Sydney Local Health District
Safety and Quality Report

Year ended 30 June 2021

2020-21 Report

2021-22 Future Priorities

Issued   14 December 2021

Contents

A message from the Chief Executive

Sydney Local Health District is incredibly proud of our work this year, both within the District and in collaboration with system partners, which helped protect our patients, staff, and local communities from COVID-19 during this Pandemic. It has been one of the most challenging years for our workforce and I would like to thank each and every one of you for the valuable part you played by going the extra mile to provide safe and effective healthcare in our District and beyond.

Our teams rolled out a number of cutting edge, innovative initiatives this year which support us to provide the very best care to our consumers. The District's commitment to work together to achieve a common goal was recognised in the 2021 NSW Premier's Awards where the District was named the winner of the Putting the Customer at the Centre category for our Mass Vaccination centre. A new model whereby specialist clinicians visit community residential aged care facilities to provide clinical assessments and treatment, and Telehealth platforms are used to link patients to hospital services, was very successful and resulted in fewer hospital admissions. Management of children admitted to hospital with the common respiratory infection bronchiolitis was streamlined with fewer investigations and a reduction in unnecessary treatments, resulting in 90% of families being satisfied with the new care model.

We are now three years into our 2018-2023 District Strategy and will continue to implement this at pace next year. I would like to highlight our upcoming safety and quality priorities for 2021/22 which you can read more on in Section 6.1.

I am pleased to share this Safety and Quality Report with you and would welcome your feedback which can be provided via the communication options below.

Acknowledgement of Country

Sydney Local Health District (SLHD) acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people who live and work on this land. We would like to acknowledge the traditional owners of the land, and to pay our respect to Aboriginal Elders past, present and emerging. Our District acknowledges the three clans within the boundaries of the Sydney Local Health District, comprising the Gadigal, Wangal, and Bediagal people. In the wider Sydney metropolitan area around 29 clan groups comprise the Great Eora Nation.

SLHD's Aboriginal Health Strategic Plan 2018 – 2022 sets out how the District is committed to improving the health and wellbeing of Aboriginal communities, through the Sydney Metropolitan Local Aboriginal Health Partnership in collaboration with the Aboriginal Medical Service (AMS) Redfern, and our local Aboriginal communities. We are working to close the gap in health outcomes by targeted health services, learning from initiatives that have been successful, and ensuring our models of care are culturally competent. Some of our particular successes from our Aboriginal health programs are described in Sections 1.2 and 2.3.

Your feedback

If you have any comments or suggestions on this Safety and Quality Report, we would welcome your feedback. Please contact:

Dr Andrew Hallahan, Executive Director Medical Services, Clinical Governance and Risk, through our Patient Experience Team's Advice and Liaison Service:

Via email SLHD ConsumerFeedback@health.nsw.gov.au

Or by telephone: 02 9515 9646.

Part 1: Introduction - summary of safety and quality achievements

1.1 Statement on safety and quality

The Board, in approving this Safety and Quality Report, confirms that this account is accurate and aligns to the strategic priorities of the District. The Board confirms it is clearly committed to further improving the safety and quality of care across Sydney Local Health District going forward. In making this Statement the Board has considered the information provided to it by management during the year, its own review of that information as evidenced in Board minutes, and the feedback received by the District from consumers and external organisations.

1.2 Snapshot of achievements over the past 12 months

This section provides a high level snapshot on five of our key achievements which improved the quality of health service provision across the District over the past 12 months. A more detailed account of each achievement is set out in Section 2.3.

District COVID-19 response

The District structured its operations during the Pandemic in a flexible way which enabled the workforce to both prioritise COVID-19 treatment and prevention alongside maintaining key services as part of business as usual. In combination this ensured our patients with urgent non-COVID conditions were safely able to access the diagnostics and treatment they needed, whilst the suite of initiatives to keep the community safe from COVID-19 were implemented at pace and scale.

Hospital-acquired complications

SLHD is committed to ensuring that our service users are protected from acquiring a HAC when they come to hospital. Every hospital in the State measures its performance against a common set of 14 harm indicators and SHLD performed favourably with 13 of the 14 Hospital-acquired Complication indicators being at or below the target rate, as shown in Section 5.2.

Evidence-based cutting edge care

The extensive range of service improvement initiatives across the District continually enhances our clinical services' effectiveness and efficiency. Our recent initiatives have included innovations including the 'GPCanShare' program of acute and community shared cancer care, and programs at the National Centre for Veterans' Healthcare. This Centre provides integrated multidisciplinary care for veterans with complex clinical needs and is already demonstrating improvements in veterans' quality of life, with very high rates of client satisfaction following treatment ranging from 96% to 100%.

Providing culturally diverse care to Aboriginal patients

SLHD prioritises improving care quality for Aboriginal and Torres Strait Islander patients. Key projects this year have been the 'Connecting to Country' co-design for the Royal Prince Alfred (RPA) redevelopment, providing a more culturally inclusive Breast Screening Service with a modesty shawl, and rolling out awareness of bowel screening within local Aboriginal communities. The District established an Aboriginal Cultural Response Team in partnership with the Aboriginal Medical Service Redfern to deliver additional support for Aboriginal and Torres Strait Islander people during the 2021 COVID-19 outbreak.

Clinical outcome improvement for children with bronchiolitis

The Paediatric Service simplified care pathways and modelled good practice when managing children with acute respiratory distress which is commonly from bronchiolitis. Fewer patient investigations and unnecessary treatments resulted, leading to excellent service user experience with family satisfaction of 90%.

Part 2: Achievements against priority initiatives over the past 12 months

2.0 Summary of safety and quality planning processes and governance structures

2.1 Identification of priority initiatives

SLHD has a systematic process for determining and consulting on quality priority initiatives. Decision making involves considering a range of possibilities based on local and sector strategic areas. Local resources include the District's Strategic Plan 2018-2023, learning from incidents when things have gone wrong, and from intelligence from Facility and District

governance committees. Sector resources which are looked at include priority State improvement areas per the NSW Ministry of Health, and Pillar Organisations such as the Clinical Excellence Commission. How each of the 2021/22 priorities links to the District Strategy and its specific indication is set out in Section 6.

2.2 Governance structure to support continuous improvement

Set out in this section is the District's governance structure which supports continuous improvement.

The District's Strategic Plan's vision is *Excellence in health and healthcare for all* and two of the Plan's focus areas specifically drive safe, high quality care which is continually improved. Focus area five is that *Staff are supported to deliver the highest quality care* which enables people to initiate change. Focus area seven, *Fostering a culture of innovation, change management, and collaboration*, is to be achieved through supporting learning, innovation, new models of care, and ensuring a learning culture.

The District has a clear governance structure to support continuous improvement in safety and quality. The 2019 SLHD Clinical Governance Framework summarises how the Board, District, Facility, and Facility sub-Committee structure monitors quality and safety. Continuous quality improvement (QI) is an outcome of clinical effectiveness audits, internal audits, service re-design programs, and learning from incidents and complaints. This is monitored by the Committee, Working Group, or Speciality which oversees each initiative as part of the governance structures using appropriate KPIs. There are specialist Committees overseeing improvements in a wide range of areas including Morbidity and Mortality, a Hospital-acquired Complications Committee, Infection Prevention and Control Committee, Blood Management Committee, and a Leading Better Value Care Committee which oversee work programs aligned with State-wide priority improvement initiatives such as from the Clinical Excellence Commission (CEC) and the Agency for Clinical Innovation (ACI).

