



Health
Nepean Blue Mountains
Local Health District

Safety and Quality Account

Reporting on 2020-2021
Future Priorities 2021-2022





Contents

Foreword	2
Health Consumers Representative Program	4
Nepean Blue Mountains Local Health District	6
2020-2021 Report	
+ Safety and Quality Processes and Governance Structure	18
+ Achievements Through Priority Initiatives	22
+ Patient and Consumer Experience	26
+ Aboriginal Health	30
+ Mental Health	32
+ COVID-19 Response	34
+ A Workplace Culture That Drives Safe and Quality Care	36
+ Accreditation	44
2020-2021 Performance	58
2021-2022 Future Priorities	72

Acknowledgement of Country

Nepean Blue Mountains LHD acknowledges the Darug, Gundungurra and Wiradjuri people as the Traditional Custodians of the land on which our hospitals, offices and health centres are located. We would like to pay our respects to the Elders past, present and those emerging from all Aboriginal and Torres Strait Islander Nations.



Artwork: 'We All Share the Same Water' by Leanne Watson, Shay Tobin and Leanne Tobin



Foreword

Last year was challenging but stood us in good stead for 2020-21 – a year of pandemic and multiple natural disasters. Our staff have had to rapidly adapt throughout the year to meet our ongoing commitment to deliver safe, high quality and compassionate care to our continually growing community.

We are proud that we have continued to strengthen our consumer input. Whilst COVID-19 impacted in person meetings, our consumers have adapted to different ways of contributing remotely. Their contribution is highly valued and working together we are confident that improvements we make will be positively received by our community.

Our activity over the year has differed but our commitment to delivering high quality care to our community did not waiver. Emergency Department attendances continued to increase and we thank everyone for their patience as we adapted to infection control measures necessary to manage our COVID-19 response. Our Division of Surgery worked tirelessly to catch up on elective surgery cases that were deferred during 2020. On 30 June 2021 we had no patients waiting longer than their target times. Unfortunately, there have been further deferrals of elective surgery due to the 2021 COVID-19 response, which require a further recovery program in 2022. Our staff continued to

provide care to many outpatients using Telehealth, which will be a continuing feature of our service provision.

Despite bushfires, floods and COVID-19 our staff continued to innovate and improve. You can read about some of our multiple initiatives in the body of this report.

Our continued focus on better patient and consumer experiences, increasing use of digital technology for feedback and learning from our feedback and complaints process has enabled more timely service improvements. Strong governance processes continue to ensure our services are of the highest standard possible.

We are pleased to provide this Account to showcase our achievements for the 2020-21 financial year and the future projects planned for the 2021-2022 financial year. Of all our achievements we are most proud of the response of our staff to a most challenging year.

Peter Collins

The Hon. Peter Collins, AM QC
Board Chair
Nepean Blue Mountains Local Health District Board

Kay Hyman

Kay Hyman
Chief Executive
Nepean Blue Mountains Local Health District



Message from Dr Linda McQueen

Chairperson, Health Care Quality Committee

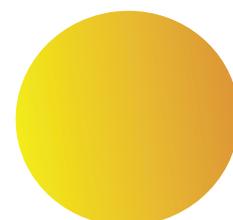
As the chair of the Health Care Quality Committee, the peak safety and quality Committee of the NBMLHD and a subcommittee of the Board I am very pleased to endorse this Account.

It honours the continuing focus on high quality and safe health care for our community. It shows the hard work being done by the many facets of the Local Health District (LHD) along with its partners in primary care and consumers.

This has been a very challenging year with the COVID-19 pandemic, delta outbreaks, LGA lockdowns, staff working in different roles to assist with the crisis and most importantly immunising our communities. Throughout these challenges the staff have worked with communities to ensure safety and high quality health care remains the core focus.

This report encompasses the knowledge, skills and commitment of our health teams. It shows learning is at the heart of our health system and this learning will inform how we deliver safe, high quality health care into the future.

I want to congratulate the Chief Executive, facility and service managers, LHD executive, clinicians, staff and consumers who have all contributed to the work that this report describes. I would also like to acknowledge the work of the Clinical Governance team who support and coordinate this key work of the LHD.



Health Consumer Representative Program at NBMLHD

Phew! What an eventful time has been experienced across the NBMLHD since the previous year! The challenges of flood events again raised their ugly head across the District, causing devastating and significant losses in many areas. The most significant challenge faced through must be the COVID-19 virus and the particularly virulent Delta strain emerging across the community. The impact on multiple suburbs in the NBMLHD, the acute and sustained pressure on the broader NSW Health system and the flow on effects to patient centred care cannot be underestimated.

The continuing spectre of COVID-19, with its associated lockdowns and restrictions placing a damper on the freedoms and normal way of life that we all enjoy across the NBMLHD has tested the resilience and mental health of many.

The \$1 billion redevelopment of the Nepean Campus is the most significant project that Health Consumer Representatives (HCR) have been involved in. A diverse range of consumers, both able bodied and disabled alike, have been actively engaged in the project. The culturally and linguistically diverse community that NBMLHD encompasses is well represented in this project, as well as in other District activities. The opportunity to put on hard hats and fluoro vests for a tour of different areas of the stage one tower gave HCR a different perspective to the reality and size of the redevelopment, rather than just seeing a two-dimensional image of plans and designs on a page!

The development of the hashtag #consumerdriven has provided the consumers with a platform to continue engagement. Standout moments for the HCR cohort include:

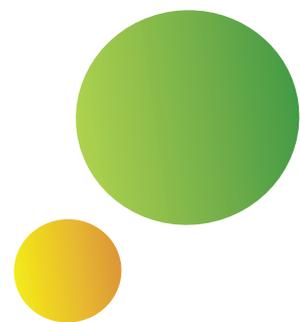
- Maintaining monthly HCR coordinated consumer workshops using available technology platforms, face-to-face engagement, or a combination of both.
 - Willingness to share lived experience through video interviews of patient journeys - six of these diverse and unique journeys are in development so far!
 - Consumer driven development, creation and design of a recruitment flyer for distribution across the NBMLHD to promote the value of the HCR population to the District.
 - Close engagement with, and the encouragement and support of the Media department for consumers to participate and be more involved in NBMLHD social media feeds.
 - Development of podcast questions for consumers to ask health care professionals to create relationships and greater exposure through different engagement channels.
 - Involvement with project user groups associated with the Nepean campus redevelopment and other strategic priorities across the District.
 - Participation in the NBMLHD Festival of Inclusion sharing patient experiences.
 - Engagement with NSW Health strategic initiatives including the Future Health Strategy and the Virtual Care Taskforce to share NBMLHD HCR experiences and stay abreast of future health directions.
 - Engagement with the Agency for Clinical Innovation, Critical Intelligence Unit, to gauge the impact of COVID-19 on present and future health outcomes in NSW.
- Delivery of the HCR training program for consumers (new and experienced) developed last year, with both consumers and NBMLHD staff sharing their experiences and skills.



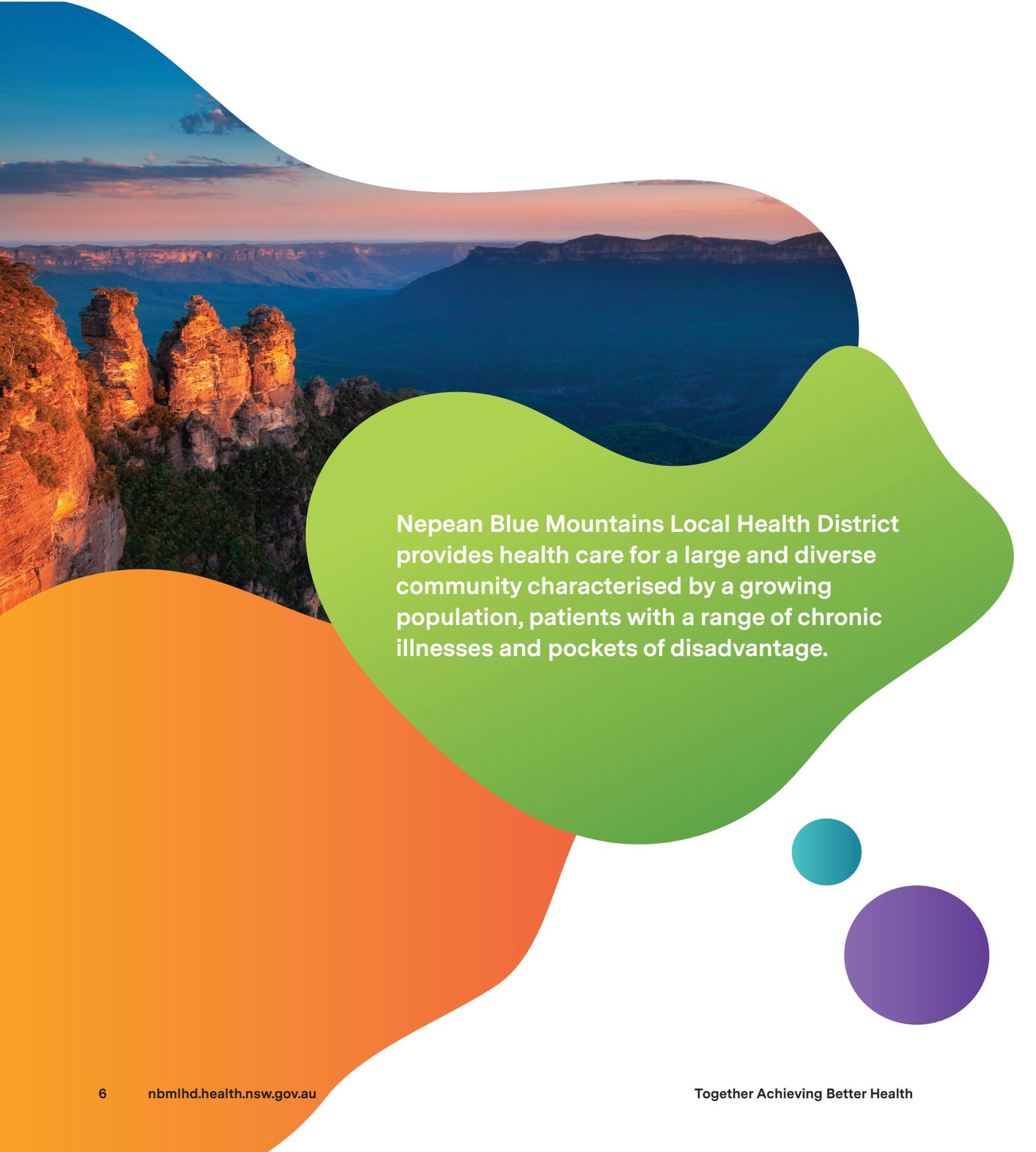
Julie Russell
Health Consumer Representative



Matt Roger
Health Consumer Representative



Nepean Blue Mountains Local Health District



Nepean Blue Mountains Local Health District provides health care for a large and diverse community characterised by a growing population, patients with a range of chronic illnesses and pockets of disadvantage.

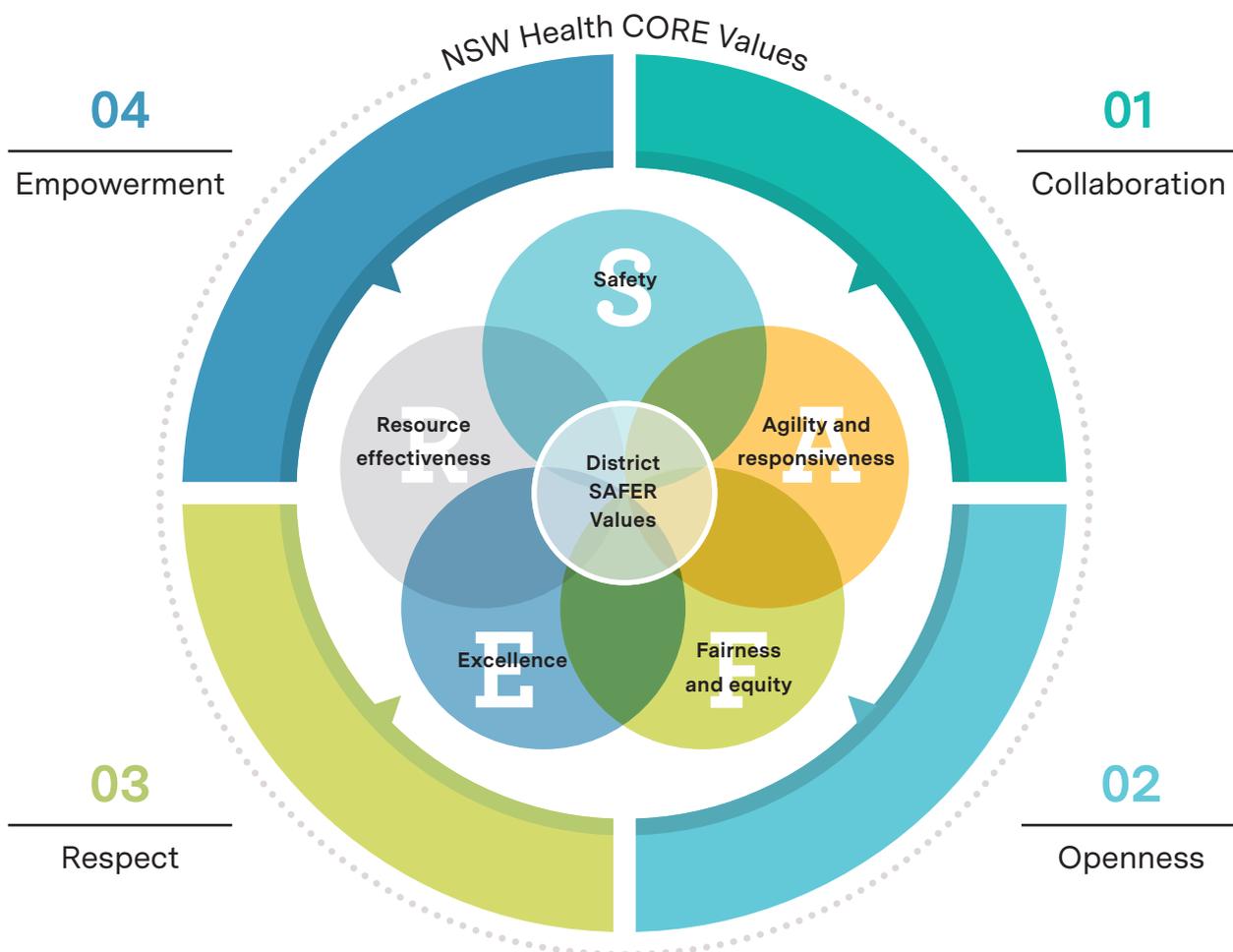
Our vision

Together
Achieving
Better Health

We will drive innovation and excellence in health service delivery and provide safe, equitable, high quality, accessible, timely and efficient services that are responsive to the needs of patients and the community.

Our values

Our values support our vision, shape our culture and reflect our principles and beliefs.



Our community

Population Growth Forecast

Our District is large and growing. Population forecasts predict an additional 144,715 residents to arrive in our District over the next 16 years (2020-2036). We have five hospital campuses, 14 community and mental health centres and several other sites. There are major redevelopment projects currently in progress including Nepean Hospital redevelopment. Lithgow Hospital will receive a new MRI, a helipad upgrade and a refurbished palliative care room. Planning is underway for a new HealthOne facility in southern Penrith for completion in 2022.



79.9 yrs

male life expectancy
at birth



83.6 yrs

female life
expectancy at birth



24%

were born
overseas



Around
5000

births to residents
recorded each year



Over **384,742**

residents across 9,179km² (2020)



4.4%

of the District population identify as
Aboriginal and Torres Strait Islander



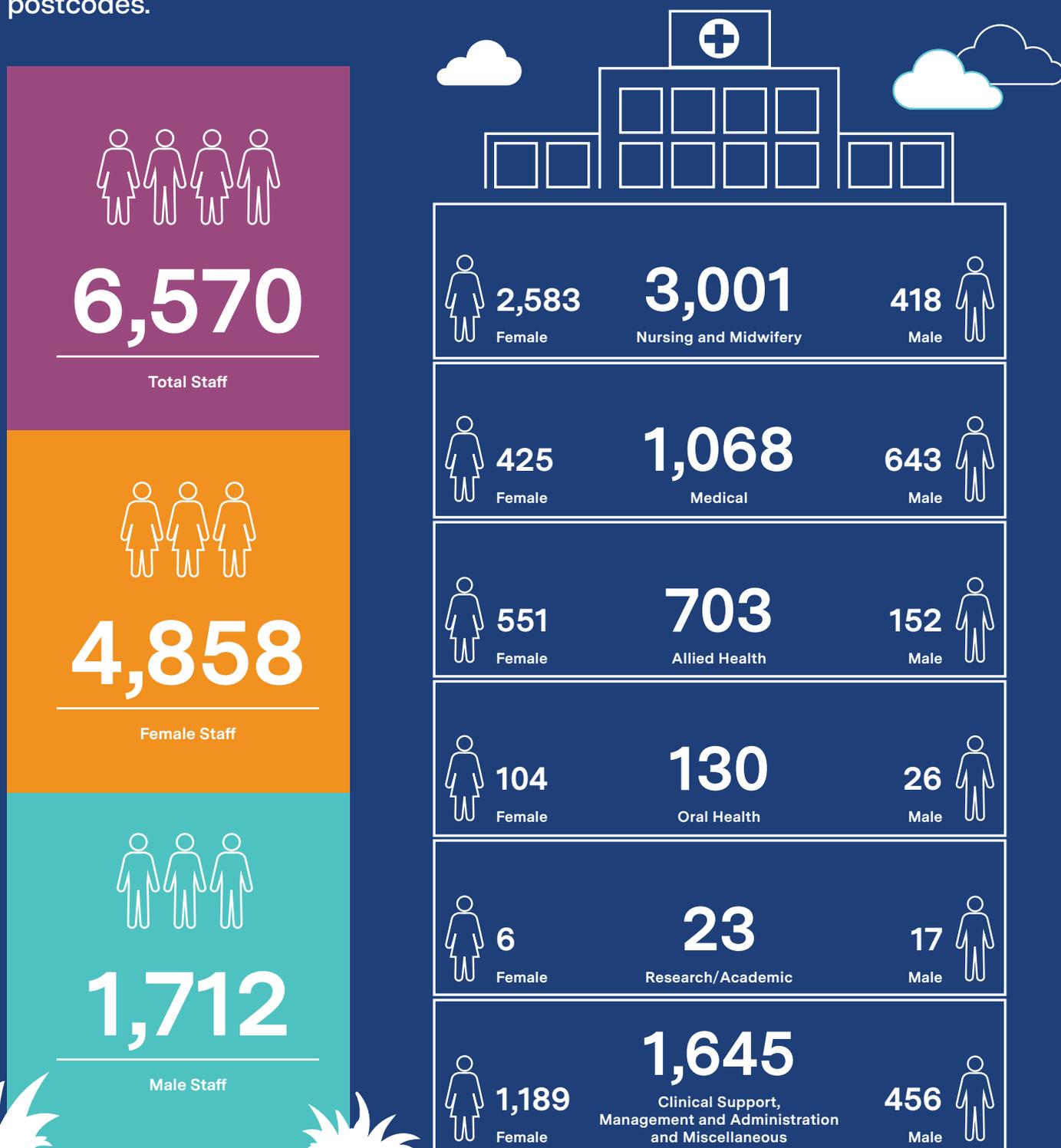
38%

The projected population growth in the
District over the next 16 years (2020 until
2036) from 384,742 to 529,457

Sources: Australian Bureau of Statistics (ABS), Regional Population Growth, Australia; Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016; HealthStats (2017); Department of Planning, Industry and Environment 2019 population projection for the year 2036; Social Health Atlas of Australia.

