



Southern NSW
Local Health District

Safety and Quality Account

2021-2022





Contents

- 3** Message from our Chief Executive
- 5** Statement on Safety and Quality
- 6** Section 1 – About Us
- 12** Section 2 – Our Promise
- 18** Section 3 – Personalised Care: Elevating the Human Experience
- 24** Section 4 – Effective and Appropriate Care: Innovations and Improvements
- 32** Section 5 – Safe Care: Innovations and Improvements
- 36** Section 6 – Future Directions for 2022-23
- 40** Appendix A – Attestation Statement
- 44** Appendix B – SNSWLHD 2022 Quality Awards
- 46** Appendix C – Abbreviations and Glossary



Artist: Alison Simpson

Southern NSW Local Health District acknowledges and pays respect to the Traditional Custodians of the lands within its boundaries, the Gundungurra, Ngambri, Ngarigo, Ngunnawal and Yuin peoples.

We acknowledge Aboriginal and Torres Strait Islander Elders, community members and staff for their ongoing contribution to society and their commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

Message from our Chief Executive

I am pleased to present the Southern NSW Local Health District 2022 (SNSWLHD) Safety and Quality Account.

This Safety and Quality Account provides a review of the quality of care delivered throughout the 2021-22 year. It is a transparent mechanism for monitoring progress towards delivering our promise of excellence in clinical care to the people of Southern NSW.

Over the past year, the continuing challenge of the COVID-19 pandemic has tested our staff. We have continued to provide safe, high-quality care to our communities during potential outbreaks in our District. The evolving pandemic, coupled with a 2022 spike in flu and childhood respiratory illnesses, has challenged us to focus on the safety and wellbeing of our staff and communities. It was very pleasing that our District was mentioned in parliament for its exceptional vaccination rates, especially amongst Aboriginal communities.

During 2021-22 we also consolidated our organisational restructure to realign our teams across our broad geographic area. This has enabled more effective and efficient delivery of our services. We have established several new District-wide positions to improve consistency and reduce variation in practice across the organisation. In addition, we welcomed completion of the new Goulburn Base Hospital, progress towards the new Eurobodalla Regional Hospital and redevelopment at Cooma and Crookwell Hospitals.

Our Elevate program has continued to be embedded in all aspects of operations. Elevate defines our commitment to the renewal of our culture and performance at Southern. It is based on engaging with all employees, development of leadership capabilities, putting in place a system of alignment and accountability and sharing proven tools and tactics that can be used in the workplace to drive consistency and excellence in all that we do.

This Safety and Quality Account also outlines our planned innovations and continuous improvement with a focus on the 2022-23 year ahead. We acknowledge the important role played by our consumer representatives in driving quality improvement in our District and thank them for their contribution.

Our Board and executive are committed to providing our clinicians, consumers and managers with the systems, processes and skills to use their creativity, knowledge and passion to design and promote better healthcare for our communities.

Sadly our Board Chair Dr Allan Hawke AC passed away in August 2022. We are grateful for his outstanding contribution to our organisation and community.

We hope that you find our Safety and Quality Account 2021-22 informative, and we welcome your feedback on this report and on any of our services.



Margaret Bennett
Chief Executive
Southern NSW Local Health District



Working collaboratively with our patients, each other, our partners and community, we will achieve the best possible outcomes for our consumers who are at the heart of our services.”



Statement on Safety and Quality

The SNSWLHD Board and executive team are committed to providing excellence in care. Our promise to our communities is care that is personalised, effective, appropriate and safe.

This commitment to safety and quality underpins everything we do to achieve the best possible health outcomes for our patients and communities. Our purpose is to improve the wellbeing of the community we serve and to become a recognised leader in healthcare.

Working collaboratively with our patients, each other, our partners and community, we will achieve the best possible outcomes for our consumers who are at the heart of our services.

Through openness, SNSWLHD strives to be a learning organisation by encouraging and actively seeking feedback from our staff and community to better understand concerns and learn

from mistakes, helping us to improve our care and services.

We are committed to creating and maintaining a culture of respect - respecting the feelings, wishes and rights of our patients, their carers and families, our staff, and our communities.

We will strive to empower our patients to make well informed decisions about their individual care and treatment and our communities to participate in planning and decision making about health services.

Elevate is our cultural framework and includes a set of nine principles which provides us with the foundation to excel in everything we do.

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



We are committed to creating and maintaining a culture of respect - respecting the feelings, wishes and rights of our patients, their carers and families, our staff, and our communities.”



Margaret Bennett

Margaret Bennett
Chief Executive



Beth Hoskins

Beth Hoskins
Interim Board Chair

Section 1



About Us

SNSWLHD is responsible for delivering public healthcare throughout Southern NSW.

In 2021-22, our staff attended to more than:

113,167

PRESENTATIONS IN
OUR EMERGENCY
DEPARTMENTS



45,799

INPATIENT
ADMISSIONS



13,201

SURGERIES



1,524

BABIES



Our network of hospitals and community services provide for the residents and tourists that populate 44,534 square kilometres of the State's vast south east and tablelands.

SNSWLHD encompasses seven local government areas (LGAs) in one of Australia's most geographically diverse natural environments, spanning the tablelands to the ACT, the Snowy Mountains, and the far south coast to the Victorian border.

It encompasses the Upper Lachlan, Goulburn Mulwaree, Yass Valley, Queanbeyan-Palerang, Eurobodalla, Bega Valley and Snowy Monaro LGAs, and incorporates the traditional lands of five Aboriginal nations of the Gundungurra, Ngunnawal, Ngambri, Ngarigo and Yuin peoples.

Strong tourism, agriculture and a large renewable energy sector characterise the district.



Our services include mental health, acute health, primary and community health, oral health, drug health, Aboriginal health, maternity care, public health, cancer care, renal services and aged care."

Our facilities and services

We are a major employer with 3000-plus staff, many of whom are local to the communities they serve.

Doctors, nurses and allied health professionals account for 69 per cent of our workforce.

Our healthcare facilities are divided into three geographic networks across 15 sites enabling those in each region to get the right care at the right time and in the right place.

Our services include mental health, acute health, primary and community health, oral health, drug health, Aboriginal health, maternity care, public health, cancer care, renal services and aged care.

SNSWLHD has 12 public inpatient facilities including 9 hospitals and three Multipurpose Services (MPS).

Our MPS combine a range of health and aged care. Each is tailored to meet the community's unique clinical needs.

Hospitals with higher level services are strategically connected to smaller facilities providing emergency and basic care.

SNSWLHD partners with ACT Health and major Sydney hospitals for those who require high-level specialist care.



Our community

SNSWLHD's population of more than 217,168¹ is seasonal, surging to accommodate more than 5 million tourists each year attracted by the region's snowfields and idyllic coastal areas.

Visitors account for between 13-17 per cent of all our emergency department presentations annually.

The average age of our residents of 45.6 years is older than that for NSW at 38 years, with coastal areas having a high proportion of elderly people while the peri-urban fringe around the ACT is growing, including families with young children.

As older people comprise an increasing proportion of the local population, new patterns are emerging marked by a greater number of seniors than children and youths, and a steady increase in the ratio of older people to those of working ages.

The forecasted impact on the health workforce and demand for healthcare services will be

significant as people aged over 75 years use five times as many health services as those aged less.

Our Aboriginal population is younger and growing more quickly than any other demographic in our district with 45 per cent of our 8664-strong Aboriginal community² living on the south coast. SNSWLHD acknowledges the Gundungurra, Ngarigo, Ngannawal and Yuin Nations as the Traditional Custodians of the land covered by the District.

More than 26,240 residents were born overseas³, 11,000 speaking a language other than English at home with the highest proportion living in Queanbeyan.

Our local population is predicted to remain fairly stable overall, reaching 211,483⁴ by 2036, although the portion of people aged 65 and older will continue to rise dramatically from 20 per cent to 30 per cent by 2036, an increase from 42,838 to 62,860 individuals.

