

SAFETY AND QUALITY ACCOUNT

St.Vincent's Health Network Sydney
2021-2022



Dalarinji – “Ours Belonging to Us. Artist: Lani Balzan

Acknowledgements

We would like to acknowledge the land of the Gadigal and Burramattigal peoples of the Eora Nation; as well as the Dharug Nation on which our services are built. We pay our 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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1 ST VINCENT'S HEALTH NETWORK

In recent times, I've increasingly come across the concept of "paper promises" – where leaders make virtuous and lofty undertakings, yet their actual commitment to delivering is somewhat lacking.

When it comes to quality & safety we often see organisations proudly display their commitments on the wall, and while the intent is often genuine and well-intentioned, sometimes there's a lack of substance in terms of actually implementing.



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

1.1 STATEMENT OF SAFETY AND QUALITY

A contrast to paper-promises posted on the walls, is where commitments are hard-wired inside the walls – into every aspect of an organisation's endeavours. This year St Vincent's Health Network participated in our much anticipated accreditation against the second edition of the National Safety & Quality Healthcare Standards. Our theme in the lead-up to the survey was "Not just a week, it's what we do".

Over the years I have been through many accreditation processes, however, what inspired me most as a stand-out was the attitude of our staff. In showcasing ourselves to the assessors, staff took absolute ownership of our safety and quality initiatives almost as if they were showcasing their own homes and family – to me it was a true reflection that the safety and quality culture among our staff is so pervasive that it literally is "what we do".

While we met all eight National Standards, what is most endearing is the feedback from the surveyors about the "incredible" commitment of our staff to our organisation and our patients, and the overall ethos and hospitality that underpins our entire health service.

In naming just some of the highlights they witnessed during their time with us, the Surveyors' praise ranged from the Accelerate program in Sacred Heart, recognising and acting on early deterioration, to the "amazing" kitchen service at St Joseph's, to our support for the homeless, to the implementation of the Psychiatric Emergency Care Centre (PECC) and Psychiatry and Non Prescription Drug and Alcohol (PANDA) Unit, to Pharmacy discharge being "the best they've ever seen".

Similar feedback was provided to our St Vincent's Correctional Health Service where we had Accreditation against the Royal Australian College of General Practitioners (RACGP) Prison Standards in September – in which all Standards were met.

In this Account you will read about several unique Safety and Quality initiatives at St Vincent's that we've introduced in recent years, from Stop the Clot in Emergency, to our Hush project. More broadly however, I want to share with you some of the strategic initiatives that will galvanise our abilities across St Vincent's to provide optimal care for our patients.

Recently, we completed the final business case for the Cahill Cater Redevelopment which will not only future-proof the St Vincent's Campus, but it will ensure that our health services are equipped to support the growing needs of our local patients, as well as those who seek our specialty services from throughout NSW and indeed across Australia.

Specifically, the Cahill-Cater Redevelopment will deliver:

- 60 additional Heart Lung inpatient beds and a dedicated Heart Lung rapid access ambulatory diagnostic and treatment centre to support enhanced service delivery for our flagship Heart Lung Centre of Excellence
- 24 additional Mental health inpatient beds, including a Mental Health Intensive Care Unit with Mental Health step-down capacity, enabling us to support the full continuum of care for patients suffering with mental illness
- A dedicated and purpose-built geriatric inpatient ward, including a specialist dementia-care unit to improve patient outcomes and experience for this vulnerable cohort, as part of our vision for a Centre of Excellence in Brain Health
- Additional Intensive Care beds to further support our tertiary referral service
- Expanded interventional and diagnostic capacity
- New education and training facilities, to further support the development of future generations of healthcare workers

This additional capacity will significantly enhance our provision of Statewide services, in particular in Heart Lung and Mental Health.

The provision of additional Heart and Lung beds through the Cahill-Cater Redevelopment will enable us to provide inpatient care to around 11,000 patients annually, further supporting access to this flagship NSW service.

