



Sydney
Local Health District

Safety and Quality Report

Year ended 30 June 2022

2021-22 Report
2022-23 Future priorities



Contents

1	Introduction – Summary of safety and quality achievements	
1.1	Statement on safety and quality	6
1.2	Snapshot of achievements over the past 12 months	6
2	Achievements against priority initiatives over the past 12 months	
2.1	Identification of priority initiatives	8
2.2	Governance structure to support continuous improvement	9
2.3	Significant achievements over the past 12 months	10
2.4	Progress against 2021–22 safety and quality priorities	12
3	Improving patient experience	
3.0	Section overview	14
3.1	Patient reported experience measures (PREMs) and patient reported outcome measures (PROMs)	14
3.2	Enhancing patient experience	15
3.3	Enhancing patient experience for Aboriginal patients	15
4	A workplace culture that drives safe and quality care	
4.1	Bedside communication boards	16
4.2	Daily safety briefings in the Neonatal Intensive Care Unit	17
5	Review of performance against NSW Health indicators	
5.1	Service agreement Key Performance Indicators 2021–22	18
5.2	Service agreement key performance indicators for hospital-acquired complications	26
6	Future safety and quality priorities	
6.1	Safety and quality priorities 2022–23	28
	Appendix 1 Glossary	30

A message from the Chief Executive

Sydney Local Health District (the District) wants to take this opportunity to recognise the incredible ways our staff have collaborated with our local communities and health and care partners to provide our patients with the best care in what continues to be a very challenging environment. Our staff continue to go above and beyond, which has resulted in the District implementing a range of impressive innovations during the past year and will contribute to us building clinical networks to provide sustainable care in the future.

We had many successes, and some of our particular achievements I would like to draw to your attention are addressing COVID-19 vaccination confidence, vaccine hesitancy and special care dentistry.

Addressing emerging ChAd-Ox1 COVID-19 (AstraZeneca) vaccine hesitancy was critical so that a rare but serious complication of vaccine induced immune thrombotic thrombocytopenia is detected and treated promptly. Mortality was reduced from 50 per cent early in the vaccine campaign to 5 per cent now.

Our Kalgal Burbona program is actively expanding child-centred, holistic, multi-sector provision of health, education and social care. This specialist behavioural support for youth has led to high attendance and improved participant behaviour.

Special Care Dentistry (SCD) in collaboration with the District's Specialised Team for Intellectual Disability Sydney (STriDeS) worked-up a bi-directional referral pathway to ensure that people with intellectual disability would have timely access to holistic comprehensive care without being placed on waiting lists.

Our teams implemented an extensive range of innovative care pathways which ensures that our consumers get exceptional care whenever they use our services. Our novel boarding house community public health outreach program in collaboration with system partners ensured that no significant spread of COVID-19 occurred in the 450 boarding houses in our area. This year Royal Prince Alfred Hospital worked with partners including the Royal Flying Doctor Service to rollout a Virtual Intensive Care Unit at Broken Hill Base Hospital. Patients in Broken Hill are now monitored using technology such as telemetry. Following remote assessment, patients are treated and (as necessary) fast-tracked across New South Wales and South Australia. Our District multidisciplinary pelvic mesh service achieved 100 per cent patient satisfaction levels for how women are supported to recover from complications from implanted mesh in urogynaecological pelvic surgery.

We are now entering the last year of our five year 2018 to 2023 District strategy and Section 6.1 sets out how our safety and quality priorities for 2022/23 will support the District to deliver that plan. The District is home to one of Australia's largest LGBTIQ+ communities and we're partnering with gender and sexuality diverse people to improve their health and wellbeing. This year our Population Health Team has recruited the District's first LGBTIQ+ Program Manager who will be key to implementing the *NSW LGBTIQ+ Health Strategy 2022-2027* to address this community's vulnerability.

I am proud to share this *Safety and Quality Report* with you and would welcome your feedback which can be provided via the communication options on the opposite page.

Dr Teresa Anderson AM
Chief Executive, Sydney Local Health District

Acknowledgement of Country

Sydney Local Health District (the District) 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 respects to Aboriginal Elders past, present and emerging. Our District acknowledges the three clans within the boundaries of the District comprising the Gadigal, Wangal and Bediagal people. In the wider Sydney metropolitan area around 29 clan groups comprise the great Eora Nation.

The District's *Aboriginal Health Strategic Plan 2018 to 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 striving to close the gap in health outcomes by providing culturally competent health services which are continually being enhanced to optimise Aboriginal people's wellbeing. Some of our particular achievements from our Aboriginal health programs this year are described in Sections 1.2, 2.3 and 2.4 and our upcoming key programs for 2022/23 are outlined in Section 6.1.

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:

email SLHDCustomerFeedback@health.nsw.gov.au
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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 Sydney Local Health District (the District). The Board confirms it is clearly committed to further improving the safety and quality of care across the 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 of five key achievements which have improved the quality of health service provision across the District over the past 12 months.

Public health outreach to boarding house residents

The District's Public Health Boarding House Program implemented a pioneering public health outreach program targeting around 4,500 residents who live in the 450 boarding houses within our District. It was collaboratively developed in partnership with the District and Newtown Neighbourhood Centre, Central and Eastern Primary Health Network and the Department of Communities and Justice. Within NSW, 40 per cent of all boarding houses are located within our District's catchment area. In the six months to July 2022, the District Public Health Unit and Boarding House Outreach Team worked with non-Governmental organisations and NSW Fair Trading to rapidly respond to COVID-19 outbreaks in boarding houses. This involved 225 visits to boarding houses which led to identification of 383 people who tested positive to COVID-19. Of these COVID-19 positive people, 36 per cent accepted a referral to the District's Special Health Accommodation in order to isolate effectively and 31 per cent were able to isolate within boarding house accommodation. No significant spread of COVID-19 occurred within the boarding houses as a result of this initiative. The program was welcomed by boarding house residents and managers and learning was gained which will support how best to communicate with boarding house residents in a timely way to meet their needs in future public health emergency settings.

Comprehensive care planning

In November 2021, the District launched an electronic tool which enables the multidisciplinary care team to document and communicate the patient's comprehensive care plan in one place within the electronic medical record (eMR). The comprehensive care plan allows the multidisciplinary team to consider and discuss the patient's individual care needs such as mobility, communication or sensory adaptations. The care plan is patient-centred with the patient's top five 'what matters

to me' included to ensure discussions occur with the patient and their appropriate carer, family, and/or loved one and are documented in one place in the eMR.

With only four months from design to rollout this electronic program's success reflected synergies in partnership working between the District Clinical Governance Unit and Informatics Team which has deep experience from their involvement with the NSW Health team for comprehensive care. The eMR comprehensive care plan has now been rolled out across Balmain, Canterbury, Concord and Royal Prince Alfred hospitals. An evaluation is planned to review implementation and this will guide the development of a sustainability plan to ensure ongoing uptake and improvement.