¹ 209,094 residents – ABS Population by age and sex, regions of Australia, 2019

² ABS Estimates of Aboriginal and Torres Strait Islander Australians, 2016

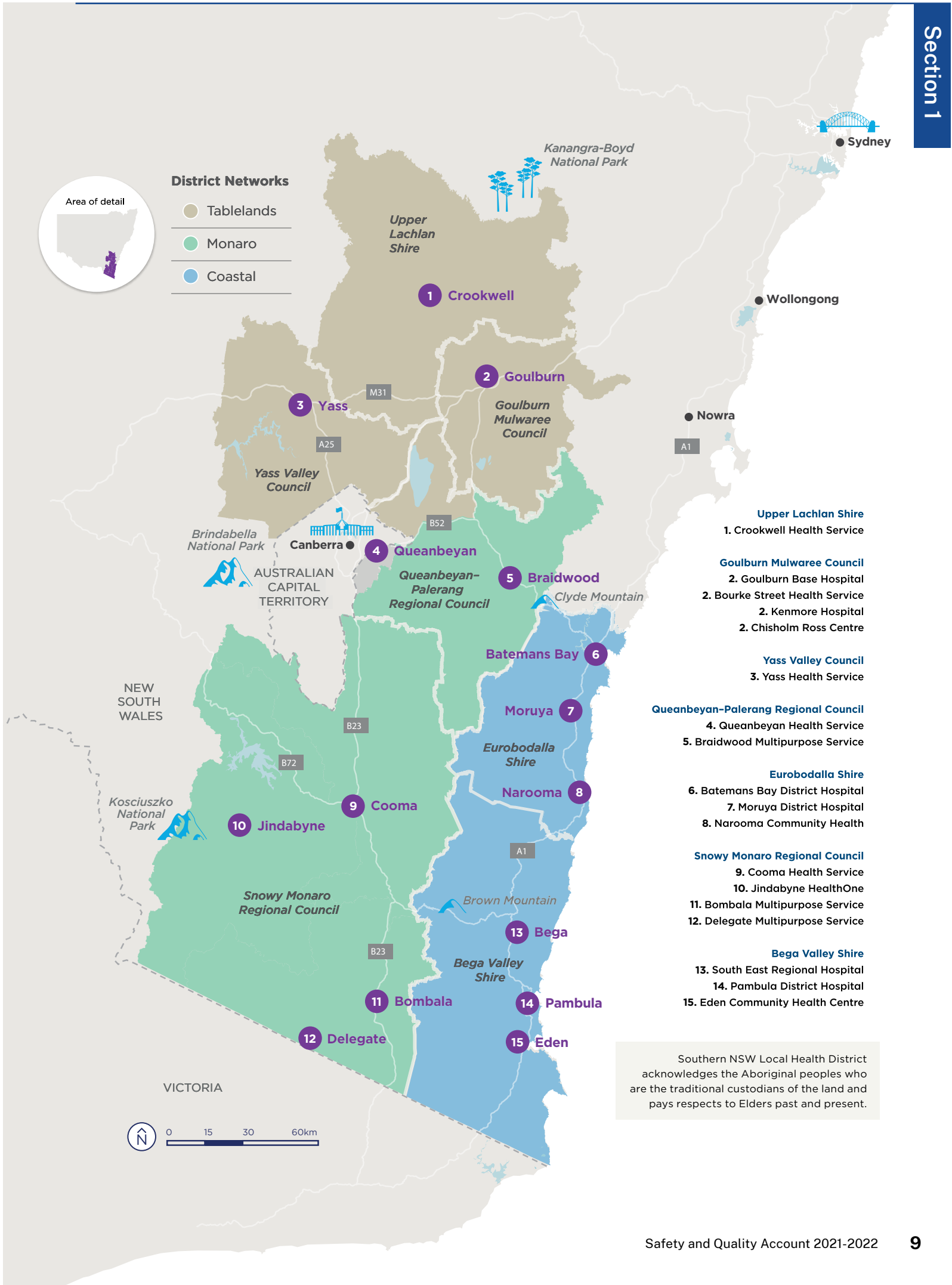
³ PHIDU Social Atlas of Australia, 2018

⁴ NSW Department of Planning and Environment, NSW state and LGA household projections, 2019



District Networks

- Tablelands
- Monaro
- Coastal



- Upper Lachlan Shire**
 - 1. Crookwell Health Service
- Goulburn Mulwaree Council**
 - 2. Goulburn Base Hospital
 - 2. Bourke Street Health Service
 - 2. Kenmore Hospital
 - 2. Chisholm Ross Centre
- Yass Valley Council**
 - 3. Yass Health Service
- Queanbeyan-Palerang Regional Council**
 - 4. Queanbeyan Health Service
 - 5. Braidwood Multipurpose Service
- Eurobodalla Shire**
 - 6. Batemans Bay District Hospital
 - 7. Moruya District Hospital
 - 8. Narooma Community Health
- Snowy Monaro Regional Council**
 - 9. Cooma Health Service
 - 10. Jindabyne HealthOne
 - 11. Bombala Multipurpose Service
 - 12. Delegate Multipurpose Service
- Bega Valley Shire**
 - 13. South East Regional Hospital
 - 14. Pambula District Hospital
 - 15. Eden Community Health Centre

Southern NSW Local Health District acknowledges the Aboriginal peoples who are the traditional custodians of the land and pays respects to Elders past and present.





Our health

There is a strong link between income and health and wellbeing. People living in more disadvantaged communities are at greater risk of unhealthy lifestyle behaviours such as smoking, poor diet, lack of exercise, and risky alcohol intake which lead to chronic diseases such as diabetes, heart attack, stroke and obesity.

The majority of LGAs in SNSWLHD are categorised as socially disadvantaged with the exception of the Yass Valley and Queanbeyan-Palerang regions.

As our population ages, the number of people diagnosed with cancer is predicted to increase to 64 per cent over the next decade. Prostate and breast cancers are the most common, while lung cancer causes more deaths.

The rate of pregnant smokers in SNSWLHD is concerning, at 14.1 per cent, 5.8 per cent higher than the State average. The overall rate of smokers is 16 per cent, higher than the NSW average at 14.4 per cent.

Rates of mental health illness, hospitalisation for mental distress and self-harm are higher in SNSWLHD than the rest of the State with younger residents aged 15-24 having high rates of admissions for self-harm.



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Our community is experiencing growing social, economic and health pressures. The way our community changes helps shape our growth, and drives changes in our future models of care.

People



217,168

RESIDENTS
IN SNSWLHD

8,664

(4.2%)
ABORIGINAL
PEOPLE
(NSW 3.5%)



21.7%

AGED 65 AND OLDER
(NSW 16.3%)

45.6

AVERAGE AGE
(NSW 37.5)



19%

AGED 0-15 YEARS
(NSW 19%)



5 MILLION

TOURISTS ATTRACTED TO
THE REGION'S SNOWFIELDS
AND PRISTINE COASTAL
AREAS



PROJECTED
POPULATION 2026

226,622

RESIDENTS

Other Statistics



LIFE EXPECTANCY
IN OUR DISTRICT

79.2

FOR MALES (NSW 81.5) AND

84.5

FOR FEMALES (NSW 85.7)



69.7%

OF ADULTS ARE OVERWEIGHT
OR OBESE (NSW 65.9%)

27.6%

OF CHILDREN ARE OVERWEIGHT
OR OBESE (NSW 24.4%)



16%

OF ADULTS SMOKE
(NSW 14.4%)

14.1%

OF WOMEN SMOKE
DURING PREGNANCY
(NSW 8.3%)



61.9%

OF PREGNANT WOMEN IN SNSWLHD
HAVE THEIR FIRST ANTENATAL VISIT
BEFORE 14 WEEKS GESTATION
(NSW 77.6%)



95.1%

OF CHILDREN FULLY
IMMUNISED AT 1 YEAR OLD



256

INTENTIONAL SELF-HARM
HOSPITALISATIONS -
(MUCH HIGHER THAN NSW RATE
PER POPULATION)



11.6%

OF ADULTS HAVE
DIABETES OR HIGH BLOOD
GLUCOSE



5.6%

OF THE POPULATION
LIVE WITH A SEVERE OR
PROFOUND DISABILITY



20.2%

OF ADULTS CONSUMING 2+
ALCOHOLIC DRINKS/DAY
(NSW 15.5%)



1,782

OF HOSPITALISATIONS
RELATED TO FALLS
PER YEAR



64%

PROJECTED GROWTH
IN CANCER DIAGNOSES
BY 2031



49.5%

OF ADULTS CONSUMING
ADEQUATE FRUIT INTAKE
(NSW 52.5%)



516

HOSPITALISATIONS FOR DEMENTIA
EACH YEAR. ESTIMATED 4,283
PEOPLE IN SNSWLHD WITH
DEMENTIA



2x

HIGHER RATE OF ABORIGINAL
RESIDENTS HAVE POTENTIALLY
PREVENTABLE HOSPITALISATION
RATES COMPARED TO
NON-ABORIGINAL RESIDENTS



33%

OF ADULTS HAVE
HIGH BLOOD PRESSURE



17.7%

OF ADULTS HAVE HIGH
OR VERY HIGH
PSYCHOLOGICAL DISTRESS

Section 2




Our Promise

The Southern NSW Local Health District Strategy 2026 has four strategic priorities that are all centred around quality and safety of care, with a key focus on elevating the human experience and supporting people who are our patients, community and staff. We focus on partnering with patients, families and carers in healthcare decision-making and improving staff culture and wellbeing.