2.3 Significant achievements over the past 12 months

This section focusses on eight of our key achievements that have contributed to an improved quality of health service provision across the District over the past 12 months, and provides more detail on the snapshot achievements outlined in Section 1.2.

District COVID-19 response

SLHD worked closely with partner organisations across the system to protect our patients, staff, and members of the local community during the COVID-19 Pandemic. Our extensive range of COVID-19 operations included Special Health Accommodation (SHA) for overseas arrivals and people who could not safely isolate in the community, airport screening, RPA Virtual Hospital (rpavirtual) monitoring of patients with COVID-19 in the community and SHA, establishing vaccination centres and providing a model for mass vaccination across NSW, laboratory diagnosis, and infection prevention and control guidance. How we achieved this is set out below. Our commitment to work together to achieve a common goal was recognised in the 2021 NSW Premier's Awards where the District was named the winner of the Putting the Customer at the Centre category for our Mass Vaccination centre.

SLHD collaborated with the NSW Ministry of Health, State Health Emergency Operations Centre (SHEOC), the Department of Customer Service, and others to set up a fully digital human-centred, end-to-end vaccine management solution with complex informatics and pharmacy safety systems. By 30 June 2021 the District had administered some 380,000 vaccines to patients which represented around 42% of NSW's COVID-19 vaccinations.

Managing the SHA required growing a new skilled workforce in an uncharted service area and achieving gold standard infection control. Staff education programs were rapidly adapted to tailor for new community cohorts and four hotels were reconfigured to health facilities in six days.

Our laboratory service rapidly upscaled COVID-19 testing by introducing new technology with one and four hour turnarounds, and streamlined the sample transportation system achieving a processing capability of more than 5,000 tests per day. 24-hour turnaround was invaluable to minimise and manage COVID-19 risk in the community and SHAs.

The Diversity Hub provided an estimated 322,000 people in the District who speak a language other than English at home with tailored communications on COVID-19 prevention in over 20 languages.

Facility COVID-19 responses

At the peak of this outbreak, eight wards/departments were designated for the management of patients with suspected or confirmed COVID-19. Cleaning resources were increased to meet the demands in high risk clinical areas including the Intensive Care Unit (ICU), Emergency Department (ED), and the COVID-19 wards. Capital works in ICU and ED increased single room accommodation for COVID-19 cases and ventilation systems in high risk clinical areas were also improved. RPA admitted 69 COVID-19 patients in wave two from March to April 21, and 313 patients in wave three from July to October 2021; Concord admitted 627 patients in wave three. RPA Hospital's COVID-19 response included vaccination of 7,473 staff and community members by September 2021. Onsite testing clinics were also provided.

rpavirtual was launched by SLHD as a proof of concept trial in February 2020 in response to the growing healthcare demands within the LHD. On commencement of the first NSW COVID-19 Outbreak, rpavirtual rapidly pivoted to provide nursing, allied health and medical oversight to COVID-19 patients in SHA and within the local community. rpavirtual implemented NSW's first virtual clinic in six days. rpavirtual clinicians developed the SLHD COVID-19 model of care supported by strong multi-disciplinary oversight and clinical governance processes. The model of care enabled the virtual monitoring of COVID-19 patients to ensure deterioration could be rapidly identified and escalated. More importantly, the model supported the majority of patients to remain home throughout their COVID-19 isolation period. Care was provided by a multi-disciplinary team including Medical Officers, Nurses, Social Workers, Clinical Psychologists and Physiotherapists.

rpavirtual also managed the release from isolation process for all COVID-19 patients of SLHD and SHA. To date, rpavirtual managed 1,736 positive and 11,110 negative patients in the first wave, and 11,000 COVID-19 positive patient patients in the NSW Delta outbreak. rpavirtual learning was shared across the health sector at state and national level, which informed numerous state-wide strategies. Sydney District Nursing maintained services throughout the COVID-19 outbreak and piloted a virtual care support model for palliative care patients.

The Drug Health and Mental Health Services took significant steps to protect vulnerable people living in the community from COVID-19, including significant work supporting outbreaks in social housing. The Oral Health and Community Health teams redeployed many staff to support COVID-19 community testing.

Concord Hospital operationalised three dedicated COVID-19 wards with a capacity of 70 beds. Work on the new Rusty Priest building was expedited during COVID-19 which increased admission capacity including a 22 bed 'Amber' Ward for potentially positive patients. An additional 11 ICU beds were established. Sydney Connect has more information on the redevelopment opening, refer to: https://www.slhd.nsw.gov.au/sydneyconnect/story-Concord-Hospital-opens-dedicated-COVID-wards.html

Further achievements included onsite testing for 26,814 people in 2020/21 to support surveillance in Local Government Areas (LGAs) of concern, and a tailored risk assessment for Aged Care patients to minimise infection risk.

Canterbury Hospital was at the centre of the Delta outbreak serving highly impacted Local Government Areas. The ED triaged patients into risk zones including paediatric and adult hot zones, plus an amber pathway and dedicated ward. Infection prevention was an integral to the COVID-19 response at Canterbury Hospital by involving layout planning of clinical areas, plus amber and red pathways with tailored clinical monitoring.

Balmain Hospital focussed on implementing tight transfer pathways for incoming patients to ensure the Facility did not introduce COVID-19 into their vulnerable patient cohort. A COVID-19 drive-through clinic was also supported by Balmain Hospital. For inpatients, Telehealth was used to keep patients connected with their families.

NSW Health mass vaccination

Through the vision, determination and collaboration of hundreds of essential workers from NSW Health and partner organisations; the first NSW Health Vaccination Centre, managed by the District, went live at Sydney Olympic Park in May 2021. 300,000 people were vaccinated in the first two months of operation, and to date the District has administered 43% of NSW Health COVID-19 vaccines. In addition, 23 community clinics and four further vaccination centres were hosted by the District.   Language and cultural support was included in the care model. Learning was shared across the health sector at State, national, and international levels.

Hospital-acquired complications

SLHD is committed to ensuring that our service users are protected from acquiring a HAC when they come to hospital. Every hospital in the State measures its performance against a common set of 14 harm indicators and SHLD performed favourably with 13 of the 14 HAC indicators being at or below the target rate. Particularly low areas of harm included medication complications 53% below target and gastrointestinal bleeding 37% below target. Refer to Section 4 for more detailed information on individual HAC performance measures.

Evidence-based cutting edge care

The extensive range of clinical service improvement initiatives across the District continually improve the range and quality of services provided at SLHD. RPA has actively participated in the 'GPCanShare' scheme which enables eligible cancer patients to have care provided collaboratively by the hospital and a recognised General Practitioner. Management of children admitted to hospital with the common respiratory infection bronchiolitis was streamlined with fewer investigations and a reduction in unnecessary treatments, resulting in 90% of families being satisfied with the new care model.

The National Centre for Veterans' Healthcare is an Australian first integrated ambulatory care service, which has supported over 210 veterans and Australian Defence Force personnel with complex co-morbidities and psychosocial challenges. The multi-disciplinary care team includes Psychiatry, Psychology, Rehabilitation, Pain Medicine, Drug Health, amongst other specialties. The program has demonstrated significant improvements in veterans' quality of life following treatment, with 96% of clients reporting the service as good or excellent.