Collaborating to respond to a rare and serious vaccine complication

Vaccine induced immune thrombotic thrombocytopenia (VITT) is severe clotting syndrome which is a rare but extremely serious complication which is associated with the ChAd-Ox1 COVID-19 (AstraZeneca) vaccine. If not promptly recognised and treated VITT has a mortality rate of around 40 per cent to 50 per cent. Public confidence in the AstraZeneca vaccine was a public health issue and it was necessary to ensure that clinicians were supported to recognise and treat this disease which would furthermore mitigate against vaccine hesitancy amongst the population. An extensive group of stakeholders were involved in this project including haematologists at Concord Hospital, NSW Health Pathology and NSW Public Health Units, AusVaxSafety, the Australian Technical Advisory Group on Immunisation and research institutes. The collaborative efforts of stakeholders means that the 176 VITT patients had a mortality of 5 per cent to 6 per cent which is significantly lower than 50 per cent when VITT initially emerged and 18 per cent to 22 per cent in the United Kingdom.

Expanding virtual care provision within the District and beyond

This year Royal Prince Alfred Hospital (RPA) rolled out a virtual intensive care unit (vICU) to Broken Hill Base Hospital. The vICU built upon the network

RPA collaboratively built up in partnership with Broken Hill Base Hospital, the Royal Adelaide Hospital, NSW Ambulance and the Royal Flying Doctor Service. The vICU model of care means that Broken Hill Base Hospital receives clinical advice and support through a combination of electronic clinical records and real-time telemetry which enables the patient in Broken Hill to be visualised through an over-bed camera and workstations on wheels. The vICU team includes an intensivist, critical care resource nurse, and a clinical nurse consultant which enables patients to be remotely triaged, assessed and fast-tracked (as necessary) across New South Wales and into South Australia in consultation with our system partners.

RPA Virtual Hospital has continued to expand its virtual healthcare opportunities for our patients and in June 2022 the virtual care of acute diverticulitis (iCAD) program went live. The iCAD initiative enables eligible patients who present to emergency departments to be offered out-of-hospital treatment using virtual healthcare rather than be admitted to hospital. Patients are given wearable devices and a mobile device with an in-built app which enables them to be clinically monitored by the care centre at RPA Virtual. Consumer network feedback was used to inform the app's functionality including its text readability and the content of instructions on how to operate the wearable devices.

Holistic multi-sector care for children

Our Community Health Service Kalgil Burbona Program is now actively expanding child-centred, holistic multi-sector care across the health, education and social care sectors and has been taken up by three schools. The new model of care was worked up over the past five years by providing healthcare provision at the Ngaramadhi Space within Yudi Gunyi School for youth needing specialist behavioural support. The approach features clinic planning for shared goals, communication supported by an electronic medical record (eMR) platform, a social worker support network and liaison with the Healthy Homes and Neighbourhoods (HHAN) scheme. Quantitative analysis of Ngaramadhi Space shows favourably high pupil attendance levels and an improvement in participants' behaviour. Work is now underway to build connections and scale-up the learning at state and national levels through the Australasian School Based Health Alliance.



2 Achievements against priority initiatives over the past 12 months

Summary of safety and quality planning processes and governance structures

Outlined below is how safety and quality initiatives are formulated, monitored and assured upon for these key priority areas.

2.1 Identification of priority initiatives

Sydney Local Health District (the District) has a systematic process for determining and consulting on quality priority initiatives. Decision making involves considering a range of possibilities based on local, system and sector strategic areas. Local resources include the *Sydney Local Health District Strategic Plan 2018 to 2023*, learning from incidents when things have gone wrong, patient and family feedback, as well as from intelligence from facility and District governance committees. Sector guidance includes priority state focus areas from the NSW Ministry of Health and pillar organisations such as the Clinical Excellence Commission (CEC) and Agency for Clinical Innovation (ACI). How each of the 2022/23 priorities links to the District strategy 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 vision, *excellence in health and healthcare for all*, is set out in the *Sydney Local Health District Strategic Plan 2018 to 2023* in which two of the 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 involves *fostering a culture of innovation, change management and collaboration* to be achieved through supporting education, innovation, new models of care and by ensuring there is a learning culture.

The District has a clear governance structure to support continuous improvement in safety, quality and patient and family experience. The 2019 Sydney Local Health District Clinical Governance Framework summarises how the Board, District, facility and facility sub-committee structure supports monitoring and improving quality and safety. Continuous quality improvement (QI) is an outcome of clinical effectiveness audits, internal audits, service redesign programs and learning from incidents and complaints. This is monitored by each committee, working group and speciality which oversee each initiative as part of the governance structures using appropriate indicators and methods.

There are specialist committees overseeing improvements in a wide range of areas including:

- morbidity and mortality
- hospital-acquired complications
- patient and family experience
- infection prevention and control
- blood management
- patient and family experience
- falls and cognition.

These sub-committees 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 focuses on five of our key achievements that have significantly contributed to an improved quality of health service provision across the District over the past 12 months.

Tailored access to oral healthcare gives a better patient experience

People with an intellectual disability are prone to having unmet social, general healthcare, and oral healthcare needs. In response to this, across 2021 and 2022, Special Care Dentistry (SCD) collaborated with the District's Specialised Team for Intellectual Disability Sydney (STriDeS) to work up a bi-directional referral pathway to ensure people with intellectual disability would have timely access to holistic comprehensive care without being placed on waiting lists. In addition to timely referrals, other outcomes included multidisciplinary dental care under general anaesthetic for applicable patients which spared the patients from undergoing multiple procedures on different occasions. Together these changes improved both people's clinical outcomes and their patient experience. The service is now part of business as usual will be sustained going forward.

Historically, families from southern NSW who required specialist paediatric dental care have had to travel up to 11 hours to Sydney which can prove both expensive and disruptive. In 2021–22 My Virtual Care Platform technology was put in place to remotely connect patients in remote local community dental clinics to access to up to eight dental specialties simultaneously from across the District and other expert centres (including the Westmead Centre for Oral Health). As a result, demand for specialist services was able to be stably managed whilst ensuring children who needed urgent specialist dental care were identified and managed swiftly in their home locality. In 2021–22 an estimated 2,604 hours of travel time was saved through provision of 217 teledentistry consultations. Families benefitted from fewer costs and reduced time away from school and their work. A key element of this program's success was good communication with families by working together to ensure clinicians and families felt confidence about the new model of care.

Canterbury Drug Health Services (DHS) and Canterbury Community Oral Health Clinic partnered to increase access to dental health clinics for DHS patients.

The need to address an access complexity was identified by two patient surveys. A survey in March 2021 indicated that 43 per cent of patients reported difficulty securing an appointment despite known free service eligibility. Of those patients yet to be seen at March 2021, approximately half the people needed dental work. Going forward the program is to focus on enabling preventive dental work to be prioritised which provides better outcomes than episodic care once a problem arises.

The High Risk Foot Service helped our most vulnerable patients

The High Risk Foot Service at Royal Prince Alfred and Concord Hospitals augmented their service to ensure continuity with telephone consultations and face-to-face provision during the COVID-19 pandemic. The patient cohort is particularly vulnerable and medically complex and at considerable risk of deterioration and needing urgent surgery. To achieve this, the District extensively collaborated with system partners in primary care, the Chronic Care for Aboriginal People Program and the National Disability Insurance Agency. Aboriginal peoples are disproportionately impacted by diabetic foot complications. Service outcomes included optimising care to minimise hospitalisation and a foot pressure clinic which achieved both good consumer experience feedback and increased adherence with wearing of medical grade footwear which will help prevent recurrent foot ulcers.