The Redevelopment will also enable us to increase the number of mental health patients cared for, with the additional capacity enabling more than 1,200 mental health admissions per annum. This will support a much-needed continuum of care for our patients, from mental health ICU services through to step-down rehabilitation beds, helping to prevent avoidable readmission and shorten acute length of stay.

Importantly, the contemporary, fit-for-purpose facility will be telehealth enabled facilitating care delivery not only for our local community but also communities in rural and regional NSW.

It will expand the reach of our expertise and improve access to care for vulnerable and disadvantaged populations.

Clearly this project provides a blueprint for our future endeavours as a Precinct, but in many respects it reinforces and builds on how much St Vincent's is geared towards providing optimal patient outcomes.

As we have since the arrival of COVID-19, St Vincent's continues to respond to the ongoing health demands of the worldwide pandemic. At the same time, St Vincent's has been looking towards and preparing for the future – to a time beyond the pandemic – when the opportunities and risks already present in Australia's health sector become even more pronounced and further influence the way our hospitals operate and deliver services.

Our Bondi Beach testing clinic – which had originally been set up overnight in April 2020 as a temporary 'pop up' – had grown to become one of the country's largest and most visible. At the height of the pandemic, the clinic was taking nearly 4,000 swabs a day. In total, the hospital's 'Bondi Swab Squad' took almost 342,000 swabs before closing in June 2022.

Our COVID-19 Vaccination Hub, administered more than 100,000 doses to the local community – including 10,000 'on the road' thanks to the efforts of the St Vincent's Homeless Health team.

Earlier this year, we established the country's first multi-disciplinary Long COVID-19 outpatient clinic, to help support patients with ongoing and debilitating virus symptoms. The clinic – which is a hybrid model of both virtual and face-to-face care, and includes physical rehabilitation and mental health support – has experienced heavy demand since it opened.

Complementing the Long COVID-19 clinic's opening, in a world-first, the St Vincent's Sydney team identified the nerve toxin which causes the 'brain fog' and cognitive impairment often associated with Long Covid. The discovery signals the opportunity for trialling potential treatments, including those already used for other conditions, such as cancer or epilepsy.

COVID-19 is not the only external factor influencing and driving change at St Vincent's.

Partly reflecting the benefits of technology and the preferences of patients, and partly the need to grapple with increasing demand associated with hospital-based care, more and more healthcare is being delivered in peoples' homes.

What had begun as a moderate trend in the years prior to the pandemic, moved into overdrive with the arrival of the virus, with telehealth, virtual health and in-home care all becoming the new normal.

St Vincent's Hospital Sydney's home-based care services also expanded during the year, supported by virtual technology and remote patient monitoring; as well as through community-based care services for vulnerable populations who traditionally have the poorest access to healthcare and often experience the most complex needs.

One example is the St Vincent's Palliative Care Home in the Hospital (PCITH) which provides additional support to people at their end stage of life. A key benefit of PCITH is the support provided to patients who want to remain in their homes with their families by their side whilst daily monitoring by the St Vincent's team helps to manage any pain, nausea, fatigue, anxiety and sleep disturbances in a deteriorating patient, and once their condition is stabilised they can be discharged back into community palliative care.

However, while the future of health and aged care is increasingly in the home, the need for our hospitals to remain locations for cutting-edge research and care requires significant planning and development.

To enhance St Vincent's Hospital Sydney's trauma and other surgical-specialty services and provide the most advanced equipment available, we refurbished all of our operating theatres and built a new state-of-the-art, hybrid trauma operating suite.

The theatre houses the newest hybrid technology available, known as RAPTOR (Resuscitation with Angiography, Percutaneous Techniques and Operative Repair), and provides a one-stop-shop for treating the most critical patients.