Providing culturally diverse care to Aboriginal patients

The District is committed to providing culturally inclusive care to Aboriginal and Torres Strait Islander residents. The RPA redevelopment project has embedded culturally competent principles into building design through the 'Connecting to Country' project. Breast screening for Aboriginal and Torres Strait Islander women was sensitively made more inclusive with a modesty shawl featuring Aunty Robyn's cancer journey, as designed by Vicky Golding. The District partnered with Cancer Institute NSW to develop two videos which encourage Aboriginal Elders and Aboriginal healthcare workers to promote the importance of bowel screening within their communities. Improving the quality of services for our Aboriginal and Torres Strait Islander patients is grounded in collaboration.

In response to the ongoing Pandemic, the District established an Aboriginal Cultural Response Team in partnership with the Aboriginal Medical Service Redfern to deliver additional support for Aboriginal and Torres Strait Islander people during the 2021 COVID-19 outbreak. The Team was linked to, and supported, by rpavirtual clinicians to provide individualised care.

RPA Hospital Patient Safety and Quality Unit is progressing an initiative involving Aboriginal Liaison Officers and Patient Experience Officers (PEOs) to make ED more welcoming as part of reducing the number of Aboriginal and Torres Strait Islander patients who leave against medical advice. Patients are sent a link about the ED outlining what to expect. Next steps are for Aboriginal and Torres Strait Islander patients to receive a culturally sensitive link 'asking the question' to encourage people to identify their heritage.

Clinical outcome improvement for children with bronchiolitis

Acute respiratory distress is a key reason why children are brought to the ED, and the viral infection bronchiolitis which affects infants under a year old leads to around 10,000 ED presentations and 15,000 bed days each year in NSW. Management of the condition can vary to best practice, and children can receive unnecessary, unpleasant, and potentially harmful investigations and treatments. The Paediatric Service simplified care pathways, modelled good practice, and fewer investigations and unnecessary treatments resulted, leading to excellent service user experience with family satisfaction of 90%. Unnecessary investigations reduced: Nasopharyngeal aspirates dropped from 39% to 13% and patients needing chest radiographs dropped from 23% to 4%. Unnecessary treatments reduced: Ventolin medication usage declined from 22% to 10% and oxygen use dropped from 26% to 12% which are favourable treatment outcomes.

Residential aged care facility outreach service

The Residential Aged Care Facility (RACF) Outreach Service seeks to maximise patient-centred care for residents of RACFs in SLHD, so they receive care in the community where it is safe to do so. The team balanced an increased demand for non-COVID-19 care alongside overseeing the management of facility lockdowns in consultation with the SLHD Public Health Unit (PHU). The RACF Outreach Service handled 26 local COVID-19 outbreaks. The care model features include specialist clinicians attending community RACFs to perform clinical assessments and treatment, whilst linking patients to inpatient and community services, Hospital in the Home, GPs and NSW Ambulance. Telehealth and virtual platforms are integrated into care provision in this 24 hour, seven day a week service which is cost-effective, has resulted in fewer hospital admissions, better clinical outcomes, and improved function and quality of life for RACF residents. Outcomes for RACF residents included 20% fewer ED presentations and a 14% reduction in hospital bed days.

Clinical pathway improvement

The District is particularly committed to improving our clinical pathways to provide exceptional care for our consumers. Working with system partners is a priority and Sydney Dental Hospital and Oral Health Services committed to a partnership

with Murrumbidgee Local Health District (MLHD) and Southern New South Wales Local Health District (SNSWLHD) to provide Oral Health consultation and treatment to Paediatric patients at the South East Regional Hospital (SERH).

Drug and Alcohol Services have undertaken quality improvement (QI) projects to increase screening for domestic violence. This has included working closely with a new Domestic Violence Educator to ensure all staff are domestic violence risk screening trained.

The District is actively supporting GPs to make electronic referrals to our Facilities. Use of the GP e-referral platform steadily grew during 2020/21 from fewer than 50 incoming referrals per month in July 2020 to around 125 per month in July 2021. By October 2021 there were 58 services able to receive e-referrals. Currently 74 GP practices in the District have used the platform.

Concord Hospital implemented a new pathway for patients needing implanted cardiac devices such as pacemakers and defibrillators so that they could be monitored and checked daily whilst still in their own homes, without the patient needing to come into an Outpatient clinic. The outcomes were those which matter to patients – care at home which promotes wellness and daily checking means clinical problems are detected sooner than waiting for an appointment, which is more clinically effective. Patient volumes doubled in six months.

2.4 Progress against quality priorities set for 2020/21

In this section we describe our achievements against each of the key priorities set for 2020/21. A tick indicates the indicator was fully achieved, an arrow means that the indicator was not achieved in its entirety.

2020/21 Quality priorities *What we said we would do*	Met	Outcome for the year ended 30 June 2021 *What we did*
1. **Hospital-acquired complications** The Hospital-acquired Complications (HACs) Committee, supported by HAC Clinical Advisors and Clinical Leads, will support harm reduction through quality improvement action plans, risk reduction, and care models.	✔	SLHD performed at or below the targeted rate for 13 of the 14 HACS for the 12 month period July 2020 to June 2021. Performance for each HAC is monitored by the District HACs Committee and each Facility by specialist Clinical Leads. Plans for ongoing improvement include a new Strategy and Quality Improvement (QI) program for falls, and continuation of the Endocrine improvement programme which strengthened management of diabetic patients this past year.
2. **Falls prevention** Planned falls reduction initiatives will be working with the Institute of Musculoskeletal Health on an education video for patient and family education, embedding the Confusion Assessment Method (CAM) tool to detect patients with delirium, and performing a retrospective review of falls incidents to identify high risk areas.	⮑	A two year deep dive into falls incidents identified priority areas for targeted improvement initiatives including processes surrounding providing patients with increased supervision, and the ward environment. A QI program for falls reduction will take this work forward next year. The Confusion Assessment Method (CAM) tool is embedded well in many, but not all, areas. The Agency for Clinical Innovation (ACI) now recommends that the core screening tool be the 4AT tool, with the CAM to be for diagnosis. The 4AT tool is embedded at Balmain Hospital, used in Canterbury and Aged Care Wards at Concord Hospital, and a focussed implementation pathway for 4AT across the District will occur in early 2022. The research program commenced and initial interview data was collected, however, the video production was not commenced as work was paused during the COVID-19 operational surge. Learning will be carried forward as part of next year's falls QI program.

