, Ambulatory and Primary Health Care

- Nominated for NSW Health Innovation Awards
- Nominated for NSW Premiers Awards

Category 9: Health Research and Innovation

Safer, Better Emergency Nursing Care for ISLHD - HIRAIID, Division of Critical Care

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

Category 10: Excellence in the Provision of Mental Health Services

When the Tests are Normal: New Therapies for Functional Neurological Disorder, Port Kembla Hospital

- Nominated for NSW Health Innovation Awards

Highly Commended

Talking Pain our Way - Macedonian Chronic Pain Self-Management.

- Nominated for NSW Premiers Awards

Director of Clinical Governance, Best Poster Award

Improving Drug and Alcohol Documentation, Drug and Alcohol Service.

Special Commendations were also awarded to:

- *Lose the Long Length of Stay* - Bulli Hospital
- *The CHOC Allotment Fund* - Child and Family Services
- *From Hospital to Home: Implementing Home-based Immunoglobulin Therapy for Patients* - ISLHD Blood Management Team.

Additional Nominations

Speaking Remotely: Improving access to Evidence Based Speech Therapy for Patients with Hypokinetic Dysarthria.

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

APPENDIX 3 2020 Staff and Volunteer Recognition (SAVR) Awards



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

Across the 7 Award categories we had 215 nominations from across the Local Health District (LHD). This not only shows how many highly skilled and dedicated staff and volunteers there are working in the Illawarra Shoalhaven Local Health District (ISLHD), it also shows how proud, appreciative and supportive the managers, supervisors and co-workers are who took the time to nominate their peers.

2020 SAVR Award Finalists

2020 Reconciliation - In This Together

- Tina Constantine - Project Manager - Aboriginal Health Strategy
- Stefanie Mercy - Aboriginal Family Well-Being & Domestic Violence Coordinator
- Chana Orloff - Principal Aboriginal Health Worker
- Binji and Boori Team - Shoalhaven
- COVID-19 Aboriginal Health Response Team

Collaboration and Connection

- Vivienne Kish - Disability Liaison Officer & Partnership and Engagement Coordinator ISLHD
- Daniel Purvis - ISLHD Data Systems Manager - Clinical Governance Unit
- Lauren Simpson - Youth Drug and Alcohol Social Worker - Drug and Alcohol Service
- Infection Management and Control Service-(IMACS)
- Multicultural and Refugee Health Team - Ambulatory and Primary Health Care

Innovation and Process Improvement

- Joseph Holliday - Performance Analyst - Performance Unit
- Katrina Hynard - Violence Prevention and Management Coordinator - People Safety and Culture
- Nadine Taylor - District Nursing and Midwifery Educator
- Zoe Winter - Administration Officer - Port Kembla Hospital
- Child Adolescent Mental Health Service - Mental Health Services

Leadership Excellence

- Tim Alchin - Chief Medical Radiation Scientist - Medical Imaging - Shoalhaven Hospital
- Michelle Hudoba - Quality Data Systems Support Manager - Clinical Governance Unit
- Elias Nasser - Co Director - Cancer Services
- Padmini Pai - Program Lead - ISLHD Be the Change Initiative
- Rosemary Sheehan - Nurse Unit Manager, Northern Illawarra Community Health Nursing - Ambulatory and Primary Health Care

Outstanding Service

- Bernadette Hiriart - Social Worker - Shoalhaven SUPPS/Allied Health Senior Clinician - Drug and Alcohol Service
- Karren Smith - Health Education Officer - Mental Health Services
- Media and Communications Team - Stakeholder and Strategic Relations
- Milton Ulladulla Hospital United Hospital Auxiliary
- Shoalhaven & Milton Ulladulla Renal Team

Work Health and Safety Star

- Mark Higgins - Wardsperson - Shoalhaven Hospital
- Athena Madams - Safety Advisor - Southern Illawarra Hospital Group Hub Services
- Tanomsak (Berm) Singharaj - Hospital Assistant - Bulli Hospital
- Eliminate Wexting Campaign Team - Hotel Services Wollongong Hospital

Chief Executive's Extraordinary Times Award

- Bruce Ashford - Chair Wollongong Hospital COVID Task Force
- Sally Black - Acting Divisional Support Officer
- Trevor Gardner - Deputy Head of Wollongong Hospital Task Force
- Milton Ulladulla Hospital Staff
- SEED Program - Padmini Pai and Stuart Emslie