St Vincent's Hospital Sydney launched its GP Cancer Support Line, a centralised GP cancer and cancer-related palliative care support line based at The Kinghorn Cancer Centre. It also launched the St Vincent's Diabetes in Youth Service, a clinic aimed specifically at people 16-25 years, with Type 1 or Type 2 Diabetes.

As always, the focus of our hospitals was first and foremost on the needs of the vulnerable and marginalised populations it is St Vincent's Health's mission to support them.

We commenced a Special Needs Dentistry Service for vulnerable persons. The clinic provides crucial dental care to people who may have substance use issues, are experiencing homelessness, living with mental illness, or are prisoners. This service also received significant support from donors for which we are grateful.

In the past year, St Vincent's Sydney similarly opened an Eating Disorders Outpatient Clinic and launched its efforts under NSW's Towards Zero Suicides initiative which aims to decrease the state's suicide rate by 20% by 2023.

We also recently launched our Homeless Health Mobile Health Clinic, a mobile van equipped to provide robust chronic disease care in the community, as well as specialist health care

including drug and alcohol treatment, mental health care and comprehensive physical health care. The St Vincent's Mobile Health Clinic is equipped with telehealth facilities, enabling specialist care appointments with clinicians without the need to leave the community and come to hospital.

Ultimately, none of the achievements we've laid out could be achieved without the expertise, commitment, determination, compassion and resilience of our staff – who day-in, day-out, strive to proudly serve our Mission. Not surprisingly, some of these staff and the new services they spearheaded received a variety of prestigious awards in the past year.

We were proud when St Vincent's Nurse Manager Clinical Practice and Innovation, Joanne Taylor, was named 2021 Nurse of the Year in the NSW Health Excellence in Nursing and Midwifery Awards, and our St Vincent's Stay'n Deadly & Stay'n In won the 2021 NSW Health Excellence in Aboriginal Healthcare Award. The project is focused on reducing the incomplete treatment rates of the incomplete treatment rate of First Nations patients in the Emergency Department.

While we derive a huge amount of pride from all of these achievements, the most gratifying aspect of it all is the pervasive culture throughout our corridors among our staff, and their commitment to the quality and safety of our patients and indeed to each other – a culture embedded inside our walls, not tokenistically displayed on them. I hope this Safety and Quality Account will go some way to illustrating this culture.

