

# Safety and Quality Account



Western NSW Local Health District  
2021-2022



**Front page photo: Daniel Kelly, Aboriginal Health Practitioner, Brewarrina, on the first sail of the Opera House as a tribute to frontline workers and those vaccinated as NSW surpassed the 80 per cent double vaccination milestone, 18 October 2021.**

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**The Aboriginal elements used in this document are adapted from the artwork of Jasmine Sarin.**

**Please be aware that this publication may contain the names, images and/or voices of Aboriginal and Torres Strait Islander people who may now be deceased.**



## **Western New South Wales Local Health District**

acknowledges the traditional custodians of the lands  
across our region.

We acknowledge that we live and work on Aboriginal lands.

We pay our respects to Elders past and present  
and to all Aboriginal people.



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# Welcome

Our commitment to safe and quality care is paramount in all we do.

This Safety & Quality Account validates our efforts to support, redirect and continually identify improvement opportunities across our District, to achieve and sustain healthier rural people and thriving communities.



Matthew Irvine  
Board Chair



Mark Spittal  
Chief Executive

In this year's Safety & Quality Account we are highlighting the exceptional work of our staff in maintaining reliable service delivery while addressing the challenges of the COVID-19 pandemic. The resilience of our staff has been continually displayed.

Importantly we acknowledge the commitment of our staff to their communities. Without this, the past year would have been even more challenging keeping our communities as safe as possible.

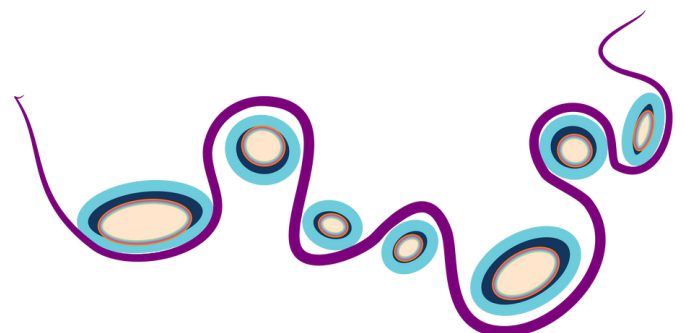
Many staff in multiple roles from across our District were re-deployed to meet the COVID-19 response, compounding pre-existing staff shortages. These challenges presented opportunities for innovation and improvement, so the needs of our communities were met.

We consider our District as continually learning in our use of virtual service delivery to support our communities to access the most appropriate care as close to home as possible.

As an organisation we take pride in our achievements and annually celebrate with an Awards Symposium highlighting worthy projects, innovative ideas, individual and team champions and our outstanding volunteers. We acknowledge our successes and embed these where possible across our District.

In the following pages we share our COVID-19 response initiatives, the focal point of this Safety & Quality Account. Improving the experience of care within our rural and remote services, supporting our workforce and our future priority initiatives are also outlined.

An agile approach to service provision has supported each successful initiative, which validate the skill and dedication of our staff.



# Our District



Western NSW Local Health District (LHD) provides a wide range of high-quality health services to one of the largest, most geographically diverse Local Health Districts in New South Wales, providing services for approximately 300,000 people across 246,000 square kilometres.

Our District is proud of the many Aboriginal nations and language groups within our boundaries.

**3** Major Rural Referral Hospitals  
Bathurst, Orange and Dubbo

**25** Multi-Purpose Services  
including Residential  
Aged Care

**10** District Hospitals

**50** Primary and Community  
Health Centres

# Our Annual Priorities

The Western NSW LHD's Strategic Plan provides a framework for the future direction of our District, shaping what we need to achieve in our facilities, for our workforce, for our communities and with our partners to enhance the quality of the services we provide.

Annual Priorities are key strategies selected from our Strategic Plan which, along with key Priority Actions, are cascaded directly into the Operational Plans of each Directorate and provide staff with clear direction as to what is important and where time and efforts are to be invested.



Goal	
Improved health and wellbeing of our people	Keep people healthy across their lifespan through health promotion, disease prevention and supportive technologies Improve mental health and wellbeing Support a healthy start to life Plan for, and respond to, the health needs of older people in Western NSW
Meaningful gains in Aboriginal Health	Deliver culturally safe and accessible services
World class rural health care	Deliver safe, high quality, value-based, effective and appropriate health care Improve the experience of care in all settings Foster a culture of improvement and continue to leverage research and innovation opportunities
One Health service across many places	Review and redesign current service delivery to increase system capacity, efficiency, patient flow and to predict demand Enhance non-hospital alternatives for care Support coordination and continuity of services across primary, community and hospital care
Enabler	
A strong and sustainable workforce and a great place to work	Ensure an agile, capable and diverse workforce, now and in the future Ensure a culture that empowers staff and improves performance Ensure safe workplaces with a focus on wellbeing

# 2021-22 Year In Review



**44,301**

people stayed overnight in one of our hospitals



**215,067**

people presented to our Emergency Departments (ED)

**20,429**

clients were seen in our Dental clinics



**46,405**

patients received care virtually



**9,394,680**

kms travelled by staff

**3,644**

babies born in our hospitals



**1,919**

facebook posts

**180,000**

people liked, commented, or shared our facebook posts





# COVID-19 Review



**96.4%**

Western NSW residents over 16 years of age had received one dose of COVID-19 vaccination by November 2021

Over

**17,000**

consultations provided by COVID-19 Care in the Community doctors between 21.8.21 and 30.6.22



**18,746**

phone calls answered by our Western NSW COVID-19 Information Call Centre

**600**

patients per day actively managed by COVID-19 Care in the Community at the height of the outbreaks

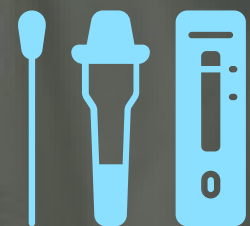


**1300**

food and medicine care packs delivered to families in COVID-19 isolation

**238,115**

swabs taken within our COVID-19 clinics



# COVID-19: Keeping our People Safe

The COVID-19 response was an 'all-hands-on-deck' approach across Western NSW LHD. Many corporate and other staff were redeployed for months to assist the COVID-19 response. Every agency in the region demonstrated exceptional commitment to support the people of rural NSW to minimise the impact of the pandemic on the community.



A rapid cultural and wellbeing support team was established to support Aboriginal families diagnosed with COVID-19, which included:

- more than 1300 groceries and care packages including medical supplies delivered
- case management and case support for families
- coordination of at-home testing and vaccination for those unable to access public clinics
- wellbeing support and more than 100 children's entertainment packages provided to families

Local community responses were enacted including Outbreak plans for Residential Aged Care Facilities and Disability Group Homes.

People were supported with quality care at home resulting in a lower hospitalisation rate for Western NSW (47.6/100,000) compared with NSW crude hospitalisation rate (97.7/100,000).

**53** virtual update briefings were provided for the media,  
**33** in-person press conference COVID-19 updates were held and  
daily COVID-19 media statements were provided for **110** consecutive days.

# COVID-19 Care in the Community (CCiC)

CCiC is the first multidisciplinary virtual team in Western NSW LHD, rapidly established in August 2021 in response to the escalating COVID-19 pandemic, to care for COVID-19 positive patients in their own home, to reduce the burden on our hospitals and enable people to receive the right care in the right place.

Delivered virtually, CCiC used existing resources from the Remote in-Home Monitoring (RiHM) Service to innovatively develop and implement a 24/7 model of care. The CCiC team includes Doctors, Nurses, Allied Health (Occupational Therapy, Social Work and Dietetics) and Administrative Staff working together to provide comprehensive assessment and clinical support.

The safety of patients and the wider community is paramount and at the centre of the CCiC model of care. CCiC utilises robust risk stratification processes to determine the level of care required by people. Levels of care range from a low touch pathway using daily patient health surveys reviewed on the RiHM platform, to more intensive pathway involving remote monitoring of patient vital signs, virtual nurse assessments and medical reviews. When a deteriorating patient is identified, care is escalated smoothly via a facilitated transfer to ED. On discharge from hospital, transfer back to CCiC reduces re-admission to hospital.

