



Southern NSW  
Local Health District

# Safety and Quality Account

2022 - 2023 Report  
2023 - 2024 Future Directions







Alison Simpson and Wayne Williams, Partnerships and Collaboration

## Acknowledgement of Country

In the true spirit of Reconciliation and through embracing the values of collaboration, openness, respect and empowerment, Southern NSW Local Health District acknowledges and pays respect to the traditional custodians of the lands covered by our District; the Gundungurra, Ngambri, Ngarigo, Ngunnawal and Yuin people.

We share and celebrate the rich history of the Aboriginal cultures and recognise the diverse and proud Aboriginal nations across our District.

Southern NSW Local Health District acknowledges Aboriginal and Torres Strait Islander Elders, community members and staff for their ongoing contribution to society and their commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

# Contents

Message from the Chief Executive	4
Our Commitment to Safety and Quality	6
Section 1 About Southern	8
Section 2 Our Promise	14
Section 3 Personalised Care: Elevating the Human Experience	20
Section 4 Effective Care: Innovations and Improvements	30
Section 5 Accessible Care: Innovations and Improvements	38
Section 6 Safe Care: Innovations and Improvements	44
Section 7 Future Directions for 2023–24	48
Appendix A Attestation Statement	52
Appendix B SNSWLHD 2023 Excellence Awards	56
Appendix C Abbreviations and Glossary	58





# Message from the Chief Executive



The Safety and Quality Account showcases the performance and achievements of the Southern NSW Local Health District (Southern) in 2022–23. It offers a transparent and insightful reflection, demonstrating and outlining our progress and priorities against our goal of becoming a recognised leader in rural healthcare. Together with Strategy 2026, it forms our road map for delivering safe, equitable and high-quality health care to meet the needs of those we serve.

Southern underwent successful National Standards accreditation in November 2022, which ensures safety and quality is guided by outcomes and recommendations from the National Safety and Quality Health Service (NSQHS) Standards.

Achieving excellence in care is a collaborative effort between our staff, neighbouring health services, community providers, external agencies, volunteers, and consumers.

Our commitment to Elevating the Human Experience underpins everything we do. In the past year we have introduced new safety and quality initiatives and programs that focus on partnering with patients, families, and carers in healthcare decision-making to create positive, accessible, and personalised care experiences.

Enhancing the experience of all who work in Southern is also a high priority. Care and Kindness Week, Pride in Southern, Southern Stars staff recognition program and our Come to Southern campaign are just a few examples of new initiatives designed to enhance staff culture, wellbeing, and job satisfaction.

We celebrate our achievements and recognise staff at the District’s annual Excellence Awards.

Our Elevate principles are firmly embedded in all aspects of the District’s operations. A priority is building accountability, leadership development and communication at all levels to lift both our people and our performance.

Our Board Members remain an integral part of the overall management of our District. They are highly regarded in their respective fields and take an active role within our communities to support excellence in health care delivery.

The Safety and Quality Account highlights the improvements made to our services in the past 12 months and demonstrates the exceptional care being delivered to our communities.

On behalf of all at Southern NSW Local Health District, I hope you enjoy reading more about our work.

Margaret Bennett  
Chief Executive  
Southern NSW Local Health District



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# Statement on Safety and Quality

Southern NSW Local Health District Board and Executive team are committed to providing excellence in care. Our promise to our communities is delivery of care that is personalised, effective, accessible, and safe.

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

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

Through openness, Southern will strive to be a learning organisation. Through actively encouraging and seeking feedback from our staff and community, we seek to better understand concerns and

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

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

Southern strives to empower our patients to make well informed decisions about their individual care and treatment, and to empower our communities to participate in planning and decision making about health services.

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

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



*Margaret Bennett*

Margaret Bennett  
Chief Executive



*Elizabeth Hoskins*

Elizabeth Hoskins  
Board Chair

Our Commitment to Safety and Quality



# About Southern

Southern NSW Local Health District (Southern) is responsible for delivering public healthcare for people living in the Bega Valley, Eurobodalla, Goulburn Mulwaree, Queanbeyan-Palerang Regional, Snowy Monaro Regional, Upper Lachlan Shire, and Yass Valley Local Government Areas (LGAs), incorporating the traditional lands of the Gundungurra, Ngunnawal, Ngambri, Ngarigo and Yuin Nations.

Southern covers a large area of the state, from Goulburn and Crookwell to the Victorian border, and surrounds the ACT on three sides, a total of 44,537sq kms. It extends from the pristine beaches of the NSW South Coast, the farmlands of the Southern Tablelands, across the picturesque Great Dividing Range and the spectacular Snowy Mountains.

**44,537** km  
SQUARE KMS

**7** LOCAL GOVERNMENTS AREAS

## Our Facilities and Services

As a major local employer, our staff of over 3000 are part of our local communities.

Our healthcare facilities are divided into two geographic networks (Inland and Coastal), across 15 sites. This enables those in each region to get the right care, at the right time, in the right place.

Southern's hospitals and community health centres provide a range of services including:

- emergency care
- intensive care
- coronary care
- maternity
- acute medical and surgical services
- sub-acute
- primary and community services
- mental health services.

Our multipurpose services (MPS) combine a range of community health, aged care, and emergency services. Each MPS is tailored to meet the community's unique clinical needs.

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

Southern partners with ACT Health and major Sydney hospitals for those who require tertiary and specialist care.

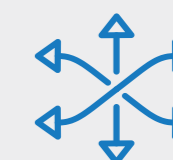
**12** PUBLIC INPATIENT FACILITIES



**9** HOSPITALS



**3** MULTIPURPOSE SERVICES



# Section 1 About Southern





## Our Community

Southern’s current estimated resident population is 219,264 with 4.12 per cent identifying as Aboriginal. More than 5 million tourists visit the region each year, attracted by snowfields and idyllic coastal areas.

Visitors account for between 10–13 per cent of all our emergency department presentations annually.

The average age of our residents is 45.7 years which is significantly older than the NSW average of 38 years. Coastal areas have a high proportion of elderly people while the peri-urban fringe around the ACT is growing with families of young children.

New population patterns are emerging, marked by a greater number of seniors than of children and youth and a steady increase in the ratio of older people to those of working ages.

The forecast impact on the health workforce and demand for healthcare services will be significant as people aged over 75 years use five times as many health services as those in younger age brackets.

Our Aboriginal and Torres Strait Islander population is younger and growing more quickly than any other demographic in our District, with 42 per cent of our 9,146-strong Aboriginal community living on the South Coast.

Approximately 20 per cent of Southern’s population was born in a non-English speaking country, with the highest proportion of this group living in Queanbeyan.

Our local population is predicted to increase significantly, reaching 242,879 by 2033. The proportion of people aged 70 and older is projected to increase from 16 to 20 per cent in the same period.







## Our Health

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

The majority of Local Government Areas in Southern are categorised as socially disadvantaged, with the exception of the Yass Valley and Queanbeyan-Palerang Councils.

A total of 35.6 per cent of adults in our District are overweight or obese, with approximately 9 per cent having diabetes.

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

With a life expectancy of 83.6 years, the ageing population is at risk of dementia. Currently 4,283 people over the age of 65 in Southern have dementia; this is equivalent to 1 in 10 people.

While the rate of pregnant smokers in Southern is concerning, at 13.6 per cent, the overall rate of smoking has decreased slightly to 12.2 per cent from previous data.

Preventable hospitalisation rates are 2.5 times higher for Aboriginal people compared to non-Aboriginal people.

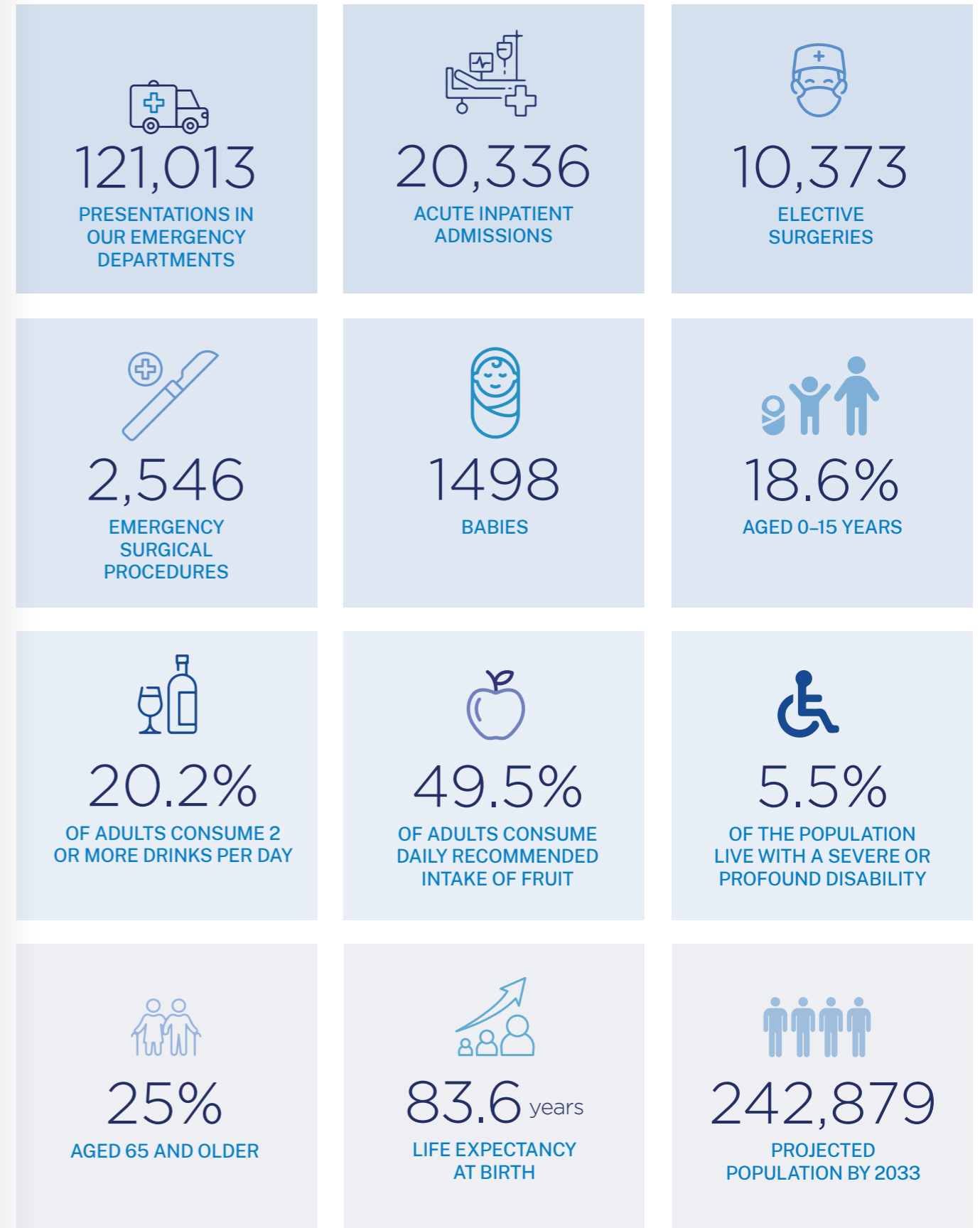
Rates of hospitalisation for mental health, illness, distress, and self-harm are higher in Southern compared to the rest of the State.