1.2 SNAPSHOT OF ACHIEVEMENTS

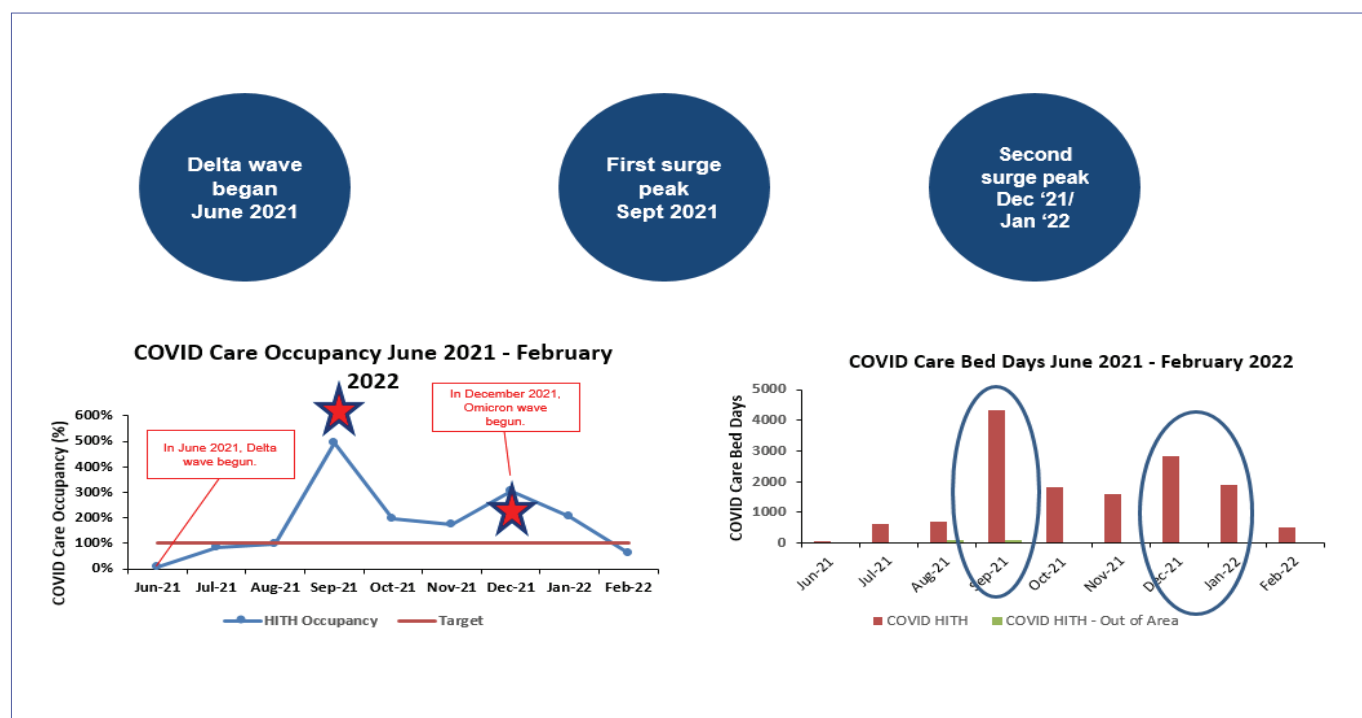
1.2.1 RESPONDING TO COVID-19

Throughout 2021-22, St Vincent's Health Network Sydney (SVHNS) operated in response to COVID-19 outbreaks and surges. SVHNS continued to play a central role in NSW Health's response to the COVID-19 pandemic that inundated Greater Sydney and NSW more broadly. SVHNS' focus shifted from establishment of new initiatives to change the way in which SVHNS provided care in a pandemic context, to ways in which SVHNS could achieve long-term sustainability of its operations whilst balancing the demands of responding to COVID-19. The 2021-22 year continued to bring challenges that SVHNS staff met head on. In particular, 2021-22 saw the emergence of the 'Delta' and 'Omicron' variants which were significant milestones in the pandemic's timeline.

Whilst we were able to step-up and respond to the Delta and Omicron waves, playing such a significant front-line role impacted our broader performance during these peak periods including some of our hospital acquired complication rates and emergency department performance metrics.

Agility in Response to the Variants

The SVHNS Emergency Operations Centre (EOC) and Disaster Management team's model of scaling COVID-19 operations up and down in response to the Delta and Omicron variants continued throughout 2021-22. As per previous waves, governance models around personal protective equipment supply chains, operationalising development of COVID-19 clinical pathways and infection prevention processes were rapidly reinstated. The EOC was staffed seven days per week to support the response for the majority of the 21-22 financial year.



To improve SVHNS' agility in 2021-22 the refinement of the SVHNS COVID-19 Surge Plan, in consultation with St Vincent's Private Hospital Sydney occurred. This plan outlines a campus wide response, working collaboratively with St Vincent's Private Hospital to enhance the capacity of our COVID-19 response. An Exposure Management and Contact Tracing Plan was also developed and tested to manage outbreaks within SVHNS facilities. This plan was, and remains vital to SVHNS' continuing COVID-19 response as well as maintaining day-to-day operations.