Our staff

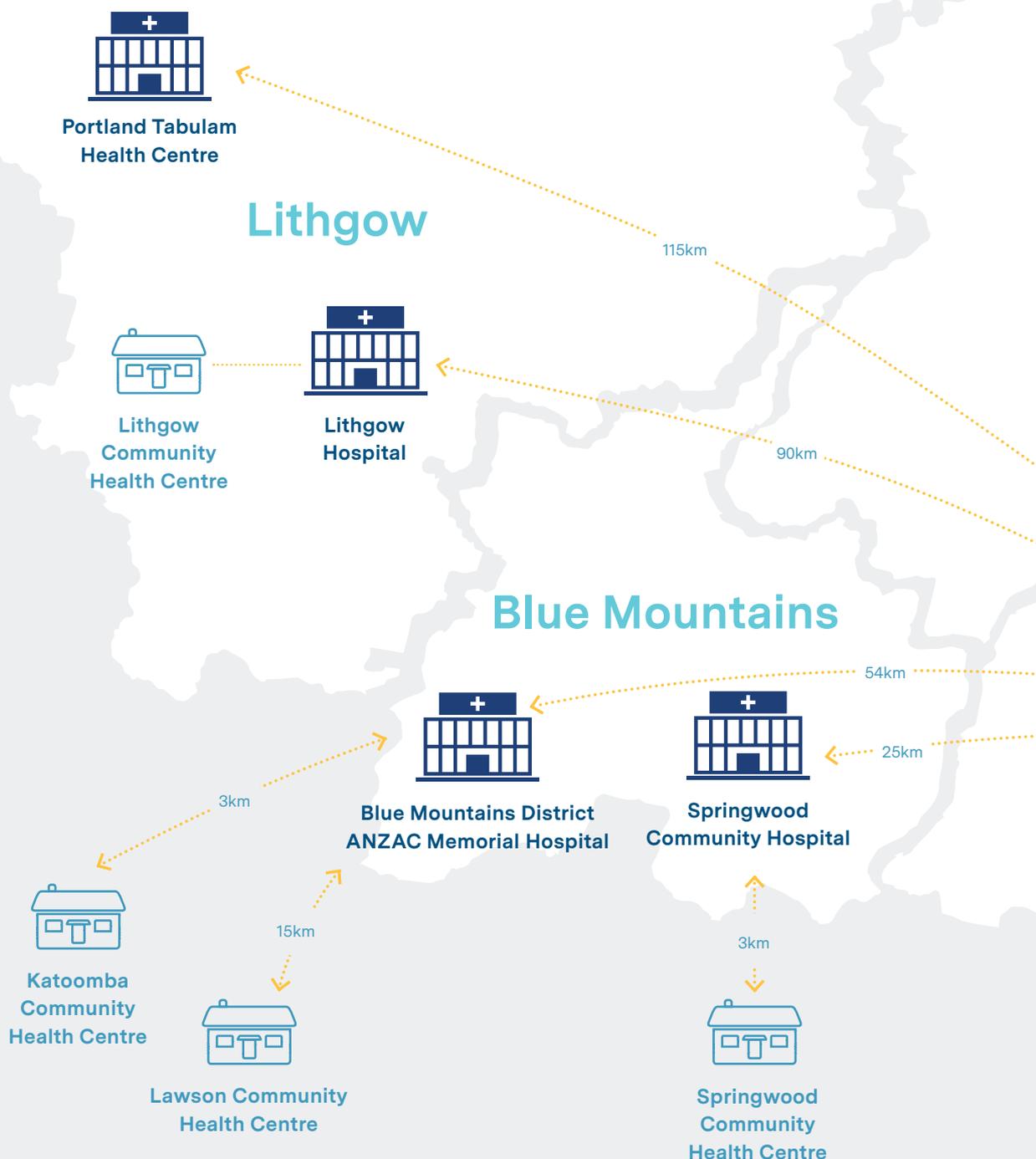
Over seventy-one per cent of our 6,570-strong staff reside locally, either within the Nepean Blue Mountains Local Health District or surrounding postcodes.



Source: Estimates downloaded from Stafflink for period 01/07/2019 – 30/06/2020. Data includes contingent, casual, and staff on extended or unpaid leave.

Our Hospitals and Health Facilities

We provide health services across the region through our hospitals and health facilities.



Hawkesbury



Hawkesbury Hospital



Hawkesbury Community Health Centre

25km



Nepean Principal Referral Hospital

Penrith

2km



Lemongrove Community Health Centre

6km



Cranebrook Community Health Centre

6km



St Marys Community Health Centre

2km



Penrith Community Health Centre

10km



St Clair Community Health Centre

+ Our public hospitals are Nepean in Penrith (a tertiary referral hospital of the University of Sydney), Blue Mountains (Katoomba), Springwood and Lithgow. We also operate a public/private partnership with St John of God Health Care at Hawkesbury District Health Service in Windsor.

+ We have Community Health Centres across the region that provide a range of vital services to people of all ages with chronic and complex health conditions, families and older people.

+ Our inpatient, outpatient and community-based services include but not limited to:

- Nepean Centre for Oral Health
- Centre for Addiction Medicine (Nepean)
- Nepean Cancer Care Centre
- Hawkesbury Living Care Trust Chemotherapy Centre
- Nepean Mental Health Centre and Triage and Assessment Centre (TAC)
- Blue Mountains Hospital Mental Health Service
- Portland Tabulam Health Centre



NEPEAN HOSPITAL

Nepean Hospital Redevelopment

Construction of the redevelopment is ongoing. Upon its expected completion in 2021, it will deliver Penrith and its surrounding areas with contemporary, integrated clinical and community-based services that meet the community's needs well into the future. It will also help to strengthen Nepean Hospital's position as a leading tertiary, teaching, research and referral hospital in NSW.

THE FIRST STAGE OF THE REDEVELOPMENT INCLUDES:



A new clinical services block



A new and expanded Emergency Department



At least 12 new operating theatres



18 birthing suites in new accommodation



A new Neonatal Intensive Care Unit



More than 200 overnight beds in new accommodation



A new helipad



Expanded and upgraded medical imaging



New community health services

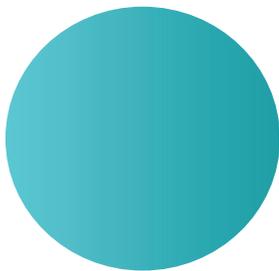
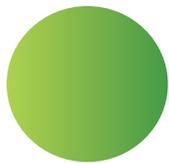
Community Based Service and Infrastructure Plan

The Community Based Services and Infrastructure (CBS&I) Plan provides a high-level summary of current and future infrastructure requirements and high level areas of focus for future planning consideration for the designated community based services NBMLHD for the next 10 years.

NBMLHD's Strategic Plan 2018 - 2023 and the Asset Strategic Plan 2019 - 2029 (now known as the Capital Investment Proposals) identified community based services and infrastructure as a high priority. These plans recognise the increasing demand for hospitals, patients' preference of being treated closer to home and new models of care that are dependent on community-based services.

To address these matters, the NBMLHD Community Based Services and Infrastructure Plan Steering Committee identified some key projects emphasising:

- Building on successful programs that integrate primary, community and acute health care.
- Enhancing chronic conditions management in the community, reducing avoidable admissions.
- Improving service access and health outcomes.
- Building a sustainable model of health service delivery.
- Enhancing service delivery to vulnerable and disadvantaged community clients.
- Focusing on early intervention and prevention, especially in relation to the early childhood cohort.



A Year of Activity

In 2020-2021 the Local Health District continued to deliver services to meet a growing population despite the challenges of responding to the COVID-19 pandemic.

132,410

Presentations to Emergency Department

⬆️ 7.9%



11,679

Elective surgeries

⬆️ 24.8%

5,055

Babies born

⬆️ 7.2%





84,076

Admissions to hospital

⤴ 5.9%



1,391,271

Community and outpatient occasions of service

⤴ 39.9%

9,625

Emergency surgical procedures

⤴ 8.5%

NOTE: 2020/21 activity is impacted by the COVID-19 pandemic and associated government restrictions to support the COVID-19 response.



2020-2021 Report

Safety and Quality Processes and Governance Structure

Effective safety and quality processes and systems are reliant on the contributions from the Board, Executive, clinicians, patients and consumers. The integration of clinical decision making, safety and quality processes and systems is required to deliver safe care and continuously improve services provided to the community.

Safety and quality governance ensures that everyone is accountable to our consumers, patients and community for assuring the delivery of health services that are safe, effective, high quality and continuously improving.

The NBMLHD committee and reporting structure provides the overall governance for safety and quality. The mapping of actions, plans and improvement initiatives in response to trends, recommendations, key performance indicators and consumer/patient feedback is achieved through this structure.

NBMLHD Board

The NBMLHD Board is responsible for ensuring the District delivers safe, high quality care. The Board leads the culture of patient safety and quality and organisational accountability for clinical care.

Health Care Quality Committee

The Health Care Quality Committee is the peak safety and quality committee for the NBMLHD and is a sub-committee of the Board. The Health Care Quality Committee is chaired by a member of the NBMLHD Board, with membership including Board members, Hospital/Service General Managers, NBMLHD Executive, clinicians, consumers and Clinical Governance Directorate representatives.

The Health Care Quality Committee receives reports from District and Hospital/Service committees for the monitoring of safety and quality key performance indicators, recognition of achievements, identification of emerging risks and new initiatives.

Clinical Governance Directorate

The Clinical Governance Directorate provides strategic leadership and expertise in patient safety and improvement methodologies. The Directorate facilitates a systems-approach to monitoring and assessing activities to embed continuous improvement across all levels of the organisation, ensuring the provision of safe, high quality health care.

The Clinical Governance Directorate is responsible for the systems of reviewing, analysing and reporting of actual and potential areas of risk through the collection of information from a variety of sources, including incident and adverse event

reporting, audits, feedback and complaints, compliance with policy and continuous quality improvement.

Clinical Governance Patient Safety and Quality Managers (Business Partners)

The Patient Safety and Quality Managers provide advice and guidance on all aspects of contemporary clinical governance and complaints management, and act as the liaison for specialist advice from within the Clinical Governance Directorate. Patient Safety and Quality Managers are embedded within all hospitals and services and have both a strategic and operational role.

District-Wide Governance Committees

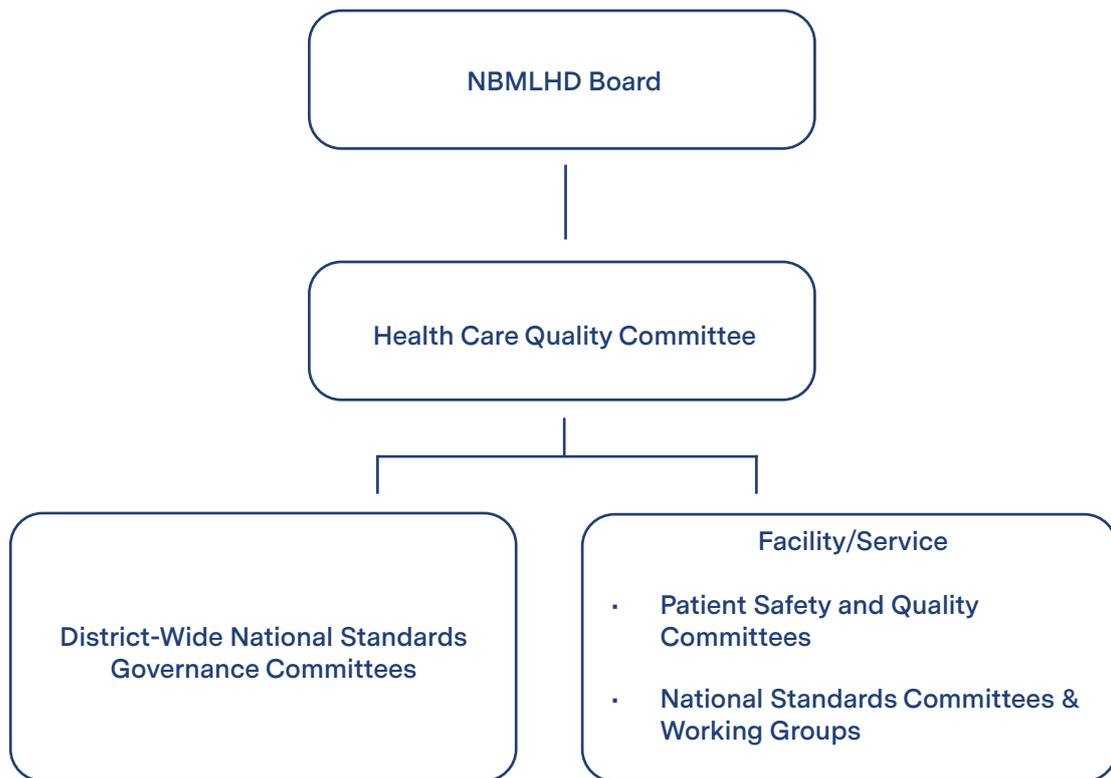
Oversee compliance and monitor adherence to the National Safety and Quality Health Care Standards as well as compliance with policy directives, and clinical practice guidelines through audits, clinical incident reports and investigations, working groups and improvement initiatives.

The District-wide Governance Committees have representation from the hospitals and services across NBMLHD.

Hospital/Service Patient Safety and Quality Committees

Reporting directly to the Health Care Quality Committee, Patient Safety and Quality Committees develop, deliver, champion, implement and evaluate safety and quality programs across each hospital/service. These committees provide hospital/service oversight and review of trends in clinical key performance indicators, manage clinical risk, and monitor progress of improvement initiatives and systems.

SAFETY AND QUALITY PROCESSES AND GOVERNANCE STRUCTURE



NBMLHD Strategic Plan 2018-2023

The NBMLHD Strategic Plan has been developed with input from the community and staff. It aligns with the NSW State Health Plan Towards 2021. The five key strategic priorities are:



We continue to strive to deliver high quality, safe and efficient health services to meet the needs of our diverse and rapidly growing population, within a context of ongoing reform.

Kay Hyman, Chief Executive



Business Plans

Business planning is a key process that ensures effective delivery of the strategic objectives of the organisation. Business plans are developed at all levels of the organisation and are tightly aligned with the NBMLHD Strategic Plan and priority activities.

Incident Management System

The incident Management System, known as ims+, enables all staff to notify clinical, work health safety and corporate incidents. Consumer feedback is also being captured.

Quality Audit Reporting System

The Quality Audit Reporting System is a web-based system where audits and surveys are completed for the purpose of collecting data that will help drive the implementation of safety and quality systems and improve the quality of health care.

The NBMLHD Quality Audit Reporting System intranet page was upgraded. A key feature has been the use of a rotating banner as a communication mechanism introducing/announcing changes to audits, frequency and responsibility.

The impact of COVID-19 necessitated greater scrutiny and accountability for stock being ordered, stored and used across the District. The Personal Protective Equipment audit was developed at a State level and became compulsory from 23 March 2020. The data is helping to manage stock levels across these critical items at a ward/unit level and is used to manage supply at a hospital/service level. The information and reports inform State supply decisions when allocating personal protective equipment.

Up until 30 June 2021 NBMLHD has participated in 6 versions of the audit, 42 cycles (combinations of weekly, fortnightly and monthly auditing) equating to 1916 audits entered with an average of 49 locations contributing each time.

Achievements through Priority Initiatives

Despite the COVID-19 challenges, across NBMLHD, there were many projects and initiatives implemented to improve patient safety and quality of services. The following provides a snapshot of some of these initiatives.

Implementation of the Incident Management Policy

NBMLHD Patient Safety & Clinical Risk team focussed on implementing the Incident Management Policy (PD2020_47). The policy focusses on the principles of immediacy, accountability and kindness to guide the interactions with patients, carers, families, staff and the broader community.

With the introduction of the policy came four different methodologies to investigate serious incidents and the requirement to appoint a Dedicated Family Contact (DFC) for all Harm Score 1 incidents. The DFC role is to liaise with the patient, carer, family, open disclosure teams and serious adverse review teams to provide links to the clinicians, health services and the patient and their family members. The introduction of the DFC means the family patient and carers have greater input in to the process by identifying their concerns, which has strengthened the investigations.

Take Home Naloxone

The implementation of the Take Home Naloxone intervention reached 12 months in May and aligns with the Policy Directive: Opioid Overdose & Take Home Naloxone Policy (PD2019_036). The program aids in reducing the mortality and morbidity for people who use opioid drugs or other medicines. The Drug and Alcohol Nurse Educator delivered a training and credentialing process for clinicians to be able to provide this intervention to patients and/or carers (93% credentialed). Drug and Alcohol clinicians have provided a total of 218 kits, averaging 17/month.

Nepean Hospital Outpatients Redesign

It is well recognised that outpatient services are a critical connection between the hospital and primary care as part of the patient's journey. Nepean Hospital was keen to ensure consistency across outpatient services with the aim to provide timely access and communication for patients and general practitioners sending referrals to clinics. This was achieved by evaluating demand, capacity, and access time using the outpatient services framework and redesign methodology.

In the Ear Nose and Throat clinic referral management was co-designed with a multidisciplinary approach and took place over a 12 month period. Redesigning the clinic has significantly reduced the number of patients on the wait list by over 60%, with referrals also being processed faster, over 90% of referrals screened and triaged within five days and approximately four times more patients accessing the clinic.