Since 10th August 2021, CCiC has cared for over 15,000 patients, significantly reducing the presentations to Western NSW LHD hospitals. During the busiest months of the COVID-19 outbreak, between 500 and 600 patients were managed by CCiC each day. Between 21 August 2021 and 30 June 2022, CCiC Medical Officers conducted over 17,000 virtual patient consults

CCiC is strengthened by integration with the RiHM service and support from Medical Officers in the Virtual Regional Generalist Service (VRGS) from 10pm-8am, enabling patients to access essential health care regardless of where they reside .

To ensure patient safety, the CCiC program functions like a “virtual hospital’ with daily safety huddles, nursing handovers and a 4pm clinical handover involving the medical and nursing team leads, allied health, operational and clinical leads from across the district. The inclusion of allied health in the team adds an additional level of patient care and safety, as does our 24/7 1800 number.

In a survey of high and very high risk patients discharged from CCiC, 31% of respondents did not have a General Practitioner (GP). However, 97% indicated they felt safe to manage their COVID symptoms at home with CCiC support. A further 87% indicated they would have presented to their local ED and 77% would have called an ambulance if they didn’t have access to the CCiC service. Many have complex health and social care needs and almost 40% identified as Aboriginal or Torres Strait Islander.

The CCiC team have demonstrated significant agility, evolving and adapting to each COVID-19 variant, prioritising and enabling efficient and effective health service delivery to the right people in the right place at the right time.

# Remote in-Home Monitoring (RiHM) Service

**The RiHM service aims to enhance usual care in the community, ease demand on hospitals and improve patient experience for people with chronic and complex health conditions.**

Implemented by Integrated Care in July 2020 using Philips eCareCoordinator remote monitoring technology, the RiHM Service expanded to be a significant cog in the Western NSW LHD COVID-19 solution.

RiHM provides phone, text or video-conference access to a registered nurse, equipment, tailored health coaching, care coordination and access to educational resources. By using a shared care platform, patients, carers and their clinicians have access to health data gained from patient biometric measures and daily surveys. One RN using the RiHM virtual platform can review and monitor up to 50 patients a day.

The virtual platform utilises sophisticated algorithms to triage patient's measures and survey responses on a dashboard which RiHM nurses review and escalate care as needed.

Nurse response to a patient-initiated text or phone call is immediate, while RiHM response times to observations flagged on the dashboard average less than 2 hours.

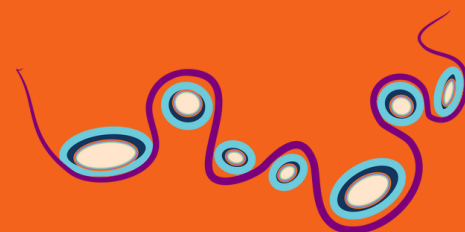
The rapid COVID-19 surge in Western NSW in August 2021, particularly in the remote Northern Cluster communities, was the catalyst for unprecedented collaboration between the RiHM Service and multiple other WNSWLHD service providers, community and social care sectors, which resulted in the development of the highly successful COVID-19 Care in Community (CCiC) service.

The RiHM service transitioned from a Monday-Friday service to a 7 day virtual nursing service in July 2021, just four weeks prior to the COVID-19 surge, predominantly monitoring patients with chronic and complex conditions.

In August 2021, RiHM was able to pivot rapidly from 1.4 FTE RN's monitoring 25 patients to over 200 COVID-19 positive patients each day. Integrated Care Nurses were redeployed initially as the main RiHM nursing workforce, supplemented by other redeployed nurses from all over the District.

Initially, 30% of all CCiC patients were also enrolled with the Philips eCareCoordinator RiHM service, increasing to 90% in June 2022, addressing the crisis of COVID-19 in our most vulnerable communities by enabling a higher level of patient monitoring, monitoring more people most at risk of deterioration and hospital presentation.

To evaluate and inform future directions of the RiHM Service, KPMG were commissioned to complete an external evaluation. In March 2022, ethics approval enabled qualitative research and patient, carer and clinician experience surveys, safety & quality indicators and patient clinical outcomes to be evaluated.



## Remote in-Home Monitoring (RiHM) Service

**Between July 2020 and June 2022, almost 4000 people were enrolled in RiHM; 3,850 people with COVID-19 and 150 people with chronic disease. Average length of stay for COVID-19 patients is 7 days and for people with chronic conditions it is 12 weeks.**

Early 12-18 month costing and outcome data for RiHM's 114 people with chronic and complex conditions shows attendances in Emergency Departments decreased from an average of 34 to 21 per month (for cohort). In the 18 months after enrolment in RiHM, this cohort showed a 32% decrease in health service presentation costs. Further validation of early findings will be completed by December 2022.

Importantly, indicators of the extensive reach and access of this type of virtual care include 25-30 % of enrolments being people culturally of Aboriginal origin. According to the Social Economic Index for Areas (SEIFA), 95% of people enrolled in RiHM are from disadvantaged communities with 30% (a third of people enrolled) from significantly disadvantaged communities.

RiHM has shown with skilled nurses providing virtual healthcare & coaching, the majority of people enrolled can be supported effectively to manage their health better over the short and longer term using this service, in addition to their local face to face services. This virtual service is demonstrating that care is reaching vulnerable people across our District and across acuities.

**Western NSWLHD is well placed as a leader when state-wide implementation of RiHM occurs in 2022/23.**

RiHM is providing virtual care that is able to extract patient outcomes on an individual and a cohort level, care that has realised workforce efficiencies in CCiC and can help address some community care gaps in our rural and remote communities. Lastly there are early indications that Integrated Care RiHM is providing virtual care which is resulting in hospital avoidance for both people with chronic and complex conditions and those with COVID-19.



# Special Health Accommodation (SHA)

## Protecting our Vulnerable

WNSWLHD established Special Health Accommodation (SHA) sites to assist with our COVID-19 response. One of the SHA's was located at the Savannah Cabins, Taronga Western Plains Zoo in Dubbo where a secure and separate entry could be established. Cabins at the Zoo (15 in all), provided health accommodation for COVID-19 positive patients or close contacts required to isolate.

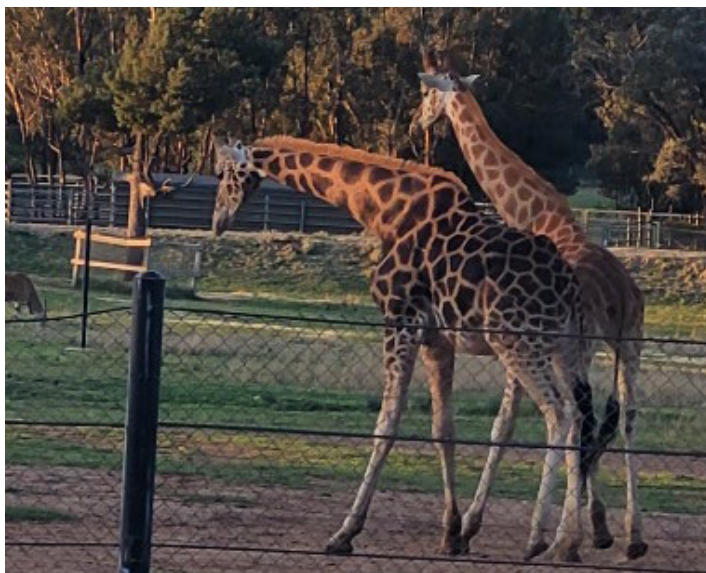


COVID-19 positive cases and high risk close contacts were admitted to the Dubbo SHA with half of the guests normally residing out of our District. The majority were on a voluntary basis however some vulnerable guests were admitted as part of a bail condition or through a police process with ten guests under a Public Health Act compliance order to prevent the spread of COVID-19.

Health staff worked around the clock in close partnerships with Police, Australian Defence Force, a private security company and the Rural Fire Service to ensure added safety for our communities. 54 guests were admitted over a 6 week period with the first guests arriving with three hours' notice on the 14th August 2021. The last admission day was 23rd September 2021.

SHA was set up to be contactless accommodation, with guests caring for themselves as they would in their own accommodation. The normal infection control strategies were implemented including alcohol hand rubs, masks and terminal cleans of cabins when one cohort of guests move out before the next guests moved in, and COVID-19 isolation requirements were strictly implemented.

