Leading Safety Inspired Care

PATIENT SAFETY AND QUALITY

Strategic Plan 2016 – 2020

ST VINCENT'S HOSPITAL
SYDNEY

SACRED HEART
HEALTH SERVICE

ST JOSEPH'S
HOSPITAL

Inspired to
Care

OUR MISSION AND CATHOLIC VALUES

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, St Vincent's Health Australia'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.

ACKNOWLEDGEMENT OF TRADITIONAL CUSTODIANS OF THE LAND

We would like to acknowledge the Traditional Owners of the land on which we live and work, the Gadigal People of the Eora Nation and the Wategora people of the Darug Nation. We pay respects to Elders past and present and we walk and work together in the journey of improving Aboriginal and Torres Strait Islander Health outcomes.

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FOREWORD

In an increasingly complex healthcare environment, the delivery of safe, high-quality, compassionate care is a growing challenge. And whilst St Vincent's Health Network Sydney (SVHNS) has always risen to this challenge, patient feedback reminds us that we must strive to do better.

In the tradition of the Sisters of Charity, our Values and Mission of service to the poor and vulnerable, as well as our history as one of the pre-eminent healthcare institutions in Australia, we have established a strong foundation upon which we can improve and respond to the challenge with commitment and determination.

To ensure that the safety and the quality of the care we deliver to our patients remains our highest priority, the *Leading Safety Inspired Care (2016-2020 Patient Safety and Quality) Strategic Plan* outlines strategies that will drive greater involvement of patients and families in the provision of truly patient centred care; and commit ongoing investment in our people to build capability and capacity for continuous improvement, teamwork and leadership. Our ongoing commitment to evidence-based practice, systematisation and standardisation of our care processes are quality foundations that underpin these efforts.

The commitment and accountability by all staff to the achievement of this plan is fundamental to its success. And through authentic engagement with our consumers, we will work together as equal partners to create a more compassionate health service aligned to the needs of our patients. It's only through this combined effort of our staff and engagement of our consumers that we can truly embed improvements to drive an organisational-wide culture of innovation and excellence.

St Vincent's Health Network Sydney strives to be recognised nationally and internationally, as a leader in patient safety, patient experience and in the delivery of the highest quality clinical outcomes. The *Leading Safety Inspired Care Strategic Plan* clarifies the vision and our commitment to the means by which we will realise our patient safety and quality of care goals.

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

PURPOSE OF THIS PLAN

At St Vincent's Health Network Sydney (SVHNS), the *Leading Safety, Inspired Care (2016-2020 Patient Safety and Quality) Strategic Plan* articulates our goals and objectives to enhance patient safety and quality.

St Vincent's Health Network Sydney (SVHNS) comprises of three recognised establishments: St Vincent's Hospital, Darlinghurst; Sacred Heart Health Service, Darlinghurst and; St Joseph's Hospital, Auburn. The Network is part of an integrated group of clinical services that aim to ensure timely access to appropriate care for all residents in New South Wales. The Darlinghurst campus precinct also comprises of St Vincent's Private Hospital, St Vincent's Clinic, The Victor Chang Cardiac Research Institute, The Garvan Institute of Medical Research, The Kinghorn Cancer Centre, St Vincent's Centre for Applied Medical Research (AMR) and numerous teaching and training facilities.

Four key focus areas, based on contemporary quality and safety literature, underpin the goals and strategies expressed in this plan:

1. Patient Centred Care
2. Safe, Harm Free Care
3. Reliable, Effective and Efficient Care
4. Leadership and Capacity for Improvement

The SVHNS *Leading Safety, Inspired Care Strategic Plan* articulates a range of strategies within these performance areas that are essential to how safe and evidence-based practice can be consistently applied at the local setting [1,2], These serve to:

- Improve outcomes whilst simultaneously guiding practice [3].

- Further involve clinicians, consumers and their families in all levels of decision-making.

- Support the translation of evidence into standard practice [4].

- Reduce the potential for error through established checks and balances [4].

- Increase efficiency, promote initiation of high quality responses and establishment of rapid communication and treatment pathways.

- Enable consistent monitoring of key outcome indicators to provide insights into unwanted clinical variation [4].

- Facilitate continuous improvement and evaluation of evidence-based models of care [5].

The purpose of this *Leading Safety, Inspired Care Strategic Plan* is to:

- Outline our priorities of delivering safe, compassionate quality patient care; developing high performing reliable systems and fostering a culture built for improvement.

