SAFETY & QUALITY ACCOUNT
2017 - 2018

Our vision: We lead through research driven, excellent and compassionate health and aged care.
UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES
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1 CEO INTRODUCTION

St Vincent’s Health Australia (SVHA) is the nation’s largest Catholic not-for-profit health and aged care provider. Our key values are compassion, justice, integrity and excellence. As a Catholic healthcare service, SVHA’s mission is to bring God’s love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable. We lead through research driven, excellent and compassionate health and aged care.

Our Vision
We lead through research driven, excellent and compassionate health and aged care.

Our Values
Compassion; Justice; Integrity and Excellence

St Vincent’s Health Network Sydney acknowledges the traditional custodians of the lands on which we provide care. We acknowledge that they have occupied and cared for these lands over countless generations, and we celebrate their continuing contribution to the life of this region.

Associate Professor Anthony M. Schembri
Chief Executive Officer
St Vincent’s Health Network Sydney

1.1 SAFETY AND QUALITY HIGHLIGHTS FOR 2017-18

Throughout 2017-18 St Vincent’s Health Network Sydney (SVHNS) remained focused on successfully delivering positive patient outcomes which are consistent with the SVHNS five year patient safety and quality plan: Leading Safety, Inspired Care Strategic Plan (2016-20). Actions taken through 2017-18 were drawn from those identified in the four key areas of the plan:

1. Patient Centred Care
2. Safe Harm Free care
3. Reliable efficient and effective care
4. Leadership and capacity for improvement

The achievements presented in the 2017-18 SVHNS Safety and Quality Account, and the areas identified for improvement, reflect our underpinning values and mission and our absolute dedication to providing the best and safest possible care for our patients.

Each year, a robust review is conducted of all serious incidents within SVHNS to identify trends, track performance and identify opportunities for improvement. These reviews provide valuable opportunities for both clinical and non-clinical staff to reflect on our processes and promote systemic improvements to prevent recurrence. In 2017-18 there was a noted decrease in SAC 1 incidents (from 9 to 4) and SAC 2 incidents (from 145 to 115) as compared to the previous year. The analysis of 17-18 incidents revealed themes in relation to detecting and managing deteriorating patients, reducing patient falls and occurrences of Absent Without Leave (AWoL) incidents of mental health patients. This work articulated with our commitments to the Leading Better Value Care (LBVC) initiatives e.g. a key priority during 2017-18 was on reducing patient falls in particular through our involvement in the statewide falls collaborative with the Clinical Excellence Commission (CEC).

Momentum for improving our patient safety culture continued to build following the implementation of the “It’s OK to Ask”, “I am the Director of Safety and Quality”
and the “You Said, We Did” campaigns. Staff were encouraged to refocus efforts in patient safety and quality by promoting individual responsibility, teamwork for safety and partnering with patients and carers to deliver the highest quality care.

“**To proactively drive positive culture change, SVHA developed a peer-driven, early intervention process called the Ethos program to be launched in November 2018 across our organisation.**”

Staff embraced the introduction of the SVHA “report it” app, demonstrated by the fact that the reporting of hazards came to exceed the number of workplace incidents. There was a reduction in lost time injuries (LTIs) and the lost time injury frequency rate (LTIFR) amongst staff for 2017-18.

To proactively drive positive culture change, SVHA developed a peer-driven, early intervention process called the Ethos program to be launched in November 2018 across our organisation. The program is designed to foster a culture of safety and respect to drive positive staff engagement and clinical outcomes.

SVHNS planned its second, annual safety and quality forum (to be held 3 August 2018). The event includes presentations by both internal and external speakers on a range of safety and quality issues and attendance is estimated at two hundred SVHNS staff and guests from the Ministry, pillar agencies and other LHDs.

In mid-2018 SVHNS submitted a tender to provide health services to Parklea Prison. Services will include primary health care, primary mental health and drug/alcohol care, dental and allied health services. This opportunity is aligned with our core health and social advocacy mission, is consistent with our values and is a key priority of the SVHA EnVision 2025 strategy.
2 WELCOME TO ST VINCENT’S HEALTH NETWORK SYDNEY

Founded by the Sisters of Charity, St Vincent’s has been providing compassionate, high quality health and aged care to the Australian community since 1857 and is the nation’s largest Catholic not-for-profit health and aged care provider.

The St Vincent’s Specialty Health Network Sydney (SVHNS) provides public health services for NSW patients at St Vincent’s Hospital, The Kinghorn Cancer Centre, Sacred Heart Health Service and St Joseph’s at Auburn. As a result, St Vincent’s Darlinghurst operates within the strategic policy environment of the NSW Government and the Ministry of Health and our organisation’s strategic aims, in order to contribute to health outcomes in NSW. SVHNS supports the local community, while also providing highly specialised care to patients across NSW and has a long, distinguished history of providing high quality health services. Unlike other NSW Local Health Districts, St Vincent’s Darlinghurst does not have a prescribed geographical catchment. It does however provide a core service to residents within the northern sector of the South Eastern Sydney Local Health District, including Sydney, Woollahra, Waverley and Randwick Local Government Areas. It also provides highly-specialised services to patients who reside across metropolitan Sydney and in rural and regional NSW. St Vincent’s Darlinghurst has a proud history of caring for the less fortunate and vulnerable members of our community. In line with SVHA’s enVision 2025 strategy, one of our strategic pillars is to ‘serve something greater’ which includes prioritising outreach services for the following poor and vulnerable groups:

Aboriginal and Torres Strait Islanders, homeless people, and those experiencing mental illness and/or drug and alcohol addiction.

St Vincent’s Hospital is a major teaching and principal referral hospital providing acute medical and surgical services, mental health, alcohol and drug and community health services to a local and state-wide catchment. It is the designated state-wide referral hospital for heart and lung transplantation and is recognised as one of a number of state-wide referral centre for blood and marrow transplant.