There are many examples demonstrating SVHNS' agility throughout 2021-22. A good example however, is the 'COVID Care in the Community' service which scaled up to be able to provide remote monitoring to COVID-19 patients admitted to the service. As part of the plans to expand the use of virtual care, SVHNS has been accepted into the Agency for Clinical Innovation (ACI) Virtual Care Accelerator Program which will future-proof these services. The integration of a remote monitoring platform 'Care Monitor' in July 2021 enabled the service to rapidly scale and deliver care to patients at home during the Delta surge which began in June 2021 and first peaked in September 2021. Furthermore, SVHNS was able to maintain this demand and provide support during the Omicron surge, which peaked in December 2021/January 2022 (See figure above)

SydPath's Continuing Contribution to the COVID-19 Response

St Vincent's Pathology (SydPath) continued to support COVID-19 testing clinics across Greater Sydney. Clinics included those in the Eastern Suburbs (Bondi drive-thru, East Sydney Arts School, Rushcutters Bay) and those in Rouse Hill, Castle Hill and Carlingford.

Importantly, the Delta surge saw the establishment of additional testing clinics where a need was identified. In particular, the Rushcutters Bay clinic was established to meet testing demand. Testing clinics in South Western Sydney (Merrylands, Fairfield) were also set up at the request of Western Sydney Local Health District. As was a mass testing site for the Northern Beaches at Forestville.

Finally, a pop-up site at Moree was established to address the temporary shortage of testing capacity in the area. All clinics operated for extended hours to maximise convenience for the communities they serviced. Such initiatives demonstrate that SVHNS' contribution to the COVID-19 response extended far beyond its' local catchment.

The latter part of 2021-22 saw the progressive closure of SydPath's testing sites as the state was coming to terms with living with COVID-19. SydPath's flagship testing clinic at Bondi was the last testing clinic to close on 30 June 2022. An onsite COVID-19 and influenza testing clinic was opened to accommodate local testing at the SVHNS Darlinghurst campus.

SVHNS is proud of SydPath's extraordinary contribution to SVHNS' broader COVID-19 response, demonstrated by the sheer growth in the volume of its testing capability across various sites. Key highlights from SydPath's services supporting the pandemic response during 2021-22 were:

- 1,552,462 COVID-19 tests processed through the laboratory.
- 1,100,000+ presentations to testing clinics run by SVHNS.
- 52,000+ positive COVID-19 specimens diagnosed.
- Pre-pandemic SydPath could perform 200 PCR tests a day. Today it can perform over 10,000, a 5,000% increase.
- Streamlining of pre-analytical sample processing, with each sample processed in two minutes before labwork.
- The microbiology lab ran 24/7, supported by the Central Specimen Reception team and swabbing logistics staff.

In the face of unprecedented demand Sydpath systems and processes were rapidly scaled to accommodate testing volumes never previously experienced. During the height of the Christmas Omicron surge, a batching error led to incorrect interpretation of positive and negative PCR results being communicated to patients. This event was fully investigated by an external expert group who were able to identify the systems breakdown and implement remediation processes to prevent reoccurrence.

COVID-19 (Delta) Outbreak at Parklea Correctional Complex

A key challenge faced by SVHNS with respect to its COVID-19 response during 2021-22 was the COVID-19 (Delta) outbreak at Parklea Correctional Complex (PCC). St Vincent's Correctional Health (SVCH), provides healthcare services to the correctional patients at PCC. With increasing COVID-19 infections in the community during 2021, an outbreak at PCC ensued. The first laboratory-confirmed case in a correctional patient at PCC was diagnosed on 16 August 2021. Between the date of the initial diagnosis and 2 October 2021, 181 people from PCC were diagnosed with COVID-19.

SVHNS was instrumental in the rapid response to the escalating outbreak and deployed an Incident Management Team to work onsite at PCC alongside SVCH staff. Such action was taken in an effort to contain the outbreak, and included the establishment of a swabbing team, vaccination team and sourcing additional vaccines through the NSW Ministry of Health. One measure of particular importance to assist in containing the outbreak was SVCH's introduction of onsite PCR testing. This was introduced for staff residing in identified Local Government Areas. This later evolved to compulsory daily Rapid Antigen Testing for all staff working onsite. To ensure that all staff were captured in this testing regime, SVCH established structured testing clinics for staff including an onsite drive by testing clinic. SVCH also procured a LIAT rapid testing machine to expedite patient and staff results when required to support rapid identification of COVID-19 positive cases.