- Provide a framework to align our people and systems to provide compassionate quality care that is highly reliable for each and every patient we serve.

- Embed a standardised approach to improvement across the organisation, creating an enhanced culture of quality improvement where outcomes are celebrated.

The *Leading Safety, Inspired Care Strategic Plan* provides an overview of initiatives planned over the next five years. It reflects the priorities identified in enVision 2025 and provides detail on specific programs and activities, as well as system changes required to deliver on our priorities.

OUR NATIONAL STRATEGY: ENVISION 2025

In 2015, St Vincent's Health Australia (SVHA) launched an ambitious new strategy for the entire organisation called enVision 2025. This strategy is the roadmap for how SVHA will deliver on our mission. enVision 2025 identifies priorities for the next 10 years across the broader St Vincent's Health Australia group.

The *Leading Safety, Inspired Care Strategic Plan* aligns with the enVision 2025 strategy and reflects our shared commitment to our mission. Through person centred care, clinical and operational excellence and developing the best people in health, together we are striving for something greater.

Details of our enVision 2025 strategy can be found at: http://svha.org.au/home/about-us/our-strategy-2025

OUR CLINICAL SERVICES STRATEGY 2026/27

Our Clinical Services Strategy 2026/27 articulates a vision for St Vincent's as it adapts to meet scientific, clinical, pastoral and financial challenges of 21st-century healthcare. It will underpin the delivery of safe, high quality and value for money healthcare, and contains six strategic commitments, focused on: precision medicine; new ambulatory models of integrated care; telehealth and virtual care delivery; world-class treatment, research and training; compassionate care and service of the poor and vulnerable; and development of more cost effective models of care.

[1] Jun, J., Kovner, C. T. and Stimpfel, A. W. (2016) 'Barriers and facilitators of nurses' use of clinical practice guidelines: An integrative review', *International Journal of Nursing Studies*, 60, pp. 54-68.

[2] Porteous, J. (2015) 'Massive Transfusion Protocol: Standardising Care to Improve Patient Outcomes', *ORNAC Journal*, 33(2), pp. 13-30.

[3] McCarty, L. K., Saddawi-Konefka, D., Gargan, L. M., Driscoll, W. D., Walsh, J. L. and Peterfreund, R. A. (2014) 'Application of process improvement principles to increase the frequency of complete airway management documentation', *Anesthesiology*, 121(6), pp. 1166-1174.

[4] Bartlow, K. L. (2016) 'Nurses' Knowledge and Adherence to Sudden Infant Death Syndrome Prevention Guidelines', *Pediatric Nursing*, 42(1), pp. 7-13.

[5] Hoare, K. J., Mills, J. and Francis, K. (2012) 'The role of Government policy in supporting nurse-led care in general practice in the United Kingdom, New Zealand and Australia: an adapted realist review', *Journal Of Advanced Nursing*, 68(5), pp. 963-980.

PRINCIPLES

The principles that underpin the *Leading Safety, Inspired Care Strategic Plan* reflect well accepted and evidenced based concepts that underpin safe, reliable and high quality healthcare. These concepts are also inspired by our organisational Mission, Vision and Values and echo reasonable patient expectations for example as laid out in the Charter of Patient Rights[1].

1. **Safe Care, free from preventable harm**
   Safety is our highest priority, and we work relentlessly to avoid preventable harm.

2. **Collaborative, Patient Centred, Compassionate Care**
   We involve patients in their care, respecting and responding to their choices, needs and values and treating them with dignity and respect.

3. **Engaged and Capable Clinicians**
   Clinicians are skilled and capable, utilise evidence based practices and are involved throughout the organisation including leading clinical improvement initiatives.

4. **Continuous Quality Improvement**
   Continuous Quality Improvement is a central business strategy and improving care processes and patient experience is everybody's business.

5. **A learning organisation committed to openness, transparency and a Just Culture**
   We avoid blame to facilitate learning from mistakes, we take the necessary steps to prevent repeated harm and support staff to understand their responsibilities and be accountable for the care they provide.

6. **Knowledge-based care and improvement**
   Accurate, timely information supports clinicians to provide the best care that is underpinned by evidence.