2.1 SACRED HEART HEALTH SERVICE

Sacred Heart Health Service is a publicly funded sub-acute facility co-located with St Vincent’s Hospital, and is a leading provider of both Palliative Care and Rehabilitation services.

Sacred Heart Palliative Care provides services to patients with life-limiting illness, in either an in-patient or community setting. Our team works with palliative care teams from Prince of Wales, Royal Hospital for Women and the Sydney Children’s Hospital covering the areas of Sydney, Waverley, Woollahra, Randwick and Botany.

Sacred Heart Rehabilitation provides complete patient rehabilitation following an illness, injury or surgery, helping patients achieve their maximum potential. The Unit provides rehabilitation services 7 days a week and has a reputation for treating a diverse and complex range of patients.
2.2 THE KINGHORN CANCER CENTRE

The Kinghorn Cancer Centre is a joint venture between St Vincent’s Hospital Sydney and The Garvan Institute of Medical Research and combines scientific and medical expertise to treat cancer patients.

Bringing together researchers and clinicians onto a single site, The Kinghorn Cancer Centre enables research findings to be rapidly translated into clinical application for the diagnosis, treatment and prevention of cancer.

2.3 ST JOSEPH’S HOSPITAL

St Joseph’s Hospital (SJH) has been providing quality health care in a compassionate and highly personalised atmosphere for over 100 years and is located in Auburn, within the Western Sydney Local Health District (WSLHD) catchment. The mission of St Joseph’s Hospital is to extend Christ’s healing love by providing excellent health care with unity of purpose, respect for the dignity of all and to treat all with compassion and justice.

The hospital provides comprehensive sub-acute inpatient, outpatient and community based services. SJH is a leader in the provision of care for patients with Motor Neurone Disease (MND), Huntington’s disease, and psychogeriatric services. It also has a strong reputation for providing high quality and compassionate Palliative Care services and Rehabilitation. The hospital provides sub-acute inpatient, outpatient and community based services including:

- Rehabilitation
- Palliative care
- Mental Health
- Psycho-geriatrics
- A state-wide Huntington’s disease Unit, incorporating a Neuropsychiatric and Assessment Unit
3 PRIORITY INITIATIVES

The SVHNS achieved a range of important quality and safety improvements throughout 2017-18 through priority initiatives.

3.1 LEADING BETTER VALUE CARE (LBVC)

SVHNS partnered with the NSW Ministry of Health (MOH), the Clinical Excellence Commission (CEC) and the NSW Agency for Clinical Improvement (ACI) to support the rollout of a range of initiatives as part of the LBVC strategy to deliver transformational services that have a shared focus on patient care. In the 2017-18 period SVHNS has made significant progress in implementing the following initiatives:

- Renal Supportive Care – a program that is embedded in renal care and encompasses advance care planning and end-of-life care with the establishment of a multi-disciplinary clinic.
- Osteoporosis Refracture program – an effective management program for people with osteoporosis who have experienced a minimal trauma fracture
- Osteoarthritis Chronic Care program – the implementation of a lifestyle program for patients with osteoarthritis with the establishment of an allied health lead outpatient clinic.
- High Risk Foot Service – a specialised and coordinated multidisciplinary management system for patients at high risk of foot complications and amputations associated with diabetes with an outpatient clinic operationalised.
- Chronic Obstructive Pulmonary Disease – reviewed management of people aged 40 years and older admitted to hospital with a primary diagnosis of chronic obstructive pulmonary disease with the undertaking of an audit and the actioning of recommendations for improvement.
- Cardiac Heart Failure – improved management process of people aged 18 years and over admitted to hospital with a primary diagnosis of chronic heart failure.
- Inpatient Diabetes – implementation of best practice strategies for in-hospital care of people with diabetes requiring insulin.
- Falls in Hospital – aiming to reduce incidence and severity of falls for those in hospital aged over 70 years. St Vincent’s Hospital participated in the CEC Falls Collaborative which will support local improvement strategies to reduce the incidence of falls.

Over the last quarter of the 2017-18 financial year, a number of the projects (e.g. Osteoporosis Refracture program, Osteoarthritis Chronic Care program and the High Risk Foot Service) trialled Patient-Reported Outcome Measures (PROMs). PROMs are questionnaires patients complete and that tell us how our health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity, and other dimensions of health which only patients can know. PROMs fill an essential gap in our knowledge in whether healthcare interventions actually make a difference to people’s lives. The ACI will provide further infrastructure and support to drive the PROMs strategy which will further enable us to drive quality improvement that brings patients’ voices and outcomes to the forefront.
3.2 ACHS ACCREDITATION EVENTS

3.2.1 PERIODIC REVIEW – ST VINCENT’S HOSPITAL AND SACRED HEART HOSPICE

The EQuiP National Periodic Review survey was undertaken by the Australian Council on Healthcare Standards (ACHS) at St Vincent’s Hospital Sydney (SVHS) – which includes Sacred Heart Health Service (SHHS) – over three days commencing 21st May 2018.

The survey team assessed SVHS as meeting all standards and made no recommendations, commenting that it was apparent that significant improvements had been undertaken since the 2016 survey with the introduction of numerous initiatives to empower staff to speak up for safety and to take responsibility for doing so.

The surveyors also commented that:

- Significant work had been undertaken to ensure that all policies and procedures are current and the system for managing them is sustainable.
- The Clinical Unit Morbidity and Mortality (M&M) system has been strengthened and the hospital-based M&M is operating well.
- The Clinical governance structure has been revised and support given to clinical units, some committees have been reorganised, for example, the Safe Harm Free Care committee was established in 2016 to incorporate several other committees and includes consumer representatives.
- Staff quality forums are held on a regular basis and staff support initiatives such as “it’s okay to ask” program have strengthened staff confidence to speak up when issues of concern are identified.
- The appointment of the inaugural antimicrobial stewardship (AMS) pharmacist has seen marked improvement in AMS governance, systems, policies, meetings and meeting minutes.
- The SVHS Mission and Values were well demonstrated in day-to-day activities caring for the vulnerable as well as in emergency situations.
- Increased involvement of consumers since the last survey. Consumers have attended the CEC seminar for consumers and conducted patient experience surveys enabling SVHS to obtain real time information.