The immunisation levels of our youngest residents sit at 96.5 per cent of children aged 5 being fully vaccinated.



**A total of 35.6 per cent of adults in our District are overweight or obese, with approximately 9 per cent having diabetes.”**

## Southern Snapshot FY 2022 - 2023











Section 2  
Our Promise

# Our Promise

The Southern NSW Local Health District Strategy 2026 outlines the four strategic priorities. These centre around quality and safety of care, to deliver a sustainable health service that meets the needs of our patients, communities, and staff. Strong collaborations and partnerships with our consumers, neighbouring health services, community providers and government are integral to ensuring we achieve the best results.

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

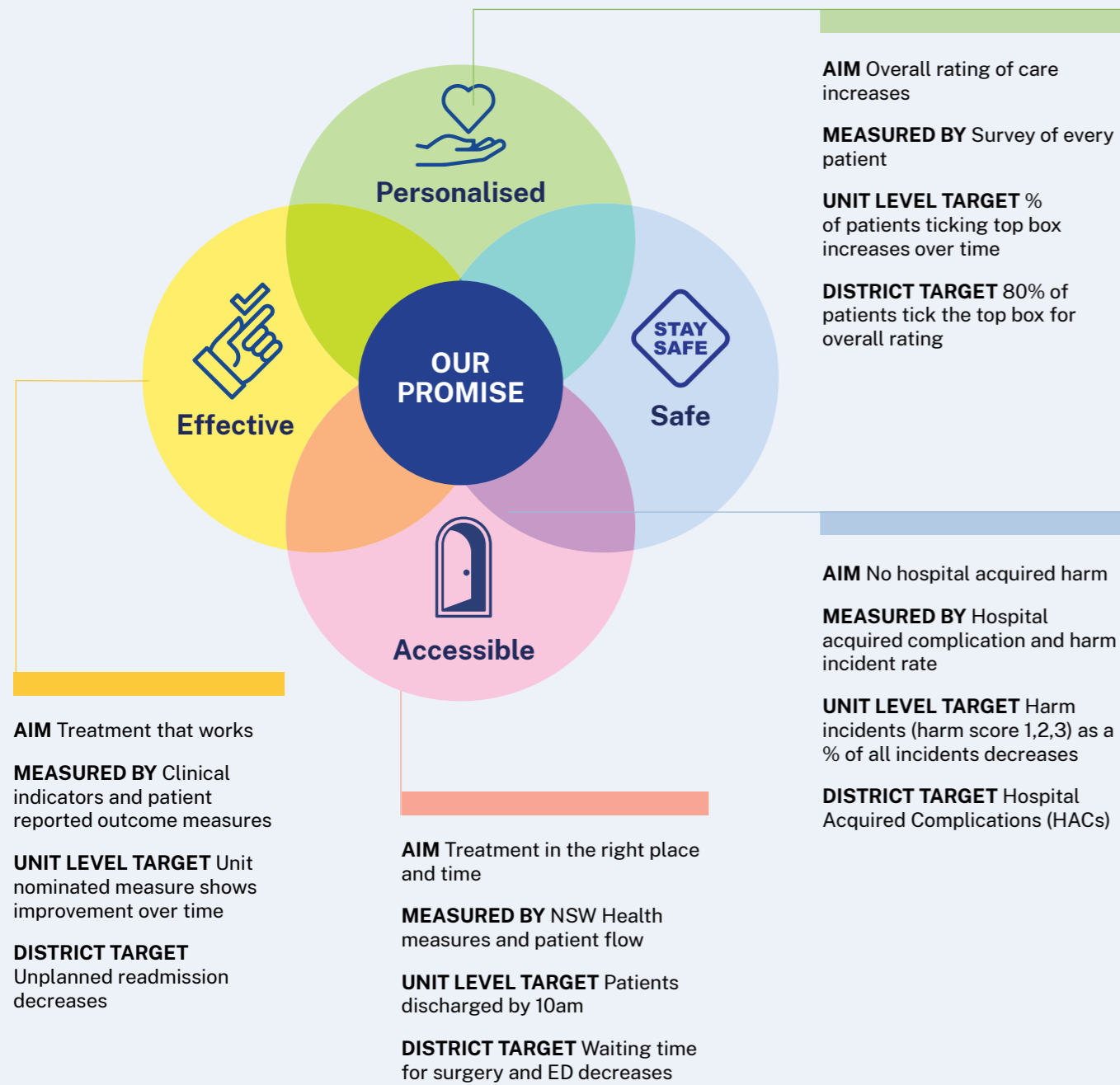
Our promise for excellence in care is to provide personalised, effective, accessible, and safe care. To do this we seek to incorporate our CORE values of Collaboration, Openness, Respect and Empowerment in our interactions with our patients, consumers, and each other. Staff members at every level of the organisation are aware of their role and are committed to meeting this promise.

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



## Core Quality Measures

In line with the promise of personalised, effective, accessible, and safe care, Southern is committed to ensuring clinical safety, quality, and continuous improvement. Our Clinical Governance Framework outlines a targeted approach, to ensure patients and consumers receive the best possible outcomes when they engage in care. This is regularly monitored across the District through multiple measures (such as key performance indicators) from which core measures are selected.



## Quality Structures and Processes

Southern prioritises safety and quality in line with Standard 1: Clinical Governance, from the National Safety and Quality Health Service (NSQHS) Standards.

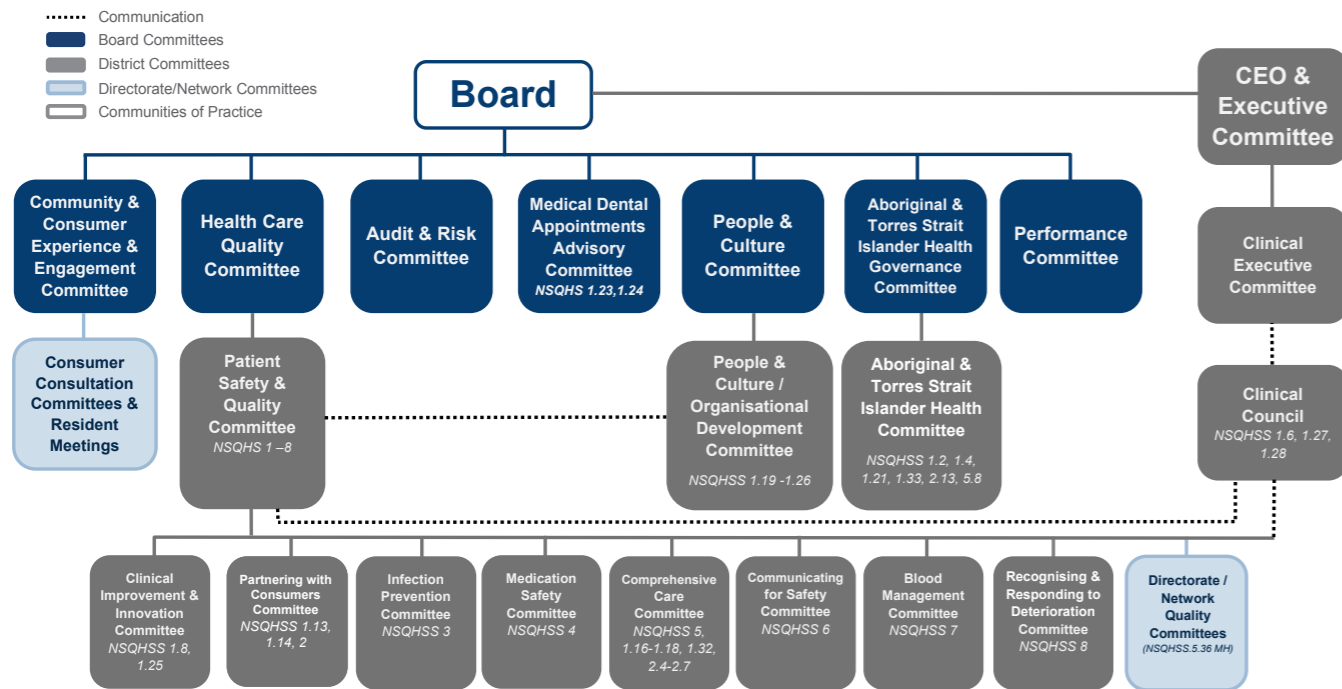
- Our performance agreement with NSW Health covers key safety and quality requirements and measures including reducing the incidence of hospital-acquired complications (HACs), emergency and surgical waiting times, and improving patient experience scores.
- Investigation of incidents and complaints and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





# Overseeing Quality

## Southern NSW Local Health District Quality Committee Structure



The Southern NSW Local Health District Board, alongside the District Executive, ensures appropriate safety and quality mechanisms and controls are in place to monitor the performance and improvement of quality of care, patient safety and services. The committees overseeing quality are the Sub-Board Health Care Quality Committee (HCQC) and District Patient Safety and Quality Committee (PSQC).

As the peak operational forum for safety and quality, the function of PSQC is oversight of clinical governance, safety, and quality systems to maintain and improve the reliability, safety and quality of health care and improve health outcomes. PSQC is supported by several District Committees which are aligned to the NSQHS Standards.

The HCQC monitors and reports directly to the Board on the quality and safety of health care provided by the

District and ensures continuous improvement in the quality of health care and service provision.