STRATEGIC THEMES

The *Leading Safety, Inspired Care Strategic Plan* is based on developing a foundation of leadership and capacity for improvement by all staff. This foundation will enable a consistent and embedded approach to safety and quality, where a culture of quality improvement is evident at St Vincent's Health Network Sydney.

At St Vincent's Health Network Sydney, we are focused on:

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[1] Australian Commission on Safety and Quality in Health Care (2008): https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/

Person centred care

- We create a compassionate and consistently high quality patient experience.

- We create clinical teams that put the individual at the centre of decision making.

- We collaborate with our consumers to create an extraordinary patient experience.

Safe, harm free care

- We strengthen care delivery systems to ensure patients receive the right care intended for them.

- We enhance frontline capability to deliver best practice care within a positive safety culture.

- We strive relentlessly to eliminate preventable harm.

Reliable, effective and efficient care

- We enhance consistency of care delivery, by everybody, all the time.

- We monitor clinical variation against evidence based practice and use data to improve our practices.

Building leadership, capacity and capability for continuous practice improvement

- Our leaders are responsible and accountable for quality transformation.

- We ensure that a standardised approach to improvement is in place across the organisation.

- We establish a culture of quality improvement where outcomes are celebrated.

- We create an organisation where continuous improvement is a central strategy and is everybody's business.

STRATEGY FOUNDATION AND PRIORITY AREAS

PURPOSE

To align our people and systems to provide compassionate quality care that is highly reliable for each and every patient we serve.

VISION

To be the leading provider for safe, effective and precision care in Australia.

OUTCOMES

Safe, compassionate quality patient care	High performing reliable systems	A culture built on improvement

PRIORITY AREA

Person centred care
- Create a compassionate and consistently positive patient experience
- Create clinical teams that put the patient at the center of decision making

Safe, harm free care
- Strengthen care delivery systems to ensure patients receive the right care intended for them
- Enhance frontline capability to deliver evidenced based care within a positive safety culture

Reliable, effective and efficient care
- Enhance consistency of care delivery every day of the week
- Clinical variation against evidence based practice is monitored and used for improvement

FOUNDATION

Leadership and capacity for improvement
- A standardised approach to improvement is in place across the organisation
- An enhanced culture of continuous improvement is evident and outcomes are celebrated

SVHA VALUES

Compassion

Justice

Integrity

Excellence

FOUNDATION: LEADERSHIP AND CAPACITY FOR IMPROVEMENT

A culture of continuous quality improvement across the organisation is critical for sustainable progress toward the delivery of the safest, high quality care. Therefore, 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".

Therefore, at St Vincent's Health Network Sydney, we are committed to building our 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 will be one of our highest strategic priorities. Education and training 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.

WHAT WILL SUCCESS LOOK LIKE?

- A standardised approach to improvement is in place across the organisation.

- An enhanced culture of quality improvement is evident and outcomes are celebrated.

- The organisation moves from unrelated pockets of improvement activity to improvement activity aligned with measurable, organisational goals.

- Transition from improvement gains confined within individual projects to learning transferred throughout the system.

- Change from leadership of improvement as a positional responsibility to leadership of improvement at every level of the system.

- Systems are in place which support a quality improvement culture across the organisation.

- Quality improvement is a priority of all staff, with clear commitment and accountability from the leadership team.

- Staff continually seek opportunities to improve practice and are capable of leading quality improvement.

HOW WILL WE GET THERE?

- Establishment of a centralised system to manage quality improvement activities, where initiatives are endorsed and aligned with organisational goals.

- Development of an organisational Quality Improvement Framework that guides, promotes and facilitates improvements in quality, safety, efficiency and affordability at every level.

- Monitoring and measurement of quality improvement initiatives to support sustainability and continued performance.

- Workforce engagement to develop quality improvement leadership skills through education, training and opportunities in practice.

- Ensuring consistent utilisation of tools to develop and implement quality improvement initiatives to address variation.

- Integration of patient safety and quality priorities with staff recognition programs, including organisational activities such as the SVHA Innovation and Excellence Awards.

- Sharing knowledge and lessons from quality improvement initiatives through regular communications and focused campaigns.

I am

the Director of Patient Safety & Quality

AT ST VINCENT'S HOSPITAL

Philippa O'Brian Other job: Radiographer

AT ST VINCENT'S HEALTH NETWORK SYDNEY, PATIENT SAFETY AND QUALITY IS EVERYBODY'S BUSINESS.