2020/21 Quality priorities *What we said we would do*	Met	Outcome for the year ended 30 June 2021 *What we did*
3. **Healthcare-associated Infections** Key activities were set to target a reduction in healthcare-associated infections. The Hand Hygiene program was to be reviewed to ensure alignment with the 2019 Australian Guidelines for the Prevention and Control of Infection in Healthcare. Staff safety was to be promoted through an ongoing focus on personal protective equipment (PPE) during the COVID-19 Pandemic.	✔	A PPE Governance Committee was established to ensure robust assurance during the Pandemic. Areas covered included Work Health and Safety, mask selection and fit testing, and procurement standardisation. This achieved tight stewardship of PPE during a period of significant demand. The SLHD Hand Hygiene Program complies with the 2019 Australian Guidelines for the Prevention and Control of Infection in Healthcare and the 2020 Clinical Excellence Commission Infection Prevention and Control Handbook. The hand hygiene auditing program is compliant and robust, auditors are reviewed annually for validation, and training is provided by the Centre for Education and Workforce Development (CEWD). The program was extended to COVID-19 operational sites including the NSW Health Mass Vaccination Centre, SLHD vaccination centres and SLHD Special health Accommodation. SLHD hand hygiene compliance rate is consistently meets or is above the national hand hygiene benchmark. Hand hygiene auditing expanded to include services and facilities required to manage the SLHD COVID-19 Pandemic response including the NSW Health Vaccination Centre, SLHD Vaccination Centres and SLHD Special health Accommodation. Hand hygiene compliance results are displayed for staff, patients, and visitors; and results are tabled at ward and department meetings, disseminated to Heads of Departments and the local and district Executive.
4. **Aboriginal Cultural Engagement Assessment** The Aboriginal Cultural Engagement Assessment Audit Tool will be completed this year. The tool supports NSW Health organisations move towards providing health services which accommodate cultural differences and strengths.	✔	The self-assessment was completed this year. SLHD's Aboriginal Health Strategic Plan 2018 – 2022 sets out how the District is committed to improving the health and wellbeing of Aboriginal communities, through the Sydney Metropolitan Local Aboriginal Health Partnership in collaboration with the Aboriginal Medical Service (AMS) Redfern, and our local Aboriginal communities. This is being achieved through working together to close the gap in health outcome by approaches including: • Delivering targeted health services in the District's health priority areas. • Building evidence on, and implementing, initiatives that work. • Providing culturally competent models of healthcare. Priority programs this year were Aboriginal Vaccination Programs for COVID-19, deploying Aboriginal Health Workers to vaccination centres, and cultural involvement in the RPA Hospital redevelopment project which incorporated culturally competent principles into building design through the 'Connecting to Country' project.

Part 3: Improving patient experience

3.1 Patient experience

This section sets out how patient experience information and feedback is captured and responded to including complaints, compliments, patient/consumer surveys, and patient stories.

The District is pleased to receive patient, consumer, carer and family feedback by a wide range of means. Many people provide face to face feedback to our teams when they use our services, which gives staff realtime learning of what we have done well and what areas we could improve on. Instant feedback can be lodged using the Feedback Assist online tool. The Patient Experience Team receives and responds to both complaints and compliments which are received from members of the public, Ministers, the Health Care Complaints Commission, the Ombudsman, and in response to findings of the Bureau of Health Information. Themes from complaints are triangulated and reported to the Board on a monthly basis with quarterly focus reports. The District has an extensive suite of feedback from surveys which includes local surveys and via the Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS). Some of the ways we have involved patients, consumers, and carers in shared decision making and service co-design is set out below.

Our District welcomes people who use our services to share their stories with us so that we can learn from their experiences. Many of our patient stories are published on our website. Often people find that sharing their story via a video can be particularly empowering. Our Sydney Connect publication is also online and has some inspiring patient story videos, see: https://www.slhd.nsw.gov.au/sydneyconnect

Co-design of services by community participation

The 'Yhunger' program is a capacity building program for the youth sector aimed at assisting marginalised young people, aged 12 to 25 years old, to develop living skills in healthy eating and physical activity. The program seeks to increase cultural inclusiveness of the Yhunger website and provide resources for young people aged 12 to 25 from a Cultural and Language Diverse (CALD) background, especially refugees and asylum seekers, to support their food literacy and wellbeing. The program was developed using co-production design which involved young people, which gave migrant youth a chance to share their knowledge and experience as part of the program development. A representative of the YOUthfrontline Youth Committee was an integral member of the program working group.

The RPA redevelopment project will deliver a new hospital building and refurbishment of existing spaces. This is a significant capital build for the District, and members of the community have been involved in our redesign consultation process to ensure we meet the needs of the community going forward.   Balmain Hospital consumers, carers, and community representatives have been involved in strategic and operational planning pathways including the Balmain Hospital Strategic Plan 2019 – 2024.

Patient reported measures on their care quality and outcomes

Patients are given the opportunity to tell their service about their experience of care via a Patient Reported Experience Measure (PREM), and about the benefit they have perceived from their treatment using Patient Reported Outcome Measures (PROMs). This enables consumers to give detailed feedback about whether the way we provide our services needs to improve, and whether a particular treatment is clinically effective from the point of view of the individual receiving a particular clinical intervention.

Across the District in 2020/21, 292 patients completed PREM surveys as part of evaluating experience of the Leading Better Value Care (LBVC) program. The surveys were completed in a range of clinical service and condition areas including the Direct Access Colonoscopy Service, the Rapid Access Diabetes Service and from people who have chronic obstructive pulmonary disease.   A high rating of satisfaction with the LBVC program was given, with all patients rating it as 80% or better in terms of satisfaction. Over 1,000 patients have been registered in the LBVC PROMs program, and their outcomes will be measured over time as their treatment progresses. Post-implementation feedback of the RPA Direct Access Colonoscopy Service found that 100% of patients rated care as good or very good.

rpavirtual has embedded PREM surveys across all of its models of care, and receives continuous exceptional feedback from its patient cohort. To date the Virtual Care Centre has received 2,260 responses indicating 85% of service users rated care as good/very good; 93% found the videoconferencing system easy to use; and 97% would use virtual care again if given the choice. Sydney District Nursing has received 844 responses to date, 99% of service users rated care as good/very good; 98% found they were given enough information to manage their care at home; and 98% would recommend SDN service to others.

RPA had excellent feedback from the Inpatient Experience Survey which is key to ensuring patient-centred care is delivered to our consumers. 100% of patients said they felt safe during their stay and that their healthcare needs were met. 98% of patients, families or carers felt their view and concerns were listen to. 98% agreed they were involved in making decisions about their treatment and care and discharge plans were discussed with the patient, family or carer.

Mass vaccination

An excellent patient experience was critical to the success of the mass vaccination centre at Sydney Olympic Part which SLHD managed for NSW Health. The customer and community was put at the centre of every decision, starting with the accessible location to encourage as many people as possible to be vaccinated. Reaching the customer required effective communication strategies including an information technology system to digitally register, consent, book, and manage the vaccine delivery process smoothly for every customer. Excellent patient experience during their journey was achieved by anticipating the needs of people from the first contact through to the booking process across the patient journey. All touchpoints were addressed including information provision, parking/transport, wayfinding and extra support, queue management, check in, cultural support and translation, accessibility, vaccination and waiting areas, and follow-up including support services.

The success of the Mass Vaccination centre was recognised in the 2021 NSW Premier's Awards where the District was named the winner of the Putting the Customer at the Centre category.

Part 4: A workplace culture that drives safe and quality care

4.1 Staff culture and leadership

This section sets out several locally led workplace culture and capability building initiatives which support behaviours that foster safe and high quality care – the Staff Carer's Program and a culture of learning from when things go wrong.

Staff carer's program

Patient experience is enhanced by a positive workplace culture which supports staff and recognises their diversity. Staff with caring responsibilities experience unique challenges in the workplace and external research demonstrates that 31% of staff carers in the past have resigned from their jobs as a result of caring responsibilities. The Staff Carer Support Initiative provides options to support staff to remain in employment such as flexible working, a Staff Carer Support Service, and Employee Assistance Programs.