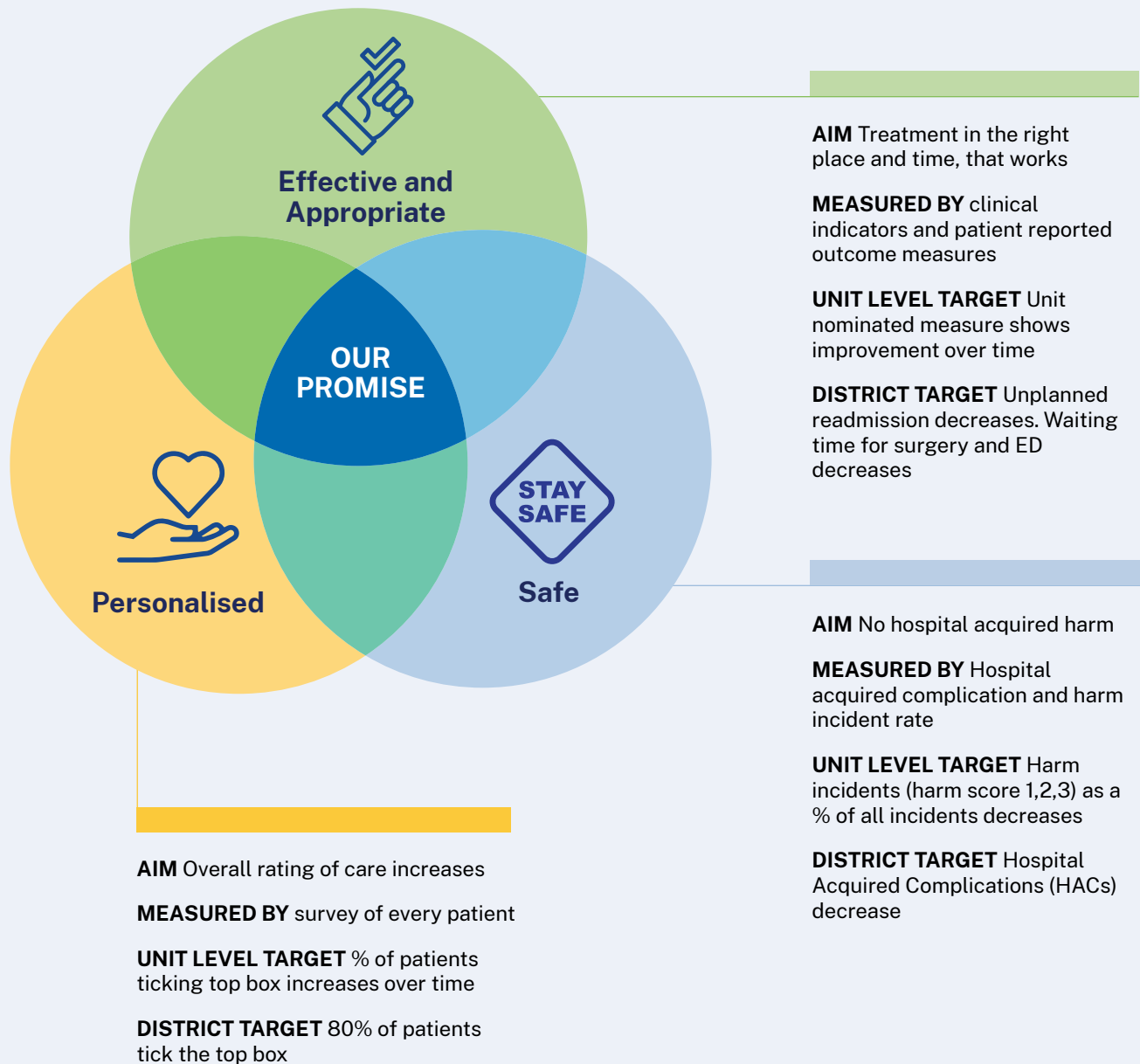
			
<p>Elevating the human experience</p>	<p>Keeping people healthy and well</p>	<p>Delivering safe care in all settings</p>	<p>Supporting our people</p>

Our promise for excellence in care is to provide **personalised, effective, appropriate** and **safe care**. Staff at every level of the organisation are aware of their role in meeting this promise. Timeliness is also critical, and included as part of appropriate care.

	Patients / consumers	Clinical staff	Nonclinical staff	Managers	Board and Executive
My role	<i>It is important to me that....</i>	<i>To provide care</i>	<i>To support care</i>	<i>To lead and enable care</i>	<i>To lead and govern care</i>
Personalised	 <p>I receive exceptional service and care. My needs and goals are met.</p>	<p>I respect every patient as an individual and put their needs first.</p>	<p>I support the direct care staff to focus on the patient first.</p>	<p>I monitor the experience of patients and support my staff to improve care.</p>	<p>I consider the patient first when making decisions.</p>
Effective and Appropriate	 <p>My treatment works. I am able to access services when and where I need them.</p>	<p>I provide consistent care in the right place at the right time. I maintain my competence and skills.</p>	<p>I provide resources and assistance to the staff providing direct care.</p>	<p>I measure the effectiveness and timeliness of care so there is no unwarranted variation.</p>	<p>I ensure risks are reduced and performance improves. I direct resources to areas of need.</p>
Safe	 <p>I feel safe and nothing goes wrong.</p>	<p>I keep my patients safe and speak up when incidents occur.</p>	<p>I support a culture of safety.</p>	<p>I prevent recurrence of any safety issues.</p>	<p>I empower staff and act immediately to improve safety of care if required.</p>

Core quality measures

The SNSWLHD Clinical Governance Framework outlines a new, more targeted approach to monitoring and improving the safety and quality of care, in line with the promise of personalised, effective, appropriate and safe care. This was approved by the Board in September 2022. Multiple measures of quality are monitored across the District, however some core measures have been selected for monitoring over the next 12 months.



Quality structures and processes

SNSWLHD prioritises safety and quality through the following structures and processes:

- Our performance agreement with NSW Health covers key safety and quality requirements and measures including reducing the incidence of Hospital-Acquired Complications (HACs), emergency and surgical waiting times, and improving patient experience scores
- Investigation of incidents and complaints and the monitoring of trends, and patient experience and consumer feedback data assists us to identify and highlight areas for improvement
- Issues identified on our risk register are prioritised for inclusion in the safety and quality plan and translate into actions for improved safety for our patients
- Gap analyses and systematic audits against the key requirements of the National Safety and Quality Health Service Standards, Clinical Care Standards and our policies and procedures, assist us to pinpoint and address areas of concern
- NSW Health's pillar agencies, the Clinical Excellence Commission (CEC), the Agency for Clinical Innovation (ACI), and the Bureau of Health Information (BHI), identify and/or support priority improvement strategies
- All departments are supported to carry out innovations and quality improvement activities, using either quick improvement methods, or more in depth improvement science.

The priorities identified for improvement each year are included in the organisational operational plan and annual SNSWLHD Safety and Quality Register/Plan which is reviewed and updated quarterly by the peak safety and quality committees.

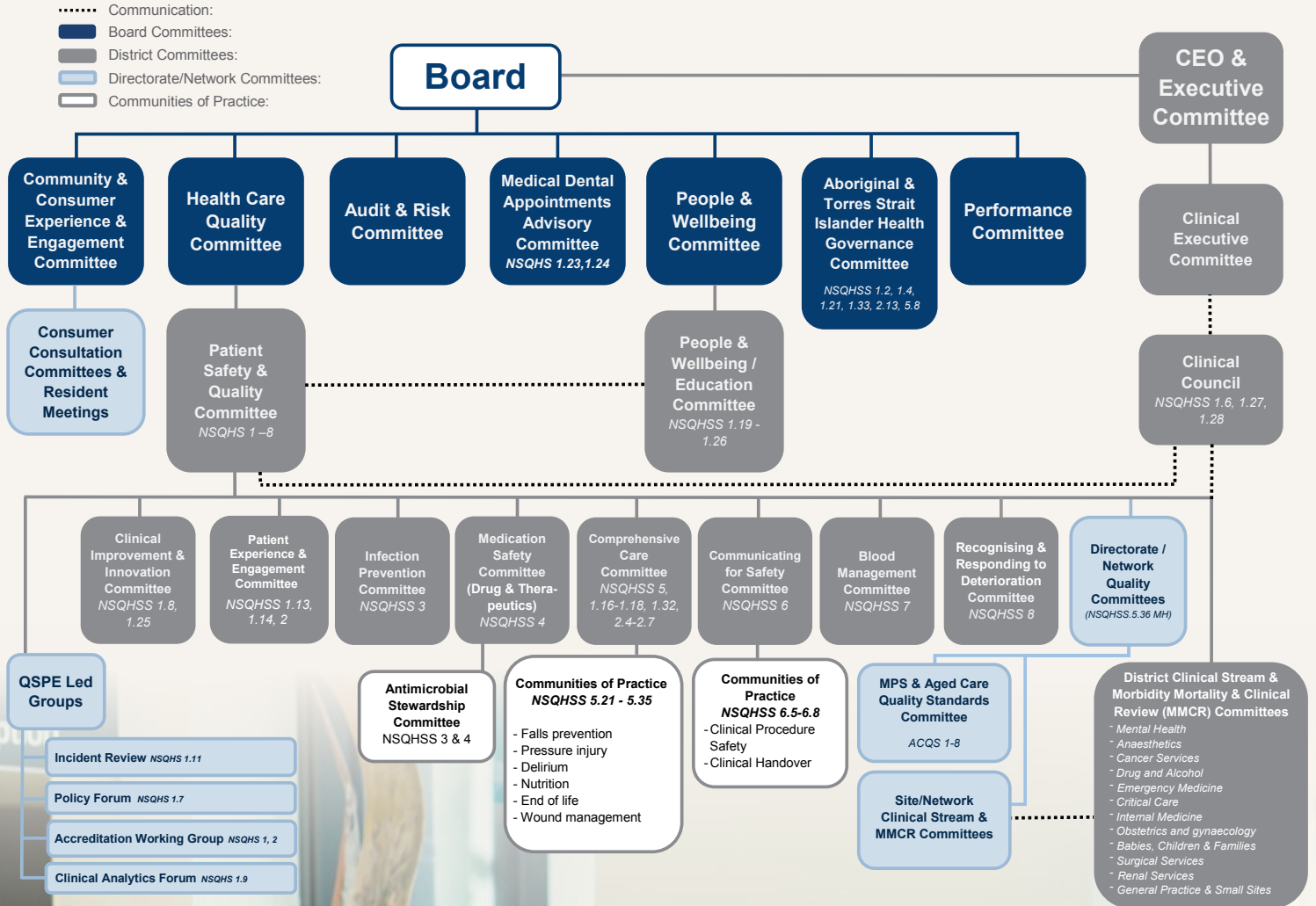


One of our most significant achievements towards improving patient safety and quality is the establishment of District Medical Leads.”