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

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

Our annual Clinical Governance Attestation Statement (Appendix A) is submitted each year to confirm the organisation's compliance with the NSQHS Standards. This specifically ensures the Board is aware of its accountability

for safety and quality in compliance with the NSQHS Standards.

In 2023, 257 individuals and teams were nominated for the Southern NSW Local Health District Excellence Awards. The Excellence Awards recognise and celebrate the commitment, dedication, and innovation of staff to achieve excellence in all aspects of health service delivery. The nominations highlighted the creative thinking of staff to improve our services.

The winners of the Excellence Awards were announced on 21 July 2023 in front of more than 300 staff members at the Yin Theatre, Batemans Bay. The winners demonstrated the CORE values and focused on provision of personalised, effective, accessible, and safe care. Winning programs and projects are highlighted through this Quality Account with a summary located at Appendix B.

# National Standards and Accreditation

In collaboration with the Australian Government, clinical experts, patients, and carers, the Australian Commission on Safety and Quality in Health Care developed the eight National Safety and Quality Health Service (NSQHS) Standards.

The eight NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services. The primary aim of the NSQHS Standards is to protect and improve the quality of service provision for consumers.

Assessment against the standards is known as accreditation and occurs every three years at a minimum.

Assessors utilise the PICMoRS methodology as a framework for assessing implementation of the NSQHS Standards when undertaking a review on health services. This framework assists assessors to review an organisation's safety and quality systems, as it helps to identify gaps and improvements.

PICMoRS methodology is as follows:

- Process
- Improvement
- Consumer participation
- Monitoring
- Reporting
- Systems.

Southern underwent National Accreditation by sixteen assessors over a five-day period in November 2022.

The assessors noted that staff were resilient and committed to the provision of safe, quality patient care, with good evidence of consumer partnerships at all levels. The assessors made a small number of recommendations to continue to strengthen safety and quality in the District. These are being implemented.

From July 2023, short notice assessments have replaced the existing announced assessments. Southern actively maintains systems and processes to ensure ongoing accreditation compliance.





# Section 3

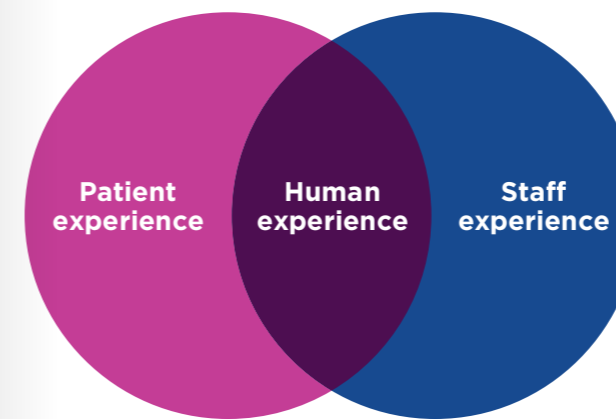
## Personalised Care: Elevating the Human Experience



# Personalised Care: Elevating the Human Experience

Elevating the Human Experience outlines the importance of partnership with patients, carers, and staff, to consistently create positive, personalised experiences and deliver high quality care. The philosophy is based around us as human beings, caring for other human beings. Integral to this is the recognition that caregiving is best achieved through kindness and compassion. Southern's Elevating the Human Experience Implementation Plan was endorsed in June 2022 and sets out an ambitious program of work in partnership with our consumers.

What is the human experience?



## Human Experience Week 2023

The theme for Human Experience Week 2023 (1-7 May) was "All of Us - The Power of Community" with sub themes of Love, Belonging and Healing. This was a time for us to focus on the human experience at Southern, providing a forum to discuss and find ways to improve patient, family, and carer experiences. It was also an opportunity to recognise all our wonderful Southern staff.

Southern was successful in an application for a Ministry of Health grant, which was used to launch the Human Experience Action and Learning (HEAL) Forum.

The lunchtime sessions were held at Queanbeyan, Goulburn, Moruya, South East Regional Hospital and Cooma Hospitals. The sessions provided an overview of Elevating the Human Experience and key elements of the District Implementation Plan.

The results from the *Your Experience Matters* survey were shared with each of the sites. The positive feedback in the surveys provided a boost to staff morale. Many staff received positive comments, which were shared. Staff and consumers attended the lunchtime events, which provided an opportunity for discussion and questions.

**190 Staff**  
ATTENDED LUNCHTIME EVENTS



## Your Experience Matters

Southern aims to provide the best health care possible for every patient, every time, and welcomes patient feedback to better understand what is working well and how we can improve our services. The Your Experience Matters survey gives us 'real time' feedback on the treatment and care patients receive in our hospitals, clinics, and community services. The questions are worded to gain the patient perspective about events that occur during their time with us.

The secure survey can be completed anonymously if preferred. It is hosted on the Quality Audit Reporting System (QARS), an electronic tool developed by the Clinical Excellence Commission to help to improve the quality and safety of health care provided by Local Health Districts.

The key questions used in the survey are adopted from the validated Australian Hospitals Patient Experience Question Set (AHPEQS).

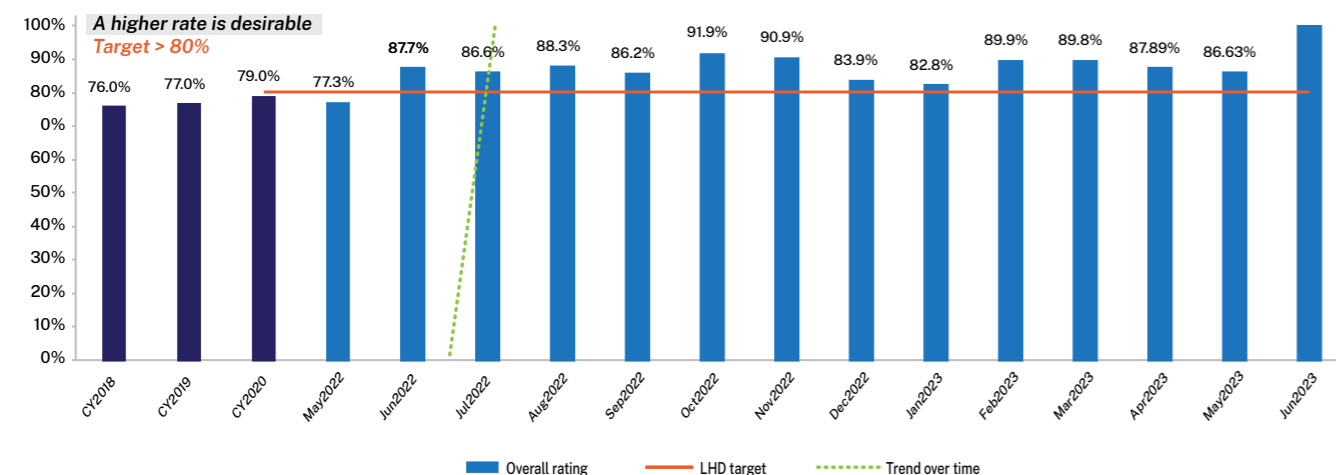
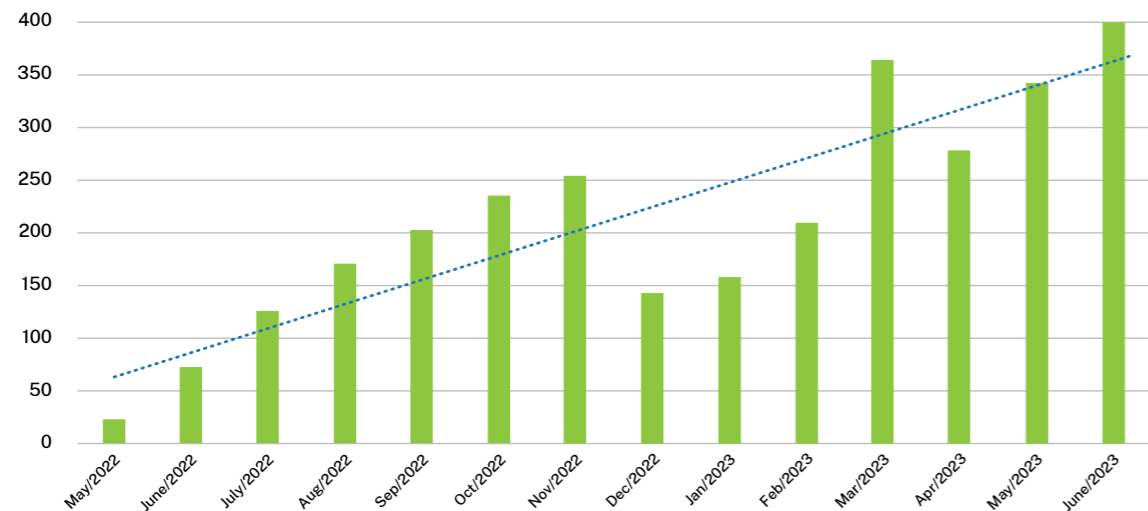
Response rates have increased throughout 2022 and 2023 as indicated in the chart below.

Performance measures are based on the percentage of patients ticking 'very good' on the survey question "overall how would you rate the care you received while in hospital". The current District-wide score of 88 per cent is higher than the 80 per cent target.

The graph below shows the District-wide response percentage scores.

Patients access the survey by scanning the QR code on the Your Experience Matters postcards and posters displayed in wards, waiting rooms and outreach services across the District. In addition, there is a paper version of the survey for patients who are either unfamiliar with QR codes or do not have a compatible mobile phone.

Survey Responses



Section 3

Almost 3,000 *Your Experience Matters* surveys have been completed to date. Surveys were predominantly completed using QR codes although approximately 25 per cent of patients completed paper versions of the survey.

Plans are now being developed to be make the survey available to patients by text-link. It is hoped this will lead to an increase in the number of surveys completed and provide a more representative District-wide sample.

Since December 2022, wards and services have been able to access their results through the Financial Accounting Costing Tool (FACT) portal.

Survey results are uploaded on a weekly basis to the portal and staff can access them, review results in real time, and respond appropriately to comments received from our consumers.

Actions have been taken in response to feedback to improve communication and information resources and to improve environmental conditions on the wards and service areas.





## Patient Reported Measures

Patient Reported Measures (PRMs) capture outcomes and experiences that matter to patients through Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). The state-wide PRMs program gives patients the opportunity to provide direct, timely feedback about their health-related experiences and outcomes. This feedback is collected using the Health Outcomes and Patient Experience (HOPE) IT platform and drives improvements in care across Southern.