Another example is the Gastroenterology clinic which receives the highest rate of referrals for triage category one. Triage category one is the highest clinical priority that can be assigned to an outpatient referral, to be seen within 30 days. There is now improved data accuracy with wait list numbers and management. In the last six months there has been a total of 340 category 1 referrals added to the wait list, with 88% of these patients accessing the Gastroenterology clinic. The clinics 'did not attend' rate has reduced from 16% to 9.5%.



Mother-Baby Bonding in the Intensive Care Unit

There are many barriers to mother-baby bonding when admission to the intensive care unit for the mother is required. Prior to 2021, at Nepean Hospital, one in 7 new mothers didn't see their baby during their intensive care admission, and of the mothers that did see their babies, they would wait on average 11 hours from time of admission for first contact. A program was introduced to upskill nurses that promoted mother-baby bonding to improve the experience of the critically ill mother, the health of the newborn baby and the mother-infant relationship.

Results guided the development of a new pathway. Care centred on safety, patient advocacy, nurse confidence and the infant care environment. Since the commencement of the mother-baby bonding project, mothers admitted to intensive care unit see their baby within four hours on average (a reduction of 7 hours) and are more likely to have contact with their baby while admitted to the unit.

Streamlining Occupational Therapy Services in the Acute Aged Care Wards

The aged care wards have a high turnover of patients who are admitted on a regular basis due to chronic medical conditions or declining function (30% of admitted patients). Changes were implemented by the aged care team with the aim to reinvest more time into additional patient care.

Prior to the changes occupational therapists would undertake a full initial assessment on each admission that often overlapped with assessments being completed by other members of the team, such as physiotherapists. In response the team:

- Developed a flowchart to specify when to complete a full initial assessment and when to undertake a review for readmitting patients.
- Developed documentation forms for frequently completed aged-care specific assessments.
- Agreed on collaboration for conducting joint assessments and documentation.

The time spent on initial assessments for patients only requiring a review reduced from an average of 60 minutes to 30 minutes. The average time taken to complete full documentation was 8:48 minutes compared to 2:14 minutes to complete the review form. Completing joint functional mobility and transfer assessments with physiotherapists resulted in documentation time being halved.

Overall the changes implemented by the aged care team to streamline the service resulted in a saving of 50.7 clinical hours per month that is used to provide additional patient care. This also had an impact on improving patient experience.

Nutritional Support for Pregnant Mothers with Bariatric Surgery

The Family and Metabolic Health Service Opal team who consist of registered midwives, a senior dietitian, women's health physiotherapist, manager and endocrinologist, provide a multidisciplinary approach to mitigate risks around nutritional deficiencies for pregnant mothers who have had bariatric surgery. The nutritional deficiencies pose great risk to both mother and baby. This work resulted in the following improvements:

- Collaborative work with obstetrics, endocrinology and obesity teams leading to a more holistic, patient-centred service.
- Empowerment and inclusion of mothers in their antenatal care leading to improved health outcomes and reduced experiences of weight stigma.
- Early identification and management of potential nutritional deficiencies for both mother and baby.
- More accurate and reliable screening for identifying gestational diabetes mellitus.
- Education on dietary management and the close monitoring of blood glucose levels to address post-bariatric hypoglycaemia (an emerging side effect following bariatric surgery with global and local observational evidence suggesting that pregnant women maybe more at risk).
- Identification and appropriate management of anxiety and other related mental health conditions associated with pregnancy and weight gain.
- Potential to increase breastfeeding rates as many staff as well as patients were unaware it was recommended after bariatric surgery.

Non-Surgical Spinal Disorders - Neurosurgery

Issues identified in delays with imaging, inadequate pain management, and lack of orthotics led to an increasing length of stay for some neurosurgery patients with spinal disorders. Several strategies were put in place which included identifying and documenting the need for imaging on initial assessment, involving the Acute Pain Service team earlier and maintaining a constant stock of orthotics on the ward. Following assessment by a neurosurgery registrar where it is recognised there is no pathology for back pain, the patient is then referred to Rheumatology or Geriatrics for admission.

The outcomes of these strategies have led to a significant improvement in length of stay from 4.4 days in 2018/19 to 2.99 days at June 2020 with a peer neurosurgery benchmark of 2.97 days. There has been a reduction in Nepean Hospital excess bed days by 76 across the last 12 months as well as a reduction in inter-hospital transfers.

Integrated Prevention and Response to Violence Abuse and Neglect

In line with the NBMLHD strategic direction of Healthy People and Communities a review of the Integrated Prevention and Response to Violence Abuse and Neglect (iPARVAN) Framework was completed to identify priority areas that require development and implementation. This includes 24 hour /7 days per week response to domestic violence, child protection and sexual assault. The Violence Abuse and Neglect Aboriginal Action plan has been completed and submitted to the Ministry of Health for review by the Aboriginal Advisory Committee. Planning is underway to establish a NBMLHD governance committee for the First 2000 days, iPARVAN and the Henry Review of Paediatric Services and associated recommendations.

High Risk Birth Alerts

Are now being documented in the electronic medical record. This information is accessible by all services across the NBMLHD which increases awareness when there are identified child protection risks for the baby at birth. This increases awareness that there are significant issues that have resulted in a prenatal report being made to community services and an opportunity to offer support to the family to reduce harm to baby at birth.

Emergency Department to Community Pilot

A multidisciplinary working group with clinicians from Primary Care and Community Health, Nepean Hospital and Ambulance NSW piloted an emergency department to community initiative.

Clients for case review are identified using the Patient Flow Portal – Emergency Department to Community Patient Selection. Referrals are also received from key stakeholders. There was a 38% decrease in re-presentations to Nepean Hospital emergency department for a group of 54 unique clients who frequently present to Nepean Hospital. Interventions include multidisciplinary care planning, case reviews, development of ambulance plans and liaison with specialist services and general practitioners. The team are working to implement this across NBMLHD.

Drug and Alcohol Smoking Cessation project

In response to direct observation and an upward trend in incidents related to inpatients smoking within the Drug and Alcohol Unit courtyard, a quality project was developed. This was led by the Nurse Unit Manager in collaboration with the Nursing team and the Health Education Officers. The NSW Health data for NBMLHD in 2019 indicated that the current daily smoking rate was 12.4% which is slightly higher than the State average of 11.2%. Higher rates are observed among those disadvantaged, low socio-economic status, culturally and linguistically diverse, Aboriginal & Torres Strait Islanders and those with alcohol and drug related issues which reinforced the need for an alternate approach within the service.

The service began engaging with the patient pre-admission, during admission and on discharge. This included assessing smoking status, providing education of non-smoking policy, applying supportive measures in managing nicotine dependence and pharmacotherapy options.

The aim was to adopt a proactive model, rather than a reactive approach in supporting those with nicotine dependence. This early intervention has been recognised as essential in managing cravings and supporting patients with their commitment to withdrawal treatment from their primary drug of concern. One of the key changes was to have staff in the courtyard, which has had the added benefit of staff engagement with patients around treatment and post discharge plans. These plans included a supply of nicotine replacement therapy, referral to Quitline and smoking cessation advice for ongoing support.

This quality initiative has been successful, evident by some patients leaving as non-smokers and incidents related to smoking reduced to zero. This has been maintained since the project commenced (October 2020), with ongoing evaluation indicating sustained use of nicotine replacement therapy.



Patient and Consumer Experience

The NBMLHD Consumer and Community Participation Framework sets out the commitment to engage with consumers, families, carers and other community members to help shape the delivery of health services.

NBMLHD recognises the significant insight, knowledge and experience that members of the community can provide to assist in improving how we deliver the services. This feedback is used to assist in the planning and design of health services and helps us understand whether we are providing safe, person centred and quality care.

Feedback and Complaints

Consumer, patient, family and carer feedback is received in a variety of ways, including complaints, compliments and suggestions for improvement.

NBMLHD recognises that when complaints are managed well there are benefits for those who gave the feedback, the staff providing care and services, and the organisation. It is through direct feedback from the patients and families, that the LHD receives the best insights into its performance and how the services can be improved.

NBMLHD are constantly looking to improve the feedback and complaint systems. Over the past 12 months key activities have included:

- Improved information on the NBMLHD website about how to provide feedback.
- A focus on delivering a more adaptable and person-centred approach.
- Improving and supporting staff skills and expertise.

The LHD has also enhanced the way in which complaint data analysis is used to understand any areas of concern in practice and care, and continue to look for other opportunities.

All hospitals and services respond and learn from the feedback and complaints that are received. For example the management of complaints within Lithgow Health Service has improved since the introduction of the ims+ Consumer Feedback portal and development of a system to manage these. The governance of complaints has been built into the Clinical Council meeting and clinicians are better engaged in discussions around emerging themes from complaints and strategies to mitigate these.

Open Disclosure

Participation in formal and informal open disclosure is an essential part of clinical practice, whereby sensitive, open and timely communication with families occurs following an unplanned or unintended incident which did or may have resulted in patient harm.

Development of staff skills in formal open disclosure is a focus for NBMLHD. Identifying staff who are skilled in communicating and supporting families in difficult situations will form a mentoring and support system to achieve a more sensitive and satisfying experience to patients and families.



NBMLHD has also implemented more active and dedicated support to families during clinical incident investigations. This enhanced relationship is designed to lead into a formal open disclosure process where families have an existing connection and feel more supported.

Partnering with Patients, Carers and Consumers in Health Care Decision Making and Co-Design of Services

Consumers are integral members of many key committees across NBMLHD providing the opportunity to be active participants in the decisions and direction of service delivery. Consumers participate in many of the hospital and service National Safety and Quality Standards meetings and working groups. There is a very active consumer group involved in the Nepean Hospital redevelopment.

Patient Stories

Patient stories are discussed and presented at key meetings across NBMLHD. Clinicians are encouraged to use patient stories to improve quality of care. Patient stories often highlight issues with communication and care delivery, while providing feedback on opportunities for improvement for wards, departments and the facility as a whole. These stories have paved the way for quality improvement activities.

Through the feedback and complaints process some consumers are asked to complete a patient story. The videos are developed by the Media team with patients or their families telling their story. These are powerful learning opportunities for clinicians to view and hear what the consumers have to say about the care they received. The videos are then stored in a patient story library and are accessible to all staff.

Mental Health Consumer and Carer Council

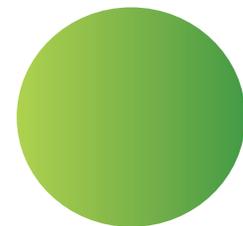
The role of the Council, as described in the NBMLHD Consumer and Care Charter is to ensure the lived experience, knowledge and skills of the community is utilised in all aspects of

improving mental health care and operations for both inpatient and community.

In 2020-2021 the Council were very active and involved in a number of key projects including:

- Outreach and engagement.
- Improving the inpatient experience.
- Review and development of Mental Health procedures such as restraint and seclusion, advance statements and transfer of care.
- Engagement in co-design projects such as Towards Zero Suicides initiatives and the development of the Child Adolescent Mental Health Service Unit.
- Monthly visits to inpatient units to establish how well they are working in relation to therapeutic needs and to provide observational feedback.

The Council continues to monitor and maintain awareness ensuring active participation in Mental Health service strategic and business planning, performance data, implementation of Safewards and REACH Program.



Inclusion Collaborative

The inaugural Festival of Inclusion held 1-5 March 2021 highlighted the importance of reducing barriers faced by people who access the services. It provided a platform for conversations and experiences about the impact of discrimination, stigma and bullying, through the sharing of lived experiences, enabling staff to reflect on strengthening inclusive practises in their workplace. The activities aimed to encourage managers to consider the diverse needs of staff, and to begin addressing some of the challenges that may be present within teams.

Since then, the formation of the Inclusion Collaborative, driven by Population Health and the Diversity & Inclusion Team in Workforce People & Culture with commitment from 13 services, teams and hospitals, has seen the issue of inclusion embedded in core business across these services. The Inclusion Collaborative has ensured that the voice of consumers remains central. The Collaborative has highlighted the importance of all people (staff and consumers) feeling welcome and included within NBMLHD services.

Elevating the Human Experience in the Nepean Hospital Emergency Department

The very successful Emergency Department Patient Experience Manager role is to improve the waiting experience for patients, relatives and visitors, support and develop a patient focused workforce and culture, resolve non-clinical issues, assist with non-clinical requests and contribute to identifying improvement opportunities.

Staff have reported a reduction in aggression in the waiting room, decreased levels of stress when working at the front of house, and increased efficiency in completing tasks as there are

less interruptions. Patients and visitors have reported positive experiences such as being kept informed, not feeling forgotten, being welcomed and feeling cared for.

Bushfire Recovery Clinicians

Two Bushfire and COVID-19 Trauma Recovery Specialist Mental Health clinicians are working in the Lithgow and Hawkesbury communities. These staff work alongside local council, service providers and police, attending community events and outreach service meetings. In addition to this they have been working with bushfire affected individuals/families helping them to access relevant services.

These clinicians were also heavily involved in providing assistance and support in the recovery centres to help people impacted by the 2021 floods.

Physiotherapy Outpatients - Blue Mountains

A Team Effectiveness Survey was completed by outpatient physiotherapy staff to identify areas for improvement. One area for improvement was to receive feedback about the outpatient service from the patients. A Patient Reported Experience Measure questionnaire was completed by all outpatients for 1 month. The results prompted a review of the outpatient waiting list data. This revealed some acute outpatients were waiting well past the key performance indicator of 14 days. A Clinical Practice Improvement project was initiated for acute antenatal patients. The project, Wait-less: reducing the physiotherapy waiting time for acute antenatal patients, resulted in a



Involving Consumers in Service Development - Multicultural Health

Targeted training sessions to staff about specific communities, for example, Arabic speaking, Maltese and Pacific Islander.

Consumer representatives provide training to Speech Pathology staff about key cultural considerations when working with specific communities.

Punjabi consumer representative on the NBMLHD Multicultural Governance Committee provided important information to committee members about domestic violence issues in their community which led to a partnership project with the Integrated Violence Prevention and Response team.

Three Culturally and Linguistically Diverse consumers are members of the Nepean Facility Redevelopment Committee and user groups. The Committee considers opportunities for consumer involvement and cultural considerations in the development of the new facility. This has included development of multi-faith spaces, arts strategy, way-finding and interpreter signs.

Blue Mountains Falls Prevention Promotion in Hydrotherapy for April Falls Month

Promoting Falls Prevention throughout April was one way of spreading the message about physical activity and creating a sense of inclusion and healthy competition amongst the consumers. Each week consumers participated in a weekly challenge and the winner of each was awarded a prize for their efforts.

We received lots of positive feedback including:

- “Enjoyed the balance challenge in April at the pool. Great to test myself – to see what is going well and where I need to work on things. Keep up the great work hydro team!”
- “Love the challenges. Not good at them but I have a go to try and improve my balance.”

“I liked being challenged by the balance and sit to stand activities. It was a bit of fun as well as an awareness raising activity. I have been more focused on balance and standing from a sitting position. I enjoyed talking to fellow hydro participants about how they did in the challenge.”

The positive feedback we received from consumers has prompted planning for future challenges.

Increasing Vaginal Birth after Caesarean with One Antenatal Visit

Planning the next birth after caesarean should be a woman-centred shared decision making process, however rates of vaginal birth after caesarean have steadily decreased and the rates of elective repeat caesareans have increased. An initiative was commenced in 2019 with the aim to increase the rate of women attempting labour in their next birth after caesarean. This was achieved by introducing a single additional antenatal visit with a Clinical Midwifery Consultant early in the antenatal period, who provides consistent and unbiased advice.

Women who preferred a vaginal birth were more likely to attempt labour and less likely to have a repeat caesarean. The rate of repeat elective caesarean was significantly lower at 43.6% than the hospital comparison group at 82.6%. Women were more likely to achieve a vaginal birth in the next birth after caesarean (28.2%) compared to 7.3% of the hospital group. The majority (84%) of respondents felt they were supported in their birth decision and of those women, 98% found the information provided was easy to understand.

Women who changed their choice of mode of birth after attending the clinic was low at 14%, whilst the remainder reported the clinic confirmed their choice of birth. Since the commencement of the clinic, the feedback received from women has enabled the clinic and information provided to evolve to further to meet the women’s expectations and requirements.

Aboriginal Health

Aboriginal Health Unit

The Aboriginal Health Unit has a number of key initiatives that drive safe and quality care for Aboriginal people. These include the Aboriginal Health Working Groups which build partnerships with hospitals and services and members of the Aboriginal community. These partnerships help address the specific health needs of the community. Community engagement and partnerships with the Aboriginal community and key stakeholders inform and drive the work of the Aboriginal Health Unit.

NBMLHD Reconciliation Action Plan

The Reconciliation Action Plan Working Group inaugural meeting was held on 20 August 2020. The purpose of the working group is to continue the journey of healing and reconciliation by walking together with our Aboriginal communities to ensure that any matters that require reconciliation are identified and acted upon. The group works together in unity to understand the community's issues and each other's perspectives in a safe and respectful manner, in line with NSW Health CORE Values.

Through the support and advice of Reconciliation Australia, the working group determined that NBMLHD is at the Reflect Stage of our Reconciliation journey.

Mapping the Stories

This project was conducted in partnership with Nepean Blue Mountains Primary Health Network. The aim of the project was to understand the experiences of Aboriginal consumers accessing health services and the services that were provided. It was designed for, led by and implemented with Aboriginal people. The project captured the stories of 19 Aboriginal people in NBMLHD. From these stories three themes emerged:

1. Relationships with health provider, family, community, kinship and the broader health sector.
2. Cultural marginalisation including intergenerational trauma, impacts of colonisation, the Stolen Generation, as well as cultural stereotyping and stigma.

3. Self-determination including the right to make decisions about one's own health, and to having the information necessary to make these decisions.

The insight gained resulted in a series of recommendations for service improvement which are under consideration for implementation.

Didja Know

The Didja Know booklet is one of many resources designed to assist staff in working with Aboriginal people to provide culturally respectful and responsive health care and is an important addendum to the NSW Health Respecting the Difference training. It provides information about how Aboriginal people access health care and includes advice about appropriate and culturally sensitive behaviours for Aboriginal people and Aboriginal communities.

To date, 5,000 copies have been very well received and distributed to staff, hospitals and wards throughout NBMLHD and is currently being reviewed and updated to ensure accurate and correct information is included.

Koori Kids Futures

This is a very successful high school student work experience program where NBMLHD partners with schools and careers advisors to engage with Aboriginal and Torres Strait Islander students. The program is designed for secondary school students, primarily those in years 10–11, who live or attend school in one of the NBMLHD local government areas. It offers a facilitated four-day program giving a clear picture of the skills required for employment in the health care sector. Students observe, visit and participate in more than 20 ward or unit-based activities that showcase the clinical and clinical support roles associated with various health careers.