Overseeing quality

SNSWLHD has a new safety and quality committee structure.



The Health Care Quality Committee (HCQC), which is a SNSWLHD Board level committee, provides advice and assurance that mechanisms and controls are in place to monitor quality of care, patient safety and the services we deliver. The Audit and Risk Committee and Community and Consumer Experience and Engagement Committee also monitor quality and safety aspects. The Patient Safety and Quality Committee (PSQC) is the peak operational forum for safety and quality. The PSQC is supported by several key District-level committees, each having specific responsibilities aligned with the National Safety and Quality Health Service (NSQHS) Standards.

Key performance indicators monitored through this structure are listed in the Clinical Governance Framework and are based on:

- Key performance indicators specified in our performance agreement with NSW Health
- Quarterly reporting by each quality committee against NSQHS Standard requirements
- Areas of risk or focus within our District
- Areas of innovation or improvement requiring outcome to be measured.

Each year, health service organisations are required to submit an annual attestation statement to their accrediting agency. This statement ensures that Board clinical governance as specified in the National Safety and Quality Health Service Standards has been met.

The SNSWLHD Board Clinical Governance Attestation Statement for 2021 is included at Appendix A.

The annual SNSWLHD Quality Awards recognise and celebrate the commitment and innovation of staff to strive for excellence in all aspects of the delivery of health service. In 2022, ninety submissions were received, highlighting the dedication and creative thinking of staff, working as individuals or teams, often in their own time, to make improvements to our services. Winners of the awards are those submissions that best demonstrated the SNSWLHD CORE (Collaborate, Openness, Respect, Empowerment) values and that focused on provision of personalised, effective, appropriate and safe care for our community. Award winning programs and projects are highlighted throughout this Quality Account and a summary is found in Appendix B.



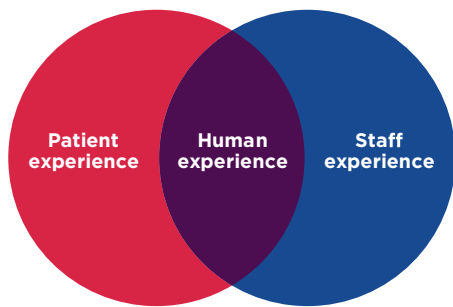
Section 3



Personalised Care: Elevating the Human Experience

Patient, family and carer experience is a major driver of improvement in SNSWLHD.

It is our priority to promote a patient-centred, positive and compassionate culture that is shared by managers, front-line clinical and support staff alike. This culture will ensure the delivery of safe, appropriate, high quality care for our patients and communities. Elevating the human experience isn't just about delivering exceptional patient experience: it's also about making the staff experience a positive and empowering one.



What is the human experience?

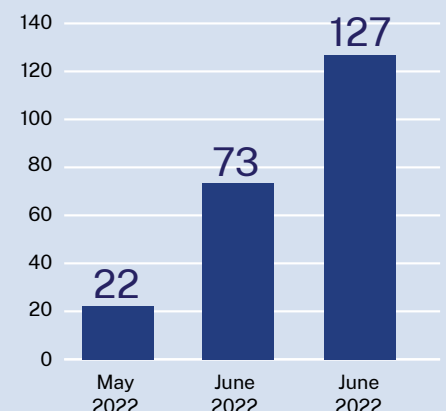
The NSW Health 'Elevating the Human Experience - Guide to Action' outlines how we can all partner together to transform the way NSW Health delivers high quality, compassionate and

personalised care. A priority identified last year was to develop an overall SNSWLHD strategy to implement the various actions required to enable our District to deliver an exceptional patient experience, for every patient, every time including making that experience an empowering one for everyone involved in receiving and providing care.

One initial action from this overall strategy was to establish a more robust method of gathering feedback from each and every patient. This feedback is then provided to staff at the ward level, who are able to take action as required. A new patient experience survey (the Australian Hospitals Patient Experience Question Set - AHPEQS) was introduced in May 2022 with the aim of offering this survey to every patient and providing timely feedback to assist hospitals to improve. The response rate has been growing each month, with a sample size of 22 in May, 73 in June and 127 for July 2022. Percentage of patients ticking the top box "very good" has increased from 77.3% to rise above the 80% target. This is an ongoing project that we will report on again next year as our Consumer and Community Engagement Strategy is further rolled out.



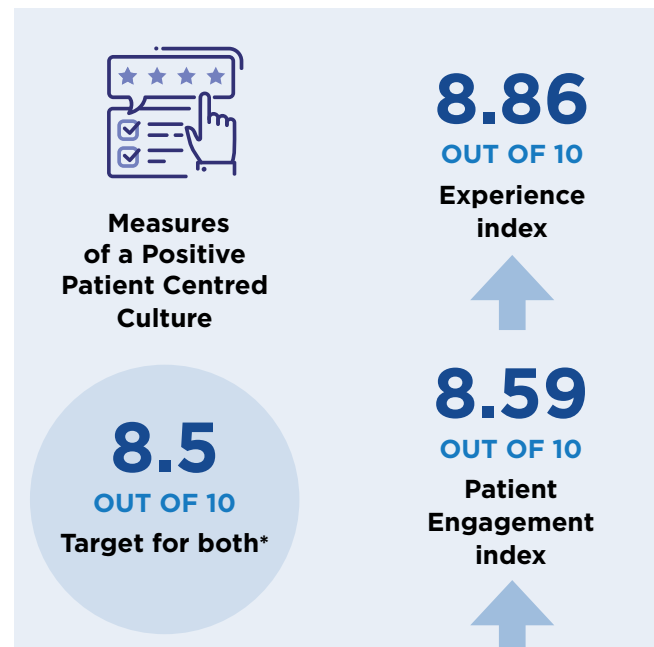
Patient survey sample size – first months



Patient reported experience and outcomes

Patient, family and carer experience is a major driver of improvement in SNSWLHD. Our daily interactions with patients, families and carers, provide the opportunity to learn how we can further improve our approach to the care and the services we provide. In addition to the new AHPEQS survey, we gather and analyse feedback from a wide variety of sources and involve our patients, consumers and carers in developing strategies to continually improve our services.

- Patient Reported Outcomes Measures (PROMs) capture a person's perception about how illness or care impacts on their health and wellbeing. PROMs help to assess and follow up a patient's clinical progress, to identify if a patient is getting value from their treatment and support services to make improvements over time. It is a critical component of our quality improvement program. They are being used in aged care, Aboriginal health, chronic and complex care across the District. Over the next 12 months, we will continue to build on this program and integrate more services into the Patient Record Measures electronic platform, Health Outcomes and Experience (HOPE).
- The Aunty Jean's Program is continuing to demonstrate its commitment to patient focused continual improvement by undertaking Patient-Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) across all sites in our District. This has been a huge piece of work and a first for NSW, that has identified important measures for our clients.
- Your Experience of Service (YES) survey for mental health consumers seeks feedback on care and how our services can be improved. The percentage of patients rating SNSWLHD very good or excellent for April-June 2022 was 75%, above the NSW State average result for the same period of 72%.
- Measures of a positive patient-centred culture include the NSW Health Patient Experience Index for which patients provide a rating for their overall care, staff performance, organised care, and if they would speak highly of care to family and friends. SNSWLHD scored 8.86 out of 10 for admitted patients for Oct-Dec 2021, which was above the NSW target of 8.5.
- Similarly, the NSW Health Patient Engagement Index scores patient perception on information provision, involvement in decisions on care and discharge, and continuity of care. With a target of 8.5, SNSWLHD scored 8.59 for admitted patients for these two dot points, both with target of 8.5
- In the Emergency Department, the Patient Experience Index has improved since last year, now scoring 8.6 which is also above the target of 8.5. Quality improvement action plans are underway in response to the Patient Engagement Index, which scored 7.98 compared to the NSW target of >8.5. However we have improved upon last year's score of 7.46.



- Patient Experience Trackers (PETs) in our oral health clinics measure patient satisfaction with interpersonal skills, respectful treatment and communication from staff to clients and shared decision making around treatment. PETs are small electronic hand-held devices used to collect feedback at the point of care. Patients can respond to each question with the press of a button. The de-identified data is collated every day and the reports are sent back via email to nominated staff overnight. This helps enhance services and the patient experience.