Patient Reported Measures are captured to give clinicians an insight into the needs and expectations of patients at the point of care. This information allows the patient to have a conversation with the clinician about what is important to them and to set goals in line with what matters to the patient. The broader feedback received informs Southern about where it is performing well and where there

are opportunities for improvement. This enhances service delivery to ensure patients have the best possible experiences and outcomes from their healthcare.

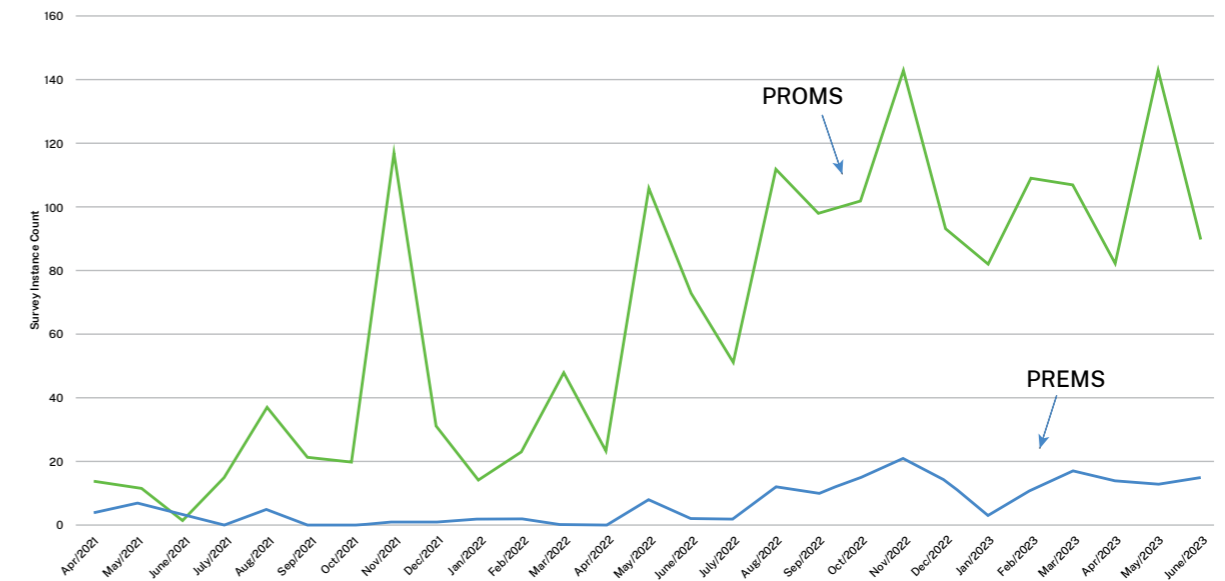
Southern's Patient Reported Measures Program continues to grow with the expansion of new cohorts and clinical streams, supporting the continued enhancement of healthcare delivery. 2022-2023 saw a healthy growth in the collection of Patient Reported Measures. This growth will continue in 2023-2024 as we implement planned increases to stakeholder engagement and implementation.

Ongoing executive support and further enhancements to the HOPE platform show the Southern's commitment to the program and more broadly across the state.

There has been an increase in the number of services utilising the HOPE platform, with 21 live services. These are shown on the accompanying infographic.

The below graph shows a general increase in the number of PROMS and PREMS collected in the District. Whilst PREMS numbers are low in comparison to the PROMS collected, this is consistent with numbers captured in

other Local Health Districts. The Agency for Clinical Innovation are exploring the potential introduction of an identified PREM with the aim of adding more value to quality patient / clinician point-of-care interactions.



Bega Valley Osteoarthritis Chronic Care Program, Eurobodalla Cardiac Rehabilitation Services and the Eurobodalla Pulmonary Rehabilitation Program have been consistent achievers in collecting Patient Reported Outcome Measures with their patients.



6

LIVE LOCATIONS

- Bega Valley Community Health Service
- Eurobodalla Community Health Service
- Goulburn Base Hospital
- Goulburn Community Health Service
- Queanbeyan Health Service
- Southern NSW Local Health District Rural and Community Services



21

LIVE SERVICES

- Aunty Jeans
- Cardiac Rehabilitation
- Respiratory Services
- Pulmonary Rehabilitation
- Osteoporosis Refracture Prevention
- Osteoporosis Refracture Prevention Program
- Wound Management Services
- Diabetes



1217

PROMS COLLECTED

- Collected on the HOPE platform from July 2022 to date

148

PREMS COLLECTED

- Collected at the completion or discharge of a service
- Anonymous and deidentified data





## Community and Consumer Engagement

Southern's commitment to building collaborative partnerships has been reflected in community and consumer engagements, and community partnerships. The District continues to involve volunteers in the local sites and key frontline services.

Volunteers are the heart of our organisation. We recognise and value the role our volunteers play in supporting our health services, and improving the experience for patients, clients, and families. Volunteers work in our hospitals and in the community.

- Ten Community Consultation Committees (CCC) bring the community voice to the table to continually improve service delivery. They are involved in strategic planning, health service and clinical service design and assist by communicating health messages to communities. They assist us in improving health literacy within their communities, making care options more accessible for all, and advocating for patients, families, and carers. Our CCC members also engage one-on-one with the community, connecting with community members through existing networks, involvement in local events and seeking insights through feedback received.
- Patient stories and consumer feedback enable the patient voice to serve as a valuable learning tool for staff, the Board, and community and consumer representatives.

It is the patient experience that ensures we can deliver safe high-quality care, and continually improve outcomes and experience for all patients, families, and carers.

- To guide the development of patient-centred services, we involve patients and consumers in focus groups, internal panels, and project committees, such as those for facility redesign and redevelopment and to review models of care.
- The mental health official visitors program enables the concerns of patients or carers to be heard and to provide help to resolve them, or, with permission, they can act on their behalf. Official visitors are appointed by the NSW Minister for Mental Health. They visit all inpatient psychiatric facilities and declared mental health facility emergency departments across our local health district, talking to consumers, inspecting records and registers, and reporting on the standard of facilities and services. All concerns are treated in confidence, investigated thoroughly, and feedback is provided on outcomes and actions taken to prevent recurrence and enhance patient care.
- Consumer advocates and Living Well peer support workers are employed to bring their lived experience of mental illness to our organisation and support our consumers at a systemic and personal level. Our consumer participation coordinator works at a senior executive level with staff and consumers.
- Our Mental Health, Alcohol and Other Drugs consumer and care advisory group is involved in the planning, review, and delivery of services. It includes volunteers with lived experiences of mental illness and mental health services.



Section 3



“Volunteers are the heart of our organisation. We recognise and value the role our volunteers play in supporting our health services, and improving the experience for patients, clients, and families. Volunteers work in our hospitals and in the community.”



## Brad Rossiter – NSW Health Awards Volunteer of the Year Finalist

Brad Rossiter is a long-time enthusiastic volunteer who spends significant time supporting services to provide excellent care and promote health in the community. He has chaired the Eurobodalla Community Representative Committee (CRC) since 2013. Brad was nominated as a Volunteer of the Year Finalist in the NSW Health Awards for his commitment and service.

Brad was diagnosed with type 1 diabetes as a child. He has had two below the knee amputations and is now legally blind. While a kidney and pancreas transplant has rectified his diabetes, he continues to experience the sequelae of his condition and over the years has had significant interaction with health services.

Brad is the driving force behind the Eurobodalla Health Expo, an annual event in the Eurobodalla started in 2016. It was Brad's vision that saw a place for community and local health providers to come together and he has continued to work closely with local businesses to ensure that the event is free for exhibitors and the community. This has strengthened the relationship between the Eurobodalla Health Service and the local community.

In 2007 Brad established the Eurobodalla Renal Support Group & Organ Donor Awareness Group. Through this group he advocates for patients, families, and carers in the Eurobodalla Shire. He is an active member of Kidney Health Australia Consumer Council, Donate Life Community Charter Signatories, Eurobodalla Shire Council Disability Advisory Committee, Batemans Bay Chamber of Commerce, and the Donate Life ACT Awareness Education committee.

As Chair of the CRC, Brad is a member of the Eurobodalla Health Service Quality and Risk Management Committee as well as the steering committee responsible for overseeing the development of the Clinical Services Plan for Eurobodalla Health Service.

Brad's leadership in the CRC has seen the committee partner with health experts to provide information sessions on a range of topics for local community providers. He is respectful to all members of the CRC and to staff and managers of the organisation and highly respectful of patients and visitors and other service users through his advocacy for ongoing improvements to health care in the Eurobodalla.

In 2022, Brad joined several committees including the Agency for Clinical Innovation (ACI) and Clinical Excellence Commission (CEC) joint consumer representative committee, the State Blood Committee, and the Rural Health Network Executive Committee where he was appointed as Consumer Representative.

His volunteer efforts have enhanced opportunities for all CRCs and Community Consultative Committees in the District to engage in additional consultation related to the ACI and CEC, as Brad shares resources, information, and surveys broadly across the District.



## Building a workplace of kindness

Care and Kindness Week took place in November 2022 and saw a number of events take place across the District. Staff members took part in morning teas and lunches and were able to discuss what kindness means to them personally, as well as illustrate this via Kindness Trees, which sprouted on many walls around our centres. Musicians brought classical guitar and cello to the corridors of South East Regional Hospital, and a vocalist brought his soothing tones to staff, patients, and visitors in the Queanbeyan Hospital In-Patient Unit.

Staff have been encouraged to nominate and acknowledge colleagues in the monthly Southern Stars newsletter and through sending Elevate Value cards.





# Section 4

## Effective Care: Innovations and Improvements



Effective care is providing services and treatment based on evidence-based practice to all those who could benefit rather than those who are unlikely to benefit. Importantly, effective care is seamless and integrated, reduces fragmentation of healthcare service delivery and improves service effectiveness.

### Aboriginal Health Priorities

The District is committed to working in partnership with Aboriginal and Torres Strait Islander people and partner agencies to improve the health and well-being of Aboriginal and Torres Strait Islander people within our community. The Aboriginal Health Board sub-committee is testament to our commitment to improving and maintaining the health of Indigenous populations in Southern. The subcommittee supports the monitoring and implementation of Aboriginal health initiatives throughout Southern.