A healthcare culture of safety promotes understanding of the high-risk, error-prone nature of modern healthcare and emphasises the responsibility that healthcare workers share for keeping patients safe.
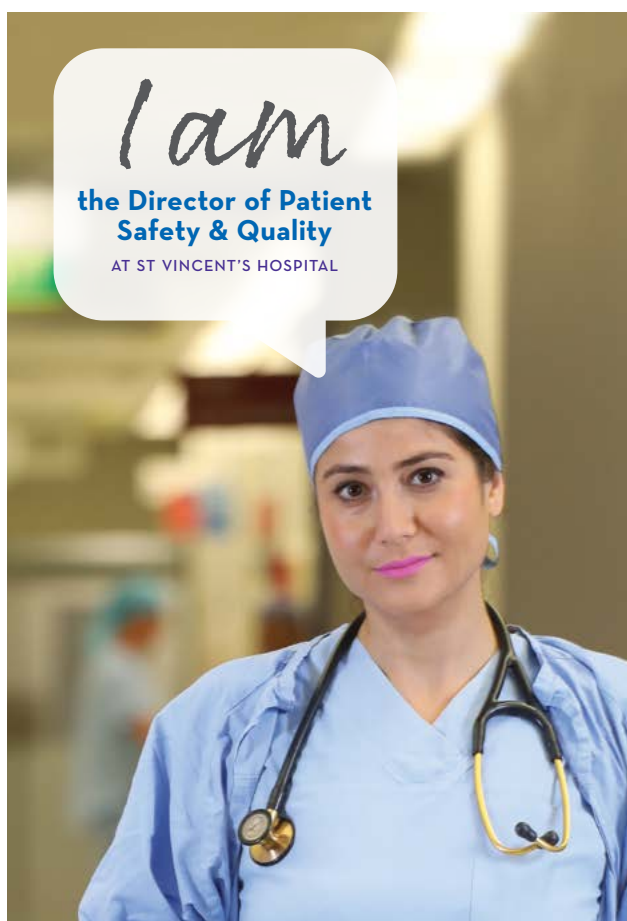
A positive patient safety culture encourages free and open communication about patient safety issues, irrespective of customary authority gradients, and facilitates reporting of errors and safety concerns by all staff (clinical and non-clinical) in a fair, non-punitive environment. This culture supports and sustains consistency and accountability in healthcare delivery and facilitates staff behaviours that advance patient safety.

At St Vincent's Health Network Sydney, each and every one of our staff are responsible for contributing to the care that we provide.

Irrespective of role or seniority, we all have the power to make a difference and to incorporate initiatives that will help provide optimal patient safety and quality care.

I am the Director of Patient Safety & Quality AT ST VINCENT'S HOSPITAL

Chola Bhusal Other job: Security Officer

I am the Director of Patient Safety & Quality AT ST VINCENT'S HOSPITAL

Dr Ruzanna Aganesova Other job: Intern

I am the Director of Patient Safety & Quality AT ST VINCENT'S HOSPITAL

Xin (Cinny) Dong Other job: Pharmacist, TACP

PRIORITY AREA:
PERSON CENTRED CARE

Patients have a fundamental right to participate in health care delivery. Patient Centred Care is recognised as a dimension of high quality healthcare and is one of the three domains of the Australian Safety and Quality Framework for Health Care. There is emerging evidence that a well implemented Patient Centred Care focus can lead to improvements in health care quality and better patient outcomes by increasing safety, cost effectiveness and consumer satisfaction. Patient participation should also enhance the degree to which a service meets or exceeds the expectations of informed consumers. When healthcare administrators, clinicians, patients and families work in partnership, the quality and safety of health care rises, costs decrease, provider satisfaction increases and patient care experience improves.

At St Vincent's Health Network Sydney, we believe that working with patients and their families is the key to providing the highest quality, compassionate healthcare. This means that we involve our patients in the planning and delivering of care and we treat them with dignity and respect so we can meet their individual needs and preferences.

In providing person-centred care we:

- Recognise that each patient and family is different.

- Help patients and families to develop health care skills and knowledge.

- Support patients and families to make decisions about care.

- Respect each patient's choices, values, beliefs and culture.

WHAT WILL SUCCESS LOOK LIKE?

- A compassionate and consistently high patient experience is delivered.

- Clinical teams are structured to place the individual patient at the center of decision making.

- Improvement in clinical and experience outcomes for all patients.