During their stay at SHA, guest's co-morbidities, such as stable diabetes and cardiac conditions, were managed by their usual GP where possible via telehealth consults. It was also discovered some guests had untreated/undiagnosed medical conditions and well-being issues. These included but were not limited to dental pain, pregnancy and social complexities such as homelessness. Urgent dental appointments were made, pregnant women were linked into Maternity Services and where possible housing was sourced for the homeless or they were reconnected to family on discharge from the SHA to give them time to seek permanent accommodation.



Partnerships and collaborative willingness were key to the success of this initiative. Each shift was covered by one registered nurse, two police officers, two security guards from Western Plains Security and two Australian Defence Force. Others assisting included Dubbo Regional council providing the Kubota Buggy, St Vincent de Paul Society providing clothing and games, HealthShare Linen Service assisting often at short notice, Vanguard Consulting & Services who helped out with night rosters and the Zoo catering team ensuring quality healthy meals were provided every day.

The support of local management, redeployed staff and services all worked above and beyond expectations to support this initiative to keep our vulnerable communities safe.

*"Thank you all so much, couldn't have made it through without you guys, you are all very special"*

*"Thank you for everything, all the support when I am away from home and the extra kindness and support with your antenatal advice."*

*"Thank you for looking after me. I couldn't have done this at home. Thanks heaps for buying me my favourite fruit and food when I had to stay 20 days. These little things made all the difference."*





## COVID-19 Vaccination Program

*"Working on the mass vaccination week in Orange was one of the most rewarding experiences in health that I have done for years" Anaesthetist, Orange Health Service*

Western NSW LHD commenced COVID-19 vaccination in March 2021 vaccinating 7500 staff and residents of our Multi-Purpose Service (MPS) facilities. This quickly evolved to meet the Commonwealth eligibility criteria.

Significant challenges in workforce training, capacity and geography were faced. Planning had to enable agility and be responsive to unknown vaccination supply and the changing overall COVID-19 response.

Vaccines themselves were a challenge including storage within an ultra-low freezer, reconstitution of mRNA vaccine, multi-dose vials, low density all in one syringes, as well as monitoring travel time and cold chain management.

In May 2021, public clinics and mass vaccination hubs were established in Bathurst, Orange and Dubbo. Our workforce rapidly expanded including training and education to support Aboriginal Health Practitioners, Allied Health professionals and students to become vaccinators, alongside Registered Nurses recently retired but on the Australian Health Practitioners Regulation Authority sub-register willing to support the vaccination roll out.

In late August 2021 the Delta outbreak occurred, specifically affecting our Aboriginal communities. The Australian Defence Forces were deployed to provide workforce assistance. Over eight weeks approximately 53,000 COVID-19 vaccinations were collaboratively administered between Western NSW LHD and the ADF

The education and training of our Aboriginal Health Practitioners (AHP) in the delivery of COVID-19 vaccine has been one of the most innovative and engaging workforce initiatives. Our AHP throughout Western NSW LHD were diverted from their business-as-usual delivery of care to focus on vaccination strategies for their communities.

22 AHP undertook vaccination training, working alongside Authorised Nurse Immunisers in remote localities, regions and homes when required, to ensure opportunity to be vaccinated was provided to all.

Training undertaken included COVID-19 pre-screening and consent process, Intramuscular deltoid injection theory and practical, and post vaccination care.



Identified community leaders worked collaboratively with our AHP in the week prior to vaccination clinics to identify/confirm vaccinations numbers and locations in culturally appropriate spaces, including the ability to undertake home visits led by our AHP.

Currently AHP are authorised to administer COVID-19 vaccine, however ten AHP are currently undertaking Authorised Immuniser training with the aim to ensure the Aboriginal Vaccination Schedule is achieved as per the National Immunisation Program.

Other workforce utilised for vaccination:

- Allied Health Practitioners and Medical Officers as vaccinators
- Remote Administration support for outreach clinic preparation
- Authorised Nurse Immunisers from State Health Emergency Operations to support Dubbo Hub while drive-through established
- Increased New Graduate intake of nursing staff with a 6 month rotation into vaccination



By 3 November 2021 when NSW began re-opening,

**96.4%** of Western NSW residents aged 16 years and over had received one dose of vaccine.

**91.2%** of Western NSW residents aged 16 years and over had received two doses of vaccine.

# Virtual Wound Consultancy Service

**Wounds can result in long term pain, decreased mobility, lost productivity and reduced wellbeing, so there are significant opportunities to improve outcomes for wound management.**

Established in 2018 the Virtual Wound Consultancy Service is a nurse led service to improve the way wounds are managed, delivering better experiences of care, enhancing outcomes and optimising resources irrespective of cultural, geographical location or social circumstance. Prior to 2018 there was no wound support or consultancy for rural and remote facilities. **This service is the first of its kind in NSW, a creative and resourceful approach to wound care delivery.**

This service provides:

- support to rural and remote inpatient, community and residential aged care consumers and clinicians
- guides staff to deliver evidence based wound care
- guides assessment, identification of aetiology, escalation of care and selection of treatment pathways.

***Coolah RN: “I believe the service creates a much needed continuity of care and is a fantastic support. The service is efficient and clients do not have to wait very long for review.”***

The Virtual Wound Consultancy Service understands the importance of making the experience an empowering one for everyone involved. Clinicians are supported to deliver advanced wound care to their consumers as close to home as possible. Nurses are allowed to grow in confidence and competence while utilising the Virtual Wound Consultancy Service.

***Dunedoo NM: “The virtual wound care service has allowed staff, patients/residents and their next of kin access to wound care expertise without needing to travel”***

The Virtual Wound Consultancy Service improves the lives of people with chronic wounds, who otherwise would not have access to specialist treatment avenue, to reduce the pain and suffering of those living with and caring for complex wounds.

***Collarenebri NM: “I have used the Virtual Wound Consultancy Service multiple times for advice on the management of complex wounds and the classification of pressure injuries.”***

***Lightning Ridge RN: “As remote clinicians, we have found this service invaluable to manage complex and challenging wounds. It has meant our clients have not had to travel great distance for treatment”***

Clinicians from rural and remote facilities describe the service as a:

- fantastic support for patients, carers and clinicians
- timely escalation pathway
- lifeline
- valued and needed service

**Due to the success of this service, funding has been secured, dedicating a full-time position to this service.**

***Rylstone RN: “The support provided by this service has been such a life line for us as community nurses working remotely away from major centres often.”***

***Trundle EN: “I believe that this service is essential for our district to provide quality wound care to our patients and reduce costs associated with wound care.”***

# Lymphoedema Surveillance

*“It has made a difference to me that Orange moved their ongoing screening clinic away from the hospital. It's a relaxed atmosphere and does not have a clinical feeling. Regular screening following my surgery has been beneficial to touch base and check that I'm going OK before problems occur. The team are friendly, efficient, knowledgeable and happy to answer any questions or concerns I have.” G. Cox*

Western NSW LHD is participating in an ‘Early Intervention and Prevention of Chronic Lymphoedema’ pilot project, receiving specialised equipment, formalised accredited training for staff in lymphoedema screening and compression garments for client use. Whilst others across the state enhanced existing lymphoedema services or commenced a single screening clinic, Western NSW LHD established a network of rural generalist lymphoedema surveillance clinics.

Western NSW LHD now offers lymphoedema surveillance through a network of clinics in Orange, Bathurst, Dubbo, Cowra, Parkes, Forbes and Mudgee rather than a centralised clinic model. Local staff have been trained to ensure local service sustainability. As an advanced scope of practice, lymphoedema surveillance and management requires accredited post-graduate training of individual clinicians. The temporary additional hours enhancement from NSW Health has been used to employ a Lymphoedema Clinical Lead to implement the project, provide clinical supervision, mentoring and upskilling to support specialist service provision within rural generalist allied health roles. A monthly community of practice also provides information exchange, complex case reviews and collaboration.

**Prior to this project only two sites offered full breast cancer (BC) related lymphoedema surveillance in Western NSW LHD. This has now been expanded via a network of seven sites.**

Essential pre-surgery baseline measures used to detect developing BC related lymphoedema have been recorded for 71% of clients during the first year, indicating staff commitment and processes becoming a part of daily practice.