Throughout the outbreak, SVCH representatives worked closely with senior staff from the Ministry of Health, Health Protection Unit and the office of the Chief Health Officers. This was facilitated by a daily meeting with key stakeholders including senior representatives from Corrective Services NSW, Management & Training Corporation (MTC) Broadspectrum, the Clinical Excellence Commission and the Justice Health and Forensic Mental Health Network.

SVCH's key role in the response was further demonstrated during the implementation of various outbreak response measures. Measures included: prison-wide surveillance of SARS-CoV-2 nucleic acid testing of correctional patients by area; clinical isolation of COVID-19 positive correctional patients and their cellmates; establishment of on-site healthcare provision for correctional patients with COVID-19; contact tracing; cessation of new receptions and prison transfers; and increased vaccination roll out. Throughout this period the SVCH workforce continued to also provide high level care for suspected COVID-19 patients and non-COVID-19 patients with health care needs.

SVHNS commissioned an epidemiological report addressing the origins of the outbreak. The report was prepared by the University of New South Wales' Kirby Institute and titled "Outbreak of SARS-CoV-2 B.1.617.2 (Delta) Variant Infection among Incarcerated Persons in Parklea Correctional Complex August - October 2021." The report's findings and associated recommendations provided an opportunity for learning from the PCC outbreak and will likely inform public policy for the management of COVID-19 and other infectious diseases in the correctional context. Recognising this, copies of the report were shared with key stakeholders including the NSW Ministry of Health, Corrections NSW and Justice Health and Forensic Mental Health Network.



1.2.2 STOP THE CLOT – ASSESSING VTE RISK FROM THE EMERGENCY DEPARTMENT TO FRACTURE CLINIC

In March 2021 following a serious adverse event review, a recommendation was made for a multidisciplinary team to review and map out the outpatient's journey from the Emergency Department (ED) to the fracture clinic. Combining this with our Ministry of Health requirements and an identified need to have standardised practice in venous thromboembolism (VTE) risk screening and management, a multidisciplinary working group was formed to review the process and implement practice change to improve patient safety.

The working group identified variation and lack of standardisation in the documentation of VTE risk assessments in ED. Practice was not aligned with the Ministry of Health policy requirements or with the framework for VTE prevention and/or the VTE Clinical Care Standard. The aim of this project was for 100% of patients who present to ED with a lower limb injury and are unable to fully weight bear, to have a documented VTE risk assessment in their medical record. This change in practice was to be completed within 12 months.

A series of diagnostics were completed to understand the problems, issues, challenges and barriers to documenting a VTE risk assessment in ED. This was complimented by patient feedback in understanding the ED to fracture clinic journey. A modified, simple, paper based VTE risk assessment has been adopted for use in the ED and went live 24 June 2022. Multidisciplinary clinical champions have been identified as being integral to the education campaign and trial implementation. Data will be collected on risk assessment completion weekly and fed back to clinical teams monthly to understand the challenges and successes.

**VTE RISK ASSESSMENTS IN ED
FOR PATIENTS WITH LOWER LIMB IMMOBILISATION**

ST VINCENT'S HEALTH AUSTRALIA

Venous thromboembolism can be prevented
Risk assess your patients
STOP CLOTS, STOP HARM

Which of these claims more lives?
 Bowel cancer
 Breast cancer
 Road traffic accidents
 Venous thromboembolism
 Risk assess your patients

- More than 14,000 Australians develop a VTE per year
- More than 5,000 of them will die as a direct result
- VTE causes 7% of all hospital deaths

WHY

- To aid MOs with assessing and managing VTE risk
- To provide a standardised approach to VTE Risk Assessment
- To provide a form of documentation showing the MO's risk assessment process and decision

WHEN

When an adult patients (> 16 years) presents with an isolated lower limb injury or Achilles Rupture requiring temporary lower immobilisation.