Consumer engagement

- Our Aboriginal Health Workers meet with patients and consumers to provide support during their treatment and care. They help connect Indigenous consumers to utilise the services of a social worker and engage with Auntie Jean's Program for smooth ongoing treatment and recovery. They also conduct follow-up phone calls within 48 hours following discharge to our patients or consumers who identify as Indigenous. They provide support by assisting with information regarding follow up appointments, clarifying medication requirements, arranging access to therapeutic equipment for recovery and advocating for support services that may be required such as transport and care packages.
- Eleven Community Consultation Committees (CCC) bring the community voice to the table to continually improve service delivery. They are involved in strategic planning, health service and clinical service design and assist by communicating health messages to communities. They assist us in improving health literacy for each community, making care options more accessible for all and advocating for patients, families and carers. Our CCC members also engage one-on-one with the community, conducting patient experience surveys and seeking to find out "what matters to them".
- To guide the development of patient-centred services, we involve patients and consumers in focus groups, internal panels and project committees, such as those for facility redesign and redevelopment and to review models of care.
- Patient stories and consumer feedback ensure the patient voice serves as a valuable learning tool not only for staff but for the Board and community and consumer representatives. It is the patient experience that ensures we can deliver safe and quality care, and continually improve outcomes and experience for all patients, families and carers.
- The mental health official visitors program enables the concerns of patients or carers to be heard and to provide help to resolve them. With permission, they can act on a patient's behalf. Official visitors are appointed by the NSW Minister for Mental Health. They visit all inpatient psychiatric facilities across our District, talking to consumers, inspecting records and registers, and reporting on the standard of facilities and services. All concerns are treated in confidence, investigated thoroughly and feedback is provided on outcomes and actions taken to prevent recurrence and enhance patient care.
- Consumer advocates and Living Well peer support workers are employed to bring their lived experience of mental illness to our organisation and support our consumers at a systemic and personal level. Our consumer participation coordinator works at a senior executive level with staff and consumers.
- Our Mental Health Drug and Alcohol consumer participation group is involved in the planning, review and delivery of services. It comprises volunteers with lived experiences of mental illness who have been seen by a mental health service.

Transforming patient experience during COVID

When COVID-19 arrived in Southern NSW last year, the Virtually enhanced COVID Care (VeCC) program was created for multidisciplinary care of COVID-positive patients. A program that might have ordinarily needed months to establish, was launched in a matter of days, in response to a quickly evolving crisis.

For the first time ever, Southern was running a hospital ward out of people's homes. Patients were provided with monitoring kits for daily vital sign observation and self-reported health and wellbeing surveys. A 24/7 VeCC support line was staffed by registered nurses, clinical nurse specialists, clinical nurse consultants, allied health professionals and physicians. All aspects of a patient's wellbeing were assessed and managed including prescriptions, medical consults, food hampers, phone credit, grocery orders and accommodation.

The scale of the VeCC is hard to fathom and the number of lives saved will never be known

but Southern is immensely proud of a program that made sure our community came through COVID-19 with minimal impact. The VeCC Team won a district Quality Award in 2022 for transforming patient experience.

In addition to staff members from Southern, this project involved a broad array of community members including GPs, hospitals, Illawarra Shoalhaven Local Health District, Katungul Aboriginal Health Service, Coordinare, Resilience NSW, NSW Police, Coles and Woolworths, interpreter services, accommodation providers and Philips.

While the decision to launch VeCC (overnight) was forced on us at short notice, we are excited at what the program means for future health service delivery. Southern is making the most of this experience to fully utilise virtual care services to reach our geographically dispersed patients and broaden our reach.

To quote one of our VeCC patients:
“Congratulations on a professional response in my time of need. I feel truly thankful for the service the nurses and doctors provided and am reassured I am now on a path to recovery.”



Building a workplace of kindness

Closely entwined with the Elevating the Human Experience strategy, is the SNSWLHD Care and Kindness Charter.

Kindness is a quality that we value highly in our District. There is a significant body of research which acknowledges that kindness, trust and respect are fundamental in building a positive workplace culture in an organisation.

Kindness matters in healthcare, as there is a direct relationship between staff wellbeing and patient wellbeing. Evidence clearly shows that where empathetic communication and compassion are prevalent, clinical teams are more effective, staff morale is higher, patient complaints are fewer and patient quality and safety is improved.

A Care and Kindness Charter is a statement by our organisation that makes an explicit commitment to providing kindness and compassion in every interaction with patients, carers, families and our work colleagues. We will ask all staff to commit to this Charter, to bring it to life in all their daily interactions with colleagues, patients and their families.

We finalised our Care and Kindness Charter and launched it on World Kindness Day in November 2021. This Charter empowers every person, at every level, to champion the importance of care and kindness in all our daily interactions. It sets a clear commitment relating to human experience for individuals and teams at every level of the organisation. We will build a program of activities across our District that brings to life our commitment to building a workplace of kindness.

“ This charter empowers every person, at every level, to champion the importance of care and kindness in all our daily interactions.”



Section 4



Effective and Appropriate Care: Innovations and Improvements

Effective care is providing services and treatment based on evidence-based practice to all those who could benefit and not to those who are unlikely to benefit. Importantly, care that is seamless and integrated, reduces fragmentation of healthcare service delivery and improves service effectiveness.

Appropriate care means that evidence-based care is provided by the right providers, to the right patient, in the right place at the right time. This care is timely and the services are accessible.

Aboriginal health priorities

SNSWLHD is committed to working in partnership with Aboriginal people and others to improve the health and well-being of Aboriginal people within our District. We have established an Aboriginal Health subcommittee of the SNSWLHD Board. This is testament to our commitment to improving and maintaining the health of our Indigenous populations. The subcommittee will support the monitoring and implementation of Aboriginal health initiatives throughout our District.

Our Aboriginal Health and Population Health team's project "Seeing Country Recover through the eyes of the Yuin people" was a finalist in the 2021 NSW Health Quality Awards. The project aimed to explore and understand the impact of the 2019-2020 Black Summer fires on Aboriginal people and their lands and how we can walk together on the journey of recovery. The aim of the project was to assist the healing of the local Bega Valley and Eurobodalla Aboriginal people following the Black Summer fires and foster interagency collaboration. An innovative and collaborative co-design model was used

to engage a suite of SNSWLHD services. The project was supported by the Primary Health Network, Non-Government Organisation sectors and local Aboriginal community members. Connections were fostered and the reach of current health promotion and recovery messages were extended.

In 2021-22, we completed the NSW Health Aboriginal Cultural Engagement Self-Assessment Tool was designed to assist NSW Health organisations make meaningful changes to make health services and hospitals culturally safe and respectful for Aboriginal patients, clients and staff. This tool has assisted us to identify improvements to organisational activities and Aboriginal community engagement to make our health services and hospitals culturally safe and respectful for Aboriginal patients, clients and staff. The self-assessment tool was completed at site level, to allow more local customisation of strategies.

Our recent highlights include the growth of Aboriginal engagement with key stakeholders and the establishment of Njindiwan Gudhu group. There are further service engagement initiatives happening with the introduction of the Yuin Working Group. This group is a multidisciplinary team of health, housing and justice services that meet regularly to share information to better support clients needing services. Issues include support to sustain tenancy, reduce elder abuse and early engagement for youth services to reduce incarceration rates. We also have a focus on monitoring clients with chronic conditions to reduce presentations to emergency services, and referrals to services for clients with mental health needs.

“ SNSWLHD is committed to working in partnership with Aboriginal people and others to improve the health and well-being of Aboriginal people within our District.”

A key focus throughout the year was on decreasing the proportion of patients who have been admitted to hospital who leave against medical advice, with a target of less than 1.0%. These are patients who have been admitted to hospital who leave against the advice of their treating doctor. Patients who discharge against medical advice have higher readmission rates, higher levels of multiple admissions, and a higher rate of mortality. For Aboriginal patients, this measure provides indirect evidence of the cultural competence of hospital services, and the extent of patient satisfaction with the quality of care provided.

We want to provide effective and appropriate inpatient health services to Aboriginal people and reduce the risk for Aboriginal people of adverse health outcomes associated with leaving hospital against medical advice. Although the result for April – June 2022 was 1.7% of patients leaving against medical advice, this is an improvement on the previous year, which had a rate of 2.1%.

Another focus has been reducing unplanned readmissions within 28 days for Aboriginal people. The aim is for this to be a low rate, which means that discharge plans have been successful. For the year ending June 2022 it was pleasing that the readmission rate was 6.4%, below the target of 9.1% and also below the rate for the same period last year (7.4%). We know that both of these indicators are linked to higher risks and poor patient outcomes for our Aboriginal patients and we are committed to continuous improvement in these areas.

Aboriginal Health has established processes through the Census Task List in eMR systems to follow up all Aboriginal clients that are admitted to the inpatient facilities or attend our Emergency Departments (ED). This has impacted both of these indicators and resulted in a significant reduction in ED presentations due to the follow up provided by the Aboriginal Health team.

Providing culturally safe spaces is an important feature in all our rebuilding programs. We work with our local Aboriginal communities to ensure our new facilities reflect inclusiveness. An Aboriginal reference group has been established as a key response to the NSW Government’s Connecting with Country framework for the new \$200 million Eurobodalla Regional Hospital. This reference group includes representation from Aboriginal community, service providers, key stakeholders and Aboriginal staff. This has been a great opportunity to see the benefits of co-designing with community for positive spaces to heal.