Identification of early or sub-clinical lymphoedema is essential to reduce incidence of enduring lymphoedema and provide preventative management of the condition where it develops. Once lymphoedema is diagnosed, treatment can be time consuming with mixed outcomes, impacting significantly on patient experience and finances with direct costs to the health service. There is no cure for lymphoedema, however, patient experience has improved significantly as 100% of women with BC now have access to free surveillance for arm and breast lymphoedema, scar and shoulder movement issues and a compression garment if required.

A research proposal separate from this project is currently before the Human Research Ethics Committee to evaluate a novel screening approach for people who are unable to attend regular lymphoedema surveillance to overcome the access/travel issues experienced by people with BC living in remote communities not currently reached by our network.

# The Virtual Rural Generalist Service (VRGS)

The first of its kind in Australia.

VRGS was developed by Western NSW LHD to support local medical and nursing staff to deliver safe, high-quality care to rural and remote communities.

Like many rural regions, Western NSW LHD experiences significant challenges recruiting a specialist rural workforce to support the needs of all communities. VRGS helps to address these challenges by supporting hospital staff in communities where permanent GP VMOs have retired or relocated, providing fatigue management for GP VMOs in towns with only one or two local VMOs and supporting gaps in rosters where hospitals would otherwise be without medical coverage.

In 2021-22, VRGS doctors regularly received up to 100 consultations requests per day, including ED and ward reviews, receiving an average 1,847 requests and answering up to 900 phone calls from a centralised VRGS 1800 number per month.

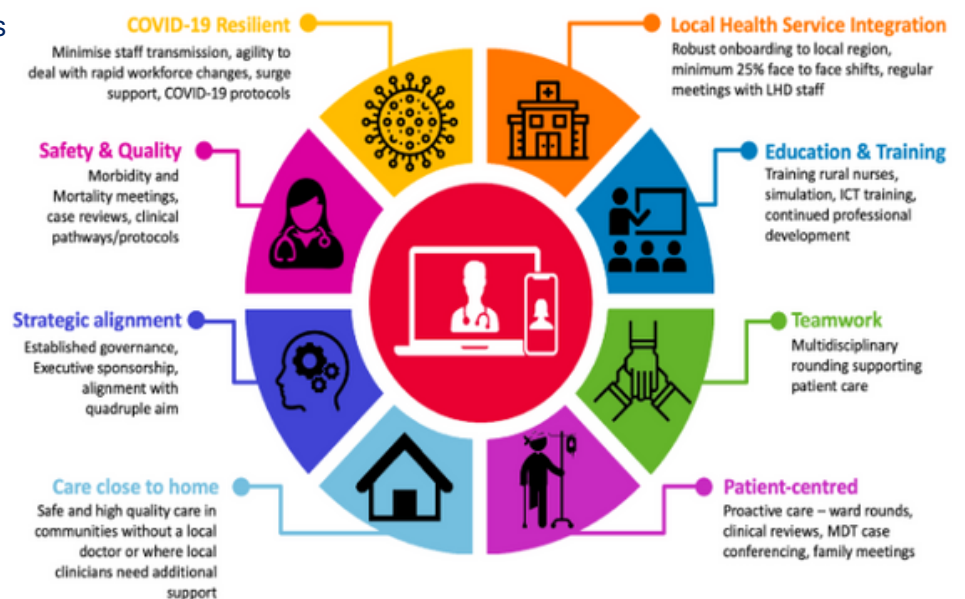
In 2021-22, 43% of eMR VRGS requests for support were between 8pm-8am and 32% on weekends.

Local GP VMOs spoke highly of the model supporting them and 91% of patients at four rural facilities regularly supported by VRGS rated their care as excellent or good.

Benefits of the model are:

- improved access to medical support for remote and rural communities
- positive patient experience
- access to care close to home and on country
- assists recruitment and retention of GP VMOs as they are not solely on call 24/7

In 2022, Narromine attracted two GP VMOs to service the hospital with after-hours VRGS support (7 days/wk) where previously there were none.



COVID-19 has seen VRGS regularly deployed to enable service provision to continue and mitigate impacts of COVID-19. Research is also being conducted in collaboration with the University of Sydney and the Menzies Institute, through a NSW COVID-19 research grant, to evaluate service outcomes & COVID-19 resilience. The model has also attracted interest from other LHDs in NSW.

## Remote Video Assisted Chemotherapy (RVAC)

After successful implementation in rural Queensland, RVAC was adapted for Western NSW LHD, commencing in Coonabarabran in October 2017 and in Cobar Health Service in September 2020. Walgett Health Service patients will also soon benefit from this model of care.

RVAC provides remote chemotherapy supervision assisted by Telehealth video access from the Western Cancer Centre Dubbo, to provide safe, low risk chemotherapy treatments, prescribed by the treating Medical Oncologist, closer to home for rural and remote patients. Only low risk, low toxicity chemotherapy is administered when a General Practitioner Visiting Medical Officer is on-call and available to the Health Service.

This supported chemotherapy service utilises video conferencing to ensure a telehealth consultation between the Oncologist and the patient is undertaken, and then a supervising nurse in Dubbo oversees and supports the nurse administering chemotherapy in Coonabarabran, Cobar or Walgett.

2021/22 FY	Coonabarabran	Cobar
Number of Patients	10	23
Occasions of Service	86	213
Travel Hours saved	344	1278
Travel KM saved	25,800	127,800

### Coonabarabran Infusion Therapy

RVAC commencing in Coonabarabran in 2017 has been a catalyst for significant change in the support for the community in managing their health care requirements for infusion therapy. Under an Ambulatory Care model, great expansion across a range of infusion services and therapies is now supported in Coonabarabran, to minimize social disruption, travel requirements and cost for ongoing therapeutic support.

The service is currently supporting 5 regular infusion patients receiving Immunotherapy (Intragram and Privigen) and Enzyme therapy (Myozyme). Additional services include Intravesical therapy with BCG to treat bladder cancers on a 6 week therapeutic course schedule, Iron infusions, IV fluid infusions, antibiotic infusions including long term administration via Baxter pumps.

The referral source for the current cohort of patients includes Urologist, Renal Physician, Neurologist from Dubbo Health Service and Hunter New England LHD and local GP. The service also coordinates and supports blood transfusion, however due to the arrival time of blood products from the Blood Bank they require an admitted occasion of service.

2021/22 FY	Immunotherapy	Enzyme Therapy	Intravesical Therapy	TOTAL
Number of Patients	4	1	6	11
Occasions of Service	48	26	36	98
Travel Hours saved	192	104	144	392
Travel KM saved	14,440	7,800	10,800	29,400

# MASTER – Men’s Health Initiative

The MASTER program is a free health check-up program for males. It aims to achieve meaningful gains in the health of Aboriginal men by improving their health status and decreasing health inequalities experienced by Aboriginal people.

The MASTER program was developed to address the national health crisis of males, particularly those of Aboriginal and Torres Strait Islander cultures, not engaging with health services until their health issue became markedly acute, affecting their quality of life. Developed primarily and driven by frontline male Aboriginal Health Program workforce to review men’s health and the burdening issues for Aboriginal men within the health landscape.

This model engages participants in coordinated care with a networked approach to service delivery to support communities to access timely care at the right place. There are 8 health stations improving access to quality health assessment, and facilitating holistic and culturally sensitive education and prevention.

After client registration within the client’s electronic medical record, the client then moves through the health stations: **Andrology, Healthy Lifestyle, Social Emotional Wellbeing, Optical Health, Audiometric Screening, Drug and Alcohol, Sexual and Kidney Health, and General Practitioner (GP) Review**

At the end of screening and the GP review, participants are asked to evaluate their experience and the program. At this stage participants are also supported to make arrangements with appropriate referral points to address health concerns

**The program to date has conducted 14 events screening 439 males resulting in 97 follow-up referrals, including:**

- 20 referrals for Social & Emotional wellbeing
- 22 referrals for Audiometry services
- 21 referrals for Optical services
- 27 referrals for Diabetes management
- 7 GP referrals

This program was presented at the Aboriginal Workforce Annual Forum, with many Aboriginal Health Practitioners interested in supporting this program running in their community.



# Beyond the Emergency Department

## Bathurst Emergency Department to Community (EDC) Initiative

Working towards the premier's priority of reducing potentially preventable presentations to hospital by 5% by 2023, EDC was piloted for Western NSW LHD in Bathurst ED under the leadership of the Planned Care for Better Health Integrated Care coordinator. The EDC Initiative provides a shared care approach, through a holistic model of care that supports people under the age of 70, who present to ED more than 10 times in one year. These people are identified within the state-wide Integrated Care Patient Flow Portal or opportunistically identified by staff and with consent are linked into the program.