3.2.2 ORGANISATION WIDE SURVEY (OWS) – ST JOSEPH’S HOSPITAL

An Organisational Wide Survey (OWS) was undertaken at St Joseph’s Hospital (SJH) 4 and 5 June 2018. The survey teams assessed SJH as meeting all standards and made no recommendations, commenting that it was apparent that significant improvements had been undertaken since the previous survey.

The surveyors were impressed by:

- SJH staff commitment to training, especially compliance with mandatory training, which was over 90% for all components
- Excellent Hand hygiene results across the campus
- SJH has extremely clean and well maintained facilities despite age
- Implementation of the Health Justice Partnership project at SJH
- SJH had 6 teams ranked in the top twenty teams recognised in the SVHA awards
- Active participation in the OWS by SJH staff, volunteers and consumers
- High level of satisfaction regarding quality of care was reported by the SJH Official Visitors
- Consumer involvement in Point of Care Surveys at SJH
- Introduction of the online medication locator
- Ongoing involvement of patients and carers in clinical handovers
- Introduction of clinical visual display boards for each ward at SJH
- SJH provides and is involved in an impressive range of health promotion activities
- End of life care is managed very well at SJH and there are some excellent palliative care initiatives present
- SJH has a strong culture of WH&S practices, including reporting hazards and incidents. SJH staff have a good awareness of WH&S issues and training
3.3 ETHOS

To proactively drive positive culture change, SVHA developed a peer-driven early intervention process called the Ethos program to be launched in November 2018 across our organisation. The program is designed to foster a culture of safety and respect to drive positive staff engagement and clinical outcomes.

The Ethos program is built on three principles; that all staff and patient should feel welcome, valued and safe. The program includes:

1. A validated, tiered accountability pathway (based on the principles of the Vanderbilt Promoting Professional Accountability model) and a peer driven early intervention process to provide a consistent and transparent approach to addressing unnecessary variation in behaviour;
2. A reporting system to allow a safe voice and capture reliable data; and
3. A package of capability building and training to equip leaders and staff with the skills they need to role model and teach safe behaviour.

Ethos provides an informal and pragmatic approach to addressing unsafe and unacceptable behaviours, and for recognising staff members who display role model behaviours that are consistent with our mission and values. Through the program staff will be trained to develop practical skills on how to speak up about observed positive and negative behaviours, and how to provide feedback in an informal, respectful, non-punitive way.

3.3.1 ETHOS IMPLEMENTATION

The first phase of implementation for Ethos involved the recruitment of a project implementation manager which occurred in June 2018. The next implementation phase involves staff participating in the Longitudinal Investigation Of Negative Behaviour (LION) survey to be conducted by Macquarie University during July and August (2018) and supported by an NHMRC funding grant of $1.2 million. The survey is an opportunity for staff to voice their experiences around communication, teamwork and a values based culture to provide baseline data prior to implementation of the Ethos program. The second phase of implementation involves comprehensive staff training and the final stage is the ‘Go Live’ with the program in November 2018.
3.4 CONTINUED MORBIDITY AND MORTALITY (M&M) PROCESS IMPROVEMENT

Throughout the 2017-18 period SVHNS remained focused on developing a more robust Morbidity and Mortality (M&M) process which included performing a follow up audit in the later part of 2017 to measure compliance. Overall compliance was 71% which was a significant improvement from 38% in the previous audit in 2016. SVHNS remains committed to ensuring that the M&M process is used to review cases resulting in adverse outcomes (or near misses) to implement systemic improvements at an organisational level. Further refinement and development of the M&M process and associated compliance checking will be a focus in 2018-19.

3.5 BETWEEN THE FLAGS / REACH

Data from SVH indicates that code blue medical emergencies were lower over the 2017-18 period when compared to previous years, whilst the number of code blue cardiac arrests appears to have increased slightly. All code blue cardiac arrests within SVHNS are now being audited. Average rapid response rates per month appear to have remained consistent.

There is a plan to re-establish the clinical emergency response committee (CERC) during 2018-19. This will involve engaging relevant stakeholders to improve governance around deteriorating patient issues and a thorough review of emergency call rates and trends.
### 3.6 INNOVATION & EXCELLENCE AWARDS

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<th>SUBMISSION</th>
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<td>1. Growth and Sustainability</td>
<td>Multidisciplinary Patient Assessment with MOSAIQ</td>
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<tr>
<td>2. Leading Reputation</td>
<td>Reboot on line – overcoming barriers via Australia’s first online multidisciplinary pain management program</td>
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<tr>
<td>3. Person Centred Care</td>
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<td>4. Best People in Health and Ageing</td>
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<td>5. Leaders in Catholic Healthcare and service to the poor and vulnerable</td>
<td>Stanford House</td>
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<td>Club Bright: Accessible Psychological Therapy for Older Adults</td>
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<td>7. Clinical Improvement</td>
<td>Reducing the incidence of Bowel related complications in Peritoneal Dialysis patients</td>
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<td>8. Best People in Health and Ageing</td>
<td>Building great health care teams</td>
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<td>9. Clinical Innovation</td>
<td>Opioid stewardship...a new approach to safe opioid discharge prescribing. Changing habits and measuring the results</td>
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<tr>
<td>27. Clinical improvement</td>
<td>Continence management of Acute Stroke Patients</td>
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3.7 ABORIGINAL HEALTH

Over 2017-18 SVHNS focussed on improving health outcomes for Aboriginal and Torres Strait Islander patients in accordance with SVHNS Aboriginal Health Plan 2017-2020.