To apply Southern's vision for reconciliation to the context of our services, the Integrated Care and Allied Health Directorate developed its own Statement of Commitment to guide our reconciliation journey. The development of the Statement of Commitment is part of the Directorate's ongoing cultural journey, and includes transforming the way the Directorate works in genuine partnership with Aboriginal and Torres Strait Islander peoples in the Southern NSW Local Health District.

Project governance was established with broad directorate representation to develop a Statement of Commitment outlining the team's pledge to work together to improve health outcomes for Aboriginal and Torres Strait Islander people in Southern.

The team has invested in the development of culturally specific artwork. This has been identified as a key contributor to creating culturally safe environments for Aboriginal and Torres Strait Islander clients and staff in health settings. This visual identity for Integrated Care increases the visibility of culture and more effectively welcomes clients and patients into our services.

The launch of the Statement of Commitment was undertaken at Southern's Closing the Gap Forum on 13 March 2023. The Statement is available to staff in a range of formats, as a continual reminder of our commitment to our Aboriginal and Torres Strait Islander patients, staff, and community.





In April 2023, following community consultation, the Population Health team piloted a culturally tailored Aboriginal Go 4 Fun program to bridge a gap in providing holistic healthy lifestyle programs for Aboriginal and Torres Strait Islander children and adolescents in Queanbeyan in April 2023. This partnership program with Queanbeyan-Palerang Regional Council has strengthened community connections, improved knowledge, and built positive relationships. As a result, additional programs have been funded and will be rolled out in the Eurobodalla Shire in partnership with Katungul Aboriginal Corporation and other brokered providers.

Breast Screen Greater Southern (BSGS), who provide free breast screen services to women aged over 40 years, undertook a very successful project in 2022–23 following identification of a gap in breast screen participation in Aboriginal women when compared to rates of participation by non-Aboriginal women.

To close this gap, BSGS collaborated with Aboriginal health workers and Aboriginal women from the community to co-design and deliver culturally-specific and culturally-appropriate

breast screening events, and directly engage Aboriginal women in the community by inviting them to participate, incentivising participation, and facilitating attendance by arranging transport to and from screenings.

Since this initiative was delivered in March 2023, data shows breast screening participation among Southern NSW Local Health District Aboriginal women is now the highest in NSW. This project won Southern’s 2023 Excellence in Aboriginal Healthcare award.

The District is particularly proud to report that the new \$260 million Eurobodalla Regional Hospital development is a pilot project for the NSW Government Architect’s ‘Connecting with Country’ framework. The framework ensures Aboriginal consultation occurs through the delivery of the new hospital. Connecting with Country seeks local Aboriginal knowledge in the design of the building and in strategies to reduce the impacts of natural events such as fire, drought and flooding through sustainable land and water use practices as well as cultural health, wellbeing, and healing practices.

Health Infrastructure and Southern are working with the community and designers to host a range of activities that recognise and celebrate the local ecology and Aboriginal cultural heritage of the Eurobodalla region. Recently Local Aboriginal community members have come together on the cultural lands of Brinja Yuin, at the hospital site, to share their knowledge about the 600 Aboriginal artefacts and items uncovered during archaeological investigations for the project.

A key focus throughout the year was on decreasing the proportion of Aboriginal and Torres Strait Islander patients who have been admitted to hospital who leave against medical advice, with a target of less than 1 per cent. These are patients who have been admitted to hospital who leave against the advice of their treating doctor. Patients who discharge against medical advice have higher readmission rates, higher levels of multiple admissions, and a higher rate of mortality. For Aboriginal patients, this measure provides indirect evidence of the cultural competence of hospital services, and the extent of patient satisfaction with the quality of care provided.

We want to provide effective and accessible inpatient health services to Aboriginal and Torres Strait Islander people and reduce the risk for Aboriginal people of adverse health outcomes associated with leaving hospital against medical

advice. Although the most recent result (April – June 2023 2023) was 2.5 per cent of patients leaving against medical advice. It is also favourable compared to the rest of NSW Health, which has a rate of 2.4 per cent.

This is also a focus in the Emergency Department. The rate of Aboriginal patients that did not wait for emergency treatment at the District was 5.7 per cent, which compares favourably with NSW Health figures (6.3 per cent). A low rate is desirable. For Aboriginal patients that left Emergency at their own risk, the result is even more favourable. A low rate of 2.9 per cent left Southern, compared to 5.9 per cent for NSW Health.

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

A summary of key quality indicators related to our District’s Aboriginal and Torres Strait Islander health programs is below. Data shown is the most recent available.

Indicator	Result	Target	Period	
Discharged against medical advice for Aboriginal inpatients	2.5%	1.0%	Apr-Jun 2023	✗
Unplanned hospital readmissions within 28 days of discharge – Aboriginal patients	5.4%	6.4%	June 2023	✓
Smoking during pregnancy – Aboriginal women	37.4%	39%	2022	✓
Emergency Department – did not wait – Aboriginal patients	5.7%	6.3%	July–May 2023	✓
Emergency Department – left at own risk – Aboriginal patients	2.9%	5.9%	July–May 2023	✓

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





## Evidence-based Care in Mental Health Services

The South East Regional Hospital (SERH) Mental Health Inpatient Unit has achieved excellent evidence-based outcomes with the seclusion and restraint reduction project. This Excellence Award-winning project shows what can be achieved when teams work together to make positive change with measured outcomes.

Restrictive practices used in mental healthcare settings have a significant negative impact on the wellbeing of consumers and staff, and reducing their use is essential. NSW Health recognises seclusion and restraint are not therapeutic interventions and can lead to trauma

and re-traumatisation of the consumer, and a reluctance to engage with health services when experiencing a crisis.

The SERH Mental Health Inpatient Unit leads Southern's efforts. On 11 April 2023, the unit celebrated 365 days without seclusion. The use of restraint is also significantly reduced, down from a high of 12 instances in Q3 2020 to two instances in Q4 2022. This project has delivered a sustained decrease in restrictive practice episodes over a two-year period.

Staff at SERH are empowered by their approach in reducing seclusion and restraint and committed to de-escalation, which leads to a more positive work environment, staff satisfaction and staff wellbeing.

Another evidenced based Mental Health project initiated in 2022 was the introduction of the first Suicide Prevention Outreach Teams (SPOT) to help people who are at risk of self-harm or suicide. SPOT is the first service in Southern that offers consumers support from skilled clinicians, as well as Peer Workers (PW) who have lived experience of suicidality. The purpose is to support people in the community where they want to be seen, whether it is at home, in the community or in a health centre. The model focuses on a person's strengths using trauma informed care, offering a holistic care model and reducing stigma and fears of medical environments.

The service is currently offered in Bega, and resources and staff in Queanbeyan are under development. As an acute response service, the teams support between 10-20 consumers at a time. This collaborative project highlights the role the Peer Workers play in breaking down the medical lens that a hospital can bring to mental health support.

A summary of key quality indicators related to Southern's mental health, alcohol and other drugs programs is below. Data shown is the most recent available.

Indicator	Result	Target	Period	
Hospital Drug and Alcohol Consultation Liaison – number of consultations (% increase)	187	165	Jul-Mar 2023	✓
Mental Health: Acute Post Discharge Community Care (%)	78.7	>75	Jul-Mar 2023	✓
Mental Health: Acute Readmissions Within 28 Days (%)	11.1	<13	Jul-Mar 2023	✓
Mental Health: Acute Seclusion Rate (per 1,000 bed days)	1.0	<5.1	Jul-Mar 2023	✓
Mental Health: Average duration of seclusion (hours)	1.4	<4.0	Jul-Mar 2023	✓
Mental Health: Frequency of seclusion (% of episodes)	0.7	<4.1	Jul-Mar 2023	✓
Involuntary patients absconded from an acute inpatient unit – rate per 1000 bed days	0.82	<0.80	Jul-Mar 2023	✗
Emergency Department Extended Stays: Mental Health presentations staying in ED >24 hours	13	0	Jul-Mar 2023	✗
Mental Health Peer Workforce Employment	6.9	8.2	Jul-Mar 2023	✗

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

“ The purpose is to support people in the community where they want to be seen, whether it is at home, in the community or in a health centre.





## Maternity Services

Midwifery teams across Southern have embraced the use of data to inform and continuously improve safe and quality maternity care. The use of contemporaneous data from various sources including the QIDS dashboards and MatIQ is now routinely used by local maternity teams and the District Maternity Quality and Safety Committee to monitor and explore trends in perinatal outcomes. The data has enabled responsive quality improvements across maternal and newborn care systems.

One example of this was the identification of, and response to, a rise in 3rd and 4th degree perineal tears. To address the identified increase, the team devised a collaborative education and engagement strategy targeting both consumers and health professionals to reduce the incidence of third- and fourth-degree perineal tears at both a District-wide and site level. This strategy involved empowering women by providing access to current, consistent, and appropriate information during their pregnancy, labour, and birth. Concurrently, they focused on delivering

additional education and support for Southern’s health professionals (midwives, nurses, obstetric clinicians) to help them prevent, recognise, manage, and communicate about third- and fourth-degree perineal tears in a consistent and best practice way.

A review of data has revealed a downward trend in the numbers of third- and fourth-degree perineal tears across Southern in 2023. Within the Jan–March 2023 quarter, the occurrence rate was 1.9 per cent, which equates to 7 incidences of third- and fourth-degree perineal tears from 369 births in Southern within the three-month period. This represents a 44 per cent reduction when compared with the previous Oct–Dec 2022 period. Ongoing actions planned to help maintain this downward trend include:

- continued education and training for staff to improve the perineal management in second stage
- ongoing collation and review of data
- discussion of incidents at Clinical Review and Mortality and Morbidity meetings.

## Paediatric Services

Since 2021, the Coastal Paediatric team have built a sustainable, efficient service with the investment in a team of 4.6 FTE Paediatricians to care for the children across the region. A range of changes were put in place to strengthen clinical leadership, build partnerships, develop an outreach service, partner with GPs, improve administrative services, provide patient-centred care and reduce the need for families to travel long distances for care. Outreach clinics have been established at Moruya, Eden, and Cooma. Partnerships have been built with local schools, GPs, and community services. Waitlists have reduced from more than 900 children to 600. Further work is being done to establish clinics in Narooma.

A summary of key quality indicators related to women’s and children’s services is below. Data shown is the most recent available.