Through the programs, the NBMLHD motivates students and helps to build the future workforce. Last year we had 18 students attend the program.

This program has been recognised by the Ministry of Health and is being used to develop the concept for other LHDs.



Respecting the Difference

Since 2016, NBMLHD has run Aboriginal Cultural Awareness Respecting the Difference training for all staff. The training is designed to provide education and awareness of the history and culture of our country's First People, examining the dramatic gap in health outcomes between non-Aboriginal and Aboriginal people. Frontline staff who engage regularly with our Aboriginal and Torres Strait Islander patients and community have been able to use the knowledge gained to provide high quality health care within a culturally safe and respectful clinical setting, improving health outcomes and strengthening NBMLHD ties to our local community. Face-to-face training was significantly impacted due to COVID-19 and the vacancy of the Aboriginal Cultural Development Partner position. Despite these challenges completion rate as at a 30 June 2021 was 73.43%.

Primary Care and Community Health

A priority for Primary Care and Community Health is to increase the percentage of Aboriginal clients that are followed up within 48 hours post discharge from an acute hospital. During 2020-2021, although 100% of calls were initiated within 48 hours only 51% of these calls were successful. 28% of eligible clients were followed up outside of 48 hours. The percentage of Aboriginal clients that were followed up within 48 hours post discharge from an acute facility between April and June 2021 increased to 56%.

Mental Health

Your Experience of Service Survey

Mental Health Consumers are asked to complete a *Your Experience of Service* survey following engagement with the service. The survey provides the service with an understanding of the experiences of the consumers, family, friends and other carers to ensure they are fully supported throughout their time with the Mental Health service.

Mental Health Carer Experience Survey

This survey is used for measuring carer experiences of the mental health service. This provides information to ensure the views of families and carers are included in the development, planning, delivery and evaluation of mental health services.

Towards Zero Suicides

The Towards Zero Suicides co-design for alternatives to Emergency Department presentations initiative was completed with the implementation phase commencing in March – April 2021. The co-design of the Suicide Prevention Outreach Team included a combination pair of clinician and peer worker who can respond to people in acute distress/suicidal crisis in the community. Three staff have commenced to provide prompt community support to people experiencing suicidal crisis.

Suicide prevention, assessment and management training has been reviewed and amended to align with Zero Suicide in Care values and a train the trainer package is under development.

Police, Ambulance, Clinical, Early Response

This model involves a mental health clinician and police responding as a team to attend a mental health crisis. The mental health clinician attends incidents with police to provide an immediate mental health assessment and response. The aim is to provide the most appropriate response for the person's situation and to direct the person to the most appropriate level of care. The aim is to reduce emergency department presentations and promote the use of least restrictive care.

Since the implementation of the model, there has been a 23% reduction in transports to hospital. The impact of this is a

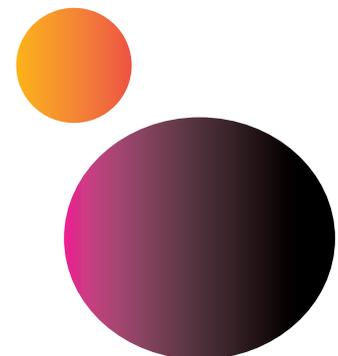
reduction in police time transporting people to hospital, a reduction in workload for hospital based clinical services and a higher number of people being able to stay at home and receive appropriate community based care.

Homelessness

Funding received in 2020 is being used for a temporary homelessness mental health team, including but not limited to youth and Aboriginal populations. The team works with Wentworth Community Housing and Platform Youth Services, and currently provides:

- In-reach to consumers identified as at risk of being stranded in hospital with extended length of stay due to housing and support requirements that are difficult to meet.
- Outreach in partnership with assertive outreach teams in housing and support organisations to rough sleepers and people who are precariously housed.
- Critical time interventions / intensive care management to support connections to services including ongoing mental health care.

The service commenced early January 2021 with a total number of 57 referrals in January to March with a sustained high level of demand.





COVID-19 Response

In response to the evolving COVID-19 situation there were many changes to how hospitals and services adapted. Planning focussed on the provision of safe and high quality health care in rapidly changing circumstances. All clinical and corporate staff were actively involved in developing a response to COVID-19 to safely change how we provide services. The flexibility and resilience of all staff was noticeable and is on-going.

NBMLHD COVID-19 Swabbing Clinics

In June 2020 the Penrith Paceway and Hawkesbury drive through clinics were opened. Extra clinics were needed and in July 2020 the Blue Mountains Hospital and the Regatta Centre drive through clinics were opened.

Between 1 July 2020 and 30 June 2021 a total of 136,217 swabs were completed at the NBMLHD swabbing clinics.

NBMLHD COVID-19 Vaccination Clinic

The NBMLHD Vaccination clinic was opened on 15 March 2021 with the Astra Zeneca vaccine being supplied for use. The Pfizer vaccine was made available to the clinic from 3 May 2021.

Doses of Astra Zeneca administered	15 March - 30 June 2021	4,355
Doses of Pfizer administered	30 May - 30 June 2021	12,476
Total vaccines delivered	15 March - 30 June 2021	16,831

Home Dosing for Patients Engaged in Opioid Assisted Treatment

The NSW Ministry of Health provided support for a temporary assessment framework for takeaways and unsupervised dosing across NSW Public Opioid Treatment Programs.

The impact of the pandemic on patients engaged in Opioid treatment required a reactive response in planning for alternate dosing arrangements for patients who were required to self-isolate at home. Strategies were required to reduce the risk of COVID-19 transmission among this vulnerable group of patients.

This was developed in consultation with addiction medicine Specialists, supported by assessing risk, suitability for alternate dosing arrangements, whilst aligning with legislative, governance and safety processes.

The nursing staff developed skills in the additional infection control principles required to support this plan and safely

home dosed approximately 15 patients who were symptomatic, pending COVID-19 test results. Often, the requirement was at short notice and the flexibility within the model of care enabled a seamless transition to home dosing.

Post COVID-19 Follow Up Service

COVID-19 funding allowed the LHD to run a physiotherapist led service to screen COVID-19 patients in NBMLHD. This service aimed at understanding the impact of COVID-19 on functional, medical and psychosocial domains and subsequently identify and bridge any gaps in the service provided to these patients. The service allowed detailed screening followed by referral to multidisciplinary service(s) as determined by patient needs. A total of 108 patients were assessed and of those 41 required additional education and resources to assist with their recovery with an additional 32 patients requiring referrals to other healthcare services. This service provided a clear understanding of the impact of COVID-19, which was previously unknown and the support provided received very good client feedback.

Virtual Care Accelerator

The Virtual Care Accelerator was established at a State level in response to COVID-19. This was a collaboration between Agency for Clinical Innovation and eHealth to support the rapid implementation of virtual care. NBMLHD were well represented in the communities of practice to ensure the safety and quality of virtual care. the Telehealth team was able to support several projects including Paediatric Hospital in the Home, Adult Hospital in the Home and Family Metabolic Health Service.



myVirtualCare

Drug and Alcohol participated in a trial for myVirtualCare telehealth from May 2020 to September 2020. The aim of the pilot was to increase accessibility and engagement with drug and alcohol specialist services, including psychologists, social workers, occupational therapists and addiction medicine specialists. For those offered a virtual care appointment 45% were accepted with 86% of these appointments being successful.

Outcomes of the trial included:

- Increased access to drug and alcohol specialist appointments.
- Reduced travel time for clients and staff.
- Increased capacity to offer urgent appointments.
- Establishment of safe, confidential telehealth platform with waiting room capabilities to Drug and Alcohol services.

This trial allowed the service to partner with consumers in a difficult time, ensuring comprehensive care was provided.

Primary Care and Community Health

Staff operated within a COVID-19 business as usual model that allowed for the flexibility and adaptation in service delivery to occur to ensure client and staff safety while still delivering a quality service. Many services were seeing clients online and face-to-face. Due to COVID-19 the Child and Family Health Nursing service moved to offering the Meet and Greet (new parents group) via telehealth. The groups connect parents with other parents experiencing similar issues and experiences. The groups can be offered more frequently, which is timely for the parents. Telehealth has been integrated as a treatment delivery option for consumers of the Counselling and Case Support Stream.

Psychology Telehealth Framework

Psychology moved quickly in developing and evaluating a framework for delivering telehealth. The Nepean Telepsychology Framework was developed to guide the implementation, ensuring a high quality evidence-based service that is effective, ethical, and safe. Consumer engagement and a clear rationale and framework around psychological intervention when utilising telepsychology was essential. Two ethics applications were submitted and data collected to examine the experience of telehealth from anxiety disorders clinic consumer perspective and from a psychology perspective. Benefits were reported by both consumers and clinicians and continue to be implemented.

A Workplace Culture that drives safe and quality care

Education and Training

Ongoing staff education and training cannot be underestimated in improving the quality of care provided to patients.

Lead From Where You Are Program

The *Lead From Where You Are* foundational two day leadership program was redesigned in 2021. The program is aimed at both clinical and non-clinical staff, with 2 groups commencing in June 2021. The program is designed to support staff to commence their leadership development journey with the following learning objectives:

- To understand generic leadership principles.
- To gain basic leadership skills at foundational level.
- To practice applying leadership knowledge and skills to common challenges at NBMLHD.

Evaluating Student Attitudes Towards Paired Placements in Occupational Therapy

Since 2018, Nepean Hospital has moved away from the traditional 1:1 apprentice model to a more contemporary model

of education whereby students learn in pairs or small groups. At the conclusion of their clinical placement, students are asked to complete an anonymous survey about their placement experience. Between January 2018 and June 2021, 108 students completed the survey.

The majority of students reported good outcomes associated with paired placements and reported that this enhanced their learning and feelings of support during their placement. This is also reflected in their overall satisfaction with their clinical placements.

Based on this data, Nepean Hospital will continue to offer paired placement, consider how we can reduce any negative impacts and communicate with the universities on appropriately matching students for the clinical placements.

Supervision and Training - Allied Health

A supervision audit and survey of all Allied Health staff was completed highlighting some differences between professions. One hundred per cent (100%) of psychologists, counsellors and genetic counsellors had a current supervision arrangement and 75% of other staff had a current supervision arrangement. Staff with limited supervision arrangements were radiography and

Our ED team have a clear and vested commitment to providing safe and compassionate care. Morale is high. They are enthusiastic, engaged and interactive.

All ED staff are growing themselves professionally to benefit their patients. Role modelling of our professional standards occurs daily. Staff are provided with real time feedback and are encouraged to engage in reflective practice.



Blue Mountains Emergency Department

pharmacy, although they had some supervisory functions built into their operational model. Adherence to the standards for supervision as set out in the Allied Health Clinical Supervision Policy was quite variable, with psychology, counselling and genetic counselling again being the top performers. 2022 will see focused attention being paid to supervision to improve access, compliance, quality and satisfaction.

Management of Skin Grafts and Flaps

The wound care team provided education on wards via in-services and at NBMLHD education days to improve management of chronic wounds, such as topical negative pressure therapy, vascular assessment for leg ulcers and pressure injury care. One measureable example has been education around skin grafts and flaps which arose in response to a clinical incident on a ward. This was identified by the plastics surgery team and discussed with the wound clinical nurse specialist. An in-service on the care and management of skin grafts and flaps was undertaken on the ward, with four identical in-services being delivered, ensuring as many nurses as possible received education. This was then incorporated into the NBMLHD education wound days and integrated into a plastics learning package and has resulted in an improvement in the quality of care being provided.

Talented and Engaged Workforce

Nepean Hospital Nursing & Midwifery

Professional Practice Committee

The Director of Nursing & Midwifery invited key stakeholders from nurses and midwives to come together in a forum to discuss professional matters relating to nursing and midwifery. This committee commenced in September 2019 and its

purpose is to provide a supportive forum where nurses and midwives in Nepean Hospital can develop their professional skills in order to maximise their contribution to provide evidence based safe, effective care in the most efficient way and to promote the best patient experience. The committee provides leadership and promotion of professional practice, facilitates nurses and midwives' ability to participate in the implementation and evaluation of professional practice and develop an open, respectful culture that encourages nursing and midwifery staff to value their work and take pride in their professional roles.

What Matters to Nurses and Midwives

A series of workshops were held with senior nurses and midwives across Nepean Hospital. The aim was to gain insight into what mattered and what was important for nurses and midwives. Fifty two staff members participated and a priority list of focus areas were identified:

- Building relationships, making connections and the importance of human interactions.
- Reward and recognition, ways to celebrate the achievements and simply what we do.
- Growing the nursing and midwifery profession.
- Wellbeing.
- Resources and staffing.
- Patient care.
- How we support one another.



The recommendations which came out of the workshops have been ongoing for the past twelve months and are becoming part of normal business. There has been increased engagement in local initiatives and feedback from staff stating they are noticing a difference in culture that it is more positive and they feel valued and appreciated.

Workforce Cultural and Language Skills

A Workforce cultural and language skills audit was developed to collect information about the cultural and language diversity of the workforce and to understand how this can be used for the benefit of the consumers. A communication strategy was created with an online system (database) being developed. The database will enable us to run reports and identify bilingual/bicultural staff. This project has been reviewed and endorsed by culturally and linguistically diverse consumer representative. This information will enable us to:

- Recognise and acknowledge the cultural and language diversity of the staff and contribute to a positive workplace culture that is inclusive and responsive.
- Use the register as a cultural reference point for advice about specific communities, community engagement strategies, to inform projects, programs and initiatives both in planning and delivery, to help build NBMLHD knowledge and understanding of culturally and linguistically diverse communities health needs and priorities, and to provide insights and knowledge on particular cultures to support specialised training, presentation and workshops for the NBMLHD workforce.

Pathway to Employment for People from a Refugee Background

The Multicultural Health Service has been working in partnership with Workforce People and Culture Directorate to operationalise Government Sector Employment, GSE Rule 26, which has provisions for the employment of people from a refugee background. Six positions for employment were offered to doctors of refugee background. A partnership program with Settlement Services International and Diversity and Inclusion Team was established to identify processes for establishing a more sustainable program for recruitment of health professionals, medical, nursing and allied health as well as non-clinical professions.

A Tibetan staff member has been appointed to the position of wards person at the Blue Mountains Hospital.

Wellbeing

Looking after the wellbeing of NBMLHD staff is a priority. We want the staff to be fit for work and to feel good about themselves. NBMLHD has a range of programs that are

designed to promote good health and pride in the services they provide to the community.

NBMLHD Staff Wellbeing Strategy

A new NBMLHD Staff Wellbeing Strategy was developed and endorsed by the Chief Executive and the Get Healthy at Work Steering Committee. A new online 'Wellbeing Hub' was created to support staff and is updated regularly. A proactive wellbeing check-in service is in the final stages of development by the Workforce People and Culture Directorate and AccessEAP and is designed to support people involved in stressful workplace environments.

Get on Track Challenge

The Get on Track Challenge was introduced three years ago to improve the health and wellbeing of staff. Past surveys of participants has led to many quality improvements, including enhanced communication channels (chat group and newsletter), and more frequent promotional exercise and nutritional information. A record number of staff (388) registered this year.

Schwartz Rounds

The Mental Health Service was successful in obtaining a licence from the NSW Ministry of Health for an initial 12 month period for the commencement of Schwartz Rounds.

Schwartz Rounds are a structured group forum where clinical and non-clinical staff meet regularly to discuss the emotional and social aspects of working in health care. Schwartz Rounds provide an opportunity to take time-out to reflect on work in a collegial and safe space. The first Schwartz round was run in May 2021 and addressed the impact of COVID-19 on staffs' personal and professional experience.

To Excellence and Beyond

Under the guidance of STUDER, Drug and Alcohol teams have changed practice in order to encourage collaboration and

feedback. Monthly staff rounding has been incorporated into the workplace in order to support staff and promote a happy workforce. Skills labs have been attended to promote constructive feedback and team goals and priorities. These interventions are aimed at developing a happy and engaged workforce.

Celebrating Success

NBMLHD Excellence in Nursing and Midwifery Awards

The Awards were held in a virtual format due to COVID-19, with an afternoon tea for the award winners held in November 2020 when restrictions were eased. The winners of the NBMLHD awards were nominated to the NSW Health Excellence in Nursing and Midwifery Awards with the NBMLHD achieving two finalists, Pia Lambert (Primary Care and Community Health) and Cindy Partridge (Nepean Hospital). Cindy was awarded the NSW Health Excellence in Nursing and Midwifery – Midwife of the Year Award.

NBMLHD Quality Awards

Despite the COVID-19 challenges there were 58 submissions for the Quality Awards with the following being the winners.

Doctors in the Paddock

Mental health in the farming community is of growing concern. Reluctance of farmers to seek health care in any form is a constant problem. The aim of this project was to promote mental health and wellbeing by decreasing the stigma associated with help-seeking behaviours and enabling engagement with allied health services in a field day type manner.

In 2019 when the RAMHP Coordinator was employed with the Lithgow Community Mental Health team the local community was still in the grips of drought. Despite the need, farmers and farming community members were not presenting for mental and physical health services. Traditionally this population is resilient and self-sufficient and reluctant to seek help. The project aim was to go to the farmers, through drive-in, accessible, field-based pop-up events rather than try to get the farmers to come to doctors and allied health clinics. By making it a family friendly event this also decreased any stigma associated with help seeking and enabled a non-threatening way to engage with health services.

The need for this type of engagement increased with the 2019/2020 bushfires in this local government area.

There is now a greater understanding that in rural communities there needs to be a more innovative approach to offering mental health support, that one size does not fit all and that by taking the services to the communities and making them more accessible there is a greater uptake in services, decrease in stigma associated with mental health and that by offering services this way they are no less effective in their outcomes.

Career Pathway

Pilot work indicated that staff, particularly early in their career, were unclear about the education/training opportunities available to them and how this related to career progression. The overarching goal of Career Pathways is to support and develop the workforce, providing a clear education and support framework for career development and progression. In addition, it addresses key outcomes from the National Standards

- Prevent harm.
- Improvements in patient care.
- Empowerment of consumers and patients.
- Development of better governance systems.

Each career pathway has been co-developed by the NBMLHD Education and Training Service and key stakeholders in the workforce.

The Nursing and Midwifery Career Pathway Guides and Tools were developed, refined and released in March 2021. The plan is for the pathway to be expanded and by 2022, include other professions and specialties in health, including Administration, Manager, Educator, Quality and Research pathways, Allied Health, Corporate Services, Oral Health, General Services and the Medical Career Pathway.

The Nursing and Midwifery Career Pathways with over 2000 staff (representing 80% of the nursing and midwifery workforce) enrolled in their relevant career pathway, with some staff already transitioning from novice to beginner status. This success, despite the early stage of release, suggests that this project will contribute significantly to achieving NBMLHD's strategic goal of a talented, happy and engaged workforce.