We listened to what our staff told us in the District Staff Carer Survey which identified key areas of importance for our staff carers. These included flexible working, carer support, accessible carer information, management support and increased workplace staff carer awareness. The District has addressed these key areas with an updated Flexible Working Guideline, specific staff carer information for both staff carers and their managers, and the development of a Staff Carer Support Service to offer tailored support and information to staff carers. Our commitment was nationally recognised as the first organisation in Australia to receive Level Two Carer-Friendly Organisation status, for our support for the District's 14,000 member workforce who identify as carers.

A culture of learning from when things go wrong

SLHD is committed to a culture of learning from when things go wrong to achieve a workforce culture which is reflective and serious about making improvements for our patients, carers, families and local residents. Having a comprehensive, accessible system to promote reporting of incidents and feedback such as from complaints is a key way to ensure this is done. In November 2020 the District transitioned to the new NSW Health incident and complaint monitoring system called IMS+. In order to support a smooth transition to the new system a project team with partnership working between the District Governance Unit, the Information and Communication Technology (ICT) Service, and eHealth NSW mobilised staff support and education so that our workforce could report incidents and service user feedback promptly. By go-live 88% of staff who notify incidents had completed training on the new system. A key contribution of IMS+ is the ability to record compliments, suggestions, and observations from members of the public, which gives valuable insight into what is important to consumers. Since November 2020, 534 compliments have been received from consumers. Going forward, work will continue to increase the triangulation of learning and service developments put in place from IMS+ intelligence.

Part 5: Review of performance against NSW Health indicators

5.1 Service agreement key performance indicators 2020/21

This section provides a summary of performance during 2020/21 against the key performance indicators (KPIs) set out in the Service Agreement with the Ministry of Health; Hospital-acquired Complications are shown in Section 5.2. Where comparison data exists for 2019/20 this is provided along with an outline of improvement work for indicators where performance is below the desired level. A tick indicates the indicator was fully achieved, an arrow means that the indicator was not achieved in its entirety.

Keeping People Healthy	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Childhood Obesity – Children with height and weight recorded (%)	Q4	51.9%	70%	70.5%	✓	The number of children with height and weight recorded improved compared to last year and met target.
Smoking During Pregnancy - At any time (%) - non-Aboriginal women	2020 Calendar	2.2%	2.2%	2.5%	↻	Reducing women who smoke during pregnancy is a key priority.
Smoking During Pregnancy - At any time (%) - Aboriginal women	2020 Calendar	34.6%	33.9%	41.4%	↻	This indicator is an important improvement measure for 2021/22 in light of the gap compared with non-Aboriginal women.
Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	YTD	1114	3880	5861	✓	Consultations held increased 5.3 times, significantly more than the 2.48 times targeted, an in-year increase of 426%.
Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents (volume/variance %).	YTD	155	263	129	↻	108 additional patients (70%) needed to start treatment, however, 26 fewer patients than intended took this up, a dip of 17%. The District's commitment to reaching vulnerable people with hepatitis-C will be further strengthened with ongoing dried blood spot testing, newly introduced last year.

Keeping People Healthy through Prevention and Promotion	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Children Fully Immunised at One Year of Age (%)	YTD	94.8%	95.0%	95.2%	✓	The District actively promotes immunisation.
Pregnant Women Quitting Smoking - By second half of pregnancy (%)	2020 Calendar	32.2%	34.7%	40.1%	✓	Smoking cessation advice has improved the number of pregnant women who stopped smoking by the middle of their pregnancies.
Get Healthy Information and Coaching Service - Get Healthy In Pregnancy Referrals (volume, % increase)	YTD	913	689	413	↻	The SLHD Diabetes screening project at Canterbury Hospital and the NSW Get Healthy Service signposted low risk patients to a new referral pathway to the Get Healthy Service.
Breast Screen Participation Rates - Women aged 50-69 years	YTD	43.8%	55.0%	44.4%	↻	Whilst this indicator did not meet target, performance improved compared to last year. The Breast Screen Service focussed on increasing uptake from Aboriginal and Torres Strait Islander Patients through culturally sensitive artwork, modesty shawls and wallpaper. Text messaging invitations inviting women for routine screens was introduced which will also support uptake going forward. 20,531 women were screened in 2020/21, an additional 1,331 people.
Breast Screen Participation Rates - Women aged 70-74 years	YTD	43.6%	55.0%	43.9%	↻	See above improvement initiative.

Provide World Class Clinical Care Where Patient Safety is First	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Discharge against medical advice for Aboriginal in-patients (%)	YTD	3.5%	2.5%	3.7%	↻	A learning initiative to consult with Aboriginal service users who have discharged against advice is being worked up in Balmain, which can inform other Facilities. Concord will be monitoring this indicator and readmissions at the Activity Based Management Committee in conjunction with the Aboriginal Liaison Officer.
Patient Engagement Index (number) - Adult Admitted Patients	Q3 JAN - MAR	8.92	8.5	8.24	↻	A patient experience and outcomes dashboard was rolled out to provide realtime feedback to increase service responsiveness. Experience measures were also aligned to the Bureau of Health Information standard question set to further guide initiative areas looking forward.
Elective Surgery Overdue - Patients (Number): Category 1	YTD	0	0	0	✓	
Elective Surgery Overdue - Patients (Number): Category 2	YTD	0	0	17	✓	
Elective Surgery Overdue - Patients (Number): Category 3	YTD	129	0	384	↻	The Pandemic contributed to postponed non-urgent surgery especially between July to November 2020. RPA Hospital has used collaborative care arrangements to improve elective surgery KPIs.
Paediatric Admissions from Elective Surgery Waiting List (Number)	YTD	539	1,231	582	↻	RPA and Canterbury Hospitals increased Paediatric surgical volumes, supported by a reconfigured ward to increase throughput and better support children.
Emergency treatment performance – Admitted (% of patients treated in <= 4 hours)	YTD	47.6%	50.0%	43.7%	↻	Initiatives to improve ongoing performance include daily and weekly targeted theatre planning at Concord Hospital, increased utilisation of the RPA Short Stay Unit, hot and cold zones in ED, and specific pathways for COVID-19 positive and precautionary patient management.

People Receive High Quality, Safe Care in Hospital	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Unplanned readmissions 28 days after Separation (discharge) - All Inpatients (%)	YTD	5.5%	5.1%	5.3%	↻	Improvement work is ongoing and has included Canterbury Hospital's care model review through the Leading Better Value Care program and a recovery programme at RPA Hospital with patient follow-up by Inpatient Teams whilst Outpatient capacity was temporarily reduced.
Unplanned Readmissions 28 days after Separation (discharge) - Aboriginal Inpatients (%)	YTD	6.4%	7.3%	7.0%	✓	Programs to target this are underway at RPA and Balmain Hospitals with a view to determining a best practice care model for Aboriginal patients who self-discharge against advice.
Overall Patient Experience Index (Number) *Emergency department	Q3 JAN - MAR	8.7	8.5	8.61	✓	
Overall Patient Experience Index (Number) *Adult admitted patients	Q3 JAN - MAR	9.03	8.5	8.51	✓	
Elective Surgery Access Performance - Patients (Number) treated on time: Category 1	YTD	100	100	100	✓	
Elective Surgery Access Performance - Patients (Number) treated on time: Category 2	YTD	100	97	99.6	✓	
Elective Surgery Access Performance - Patients (Number) treated on time: Category 3	YTD	99.9	97	96.5	↻	Performance dipped due to reduced activity during the Pandemic, which the recovery plan will address going forward.