One of the improvement areas for SVHNS over 2017-18 was increased follow up for Aboriginal patients within 48 hours of discharge and there are plans to implement processes to allow follow up of all Aboriginal patients. Strategies are being implemented to reduce the number of Aboriginal patients who leave hospital before being seen and who are readmitted within 4 hours and 28 days.

An additional 12 workshops for ‘Respecting the Difference’ training are to occur in 2018 to enable us to reach our attendance target of 100% of staff. A focus for SVHNS currently is on increasing our Aboriginal workforce to 150 by 2020 consistent with our Aboriginal Health Plan. We currently have 58 staff members who identify as Aboriginal.

The inaugural Deadly Yarn’n newsletter will be released later in 2018 to showcase both Aboriginal and non-Aboriginal people who are making a difference in contributing to closing the gap in Aboriginal Health. It is about sharing good news and staff and patient journeys.

3.8 FAMILY AND DOMESTIC VIOLENCE SCREENING

SVHNS employs a Manager for Domestic Violence and Community Care who is also responsible for coordinating our involvement in the routine screening snapshots.

Between May and November 2017, St Vincent’s Hospital participated in a pilot project introducing routine screening for domestic violence in our Emergency Department. 700 women were asked questions about domestic violence and 106 women positively identified. 100% of those women were offered referral to social work and all of those who consented were seen by a social worker within 1 hour. A final report for this project is forthcoming, though surveys and focus groups with clinicians and other key informants showed support for the feasibility of introducing routine screening in the Emergency Department with some changes to our protocol.

In the 2017 Routine Screening for Domestic Violence: (Snapshot 14: 1-30 November 2017) our Drug and Alcohol Service achieved a screening rate of 50% of eligible patients (8/16 possible). 40% positively identified domestic violence and 100% were provided with information and resources. The SVHNS Mental health Service screened 58% of eligible patients and 25% of those positively identified domestic violence. Of those who indicated they would like information and assistance in relation to the disclosure, 100% were provided with this assistance.

In 2018-19 SVHNS will continue with its enhanced program with more sessions than that offered in 2017-18.
3.9 HAZARD REPORTING

Staff embraced the introduction of the SVHA “report it” app over the 2017-18 period with a notable increase in hazard reporting.

Increased hazard reporting has been instrumental in preventing injuries by enabling our organisation to take proactive action to prevent staff harm and provides a positive example of our staff speaking up for safety.

3.10 REDUCED COMPENSABLE WORKPLACE INJURY

SVHN has worked consistently over a number of years to improve performance in relation to workplace injuries.

iCare is the public-sector insurer for government agencies of NSW. iCare has published workers compensation benchmarking data which indicates that SVHN had the lowest average claims costs across NSW Health for the period 2015/2016 to 2017/2018.

The incidence of 2017/2018 workers compensation claims was 3.1 claims / 100 FTE for SVHN and 3.25 claim / 100 FTE for NSW Health excluding Ambulance.

In 2017-18 there was a reduction in lost time injuries (LTIs) and the lost time injury frequency rate (LTIFR) at SVHNS, tracked by our monthly KPI scorecard.

As at 30 June 2018:

- SVHN LTIFR Target = 5.40 (12 month rolling average)
- SVHN LTIFR = 4.56 (Lost time injuries for 12 months / Work hours for 12 months x 1,000,000) which represents a 22.3 % reduction over a 12 month period

There was also a reduction in medical treatment injuries (MTIs) and medical treatment injury frequency rates (MTIFR) in 2017/2018. Sacred Heart Health Service (SHHS) has achieved a 44% reduction in their MTIFR which was well under the target of 16.43.

As at 30 June 2018:

- SHHS MTIFR = 13.5 (Medical treatment injuries for 12 months / workhours for 12 months X 1,000,000)
- SVHN MTIFR = 20.03 (Medical treatment injuries for 12 months / workhours for 12 months X 1,000,000)

which represents a 6% reduction over a 12 month period. Programs to support injured workers and reduce injuries with SVHNS include:

- A Hazard App was introduced in September 2017 to make it easier to report hazards. Hazard reporting has increased 41% across SVHNS over the last 12 months. A 77% increase in hazard reporting has occurred at St Joseph’s Hospital. SVHNS continues to promote hazard reporting in order to prevent injuries.
- Regular safety rounding by executives and managers.
- Executive leadership of the Work Health and Safety (WHS) Committee.
- Managers attending SVHA Frontline Management Training (5 day training including one day WHS training day). About 150 Managers and team leaders have attended to date. Feedback has been positive with participants advising they have been able to contextualise knowledge in key areas.
- Recovery at Work Team developing skills in motivational interactions to improve experience for injured workers.
- Recovery at Work Program includes initiatives to target injured workers most at risk of poor outcomes Work Injury Screening and Early Intervention (WISE) Progressive Goal Attainment Program (PGAP).
- All lost time injuries continue to be reported to the CEO by line managers and a meeting is held with the CEO to discuss how the incident occurred, the support for the injured worker and how the injury can be prevented in the future.
3.11 ST JOSEPH’S HOSPITAL QUALITY IMPROVEMENT ACTIVITIES IN 2017-18

The key safety and quality improvements specifically achieved at St Joseph’s Hospital in 2017-18 included:

- **Point of Care Patient Survey** – This was conducted in May 2018 with staff from St Joseph’s Hospital as well as two consumer representatives. Patients and/or their carers across all clinical inpatient units were interviewed to obtain their perspectives on the level of care provided, their inclusion in discussions around their treatment, progress and discharge plans, and to review their knowledge of the REACH program/patient information compendium.

- **Code Blue Audit** – A file review of all inpatient Code Blue incidents was carried out to ensure adequate care escalation systems, policy compliance in relation to recognising and managing a deteriorating patient, and appropriate reporting. The results indicated in all instances appropriate recognition of clinical deterioration and management was undertaken.