Our multidisciplinary Pelvic Mesh Service

Our District multidisciplinary Pelvic Mesh Service commenced in November 2019, based at Royal Prince Alfred Hospital, and continues to grow and develop to meet the needs of the women attending the service. The service features an innovative patient and family-centred model of care, co-designed with consumers and multidisciplinary clinicians to meet the needs of women who have suffered complications from the implants of mesh in urogynaecological pelvic procedures such as pelvic organ prolapse and stress urinary incontinence.

From May 2020 onwards, a patient support group has been supporting women, led by clinical psychologists and social workers. Benefits of the support group have included guidance to aid recovery from the trauma of their procedures and discussions on topical issues faced by the women. In January 2021 a consumer experience survey demonstrated that 100 per cent of women were either mostly or very satisfied with the consumer group. In 2022 the service cumulatively received referrals for 229 women since this service began. Of these, 192 women are being actively managed by the service and 37 women have been discharged from our care.

Novel quaternary mental health care for adolescents

The District Mental Health Service has had particular success with its outcomes from the 11 bed Walker Unit for adolescents. The Walker Unit was the first quaternary child and adolescent unit in NSW to offer highly specialised and intensive treatment for adolescents across NSW aged between 12 and 18 who suffer from complex severe mental health conditions. The unit provides tailored longer stay care which facilitates medication optimisation and novel psychotherapeutic interventions in a mix of individual, family and group settings which is key to promoting long term recovery. Using data from 2015 to 2022 from the Health of the Nation Outcome Scales for Child and Mental Health, there was marked improvement in a patient's motivation to participate in treatment, emotional regulation and level of functional impairment as measured by a favourable reduction in the composite symptom score from an average of 19.9 on admission to 10.2 on discharge. Of the young people treated at the unit, 80 per cent reported art therapy helped them express themselves more effectively and start thinking about how their behaviour relates to their thoughts and feelings. Learning is being shared across the sector in *Longer-Term Psychiatric Inpatient Care for Adolescents: A Multidisciplinary Treatment Approach*, a textbook written by Philip Hazell, and published in 2022.

Promoting bowel screening to our Aboriginal communities

Closing the gap in healthcare outcomes for our Aboriginal peoples is central to what we do and the District is incredibly proud of the culturally appropriate initiative rolled out by the District Health Promotion Unit in 2022 which encourages Aboriginal peoples to take up bowel screening. Using two promotional education videos which were developed by the District in partnership with Cancer Institute NSW, Aboriginal Elders and Aboriginal healthcare workers actively promoted the importance of bowel screening to their communities.

The first video was narrated by Aboriginal staff who work throughout the District. This video is an animated explanation of who is at risk of bowel cancer, what bowel screening is and why this is important. The call to action is to get a bowel screen today if you have symptoms or are aged 50 years and over. The second video is a question and answer style session where Aboriginal elders tell three different and compelling lived experience stories about bowel screening and the impact bowel cancer has had on their lives. The message is clearly made that bowel screening saves lives. These videos were released in the middle of 2022 and are the first interventions of this kind that were specifically designed to increase Aboriginal community members' participation in the National Bowel Cancer Screening Program. Going forward, both videos will continue to be used in education programs and community events throughout the District.

2.4 Progress against 2021–22 safety and quality priorities

In this section we describe Sydney Local Health District (the District) achievements against each of the key priorities set for 2021–22.

2021–22 Quality priorities	Outcome for the year ended 30 June 2022
What we said we will do	What we did
<p>1 Quality improvement capability – the District will have an approved quality improvement strategy in place by June 2022</p> <p>A quality improvement strategy will give the District a key tool to achieve continuous improvement in quality and safety.</p>	<p>Safety and quality essentials pathway</p> <p>The District committed to having an approved quality improvement strategy in place by June 2022. On 10 December 2021 the District formally commenced its organisation-wide safety and quality capability program, partnering with the Clinical Excellence Commission (CEC) to socialise, locally adapt and embed the CEC’s state-wide Safety and Quality Essentials Program (SQEP) in improvement methodology.</p> <p>The foundation and intermediate modules are available now on the District My Health Learning platform and these introduce participants to the core concepts of safety and quality improvement science and its practical application within healthcare. The foundation module comprises online learning and has an accompanying webinar and more than 300 staff have enrolled already. The intermediate module has online learning along with face-to-face interactive workshops which are scheduled to commence in February 2023. The adept program will be piloted in 2023 with team-based cohorts to support multi-professional clinical improvement programs.</p>
<p>2 Falls reduction</p> <p>The District will have an approved falls prevention strategy in place by March 2022. A 2.5 per cent falls reduction by volume is to be achieved in the 6 months ending June 2022. Baseline to be falls in the 12 months to December 2021.</p>	<p>District Falls Prevention Strategy 2022 to 2025</p> <p>The District had an approved falls prevention strategy in place by March 2022. The <i>District Falls Prevention Strategy 2022 to 2025</i> is underpinned by research partnering with the Institute for Musculoskeletal Health and is aligned with the improvement science approach set out in the Safety and Quality Essentials Program (SQEP) outlined in the first priority area above. The strategy is currently being rolled out across wards at Royal Prince Alfred Hospital and implementation across the District will continue until 2025.</p> <p>The goal of a 2.5 per cent reduction in falls volume with 66 fewer falls for the six months ending June 2022 was not achieved as falls rose by 244 cases during that time. NSW Health reports that falls have increased across the system with contributing factors being:</p> <ul style="list-style-type: none"> • restriction of visitors due to COVID-19 • isolation of patients in single rooms • more complex patients needing greater supervision • delays in attending to patients due to donning of personal protective equipment • reduced staffing such as when staff were furloughed.
<p>3 Infection prevention and control – staphylococcus aureus bloodstream infection reduction</p> <p>A 10 per cent reduction in healthcare associated staphylococcus aureus bloodstream infections related to intravascular devices will be achieved. Baseline to be 2020–21.</p>	<p>Reduction in healthcare associated staphylococcus aureus bloodstream infections</p> <p>The District met its 2021–22 aim of a 10 per cent in-year reduction of healthcare-associated staphylococcus aureus bloodstream infections (HA SABs) including intravascular devices, central venous access devices and peripheral intravenous catheters (PIVCs). The 12 month rate of 0.8/10,000 bed days to 30 June 2022 compares favourably to both the equivalent period in 2020–21 of 1.2 and the national benchmark of 1.0.</p> <p>Changes made to practice include consistent data capture using the ims+ incident system and development of Concord Hospital’s multi-specialty identification and review process.</p> <p>In June 2022 Concord Hospital implemented a hospital-acquired bloodstream infection (HABSI) project to both reduce this harm occurring and systematise HABSI identification and reporting which will help guide future interventions. Since inception medical teams have individually reviewed all HABSIs and learning is that 16 per cent of these infections were preventable, of which half pertained to PIVCs. RPA rolled out designated trolleys to aid better PIVC insertion practice and compliance auditing.</p> <p>A District-wide approach to optimise post-insertion management of intra-vascular access devices (IVADs) will be progressed during 2022–23 which will be supported by the Infection Prevention and Control Taskforce’s safety improvement program for 2022–23.</p>