EDC provides multidisciplinary complex care management, as those enrolled in the EDC initiative usually have a high rate of comorbidity, Disability, mental illness, substance use, social care needs, can be socially isolated and live alone. Partnerships are formed to treat people with a whole-of-person care approach provided in the community, supporting the unique needs of each individual person.

Since its introduction in July 2020, the EDC Initiative has reduced stigmatisation for people who frequently present to ED and 90% of clients enrolled in EDC in Bathurst were connected to a GP on discharge from the EDC program. The EDC Initiative has also been correlated with an 8% reduction in ED presentations to Bathurst ED, which equates to a potential cost saving of \$678,762.

This state-wide Value Based Health Care initiative is to be rolled out across Western NSW LHD. Dubbo is in the early stages of planning, with other facilities to follow. Partnerships between Planned Care for Better Health, Mental Health, Disability, NGOs, Aboriginal Health and Allied Health will continue to co-produce localised pathways to support the local needs of their communities.



# Dubbo Health Service: Tracheostomy Management Committee

In 2018, Dubbo Health Service identified tracheostomy care was not well-coordinated, with limited communication and collaboration across health professionals. In partnership with ward representatives, hospital executive, and the multidisciplinary team, Dubbo Health Service established the first Tracheostomy Management Committee in Western NSW LHD with the aim to improve patient safety. A Local Operating Protocol was developed, outlining the admitting pathway for tracheostomy and laryngectomy patients to ensure patients are always admitted to the correct ward, now embedded within the hospital's bed management and patient flow. High quality patient care for all patients with tracheostomy is now provided through maintenance of staff education, a growth in experience through repeated exposure to tracheostomy cares, and staff familiarity with system processes and pathways for tracheostomy management.

**The implementation of standardised care and education has resulted in confident, skilled clinicians and reduced unwarranted variation in care, focusing on a consistent and timely approach to deliver better patient outcomes.**

## PET-CT

**The PET-CT scanner went live in Dubbo on 2nd May 2022, scanning 31 patients in May and 39 patients in June.**

The Western Cancer Centre Dubbo (WCCD) houses a PET-CT (Positron Emission Tomography/Computerised Tomography) scanner staffed by Nuclear Medicine Technologists and a nurse. PET is a diagnostic imaging test that detects abnormalities with the cells and is used to detect diseases in the body including cancer.

Prior to this, patients had to travel to Sydney, Canberra or Newcastle for the closest PET-CT scan. To date, two thirds of patients have come from areas outside of Dubbo, with patients traveling from Lightning Ridge and Cobar. It is also a valuable resource to health services generally, with some patients coming from Grafton and Lithgow. Many of these patients had not been able to travel the distance to Sydney for their PET scans.

The precise information provided from PET-CT scans leads to greater potential for an earlier diagnosis and a more definitive treatment, helping to improve patient outcomes.





# NUNYARA (Well again) Wellness Alcohol & Other Drug Day Program

The Dubbo Community Drug & Alcohol Team embarked on a project to develop a collaborative Alcohol & Other Drug (AOD) Day Program after identifying there were limited integrated holistic AOD day programs available to improve the numerous multi-faceted issues clients face in their AOD recovery journey.

Research identified there was a similar model in Far Western LHD 'Making a Change Program'. With discussion between the two services Far West provided an outline of their program. Initial conceptualisation started in 2019 with the program re-modified and adapted to provide a locally culturally appropriate program.

Key in the development was collaboration between AOD services and other services such as Sexual Health, Job networks, financial services and Mental Health, to provide clients access to address issues impacting their recovery. After several delays due to COVID-19, the first pilot of the program commenced in March 2022, two days a week for six weeks for adults aged over 18. The aim is to trial two programs per year. Evaluation of the program includes daily and post-program client feedback surveys.

Prior to commencement, all clients have a comprehensive assessment, including a 'Depression Anxiety Stress Scale' (DASS) completed.

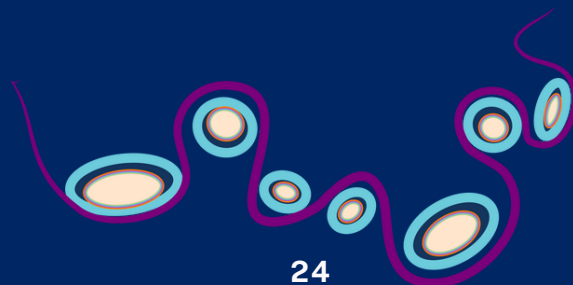
Facilitation of various aspects of the AOD Day Program are shared between Dubbo Drug and Alcohol services. External agencies also present information to participants, including Sexual Assault services, Joblink, Financial Counselling, SAFE HAVEN peer workers and St Vincent's Addiction specialist.

The program addresses:

- Getting ready for change: Making a change –anxiety, stress, self-esteem, mindfulness
- Identifying triggers: Cravings and Relapse
- Healthy Eating and Physical Health
- Mental Health: conflict and relationships
- Personal development and future planning
- Self-care and Support Network

***“This program has been very beneficial to my mental health. The structure of it and the education has taught me a lot and brought me out of isolation and my anti-social behaviours”***

***“It gives purpose, it helps with social skills also knowing that there are good people out there, also gives me confidence”***



# UPDATE: Telestroke Service

**This service has made significant improvement to our management of time critical assessment and treatment of stroke.**

NSW Telestroke Service was launched by the Ministry of Health in March 2020 to provide 24/7 access to specialist stroke diagnosis and treatment.

The NSW Telestroke Service 'Go Live' for Orange Health Service was on 2nd December 2020.

In 2021-2022 the Telestroke Service has progressed to business as usual and Orange Health Service has seen 89 Telestroke consultations. Of these, five patients received thrombolysis alone, four patients received thrombolysis and were referred for endovascular clot retrieval (ECR) and another four patients were not eligible for thrombolysis but were referred for ECR.

While Orange Hospital was already delivering stroke thrombolysis and had stroke pathways to ECR referral, the value of the Telestroke service is the level of expertise consistently available to support decision making and the ongoing training of our medical workforce. In particular the value of this service has included:

- consistent access to expert stroke clinician to guide decision making for thrombolysis which has reduced the variability of door to needle times for thrombolysis.
- early identification of 'stroke mimics' as acute onset of focal neurological symptoms is not always stroke. The experience of stroke physicians enables faster identification of true stroke syndromes, expert interpretation of perfusion scanning and consideration of differential diagnoses.

## Mr Westcott's Story

Mr Robert Westcott presented to Orange Hospital in November 2021 with left sided deficits in movement and coordination. A 'stroke call' was initiated and he was assessed to meet the criteria for Telestroke consultation, who then referred Mr Westcott for ECR at Royal Prince Alfred Hospital. His imaging, Telestroke consultation, acceptance by RPAH, retrieval organisation and departure from Orange Hospital all occurred within 2.75 hrs of him first presenting.

At three month follow up, Mr Westcott reported:

***"I was so impressed with the system and the process that was in place. Everyone knew what they had to do. There was no rushing or giving orders, everyone just knew. Telehealth was great. A neurologist from John Hunter, I did not expect that. The neurologist explained to my wife what was happening and what was going to happen. And what he said would happen, did happen in no time at all."***



Mr Westcott (February 2022)

## UPDATE:

# Ambulatory Care Eating Disorder Project

In the 2020-2021 Safety and Quality Account, Orange Health Service's (OHS) 'Nutrition Pathway for Clients with Eating Disorders' described the May 2020 Ambulatory Care Service trial to supplement nutrition for clients as an alternative option to admission to hospital. In August 2020 a process was established that allowed inpatients to 'step down' into this service on discharge from hospital or 'step up' into this service to avoid admission.

The project has developed further in 2021-2022 with the formalisation of guidelines and pathways established for multidisciplinary case conferences, a Nutrition Care Pathway and an Escalation Pathway for Deteriorating Patients.

On reviewing the data over two years for this service engagement, **the total number of patients admitted to Hospital in The Home (HITH) increased by 35% and admissions to hospital for treatment almost halved.** In addition to this the average length of stay decreased for admitted patients due to ability to utilise the HITH service.