- Improvement in care coordination, transfer of care, and communication.

- Greater interprofessional collaboration and engagement of senior medical workforce in care delivery.

HOW WILL WE GET THERE?

- Progression of key improvement programs and evaluation of their effectiveness, including nurse rounding, post discharge phone calls and patient stories programs.

- Development and implementation of locally relevant plans in health literacy, accessibility for hospitalised patients, point of care patient evaluation, advanced care planning and end of life care.

- Collaboration across clinical units to develop tailored patient experience strategies.

- Publication of a patient centred hospital compendium, for use at the patient bedside.

- Installation of standard patient educational displays at every ward.

- Implementation of an SVHA values based customer service and communication program.

- Scoping and delivery of a range of patient centred services, including patient education media, pet therapy and a therapeutic arts program.

- Review of policies to incorporate greater patient focus, including development of an open visitation policy.

PRIORITY AREA:
SAFE, HARM FREE CARE

Assuring patient safety and preventing avoidable harm is a primary objective of our strategy and is an implied expectation of all patients and a fundamental patient right. The Safe, Harm Free Care priority area aims to enhance patient safety through key strategies to strengthen safety systems and processes, in order to build a culture that fosters learning from mistakes and aims relentlessly to eliminate preventable harm.

WHAT WILL SUCCESS LOOK LIKE?

- Frontline capability is enhanced, where best practice care is delivered within a positive safety culture.

- Clinical information and care delivery systems are strengthened to ensure patients receive the right care intended for them.

- Prevention and reduction in patient harm from medical errors or preventable complications is demonstrated.

- Patients, staff and leadership teams actively promote and participate in maintaining safety.

- User capability is developed, to effectively utilise integrated clinical information systems to support safe care delivery.

HOW WILL WE GET THERE?

- Implementation and evaluation of clinical safety procedures and protocols, including safe sedation, falls prevention, healthcare associated infections and medication safety.

- Aligning care delivery with current evidence-based models of care, including specific initiatives in sepsis prevention, patient blood management and assessment and management of delirium.

- Development of a locally relevant strategic plan for the prevention and management of pressure injuries and best practice wound care.

- Participation by all clinicians in effective clinical supervision programs, with senior clinical leaders actively promoting patient safety.

- Integration of training modules to develop and assess clinician skills in the prevention and management of deteriorating patients.

- Increase patient literacy and access to information on safety risks and preventative strategies.

- Review effectiveness of existing governance framework and committee structures.

- Consistent achievement of accreditation requirements with the EQuIP National Program, with no High Priority recommendations.

- Develop staff capability in utilising clinical handover systems related to transfer of care.

PRIORITY AREA:
RELIABLE, EFFECTIVE AND EFFICIENT CARE

The concept of high reliability in health care extends beyond standardisation of processes and reflects a consistent commitment and resilience to enhance safety and quality above other performance pressures. Although systems thinking principles are applied in the evaluation and design for safety, the healthcare environment is dynamic and uncertain.

At St Vincent's Health Network Sydney, we are striving towards a proactive approach to safety and quality, where potential problems are anticipated, detected and resolved, and adverse outcomes are prevented. Achieving reliable, effective and efficient care is dependent on delivering across all priority areas, including leadership commitment to establishing a positive safety culture, as well as instituting a strong process improvement culture that is patient centred and focused on minimising harm.

WHAT WILL SUCCESS LOOK LIKE?

- The reliability and effectiveness of care for all patients is consistently demonstrated.

- The impact of unnecessary and inefficiently delivered services is reduced and strategies for affordable care are developed.

- Standardisation of care is achieved in line with established models of care and clinical guidelines.

- Variation in clinical practice is monitored and evaluated, with benchmarks set to ensure high standards of performance.

- Waste in service delivery is minimised through development of appropriate and affordable practices.

HOW WILL WE GET THERE?

- Timely implementation of ACI and ACSQHC Clinical Care Standards and Guidelines, where adherence to evidence based care is integrated in practice and routinely assessed.

- Coordination of programs to reduce clinical variation against national clinical standards, in clinical areas such as acute myocardial infarction, stroke, fractured femur and delirium.

- Continued progress of the Clinical Audit Appropriateness Program (CAAP), Whole of Health Program (WOHP) recovery plan, ACI Taskforce Program and Criteria Led Discharge Program.