Indicator	Result	Target	Period	
Pregnant Women Quitting Smoking – by the second half of pregnancy (%)	37.0	22.7	Oct21–Sept22	✓
Neonatal Birth Trauma – this is any cuts, fractures, or other injuries sustained by a newborn baby during labour or delivery. Our systems of care for labour and delivery are consistent with best-practice guidelines to effectively identify and manage complicated deliveries to minimise the risk of birth injuries in newborns.	24.8	113.6 per 10,000 episodes of care	Jul22–Jun23	✓
Childhood Obesity: Children with height and weight recorded (%)	71.5	70 %	Apr–Jun 2023	✓
Perineal Lacerations in Childbirth – this is a relatively common injury that can occur during childbirth resulting in trauma ranging from a small skin break to a larger tear requiring surgery.	446.8	405.3 per 10,000 episodes of care	Jul22–Jun23	✗
Get Healthy Information and Coaching Service – Get Healthy in Pregnancy Referrals (number of referrals)	300	271	Jul22–Jun23	✓

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



# Section 5

## Accessible Care: Innovations and Improvements



### Timeliness and Accessibility

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

Supporting the work of the paediatric stream is the Rural Kids Guided Personalised Service (Rural KidsGPS) which was formed to develop and introduce an integrated model of care to families of children with complex medical needs. This was achieved by collaborating with local GPs, Emergency Department (ED) staff and specialists to streamline care, reduce unnecessary ED admissions and keep these families close to home. The success of the model is due to passionate and dedicated teamwork and inter-sector collaboration to co-design care plans and streamline communication. The project has resulted in less time and distance travelled, fewer finances outlaid, less work and school missed, and reductions in the mental and emotional distress of parents and children with complex medical needs. Previously discharged from metropolitan hospitals with no support, these families now have a network of local practitioners behind them, increasing equity and quality of care for medically challenged children in rural NSW.

A summary of other key quality indicators related to timeliness and accessibility is below. Data shown is the most recent available.

Indicator	Result	Target	Period	
Elective Surgery Access Performance (ESAP) – category 1 surgery – urgent cases admitted within 30 days (%) (high rate desirable)	99.8	NSW 99.1	Jul22– May23	✓
Elective Surgery Access Performance (ESAP) – category 2 surgery – or semi-urgent patients admitted within 90 days (%) (high rate desirable)	96.4	NSW 73.1	Jul22– May23	✓
Unplanned Hospital Readmissions of patients within 28 days of discharge is an indicator that may be linked to deficiencies in care or discharge planning. (%) (low rate desirable)	4.2	NSW 5.5	Jul22– May23	✓
Emergency Treatment Performance – percentage of patients presenting to emergency department who are admitted or treatment completed within 4 hours (%) (high rate desirable)	75.8	NSW 57.8	Jul22– May23	✓
Transfer of Care – percentage of patients that are transferred from the ambulance to emergency department in less than 30 minutes (%) (high rate desirable)	90.9	NSW 77.3	Jul22– May23	✓

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

“ The success of the model is due to passionate and dedicated teamwork and inter-sector collaboration to co-design care plans and streamline communication.”



## Hugo's Story – As told by Hugo's parents

*Back in November 2021, Hugo was diagnosed with low T-cells, and that means he has a rubbish immune system. And we were very lucky because it was picked up on the newborn screen test, but it does mean that it's a very long intensive care program. He's such a difficult and complex case. We still have a very long journey ahead of us and it's going to be a difficult journey. The Paediatric Team at the Southeast Regional Hospital have been absolutely wonderful. I cannot talk more highly of their care, their expertise, their empathy. They have done above and beyond what I would've expected at a local regional hospital. The Care Coordinator for this region, Pip Street, has been absolutely vital. We call her "the heartbeat to our treatment" because she organizes everyone, organizing bloods, medications, dressings.*

*We are quite an intensive case. Hugo takes up a lot of her time. She never lets that show. Without Pip, I genuinely say that we would not be able to live at home with our family, be with my other children. She has been absolutely amazing and so very important to our journey so far. We are so very fortunate to have incredible paediatricians. Not one, but now four. To have that level of knowledge and care for Hugo is really good because he's such a difficult and complex case and they work really well as a team. And we're just so lucky. It's actually a bit of a relief that we have such a good team that we can rely on. They all adore him, spoil him rotten. They let him do everything that is naughty and spoil him rotten. But they are the only people we see because we are in isolation. Even though it is medical, such a beautiful friendship between them and we adore them for it.*



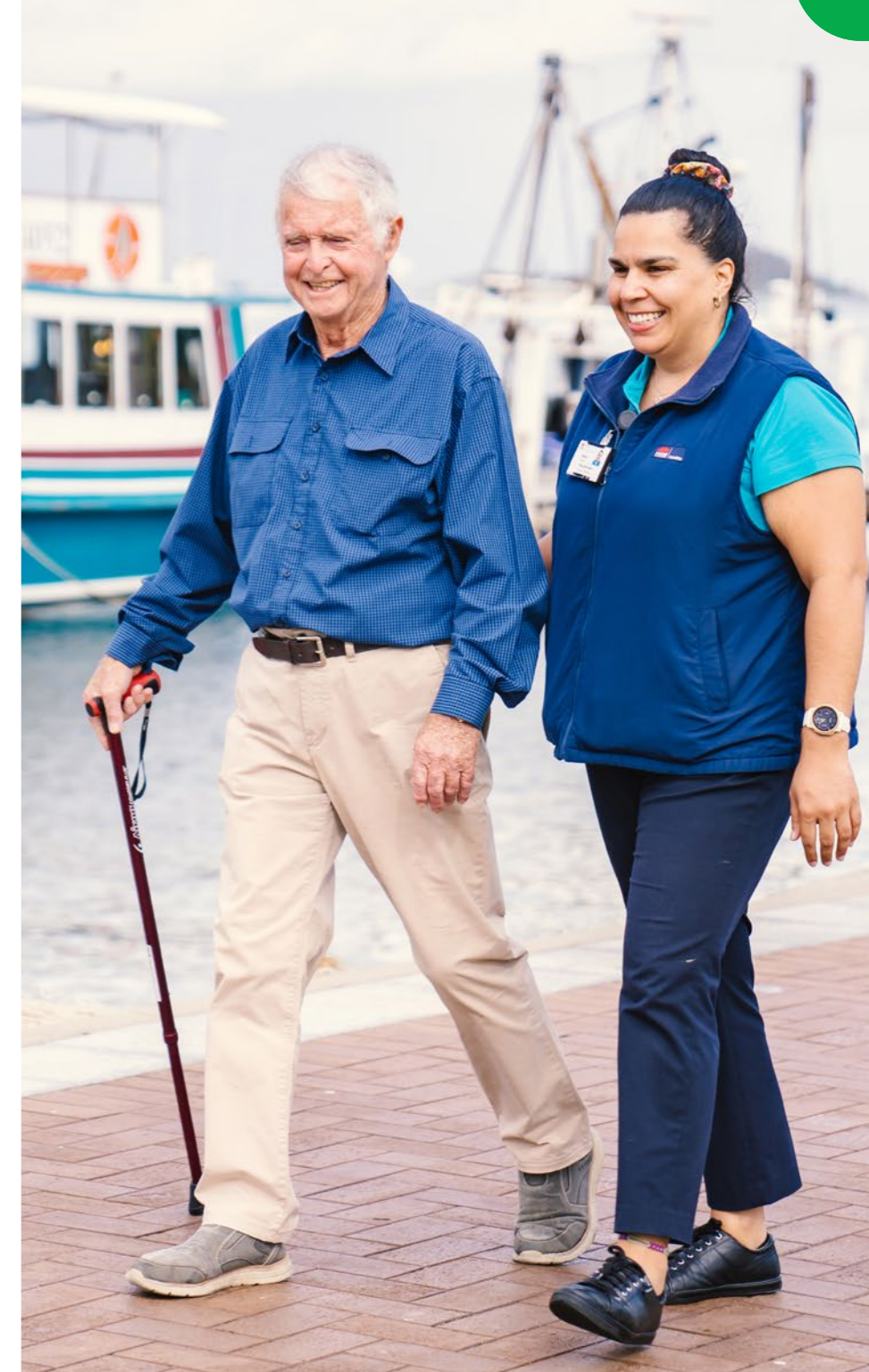
**“** They have done above and beyond what I would've expected at a local regional hospital. The Care Coordinator for this region, Pip Street, has been absolutely vital. We call her "the heartbeat to our treatment" because she organizes everyone, organizing bloods, medications, dressings.

## Transitional Aged Care Redesign Project

The Transitional Aged Care Program (TACP) provides short term care at home to optimise the functioning and independence of older people after a hospital stay. Delivered by five multidisciplinary teams across Southern NSW Local Health District, the program aims to reduce hospital readmission and prevent early entry to residential aged care. In 2020–21 people reported only a 7 per cent improvement in their ability to return to social activities and meaningful life roles at the completion of TACP. Poor communication of program objectives and limited focus on personal goals caused participants and staff confusion and overwhelm. Despite Southern's attempts for consistency of practice, there was no unifying philosophy or standard governance. The project team used ACI Redesign Methodology and a co-design approach to generate solutions to address these issues. The team implemented an innovative model of care, including the introduction of a community linker role and a hybrid digital/physical information exchange toolkit that streamlines documentation for patients and their families and enables them to set and manage expectations. The average hospital readmission rate has decreased from 23 per cent to 18 per cent, communication and coordination has improved and people discharging report an improvement in their ability to participate in life roles and community activities from 7 per cent to 52 per cent.



**Delivered by five multidisciplinary teams across Southern NSW Local Health District, the program aims to reduce hospital readmission and prevent early entry to residential aged care.**





## Section 6

### Safe Care: Innovations and Improvements

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

#### Safe Care Program

Falls resulting in serious injury or death are classified by the Australian Commission on Safety and Quality in Health Care as Hospital Acquired Complications (HAC), attracting both a financial penalty to the hospital and often life changing outcomes for the patients and their families. In January 2022, the Local Health District fall-related HACs were reported at 7.2 falls per 10,000 episodes of care which is above the target threshold of <7.0 outlined in the NSW Health Performance Framework.

A three-pronged aim underpinned the Safe Care project that commenced in May 2022.

1. To achieve a 25 per cent reduction in patient falls resulting in serious injury in 7 target wards in a twelve-month period from 1 June 2022
2. Implement two safety fundamentals (Intentional Rounding and Safety Huddles) on the targeted wards using Improvement Science Methodology
3. Deliver a 12-month adept level Safety and Quality capability development program with individuals in Safe Care teams using local faculty to teach the course.