- **The Communication and Assistive Technology (CAT) Clinic** – An evaluation was performed of the joint Speech Pathology and Occupational Therapy clinic which provides specialised assessment, intervention, and provision of technological devices for people with neurological conditions resulting in communication and movement disorders. Evaluation of patient outcomes demonstrated increased utilisation and high levels of patient and carer satisfaction with the service.

- **Nursing Care Plan Audit** – This was undertaken for admissions during 2017 to the Aged Care Psychiatry, Rehabilitation and Palliative Care wards. The aim was to identify areas for improvement in documentation compliance and content, and timeliness for completion.

- **Violence Prevention Management Training** – Training was rolled out for staff to build capability in de-escalation & breakaway techniques as well as the use of restraints.

- **Healthy food and drinks initiative** – As a health service provider, St Joseph’s Hospital is setting a good example by implementing healthy food options for staff and visitors including the removal of sugary drinks and unhealthy foods from sale.

- **CEO and Executive Safety Walkarounds** – Senior Management demonstrates due diligence by taking a leading role in managing health and safety first hand when visiting the Wards and Units in the hospital

- **Icare Paralympian Speaker Program** – As part of Safety Month, a presentation to staff was conducted by Paralympian Mr Nigel Smith, to raise workplace safety awareness through his inspirational story following a workplace accident. He shared his story in the hope that everyone at work understands the importance of working safely and to keep striving for a safe workplace.

- **St Joseph’s Hospital Elder Abuse Health Justice Partnership** – This program commenced in 2017 onsite at the hospital and involves having a pro-bono lawyer onsite at the hospital to advice patients and staff regarding any identified concerns about elder abuse.

- **Guidelines for Motor Neuron Disease (MND) Clinics in Australia and potentially for other neurological degenerative diseases** – This tool was developed to facilitate change and improved access to oral care in the acute, sub-acute and community settings at St Joseph’s Hospital as well as influence oral care at SVH by launching ‘LOOK INSIDE & CLEAN MY MOUTH’ Campaign.
4 MENTAL HEALTH

4.1 DURESS INCIDENTS (CODE BLACK) AND SEDATION & RESTRAINT

SVHNS Mental Health service routinely records the highest number of new to service consumers of any other NSW hospital (as recorded in the Ministry of Health New Client Index). Many clients of the service reside out of the local area, interstate or overseas. SVHS MHS clients frequently present with complex comorbidities including drug and alcohol problems, physical health problems and have high rates of homelessness and associated health problems.

Since the implementation of the SVHN Code Black procedure in 2015 and the Emergency Department Sedation and Restraint Project in 2017 we have seen a significant decrease in our overall Code Black/duress incidents, and in Code Black events that result in sedation and restraint for our patients. The reduction in these types of incidents is the result of a significant body of work involving Security, ED, Mental Health, and Incident Response staff.

Staff from these areas underwent training in violence prevention and are instrumental in driving significant cultural change around how to improve behavioural disturbance management.

Staff across our organisation have become more proactive in managing potential violence and aggression, contributing to a significant reduction in potentially traumatic episodes for our most vulnerable patients.

![Frequency of Code Black/duress incidents](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Black/duress events involving sedation and restraint (%)</td>
<td>71%</td>
<td>45%</td>
<td>38%</td>
<td>27.3%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Restraint and Sedation Incidents (number)</td>
<td>432</td>
<td>380</td>
<td>276</td>
<td>187</td>
<td>130</td>
</tr>
<tr>
<td>Code Black/duress Incidents (number)</td>
<td>606</td>
<td>851</td>
<td>718</td>
<td>684</td>
<td>458</td>
</tr>
</tbody>
</table>

Source: SVHNS Mental Health Service
4.3 AVERAGE DURATION OF SECLUSION (HOURS)

SVHNS maintained a relatively consistent average duration of seclusion over the 2017-18 period of 2.3 hours for the full year’s performance. Well below the NSW Health upper limit of less than 4.0 hours.

To further drive down seclusion, a project that was conducted in 2016-17 and had success reducing seclusion incidence and duration is being revisited to refresh the strategies that had previously been successful.
4.4 MENTAL HEALTH CONSUMER EXPERIENCE MEASURES (YES)

The Your Experience of Service (YES) questionnaire asks consumers about their experiences of mental health care. It is offered to consumers of hospital, community and community residential public Mental Health Services. YES is a nationally developed questionnaire designed to gather information from consumers about their experiences of care. YES was rolled out in NSW Mental Health Services in early 2015.

SVHS has struggled to gather traction in the ambulatory sector, this issue is not unique to St Vincent’s, as the NSW average returns are just 4%. Unfortunately performance in regard to completion of this survey has not improved since 2016-17. Newly appointed Peer workers within the Community Mental Health team will be responsible for collecting this survey and this will be a focus area for improvement during the 2018-19 period.
4.5 ABSENT WITH OUT LEAVE (AWOL)

Reducing Absent Without Leave (AWoL) incidents is an important area for improvement by SVHNS as the potential for real patient harm is significant, especially with involuntary patients. There were three Type 1 (i.e. involuntary patients absconded from the inpatient units) AWOL incidents over the 2017-18 period in which patients absconded from either Caritas or the Psychiatric Emergency Care Centre (PECC) and this represented an increase from one incident in 2016-17. In addition, there were some episodes where patients failed to return from approved leave, either escorted (Type 2) or unescorted (Type 3).

All AWoL events are reported as ‘SAC 2’ incidents in the SVHNS incident management system and are notified to all of the Hospital Executive.

The Mental Health Executive review all cases to determine whether it is necessary to call a critical incident meeting within a 24 hour period what level of response is required.

Additionally, all AWoL events are tabled at the Mental Health / Homeless Health Clinical Governance meeting, where events, trends and strategies to improve safety are considered.