2021–22 Quality priorities	Outcome for the year ended 30 June 2022
What we said we will do	What we did
<p>4 Medication safety</p> <p>20 per cent more patients will have medication reconciliations completed in 2021–22. Baseline to be 2020–21.</p>	<p>Verification of medications at admission and discharge</p> <p>The District set the target that 20 per cent more patients would have a medication reconciliation completed in 2021–22 compared with the prior year. This was achieved with increases at the following facilities:</p> <ul style="list-style-type: none"> • 39 per cent at Royal Prince Alfred (RPA) Hospital • 29 per cent at Concord Hospital • 61 per cent at Canterbury Hospital • 86 per cent at Balmain Hospital • 16 per cent at Concord Centre for Mental Health • 13 per cent at RPA Mental Health Services <p>To support achieving this, pharmacy reporting was strengthened so that managers got the information needed to support responsive changes to practice.</p> <p>Balmain Hospital’s result was achieved by investing in increased pharmacist provision equivalent to 32 hours per week following a successful pilot in November 2021. This led to a sustained high level of performance which is now being maintained at high weekly rates of between 85 per cent and 90 per cent. This initiative is going to be extended in 2022–23 so that Balmain Hospital pharmacists will deliver pharmaceutical counselling to high risk patients and families before discharge.</p>
<p>5 Aboriginal and Torres Strait Islander Health</p> <p>Continuation of the <i>District Aboriginal Health Strategic Plan 2018 to 2022</i>.</p> <p>Smoking cessation during pregnancy.</p>	<p>Improving the health of Aboriginal and Torres Strait Islander people</p> <p>The District continued to progress our <i>Aboriginal Health Strategic Plan 2018 to 2022</i>. A key initiative this year was the Aboriginal Cultural Engagement Self-Assessment Audit Tool which was submitted to the NSW Ministry of Health on 4 November 2022 and will guide ongoing work next year as set out in Section 6.</p> <p>Women quitting smoking during pregnancy is a two-year improvement program. The aim is that by December 2023 at least 35 per cent of the pregnant Aboriginal women in our District who smoke in the first trimester will have stopped by the second half of pregnancy.</p> <p>This indicator prioritises the improvement in health of Aboriginal women in our District, who are around 15 times more likely to smoke than non-Aboriginal women.</p> <p>A District working group with representatives from the Clinical Governance, Population Health, and Aboriginal Health units and Women and Babies and Drug Health services has been progressing this program. Aboriginal Medical Service Redfern is being linked-in to seek synergies. Achievements to date have included exploring ways to address vaping in addition to tobacco smoking, and options for extending advice and support to the partners and household members of Aboriginal women who are pregnant, along with women who will be having an Aboriginal baby. Next steps include selecting the most suitable, culturally-tailored smoking cessation advice for the needs of staff and working up a pathway to reach out to the women who smoke in a location and setting which meets Aboriginal women’s cultural needs.</p>

3 Improving patient experience

3.0 Section overview

This section outlines how patient experience feedback is captured and responded to in a range of areas including complaints, compliments, patient and consumer surveys and patient stories. The District is pleased to hear the views of patients, consumers, carers and family members who give feedback in a variety of ways. When people give our teams face-to-face feedback our staff can learn from both what we do well and what we could improve upon. This kind of immediate feedback can be gained from conversations when people use our services through discussions with staff or online through the Feedback Assist online tool. Patient stories are a rich source of consumer feedback. Inspiring patient stories and videos can be viewed at slhd.health.nsw.gov.au/sydneyconnect.

The patient experience teams receive and respond to both complaints and compliments which are raised by members of the public or through ministers, the Health Care Complaints Commission, the NSW Ombudsman and in response to Bureau of Health Information findings. Throughout 2022 the District received an average of 262 pieces of feedback per month including complaints, compliments and suggestions. The District responds to all received patient feedback. Compliments and suggestions are acknowledged, with the person thanked for providing the feedback, and forwarded to relevant staff. Complaints are acknowledged within five days of receipt and staff work with patients and families to resolve concerns and identify areas for system improvement to further enhance patient care and experience. Themes from feedback are analysed and reported to the Board through quarterly focus reports.

3.1 Patient reported experience measures (PREMs) and patient reported outcome measures (PROMs)

The District has an extensive suite of feedback from surveys via Patient Reported Outcomes Measures (PROMS) and Patient Reported Experience Measures (PREMS). The District uses PREMs and PROMs which have been developed internally within the District and also participates in state-wide PREM and PROM surveying programs overseen by the Agency for Clinical Innovation (ACI).

The District works closely with the ACI on patient experience projects and in January 2022 the District started to use the Health Outcomes and Patient Experience (HOPE) platform to collect PREMs and PROMs. HOPE is a purpose-built information technology platform that has been co-designed with consumers, clinicians and managers across NSW, and led and overseen by the Agency for Clinical Innovation (ACI), eHealth NSW and the NSW Ministry of Health. The platform allows consumers and clinicians to access real-time information to help better understand what matters to patients. From January to June 2022, 31 District services went live using the platform. By 30 June 2022, the 412 patients who were registered on the HOPE platform had completed 633 PREMS.

3.2 Enhancing patient experience

The District is developing a range of strategies to enhance our ability to measure and evaluate patient experience. We are currently working to standardise the PREM surveys used and are now using a standardised inpatient PREM across Royal Prince Alfred, Concord and Balmain Hospitals. The District has chosen to use the inpatient PREM questions set endorsed by NSW Health and used by the Bureau of Health Information (BHI) to enable continual monitoring and evaluation of services based on consumer feedback. The District is working to implement a consistent and standardised approach to using BHI patient experience survey data. This will ensure that each hospital is analysing and using BHI data in a consistent way and also enable the analysis and comparison of BHI data across PREMs and the District incident management system (ims+).

The District is working to implement a consistent and standardised approach to recording of outcome and system improvement initiatives which are identified through patient feedback. This will enable service, hospital and aggregate level reporting of quality improvement activities connected to patient feedback. Over the next 12 months the District will focus on using PREMs, BHI and ims+ data to inform and implement improvement strategies which enhance patient experience.

Canterbury Hospital responded to patient and consumer feedback with a novel approach to enhance the effectiveness of how the facility provides information to patients and their families. An animated video was developed to welcome consumers to the hospital. The video includes focused information on local matters and provides information about activities across the District and at NSW Health. Consumer feedback was incredibly positive and people said that the content was easily understood, makes clear what patients should expect when coming to hospital and information on interpreters was valued. The video is being rolled out at Canterbury Hospital and it will then be made available to other facilities in the District.

3.3 Enhancing patient experience for Aboriginal patients

The District recognises Aboriginal peoples have a strong connection to Country. Aboriginal peoples have an enduring culture with rich diversity in language, experience and circumstance. It is essential that our District provides care to Aboriginal peoples which has a positive impact by partnering with our local community and reflecting this connection and diversity. One of the ways we achieved this in 2022 was to provide culturally tailored spaces for Aboriginal peoples.

Canterbury Hospital's Aboriginal Cultural Garden celebrates the Bediagal people through its design which provides a peaceful sanctuary in which people can gather. The District also opened new Aboriginal Cultural Lounges at Concord and Canterbury Hospitals which complement the initial lounge at Royal Prince Alfred Hospital. The cultural lounges give people a breakout area away from wards and other treatment areas which is used by families to meet among themselves or with our Aboriginal liaison officers.