In collaboration with the Clinical Excellence Commission, individuals from within the Safe Care teams commenced the Applied Safety and Quality Program in mid-May 2022 with a local faculty delivering four workshops across the 12 months.

At the process level, the intervention wards have a reliable daily safety huddle in place and intentional hourly patient rounding.

Hospital Acquired Complications data analysed from 1 June 2022–31 May 2023 identified a 33 per cent reduction in falls resulting in serious injury in the intervention wards at Goulburn, Bega, and Pambula, when compared with the 12 months pre-intervention. The rate of fall related injuries in hospital has reduced from 7.2 in January 2022 to 5.4 falls per 10,000 episodes of care in May 2023.

Nineteen Safe Care team members graduated from the Applied Safety and Quality Program in July 2023. Feedback from participants of the program has identified that the course is respected and appreciated. Information is informative and empowering and is helping clinicians to have confidence to speak up for safety.

The faculty of 15 skilled staff has successfully delivered the second adept level program in NSW. Following this successful pilot, it is anticipated that Cohort 2 will commence in September 2023. This cohort will focus on a variety of strategic improvements projects and build capability of targeted clinicians aligned with the District Safety System Partnership Agreement 2023–2026.





## Dental Unit Waterline Project

After identifying inconsistencies in waterline management and potential risks to patient safety, Southern NSW and Murrumbidgee Local Health Districts developed evidence-based maintenance and testing regimes for dental unit waterlines. The project involved implementing district policies, engaging waterline champions, and monitoring compliance. A two-minute digital

testing system was implemented, which provided accurate and immediate results. The digital system improved efficiency, reduced downtime, and minimized costs associated with dental unit shutdowns. The project also expanded to include testing of portable dental units and dental carts in operating theatres. The implementation of the project has led to improved water quality, decreased failed test results, and increased awareness among dental teams about the importance of maintaining water quality for patient safety.



**The digital system improved efficiency, reduced downtime, and minimized costs associated with dental unit shutdowns.”**



## Towards Zero Suicides

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

The rate of suicide per 100,000 persons for NSW in 2022 was 11.5. It is the NSW Premier’s Priority to reduce this rate and they have invested a further \$143.4 million over the next four years to support this. The District has aligned priorities to those addressed in the Strategic Framework for Suicide Prevention in NSW 2022–2027. Despite significant recruitment challenges, the District has concentrated on three priorities to achieve this. These are: the Zero Suicides in Care Initiative, focussing on preventing suicides among people accessing our mental health services through improving systems and practices; providing alternatives to Emergency Departments for people experiencing a suicidal

crisis (SafeHaven); and implementing assertive and immediate follow up care for people in the community experiencing a suicidal crisis (Suicide Prevention Outreach Teams), and therapy for less acute people (Rural Counsellor Service).

The model of care for preventing suicides in the District was revised and endorsed in 2021. This model has supported the commissioning of a Safe Haven service in Bega; three Suicide Prevention Outreach Teams (SPOT) in Bega, Queanbeyan, and a District virtual team, in addition to the continued services provided by Rural Counsellors. The model also included an increased focus in peer led support, including recruitment to 5 FTE specialist peer workers, and 2 more positions to follow, one being an identified Aboriginal Peer Work position.

A Safe Haven provides a calm, culturally sensitive and non-clinical alternative to hospital emergency departments for people experiencing distress or suicidal thoughts. Safe Havens are staffed by peer-support workers and mental health clinicians. A co-design process was undertaken with Roses in the Ocean, a leading lived-experience-of-suicide organisation, and a site in Bega was identified for the Safe Haven. Renovation works have been undertaken on the property, and although there have been delays due to the Council approval process, it is anticipated that the new service will be operational in December 2023.

Significant workforce and training programs have been developed and delivered for community teams, including SafeSide Assessment and Prevention training, and targeted training focussed on working with lived experience peer workers. Supervision support and training programs have also been developed for the lived experience peer workforce. Local champions have been identified within each community mental health team to support the initiative. This training is anticipated to be expand into the Mental Health Inpatient Units and the broader health service, including medical staff, training of clinical nurse educators to support the roll out and sustainability.

Southern has created close relationships with key stakeholders in the private sector, particularly focused along the coast, through membership in the Bega Valley Eurobodalla Suicide Prevention Collaborative.







## Reducing Hospital Acquired Complications

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

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

Twelve HACs were identified by NSW Health for priority monitoring and improvement. Each health district has a specific target for each HAC based on our population and the type of service provided. As a result of monitoring HACs closely, clinical practice has changed and improved at several sites that had higher HACs. For example, fall-related injuries in hospital reduced from 7.0 to 5.6 per 10,000 episodes of care.

As a result, Southern achieved good results for the HAC targets set for our District and the details are summarised in the table below. Data shown is the most recent available.

“As a result of monitoring HACs closely, clinical practice has changed and improved at several sites that had higher HACs. For example, fall-related injuries in hospital reduced from 7.0 to 5.6 per 10,000 episodes of care.”

Indicator	Result	Target	Period	
<b>Pressure Injury</b> Hospital-acquired pressure injuries are areas of damage to the skin and underlying tissue caused by constant pressure or friction. This type of skin damage can develop quickly in anyone with reduced mobility, such as older people or those confined to a bed or chair.	3.5	5.8 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Fall Related Injuries in Hospital</b> Falls occur commonly in hospital and are often preventable.	5.5	7 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Healthcare Associated Infections</b> Hospital-acquired infections are one of the most common complications and include pneumonia, urinary tract, surgical site, bloodstream, gastrointestinal & intravenous line associated infections.	70.5	73.0 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Respiratory Complications</b> The most common type of complication is aspiration pneumonia, causing increasing shortness of breath and overwhelming anxiety.	10.5	12.5 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Blood Clots (VTE)</b> The most common type of complication is aspiration pneumonia, causing increasing shortness of breath and overwhelming anxiety.	4.7	6.1 per 10,000 episodes of care	Jul 22– Jun 23	✗
<b>Renal Failure</b> This may be caused by impaired renal perfusion due to hypotension or dehydration, medicines, recent surgery, radiographic contrast media, or sepsis.	0	1.1 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Gastro-intestinal Bleeding</b> Patients with gastrointestinal bleeds may experience vomiting or diarrhoea with blood, tiredness, shortness of breath, faintness, dizziness, and collapse. Clinicians work to prevent these bleeds by identifying risk factors for bleeding, and then working in partnership with patients and carers to use medications to prevent ulcers and careful management of blood thinning medication.	1.5	8.6 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Medication Complications</b> This includes drowsiness and movement disorders relating to psychotropic medications and complications from anticoagulants, resulting in bleeding or bruising.	3.5	10.6 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Hospital-acquired Delirium</b> Delirium is an acute change in mental status that is very common among older patients in hospital and may be caused by medications, infections, surgery, severe or chronic illness, sleep deprivation and emotional distress.	15.1	26.4 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Persistent Incontinence</b> There are many causes of persistent urinary incontinence which occur outside of hospital care, however there are additional factors which can create or worsen incontinence conditions while patients are in hospital.	1.5	3.8 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Endocrine complications</b> Hospital-acquired endocrine complications include malnutrition and hypoglycaemia, or low blood sugar. Careful timing of blood glucose measurements, mealtime insulin administration, and meal delivery reduces the incidence of hypoglycaemia.	3.8	15.0 per 10,000 episodes of care	Jul 22– Jun 23	✓
<b>Cardiac Complications</b> These complications range from unstable angina, through to acute myocardial infarction, arrhythmias, heart failure, pulmonary oedema, and even cardiac arrest. They can be caused by too much intravenous fluid, medication changes or complications of treatment.	10.2	27.7 per 10,000 episodes of care	Jul 22– Jun 23	✓

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





Section 7  
Future Directions  
for 2023–24

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

Our safety and quality priorities for 2023–24 reflect our promise for high quality care: personalised, effective, accessible, and safe.

**Personalised: Midwifery and Antenatal Care**

A team of Southern staff has recently been awarded the Southern NSW Health Research Excellence Award for a study conducted into the impact of the number and timing of antenatal care visits on low birth weight and premature birth. The research was published in the *International Journal of Environmental Research and Public Health* in January 2023. This research is informing the development of models of care for Southern and other rural Local Health Districts and working to introduce case midwifery models of care in Southern’s maternity units.

Based on the outcomes of the local research, a Midwifery Continuity of Care (CoC) model will be established. This is defined as care provided by a known midwife or a small group of known midwives to women during pregnancy, birth, and the postnatal period.

It is anticipated that by mid-2024 all maternity services across the District will have a continuity of care midwifery model in place. Queanbeyan and South East Regional Hospital have implemented Maternity Antenatal and Postnatal Services (MAPS) which enable care for women by a known midwife throughout their pregnancy and postnatal care.

Moruya Maternity service is currently developing a Midwifery Group Practice (MGP) which is planned to commence in September 2023. The MGP model provides continuity of care by a known midwife throughout pregnancy, labour and birth, and postnatal care for women. Cooma is currently planning a bespoke continuity of care model to suit the needs of their community, with the aim of commencing in September 2023. The Goulburn maternity service MGP model is in the planning stages for a launch in 2024.







## Effective: Seclusion and Restraint Action Learning Network

Partnering with the CEC Mental Health Patient Safety Program, the Southern Mental Health team will use improvement science methodology to implement a team-based seclusion and restraint project focusing on building workforce capability in Safety and Quality. The project aim is to achieve an 80 per cent reduction in the use of restrictive practices by February 2024 with a long term goal to eliminate seclusion across our inpatient services.

## Safe: Reduction in Preterm Birth and Stillbirth

Southern has joined the National Preterm Birth Prevention Collaborative, which is aimed at supporting hospitals to deliver evidence-based changes in clinical care. The aim is to reduce preterm birth, which can have devastating lifelong consequences, by 20 per cent over the next 18 months. In addition, Southern is committed to reduce stillbirth by 20 per cent by 2025 and has joined the Stillbirth Centre of Research Excellence's National Safer Baby Bundle intervention. This will involve implementation of strategies to reduce stillbirth.

## Accessible: Hyperemesis Gravidarum Project

The aim is to develop and streamline new pathways to care within the main service settings for hyperemesis gravidarum (HG). The new pathways to care will aim to improve integration between these settings to ensure all women with HG and moderate nausea and vomiting in pregnancy (NVP) are identified, assessed, and managed consistently and in line with best practice.