In partnership with Health Infrastructure, Aboriginal community representatives worked to plan a cultural burning and smoking ceremony that is instrumental in the spiritual healing of the land to prepare for the upcoming Eurobodalla Regional Hospital. This was undertaken in September 2022. Further “design jam” sessions are being planned with ongoing community consultation and feedback to ensure that Aboriginal community remain well informed as part of the Connecting With Country policy.

Aboriginal patients June 2022 readmission rate



Improving Aboriginal health during COVID

COVID-19 cases started to increase in Southern in early 2021, well before the vaccination roll out was in place to protect vulnerable communities against serious illness and death. Southern's Aboriginal Health team stepped up early on to do everything possible to support local Aboriginal communities with all elements of the COVID-19 response.

The team were working in uncharted territory with very little time for planning.

Team members dropped food and care packages to family homes at all hours of the day and night. Close contacts and COVID-19 cases were supported with provision of phones and virtual care equipment for home monitoring. Accommodation was provided for individuals and families with no ability to isolate. Testing was provided at people's homes.

The Aboriginal Health team gave local Aboriginal communities personalised and culturally sensitive care, information and support to help them get through a scary and difficult time.

Southern partnered with Katungul Aboriginal Health Service, SEARMS, Department of Community and Justice, Aboriginal Affairs, and the National Indigenous Australians Agency to work collaboratively and efficiently. Together, these organisations contributed to the Southern NSW Aboriginal Community COVID-19 resources group Facebook page. The group grew to 415 members and was a trusted source of COVID information designed for Aboriginal

communities. As the page states: "We know it's overwhelming how much information there is out there about COVID-19, so we wanted to create a group for Aboriginal communities within Southern NSW to access COVID-19 related info, updates and resources all in one place."

The Aboriginal Health team COVID-19 response focused on proactive, preventative measures to keep people healthy and out of hospital.

The team's work was so thorough and effective that some of the outbreaks in Aboriginal communities were prevented from spreading. This most certainly saved lives. The team received a District Quality Award for their work.

Opioid reduction project

An innovative project focused on effectiveness and appropriateness in medication management was another District Quality Award winner this year. The program aimed to prevent persistent postoperative opioid use and reduce opioid related harm to patients.

The "resource specific approaches to perioperative opioid stewardship in rural hospitals" project looked at opportunities for improvement of documentation, weaning plans and education for staff, GPs and patients to match recently published, best practice guidelines.

This project is an example of interdisciplinary engagement to implement positive change based on evidence-based guidelines. The results for the patient include more engagement, autonomy and empowerment, reduced risk of persistent opioid use, reduced length of stay, improved mobilisation and reduced risk of chronic postoperative pain.



The Aboriginal Health team gave local Aboriginal communities personalised and culturally sensitive care, information and support to help them get through a scary and difficult time."

Evidence-based care in Mental Health services

The mental health inpatient units have achieved excellent evidence-based outcomes with the Reduction of Seclusion and Restraint project. This District Quality Award winning project shows what can be achieved when teams work together to make positive change with measured outcomes.

The use of seclusion and restraint is known to be traumatising for both the consumer and the staff involved. A Clinical Nurse Consultant in Seclusion and Restraint Reduction role was created with a sole focus of driving change in culture and improving clinical practice. An action plan was established with monthly accountability reporting to ensure positive progress was achieved.

The project has delivered a sustained decrease in restrictive practice episodes over an 18-month period. Southern's mental health units have been recognised at the state level for reduction of seclusion and restraint, South East Regional Hospital is now 341 days seclusion free and Goulburn is 145 days seclusion free.

Investment in the education and skills of our workforce has led to a better work environment and clear evidence of positive health outcomes.

Southern's transition to virtual care during COVID-19 was the catalyst for many other projects where technology could improve the patient experience.

The Virtual Care for Clozapine Consumers project started with a trial for 16 consumers who could choose to manage their medication at home using a home monitoring kit and video calls with clinicians.

The trial demonstrated a range of benefits to consumers including:

- Reduced travel and time away from home/work for consumers and carers
- Increased consumer independence, self-management and awareness of their own health.

A summary of key quality indicators related to the District mental health, alcohol and other drugs programs is below.

Indicator	Result	Target	Period	
Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	249	243	FY 2022	✓
Mental Health: Acute Post Discharge Community Care (%)	69.6	>75	FY 2022	✗
Mental Health: Acute Readmissions Within 28 Days (%)	14.2	<13	FY 2022	✗
Mental Health: Acute Seclusion Rate (per 1,000 bed days)	2	<5.1	FY 2022	✓
Mental Health: Average duration of seclusion (hours)	1.0	<4.0	FY 2022	✓
Involuntary patients absconded from an acute inpatient unit -rate per 1,000 bed days	0.28	<0.80	FY 2022	✓
Emergency Department Extended Stays: Mental Health presentations staying in ED >24 hours	4	0	FY 2022	✗
Mental Health Peer Workforce Employment	6.8	6	FY 2022	✓

Legend: ✓ Performance at or better than target

✗ Performance outside tolerance

Oral Health innovations

The Oral Health team has achieved two District Quality Awards in 2021-22. Children requiring specialist dental care in Southern have historically had limited access to specialist care through outreach Paediatric Specialists visits from Westmead Centre for Oral Health and Sydney Dental Hospital. Restrictions to dental service provision due to COVID-19 meant this outreach model was temporarily unavailable.

The team were able to quickly pivot their model of care to a Virtual Care specialist consultative service with local chairside support. Patients presented face-to-face in their local dental clinic where an Oral Health Professional would conduct a live consultation via MyVC with a specialist joining remotely.

The use of existing infrastructure including the electronic oral health record, digital radiology, intra-oral cameras, and screen sharing capacity on MyVC meant that the specialist was able to view directly into the child's mouth allowing comprehensive assessments, treatment planning and case management.

The multidisciplinary consultation involved specialists from Periodontics, Paediatrics, Orthodontics, Endodontics and Prosthodontics departments at Sydney Dental Hospital.

Transitioning to a Virtual Care specialist consultative service has greatly reduced the need for patients to travel for appointments. It has allowed for improved pre and post-operative management of patients requiring general anaesthetic services. It has promoted timely access to specialist services and more accurate determinations of the clinical needs of the patients which reduces the risk of adverse outcomes for the patient.

The Oral Health team were also awarded the Board Chair Award for their "Oral Health Contact Centre – Reducing Wait Times project".

Prior to this project launching, the only way to contact Southern's Oral Health service was by telephone. Reviews of the Oral Health Contact Centre (OHCC) in 2016 and 2019 identified that the majority of consumer complaints related to long wait times. Southern's OHCC had the

longest wait times in the state. Additionally, consumers with physical disabilities such as hearing impairment and mental health conditions required alternate methods for contacting the service.

Southern's OHCC team were determined to improve the consumer experience with person centred solutions. Some highlights of their work include:

- Expanding contact/communication channels to include email and SMS
- Development of an electronic referral form
- Flexible rostering of OHCC staff to address identified peak demand times

Outcomes of the project include:

- Timely triage to ensure emergencies are treated quickly
- Average wait time decreased from 2.44 hours in 2019 to 7 minutes in March 2022.
- Reduction in complaints related to call wait times
- High levels of satisfaction indicated through patient experience surveys
- Vacant appointments are filled more efficiently with bulk SMS messages being sent to consumers on the waiting list



Women and Children's services

In late 2021, the midwifery team were awarded a prestigious NSW Health Award for their work implementing quantitative fetal Fibronectin (fFN) testing for pregnant women. The technology takes ten minutes to process, and enables clinicians to predict the likelihood of a preterm birth occurring within seven days of testing. It improves patient safety, engages patients in their care, reduces the risk of transfer, interventions and costs to the woman and the health service. Staff at each maternity service received education, resources and equipment. The outcomes were remarkable. There has been a 79% reduction in women with threatened preterm labour being transferred to a tertiary facility. In addition, program resulted in cost savings and just three women needing transfers, while 13 women were able to continue to receive care in their local community.

A summary of key quality indicators related to women's and children's services is below.

Indicator	Result	Target	Period	
	21.8	19.1	Oct 20-Sep 21	✓
Neonatal Birth Trauma – this is any cuts, fractures, or other injuries sustained by a newborn baby during labour or delivery. Our systems of care for labour and delivery are consistent with best-practice guidelines to effectively identify and manage complicated deliveries to minimise the risk of birth injuries in newborns.	47.3	113.6 per 10,000 episodes of care	FY2022	✓
Childhood Obesity: Children with height and weight recorded (%)	61.7	Target 70 NSW rate 58.4	Apr-Jun 22	✗
Perineal Lacerations in Childbirth – this is a relatively common injury that can occur during childbirth resulting in trauma ranging from a small skin break to a larger tear requiring surgery.	296.4	405 per 10,000 episodes of care	FY2022	✓
Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals (number of referrals)	488	249	FY 2022	✓

Legend: ✓ Performance at or better than target ✗ Performance outside tolerance

“ There has been a 79% reduction in women with threatened preterm labour being transferred to a tertiary facility. In addition, program resulted in cost savings and just three women needing transfers, while 13 women were able to continue to receive care in their local community.”