People can access care in and out of Hospital to Manage Their Health	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Potentially Preventable Hospital Services	YTD	77.9%	75%	77.6%	✓	
Mental Health: Acute Post-Discharge Community Care - Follow up within seven days (%)	YTD	74.3%	75%	78.6%	✓	
Electronic Discharge Summaries sent electronically and accepted by General Practitioners (%)	YTD	58%	51%	61%	✓	

Develop and Support our People and Culture	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	2 yearly	53%	52%	46%	↻	In the 2021 culture index 46% of staff reported that the culture in the workplace had improved, which, although 7% lower than the previous survey from 2019, was significantly better than our peer cluster by 6% in a very challenging year.
Take action-People Matter Survey take action as a result of the survey – Variation from previous year (%)	2 yearly	49%	48%	48%	✓	48% of staff reported that the results of the People Matters Survey would be acted upon by their organisation. Although a slight 1% dip from 2019, the result was 9% more favourable than our peer cluster.
Staff Performance Reviews - Within the last 12 months (%)	Calendar Year	49.4%	100.0%	60.6%	↻	
Recruitment - Average time taken from request to recruit, to decision to hire (business days)	YTD	-	-	-	↻	Workforce Services mobilised resources at short notice to enable high volume recruitment to meet Pandemic operations. Indicator data is not currently available.
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	YTD	2.0%	1.8%	1.7%	↻	Our Aboriginal Workforce Strategic Plan is under development and out for consultation. A targeted recruitment drive was also developed.
Compensable Workplace Injury - Claims (% change)	YTD	253	205	300	↻	Claims prevention initiatives include work health safety risk assessments and improvement work arising out of learning from incidents and complaints.

People Receive Timely Emergency Care	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Emergency Department Presentations - Treated within Benchmark Times (%) - Triage 1 seen within 2 minutes	YTD	100	100	100	✓	
Emergency Department Presentations - Treated within Benchmark Times (%) - Triage 2 seen within 10 minutes	YTD	80	95	86.2	↻	Concord met this target. RPA has developed a triage action plan to achieve compliance in future via staffing practices and models of care.
Emergency Department Presentations - Treated within Benchmark Times (%) - Triage 3 seen within 30 minutes	YTD	77.6	85	79	↻	As above.
Transfer of Care - from ambulance to the Emergency Department in 30 minutes or less	YTD	90.7	90	86.1	↻	Both Canterbury and Concord Hospitals met this target. RPA has implemented strategies including transfer of care performance including patient pathway strengthening, and patient flow initiatives.

Integrate Systems to Deliver Truly Connected Care	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Mental Health Pathways						
Mental health - Unplanned Readmissions 28 days after Separation (Discharge) - Mental Health (%)	YTD	15.5%	13.0%	15.3%	↻	The measures below in combination will support this indicator.
Mental Health: Acute Seclusion Rate Occurrence (rate per 1,000 bed days)	YTD	10.6	5.1	9.2	↻	The Mental Health comprehensive care plan includes addressing behaviours of concern.
Mental Health: Average Duration of Seclusion (Hours)	YTD	8.8	4.1	12.7	↻	The comprehensive care plan includes environmental reviews to minimise absconding.
Mental Health: Frequency of Seclusion (%)	YTD	6.2	4.1	5.25	↻	As above.
Mental Health: Involuntary Patients Absconded – From an inpatient mental health unit (rate per 1,000 bed days)	YTD	0.58	0.8	0.75	↻	See initiatives above.
Mental Health: Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	Q4 APR - JUNE	75%	80%	69%	↻	Strategies to encourage more consumers to complete these surveys are underway so that results can be more consistent.
Mental Health: Presentations staying in ED > 24 hours (Number)	YTD	356	0	429	↻	The Service has a plan to address patient flow with care model reviews which aim to increase capacity.
Mental Health: Peer Workforce Employment – Full time equivalents (FTEs) (Number)	YTD	9.2	11.4	14.6	✓	
Other Pathways						
Aged Care Assessment Timeliness - Average time from ACAT referral to delegation - Admitted patients (Days).	YTD	1.4	5	1.6	✓	
Out of Home Care Health Pathway Program - Children and young people completing a primary health assessment (%)	YTD	31.8%	100%	71.4%	↻	Community Health Services prioritises care of children and young people in out of home care. Partnership working with the Department of Communities and Justice to streamline processes for referrals and sharing information is underway.
Domestic Violence Routine Screening – Routine Screens conducted (%)	Q4 APR - JUNE	38.8%	70%	73.6%	✓	
Sustaining NSW Families Programs: Families Completing the Program When Child Reached 2 years of age (%)	YTD	-	50%	25.5%	↻	Factors which reduced completion included 21% of children moving out of area and 13% of parents who returned to work impacting availability.
Sustaining NSW Families Programs: Families Enrolled and Continuing in the Program (%)	YTD	95.6%	65%	89.8%	✓	

Our People and Systems are Continually Improving to Deliver the Best Health Outcomes and Experiences	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	2 yearly	70%	69%	68%	↻	Whilst the 2021 employee engagement index of 68% was a 2% dip from 2019, the outcome was still encouraging as it was 5% higher than our peer cluster.
Ethics Committee Application Approvals within 45 calendar days – where the risk to participants is more than low	Q4 APR - JUNE	96.6%	95.0%	100%	✓	
Research Governance Application Authorisations – Site specific within 15 calendar days - Involving more than low risk to participants - (%)	Q4 APR - JUNE	78.0%	95.0%	87%	↻	A new system introduced in April 2019 led to a 10% increase in research application processing times.

| Enable eHealth, Health Information and Data Analytics	Data Period	2019/20	Current target	2020/21	Target Met	Improvement work
Telehealth Service Access: Non-admitted Services Provided Through Telehealth (%)	YTD	0.8%	10%	1.5%	↻	Significant resources were allocated to support staff to implement telehealth including a pilot of the Agency for Clinical Innovation's myVirtualCare platform at the National Centre for Veterans' Healthcare and appointment of a new role of Telehealth Manager.

5.2 Service agreement KPIs for Hospital-acquired Complications

This section provides a summary of performance during 2020/21 against the indicators set out in the Service Agreement with the Ministry of Health relating to HACs. Indicator descriptions are in the Glossary in Appendix 1. The Table below shows average HACs per 10,000 episodes of care (EoC) per year.

Hospital-acquired complication	2019/20 Rate	Current Target	2020/21 Rate	Met Target
Pressure injuries	1.8	7	1.6	✔
Healthcare associated infections	109	143	101	✔
Respiratory complications	28	39	27	✔
Venous thromboembolism	7.7	11	8.4	✔
Renal failure	2.9	3.4	3.3	✔
Gastrointestinal bleeding	8.1	12.5	7.9	✔
Medication complications	7.6	17.1	8.0	✔
Delirium	45.0	55.1	47.7	✔
Persistent incontinence	6.0	5.8	4.5	✔
Endocrine complications	37.8	29.7	32.7	↻
Cardiac complications	37.8	51.0	39.2	✔
3rd or 4th degree perineal lacerations during delivery	439.1	384.1	351.1	✔
Neonatal birth trauma	121.1	98.8	83.1	✔
Fall-related injuries in hospital resulting in fracture or intracranial injury	5.6	5.7	5.5	✔

SHLD performed favourably with 13 of the 14 HAC indicators being at or below the target rate. The HACs Committee oversees improvement work to reduce these key hospital harm areas.