- Ongoing implementation and evaluation of TIC TOC, multidisciplinary management rounds and utilisation of patient journey boards and clinical redesign initiatives.

- Standardisation of processes to improve reliability and efficiency of care, commencing with discharge summary documentation, unique patient identifiers and centralisation of policies and procedures, as well as clinical pathways.

- Appropriateness of high cost surgical procedures for individual patients is analysed and managed with clinicians.

- Establishment of a framework in consultation with the Professional Practice Committee, to support clinician engagement in peer review for meaningful feedback on clinical practice and outcomes of care.

- Patients are informed of the outcomes of their care and consistency with facility performance, and are consulted in determining which services and procedures are necessary to receive.

APPENDIX A:
IMPLEMENTATION – LEADERSHIP AND CAPACITY FOR IMPROVEMENT

Goal
What is the intention?

Establish quality systems that support a quality improvement culture across the organisation.

A standardised approach to improvement is in place across the organisation

Strategies
What will we do?

1. Implement Quality Improvement Activities Register (QIAR) as central source for quality improvement activities.
2. Development of SVHNS Quality Improvement Framework (QIF) and medical engagement strategy.
3. Development of Quality and Safety Dashboard with open access to results.
4. Submission of quality improvement projects to annual award programs.
5. Annual publication of quality improvement activities with outcomes.
6. Education and training of staff in data and measurement tools for quality improvement.

Establish leadership alignment and accountability to quality improvement as a long term priority.

1. Establishment of accountability systems and encourage ownership by staff and management to quality improvement

An enhanced culture of quality improvement is evident and outcomes are celebrated.

1. Implement an authentic Recognition and Rewards Program.
2. Provide recognition to wards and departments achieving quality and safety KPIs.

Capability of staff to lead improvement is enhanced.

1. Continued participation in Nurse Clinical Leads Program, SVHNS CPI and CEC Executive Clinical Leadership courses.
2. Implementation of SVHNS Clinical Supervision and Appreciative Inquiry Programs for all staff.
3. Promotion of online and face-to-face education, including Chairing Effective Meetings and policy writing courses.
4. Provision of greater opportunities for professional development, including SVHA Leadership training, creative thinking and lean thinking training.

Key Performance Measures
How will success be measured?

1. Quality Improvement Activities Register (QIAR) implemented by 2020.
2. Quality Improvement Framework (QIF) and medical engagement strategy are published and effectively utilised.
3. Quality and Safety Dashboard in place, accessible on Clinical Web by 2020.
4. Increase in submissions into SVHA Innovation and Excellence Awards, ACHS Quality Awards and NSW Ministry of Health Awards.
5. Publication detailing quality improvement activities with outcomes circulated annually by 2020.
6. Staff are routinely provided results related to quality and safety performance measures.

1. A generative culture of quality improvement, with leadership aligned with driving a safety culture is recognised in staff engagement and performance development measures.

1. Improvement in Staff Culture Survey Results and integration of Recognition and Rewards program as part of professional development of all staff.
2. Implementation of ward recognition strategies and recommendation of initiatives for award submissions.

1. Incremental increase in participation and projects delivered through participation in quality improvement courses, as well as staff career progression, e.g. into CNC roles.
2. Demonstrated improvements in practice and patient outcomes through systematic evaluation of SVHNS Clinical Supervision and Appreciative Inquiry programs.
3. Measured improvement in staff satisfaction through Staff Culture Survey Results and performance reviews.
4. Longitudinal staff development and progression, with demonstrated reduction in staff attrition.

APPENDIX B:
IMPLEMENTATION – PERSON CENTRED CARE

Goal
What is the intention?

Create a compassionate and consistently high patient experience, through improvement in care coordination, transfer of care and communication.

Strategies
What will we do?

1. Continuation and evaluation of the effectiveness of the nurse rounding and post discharge phone call programs.
2. Implementation of Health Literacy and Disability Plan for hospitalised patients.
3. Progress strategic plans for Advanced Care Planning and End of Life Care.
4. Implementation of Executive and NUM Rounds.
5. Development of point of care surveys for use in all clinical units.
6. Implementation of tailored patient experience strategies for all clinical units, including a patient stories program.
7. Installation of standard patient educational displays at every ward.
8. Implementation of a values based customer service program (values based communication) from SVHA.
9. Scoping and delivery of a range of patient centred services, including patient education media, pet therapy pet therapy and a therapeutic arts program.
10. Review of policies to include greater patient focus, including development of an open visitation policy.