Our Caritas Mental Health Unit has developed an information brochure for patients, carers, families and friends which explains the different types of inpatient leave with a focus on encouraging contact with the treating team if there are any concerns that arise during escorted or unescorted leave.

The importance of reducing AWoL incidents is regularly communicated with staff during staff meetings and patient handover, as is the need to include families in decision making and patient management decisions.

An overarching mental health strategy is being developed involving consumers, families and carers as stakeholders. There will be ongoing discussion and promulgation of the strategy to all staff when complete.
4.6 BUILDING A BETTER CLINICAL ENVIRONMENT FOR OUR PATIENTS AND STAFF

4.6.1 EMERGENCY DEPARTMENT REDEVELOPMENT INCLUDING PSYCHIATRIC, ALCOHOL AND NON-PRESCRIPTION DRUG ASSESSMENT (ED PANDA) UNIT

The NSW Government has provided $12M to support redevelopment of the St Vincent’s Hospital Darlinghurst ED including creation of six new PANDA beds.

SVHNS prepared and submitted a Business Case to NSW Health to formalise the capital funding for the ED PANDA project which was executed in June 2017. St Vincent’s is contributing $5.7M in local funding towards the project (ETC $17.7M).

Once completed, this project will significantly improve the care of this patient cohort.

4.6.2 HAEMATOLOGY, BLOOD AND MARROW TRANSPLANT UNIT (HBMT)

The HBMT Unit project aimed to transform the current haematology ward into a state-of-the-art inpatient unit with positive pressure mechanical ventilation systems creating an optimal environment for contemporary and innovative models of care for public patients in NSW.

The design development commenced in April 2017 and was finalised in August 2017. The former ward was decommissioned in October 2017 for a period of approximately 10 months to enable construction works to proceed.

Construction to create 20 new patient single rooms commenced 16 October 2017. Project funding was made available by the friends and benefactors of The St Vincent’s Curran Foundation (ETC $7.3M).
5 PATIENT EXPERIENCE

SVHNS remains committed to understanding the experiences of our patients and their carers and this information is relied upon to inform targeted strategies for improvement. Patient experience data is collected from several sources, including through an external private provider (Press Ganey Australia), the BHI, the YES survey, patient stories and “Real Time Patient Experience” surveying.

Measuring and improving patient experience is a core element of the SVHNS Person Centred Care Program (a component of the SVHNS Quality and Safety Strategic Plan) and is linked closely to the SVHA mission values of Compassion, Justice, Integrity and Excellence.

The patient experience data collected through Press Ganey (PG) provides a comprehensive snapshot of the population. In 2017 PG introduced international benchmarking of all data and access to the PG USA “Improvement Portal”. This portal tracks continuous improvement with quick reports, allows easy identification of improvement opportunities and identifies targeted action for performance improvement. The Bureau for Health Information (BHI) surveys capture data (e.g. emergency department and Outpatients) not identified through other means.

Patient stories are captured and presented at various peak committee meetings by staff from all disciplines across SVHNS. The Person Centred Care Committee (PCCC) reviews feedback from consumers to identify trends and areas for improvement. A flowchart for how to escalate concerns identified by our consumers is in development and will allow their voice to be more evident in improving patient experience.

Patient stories were used to develop the Aboriginal Heart Health Website, an interactive website aimed at improving the health of our aboriginal community. This website is now being used across other LHD’s.

This example provides good insight into how patient stories may be used to drive improvements in our patient care.

“Real Time Patient Experience” surveying continues to be developed and administered across SVHNS predominantly by Consumers. SVHNS is currently working on an audit schedule to provide more accountability of this initiative.

In late 2018-19 SVHNS will be moving to a different model to collect patient experience data. This model will have 2 distinct features: texting patients on discharge with 3 key questions about their experience and surveying for one quarter of the year instead of continuous surveying. This model has been adopted by SVHA and will be implemented across all sites.
Patient Centred Care Index

The provision of truly patient centred care is a key focus area of The Leading Safety, Inspired Care Strategic Plan (2016-20).

SVHNS is deeply committed to creating a compassionate and consistently positive patient experience. Developing clinical teams that put the patient at the centre of decision making is fundamental to achieving this goal.

In 2017-18 SVHNS refocussed efforts to engage clinical staff to manage and action patient feedback. This refocus coincided with a steady improvement in our (Press Ganey) patient centred care index and our patients’ “willingness to recommend” our service.

Overall Patient Experience and Patient Engagement indices

SVHNS performed above the target for both the Overall Patient Experience and patient engagement indices (based on the data from the NSW Patient Survey Program) during the 2017 calendar year. However during the latter part of 2017 both indices dropped below the target level. There were a number of organisational issues that occurred at that time that could explain these declines. Continued attention on addressing patient concerns and promoting a stronger commitment to truly patient centred care is hoped to reverse these declines.

Overall Patient Experience Index

<table>
<thead>
<tr>
<th>Oct-Dec 2017</th>
<th>Target</th>
<th>Variance</th>
<th>% Var</th>
<th>Perf</th>
<th>LY</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3</td>
<td>8.5</td>
<td>-0.2</td>
<td>-2.0%</td>
<td>![Alert Icon]</td>
<td>9.0</td>
</tr>
<tr>
<td>7.9</td>
<td>8.5</td>
<td>-0.6</td>
<td>-7.0%</td>
<td>![Alert Icon]</td>
<td>8.6</td>
</tr>
</tbody>
</table>
6  CULTURE AND CAPABILITY

6.1 CULTURAL COMPETENCE TRAINING

Cultural competence training including the Respecting the Difference Cultural Training Framework, helps to bring understanding and an awareness of the responsibility on all staff to ensure people across all levels of the organisation are culturally aware. Desired behaviours and attitudes are promoted through the program and become embedded in our workplace culture, so that our mission can be lived and ministered to all in our care to the best of our ability on a day to day basis.