2020 SAVR Award Winners

2020 Reconciliation - In This Together COVID-19 Aboriginal Health Response Team

Ambulatory and Primary Health Care

The team comprises: Aboriginal Chronic Care Unit - Zane Rice, Manager, Eric Winch and Rebecca Dawson Team Leaders Aboriginal Health Strategy - Keona Wilson, Project Manager. This team worked together to identify gaps in our response and preparation for COVID-19 and its impact on Aboriginal families. As a team they engaged with stakeholders and partner organisations to identify what needed to be done for the provision of culturally appropriate resources for individuals and families in supported self-isolation. Keona Wilson, representing Aboriginal Health Strategy excelled in engaging with staff and partner agencies to build the foundations of our response and messaging to communities. Zane, Eric and Rebecca of the Aboriginal Chronic Care Unit were quick to adapt programs to virtual platforms and telehealth to support Aboriginal people with chronic conditions. Eric took the lead in establishing a 'Connecting to Country' team to provide holistic and culturally sensitive health care to Aboriginal people who were impacted by COVID-19. The team were supported by Aboriginal Health Workers and the staff of Aboriginal Health Strategy whose passion for improving the lives of Aboriginal people, exceeded well beyond their day to day work. This is truly a mark of team collaboration in paving our pathway towards "Closing the Gap" in health inequality.

Collaboration and Connection Infection Management and Control Service

During the unprecedented times of 2020 during the COVID-19 pandemic the ISLHD Infection Management and Control Service (ISLHD IMACS) team have demonstrated extraordinary leadership and risen to the challenges of supporting and educating staff during the Pandemic, going above and beyond to ensure consumer safety while in an ISLHD facility or Residential Aged Care Facility (RACF) across the Local Health District. The ever evolving changes to practice are all taken in their stride with information, flow charts, education sessions and support for all consumers across the LHD being delivered in a timely and professional manner, while at all times maintaining our organisations CORE values.

A recent example of their leadership excellence is the RACF reviews which were undertaken across the LHD. These reviews were carried out in addition to regular workloads in collaboration with the Aged Care Sector to look at facility preparedness for potentially managing an outbreak of COVID-19 and giving recommendations where they can increase their facility's readiness. This is strengthening the relationships between the Aged Care, Public Health and Hospital sectors and it is very uplifting to see the determination and commitment they all have for continued and quality care delivery.

Innovation and Process Improvement Joseph Holliday

Performance Analyst - Performance Unit

Joe is a more recent addition to the Performance Team. Since coming on board, Joe has contributed greatly and enthusiastically to the Performance Team and more widely to the organisation with his fantastic analytical and data mining capabilities. Since the onslaught of COVID-19, Joe has spent hours above and beyond his usual role to provide the organisation with a digestible and highly informative COVID-19 report, unpacking the impact COVID-19 has had on the health service. It is not only a beautiful and professional looking weekly product, but it merges many different data sources to which Joe has learnt on the fly, as all of these were new to him prior to this year. He is constantly up for any challenge that is asked of him, and if he cannot do it, he researches and makes it happen. This report is heavily relied upon by the Emergency Operations Centre, COVID Working Group, the Core and Strategic Executive and key stakeholders in the organisation. He is also looked upon to provide any further ad hoc analyses into COVID-19 and responds swiftly without complaint. This is really an innovative process for ISLHD, where Joe has brought together many data sources, technical skill in data analysis and data visualisation to create a report that is timely, understandable and digestible for all. Joe is truly an asset to the Performance Unit and this organisation.

Leadership Excellence

Padmini Pai

Program Lead, ISLHD Be the Change Initiative

Padmini Pai demonstrates authentic and kind leadership. People shine alongside her. In January 2020 Padmini was asked to go to Milton Ulladulla Hospital to support staff in their recovery following their traumatic experience with the bushfire event. Padmini role-modelled commitment through her actions, openness, honesty and listening to their needs and desires. She relocated to spend time in the community which meant she was at a distance from her family, for seven months! She was generous beyond the requirements of her role. Being a former social worker, the initial expectation was to provide social work support. What was created collaboratively was the development of the SEED program. Padmini listened and worked collaboratively with staff at all levels. Inspiring staff to imagine a future that was positive, enabling them to be part of developing, implementing and evaluating SEED. To ensure the success of SEED, she networked with local businesses and the University of Wollongong. Padmini's greatest leadership strength is her ability to bring others along with her in this amazing journey of recovery. It is a credit to Padmini how she has enabled staff at all levels to flourish and shine. Each of the initiatives have celebrated success in an inclusive way. Padmini is an extraordinary authentic leader, her commitment to true collaboration with staff, her selflessness and how she role models her values and beliefs as a person-centred practitioner with a caring and kind heart. The success of SEED is ultimately a result of her commitment and ability to work collaboratively with others.