Timeliness and accessibility

We know that best healthcare must be timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to the medical need.

A summary of key quality indicators related to timeliness and accessibility is below.

Indicator	Result	Target	Period	
Elective surgery access performance (ESAP) – category 1 surgery – urgent cases admitted within the clinically appropriate timeframes	99.2%	NSW 99.2	FY 2022	✓
Elective surgery access performance (ESAP) – category 2 surgery – or semi-urgent patients admitted within the clinically appropriate timeframes	93.5%	NSW 78.8	FY 2022	✓
Unplanned Hospital Readmissions of patients within 28 days of discharge is an indicator that may be linked to deficiencies in care or discharge planning.	4.2%	4.6	FY 2022	✓
Emergency Treatment Performance – percentage of patients presenting to emergency department who are admitted within 4 hours	77.1%	NSW 63.5	FY 2022	⚠
Transfer of Care – percentage of patients that are transferred from the ambulance to emergency department in less than 30 minutes.	87.2%	90	FY 2022	⚠
Electronic Discharge Summaries completed – sent electronically to State Clinical Repository	68.2%	>51	FY 2022	✓

Legend: ✓ Performance at or better than target

⚠ Performance within tolerance



Section 5



Safe care: Innovations and Improvements

Monitoring the safety of care helps us to minimise the risk and impact of unnecessary harm to patients. A number of quality improvement programs have been implemented this year to improve the safety of care across the District.

Safe Care Program

In 2019-20, we implemented a falls prevention program across five wards in Goulburn and Crookwell Hospitals. The project was very successful and was a finalist in the NSW Health Quality Awards in 2020.

In 2021-22, we commenced implementation of the Safe Care program across selected sites to build on the success of the Falls Prevention program in 2020. This included implementing intentional patient rounding and safety huddles. A safety huddle is a brief (≤ 10 minutes), focused exchange of information about potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment. The huddle is multidisciplinary, occurring at the beginning of every shift and follows a three point agenda.

Intentional patient rounding is purposeful hourly communication by a healthcare team member with each patient and/or their carer or family. It aims to improve patient safety and communication by regularly addressing the patient's personal needs (for example toileting, meal assistance), repositioning (such as moving safely from the chair to bed), pain needs, environment (for example, ensuring call bell and walking aids are in reach), devices (such as checking intravenous drips, catheters) and documentation (such as recording fluid input and output).



The rate of suicide per 100,000 persons for NSW in 2017 was 10.9. It is a NSW Premier's Priority to reduce this rate by 20 per cent to 8.7 by 2023."

Towards Zero Suicides

The grief and loss of a loved one to suicide is a tragedy that heavily impacts the lives of many families, friends and communities across NSW.

The rate of suicide per 100,000 persons for NSW in 2017 was 10.9. It is a NSW Premier's Priority to reduce this rate by 20 per cent to 8.7 by 2023.

Despite significant recruitment challenges, SNSWLHD has concentrated on three priorities to achieve this. These are: focussing on preventing suicides among people accessing our mental health services; providing alternatives to ED for people experiencing a suicidal crisis; and implementing assertive and immediate follow up care for people in the community experiencing a suicidal crisis.

The model of care for preventing suicides in SNSWLHD was revised and endorsed in 2021. The revised model has supports the rollout of a Safe Haven service in Bega; three Suicide Prevention Outreach Teams (SPOT) in Bega, Queanbeyan and a District virtual team, in addition to the continued services provided by Rural Counsellors. The model also included an increased focus on peer led support, including additional peer workers.

A Safe Haven provides a calm, culturally sensitive and non-clinical alternative to hospital emergency departments for people experiencing distress or suicidal thoughts. Safe Havens are staffed by peer-support workers and other mental health professionals. A co-design process was undertaken with *Roses in the Ocean*, a leading lived experience of suicide organisation and a site in Bega was identified for the Safe Haven. Renovation works have been undertaken on the property, and although there have been delays due the Council approval process, it is anticipated that the new service will be operational in November 2022.

Suicide Prevention Outreach Teams (SPOT) are new mobile teams that provide rapid outreach to people in suicidal distress in the community. The new teams combine clinical expertise and lived experience of suicide, and care for people at or near their homes – ensuring they stay connected with their family, friends and other valuable support networks. The Bega and Queanbeyan SPOTs are now operational 5 days a week.

Significant workforce and training programs have been developed and delivered for community teams, including SafeSide Assessment and Prevention training, and targeted training focussed on working with Lived Experience peer workers. Supervision support, and training programs have also been developed for the Lived Experience peer workforce. Local champions have been identified within each community mental health team to support the initiative at the local level. This training is anticipated to be expanded into the Mental Health Inpatient Units and the broader health service, including medical staff, with the pending recruitment of a Clinical Nurse Educator.

Reducing Hospital-Acquired Complications

A Hospital-Acquired Complication (HAC) refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.

When HACs occur, they affect a patient's recovery, overall outcome and can result in longer length of stay in hospital. These outcomes also have an impact on the patient's family. They increase costs, diverting resources away from other patient care activities.

Fourteen HACs were identified by NSW Health for priority monitoring and improvement. Each District has a specific target for each HAC based on our population and the type of service provided. As a result of monitoring HACs closely, clinical practice has changed and improved at several sites that had higher HACs.

As a result, SNSWLHD achieved good results for the 14 HAC targets set for our LHD and the details are summarised in the table below.

Indicator	Result	Target	Period	
Blood Clots (VTE) Venous thromboembolism (VTE) is a blood clot that forms either as deep vein thrombosis (DVT) or in the lungs, known as a pulmonary embolism (PE).	5.3	6.1 per 10,000 episodes of care	FY 2022	✓
Pressure Injury Hospital-acquired pressure injuries are areas of damage to the skin and underlying tissue caused by constant pressure or friction. This type of skin damage can develop quickly in anyone with reduced mobility, such as older people or those confined to a bed or chair.	5.9	5.8 per 10,000 episodes of care	FY 2022	✗
Healthcare Associated Infections Hospital-acquired infections are one of the most common complications and include pneumonia, urinary tract, surgical site, bloodstream, gastrointestinal and intravenous line associated infections.	59.8	73.0 per 10,000 episodes of care	FY 2022	✓
Medication Complications This includes drowsiness and movement disorders relating to psychotropic medications and complications from anticoagulants, resulting in bleeding or bruising.	4.4	10.6 per 10,000 episodes of care	FY 2022	✓

Indicator	Result	Target	Period	
Respiratory Complications The most common type of complication is aspiration pneumonia, causing increasing shortness of breath and overwhelming anxiety.	12.3	12.5 per 10,000 episodes of care	FY 2022	✓
Renal Failure This may be caused by impaired renal perfusion due to hypotension or dehydration, medicines, recent surgery, radiographic contrast media, or sepsis.	0.0	1.1 per 10,000 episodes of care	FY 2022	✓
Gastro-intestinal Bleeding Patients with gastrointestinal bleeds may experience vomiting or diarrhoea with blood, tiredness, shortness of breath, faintness, dizziness and collapse. Clinicians work to prevent these bleeds by identifying risk factors for bleeding, and then working in partnership with patients and carers to use medications to prevent ulcers and careful management of blood thinning medication.	2.1	8.6 per 10,000 episodes of care	FY 2022	✓
Hospital-acquired Delirium Delirium is an acute change in mental status that is very common among older patients in hospital and may be caused by medications, infections, surgery, severe or chronic illness, sleep deprivation and emotional distress.	23.2	26.4 per 10,000 episodes of care	FY 2022	✓
Persistent Incontinence There are many causes of persistent urinary incontinence which occur outside of hospital care, however there are additional factors which can create or worsen incontinence conditions while patients are in hospital.	0	3.8 per 10,000 episodes of care	FY 2022	✓
Endocrine complications Hospital-acquired endocrine complications include malnutrition and hypoglycaemia, or low blood sugar. Careful timing of blood glucose measurements, mealtime insulin administration, and meal delivery reduces the incidence of hypoglycaemia.	5.6	15.0 per 10,000 episodes of care	FY 2022	✓
Cardiac Complications These complications range from unstable angina, through to acute myocardial infarction, arrhythmias, heart failure, pulmonary oedema and even cardiac arrest. They can be caused by too much intravenous fluid, medication changes or complications of treatment.	8.8	27.7 per 10,000 episodes of care	FY 2022	✓
Fall Related Injuries in Hospital Falls occur commonly in hospital and are often preventable	7.0	7.0 per 10,000 episodes of care	FY22	✓

Legend: ✓ Performance at or better than target ✗ Performance outside tolerance

Section 6



Future Directions for 2022-23

SNSWLHD is committed to continually striving to improve the care we deliver to our communities and to enhancing the experience of our staff whilst delivering that care. We continually monitor outcomes and modify and implement quality assurance mechanisms to ensure we are delivering the best quality and safest healthcare within our means.

Our safety and quality priorities for 2022-23 our promise for high quality care: **personalised, effective, appropriate and safe.**

PERSONALISED: Elevating the Human Experience

Patient, family and carer experience is a major driver of improvement in SNSWLHD. This has remained a key priority.