Respecting the difference was rolled out in 2014 across SVHNS and the reach and uptake of the program has been significant across all disciplines leading to improved cultural competence. Over the 2017-18 period we had 468 staff members participate in the Respecting the Difference training. This represented a significant increase from the 288 staff who participated during the 2016-17 period.

There has been a positive impact on relations between Aboriginal and non-Aboriginal staff, patients, families and the communities we serve. Participant feedback about the training is positive with the majority of staff evaluating the program as meeting course objectives and increasing their knowledge and understanding.

6.2 SVHA CAPABILITY FRAMEWORK – FRONTLINE DEVELOPMENT PROGRAM

SVHNS has continued to embed the SVHA Capability Framework during 2017-18 into key processes such as job design, recruitment and performance management, performance review and learning and development programs. The Framework was designed to support learning and development needs across the organisation, and also assists employees to understand the workplace behaviours expected of them.

The SVHA Capability Framework has been mapped to align to our strategy- enVision 2025 and other strategic documents such as The Leading Safety, Inspired Care Strategic Plan (2016-20) and is embedded across Learning and Development programs such as the Frontline Development Program (FDP).

The SVHA FDP is a program tailored to the SVHA work environment and culture and provides opportunities for managers to develop their ability to manage teams more effectively. The workshops are undertaken in additional to mandatory NSW Health training requirements.

The Program aims to develop the core qualities of good leadership, including:

- A clear set of core values aligned with the organisation
- Pro-social behaviour that is co-operative and assists others
- The ability to inspire others to achieve common goals
- High resilience to obstacles and stress
- Capacity to develop creative and innovative solutions
- Sound decision making abilities
- In 2017-18, 86 managers completed the full 5 day program. There were 7 intakes across the year with 35 full days of teaching and 126 modules delivered. The program will continue to be offered throughout 2018-19.
6.3 OTHER CULTURE DEVELOPMENT INITIATIVES

At SVHNS, we are committed to a culture built on three principles; that all staff and patients feel welcome, valued and safe.

SVHNS participates in an annual culture survey administered by Gallup Inc. Last year’s survey ran throughout August 2017 and results were released across the Network in late November/December 2017.

After the release of the results in late November 2017, the HR department engaged an Organisational Psychologist from SVHA Learning and Development to assist managers with interpreting the results and offer action planning support and coaching via telephone. The Organisational Psychologist also assisted managers to identify staff strengths to support individual development.

The Gallup survey will continue to run annually in March each year.

6.4 SPEAKING UP FOR SAFETY

St Vincent’s Health Network Sydney (SVHNS) expects that line managers and clinical staff should escalate clinical concerns. In light of the difficult lessons from the chemotherapy under-dosing inquiry, SVHNS took action in a number of areas to ensure that line managers and clinical staff are supported to meet these expectations.

Previously St Vincent’s engaged staff through “It’s OK to ask” and “You’re the Voice” campaigns to drive cultural change. The campaigns aimed at ensuring patient safety is paramount through encouraging a culture of open dialogue between all staff which is based on mutual respect.

St Vincent’s rolled out phase two of the ‘It’s OK to Ask’ campaign – the REACH program – which focused on patients and their families.

Further campaigns were subsequently designed to build on the progress made with the initial strategy. “You said, We Did” campaign, with the slogan “Speak up, you’ll see the difference!” aimed to encourage staff speaking up by emphasising the commitment to provide feedback when issues are raised. The “I am the Director of Patient Safety” campaign was a further strengthening of the theme of speaking up for safety and was launched at the first safety and quality forum held in 2017.

Implementation of the Ethos program (see priority initiatives for details) will be the final iteration of the organisation’s strategy to build a culture that supports speaking up for safety to improve the quality and safety of the care we provide patients and create a better working environment for staff.
6.5 VOLUNTEERS AND CONSUMERS

SVHNS continues to engage 161 active volunteers in 26 roles who are supported by two Volunteer Coordinators in the Darlinghurst and Auburn campuses with the Director of Mission as the Executive sponsor. They provide invaluable assistance to our organisation. Upon commencement, Volunteers attend Corporate Orientation along with all new staff and are buddied with experienced volunteers. Volunteers attend mandatory training annually which includes core areas of Workplace Health and Safety, Fire Evacuation and Hand Hygiene, delivered in conjunction with Learning & Development Department.

Volunteers are supported in line with the National Standards for Volunteer Involvement. Volunteers are provided with role descriptions and have annual reviews which provide a formal opportunity to provide feedback about their experience. Volunteers are recognised along with staff at annual service awards and have access to the Employee Assistance Program. The commitment and contribution of volunteers is celebrated during National Volunteer Week and at the Volunteer Christmas Party.

SVHNS also engages consumer representatives who contribute their time, experience and expertise with the aim of improving patient experience. Consumer representatives participate in peak and local committees, provide advice on projects and initiatives, and support patients in clinical areas with support from the Consumer Participation Coordinator. In 2017-18 consumer representatives contributed to the organisation’s periodic review with participation in interviews with surveyors about their experiences as consumer representatives. Consumer representatives provided input on committees, supported patients and fed back questions and issues to managers. They also raised concerns about patient experience and provided valuable feedback on hospital projects and initiatives.

6.6 RESEARCH

In 2017, the organisation embarked on a strategic planning process to assess strengths and challenges and plan for the future of a truly integrated healthcare campus as Darlinghurst. Our aspiration is for the campus to be recognised worldwide for excellence in key services across research and clinical care.

Researchers across the campus published 786 journal publications, won 18 awards and our PhD students increased from 110 to 127. Our research income increased to over $8,000,000 including over $2,500,000 from NHMRC/ARC sources.

The next steps in our research strategic plan is to integrate a realistic research agenda into the six strategic commitments including precision medicine, ambulatory models of integrated care, telehealth and virtual care, creation of centres of excellence around a number of flagship clinical services and care to the poor and vulnerable.