The District Aboriginal Health Unit uses intelligence obtained from cultural audits of wards and other spaces across the District to ensure that we continue to provide culturally-safe care for our Aboriginal peoples including artwork and the ways we communicate with people.

4 A workplace culture that drives safe and quality care

4.1 Bedside communication boards

This section sets out several locally led workplace culture and capability building initiatives rolled out in Sydney Local Health District (the District) in 2021–22 which support behaviours that foster safe and high quality care.

During 2021–22 many inpatient facilities rolled out bedside communication boards as part of ensuring better patient, families and carer experiences through an effective way of sharing information about a patient’s wants and needs during their hospital stay. Better communication is also a key component of strengthening patient safety.

Between May and June 2022 Concord Hospital piloted communication boards in the aged care wards within the Rusty Priest Building to enhance the communication between patients’ families and the multidisciplinary team as part of comprehensive care provision. Families were encouraged to write questions for the team on the communication boards. Information was also shared about what activities were being provided for the patient that day, details on their sensory needs, and an estimated date of discharge was visible at the bedside. The board content was finalised on 28 June 2022. Pre- and post-implementation consumer feedback demonstrated the following improvements:

- patient knowledge of doctor’s names increased by 7 per cent to 71 per cent
- patient knowledge of nurse’s names increased by 33 per cent to 65 per cent
- patient knowledge of intended date of discharge by 38 per cent to 59 per cent.

Canterbury Hospital has also completed a pilot of patient communication boards with a focus on the approach of ‘nothing about me, without me’ and these are currently being rolled out across the facility. RPA Hospital started introducing the boards to wards in October 2022. Next steps for 2022–23 will be to expand the boards to remaining inpatient areas.



4.2 Daily safety briefings in the Neonatal Intensive Care Unit

The Royal Prince Alfred Hospital Neonatal Intensive Care Unit (NICU) implemented a novel video conferencing tool to improve communication in NICU during the COVID-19 pandemic. The novel NICU daily safety briefing was introduced in response to thematic learning from incidents which highlighted that 6 per cent of NICU clinical incidents generally and 66 per cent of higher harm score root cause analysis investigations demonstrated that communication needed to improve. Results showed that all planned daily morning safety briefings took place with daily attendance of 10 staff on average which was 90 per cent of intended key senior attendees. Demonstrable improvements in communication of clinical information between team members were identified in areas including patient acuity, patient flow, infection control information and management of clinical staffing and duties. The briefings were an important safety culture driver during the COVID-19 pandemic and are anticipated to have sustainable future benefits.

5 Review of performance against NSW Health indicators

5.1 Service agreement Key Performance Indicators 2021–22

This section provides a summary of performance during 2021–22 against the key performance indicators (KPIs) set out in the service agreement with the NSW Ministry of Health. The subset of hospital-acquired complications (HACs) is outlined in Section 5.2. Where comparison data exists for 2020–21 this is provided along with an outline of improvement work which a focus on indicators where performance is below the desired level.



Key performance indicators

	Data period	2020–21	Current target	2021–22	
Keeping people healthy					
Childhood obesity – children with height and weight recorded (%)	Q4 Apr–Jun	71%	70%	81%	Children with height and weight recorded improved significantly due to installation of stadiometer measuring equipment and face to face clinics.
Smoking during pregnancy – at any time (%) – non-Aboriginal women	YTD	2.5%	2.2%	2.5%	The implementation of carbon monoxide monitors for use during pregnancy was delayed due to COVID-19.
Smoking during pregnancy – at any time (%) – Aboriginal women	YTD	41.4%	33.9%	43.0%	Improvement work for this indicator is described in Section 2.4 for this priority program.
Hospital drug and alcohol consultation liaison – number of consultations	YTD	5861	4396	4126	Fewer liaison consultations occurred because there was a reduction in incoming referrals to the service, and occasions of service were also impacted by staff being furloughed. Improvement work planned for 2022–23 includes promoting the drug and alcohol consultation liaison services across the District, reviewing staffing levels in relation to referrals each quarter and ensuring orientation sessions include training on how to use eConsult to obtain information.
Hepatitis C antiviral treatment initiation – number of District residents	Mar YTD	129	263	65	Treatment levels reflect a combination of incoming referrals, clinical indications and uptake. The Population Health Unit is continuing to actively progress the HIV and Related Programs (HARP) initiative’s mobile testing community outreach clinic. In July 2022 HARP actively promoted this testing as part of Hepatitis Awareness Week and World Hepatitis Day on 28 July 2022.
Keeping people healthy through prevention and promotion					
Children fully immunised at one year of age (%)	YTD	95.2%	95.0%	94.9%	The District continues to actively promote immunisation.
Pregnant women quitting smoking – by second half of pregnancy (%)	YTD	40.1%	41.7%	39.6%	Women identified as smoking are referred to the NSW Quitline during their booking-in visit. Smoking cessation education is promoted to medical and midwifery staff.
Get healthy information and coaching service (volume)	YTD	413	561	257	Referrals to the Get Healthy Service are ongoing and clinical referrals are expected to rise once the digital referral service has been implemented.
Breast screening participation rates – women aged 50–69 years	YTD	39.6%	55.0%	41.4%	BreastScreen was temporarily closed for seven weeks of 2021–22 due to COVID-19. Screening rates were significantly impacted by staff shortages, fewer appointment slots due to social distancing and client cancellations. This year 14,811 women were screened. When services resumed appointment allocation prioritised women who were high risk, overdue or had been cancelled previously.
Breast screening participation rates – women aged 70–74 years	YTD	39.1%	55.0%	40.5%	Initiatives to increase activity include local media campaigns, after-hours appointments and giveaways including a BreastScreen pink umbrella and Aboriginal modesty shawls.

	Data period	2020-21	Current target	2021-22	
Provide world class clinical care where patient safety is first					
Discharge against medical advice for Aboriginal inpatients (%)	YTD	3.7%	2.8%	3.3%	Concord Hospital consulted with patients who identify as Aboriginal peoples in March 2022 to help guide safety and quality priorities, and in 2022-23 this survey will be extended to obtain information from Aboriginal peoples who discharge against medical advice to inform future interventions. Concord Hospital's Activity Based Management Committee oversees this indicator with support from an Aboriginal Liaison Officer.
Patient engagement index number –adult admitted patients	Q3 Jan-Mar	8.24	8.5	8.21	The patient experience index reflects a composite consumer rating encompassing involvement in decision making about care decisions, provision of information, discharge arrangements and communication about aftercare. State peers at March 2022 had an index of 8.27.
Patient engagement index number – emergency departments	Q3 Jan-Mar	7.71	8.5	7.61	
Elective surgery overdue –number of category one patients	YTD	0	0	0	
Elective surgery overdue –number of category two patients	Year End	17	0	223	Non-urgent elective surgery was postponed in response to the COVID-19 Omicron wave and to address this 7,000 non-urgent operations were performed using collaborative care arrangements. After implementing the District COVID-19 surgical recovery plan in March 2022 surgical activity is now operative at over 95 per cent. The surgical backlog is expected to be cleared by 30 June 2023.
Elective surgery overdue –number of category three patients	Year End	384	0	509	Reasons as above.
Number of paediatric admissions from elective surgery waiting list	YTD	582	744	369	COVID-19 led to elective surgery restrictions which significantly impacted paediatric admissions from the elective waitlist. To minimise the impact of this 127 paediatric surgeries were performed in-year using collaborative care arrangements. RPA and Canterbury Hospitals have increased surgical volume through ward reconfigurations and collaborative care will also continue.
Emergency treatment performance –admitted (% of patients treated within four hours)	YTD	43.7%	50.0%	33.4%	COVID-19 significantly impacted management of patient flow through emergency departments and inpatient facilities. Facilities are continuing to address factors impacting upon flow including working with residential aged care facilities to support discharges and focusing on specialties with increased lengths of stay, alongside daily District emergency treatment performance operational meetings. Canterbury emergency department has responded to consumer feedback and has improved all patient triage so that all triaging is within designated spaces within the indoor facility, with no triaging in tents even for possible COVID-19 patients.