Create clinical teams that put the individual patient at the center of the decision making, through greater interprofessional collaboration and engagement of senior medical workforce in care delivery.

1. Continuation of SIBR rounds as part of In Safe Hands program.
2. Increase in patient involvement in bedside clinical handover.
3. Continued participation in Whole of Health Program.
4. Progression of complaints management training and integration of compliments into feedback system.
5. Implementation of revised Open Disclosure Program.
6. Review of accuracy and completeness of medical transfer of care summaries for internal and external patient transfers.

Key Performance Measures
How will success be measured?

1. Measurement and year-on-year improvement of nurse rounding and post discharge phone call compliance and outcomes.
2. Health Literacy and Disability Plan for hospitalised patients completed by 2020.
3. Strategic plans for Advanced Care Planning and End of Life Care completed by 2020.
4. Actions routinely completed from Executive and NUM Rounds, with demonstrated outcome improvements.
5. Measurement and year-on-year improvement of point of care survey results.
6. Incremental improvement in results of Press Ganey, YES and Bureau of Health Information (BHI) patient experience surveys, with patient stories translated into improvement initiatives.
7. Installation of standard patient educational displays at every ward completed by 2020.
8. SVHA values based customer service program in place by 2020.
9. Appropriate patient centred services implemented and evaluated at SVHNS.
10. Development of open visitation policy and policy review completed by 2018.

1. Six In Safe Hands units by 2016, 10 by 2018 and all by 2020 with medical leads appointed for each ward.
2. Incremental improvement in results of key patient experience surveys.
3. Improved performance in WOHP program compared with NSW benchmarks.
4. Identification of improvement initiatives through utilisation of complaints and feedback systems.
5. Outcomes of Open Disclosure meetings with families and patients systematically reported throughout the year.
6. Improvements in accuracy and completeness of summaries demonstrated through audits and reduction in related incidents.

APPENDIX C:
IMPLEMENTATION – SAFE, HARM FREE CARE

Goal
What is the intention?

Strategies
What will we do?

Strengthen care delivery systems to ensure patients receive the right care intended for them.

1. Implement clinical safety procedures and safe sedation protocols.
2. Progress Wound Care Committee strategic plan for preventing and managing pressure injuries and best practice wound care.
3. Continue with initiatives in preventing and controlling healthcare associated infections.
4. Implement changes to improve assessment and management of patients at high risk of falls.
5. Improve clinical handover systems on transfer of care.
6. Implement CEC Sepsis Kills program across SVHNS.
7. Review effectiveness of Medication Safety Committee.
8. Increase access to patient information on safety risks and preventative measures.
9. Establish pre-operative bleeding risk assessment of patients as routine practice.
10. Pilot implementation of Delirium Clinical Care Standards in identified areas of SVHNS.

Enhance frontline capability to deliver best practice care within a positive safety culture.

1. Improve training in physical assessment skills to detect and manage deteriorating patients.
2. Improve communication skills and escalation with medical staff managing deteriorating patient.
3. Improve effectiveness of morbidity and mortality meetings.
4. Improve skills in de-escalation and management of aggression.
5. Improve training in critical thinking for decision making in clinical care.

Improve clinical information systems to support clinical care and practice.

1. Integration of electronic medication management system in the Emergency Department.
2. Implementation of Web deLacy user group work plan and review of current risk assessment tools.
3. Evaluation of Patient Journey Board initiatives completed.
4. Promote utilisation of Web deLacy to report compliance with clinical care tools.

Reduce patient harm from preventable hospital acquired infections

1. Progress work plan intended to reduce the incidence of sternal wound infection following cardiac surgery.

Key Performance Measures
How will success be measured?

1. Patient safety measures are visible across clinical units and at facility entrances by 2020.
2. Compliance and improved performance against established benchmarks in pressure injury assessment and wound care.
3. Consistent decline in "never events" related to healthcare associated infections.
4. Improved performance against local and state indicators for falls and related incidents.
5. Year-on-year reduction in incidents associated with internal and external transfer of care episodes.
6. Demonstrated improvement in the recognition and management of sepsis, including antibiotic administration, clinical review and rapid response in line with state targets.
7. Review and restructure of Medication Safety Committee to be completed by 2018.
8. Improved performance in Staff Patient Safety Culture results, in the area of patient education.
9. Compliance >80% of utilisation of pre-operative bleeding risk assessment by 2018, as demonstrated by quarterly audits.
10. Local benchmark data related to delirium established for comparison against state performance by 2018.