The St Vincent’s Hospital (SVH) Research Office manages the St Vincent’s Hospital Human Research Ethics Committee (HREC) and is responsible for research governance across SVHNS. Our peak research enterprise, St Vincent’s Centre for Applied Medical Research (AMR), continues to grow with new clinical research programs and clinical trials in HIV and viral hepatitis, neurosciences particularly in treatment of Alzheimer’s disease, addiction medicine, rehabilitation and intensive care. Clinical research in neurodegenerative diseases has been hastened by the appointment of a medical research fellow to oversee medical aspects of experimental treatments outside of the traditional outpatient clinical environment.

The growth in clinical trials across the campus has been significant and with the NSW Ministry of Health review of early phase clinical trials in NSW there was an opportunity to reform our clinical research activities to align with state wide priorities. The research agenda at SVHNS continues to evolve and AMR's mission is to support our research community to provide the tools and world class facilities that fosters innovation and high quality work.
7 SAFETY INDICATORS

7.1 FALL RELATED INJURIES IN HOSPITAL

Reducing patient falls has been identified by SVHNS as a focus area for improvement through the Leading Better Value Care initiative and the SVHNS Falls Prevention Working Group.

SVHNS is in the process of implementing a revised falls prevention policy to be rolled out across the organisation. Two staff have been supported to attend the Joanna Briggs Institute (Adelaide) with their project work focused on falls reduction.

Source: MOH Performance Report, Aug 2018

7.2 HAND HYGIENE COMPLIANCE

SVHNS continues to perform above the SVHA benchmark for hand hygiene (SVHA peer average 83%). SVHNS also performs above the NSW and Australian averages.

The importance of hand hygiene and the role it plays in reducing infection is a message which is continually reinforced to staff.

Source: SVHA Scorecard, July 2018
7.3 **SURGICAL SITE INFECTIONS**

SVHNS performed better than benchmark for surgical site infections for a majority of the 2017-18 period. A continued focus on this issue supports ongoing good performance.

Source: MOH Performance Report, Aug 2018

7.4 **HOSPITAL ACQUIRED PRESSURE INJURIES**

SVHNS performed better than target for pressure injuries for a majority of the 2017-18 period. A continued focus on this issue through annual point prevalence audits and implementation of a robust wound and pressure injury strategic plan supports ongoing better-than-benchmark performance.

Source: MOH Performance Report, Aug 2018
8 TIMELINESS AND ACCESSIBILITY

8.1 EMERGENCY TREATMENT PERFORMANCE

Emergency Treatment Performance (ETP) improved but remained challenged throughout 2017-18. ETP remains a priority performance area for the organisation and a workgroup including collaboration with the Ministry of Health has been formed to identify opportunities and implement strategies for improvement.

Source: MOH Performance Report Aug 2018

8.2 TRANSFER OF CARE ≤ 30 MINUTES (%)

Transfer of care also improved but remained challenged throughout 2017-18. TOC remains a priority performance area for the organisation and a workgroup including collaboration with the Ministry of Health has been formed to identify opportunities and implement strategies for improvement.

Source: MOH Performance Report Aug 2018
9  FUTURE PLANS

9.1 SAFETY AND QUALITY IMPROVEMENT STRATEGIES FOR 2018-19

The focus for quality and safety improvement for 2018-19 will continue to be guided by our Patient Safety and Quality Strategic Plan: Leading Safety Inspired Care, 2016-2020. Priority strategies for 2018-19 have been drawn from the four key areas of the plan:

1. Build leadership capability and capacity for Continuous Practice Improvement
   - Implementation of Ethos program
   - Development of Quality Improvement Framework and strategy to align with the introduction of the new Daily Management System
   - Implement Quality Improvement Activities Register (QIAR) as central source for quality improvement activities.
   - Further development of our Recognition and Rewards Program

2. Safe care, free from preventable harm
   - Key focus is on addressing Hospital Acquired Complications including for example progressing the Wound Care strategic plan and implementing changes to improve assessment and management of patients at high risk of falls
   - Improving the identification and escalation of deteriorating patients
   - Further review and improvement of the effectiveness of morbidity and mortality meetings.

3. Reliable, effective and efficient care
   - Development of a cogent local audit matrix and strategy including participation with in the SVHA Clinical Assurance and Reliability Program (SCARP)
   - Further implementation of the Leading Better Value Care program priorities

4. Person Centred Care Strategies
   - Progress strategic plan for Advanced Care Planning and End of Life Care
   - Development of point of care surveys for use in all clinical units
9.2 CONTINUOUS QUALITY IMPROVEMENT

A key goal is to strengthen our culture to positively influence the behaviour of caregivers so that safety and quality improvement becomes simply, “the way we do business”.

SVHNS is committed to building its capacity to lead in the areas of patient safety and quality improvement, through strengthening staff capability and embedding a culture of quality care. Building leadership and the capabilities of our staff is therefore one of our highest strategic priorities. Education and training to develop leaders and in continuous improvement not only equips staff to lead and manage change but also drives the creation of an organisational culture of excellence and achievement.

Programs and activities to promote this agenda that were run in 17/18 include:

- Three candidates participated in the CEC’s Executive Clinical Leadership Program
- SVHNS Continuous Practice Improvement (CPI) program with 12 teams participating in the program
- Four staff completed the Lean Six Sigma (Yellow belt) training and two staff progressed their training with a view to completing in 2018-19
- Three staff commenced the Redesign Graduate Certificate at the Centre of Healthcare Redesign through the Agency of Clinical Innovation in partnership with the University of Tasmania

In 2018-19, there will be increased attention given to developing the capability of staff across the organisation to improve the care they are providing. This work will coincide with the implementation of our Daily Management (operational) System.
NOT JUST ANOTHER POSTER CAMPAIGN

THIS IS OUR ETHOS

A PROGRAM WITH EASY TO USE SUPPORTS FOR ALL STAFF

Creating a safe and respectful workplace – for us, by us.