Space Camp

The Getting On Track In Time (Got It) team provides early intervention care to children aged 5-9 years, with behavioural, social or emotional challenges, including their families, schools and communities. The team was established to identify processes for establishing a more sustainable program for recruitment of health professionals, medical, nursing and allied health as well as non-clinical professions.

Space Camp is a 9 week school based clinical intervention program. The weekly group includes separate child, caregiver and family work modules as well as school teacher involvement. The group learning is accompanied by significant written resources for adults and for children, professional development for teachers and meetings with extended family members. This supports an integrated therapeutic framework based on knowledge of clinicians, as well as consumer and stakeholder

feedback. The program includes multi-disciplinary approaches from psychology, occupational therapy and social work and is consistent with school counsellor based interventions.

The Space Camp program was written to support families to implement strategies taking into account their individual family circumstances. Forty-six families from 6 schools received and participated in the Space Camp group program. There was an increase in parental satisfaction compared to the previous program.

Homelessness Mental Health Team: Vulnerable Populations Integrated Collocation

There is a significant link between the experience of mental ill-health and homelessness. Homelessness negatively impacts a person's mental health and is a barrier to receiving mental health care. Vulnerable populations COVID-19 funding allowed the Mental Health Service to develop a multidisciplinary Homelessness Mental Health Team. The team is a collocated partnership with Specialist Homelessness Services providers Link Wentworth Housing, and Platform Youth Services. The Mental Health Team provides integrated mental health and homelessness services to those 16 years and older. This team has provided services to 71 consumers since January 2021.

A satisfaction survey was undertaken with those receiving the service. Responses indicated that those surveyed were very satisfied with the service. Additional comments further support this, with comments advising the staff are good workers, wanting the team to continue to operate, that the team has helped them in many ways, the team has assisted with communication between the person and housing providers, staff are very helpful, and that "without the team I don't know where I would be. Thank you for coming into my life".

The model has demonstrated that high quality mental health service provision is able to be delivered to the homeless population through cross-sector collaboration.

Kindergarten Healthy Eating Orientation Video

The Kindergarten Healthy Eating Orientation video project addresses the problem of children bringing unhealthy food and drinks to school and more broadly aims to help prevent overweight and obesity in children, as they enter the school system. A joint approach was used to produce the video, for use in kindergarten orientation programs, to educate and empower families to send their children to school with healthy food and drink options. The video has been viewed over 1200 times and successfully used by schools and early childhood education services both within NBMLHD and across NSW. Feedback on the video has been overwhelmingly positive.

Making Outpatients Great Again

Outpatient services are a vital link between the hospital and primary care and an important ongoing part in a patient's journey. The aim was to provide timely access and communication for patients and General Practitioners sending referrals to the Ear Nose and Throat clinic in surgical outpatients department at Nepean Hospital. This was achieved by evaluating demand, capacity, and access time using outpatients services framework and redesign methodology.

Referral management was co-designed with a multidisciplinary approach and took place over a 12 month period. An approach was required to ensure best practice standards are understood and consistently applied, resulting in process improvements that is equitable and timely access to care that is safe.

Redesigning the clinic has significantly reduced the number of patients on the wait list by over 60%, with referrals also being processed faster, with over 90% screened and triaged within five days and approximately four times more patients accessing the clinic. Staff in surgical outpatients are empowered to deliver timely patient care and to meet the increased patient demand for the clinic. Staff now have leadership in place to support timely and effective communication with consumers and the clinicians in outpatients.

Paediatric Hospital in the Home (HITH): Treating Kids in Their Home

Hospital in the Home is a model of care that aims to improve patients experience during episodes of acute illness which would traditionally be managed by a hospital admission; reduce disruption to family life by relocating treatment to the home environment; improve quality of life; reduce the risk of hospital acquired infections; provide acute care at a reduced cost; and improve patient flow by freeing up children's ward beds.

The Paediatric HITH service was established at Nepean Hospital in May 2019. In the 2 years since commencement this has become an established and well-utilised service for paediatric patients.

There has been 700 patients transferred or admitted into the service in the past 23 months, which has involved approximately 2300 patient encounters, including home visits, ward reviews and phone call follow ups.

Since the establishment of this model there has only been 39 readmissions from 699 transfers into Hospital in the Home (equivalent to 5.6%). However one third of these readmissions were from a chronic and complex patient group – this group of patients have multiple comorbidities and have more frequent and longer admissions than the general medical patients. Allowing these patients to go home earlier than usual enables them and their families to have valuable time away from hospital.

Every patient that is discharged from Paediatric HITH receives a satisfaction/feedback survey to complete. The survey results have been very positive – all respondents (100%) have stated that the service is beneficial and when answering, *overall how would you rate your experience with Paediatric HITH*, the majority were very satisfied.

This model has demonstrated positive outcomes with improved patient flow and parent satisfaction, and it has become an integral part of paediatric care for children in the Nepean Hospital area.

The Inclusion Collaborative

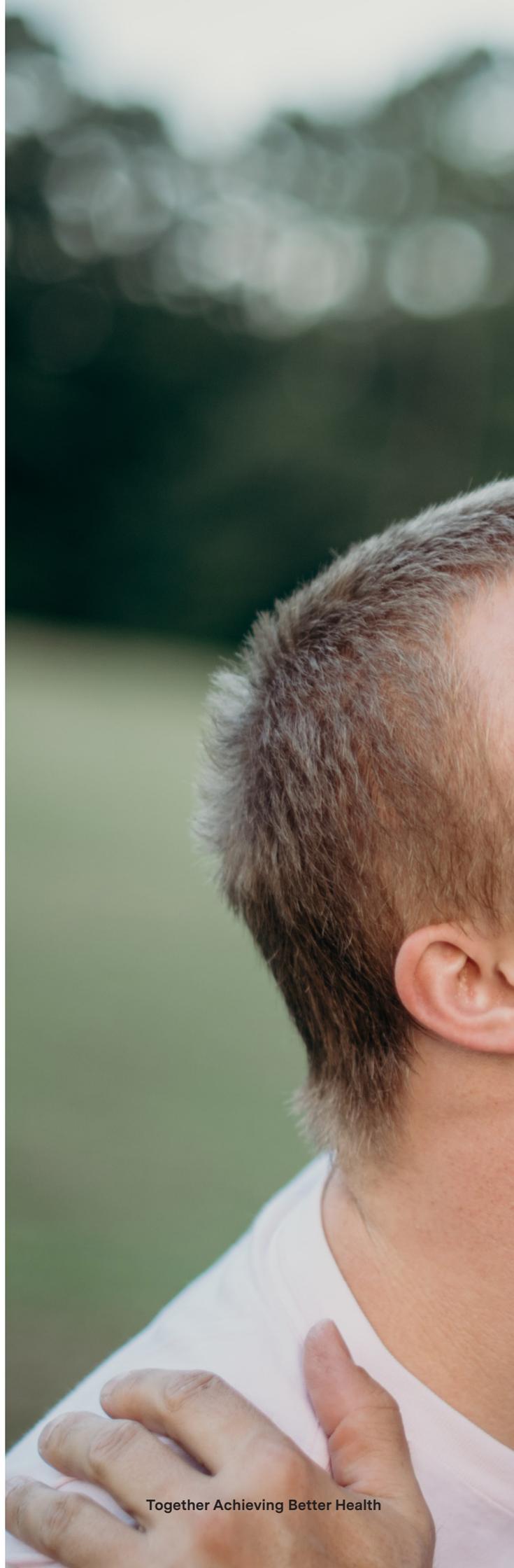
The inaugural NBMLHD Festival of Inclusion commenced on Zero Discrimination Day (1 March 2021) providing access for staff to a week-long program of activities to help reduce stigma in health care, an identified priority across NSW. Through the event, the NBMLHD was able to demonstrate a commitment to equity via presentations, events, conversations, workshops and media. The success of the event, together with the collaboration, energy and shared commitment, the planning group has been formalised as The Inclusion Collaborative. The Collaborative will develop strategies for next year's festival with the aim of contributing to ongoing organisational culture change, and reducing barriers that impede access to services by consumers, in particular the marginalised communities, improving social, emotional and health outcomes for the community.

Understanding Patients' Sentiments in Remote Care Settings

Patients undertaking home haemodialysis can be subject to negative feelings arising from lack of physical interactions with healthcare professionals, treatment that lasts many years, and feelings of isolation, amplified by COVID-19 lockdowns.

A remote patient monitoring system has been successfully developed and used since 2016, allowing patients to record their haemodialysis data and their emotional status (via emoticons and comments) during their dialysis sessions at Home. 156 patients on home haemodialysis used the system, and a total of 34,269 dialysis sessions were recorded in the database. Overall, 122 patients (78%) made use of the emotion feature and a total of 25,800 (83%) sessions contained a corresponding emotion submission.

The system allows patients to express their emotions and wellbeing at the end of each dialysis session, especially when the dialysis session was troubled or did not go exactly as planned. Comments from the nursing staff showed that it provided a clearer understanding of the wellbeing of the patients in real-time, allowing for faster interventions.





Accreditation

Accreditation is an evaluation process that involves assessment by qualified external peer reviewers to assess health service organisation's compliance with safety and quality standards.

There is also a focus on continuous quality improvement strategies that promote safe and high quality healthcare. Awarding accreditation to a health service organisation provides assurance to the community that the organisation meets expected patient safety and quality standards.

All public and private hospitals, day procedure services and public dental practices are required to be accredited to the National Safety and Quality Health Service Standards. The Australian Council on Healthcare Standards is the accrediting agency for NBMLHD.

Organisations providing Commonwealth subsidised aged care services are required to comply with the Aged Care Quality Standards. The Aged Care Quality and Safety Commission is the provider of accreditation.

The Diagnostic Imaging Accreditation Scheme was developed to ensure safety and quality standards for diagnostic imaging practices which links mandatory accreditation to the payment of Medicare benefits for diagnostic imaging services. Health & Disability Auditing Australia, National Association of Testing Authorities and Quality Innovation Performance are the providers of DIAS accreditation for services within NBMLHD.

Due to COVID-19 all Local Health Districts across New South Wales were granted an extension to their current Accreditation expiry date for the National Safety and Quality Healthcare Standards with NBMLHD now accredited until 7 April 2024. The next onsite visit has been rescheduled to November 2022, preparation is well underway

The Accreditation intranet page has been fully revamped to incorporate the National Safety and Quality Health Service Standards, the Aged Care Quality Standards and the Diagnostic Imaging Accreditation Scheme. The individual pages include content, resources and tools and information is displayed on one page with easy to use 'open and close' drop down functionality.

National Safety and Quality Health Service (NSQHS) Standards

The National Safety and Quality Health Service Standards were developed by the Australian Commission on Safety and Quality in Health Care. The Standards help protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver care.

In early 2021, the Clinical Governance Intranet Page was updated to improve access to information related to the National Safety and Quality Health Service Standards. The update provides increased awareness and accessibility of information to ensure that everyone from frontline clinicians to managers and members of governing bodies are accountable to patients and the community for the safe, effective and high quality delivery of care. The Standards pages includes all elements of the standard and links to internal and external resources, such as policies, procedures & guidelines, minutes from committee meetings, staff education, audit schedules and accreditation resources.





Standard 1

Clinical Governance

The aim of this standard is to ensure there are systems in place to maintain and improve the reliability, safety and quality of health care. This standard recognises the importance of governance, leadership, culture, patient safety systems, clinical performance and the patient care environment in delivering high quality care.

Clinical Governance Framework

Underpinned by the National Safety and Quality Health Service Standards, the principle objective of the NBMLHD Clinical Governance Framework is to define the governance structure and patient safety and quality systems which will improve the safety and quality of care provided to the community.

The delivery of safe and high quality health care and continuous improvement will be achieved through the elements of the Clinical Governance Framework:

- Governance, Leadership and Culture
- Patient Safety, Quality and Risk Management
- Clinical Performance and Effectiveness
- Safe Environment for the Delivery of Care
- Partnering with Consumers





Standard 2

Partnering with Consumers

The aim of this standard is to create an organisation in which there are mutually valuable outcomes by having Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services. Patients are seen as partners in their own care, to the extent that they choose.

Every consideration is given to ensure consumers are given this opportunity to enhance practice and improve outcomes.

Consumer Training Program

One of the biggest achievements has been the delivery of the inaugural NBMLHD Consumer Training Program which was held in November/December 2020. This 3 day face to face program was developed by experienced consumers for new consumers. It looked at both the practical and professional side of being a consumer with many guest speakers, including experienced consumers. It examined the possible pitfalls, challenges and satisfactions to be enjoyed. It was attended by 22 consumers.

Consumer Workshops

Monthly consumer workshops have occurred for over two years, and are proving to be instrumental in co-designing many pieces of information that is shared and implemented across NBMLHD. Work produced in 2020-2021 includes:

- The willingness for consumers to participate in the drive to capture consumer experiences.
- Completion of six different filming sessions, all sharing unique and diverse stories.
- The encouragement and support by the Media Department for consumers to participate and be more involved in NBMLHD social media feeds.
- The willingness to target local community meeting groups to recruit new consumers.
- The development of a consumer hashtag **#consumerdriven**.
- Developing, creating, designing and finalising a flyer by consumers to be distributed in many different ways to recruit and promote the true value of consumers.
- The development of Podcast questions for consumers to ask healthcare professionals to create relationships and greater exposure.

Partnering with Consumers Steering Committee

This Committee meets monthly with representation from all hospitals and services and five consumers. The meeting starts with an important patient story or experience which is used as a teaching tool and often causes much debate. A section of Standard 2 is discussed to identify and consider new initiatives and ideas. As well as discussing ongoing activities and providing updates, it is an effective way to hear from everyone about what is happening in their area regarding consumer engagement.

Frank Discussions

Frank Discussions was an upfront, confronting and compelling piece of work with consumers talking openly and candidly about individual experiences. The work was showcased as part of the inaugural Festival of Inclusion in March 2021. This created immense enthusiasm not only from Festival organisers, the Media Department and Studio Productions, but most importantly from all the participants who agreed to be filmed.

Consumer Committee Membership and Consumer Recruitment

Consumer committee membership and consumer recruitment is always a main focus. Every effort is made to obtain a broad spectrum of representation. A close relationship with Aboriginal and Multicultural Services is essential, as well as the Nepean Redevelopment team. These relationships ensure consumers are given the opportunity to participate in committee meetings, surveys, research projects, direct consultation, workshops, seminars and focus groups. NBMLHD currently has 76 registered consumers who sit on over 50 local committees.



Community Advisory Committee

The Community Advisory Committee is the peak body of consumers and provides advice from a consumer and community perspective ensuring that decisions, investments and innovations are patient-centered. They are responsive to local community needs informed by local health consumers, carer experiences and expectations. In each of the four local government areas within NBMLHD there are active consumer working groups.

The focus at Blue Mountains Hospital is to include consumers on National Safety and Quality Health Service Standards committees. This has been an effective way to address gaps and plan future actions with committed and passionate representatives. A consumer also sits on the Patient Safety & Quality meeting to provide a different perspective.

The Lithgow Health Forum meets bimonthly and consists of a two hour meeting. The General Manager provides a one hour feedback briefing (including a guest speaker), followed by a consumer only meeting. The feedback includes reports and actions from the previous monthly Patient Safety and Quality meeting. Consumers have the opportunity to ask any questions and if appropriate are able to share information with the community.

The Penrith Working Group meets four times a year and reports directly to the Community Advisory Committee. The group is passionate about advocating for a dedicated palliative care unit within NBMLHD, building a diverse membership and ensuring the Redevelopment at Nepean Hospital is used for the good of the community.

The Hawkesbury Working Group meets four times a year and reports directly to Community Advisory Council. The group is interested in fighting for mental health services in the area, being involved in disaster planning and increasing Allied Health services. Improving health literacy is a main focus to benefit all members of the community.

Orientation

Corporate Orientation is an excellent way to promote the consumer engagement program and delivers education to healthcare professionals. An allocation of 20 minutes provides enough time to present from two different angles. The perspective from the program coordinator and a consumer gives a balanced view of how consumers can enrich everyday practice. The presentation was recorded for online viewing.

Get Involved

Consumers and community members have the opportunity to comment on hospital printed documents. Residents within NBMLHD register to be part of *Get Involved* on NBMLHD's website and provide comments and recommendations on draft documents such as brochures, surveys and fact sheets online. The comments are then provided to the authors. This has proven to be a valuable feedback loop for staff ensuring that documents for consumers and the community are relevant, easily understood and appropriate. There are currently 92 registered consumers on the *Get Involved* portal. Over the past year 61 documents have been reviewed by consumers and are circulated widely across NBMLHD.

COVID-19

The main challenge facing the program is face-to-face interaction with consumers in a hospital setting due to COVID-19. For a cohesive group who thrives on networking and social engagement, virtual meetings are not quite the same. Although disruptive, it will not stop the determination and commitment to continue to engage consumers in a hospital setting.



Standard 3

Preventing and Controlling Healthcare-Associated Infection

This Standard aims to improve infection prevention and control measures to help prevent infections, and the spread of antimicrobial resistance through the appropriate prescribing and use of antimicrobials. Many healthcare associated infections are preventable through practices such as hand hygiene, use of personal protective equipment, equipment disinfection, environmental cleaning and vaccination. These are an essential part of an effective response to infection control and antimicrobial resistance.

The Australian Commission on Safety and Quality in Health Care released an updated infection control standard in mid-2021, which clarifies existing requirements and reflects the lessons learned from COVID-19. The aim is to provide further support to health service organisations to prevent, control and respond to infections that cause outbreaks, epidemics or pandemics, including novel and emerging infections. Systems are in place to support and promote prevention and control of infection, improve antimicrobial stewardship, and support appropriate, safe and sustainable use of infection prevention and control resources in NBMLHD.

All infection prevention and control procedures are under review in line with the new standards, with new procedures for COVID-19 developed and currently implemented throughout NBMLHD.

Patient and Consumer Engagement

Patients and consumers play a vital role in decision making processes and developing documents. Two new consumer representatives joined the Infection Control Governance Committee in early 2021. The revised healthcare-associated infection information brochures are provided to patients to assist in understanding infections, the risk associated with the infections and strategies to prevent and control infections.

Infection Control Monitoring and Surveillance

Systems and governance for infection prevention, control and surveillance remains consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. NSW Health has released the second version of the Healthcare Associated Infection Clinical Indicator Manual. All the required changes have been identified and implemented throughout NBMLHD.

Infection Control are in the process of ensuring staff are compliant with the process of annual validation and 100 moments per year.