20/21 Eating Disorder DRG	ALL	Admitted	HITH
Encounter Volume	27	10	17
IP ALOS (Days)	6.48	8	5.59
Total Bed Days	175	80	95
Ave Cost / Bed Day	\$2,045	\$2,622	\$1,559
Total Cost	\$357,819	\$209,738	\$48,082
19/20 Eating Disorder DRG			
Encounter Volume	25	19	6
IP ALOS (Days)	8.6	11	1
Total Bed Days	215	209	6
Ave Cost / Bed Day	\$2,043	\$2,093	\$319
Total Cost	\$439,287	\$437,372	\$1,915

**This was a significant improvement for patients to feel they are adequately supported at home and do not have to stay in hospital.** And, since numbers of total patients remained very similar across the years, a saving of \$81,000 was realised for OHS through the reduction of inpatient admissions for this group of patients.

Anecdotally the patients of the service have expressed their gratitude for the assistance they received through this project and that they avoided hospital admission.

The next and final phase of this project will be patient and staff interviews to gather quantitative and qualitative data. The patient experience will be explored as well as how staff perceptions have changed toward this patient group.

## UPDATE:

# Hyperemesis Gravidarum Project

Nausea and vomiting in pregnancy (NVP) affects approximately 69% of pregnant women worldwide, with Hyperemesis Gravidarum (HG) affecting approximately 1.1%. During 2020-2021 there were 209 admissions for HG and NVP across Western NSW LHD.

NSW State Budget committed \$17 million over three years to support women experiencing HG. To ensure Western NSW LHD utilised allocated funds to greatest advantage, service mapping was carried out to highlight areas for improvement. A HG Local Implementation Plan was developed and a Local Governance Committee established in May 2022, identifying areas that can be addressed locally while awaiting publication of the state-wide HG Guideline.

A meeting was held with Orange Health Service's Hospital in The Home (HiTH) service where a current model of care is operating, consisting of HiTH attendance for IV Fluid replacement, IV anti-nausea medication and other therapeutic medications, working well with qualitative evidence from women sharing their experiences and how valuable it was for them to be a part of this process. This model of care will now be formalised and reviewed to ensure compliance with the HG Guideline when published.

Additionally, referral pathways and other models of care will be reviewed to accommodate women as close to home as possible and to reduce presentations to Emergency Departments across the LHD.

To augment the Orange HiTH service, a trial using ComPacks commenced June 2022, a case management service supporting eligible women with HG with 'out of hospital care'.

Online education modules for clinicians are in development with HETI and will be rolled out by our Clinical Midwifery Educators and Clinical Nurse Educators.

Pregnancy Unique Quantification of Emesis (PUQE-24) is a scoring system to determine the severity of NVP or HG and can be used by clinicians to determine treatment and management.

Importantly, resources for women and families will also be enhanced and HG Awareness day was held on 15 May 2022. Women have shared their stories through social media posts by Western NSW LHD.

State-wide evaluation tools are also in development to determine what data will be collated to show HG project outcomes.

### Hyperemesis Gravidarum Awareness Day

15 May 2022



“HG is more than just morning sickness. It can't be remedied with some ginger and doesn't magically disappear when week 12 rolls around. HG took away so much joy from my pregnancies.

Meaghan Clyde

WNSWLHD Community Member

*Listen, Acknowledge, Validate*



15 May 2022

**Hyperemesis Gravidarum Awareness Day**

*Listen, Acknowledge, Validate*

# Research in our District

**In its final year of the inaugural 2018-2021 Research Strategy, the Research Office has established a robust foundation to drive rural health research and innovation.**

Strong growth in research activity and notable successes demonstrate Western NSW LHD delivers world-class rural health care through an innovative, vibrant and proactive health research culture.

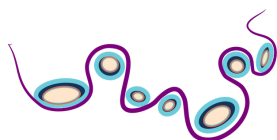
Despite numerous disruptions and delays caused by COVID-19, including postponing our third PITCHit event, being unable to hold our annual Western NSW Health Research Network's (WHRN) academic conference in person and delays with grant outcomes, notable 2021-22 successes include:

- **Research Ethics and Governance** – hosting 22 meetings of the Greater Western Human Research Ethics Committee (GWHREC) who reviewed 70 research applications and 89 site specific applications, including two commercially sponsored clinical trials
- **Research Grants and Outputs** - engaging in the development of 28 research grants worth \$21.8m (successful in 5 grants, totalling \$2.15m), demonstrating strong research output despite the pandemic. This has increased substantially from the first year of the Research Strategy in 2018 in which \$4.2m was submitted in grant applications.

**Another notable achievement was the increasing number and breadth of academic publications our staff are involved in, with 110 papers recorded with authors from Western NSW LHD, almost doubling in quantity since the beginning of the Research Strategy.**

**Well done to all staff who are ensuring their valuable research is being published in peer-reviewed literature.**

- **Clinical Trials** – a total of 17 active trials, a further 12 in the start-up/feasibility phase, procuring a revenue of \$1.43m, growing the scope, systems and expertise of conducting Clinical Trials across Western NSW to ensure greater access to world-class innovations in medical treatment in the bush. The Research Office worked with expert Clinical Trials leaders in our District and others across rural NSW to submit an EOI for the Rural, Regional and Remote Clinical Trial Support Unit funding, valued at approximately \$6m. In 2022 the EOI is being reviewed and if funded, will be critical in embedding trials into everyday practice in Western NSW, driving innovation and enhancing recruitment and retention of a highly skilled and dynamic workforce.
- **The Rural Health Research Institute** established with Research Office involvement in partnership with Charles Sturt University (CSU), building a strong rural health research sector, encouraging further research links with medical schools in the region including the Murray Darling Medical School (CSU and Western Sydney University) and the University of Sydney's School of Rural Health in Dubbo and Orange.



# From the Western NSW LHD Research Office

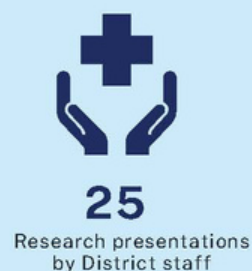
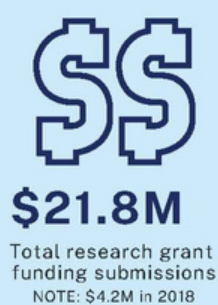
1 July 2021 - 30 June 2022

## Research Ethics and Governance



## Research grants and output

\*Approximate figures reported for \$ values



## Clinical Trials



# Western NSW LHD Researcher of the Year Awards

In 2021, Western NSW LHD had four Researcher of the Year Award winners and five rural health research presentations at the annual Western NSW Health Research Network (WHRN) Symposia, demonstrating our commitment to providing rural staff a platform to share research outcomes and network in the region. The event had to be held virtually, however was still very well attended, as many rural health related conferences (such as the National Rural Health Alliance conference) were cancelled. WHRN looks forward to returning to in person events in October 2022.



Developing capacity of research for our staff is also evident through the HETI Rural Research Capacity Building Program with three staff members successfully enrolled in the 2022 program. The Research Office is continuing to support a total of 10 ongoing projects.

**As a result of significant research successes established by our District's inaugural Research Strategy, the Research Office looks forward to making meaningful gains in the next 12 months guided by the 2022-2025 Research Strategy.**

## ***Supporting our Workforce:***

### **Collaboration with the State Health Emergency Operations Centre (SHEOC)**

**SHEOC was established by the NSW Ministry of Health (MOH) to manage the state-wide response to the COVID-19 pandemic, including providing support and assistance to LHDs.**

Western NSW LHD has worked closely with SHEOC as COVID-19 placed extraordinary demands on our staffing and ability to address COVID-19 responsibilities while maintaining necessary service delivery to our communities.

Our District was supported by SHEOC in the secondment of Registered Nurses (RNs) to carry out COVID-19 swabbing within our ten major swabbing stations, COVID-19 vaccinations and staffing our Special Hotel Accommodation sites.

SHEOC Authorised Nurse Immunisers were supported by three SHEOC Administration staff. Staff support also included RNs from across NSW Health seconded from private entities or our own staff re-directed to this priority along with 70 Australia Defence Force Personnel, Royal Flying Doctors Service and Rural Fire Service personnel. Over 100 Nurses were provided through SHEOC from June 2021 to June 2022, enhancing our ability to respond to COVID-19 across the vast distances within our District.