	Data period	2020-21	Current target	2021-22	
People receive high quality, safe care in hospital					
Unplanned readmissions 28 days after discharge – all inpatients (%)	YTD	5.1%	5.3%	4.7%	Fewer patients were readmitted following discharge in the past year which reflects ongoing focus on models of care.
Unplanned readmissions 28 days after separation (discharge) –Aboriginal inpatients (%)	YTD	7.8%	7.0%	7.1%	This indicator has improved in-year which is in line with our aim of closing the gap in care provided to Aboriginal peoples including initiatives to reduce self-discharges against advice described above.
Overall patient experience index number –in emergency departments	Q3 Jan-Mar	8.67	8.5	8.46	The patient experience index reflects a composite consumer rating encompassing care, recommending the facility to friends and family, multi-professional care and how organised the care was.
Overall patient experience index number –adult admitted patients	Q3 Jan-Mar	8.43	8.5	8.61	Patient experience has been impacted by operational factors in emergency departments as outlined below.
Elective surgery access performance –per cent of category one patients treated on time	YTD	100%	100%	100%	
Elective surgery access performance –per cent of category two patients treated on time	YTD	99.6%	97%	86.4%	In response to the Omicron wave, non urgent elective surgery was postponed. To assist in the management of non urgent elective surgery, the District utilised collaborative care arrangements. In 2021-22, the District performed over 7,000 surgeries using collaborative care arrangements.
Elective surgery access performance –per cent of category three patients treated on time	YTD	96.5%	97%	89.2%	In March 2022 the District developed and implemented its COVID-19 surgical recovery plan. Facilities are now operating at over 95 per cent surgical activity. It is expected that the District will have addressed its surgical backlog by 30 June 2023.

	Data period	2020-21	Current target	2021-22	
People receive timely emergency care					
Per cent of emergency department presentations treated within benchmark times – triage one seen within two minutes	YTD	100%	100%	100%	
Per cent of emergency department presentations treated within benchmark times – triage two seen within 10 minutes	YTD	86.2%	95%	83.6%	The RPA Emergency Department has had continued high acuity triage two patients this year along with multiple simultaneous arrivals of category two patients. The majority of RPA emergency department patients are still seen within the 10 minute timeframe despite personal protective equipment and other infection control challenges. At Concord Hospital an 11.8 per cent in-year increase in presentations of triage two patients has impacted performance and patients spent longer in resuscitation bays as single rooms were at capacity. Mental Health Services and the Concord Hospital Emergency Department are collaborative on identifying strategies to improve the flow of patients with mental health needs.
Per cent of emergency department presentations treated within benchmark times – triage three seen within thirty minutes	YTD	79%	85%	78.2%	Triage three performance has remained stable despite increasing presentations and a trend of two distinct peaks of arrivals each day. In order to expedite clinical investigations and early care in the triage three category in particular technical assistants have been introduced in the emergency department. Concord Hospital's performance was impacted by a changed model of nursing care when a second triage tent was deployed in the emergency department to support COVID-19 screening, which delayed timeliness of the triage three category patients commencing care pathways.
Transfer of Care (ToC) from ambulance to emergency departments in 30 minutes or less	YTD	86.1%	90%	82.8%	Transfer of Care (ToC) performance in 2021-22 was particularly challenging given infection control requirements surrounding hot and cold isolation spaces, and whole of hospital occupancy which drives performance in this area. Despite this, RPA Hospital continues to be one of the highest performing A1 facilities in NSW. Concord Hospital's performance was impacted by the need for single rooms within the emergency department for patients on a COVID-19 pathway and the reduced availability of these beds led to delayed ToC from ambulance teams. In May 2022 a revised emergency department COVID-19 surge plan at Concord replaced fast track recliners with five ToC trolleys to assist with ToC from ambulance teams.

	Data period	2020-21	Current target	2021-22	
Integrate systems to deliver truly connected care					
Mental health pathways					
Mental health unplanned readmissions 28 days after discharge (%)	May YTD	15.2%	13.0%	15.4%	Mental Health Services are continuing to focus on community aftercare to minimise readmissions.
Mental health acute seclusion rate occurrence rate per 1,000 bed days	YTD	9.2	5.1	8.4	In 2022 a Restrictive Practices Steering Committee was established along with two working parties in conjunction with the Clinical Excellence Commission which are focusing on additional interventions and training needs for staff. Next steps will be a focus on evaluating outcomes from this.
Mental health average duration of seclusion (hours)	YTD	12.7	4	16	The increased duration of seclusion has been contributed to by infection control measures during COVID-19. Seclusion is being addressed via the above Committee and working parties.
Mental health frequency of seclusion (%)	Q4 Apr-Jun	4.7%	4.1%	5.8%	This is addressed as above.
Mental health involuntary patients who absconded from an inpatient mental health unit (rate per 1,000 bed days)	Q4 Apr-Jun	1.01	0.8	0.89	Technology was used to promote patients remaining in touch with friends and family, and therapy provision in the evenings has increased with tailored programs.
Mental health consumer experience – consumers with a score of very good or excellent (%)	Q4 Apr-Jun	69%	80%	71%	Inpatient services will continue to focus on improving consumer access to information so they are kept informed about how their stay is progressing. Working with family and friends is a key contributor to better engagement.
Mental health presentations staying in emergency departments over 24 hours	YTD	429	0	593	Nurse practitioners have been rolled out in emergency departments to streamline clinical review and access, however, demand for mental health beds remains high as do occupancy rates.
Mental health peer workforce employment number of full time equivalents	YTD	14.6	11.4	11.3	The pool of candidates is narrow and recruitment challenges are similar to those faced by other parts of healthcare currently.