The Consumer and Community Engagement Strategy will be further implemented during 2021-22. This will ensure we implement the various actions required to enable our District to deliver an exceptional patient experience, for every patient, every time including making that experience an empowering one for everyone involved in receiving and providing care.

We know that patient, family, carer and caregiver involvement is a crucial part of improving the patient experience and we aim to partner with them in seven key areas.

By June 2023 we aim to have patient experience results reported monthly to ward level, and for every ward and department to conduct a Quality Improvement activity related to patient feedback within their unit. Our goal is to increase our patient experience overall rating of care (top box percentage) from 80 to 85% District-wide.

EFFECTIVE: Clinical Care Standards

In 2022-23 the Australian Commission on Safety and Quality in Healthcare (ACSQH) has announced they will be moving away from periodic accreditation surveys towards a continuous, unannounced assessment process. During 2022-23, SNSWLHD will implement a fresh approach to auditing and continuous review of quality indicators to ensure that we are continuously meeting the National Safety and Quality Health Service Standards without the peaks and troughs in documentation that occurred in the traditional accreditation system. The new SNSWLHD Clinical Governance Framework lists the audits and quality indicators that will be a focus, ensuring that all aspects of the National Standards are met. As part of this we commit to commencing implementation of all the 20 Clinical Care Standards published by the ACSQH.

**Our goal is to increase
our patient experience
overall rating of care**

80%

2022
Target rate

85%

2023
Target rate



APPROPRIATE: Aboriginal Health priorities

SNSWLHD is committed to working in partnership with Aboriginal people and others to improve the health and well-being of Aboriginal people within our District.

In 2022-23, we will continue to implement the improvement actions as identified from the NSW Health Aboriginal Cultural Engagement Self-Assessment Tool at both a District and a site level. These actions will assist us to make meaningful changes to organisational activities, structures and behaviours to make health services and hospitals culturally safe and respectful for Aboriginal patients, clients and staff. We will work with the Integrated Care team and Aboriginal Health Unit to establish an Aboriginal Virtual Care Clinician to support cultural competence of Virtual Care Services.

Also in 2022-23, SNSWLHD will continue to focus on decreasing the proportion of patients who have been admitted to hospital who leave against medical advice. The new Board Aboriginal Health Committee will provide oversight and monitoring of our Aboriginal Health priorities.

SAFE: Safe Care program

In 2022-23, we will implement the Safe Care program across an increased number of SNSWLHD sites to build on the success of the existing site rollouts. This will include implementing intentional patient rounding and safety huddles. The focus will be on embedding and spreading the best practice approaches and learning from implementation lessons and successes in various units. This will be integrated as a key part of the Elevate program. Communication boards will be implemented in every ward and unit, with a focus on safety measures such as falls and medication errors, as well as other quality indicators including patient experience.



Appendix A



Attestation Statement



Southern NSW
Local Health District

Clinical Governance Attestation Statement

This attestation
statement is made by

Ms Elizabeth Hoskins

Name of officeholder/member of Governing Body

Holding the position/office
on the Governing Body

Interim Board Chair

Title of officeholder/member of Governing Body

for and on behalf of the
Governing Body titled

Southern NSW Local Health District Board

Governing Body's title (the Governing Body)

Southern NSW 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 re-viewed at any onsite accreditation visit/s.

Signed

Position

Interim Board Chair, Southern NSW Local Health District

Date

27 September 2022

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

Signed

Position

Chief Executive, Southern NSW Local Health District

Name

Margaret Bennett

Date

27 September 2022

Schedule of health service organisations covered by this attestation statement

Batemans Bay District Hospital (Eurobodalla Health Service)

Pacific Street, Batemans Bay NSW 2536

Bombala Multipurpose Service

126-128 Wellington Street, Bombala NSW 2632

Bourke Street Health Service

Bourke St Goulburn, NSW 2580

Braidwood Multipurpose Service

73 Monkitee St, Braidwood NSW 2622

Chisholm Ross Centre

165a Clifford St, Goulburn NSW 2580

Cooma Hospital and Health Service

2 Bent St, Cooma NSW 2630

Crookwell District Hospital

Kialla Rd, Crookwell NSW 2583

Delegate Multipurpose Service

11 Craigie St, Delegate NSW 2633

Eden Community Health

Twofold Arcade, Eden NSW 2551

Goulburn Base Hospital

Goldsmith St, Goulburn NSW 2580

Jindabyne (HealthOne) Community Health

5 Thredbo Terrace, Jindabyne NSW 2627

Karabar Community Health

12 Southbar Rd, Karabar NSW 2620

Kenmore Hospital

Taralga Rd, Goulburn NSW 2580

Killard (Queanbeyan Alcohol and Other Drugs Centre)

103 Crawford St, Queanbeyan NSW 2620

Moruya District Hospital (Eurobodalla Health Service)

River St, Moruya NSW 2537

Narooma Community Health Centre

Cnr Field St and Graham St, Narooma, NSW 2546

Pambula Hospital and Health Service

Merimbola St, Pambula NSW 2549

Queanbeyan Hospital and Health Service

Cnr Collette and Erin Sts Queanbeyan, NSW 2620

South East Regional Hospital

4 Virginia Drive, Bega NSW 2550

Yass District Hospital

145 Meehan St, Yass NSW 2582

Appendix B

Health
Southern NSW
Local Health District

Commit to Excellence

elevate
together as one

Health
Southern NSW
Local Health District

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Health
Southern NSW
Local Health

elevate
together as



Appendix B – SNSWLHD 2022 Quality Awards

Our annual quality awards foster innovation in the way we design our models of patient-centred care and deliver services so our staff are utilised effectively. A total of 90 entries were received across 18 categories highlighting the commitment and innovation of staff to continually improve the delivery, quality and safety of our healthcare services. The winners were:

TRANSFORMING PATIENT EXPERIENCE AWARD

Virtual enhanced COVID-19 Care

PATIENT SAFETY FIRST AWARD

Resource specific approaches to perioperative opioid stewardship in rural hospitals

PATIENT SAFETY HERO AWARD

Emily Laszuk

CARE AND KINDNESS AWARD

Clancy Tucker

COLLABORATIVE STAFF MEMBER OF THE YEAR AWARD

Louise Tuckwell

KEEPING PEOPLE HEALTHY AWARD

COVID-19 vaccination program

DELIVERING INTEGRATED CARE AWARD

Oral Health goes virtual - A paediatric specialist model of care

PEOPLE AND CULTURE AWARD

Reducing the use of seclusion and restraint in mental health inpatient services in SNSWLHD

OUTSTANDING LEADERSHIP AWARD

Kimberley Green

EMERGING LEADER AWARD

Skyan Fernando

HEALTH RESEARCH AND INNOVATION AWARD

Providing medical imaging services that are greener, leaner and safer for our patients

EXCELLENCE IN THE PROVISION OF MENTAL HEALTH SERVICES AWARD

Virtual Care for Clozapine consumers

OUTSTANDING CONTRIBUTION TO IMPROVING ABORIGINAL HEALTH AWARD

Going above and beyond during a global pandemic

VOLUNTEER OF THE YEAR AWARD

Brad Rossiter

ELEVATE

Dani McParland and Simon Thomson

RESILIENCE AWARD

Jen Mozina

CEO

Queanbeyan Hospital Growing Great Leaders Program

BOARD CHAIR AWARDS

Oral Health Reducing Wait Times Project



Appendix C



Appendix C – Abbreviations and Glossary

ACT	Australian Capital Territory	HETI	Health Education Training Institute
BMJ	British Medical Journal	HSFAC	Health services functional area coordinator for emergency management
CCC/s	Community consultation committee/s	ICT	Information communications technology
CORE	NSW Health's four values of collaboration, openness, respect, and empowerment	ICU	Intensive care unit
COVID-19	Coronavirus disease is a contagious respiratory and vascular disease caused by severe acute respiratory syndrome coronavirus 2 (SARSCoV-2). First identified in Wuhan, China, it has caused an ongoing pandemic	LGA/s	Local government area/s
CPR	Cardiopulmonary resuscitation	LHD/s	Local health district/s
EAP	Employee Assistance Program is a free confidential counselling service available to all SNSWLHD staff and their immediate families	MLHD	Murrumbidgee Local Health District
ED/s	Emergency department/s	MPS	A multi-purpose service is a model of care specifically designed for regional and remote communities to provide coordinated delivery of health and aged care services
Elective surgery	A term used for non-emergency surgery which is medically necessary, but can be delayed for at least 24 hours or more	PETs	Patient experience trackers
eMR/EMR	Electronic medical record	PPE	Personal protective equipment
EOC	Emergency operations centre	PREMs	Patient reported experience measures
ESAP	Elective surgery access performance	PRMs	Patient reported measures
ETP	Emergency treatment performance	PROMs	Patient reported outcome measures
FTEs	Full time equivalent/s	SLHD	Sydney Local Health District
GP/s	General practitioner/s	SNSWLHD	Southern NSW Local Health District
HAC/s	Hospital-acquired complication/s	SPO	SharePoint Online
HCF	Hospital Contributions Fund	TRGS	Translational Research Grant Scheme
		VCC	Virtual care centre
		WHO	World Health Organisation
		YES	Your Experience of Service survey








Safety and Quality Account 2021-2022

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