New Clinical Care Standards

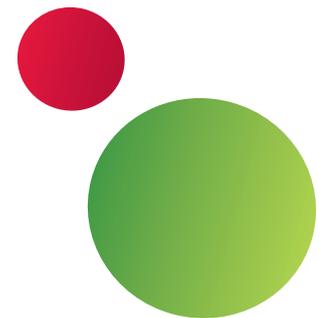
With the release of the National Management of Peripheral Intravenous Catheters Clinical Care Standard in May 2021, NBMLHD has implemented changes to guide practice and monitor improvements in care. This is addressed at the NBMLHD Vascular Access meetings each month.

The Antimicrobial Stewardship Clinical Care Standard released in November 2020 supports quality improvement to help reduce antimicrobial resistance and is discussed at the NBMLHD Antimicrobial Stewardship bi-monthly meetings.

Standardisation of Infection Prevention and Control practices continues to be a focus. This is being achieved through the development and implementation of clear governance structures with representation from across the District to address key challenges related to infection prevention and control, vascular access, antimicrobial stewardship, sterilisation and COVID-19.

COVID-19

In response to COVID-19, NBMLHD was part of the Phase Two roll-out of the state-wide Respiratory Protection Plan. The program commenced in late 2020 and continues to be rolled out. This program is designed to help protect healthcare workers from hazards in relation to the transmission of airborne infectious agents. It consists of six main elements, including infection prevention and control measures, vaccination and compliance, eye protection, masks and respirators, fit test assessor training, as well as education and training.





Standard 4 Medication Safety

This standard aims to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and to monitor medicine use. It also aims to ensure that consumers are informed about medicines, and understand their own medicine needs and risks.

Governance

The Medication Safety Committee has implemented a standardised reporting template. The Committee has renewed its efforts in the collection of robust data and analysis. This has enabled the Committee to identify areas of improvements to reduce harm related to medication use.

The Medication Safety Committee is continuing its collaboration with the Clinical Excellence Commission to improve the reporting of medication related incidents in the Incident Management System (ims+). The enhanced version will improve the accuracy of incident data and enable appropriate analysis.

Consumer Engagement

In 2020-2021 NBMLHD strengthened consumer engagement in all the work undertaken in medication safety. Consumers are members of the Standard 4 Committee and have actively engaged with the Committee in providing valuable input based on personal experiences. improve the accuracy of incident data and enable appropriate analysis.

High Risk Medicines

A number of initiatives were undertaken to ensure appropriate management of high risk medicines such as Hydromorphone, Buprenorphine, Methadone and Heparin.

- In late 2020, an updated NSW High Risk Medicines Policy was implemented across NBMLHD. This update included the management of Opioid and Hydromorphone standards. Following the implementation of the Policy, a local Hydromorphone Drug Protocol was developed and implemented.
- A new clinical procedure for safe and effective induction and stabilisation of patients on Opioid Assisted Treatment medication was developed. This procedure will ensure the safe prescribing, dispensing and administration of Methadone and Buprenorphine at NBMLHD clinics.
- Heparin and anticoagulant management has significantly improved with the transition from paper to electronic prescribing.





Standard 5

Comprehensive Care

Comprehensive care is the coordinated delivery of health care required or requested by a patient. Care is aligned with the patient's goals and healthcare needs. Fundamental to this is partnering with patients, carers and families to ensure they have the information and support they need to share in decision making and setting their own goals of care. This Standard also aims to ensure that risks of harm for patients during health care are prevented and managed through targeted strategies.

Pressure Injuries

Procedures are under review in response to the newly released Pressure Injury Development and Management Policy Directive. This Policy includes some changes in practice that are being implemented. New and updated procedures, staff education, patient information, audits and eMR forms support the staff in applying the Policy Directive in everyday practice.

Data related to Pressure Injury continues to be reported by hospitals and services and is monitored by the District Pressure Injury Prevention and Pressure Wound Management Committee. Data reports from Quality Improvement Data System has been standardised to provide more consistent streamlined reporting. Action Plans from Quality Audit Reporting System audits, outcomes and recommendations from ims+ and Harm Score 2 Reviews are also reported and monitored.

Patients and consumers are engaged in developing documents, including an information flyer, using health literacy principles, to assist patients understand their risk and strategies to prevent pressure injury.

Falls

Post Fall Huddles occurring across NBMLHD actively partner with patients and their carers in understanding falls incidents, identifying individual risks and developing prevention strategies.

The Falls Prevention and Management Committee have standardised the reporting of data from Quality Improvement Data System for hospitals and services providing consistency in reporting and monitoring of incidents.

Nutrition and Hydration

Nepean Dietetics Department implemented three pilot projects providing geriatric patients with earlier intervention and treatment of malnutrition, and increased post discharge nutritional care. Malnutrition risk screening, nutrition education and interventions were implemented in the emergency department and a nutrition-focused multidisciplinary nutrition model of care was commenced on an aged care ward, including nutritional care via telehealth after discharge. The outcomes from this project were:

- Reduce LOS and lower readmissions for malnourished patients.
- Increased compliance with ward-based nutrition care tasks.
- Successful implementation of a 6-week virtual dietetic service optimising nutritional status of patients transferring back into the community environment.

In response to changes due to COVID-19, the provision of Dietetic services adapted to better meet the needs of patients for whom appetite and sense of smell/taste, in particular, was altered. This allowed improved nutritional care for a new patient group not previously seen. Nepean Hospital Dietetics has created a specialised intensive care unit dietitian position to better service the most critically ill patients with their nutrition and hydration needs.

Dietitians have changed their malnutrition assessment tool to one that places greater focus on the patient's reported measures. This has allowed for greater input from patients which results in more targeted and patient specific results and also a greater measure of improvement from week to week as symptoms improve.

A project within Mental Health in 2019-2020 identified that increased knowledge of healthy eating and benefits to individuals would be helpful. In 2020-2021 the Mental Health Unit initiated a Wellness Group in their Older Person's ward which includes regular nutrition education. This has increased the patient's knowledge on how their eating can reduce malnutrition risk and improve mental health.

Nutrition & Dietetics students completed three projects which identified issues with mid-meal provision and wastage resulting in more tailored mid-meals; recommendations for meal provision for the three Dialysis units; and a successful pilot of a lunch club within Mental Health which improved patient engagement with meals.

Protected mealtimes continue to be rolled out across NBMLHD with an additional geriatric ward and oncology ward now being involved. An audit and patient survey related to protected meal times is currently under development.

Advance Care Planning and End of Life

The Advance Care Planning and End of Life District Committee has maintained their quarterly report, which outlines current advance care planning and end of life activities, including educational opportunities and quality improvement initiatives.

Several Quality Improvement Initiatives commenced in 2020-2021:

Last Days of Life: Addresses inconsistent care provided to patients in their last days of life. In late 2020, the multidisciplinary team was established and the process mapping, driver diagram and change idea workshops were conducted in mid-2021. The primary drivers were communication, symptom management and education. The team is currently in the process of submitting an ethics application.

Respect My Choice: This pack assists end of life discussions and documentation amongst the patient, family, carer and clinicians. The pack was designed for the patient's fridge at home or in the community. The Respect My Choice pack will

contain emergency information for NSW Ambulance, Advance Care Directive, important information about the patient's health care, and a photocopy of their Medicare and/or pension cards. In 2021, Primary Care and Community Health established a multidisciplinary project team and in the process of submitting an ethics application.

i-Validate Training Sessions

In early 2021, Barwon Health facilitated three i-Validate training sessions with fifteen multidisciplinary participants - medical, allied health and nursing staff from across NBMLHD. The aim of the training was to strengthen the clinician's knowledge, comfort and confidence regarding shared decision making for end of life care. The Advance Care Planning and End of Life District Committee is currently investigating training a multidisciplinary team to facilitate the i-Validate sessions on an ongoing bi-annual basis to all clinicians across NBMLHD.

Supportive and Palliative Care and Volunteer Service Information Sheets

Early 2021, the information sheets were revised for NBMLHD. The documents outline the clinical and volunteer services provided to patients, family and/or the community. The documents have been reviewed by the Advance Care Planning and End of Life District Committee and the 'Get Involved' consumer group.

Intranet

In mid-2021, the Advance Care Planning and End of Life District Committee revised their intranet staff link for clinicians. The aim of the revision was to ensure procedures, guidelines, education, resources, quarterly reports and multidisciplinary team contacts reflected current work and best practice.

Internet

The District committee worked on establishing a NBMLHD webpage for advance care planning/directives and end of life. The aim of the page is to ensure easy access to educational resources for the community with links to the following booklets:

- Supportive and Palliative Care Volunteer Service.
- Making an Advance Care Directive.
- The Dying Process.
- Understanding Grief.
- When Someone Dies in Hospital.
- Supporting older people to work out when its right for them.
- Aboriginal and Torres Strait Islander resources:
 - Working Out What's Right For You
 - Taking care of business. Planning ahead for Aboriginal people in New South Wales
 - Aboriginal Wills Handbook





Standard 6

Communicating for Safety

Communication is a key safety and quality issue. This standard aims to ensure there is effective communication between patients, carers and families, multidisciplinary teams and clinicians to support continuous, coordinated and safe care for patients.

Discharge Summary Education for Interns

Over the past three years significant progress has been made in improving the key performance indicators for discharge summaries. One of the strategies was the introduction of education for all new interns as part of their formal orientation.

This year has seen the third group of interns provided with education on how to complete a quality discharge summary as well as increasing understanding of how discharge documentation fits in to the wider system. Education is comprised of a presentation at orientation, as well as the interns being provided with a step-by-step User Guide for completing an electronic discharge summary.

Due to COVID-19, changes were made to January 2021 intern orientation moving from face-to-face to a webinar format. A diverse team of presenters with different perspectives facilitated a broader understanding of the importance of discharge summaries. Also, new to the team of presenters this year were medical officers who added clinical expertise.

Formalising discharge summary education for all interns as part of their orientation has provided a platform, where consistent and correct information is communicated to Junior Medical Officers and has been instrumental in embedding change.

Improving Communication with Aboriginal and Torres Strait Islander Consumers

The Communicating for Safety Governance Committee in partnership with the Aboriginal Health Unit are working with Women and Childrens Health as the first area of focus to improve communication with Aboriginal consumers.

Data currently collected by Women and Childrens Health has indicated areas in need of improvement:

- Antenatal care before 14 weeks gestation.
- Aboriginal specific services offered / accepted to those identifying as Aboriginal.
- Referrals to Aboriginal specific services.
- Update of Aboriginal specific services.

Further analysis of the data is currently underway to enable a more detailed understanding of the results and identify other relevant factors to consider through the sharing of information and collaboration from inpatient and community services, supported by Aboriginal Health, Clinical Governance and Communicating for Safety Committee.

Clinical Handover Matrix

Work continues on developing a Clinical Handover Matrix that standardises the base elements required for clinical handover across different handover types in accordance with National Safety and Quality Health Service Standards and the NSW Health Policy Directive for Clinical Handover.

The working group, consisting of a variety of disciplines representing different services and hospitals met three times and worked out of session to progress this work. Whilst the matrix will incorporate a variety of different handover types, it will be a high level principle document with service specific variances required to adhere to these principles.





Standard 7

Blood Management

Treatment with blood and blood products can be lifesaving, and Australia has one of the safest blood supplies in the world. Comprehensive national regulations cover all aspects of blood donation, and processing of blood and blood products.

Patient blood management is the means by which patients' own blood is optimised and conserved. However, because they are biological materials, blood and blood products are not without risk, and their use can lead to complications and adverse outcomes for patients. Risks generally fall into two main categories:

- Procedural errors such as patient mis-identification, blood sampling errors, or transfusing the wrong blood component.
- Reactions such as acute transfusion reactions (for example, fever, chills and bacterial infections).

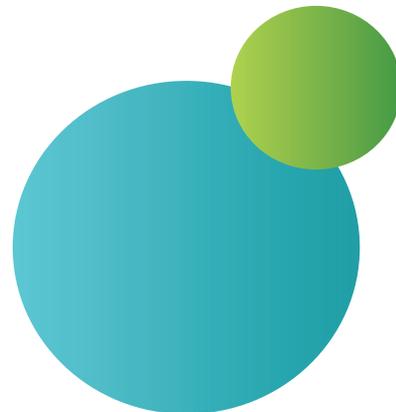
This standard aims to ensure that safe, appropriate, effective and efficient blood management systems are in place to minimise risk associated with the use of blood products. Patients' blood is a valuable and unique resource that should be conserved and managed well.

The 2nd edition of the Standards and the requirement for hospitals and services to have greater oversight of what is happening locally prompted a review of the reporting

framework for Standard 7.

Each hospital (Blue Mountains, Lithgow and Nepean) has a dedicated Blood Management Committee which reports to the District Blood Transfusion Committee. Reporting templates used to collate information from the wards are being trialled as are the outgoing reports to hospital Patient Safety & Quality meetings and the District Blood Transfusion Committee. This has enabled hospitals to monitor, report and be accountable for blood management issues locally while improving communication and transparency of information to the District Committee.

Drug & Alcohol and Mental Health report blood management issues into their local Patient Safety & Quality Meetings.





Standard 8

Recognising and Responding to Acute Deterioration

Recognising that a patient's condition is deteriorating and responding to their needs in an appropriate and timely way is an essential component of safe and high quality care. Early identification of deterioration may improve outcomes. This standard aims to ensure that acute deterioration in a patient's physical, mental or cognitive condition is recognised promptly and appropriate action is taken.

Recognition and Management of Deteriorating Patient Policy Directive

In May 2020, a revised Recognition and management of Deterioration Policy Directive (PD2020_018) was published. A plan for implementation was developed with ongoing work to address the required quality improvement strategies, such as the revision of all relevant procedures, inpatient and emergency department audits, material on the intranet, terms of reference, agendas and reports. Additionally, the teams worked on developing a District communication and education framework, an implementation plan for REACH in the emergency department, Clinical Emergency Response System procedures for specialised areas and deteriorating patient procedures for non-hospital and residential care settings such as Primary Care and Community Health and outpatient clinics.

REACH (Recognise, Engage, Act, Call, Help is on its way)

NBMLHD conducted their annual REACH patient, family, carer and staff surveys in November 2021. The collated data was provided to each hospital Patient Safety and Quality Manager and clinical leads who worked with the District lead to develop a NBMLHD REACH action plan for 2021 with the aim to address the identified gaps for REACH. Strategies include, but are not limited to:

- All bedside flyers updated with revised REACH material.
- Implement A3 bedside REACH flyers across the District.
- Include a QR code in the REACH information sheet and flyer.
- Ensure the current REACH PowerPoint and Six Minute Intensive Training (SMIT) document are conducted wide twice a year (minimum).
- Update the intranet and internet with the revised REACH material.
- Implement REACH in all Emergency Departments.

- Develop and maintain a quarterly REACH report as a communication tool for staff.

The Mental Health team revised and published their client REACH information sheet. The aim of revision was to ensure all clients, families and/or carers had a better understanding and practical examples of the REACH program in Mental Health.

The Standard 8 working group revised and published the emergency department and inpatient audits and developed a 'plan for implementation' of the REACH program in all emergency departments. The plan for implementation outlined the governance structure, risks, stakeholders, timing of implementation, resources, education, communication and monitoring and the review and evaluation strategies. Along with the identified gaps and strategies to meet the requirements of implementation. On 7 June 2021 REACH went live in the Emergency Department at Lithgow Hospital.

Guide to Resources for the Interprofessional Clinical Education Refresher Series

Education & Training developed a 'Guide to Resources for the Interprofessional Clinical Education Refresher Series.' The guide was discussed and endorsed at the February 2021 Recognition and Management of Deteriorating Patient Governance Committee meeting. The guide was developed to give clinical staff the opportunity to re-examine the diverse characteristics of patient deterioration in the clinical setting. The series provides opportunities for all clinical staff to discuss and reflect on assessment, communication, decision making and teamwork within their clinical environment.

There are a range of resources available for staff covering topics such as early and late signs of deterioration, A-G (Airway, Breathing, Circulation, Disability, Exposure, Fluids, Glucose) systematic assessment, clinical judgement, end of life care, communication, team work, sepsis kills, appropriate escalation (Clinical review, PACE, MET and REACH) and confusion-delirium, dementia and depression.

2020-2021 Performance

Monitoring and evaluation of improvements in safety and quality is an important component of the continuous quality improvement cycle. This supports greater accountability within a learning system that is able to identify opportunities for improvement, supports organisational change and a culture of safety and quality.

Key performance indicators monitor and measure how effectively the organisation is achieving key objectives.

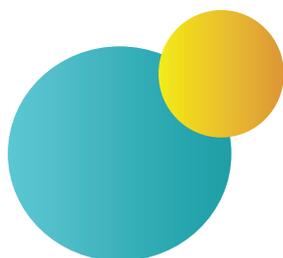
Hospital Acquired Complication performance data is monitored and analysed against the NBMLHD service agreement targets and benchmarks across the State. Strategies for improvement are implemented in all hospitals and services across NBMLHD.

NSW Health Safety and Quality Framework 1 July 2020 -30 June 2021

Hospital Acquired Complications (HACs)

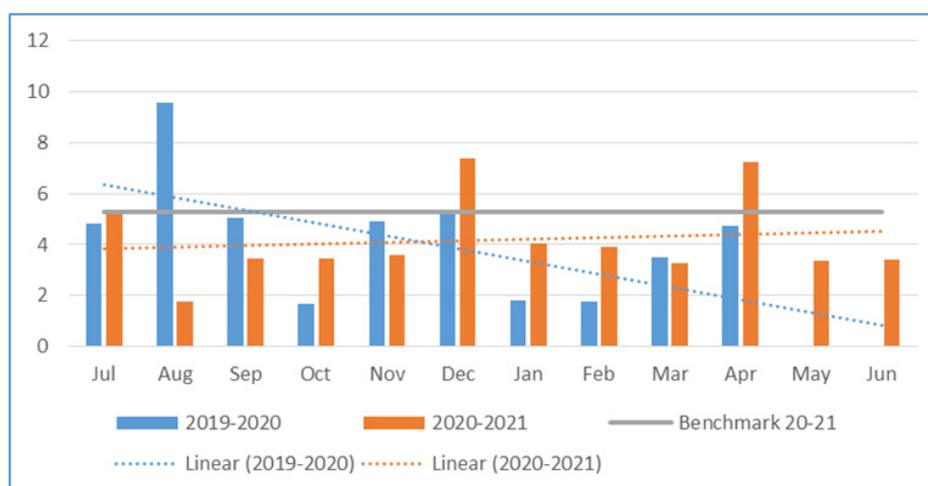
As the largest hospital, Nepean experiences the most hospital acquired complications influencing overall performance. A mitigation strategy at Nepean Hospital has been the development of Activity Score Cards. These have been developed for each Division by the Activity Based Funding Manager. These score cards are updated with the latest Health Round Table benchmarking data for the previous 12 months and include Hospital Acquired Complication data for each team. Based on these score cards teams are embarking on projects to reduce their number of health care acquired complications.