Outstanding Service

Media and Communications Unit

Stakeholder and Strategic Relations

2020 has been incredibly challenging year where timely, accurate and accessible information is more important than ever. The Media and Communications Team first hit the ground running when the bushfires hit. They provided around the clock communications support to emergency response teams, staff, the community, the media and other stakeholders despite having their own personal connections to the disaster. They developed key relationships with other emergency agencies ensuring a collaborative rollout of critical messages, and formed stringent sign-off processes to ensure accuracy. With the arrival of COVID-19 in March 2020, the team again found another gear and quickly commenced supporting the implementation of a mammoth communications and engagement plan to keep staff and the community informed with latest advice. This includes supporting the development of: COVID-19 signage for hospital facilities, testing clinics and other health recommendations; dedicated COVID-19 webpage, which saw a 70% increase

in hits; COVID-19 Intranet site, which required extensive collaboration with stakeholders including Workforce and Information Technology to enable timely delivery of information; and a LHD Facebook presence within 48 hours of requirement, which continues to have content developed by the team daily with monitoring around the clock. All of this in addition to supporting management of local media inquiries (almost 300 in March 2020 alone). Through robust agility and steadfast dedication the team has overcome many barriers, including technology, to support significant improvements in communications within the organisation and beyond. It has led to more positive engagement with staff and the community and strengthened the foundation for continuous improvement.

Work Health and Safety Star

Eliminate Wexting Campaign

Hotel Services - Wollongong Hospital

Hotel Services' staff were concerned about the safety of all people and patients as they move around the hospital. Blake Rizzo, Geoff Percy, Pece Petrovski, Tony Vallario and Val Lazverska put together a campaign to eliminate 'wexting' (walking and texting). The program was locally developed by the team and included the following; observations conducted to provide a baseline for unsafe behaviours, labelled the unsafe behaviour by creating a new word "wexting", developed key messaging that was consistent and clear, developed posters with humour and key messaging and invented Wexting Wally as the campaign icon. Hotel Services led the wexting campaign by example in both demonstrated behaviours and speaking up. Hotel Services' personnel have been instrumental in walking the talk and challenging wexting behaviours in the hospital. The term "wexting" is now commonly heard in conversations around the hospital.

Chief Executive's Extraordinary Times Award

Milton Ulladulla Hospital (MUH)

Received two nominations in this category

The team and MUH dealt with extraordinary situations during the 2019/2020 bushfires. They experienced no access from three surrounding health services sites when isolated during the bushfire crisis with no power nor road access to major hospital sites. On New Year's Eve 2019, there were birthing patients, paediatric trauma and acutely unwell fire fighters. There was no capability of escalating these patients to major hospitals and their medical management was addressed as a team in high acuity and tense environments. There were many staff trapped in fires and unable to come to work, there was no outside support for our staffing requirements, and as a team each went to extraordinary lengths to staff our site. The Hospital and Security Assistant (HASA) team ran the maintenance of the

site which was running on generator power, which at times was uncertain as to how long it would last. The team had up to 20 extra patients on site on top of the already admitted over census capacity. Staff worked extraordinary hours arriving to work when not rostered on duty to assist the Hospital's needs. The MUH staff left their frightened loved ones daily to support their colleagues. The team housed staff and families who could not travel home, and provided for tourists who were trapped. This all occurred whilst many of our staff's homes were under threat of fire.

Milton Ulladulla Hospital Staff on duty between 31 December 2019 and 6 January 2020

Between 31 December 2019 and 6 January 2020, whilst the Currowan Bushfire laid waste to the surrounding district, the staff at the Milton Ulladulla Hospital faced and surmounted a number of extraordinary challenges. These included: loss of all transport links, mobile and landline communication, and clinical retrieval services. Failure of electricity and mains water, with embers falling on the hospital, and critical staff

shortages. There was an influx of patients including people requiring power for home medical devices, elderly people rendered homeless and injured firefighters. During this time, hospital staff performed above and beyond expectations to ensure services were maintained and patients kept safe. In particular: - Registered Nurses Tracey Tebbut and Emma Taylor who, in the almost complete absence of the normal leadership structures, inspired their colleagues with their dedication, leadership and calmness under pressure. Registered Nurse Grainne Funder who turned up for her night shift after losing her home the same day and refused all persuasion to take time off stating: "I'd only be somewhere else feeling sorry for myself, at least here I can do some good." Doctor Meike Flore who, unable to either return home to a village that was being largely destroyed by fire or obtain any news of her partner and young children trapped in that same village, remained at her hospital post attending to a critically unwell maternity patient.

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