A significant and positive outcome has been ongoing SHEOC support to develop a memorandum of understanding with Sydney Local Health District (SLHD) to support crisis management of nursing shortages in our Multi-Purpose Services. Once a critical need for RNs is identified, SLHD circulates an expression of interest for RNs wishing to experience rural and remote nursing via a secondment, temporarily assisting our RN shortfall. This has on many occasions seen these RNs bring with them skills and knowledge as a learning and sharing opportunity for all.

SHEOC has been rolled back as at 30 June 2022. It is understood the partnership will continue, however the exactness of how SHEOC will operate is unknown at this stage. Western NSW LHD will be looking to enhance opportunities with other LHDs to facilitate additional partnerships to progress short term nursing secondments when a need is identified. This not only supports our smaller sites, but also give metropolitan RNs an experience of the lifestyle, challenges and support available within rural communities.

**157,968**

Vaccinations provided from March 2021

**6563**

Vaccinations administered by SHEOC Nurses



## ***Supporting our Workforce:***

### **Aboriginal Nursing Cadetships**

**Western NSW LHD is proud and excited to continue participating in the state-wide Aboriginal Nursing and Midwifery Cadetship Program.**

This state-wide program is coordinated by the NSW Health Nursing & Midwifery Office with the Western NSW LHD Manager of Nursing Workforce.

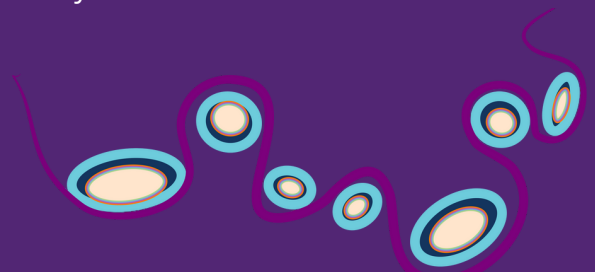
The Aboriginal Nursing and Midwifery cadetship program involves Aboriginal students undertaking full-time study in an undergraduate nursing/midwifery Degree whilst being employed in a NSW Public Health facility.

The program aims to support cadets as an integral member of the NSW Health workforce. Cadet participation provides career development opportunities for Aboriginal and Torres Strait peoples with the value adding principle of enhancing health outcomes for Aboriginal people through the delivery of culturally safe care

Western NSW LHD is proud to announce two cadets successfully graduated and gained full time employed in Dubbo under the GradStart program (new graduate RN transition to practice program) in 2022. Currently we have six Aboriginal Cadet Nursing students undertaking this program based at Bathurst, Dubbo and Mudgee. Two of the cadets are in their second year of training and four cadets, based in Bathurst and Dubbo Health Services, were recruited to join the program in 2022, allowing Western NSW LHD to ensure optimal support and placement learnings are available to each cadet.

The cadets can elect which facility to undertake their work placements in during the cadetship program. This allows each cadet to be near to their families and/or support networks. Work placement is a valuable opportunity to consolidate the cadet's nursing or midwifery theoretical knowledge and clinical skills whilst working within the scope of a student Registered Nurse or student Registered Midwife. As the cadets progress through the Bachelor of Nursing or Bachelor of Midwifery degree, their scope of practice develops to reflect their progression of skills and competencies

Over the past four years, 100% of our cadets were permanently employed upon completion of the Aboriginal cadetship program. This has increased the representation of Aboriginal and Torres Strait Islander people working in registered nursing and midwifery across the NSW Public Health sector. It has also given another avenue for Aboriginal and Torres Strait Islander people to access career development opportunities in rural NSW while they remain close to their culture and on country.



## Abbie Gollan



### Why did you choose your work placement in our facilities?

As I am from the Central West, it was important to me to give back to my family and community. The majority of my university workplace learning was in rural and remote sites, and while beneficial to me in developing a holistic and diverse range of nursing skills, I felt working in a Base Hospital would equip me with a new set of skills. I completed part of my cadetship in Bathurst Hospital in Paediatrics, gaining greater appreciation for working with children and their families. The second half of my cadetship was in Dubbo Hospital's Surgical Inpatient Unit being involved in MET calls, developing skills such as preparing IV antibiotics and caring for patients with complex needs such as Nasogastric tubes, stomas and catheters. I am so thankful for the additional experience as I felt more equipped and prepared when I transitioned into my new graduate year.

### What made you apply?

I first applied for the NSW Health Aboriginal Nursing Cadetship in 2019. I saw the program advertised on Facebook, and seeing all the additional benefits I applied but was initially unsuccessful. In my final year of Bachelor in Nursing in 2021, I re-applied. The additional 12 weeks paid employment would allow me to develop more skills that would benefit me as a Registered Nurse. I was able to practice within my scope as a Nursing Student and work supernumerary alongside experienced Nurses, with the support of Clinical Nurse Educators and Nursing Unit Managers. The added benefit of receiving a fortnightly allowance allowed me to be less stressed and focus solely on my placement and university study. Lastly, this program gave me an advantage when applying for a NSW Health New Graduate Nursing Program as I had already worked for Western NSW Health.

### How has the cadetship assisted you?

Since finishing school my goal was to become a Registered Nurse, though I was doubtful I would be able to make it through university as no one in my family had been to uni and my HSC was not what I hoped for. Without the cadetship I do not know if I would be where I am today, working in my dream job, helping those in a vulnerable time of their lives and giving back to the community that gave so much for me.

The support I received opened my eyes and made me see I am more than what I gave myself credit for. I intend to further my education by undertaking a Graduate Diploma in Rural and Remote Nursing and hopefully go on to do my masters, hopefully inspiring other kids like the younger version of myself.



## ***Future Priority:***

# **Virtual Falls Monitoring for Residents in Western NSW LHD Multi-Purpose Services (MPS)**

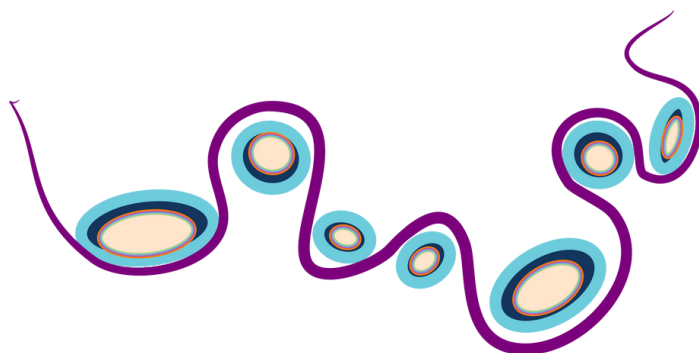
Towards the end of 2021, a rise in residents falling within Western NSW LHD MPSs was noted, with a number of episodes in which residents had fallen and suffered harm or had not been monitored as per the Clinical Excellence Commission's Post Falls Guide, and clinical deterioration had occurred (often with subtle signs of deterioration) with a delay in recognition and/or escalation.

On 19 April 2022, a trial commenced in six MPS sites (Tottenham, Tullamore, Trundle, Peak Hill, Lightning Ridge and Grenfell) utilising vCARE (Virtual, Co Ordination, Access, Referral, and Escalation), the Virtual Rural Generalist Service (VRGS) and the Virtual Clinical Pharmacy Service (VCPS) so that residents who have a fall within one of our MPS experience post falls monitoring and care escalation in line with the CEC Post Falls Guideline.

vCARE is available 24/7 to provide clinical support via phone or by virtual support using fixed or mobile cameras within each facility. A RAC resident who has a fall is moved electronically (not physically) to an 'Alpha bed' on the vCARE Patient Flow Portal, so their vital signs observations are then visible to vCARE electronically, otherwise RAC resident's observations are not seen by vCARE as they are not acute inpatients. The nurse at the MPS calls vCARE and states 'Mrs X, had a fall at 2.30, has been moved to Alpha bed X'.

vCARE then know this is an acute fall and are able to monitor the resident's observations as per the CEC Post Fall guide for 24 hrs, looking for subtle signs of deterioration, for example, a nonverbal patient may be documented as vomiting or moaning -this raises a flag and the vCARE team intervene. They will also call the site if observations are not taken as per the guideline or if they pick up anything subtle/not so subtle. As part of the CEC Post Falls Guide, the resident is also reviewed virtually by a Medical Officer and has a Pharmacist review within 24 hrs.