WHO

Monday to Friday - these patients will be reviewed by the ED Physiotherapist +/- Nurse Practitioner
Weekends - Medical Officer

The medical team responsible for reviewing the patient are ultimately responsible for completion of the VTE risk assessment and provision of prophylaxis & education where indicated.

Enquiries about this risk assessment
 Laura Lincoln PSQU laura.lincoln@svha.org.au / 0439 403 428
 Rachel Ling rachel.ling@svha.org.au / x22473
 Samuel Cantori samuel.cantori@svha.org.au

For any VTE related resources or information, please find on the CEC website



The VTE Committee aims to raise the profile of the importance of VTE risk assessments, knowing that VTE causes 7% of all hospital deaths and is one of the single most preventable causes of in hospital deaths. VTE risk is dynamic during a patient's admission and therefore the standardisation and regular monitoring of clinical circumstances is key.

We look forward to collecting this data and optimising patient safety and quality for patients presenting with lower limb injuries in the ED and their journey through to the fracture clinic.

1.2.3 ACCREDITATION AGAINST THE 2ND EDITION OF THE NATIONAL SAFETY & QUALITY HEALTH STANDARDS (NSQHS)

The SVHNS National Standards Accreditation Assessment Week occurred 29/3/22 to 1/4/22. Sites incorporated were: St Vincent's Public Hospital, Sacred Heart Health Service and St Joseph's Hospital. This assessment was conducted by a team of 6 assessors from the Australian Council on Healthcare Standards (ACHS) and all 3 sites were assessed against the Australian Commission on Safety and Quality in Health Care's National Standards 2nd Edition for the first time. The assessment was conducted via a hybrid model, with 3 assessors on site and 3 assessors working remotely.

SVHNS received an outstanding report and overall outcome. SVHNS (including all three campuses) has been officially

awarded accreditation, valid from 10 May 2022 until 9 May 2025. Certificates of accreditation have been received for public display.

Out of a total of 151 actions, 149 actions were awarded Met, and there were 2 actions that were awarded Met with Recommendation. These were:

- Performance appraisal compliance for the workforce. Identified as low risk and the main requirement is to implement the action plan that was developed for this area prior to accreditation.
- Governance and training requirements for blood management. Identified as moderate risk and the main requirement is to implement the action plan to improve medical officer blood safe training across the organisation.

Both of these recommendations have been allocated to the relevant Executive Directors and Standards Committees for monitoring of progress and completion.

The assessment team also offered a variety of helpful improvement suggestions and tips throughout their report. These are being considered for implementation.

The standalone Parklea Corrections Centre Accreditation against the Prison Standards (RACGP) by Quality Innovation Performance (QIP) took place on 27 September 2022.

2 ACHIEVEMENTS AGAINST PRIORITY INITIATIVES OVER THE PAST 12 MONTHS



**“Strive for Excellence,
every patient, every time!”**

2.1 SUMMARY OF SAFETY AND QUALITY PLANNING PROCESSES AND GOVERNANCE STRUCTURE

The 2021/2022 year was indeed challenging. During the COVID-19 Delta wave many of the business as usual National Standards Committees were suspended as staff were re-deployed to COVID-19 related activities. The Patient Safety and Quality Unit (PSQU) staff continued to monitor patient safety and quality via the St. Vincent's Health Australia (SVHA) RISKMAN Incident Monitoring Program. The restructure of the SVHNS Clinical Governance Committee to the Patient Safety, Quality and Excellence Committee progressed, one (1) quarterly meeting was suspended due to COVID-19 and the committee met between the Delta and Omicron waves to review the Safety, Quality and Excellence activities during this time.

The PSQU Team maintained the continuous improvement and Serious Adverse Event Review (SAER) activities during the Delta and Omicron waves and lead the reviews of COVID-19 cluster outbreaks across the organisation.