	Data period	2020-21	Current target	2021-22	
Other pathways					
Aged care assessment timeliness (ACAT) – average time from ACAT referral to delegation in admitted patient days	YTD	1.6 days	5	1.5 days	This indicator measures the timeliness with which an inpatient who needs an ACAT assessment receives it. The ACAT determines a patient's eligibility for aged care services such as residential care or home care packages. A low number of ACAT days is favourable.
Out of Home Care Health Pathway Program per cent of children and young people completing a primary health assessment	YTD	71.4%	100%	96%	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 of applicable information is continuing.
Domestic violence routine screens conducted (%)	YTD	41.0%	70%	71.5%	
Sustaining NSW Families Programs – families completing the program when the child reached 2 years of age (%)	Q3 Jan-Mar	25.5%	50%	58.3%	
Sustaining NSW Families Programs – families enrolled and continuing in the programs (%)	Q3 Jan-Mar	89.8%	65%	100.0%	
People can access care in and out of hospital to manage their health					
Potentially preventable hospital services	YTD	14.1%	13.6%	14.7%	Potentially preventable hospital services measures the proportion of triage four and five emergency department attendances or admitted patient bed days for people with conditions where hospitalisation or and emergency department visit is potentially preventable. The Australian Institute of Health and Welfare (AIHW) sets out what these conditions comprise.
Mental health acute post-discharge community care follow-up within seven days (%)	YTD	78.6%	75%	73.6%	Mental Health Services are continuing to focus on community aftercare including prompt follow-up and an environment which meets consumers' needs.
Electronic discharge summaries sent electronically and accepted by general practitioners (%)	YTD	61%	51%	57%	

	Data period	2020-21	Current target	2021-22	
Develop and support our people and culture					
Workplace culture – People Matter Survey culture index	2 yearly	46%	52%	46%	In the 2020-21 culture index 46 per cent of staff reported that the culture in the workplace had improved. Although 7 per cent lower than the previous survey from 2019, this was significantly better than our peer cluster by 6 per cent in a very challenging year.
Take action – People Matter Survey	2 yearly	48%	48%	48%	In 2020-21, 48 per cent of staff reported their organisation would act upon the results of the People Matter Employee Survey. Although a slight 1 per cent dip from 2019 the result was 9 per cent more favourable than our peer cluster.
Staff performance reviews – within the last 12 months (%)	Calendar year	61.0%	100.0%	35.0%	Latest rolling 12 month data is to September 2021.
Recruitment – average time taken from request to recruit, to decision to hire (business days)	YTD	-	-	-	Workforce Services continue to deploy resources at short notice to prioritise recruitment needs. Indicator data is not available.
Aboriginal workforce participation – Aboriginal workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	YTD	1.7%	1.8%	1.7%	The District is strongly committed to strengthening our Aboriginal workforce through community involvement and promoting positive cultural identity through education, support, and ongoing career opportunities.
Compensable workplace injury claims (% change)	YTD	300%	248%	277%	Claims have reduced 7 per cent in-year reflecting ongoing prevention underpinned by learning and improvement from risk assessments, incidents and complaints.
Our people and systems are continually improving to deliver the best health outcomes and experiences					
Staff engagement – People Matter Employee Survey engagement index	2 yearly	68%	69%	68%	Whilst the 2020-21 employee engagement index of 68 per cent was a 2 per cent dip from 2019, the outcome was still encouraging as it was 5 per cent higher than our peer cluster.
Ethics Committee application approvals within 45 calendar days – where the risk to participants is more than low	Q4 Apr-Jun	100%	95.0%	100%	
Research governance application authorisations – site specific within 15 calendar days – involving more than low risk to participants – (%)	Q4 Apr-Jun	87%	75.0%	91%	Research application processing timeliness continues to be strong.
Enable eHealth, health information and data analytics					
Virtual care access – non-admitted services provided through virtual care (%)	YTD	12.6%	30%	20.9%	An ambitious target of 30 per cent for virtual care provision was a stretch aim given actual provision of 12.6 per cent last year. Performance of 20.9 per cent represents in-year growth of 65 per cent which is substantial and reflects continued investment of resources in this area. By Q4 2021-22 performance was at 24.7 per cent.

5.2 Service agreement key performance indicators for hospital-acquired complications

This section provides a summary of performance during 2021–22 against indicators set out in the service agreement with the NSW Ministry of Health relating to hospital-acquired complications (HACs). Indicator definitions are provided in the glossary in Appendix 1. The table below shows rolling 12 month average HACs per 10,000 episodes of care (EoC) each year.

Rolling 12 month average HAC rate per 10,000 EoC	2020–21	Current target	2021–22
Cardiac complications	39.2	51.0	51.0
Delirium	47.7	55.1	65.3
Endocrine complications	32.7	29.7	45.8
Falls-related injuries in hospital resulting in a fracture or intracranial injury	5.6	5.7	8.2
Gastrointestinal bleeding	7.9	12.5	9.9
Healthcare associated infections	101.5	142.5	146.7
Medication complications	8.0	17.1	8.8
Neonatal birth trauma	75.0	98.8	60.1
Third or fourth degree perineal tears	351.1	384.1	387.4
Persistent incontinence	4.5	5.8	5.4
Pressure injuries	1.5	7.0	2.0
Renal failure	3.3	3.4	3.4
Respiratory complications	27.1	38.7	46.5
Venous thromboembolism	8.5	11.0	15.5

An overview of HAC improvement work performed during 2021–22 follows, along with next steps going forward.

The most common underlying diagnoses of the patients suffering a cardiac complication HAC are coronary artery disease, myocardial infarction and viral pneumonia. COVID-19 patients had 2.65 greater odds of a cardiac complication reflecting the underlying course of that disease.

Rollout of the 4AT rapid test clinical test for delirium detection eMR screening tool commenced in October 2022 and will further enhance screening patients for delirium and/or cognitive impairment. Concord Hospital is looking at the feasibility of a psychogeriatric intervention for delirium.

Endocrine complications are being addressed through initiatives including the diabetes inpatient program education and preventing hospital-acquired malnutrition by review of fasting protocols. Implementation of the eMR Connect Insulin and Fluids modules is now underway and once this rollout is embedded this HAC is predicted to improve.

The core improvement program for falls reduction is progression of the three year *Sydney Local Health District Falls Prevention Strategy 2022 to 2025*. Royal Prince Alfred Hospital has commenced implementation and Canterbury Hospital will be the next site to initiate rollout during Q2 2022–23.

Gastrointestinal bleeding is in line with expectations and case reviews have not identified any modifiable factors.

A District safety improvement program to address hospital-acquired infections is being scoped currently and this will be supported by ongoing activity of both facilities and the District Infection Prevention and Control Taskforce. Refreshing guidance on intravascular device management is an ongoing piece of work and junior medical officers from Concord Hospital intend to share their learning from this.

Medication complications are being addressed through implementation of a comprehensive District guideline on adult anticoagulation which was issued in June 2022 along with a continued focus on appropriate use of medications which can cause respiratory depression.

The Women and Babies Service will continue a neonatal birth trauma prevention initiative which is designed to reduce subgaleal bleeding in newborns as set out in the clinical guideline.

Ongoing care delivery to prevent perineal tears will be via education and monitoring to ensure optimal use of a perineal protection bundle from Women's Healthcare Australia.

Prevention of women suffering persistent incontinence due to childbirth is focusing on management of singleton births which is the most common association.

Hospital-acquired acute kidney injury which results in haemodialysis or continuous haemofiltration largely pertains to Royal Prince Alfred Hospital patients. The District has a very complex patient cohort related to solid organ transplantation activity and no reversible factors currently exist based on learning from case reviews.

The District Tissue Analytics and Wound Care Command Centre Project will continue across the next two years. Pressure injury prevention and practice improvements over the past year have included heel injury offloading supports, procuring the Wound iView digital application and refining endotracheal tube taping practice in intensive care units.