The endocrine HAC has an improvement program focussing on reducing incidents of preventable hypoglycaemia. The Diabetes Inpatient improvement program started in August 2020 and is still ongoing. Improvements implemented included hypoglycaemia prevention training using TripleB insulin protocols and inpatient meal time planning.
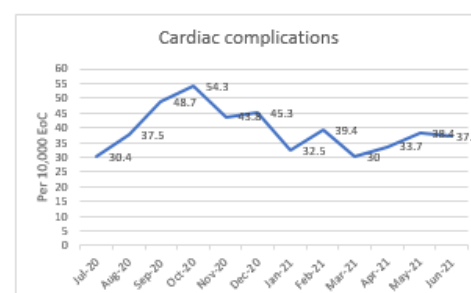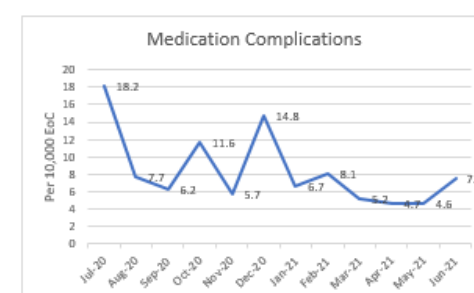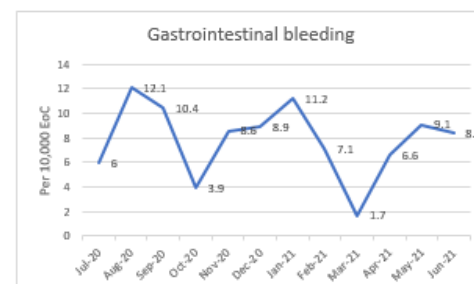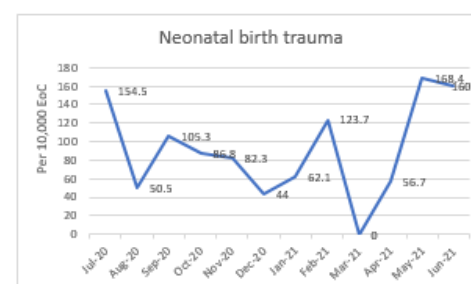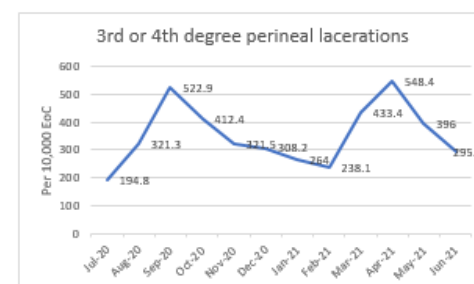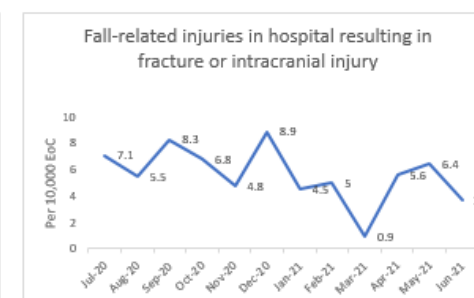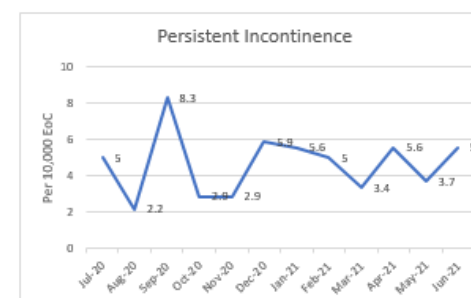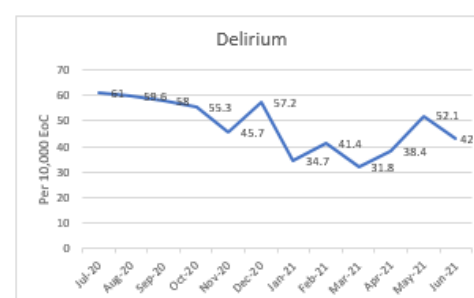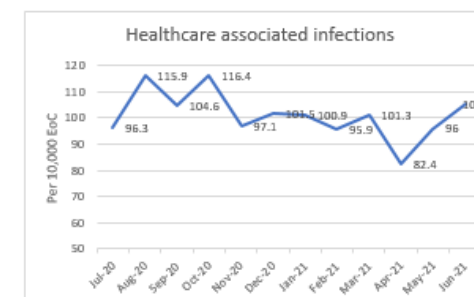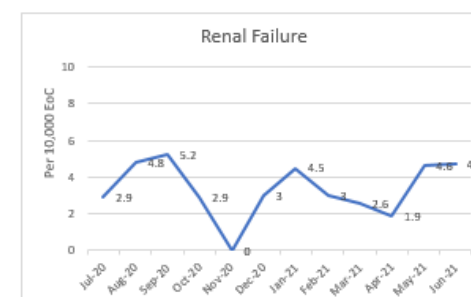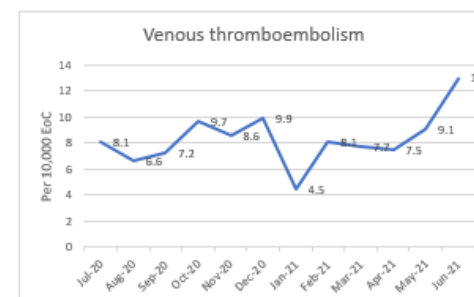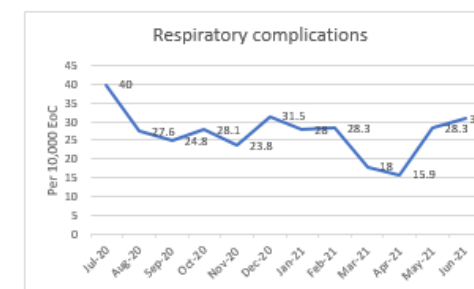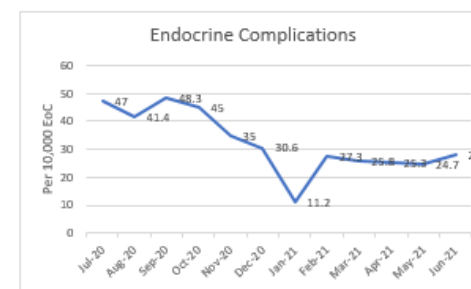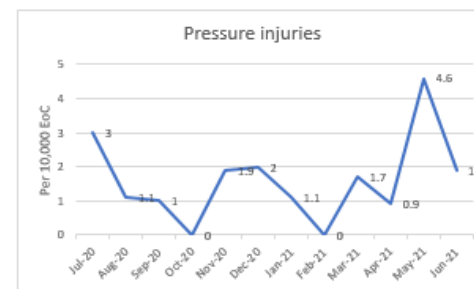
Planned future safety and quality priorities for 2021/22

Part 6: Future safety and quality priorities

6.1   2021/22 safety and quality priorities

This section outlines District quality priorities for improvement in 2021/22 which are measurable and demonstrate a holistic approach to safety and quality. The District's process for determining local safety and quality priorities is described in Section 2.1 and involves considering improvement areas from incidents, quality performance data, strategic priorities per the District's 2018 – 2023 Strategy, alongside national and State sector priorities.