The Nursing and Midwifery Directorate have an active role in the ongoing governance, monitoring, guidance, leadership and improvement planning for Falls, Pressure Injury, Cognitive Impairment and Nutrition and Feeding.



Hospital Acquired Pressure Injuries

(Rate per 10,000 Episodes of Care)



Data Source: Health System Performance Report, June 2020

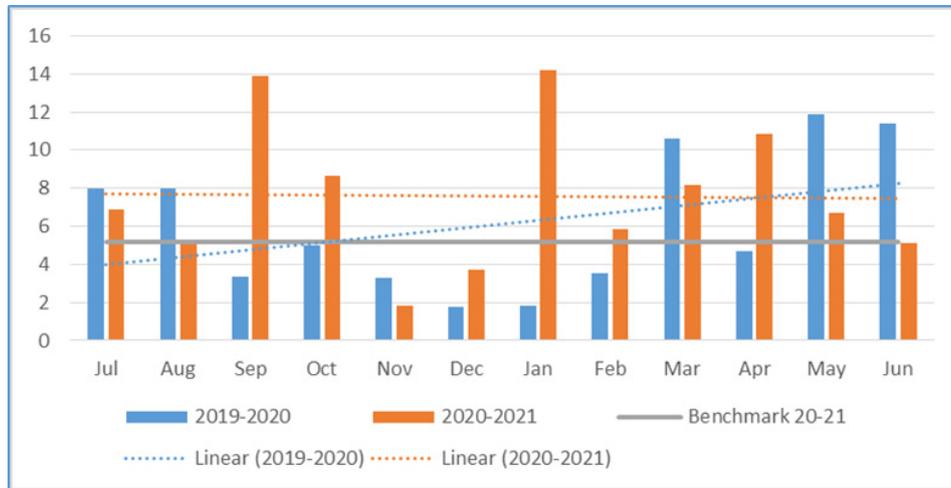
Strategies are in place, two examples highlighted:

Lithgow Hospital introduced the following strategies during 2020-2021;

- Use of shield wipes for patients identified as being at risk of incontinence acquired dermatitis.
- Use of Prevalon Heel Protection System. Patients are identified by the nursing team. Allied health (occupational therapist / physiotherapist) developed a tool to assist with prescribing of heel protection.
- Chair cushions for pressure injury care.

Nepean Hospital has been monitoring pressure injury through reviews and the Pressure Injury Prevention Committee. Strategies have included staging education for staff for consistent documentation, introduction of new mattresses reducing the risk of pressure injuries for low risk patients, introducing new equipment such as boots and heel wedges to lessen pressure.

Fall Related Injuries in Hospital Resulting in Fracture or Intracranial Injury
(Rate per 10,000 Episodes of Care)



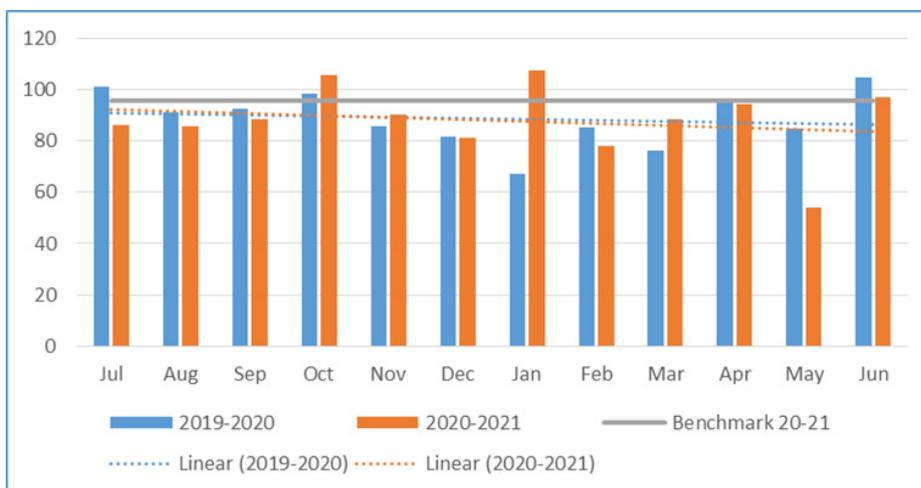
Data Source: Quality Improvement Data System (QIDS)

In 2020-2021 the trend for falls resulting in injury has remained steady. Extensive ongoing work undertaken included identifying common themes such as time of fall, lighting, environment and post fall huddles. Two examples are highlighted.

Gaps in the management of falls prevention and post fall management were identified across the Mental Health service following a review of incidents over the last 12 months. The Director of Nursing in collaboration with the Nurse Unit Managers, Clinical Nurse Educators and Patient Safety and Quality Managers are developing a service wide action plan to address the gaps and improve the prevention and management of falls within the inpatient units.

Nepean Hospital has been monitoring each fall closely through the Falls Committee and Patient Safety and Quality team. Strategies to prevent falls are in place with the introduction of an accountability process to manage each fall, compliance with risk assessment and management plan. High risk areas have identified gaps in their process and have commenced ward based strategies to ensure patient safety. The Equipment working group is looking at the most suitable resources for quality care and to minimise falls risk.

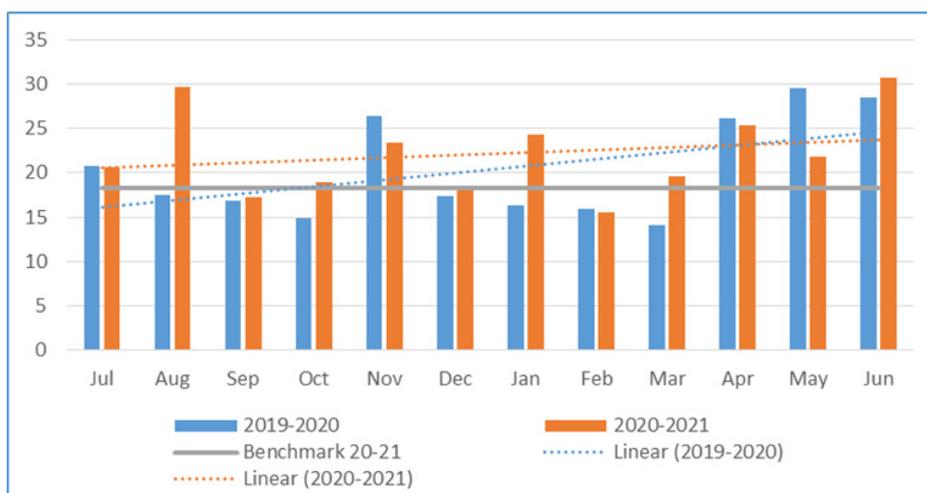
Healthcare Associated Infections (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Nepean Hospital continues to face the challenge to meet the target. The three areas of concern are hospital acquired urinary tract infection, hospital acquired pneumonia, and high impact Infections. Mitigation strategies include the development of a urinary tract infections project to decrease the numbers at Nepean. This work will be undertaken collaboratively across the District and has medical support. The physiotherapy department have reviewed data relating to pneumonias and a governance structure is being considered to review high impact infections.

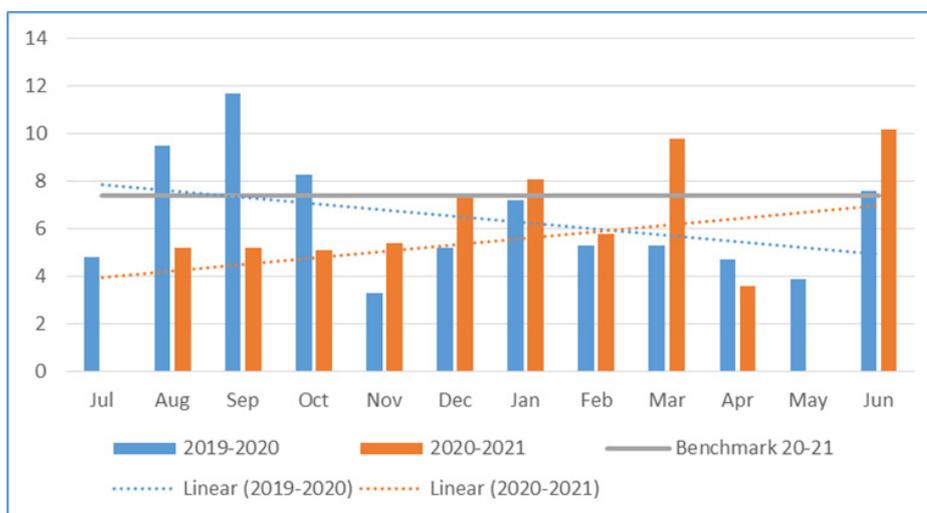
Hospital Acquired Respiratory Complications (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Nepean Hospital continues to work to reduce respiratory complications, namely aspiration pneumonia. The review of cases is in progress to understand the trends and location of incidents to identify the cause and develop strategies to reduce complications. Improvements in documentation have also been identified as a strategy and are being addressed. The Neurology team is looking at methods to reduce aspiration pneumonias, and the Intensive Care team is looking at bundles to reduce ventilator associated pneumonias.

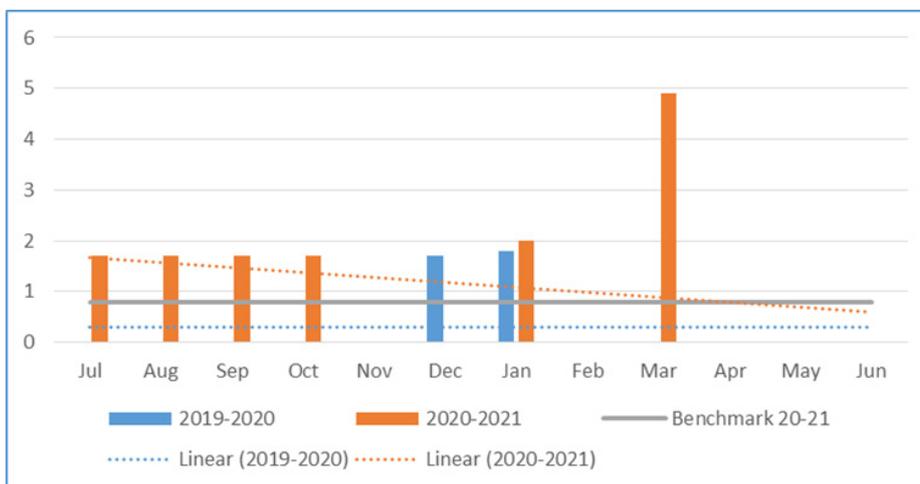
Hospital Acquired Venous Thromboembolism (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Nepean Hospital has experienced some inconsistencies in meeting the target however on average over the year they were sitting below benchmark. Strategies developed to address this include the introduction of the VTE risk assessment tool into the eMeds program to alert admitting teams to the need for assessment. This is being monitored and reviewed via quality audit review system audits and as a standing agenda item on the Anticoagulation Committee.

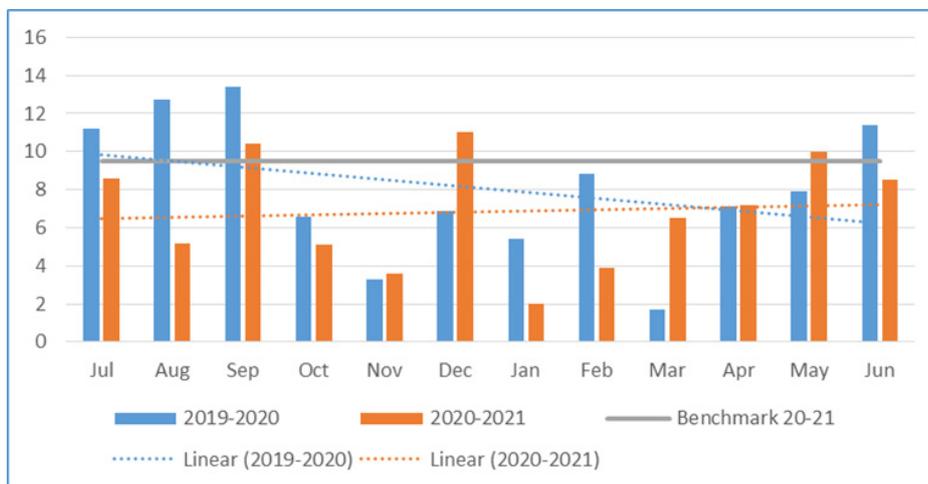
Hospital Acquired Renal Failure (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Nepean Hospital continues to meet the benchmark for hospital acquired renal failure system audits and as a standing agenda item on the Anticoagulation Committee.

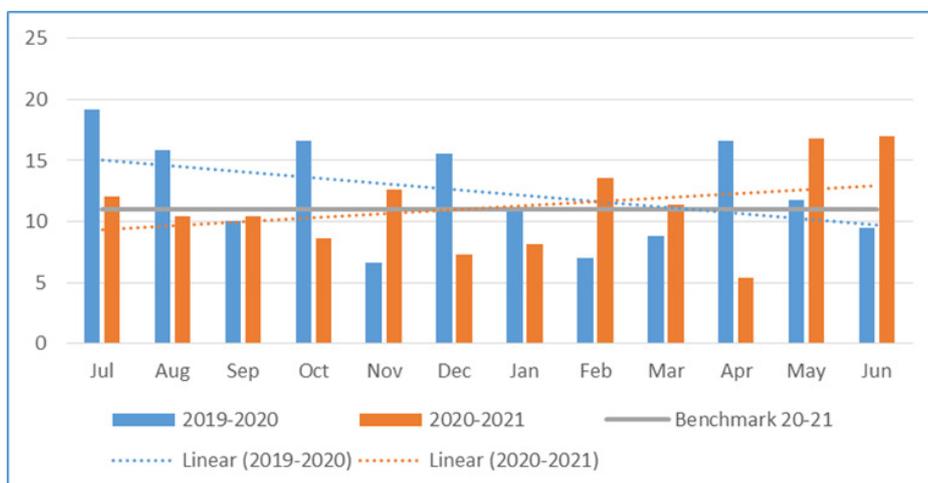
Hospital Acquired Gastrointestinal Bleeding (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Nepean Hospital continues to meet the benchmark for hospital acquired gastrointestinal bleeding.

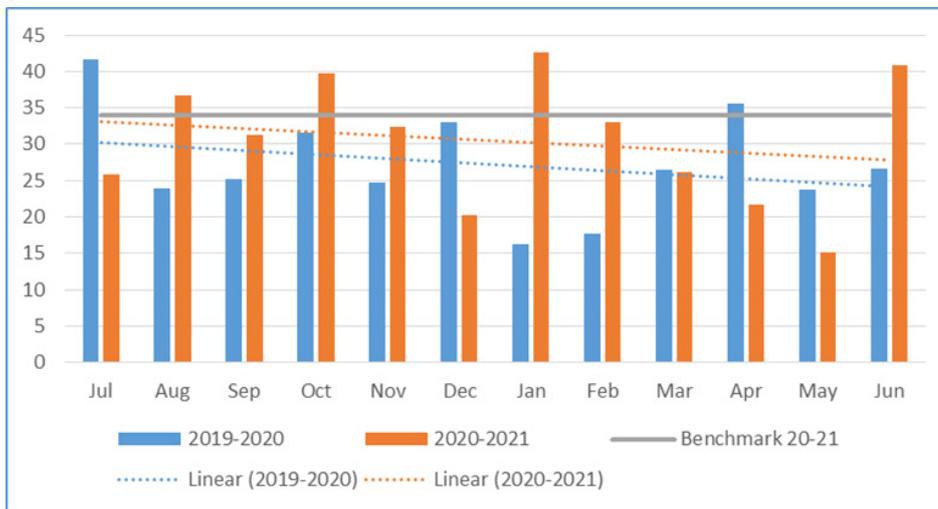
Hospital Acquired Medication Complications (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Nepean Hospital continues to work on reducing the rate of medication complications. Historically this has been related primarily to the medication complication of hypoglycaemia. Since the removal of hypoglycaemia from hospital acquired medication complications Nepean has seen some improvements.

Hospital Acquired Delirium (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Significant improvement has been marked at Nepean Hospital with the introduction of dementia and delirium Clinical Nurse Consultant role and improvement strategies to increase confusion assessment method tool, delirium risk assessment tool, increased awareness and education amongst nursing and medical staff. The introduction of cognitive stations is being utilised in aged care wards to provide diversional therapy to patients experiencing dementia and delirium.

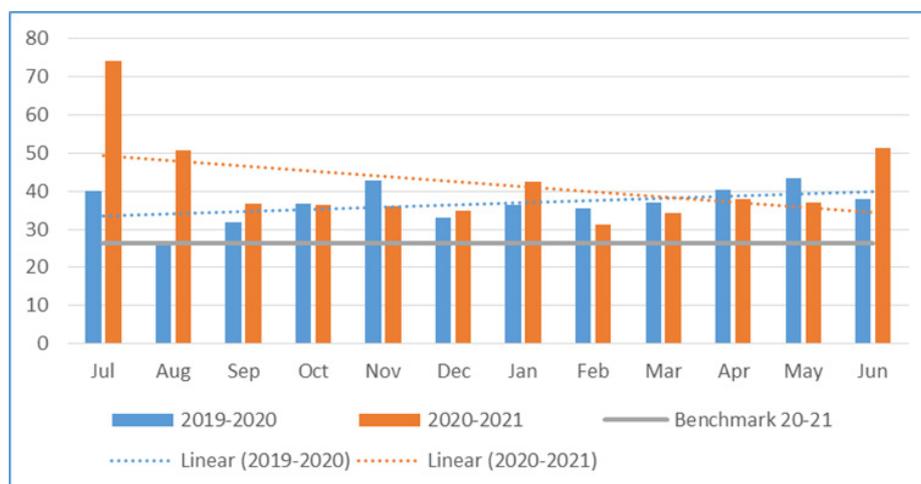
Hospital Acquired Persistent Incontinence (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Nepean Hospital continues to meet the benchmark for Hospital Acquired Persistent Incontinence.