Since implementation, 24 residents/patients have fallen and been monitored with no instances of missed deterioration and 100% compliance with post falls management as per the CEC Post Falls Guide. There have been no transfers from undetected deterioration after a fall from any sites receiving remote monitoring support. This project is being expanded to all MPS sites in Western NSW LHD.



## ***Future Priority:***

# **Safe Haven for Mental Health Clients**

## **Alternatives to ED for Mental Health Clients**

Parkes Safe Haven opened in December 2021 and has proven to be a resounding success and vital service for the community members of Parkes and outlying regions. Its sister service in Dubbo opened in March 2022 and is gaining momentum in providing a non-clinical service that provides a safe, non-intrusive environment for people who are experiencing mental health distress, in particular those who are feeling suicidal.

The Safe Haven project, led by the District Coordinator for Towards Zero Suicides Initiative, was brought to life in response to an overwhelming need for a community service that allowed people to discreetly discuss their distress with an experienced Peer Worker without the need to attend the Emergency Department (ED) unless necessary for them to do so.

This 'in between' space supports discussion when clinical escalation of suicidal distress can be diminished from non-clinical discussion and support that Peer Workers provide. Data reports the ED is often a busy, noisy and cold environment where people feel alone with their thoughts in a room amongst physically unwell people. The feedback from one ED doctor revealed "no one likes to go to the ED for any reason" and "People particularly do not like the Mental Health room in ED, they feel isolated".

Visitors to the Safe Haven are encouraged to draw on their own strengths and take ownership of their mental health recovery journey. With the assistance of the Peer Worker the visitor can undertake Safety Planning in conjunction with their identified supports or carers, increasing the success of their recovery journey

Safe Havens welcome visitors of any age into a warm environment that evokes comfort in a location away from the hospital. There is a sensory room available for quiet, peaceful mindfulness based autonomous self-therapy and other items such as weighted blankets, books, activities, massage chair, sensory items and controlled lighting to suit what visitors identify as helpful for them. Some visitors may choose to sit and watch TV or make themselves a cuppa and be by themselves with thoughts, knowing that a Peer Worker with lived experience of mental health is on hand should they need to talk through their distress.

Parkes Safe Haven also facilitates social inclusion events such as the "Pride Party" held in June 2022 to celebrate LGBTQI+ visitors and the NAIDOC art workshop group held during NAIDOC week with a special invitation extended to First Nations visitors. These events not only promote the Safe Haven for minimising mental health distress but also send a message to the community that all visitors are valued and heard.

Parkes Safe Haven had 270 visitors over six months, one third reporting they had avoided presenting to ED by accessing the Safe Haven. 42% reported they would not have accessed other services and Community Mental Health, Drug & Alcohol services had it not been for the Safe Haven. 44% of these visitors identified as LGBTQI+ and feel safe, welcomed with open arms in a non-judgemental space. This in itself, is a successful suicide prevention strategy.

## *Future Priority:*

### **Rural Kids Care Coordination Service**

Western NSW LHD is currently working in partnership with Sydney Children's Hospital Network to provide local care coordination for children with complex medical conditions.

To streamline health care services provided to children with complex medical conditions, the Rural Kids Care Coordination Service works alongside rural General Practitioners (GPs) to coordinate care within local facilities and into tertiary facilities. The program works with service providers to develop management plans and links into facilities to ensure services are wrapped around the child and family in a coordinated response.

Children aged 0-18 years are eligible for care coordination if they meet one of the following criteria:

- have a diagnosis expected to last at least 12 months
- presented to ED two or more times in the past six months
- been admitted to hospital for seven days or more in the last six months
- have five or more outpatient assessments in the last six months

## *Future Priority:*

### **School Wellbeing Nurse Coordinators**

Western NSW LHD is currently working in partnership with the NSW Department of Education to implement the Wellbeing Nurse Coordinator program within selected schools. Wellbeing Nurses are employed by NSW Health and co-located in schools. The Wellbeing Nurse works closely with the school's wellbeing and learning and support teams. They also work closely with local health and social services to support students and their families on a wide range of health and wellbeing issues. Issues may include mental health, social and behavioural support, physical health, and peer or family relationships.

The role of the Wellbeing Nurse is to:

- identify and address health and social needs of students and families
- coordinate appropriate early intervention, assessments and referral of students and families
- contribute to care coordination and case management of students and families
- build trusting relationships with students and families to identify and assess their health and social needs and address barriers to accessing services
- support access to health promotion to improve health literacy and engagement of students and families
- develop networks with health providers to build strong relationships and effective referral pathways

Through assistance with navigating the health care system, the Wellbeing Nurse is able to enhance the overall health and wellbeing of children within school and enable classroom teachers to provide more educational support to children by assisting with their health care needs.

NSW Health have rolled out 150 Wellbeing Nurse Coordinators across the state, with Western NSW LHD employing 12 nurses whom are supporting 43 schools.



## ***Future Priority:***

# **Implementation of the Applied Safety & Quality Program**

All staff in 2022 were given the opportunity to apply to be part of our first cohort of the new 12 month Applied Safety & Quality Program being rolled out as part of the NSW Health Safety & Quality Essentials Pathway. Above is a photo of our first cohort for this program's first face to face workshop in Dubbo in July 2022.

The aim of the Applied Safety & Quality Program is to build capability and capacity across Western NSW LHD to build psychologically safe teams, where all are involved in providing high quality and safe care. Each participant is also completing a quality improvement project within this program which will be showcased within our district's 2023 Quality Health Awards Symposium.

**From Ian Richards (Principal Lead, Safety System Capability, Clinical Excellence Commission)  
12 August 2022**

***"I want to take a moment to acknowledge, congratulate and thank your team for their commitment to the Applied Safety & Quality Program in Western NSW LHD. The feedback that I can see from the participant surveys is remarkable. There are comments that reference:***

- the skill and capability of the facilitation***
- the space and time for questions to be asked and discussed***
- small and large group work opportunities***
- the fact that data was changed from being dry and boring.... to something engaging"***

## ***Future Priority:***

# **Improving Workplace Culture to**

## **Drive Safe and Quality Care**

We understand the challenges COVID-19 has brought to our talented, dedicated and highly skilled workforce. Engaging with our staff to create a workplace culture where they feel valued and empowered is the foundation upon which consistent, safe and high quality health care is achieved.

After two and a half years of pressure and fatigue during the Pandemic, we are working to turn around some of the challenges our staff are currently experiencing.

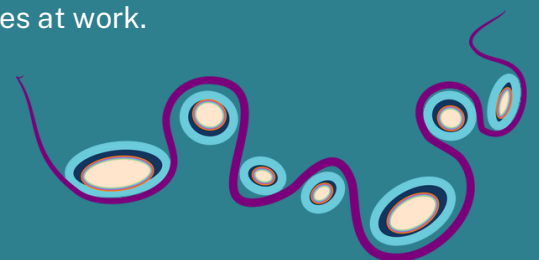
Western NSW LHD have engaged an external consultancy, Q5, to actively collaborate, interview and co-design a Staff Experience Strategy.

Q5 consulted with frontline clinicians and support staff across 12 sites as a sample. They also reviewed the People Matters Employee Survey data.

Within 45 minute interviews, the team asked questions about what makes a good day at work, what gets in the way, drivers and root causes of issues facing staff, availability of resources to deal with stressors of the job, perception of support across the employee lifecycle and ideas / opportunities to improve employee experience.

### **Early findings:**

- Staff are highly passionate and have strong sense of purpose
- Staff remain committed to help people and effect change
- There is a sense amongst some staff that workload pressures, in part due to COVID-19 and associated staffing shortages, are leading to staff experiencing 'burn out'
- There is a feeling that, left unresolved, this can result in disengagement and negative behaviours, and can also lead to staff turnover
- Many bright spots support staff and create positive experiences at work.



**Thank you**

**for taking the time to read this 2021-22 Safety & Quality Account.**

**We are proud to share with you the achievements made in the last year and the work we continue to progress to provide World Class Rural Health Care.**

**We value your feedback on this Safety & Quality Account and please let us know what information you would like included in the future.**

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