How our local safety and quality improvements link to the District Strategy and NSW State priorities

• **Quality improvement capability**
This aligns with Foundational Principle 5 - an absolute commitment to quality, safety and risk mitigation through continuous improvement. At NSW State level, our aim aligns with the Clinical Excellence Commission (CEC) focus on quality improvement.

• **Falls reduction**
This KPI applies to patient falls and aligns to Strategy Foundational Principle 5 - an absolute commitment to quality, safety and risk mitigation through continuous improvement. Falls is a National focus area.

• **Infection prevention and control – healthcare associated Staphlococcus aureus bloodstream infections**
This aligns to the District Strategy Mission Area of best practice health prevention and health protection. This is a NSW Ministry of Health priority area.

• **Medication safety – medication reconciliations**
This aligns with Foundational Principle 5 - an absolute commitment to quality, safety and risk mitigation through continuous improvement. Medication safety is a global priority area and medication reconciliations is a NSW State area of importance.

• **Aboriginal and Torres Strait Islander Health – progressing the Strategic plan and pregnant women quitting smoking**
Focussing on these indicators is intended to close the gap in health outcomes, and the District seeks to be the first LHD in NSW to close the gap in health outcomes for Aboriginal and Torres Strait Islander residents. The aims support Strategy Focus Area 3 - developing an inclusive healthcare system that is responsive to our Aboriginal communities. Focus Area 12 - ensuring highest possible clinical outcomes. Improving health in this area is a NSW Ministry of Health priority area.

1.	Quality improvement capability	**The District will have an approved Quality Improvement Strategy in place by June 2022.** A Quality Improvement strategy will give the District a key tool to achieve continuous improvement in quality and safety.
2.	Falls reduction	**The District will have an approved Falls Prevention Strategy in place by March 2022. A 2.5% falls reduction by volume is to be achieved in the 6 months ending June 2022. Baseline to be 12 months YTD falls to December 2021.** Falls increased 8.0% in FY 2020/21 and 17.8% for YTD 2021/22. Reducing this hospital harm is a key patient safety improvement area.
3.	Infection prevention and control Staphlococcus aureus bloodstream infections	**A 10% reduction in Healthcare Associated Staphylococcus aureus Bloodstream Infections (SABSIs) related to intravascular devices will be achieved. Baseline to be 2020/21.** Reducing this harm provides patients with a safer stay and better experience.
4.	Medication safety	**20% more patients will have medication reconciliations completed in 2021/22. Baseline to be 2020/21.** Medication reconciliations involve verifying the medications a patient is taking upon admission, and at the end of the care episode, so that the patient and the next care provider get accurate information. Current District performance based on spot audits is around 50% so this is a stretch target.
5.	Aboriginal and Torres Strait Islander health -Strategy continuation -Smoking during pregnancy	**There are 2 priorities for Aboriginal Health:** 1. The District will continue to progress our SLHD Aboriginal Health Strategic Plan 2018 – 2022. 2. Women quitting smoking during pregnancy: By the second half of pregnancy will be at least 35% in 2 years' time – by December 2023. This indicator targets the improvement in health of Aboriginal women in our District, who are around 15 times more likely to smoke than non-Aboriginal women.

Appendix 1 - Glossary

Bronchiolitis is an acute viral respiratory infection which typically affects young children.

Cardiac complications (HAC definition) include the diagnoses of heart failure and pulmonary oedema, arrhythmias, cardiac arrest and acute coronary syndrome.

CEC is the Clinical Excellence Commission which is one of the Pillars of healthcare in NSW.

COPD is chronic obstructive pulmonary disease, when people suffer long term difficulty breathing.

Delirium (HAC definition) refers to a hospital-acquired confusional state.

Endocrine complications (HAC definition) include diagnoses of malnutrition and hypoglycaemia.

Falls-related injuries in hospital resulting in a fracture or intracranial injury (HAC definition) is a fall which results in diagnoses of intracranial injury, fractured neck of femur or other fractures.

Gastrointestinal bleeds (HAC definition) is when a patient suffers from a bleed in the gastrointestinal tract.

HAC is a hospital acquired complication which a patient suffers whilst receiving healthcare at a Facility. For more information on the indicators and how they are specified, refer to the below link.

Hospital-acquired Complications (HACs) List - Specifications - Version 3.1 | Australian Commission on Safety and Quality in Health Care

Healthcare-associated infections (HAC definition) are infections that are acquired when a patient is in a healthcare facility or as a result of a healthcare procedure, even if it becomes evident after a person has been discharged.

Hepatitis C is a viral infection which can result in a chronically inflamed liver and serious liver damage.

Hospital-acquired infection (HAC definition) is a type of healthcare-associated infection and refers specifically to infections that are acquired in hospital.

Hypoglycaemia is low blood sugar levels.

KPI is a key performance indicator which is used to measure how an item is achieving against a target/aim.

LHD is a Local Health District which provides care to its local population. There are 15 Local Health Districts in NSW, 8 in Sydney Metropolitan Area and 7 in rural and regional NSW.

Medication complications (HAC definition) focuses on three main diagnostic groups: medication-related respiratory complications/respiratory depression, a bleeding disorder due to taking anticoagulants, and hypoglycaemia.

Medication reconciliations confirm a patient's medications upon admission and before discharge.

Neonatal birth trauma (HAC definition) includes diagnoses involving injuries to the skeleton, spine, spinal cord, facial nerve injury and specified birth trauma. The complication does not include preterm infants younger than 37 completed weeks and with a birth weight less than 2,499g.

Persistent incontinence (HAC definition) is defined as urinary incontinence that arises during a hospital admission, and which is present on discharge or which persists for seven days or more.

PREM is a Patient Reported Experience Measure which describes a consumer's experience of their treatment and care.

Pressure Injury (HAC definition) is a localised injury to the skin or underlying tissue, usually over a bony prominence, as a result of pressure or friction. This HAC includes the diagnoses of stage III ulcer, stage IV ulcer, or an unspecified ulcer and pressure area.

PROM is a Patient Reported Outcome Measure which is a patient's evaluation of whether they have benefitted from their treatment and care.

QI Quality improvement.

Renal failure (HAC definition), also known as acute kidney injury, refers to a hospital-acquired acute renal failure requiring haemodialysis or continuous haemofiltration.

Respiratory complications (HAC definition) include the diagnoses of respiratory failure and acute respiratory distress syndromes requiring ventilation, plus aspiration pneumonia.

RPA is Royal Prince Alfred Hospital.

SLHD is Sydney Local Health District.

Third and fourth degree perineal lacerations (HAC definition) are deep injuries during childbirth.

TripleB insulin protocols The Triple B protocol (Basal, Bolus and Booster) is a clinical protocol for administering insulin in hospital patients.

Venous thromboembolism (HAC definition) includes the diagnoses of pulmonary embolism (PE) and deep vein thrombosis (DVT).

Ventolin is the brand name for an inhaled medication called Salbutamol for wheezing and shortness of breath.