1. Demonstrated compliance with training and education schedules in managing deteriorating patients.
2. Measured increase in rapid response calls where consultant is contacted.
3. Improved participation in morbidity and mortality meetings, with recommendations implemented.
4. Increased in-service education and review of aggressive incidents. Annual analysis of incidence data.
5. Clinical supervision objectives linked to performance and professional development.

1. Electronic medication management system live in Emergency Department and part of business-as-usual processes by 2020.
2. Web deLacy user group work plan evaluated and risk assessment tools revised by 2020.
3. Outcomes and recommendations of Patient Journey Board initiatives are developed.
4. Audit schedule implemented to monitor compliance reporting in Web deLacy.

1. Measure and improve upon identified process and clinical outcome indicators, including the rate of sternal wound infections, pre-operative risk assessments completed and compliance with best practice guidelines.

APPENDIX D:
IMPLEMENTATION – RELIABLE, EFFECTIVE AND EFFICIENT CARE

Goal
What is the intention?

Strategies
What will we do?

Enhance the reliability and effectiveness of care to all patients.

1. Further develop the Clinical Audit Appropriateness Program (CAAP).
2. Implementation of ACI/ACSQHC Clinical Care Standards and Guidelines when published.
3. Progressing of SVHNS Whole of Health Program (WOHP) recovery plan.
4. Coordination of programs to reduce clinical variation against national clinical standards, in clinical areas such as acute myocardial infarction, stroke, fractured femur and delirium.
5. Ongoing implementation and evaluation of TIC TOC, multidisciplinary management rounds and utilisation of patient journey boards and clinical redesign initiatives.
6. Continued progress of the ACI Taskforce and Criteria Led Discharge programs.
7. Align with centrally developed models of care and value-focused clinical care models.
8. Enhance access to centrally stored clinical pathways and guides through online and mobile channels.

Monitor variation in clinical practice and set benchmarks to ensure high standards of performance.

1. Establishment of frameworks to ensure comprehensive peer-based audit.
2. Strengthening of Professional Practice Committee to support organisational objectives.
3. Development of model for peer review of clinical variation in patient diagnostic related groups (DRG).
4. Implementation of centrally developed value-focused initiatives, in line with State and National priorities.

Reduce the impact of unnecessary and inefficiently delivered services and develop strategies for affordable care.

1. Review of clinician workflow to reduce inefficiencies and increase time with patients.
2. Seek opportunities to reduce duplication and integrate information systems, such as the development of unique patient identifiers.
3. Standardise discharge summary documentation and related processes.
4. Progress with clinical redesign of Ambulatory Care units.

Key Performance Measures
How will success be measured?

1. Implementation and evaluation of the Clinical Audit Appropriateness Program (CAAP) by 2020.
2. Governance processes in place to ensure reliable implementation and compliance with best practice care standards and guidelines.
3. Achievement of Emergency Treatment Performance (ETP) of 75% by June 2017 through WOHP related initiatives.
4. Systematic monitoring and evaluation at the executive level of program outcomes and reduction in unwanted clinical variation.
5. Relevant outcome measures identified from improvement initiatives with benchmark data analysed.
6. ACI Taskforce and Criteria Led Discharge programs evaluated and recommendations applied at the local level.
7. Successful implementation and evaluation of models of care as prioritised by State and Federal agencies, with improved performance when compared with benchmarks. Enhance implementation of care initiatives through innovation at the local level.
8. Secure access to centrally stored clinical pathways and guides available online and via mobile applications.

1. Clinician compliance with evidence-based guidelines is routinely monitored and clinical outcomes against benchmarks or peer practitioners are measured.
2. Recommendations and findings of the Professional Practice Committee are instituted in a timely manner.
3. Engagement and collaboration with clinical teams to participate in peer review and education is demonstrated.
4. Waste in service delivery is minimised through development of appropriate and affordable practices.

1. Staff reporting of improved standardisation of systems across clinical units.
2. Increased efficiency and reduction in systems-related errors, measured with data analytics.
3. Improved documentation quality through retrospective audits, as well as education initiatives to develop skills in clinical documentation.
4. Implement and evaluate outcomes of clinical redesign of Ambulatory Care units by 2018.