The initiative aims to support:

- Clinical care for women with HG
- Research and evaluation
- Education tools and resources
- Integration of hospital, community, and primary care providers

## RISE Professional Practice Model

The RISE Professional Practice Model (PPM) will be implemented to build capability in both leadership and operational skills of frontline leaders and managers. The RISE PPM provides the foundation for our professional practice. It enables nurses and midwives to deliver on 'Our Promise', 'Our Purpose' Core Values and nine Elevate Principles by influencing the required behaviours that result in a nursing and midwifery culture of excellence.

The program will:

- Support and empower nurses and midwives to deliver exceptional caring for every person every time
- Influence the required behaviours that result in a nursing and midwifery culture of excellence
- Support and foster a healthy work environment and wellbeing
- Address identified issues regarding clinical outcomes, business and financial outcomes and patient and staff experience.
- Create a foundation for standard ward work to enable an orderly predictable work environment
- Align with key objectives of the Elevating the Human Experience strategy





# Appendix A

## Attestation Statement

### Southern NSW Local Health District



SNSWLHD Ref: 23/7310

#### Clinical Governance Attestation Statement

This attestation statement is made by

Elizabeth Hoskins

*Name of officeholder/member of Governing Body*

Holding the position/office on the Governing Body

Board Chair

*Title of officeholder/member of Governing Body*

for and on behalf of the Governing Body titled

Southern NSW Local Health District Board

*Governing Body's title (the Governing Body)*

Southern NSW Local Health District

*Health Service organisation name (the Organisation)*

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture. In particular I attest that during the past 12 months the Governing Body:
  - a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation
  - b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers
  - c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community
  - d. has endorsed the Organisation's current clinical governance framework
  - e. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians
  - f. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services
  - g. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.

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[snswlhd.health.nsw.gov.au](http://snswlhd.health.nsw.gov.au)



2. The Governing Body has, ensured that the Organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
3. I have the full authority of the Governing Body to make this statement.
4. All other members of the Governing Body support the making of this attestation statement on its behalf.

I understand and acknowledge, for and on behalf of the Governing Body, that:

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme
- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further re-viewed at any onsite accreditation visit/s.


Signed 

Position Board Chair, Southern NSW Local Health District

Name Elizabeth Hoskins

Date 22 August 2023

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

Signed 

Position Chief Executive, Southern NSW Local Health District

Name Margaret Bennett

Date 22 August 2023



**Schedule of health service organisations covered by this attestation statement**

- Batemans Bay District Hospital (Eurobodalla Health Service)**  
Pacific Street, Batemans Bay NSW 2536
- Bombala Multipurpose Service**  
126-128 Wellington Street, Bombala NSW 2632
- Bourke Street Health Service**  
Bourke St Goulburn, NSW 2580
- Braidwood Multipurpose Service**  
73 Monkitee St, Braidwood NSW 2622
- Chisholm Ross Centre**  
165a Clifford St, Goulburn NSW 2580
- Cooma Hospital and Health Service**  
2 Bent St, Cooma NSW 2630
- Crookwell District Hospital**  
Kialla Rd, Crookwell NSW 2583
- Delegate Multipurpose Service**  
11 Craigie St, Delegate NSW 2633
- Eden Community Health**  
Twofold Arcade, Eden NSW 2551
- Goulburn Base Hospital**  
Goldsmith St, Goulburn NSW 2580
- Jindabyne (HealthOne) Community Health**  
5 Thredbo Terrace, Jindabyne NSW 2627
- Karabar Community Health**  
12 Southbar Rd, Karabar NSW 2620
- Kenmore Hospital**  
Taralga Rd, Goulburn NSW 2580
- Killard (Queanbeyan Alcohol and Other Drugs Centre)**  
103 Crawford St, Queanbeyan NSW 2620
- Moruya District Hospital (Eurobodalla Health Service)**  
River St, Moruya NSW 2537
- Narooma Community Health Centre**  
Cnr Field St and Graham St, Narooma, NSW 2546
- Pambula Hospital and Health Service**  
Merimbola St, Pambula NSW 2549
- Queanbeyan Hospital and Health Service**  
Cnr Collette and Erin Sts Queanbeyan, NSW 2620
- South East Regional Hospital**  
4 Virginia Drive, Bega NSW 2550
- Yass District Hospital**  
145 Meehan St, Yass NSW 2582



# Appendix B

## SNSWLHD 2023 Excellence Awards



Our annual Excellence Awards foster innovation in the way we design our models of patient-centred care and deliver services, so our staff are utilised effectively. A total of 257 entries were received across 18 categories highlighting the commitment and innovation of staff to continually improve the delivery, quality and safety of our healthcare services. The winners were:

Winner	Category
Rural kids GPS- Paediatric Care Coordination	Transforming Patient Experience
Antenatal Care Research Collaboration	Health Research and Digital Innovation
“Golden Angels” Spreading their wings	ACI Rural Innovation
Multicultural Healthy Eating Program	Keeping People Healthy
Dental Unit Waterlines Project -reducing Biofilm	Patient Safety First
TACP-It’s What Matters, Not What is the Matter	Delivering Integrated Care
Respecting the Difference -Be the Difference	People and Culture
Trusted locals encourage screening-Breastscreen	Excellence in Aboriginal Healthcare
Eurobodalla Palliative Care Volunteers	Volunteers of the Year
SERH Mental Health Inpatient Services – Reducing Seclusion and Restraint	Excellence in the Provision of Mental Health
Safe Care Project	Chief Executives Award
Queanbeyan Hotel Services Food Waste Project	Environmental Sustainability
Matthew Stephenson	Dr Allan Hawke AC Award for Outstanding Leadership
Dr Nathan Oates	Collaborative Staff Member of the Year
Jenni Hudson	Board Chair Award
Nicole Jorgensen	Emerging Leader Award
Rochelle Woolf & Rebekah O’Reilly (joint winners)	Elevate Award
Donna Saddler & Sam Mundi (joint winners)	Care and Kindness Award



# Appendix C

## Abbreviations and Glossary

### Appendix C – Abbreviations and Glossary

<b>ACI</b>	Agency for Clinical Innovation	<b>HG</b>	Hyperemesis Gravidarum
<b>ACT</b>	Australian Capital Territory	<b>HOPE</b>	Health outcomes and Patient Experience
<b>AHPEQS</b>	Australian Hospital Patient Experience Question Set	<b>HSFAC</b>	Health services functional area coordinator for emergency management
<b>BHI</b>	Bureau of Health Information	<b>ICT</b>	Information communications technology
<b>BMJ</b>	British Medical Journal	<b>ICU</b>	Intensive care unit
<b>BSGS</b>	Breast Screen Greater Southern	<b>LGA/s</b>	Local government area/s
<b>CCC/s</b>	Community consultation committee/s	<b>LHD/s</b>	Local health district/s
<b>CEC</b>	Clinical Excellence Commission	<b>MAPS</b>	Maternity Antenatal and Postnatal Services
<b>CoC</b>	Continuity of Care	<b>MGP</b>	Midwifery Group Practice
<b>CORE</b>	NSW Health's four values of collaboration, openness, respect, and empowerment	<b>MLHD</b>	Murrumbidgee Local Health District
<b>COVID-19</b>	Coronavirus disease is a contagious respiratory and vascular disease caused by severe acute respiratory syndrome coronavirus 2 (SARSCoV-2). First identified in Wuhan, China, it has caused an ongoing pandemic	<b>MPS</b>	A multi-purpose service is a model of care specifically designed for regional and remote communities to provide coordinated delivery of health and aged care services
<b>CPR</b>	Cardiopulmonary resuscitation	<b>NSQHS</b>	National Safety and Quality Health Service
<b>CRC</b>	Community Representative Committee	<b>NVP</b>	Nausea and Vomiting in Pregnancy
<b>DVT</b>	Deep Vein Thrombosis	<b>PE</b>	Pulmonary Embolism
<b>EAP</b>	Employee Assistance Program is a free confidential counselling service available to all SNSWLHD staff and their immediate families remote communities to provide coordinated delivery of health and aged care services	<b>PETs</b>	Patient experience trackers
<b>ED/s</b>	Emergency department/s	<b>PPE</b>	Personal protective equipment
<b>Elective surgery</b>	A term used for non-emergency surgery which is medically necessary, but can be delayed for at least 24 hours or more	<b>PPM</b>	Professional Practice Model
<b>eMR</b>	Electronic medical record	<b>PREMs</b>	Patient reported experience measures
<b>EOC</b>	Emergency operations centre	<b>PRMs</b>	Patient reported measures
<b>ESAP</b>	Elective surgery access performance	<b>PROMs</b>	Patient reported outcome measures
<b>ETP</b>	Emergency treatment performance	<b>PSQC</b>	Patient Safety Quality Committee
<b>FTEs</b>	Full time equivalent/s	<b>QARS</b>	Quality Audit Reporting System
<b>GP/s</b>	General practitioner/s	<b>QIDS</b>	Quality Improvement Data Systems
<b>HAC/s</b>	Hospital-acquired complication/s	<b>SERH</b>	South East Regional Hospital
<b>HCQC</b>	Health Care Quality Committee	<b>SLHD</b>	Sydney Local Health District
<b>HEAL</b>	Human Experience Action and Learning	<b>SNSWLHD</b>	Southern NSW Local Health District
<b>HETI</b>	Health Education Training Institute	<b>SPO</b>	SharePoint Online
		<b>SPOT</b>	Suicide Prevention Outreach Teams
		<b>TACP</b>	Transitional Aged Care Program
		<b>TRGS</b>	Translational Research Grant Scheme
		<b>VCC</b>	Virtual care centre
		<b>VTE</b>	Venous Thromboembolism
		<b>WHO</b>	World Health Organisation
		<b>YES</b>	Your Experience of Service survey



# Safety and Quality Account



## 2022 - 2023 Report 2023 - 2024 Future Directions

SOUTHERN NSW LOCAL HEALTH DISTRICT

PO Box 1845 Queanbeyan NSW 2620

[SNSWLHD-YourFeedback@health.nsw.gov.au](mailto:SNSWLHD-YourFeedback@health.nsw.gov.au)

[www.snswlhd.health.nsw.gov.au](http://www.snswlhd.health.nsw.gov.au)

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