A rise in inpatients acquiring respiratory failure or hospital acquired pneumonia has occurred across the sector during the pandemic. Monthly clinical case reviews have provided positive assurance that no process concerns exist.

Active progression of Venous Thromboembolism (VTE) prevention stewardship programs involves promoting completion of the eMR VTE Powerplan and patient level care reviews.

Hospital-acquired Complications (HAC) governance continues to be strengthened and during 2021–22. Balmain Hospital refreshed its core committee operations during 2021–22 to enhance the clinical focus on HACs and audits in particular. An anticipated future benefit is prompter identification of improvement opportunities within the HAC portfolio along with a more consistent approach to reducing clinical variation. Royal Prince Alfred Hospital has also refreshed its governance over their HACs portfolio this year and this will ensure that all HACs are monitored by designated committees at facility level in order to optimise timely review by applicable clinical specialties.

6 Future safety and quality priorities

6.1 Safety and quality priorities 2022–23

How our local safety and quality improvements link to the District strategy and NSW Health priorities.

This section outlines five Sydney Local Health District (District) safety and quality priorities for improvement in 2022–23. These priorities are measurable and demonstrate our holistic approach to safety and quality improvement. Our District process for determining local safety and quality priorities is described in Section 2.1.

1 Strengthening safety culture through structured reflective practice

The District will roll out the Clinical Excellence Commission's new program on reflective practice during 2022–23. A structured approach to reflective practice is important for clinical supervision and staff wellbeing and is a key contributor to a good safety culture in healthcare. The program will have individual and team-based coaching elements. Having the tools to use reflective practice will be particularly beneficial for staff who are involved with responding to and investigating clinical complaints and incidents.

This aligns with *National Safety and Quality Health Service (NSQHS) Standard Foundational Principle 5 – an absolute commitment to quality, safety and risk mitigation through continuous improvement.*

2 Patient experience measures

The District will have an approved patient reported measures (PRM) policy directive in place by June 2023. The PRM policy directive will give the District a clearly articulated governance structure and a uniform approach to the development, implementation, reporting and action planning associated with collecting patient report experience and outcome measures. Developing a standardised governance approach will ensure the quality of the surveys used and how the information collected is used and responded to.

These measures align with *National Safety and Quality Health Service (NSQHS) Standard Foundational Principle 5 – an absolute commitment to quality, safety and risk mitigation through continuous improvement.*

3 Reduction in hospital acquired complications

As outlined in Section 5.2, seven out of 14 hospital acquired complications (HACs) were performing in line with the District's target for the 12 months ended 30 June 2022. The District will aim to reach the goal of 10 out of 12 HACs to be in line with or better than District target by 31 December 2023.

Hospital-acquired infections (HAIs) are an important HAC indicator and the District will also ensure a District-wide improvement plan to reduce HAIs is formulated by 30 June 2023. This will support further optimisation of HAI across the District.

These measures align with *National Safety and Quality Health Service (NSQHS) Standard Foundational Principle 5 – an absolute commitment to quality, safety and risk mitigation through continuous improvement.*

4 Building capability in safety and quality improvement

The District will continue to spread and embed the Clinical Excellence Commission (CEC) state-wide Safety and Quality Essentials Program at scale across the District in the second year of the program. A focus will be on achieving widespread knowledge through a focus on the foundation and intermediate programs initially, which will build up a broad knowledge base across the organisation. Alongside this, multi-professional teams will be supported to take up the adept program through supported coaching for a few teams initially. These initial teams will then develop significant practical expertise across the duration of their projects and will be able to partner alongside future teams when they commence the adept program in order to cascade ongoing adoption across the District in future phases of the program.

This priority area aligns with *National Safety and Quality Health Service (NSQHS) Standard Foundational Principle 5 – an absolute commitment to quality, safety and risk mitigation through continuous improvement* and the *CEC's Strategic Plan 2021 to 2024* system goal which is to achieve improved capability with embedded safety systems.

5 Closing the gap in health outcomes for Aboriginal peoples

The District has continuing work programmes in a number of areas it will continue to focus on during 2022–23. Maintaining a particular focus on the below ongoing initiatives will support the District with its aim to be the first local health district to close the gap in health outcomes for Aboriginal peoples. These programs support strategy *Focus Area 3 – developing an inclusive healthcare system that is responsive to our Aboriginal communities* and *Focus Area 12 – ensuring highest possible clinical outcomes.*

The District will continue to use the learning from the NSW Ministry of Health's Aboriginal Cultural Engagement Self-Assessment Audit Tool (ACESAAT) which provides a harmonised approach for all local health districts to evaluate how well we are doing to provide culturally safe health and care to our Aboriginal peoples. The ACESAAT timescales were extended during 2021–22 and so this tool is an ongoing work area for us during upcoming year also. The District will formulate and progress an improvement action plan in response to the Aboriginal Cultural Engagement Self-Assessment Audit Tool which was finalised and submitted to the NSW Ministry of Health on 4 November 2022. When peer benchmarked results are made available by the NSW Ministry of Health these will also inform this action plan.

During 2022–23 Royal Prince Alfred Hospital will implement a new model of care to integrate Aboriginal Health Workers into the Emergency Department. This initiative aims to improve the involvement of Aboriginal peoples in their own healthcare and also to enhance the ways in which our staff communicate in a culturally sensitive way with Aboriginal patients.

The District will also continue with the second planned year of the program to reduce smoking by Aboriginal women in our District. Aboriginal women are around 15 times more likely to smoke than non-Aboriginal women. The goal is that smoking cessation by the second half of pregnancy will be at least 35 per cent by 31 December 2023 for Aboriginal women who are pregnant. This is also a NSW Ministry of Health priority area.

Governance over these programs will be by the District Aboriginal Health Unit and the District Aboriginal Health Steering Committee.



Appendix 1 Glossary

An item marked with an asterisk * indicates this is a HAC definition.

Cardiac complications* 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 pillar organisations of healthcare in NSW.

Delirium* refers to a patient who became acutely confused whilst in hospital.

Endocrine complications* include malnutrition and hypoglycaemia.

Falls-related injuries in hospital* are when a patient fall results in a fracture or intracranial injury.

Gastrointestinal bleed* 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 indicator specifications refer to the link below.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/hospital-acquired-complications-hacs-list-specifications-version-31-12th-edn>

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

Hospital-acquired infection* refers specifically to particular infections that are acquired whilst a patient is in hospital or as a result of a healthcare procedure, even if it becomes evident after a person has been discharged.

Hypoglycaemia means a low blood sugar level.

Key performance indicator (KPI) is a defined target, aim or performance measure.

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

Neonatal birth trauma* 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* 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 patient's experience of their treatment and care.

Pressure injury* is a localised injury to the skin or underlying tissue which is usually over a bony prominence and arises as a result of pressure or friction. This HAC includes the diagnoses of stage three and stage four ulcers.

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* which is also known as acute kidney injury refers to renal failure requiring haemodialysis or continuous haemofiltration.

Respiratory complications* include the diagnoses of respiratory failure and acute respiratory distress syndromes requiring ventilation, plus aspiration pneumonia.

RPA is Royal Prince Alfred Hospital.

Subgaleal bleeding is caused by rupture of the emissary veins which connect the dural sinuses in the brain to scalp veins.

Third and fourth degree perineal lacerations* are deep injuries during childbirth.

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