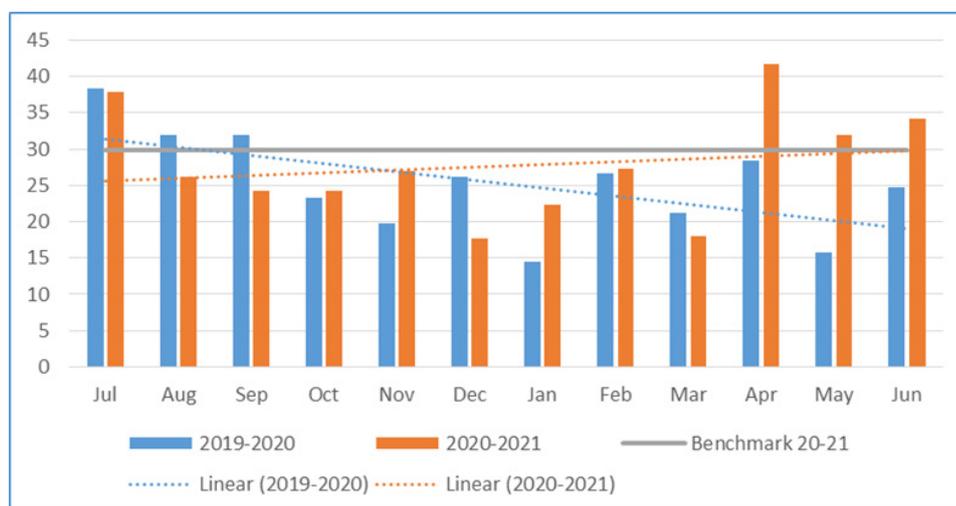
Hospital Acquired Endocrine Complications (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

This is a new key performance indicator and includes episodes of hypoglycaemia and malnutrition. Overall there was a downward trend for 2020-2021. Nepean had high levels of hypoglycaemia and despite improvements in coding there has not been a sustained improvement. Work has commenced with the Endocrine team, Patient Safety and Quality Manager and Clinical Governance to address some of the findings from the extensive data review.

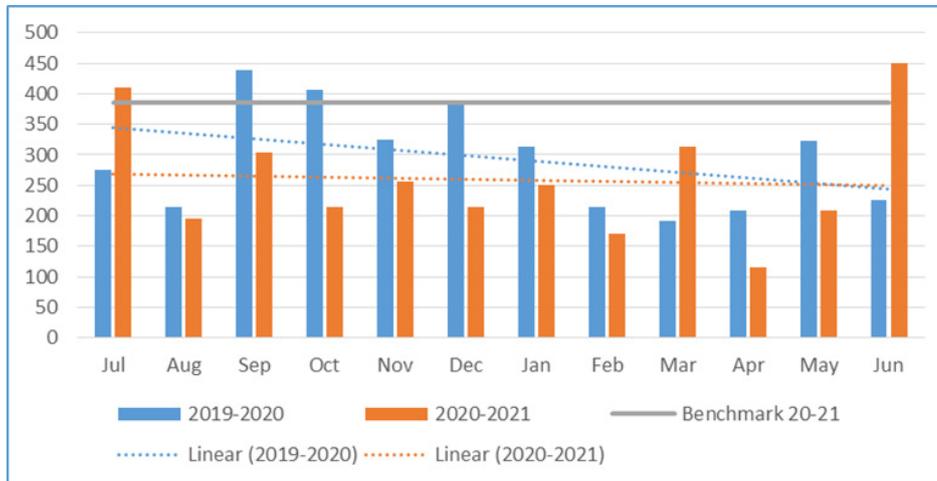
Hospital Acquired Cardiac Complications (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

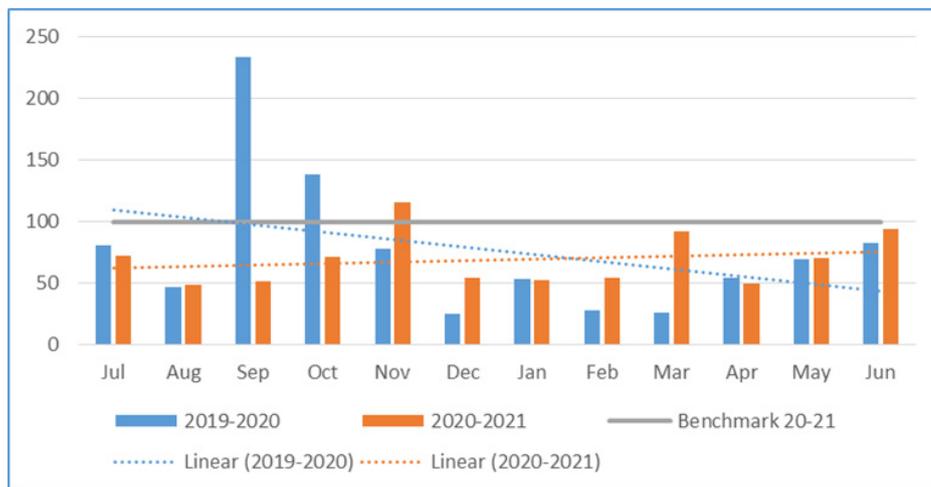
Nepean Hospital has not been consistent in meeting the target. Cardiac complications are reviewed by the cardiology Clinical Nurse Consultant to determine trends and themes. There is a heavy focus on coding and the defining of hospital acquired complications. The cardiology team are reviewing methods to help improve compliance and documentation.

3rd or 4th Degree Perineal Lacerations (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Hospital Acquired Neonatal Birth Trauma (Rate per 10,000 Episodes of Care)



Data Source: Quality Improvement Data System (QIDS)

Nepean Hospital has been consistently performing well for 3rd or 4th degree perineal lacerations and hospital acquired neonatal birth trauma. Strong governance processes exist to review the data to ensure it is accurate, review cases and work with medical teams to improve the clarity of information being coded.

Mental Health: Acute Seclusion Rate (Events per 1,000 bed days)

FYTD: March 2021	Target	Variance	Performance	Last Year
5.9	5.1	0.8	■	5.0

Data Source: MoH Performance Report June 2021

Seclusion and Restraint is reported on a quarterly basis to the Ministry of Health and reported back with comparison data for the State. In 2021 comprehensive reviews of all restraint events within the Mental Health inpatient units have been completed to identify trends and areas for improvement.

Mental Health: Acute Post Discharge Follow Up

FYTD: April 2021	Target	Variance	Performance	Last Year
77.2%	75%	2.2%	■	67.0%

Data Source: MoH Performance Report June 2021

The daily exception reporting for post-discharge follow up is ongoing and continues to provide the Mental Health Community Team leaders with the relevant information to investigate consumers that have not had their post-discharge follow up, within 7 days. Through this process, minor data quality issues are identified and resolved (iPM discharge and transfer status), removing potential for poor key performance indicator outcomes. Community and inpatient teams have continued to perform well in this area over the past 12 months.

Mental Health: Acute Readmission within 28 Days

FYTD: April 2021	Target	Variance	Performance	Last Year
19.4%	13.0%	6.4%	■	17.5%

Data Source: MoH Performance Report June 2021

The 28 day readmission data identified a 2.7 % increase in readmissions during the month of November 2020. Although this represented a small number of consumers re-presenting it had a significant impact on clinical demand due to their acute illness. The Triage and Assessment Centre had a significantly higher than usual presentation numbers between October 2020 and March 2021. Targeted work occurred to decrease readmissions from 25.12% in November 2020 to 15% in January 2021.

Local readmissions are being monitored in advance of official key performance indicator data, providing a more current picture of readmissions. The aim is to improve responsiveness to readmissions and enable better decision making.

Mental Health: Involuntary Patients Absconding from Acute Inpatient Unit (Rate per 1,000 bed days)

FYTD: March 2021	Target	Variance	Performance	Last Year
0.94	0.80	0.14		1.29

Data Source: MoH Performance Report June 2021

All incidents of absconding consumers are reviewed on a bi monthly basis to identify areas for improvement. Since February 2021, the Acute Mental Health Unit have introduced a transition space for the admission and transfer of new consumers to the unit which has assisted in reducing the incidence of absconding events from the main entry.

Mental Health Consumer Experience: Score of Very Good or Excellent (Rate per 1,000 bed days)

Jan - Mar 2021	Target	Variance	Performance	Last Year
74%	80.0%	-6%		72.5%

Data Source: MoH Performance Report June 2021

Aboriginal Workforce Improvement: Aboriginal Workforce as a Proportion of Total Workforce

2020 / 2021	Target	Variance	Performance	Last Year
2.5%	1.8%	0.7%		2.7%

Data Source: MoH Performance Report June 2021

NBMLHD Aboriginal Workforce Strategy

A localised response to NSW Health's Good Health-Great Jobs: Aboriginal Strategic Framework 2016-2020 Composition Minimum Targets for 2020-2021 [IB2020_029]) was introduced. Since the launch of the strategy the Aboriginal workforce has almost doubled, from 77 to 139 (excluding casual and agency staff).

NBMLHD Aboriginal Traineeship Strategy

To enhance the Aboriginal employment and to provide on-the-job experience to interested job seekers, this strategy provides fully accredited Certificate III training in areas that provide real employment opportunities.

The 2021 program included traineeships in the areas of 1 x Oral Health Assistant, 1 x Hospital Assistant (Cleaner), 2 x Administration Officers with 1 x Allied Health Assistant who will complete their traineeship in July 2022.

Aboriginal Health Practitioners

A new role has been created in the Nepean Hospital Emergency Department for an Aboriginal Health Worker with an Aboriginal Health Practitioner qualification. NBMLHD is supporting the worker with his re-registration with AHPRA and will transition him into a permanent Aboriginal Health Practitioner role once registered.

Unplanned Hospital Readmissions within 28 Days of Separation - Aboriginal Persons

FYTD: March 2021	Target	Variance	Performance	Last Year
7.4%	8.9%	-1.5%	■	8.8%

Data Source: MoH Performance Report June 2021

Unplanned Hospital Readmissions within 28 Days of Separation - All Persons

FYTD: May 2021	Target	Variance	Performance	Last Year
5.9%	6.6%	-0.7%	■	6.8%

Data Source: MoH Performance Report June 2021

Inpatients who were Discharged Against Medical Advice - Aboriginal

FYTD: June 2021	Target	Variance	Performance	Last Year
3.1%	1.7%	1.4%	■	2.7%

Data Source: MoH Performance Report June 2021

A range of strategies have been initiated by the Drug and Alcohol Service to reduce the number of Aboriginal patients discharging against medical advice. The strategies include early identification of Aboriginal patients at intake and prompt referral to the Aboriginal Liaison Officer and further identification of Aboriginality during hospital stay. These strategies have led to a reduction in the number of Aboriginal patients discharging against medical advice.

Women who Smoked at any Time During Pregnancy - Aboriginal

2019	Target	Variance	Performance	Last Year
34.9%	41.5%	-6.6%	■	34.9%

Data Source: MoH Performance Report June 2021

Women who Smoked at any Time During Pregnancy - Non Aboriginal

2019	Target	Variance	Performance	Last Year
10.6%	11.1%	-0.5%	■	10.6%

Data Source: MoH Performance Report June 2021

During 2020-2021 the total number of women smoking during pregnancy in NBMLHD was 14%, with 2.8% of these being Aboriginal women. Of all 317 smokers, 29 quit smoking in the first half of pregnancy. A further 12 women quit smoking by the end of pregnancy, bringing the total to 58 (18.2%). Health Promotion and Women and Childrens Health are working collaboratively on initiatives to improve performance on smoking cessation recorded in second half of pregnancy. The introduction of Smoking to the eMaternity suite and the NHMRC BUBS Quit Research Project should improve smoking cessation in pregnant women.

The AMIHS Aboriginal Health Worker has connected with the Aboriginal Quitline Advisors Coordinator and has been allocated a number of resources to support conversations with clients about smoking cessation. This has been done in conjunction with the Population Health Unit.

Telehealth Service Access: Non-admitted Services

FYTD: June 2021	Target	Variance	Performance	Last Year
1.1%	10.0%	-8.9%	■	0.7%

Data Source: MoH Performance Report June 2021

The Telehealth team obtained equipment, educated staff, supported patients, and provided State level support for education and training. During 2020-2021 there were 6785 occasions of service using a telehealth platform which provides safety to the community in providing care.

Hospital Drug and Alcohol Consultation Liaison

(Number of consultations)

FYTD: March 2021	Target	Variance	Performance	Last Year
2,614	1,314	1,300	■	Not available

Data Source: MoH Performance Report June 2021

Childhood Obesity: Children with Height and Weight Recorded

Jan - Mar 2021	Target	Variance	Performance	Last Year
53.4%	70.0%	-16.6%	■	57.1%

Data Source: MoH Performance Report June 2021

Allied Health Teams and the Audiometry Nurses were reminded that they need to be recording the height and weight, this has seen an increase in compliance (50% for Audiometry, 20% for Speech Pathology and Occupational Therapy).

LHD Residents Initiating Hepatitis C Antiviral Treatment

FYTD Dec 2020	Target	Variance	Performance	Last Year
59	60	-1	■	64

Data Source: MoH Performance Report June 2021

Hepatitis C treatment rates remain lower than projected by Ministry of Health. Screening rates across NBMLHD services and hospitals are high, but this does not equate to the need for high levels of treatment. The Hep C Clinical Action Group is a collaborative approach to developing strategies which can increase treatment uptake in targeted populations. The group is facilitated by Population Health and membership includes, Public Health, Liver clinic, Needle and Syringe Program, Sexual Health, Mental Health and Drug & Alcohol. Strategies are in place to increase Hep C screening in a settings approach, using Dry Blood Spot sampling, Point of Care Testing and increased peer workforce support.

Get Healthy Information and Coaching Service - Get Healthy in Pregnancy

(Number of referrals)

FYTD: March 2021	Target	Variance	Performance	Last Year
401	398	3	■	496

Data Source: MoH Performance Report June 2021

The above table reflects data to end of March 2021. For 2020-2021 NBMLHD achieved 673/818 referrals to Get Healthy in Pregnancy which is 82% of the annual target. The eMaternity upgrade to enable eReferrals via eMaternity went live in March 2021. To support the rollout the Ministry of Health and Health Promotion provided in-services on what is offered and how to make a referral using eMaternity to 75 midwives throughout the NBMLHD.

Electronic Discharge Summaries sent and accepted by General Practitioner

FYTD: June 2021	Target	Variance	Performance	Last Year
60.0%	51.0%	9.0%	■	60.7%

Data Source: MoH Performance Report June 2021

Aged Care Assessment Team (ACAT) - Average Time from Referral to Delegation for Admitted Patients (Days)

FYTD: June 2021	Target	Variance	Performance	Last Year
2.0	5.0	-3.0	■	1.8

Data Source: MoH Performance Report June 2021

2021-2022 Future Priorities

Morbidity and Mortality Review

The implementation of the Clinical Excellence Commission 2020 guidelines for Morbidity and Mortality meetings was a focus in the first half of 2021. Representatives from NBMLHD attended a series of information sessions provided by the Clinical Excellence Commission. The plan is to use the Quality Improvement Data System module to assist with the implementation of best practice Morbidity and Mortality meetings, processes and reporting. Strategic meetings were undertaken and terms of reference, education material, and presentation material were developed. Champion clinicians were identified across the NBMLHD to test the module. This is a key strategy for 2021-2022.

Maternity Governance and Accountability / Resilience

The Clinical Excellence Commission undertook a number of resilience assessments of the safety and quality of maternity services across the State. A key recommendation was the need to strengthen governance and accountability system that includes leadership, structures and processes for safe and reliable maternity services. All Local Health Districts were asked to complete a self-assessment and develop an improvement plan. Progressing the improvement plan will be a focus for 2021-2022.

Elevating the Human Experience

The Guide to Action provides guidelines to assist with focussing on the provision of consistent, compassionate and kind care. Critical to success is a positive workplace culture and leadership. Preliminary work has commenced and will be progressed in 2021-2022.

Feedback & Complaints / Open Disclosure / Dedicated Family Contact

NBMLHD has been actively focused on implementing enhanced complaint management practices, including identifying opportunity for improvement. The aim is to ensure that the consumer feedback system is robust and reliable, fair, accessible and meaningful for all patients and consumers.

Development of staff skill in formal Open Disclosure is an ongoing focus. We have commenced the development of a mentoring and support system, identifying staff who are skilled in communicating and supporting families in difficult situations, so that these skills can be shared with others, to achieve a more sensitive and satisfying experience to patients and families. Opportunities to share and develop skills will be considered through mentoring relationships and also more structured workshops.

In line with the new Incident Management Policy Directive, a Dedicated Family Contact program and package was introduced. This will continue to be grown in 2021-2022.

Safety and Quality Essentials Pathway

One strategy towards developing system wide capability in safety and quality is the NSW Health Safety and Quality Essentials Pathway. The program aims to develop safety and quality improvement capability across NSW Health staff from foundational to advanced levels. The Clinical Governance Directorate is partnering with the Clinical Excellence Commission to implement this pathway, through mentoring relationships and also more structured workshops.

Aboriginal Health

The major priority for Aboriginal Health will be implementing the first suite of actions from the Aboriginal Health Plan. These will include:

- Strengthening the partnerships with Aboriginal health services and community groups.
- Embedding Aboriginal community representation in all facility and service Aboriginal Health Committees.
- Growing Aboriginal health research through implementation of the inaugural Aboriginal identified research position within Population Health.
- Implementation of the Aboriginal Mental Health and Wellbeing Strategy.
- Improving health outcomes for pregnant mothers and their babies by ensuring engagement with antenatal services by 14 weeks gestation, and support for smoking cessation during pregnancy.
- Ensuring the Aboriginal Health KPI Dashboard provides accurate and reliable data to monitor the performance on MoH KPIs and to drive service improvement.
- Complete the Yanabuni Budyarimana Clinical Redesign project aiming to improve Aboriginal patient experience in the Emergency Department and ensure Aboriginal people receive the best care that meets their health needs and is culturally safe.



Nepean Blue Mountains Local Health District

PO Box 63

Penrith NSW 2751

Telephone: (02) 4734 2000

Fax: (02) 4734 3737

Web: www.nbmlhd.health.nsw.gov.au

Email: NBMLHD-mail@health.nsw.gov.au

Facebook: www.facebook.com/NBMLHD

Twitter: @NBMLHD

YouTube: Nepean Blue Mountains Local Health District

LinkedIn: Nepean Blue Mountains Local Health District (NBMLHD)

Instagram: @nepeanbluemountains



Health
Nepean Blue Mountains
Local Health District

TOGETHER
**ACHIEVING
BETTER HEALTH**

© Nepean Blue Mountains Local Health District. This work is copyright. It may be produced in whole or in part for study or training purposes subject to the inclusion of acknowledgement of the source and no commercial usage or sale. Reproduction for purposes other than those indicated requires permission from Nepean Blue Mountains Local Health District.