This was a time where all staff demonstrated an outstanding commitment to safety, quality and excellence while contributing to the SVHNS COVID-19 response.

2.2 PRIORITY AREAS IDENTIFIED IN LAST YEAR'S ACCOUNT

2.2.1 DALARINJI: OUR HEALTH, OUR HEALING

The goal of this project was to improve the experience and outcomes of Aboriginal and Torres Strait Islander (hereafter Aboriginal) patients at SVHS through the provision of high quality and equitable healthcare that considers the cultural safety and values of Aboriginal peoples.

This project acknowledges the importance of health initiatives that are led and guided by Aboriginal people and communities to ensure healthcare for Aboriginal patients is respectful and culturally safe. As such, a key achievement over the past 12 months is the development of the Dalarinji Yarn'n Circle. The Yarn'n Circle currently consists of 11 members of Community across various regions in NSW, two of which are community Elders. The Yarn'n Circle members provide guidance and specialised consultation around Aboriginal culture and concepts and are integral in identifying any cultural safety risks. The Yarn'n Circle is a first of its kind at SVHNS and is leading the way in co-designing health

initiatives with Aboriginal people and communities. A morning tea was held with some of the Yarn'n Circle members, staff from Grand Pacific Health Bega, and members of the project team to continue building connections with local communities.

Despite a challenging 12 months with the impact of COVID-19, another notable achievement was receiving ethics approval from both SVHNS and the Aboriginal Health and Medical Research Council (AHMRC) Human Research Ethics Committee (HREC). The project is now in the diagnostics phase. Various tools including quantitative data analysis, process mapping, patient interviews, staff surveys, and stakeholder consultations, have been used to understand current processes and identify any issues that may impact patient experience and contribute to unplanned readmissions of Aboriginal people to SVHS. In line with a co-design approach, the project team have also recruited Aboriginal Patient Advisors, who will use their lived experience to provide guidance to the project team throughout the project.

Over the next 6-8 months, it is anticipated that the project will develop, test, implement, and evaluate innovative solutions, and gradually incorporate them into business as usual.

This project is aligned with multiple strategic priorities across SVHNS and SVHA, including enVision 2025, SVHNS 2020 - 2021 Business Plan, SVHNS Inclusive Health Strategic Plan 2020 - 2025, and SVHA Reconciliation Action Plan 2020 - 2023



Fig.1 The Quadruple Aim will help enhance SVHNS' commitment to delivering better value outcomes and care for Aboriginal peoples and community.

2.2.2 CLINICAL INTERVENTIONS FOR THE MANAGEMENT OF DELIRIUM IN HOSPITAL PATIENTS: A CROSS-SECTIONAL STUDY

Associate Professor Anmarie Hosie from the University of Notre Dame, in conjunction with members of the SVHNS Delirium & Cognitive Impairment Community of Practice, undertook a cross sectional study to measure current clinical interventions provided to inpatients with delirium, particularly psychotropic medication usage and other clinical responses for patients' distress.

An audit of 86 medical records (SVHS n=50, SJH n=36) of patients who had a delirium whilst in hospital was undertaken. Pharmacological

and non-pharmacological interventions were measured, as well as patient characteristics (see figure 1 for patient characteristics). Almost all patients included in the audit had documented delirium-related distress (91%), of which a significant proportion received either a new antipsychotic (45%), a new benzodiazepine medication (29%), or both (20%). These SVHNS proportional findings were significantly lower than other published studies, which report 74-87% of delirious inpatients are prescribed antipsychotics. A range of non-

pharmacological strategies were documented including nutrition and hydration support, safety strategies (such as increased supervision and rounding) and pain management.

Next steps will be to consider how to integrate new and simpler measures for psychotropic medication use for delirium. This will include documentation of consent conversations and medication cessation, and how to use data to inform further improvement in delirium care. Further upskilling and support of clinical staff to provide primary interventions for delirium will also be undertaken.

2.2.3 ST VINCENT'S @ GREEN PARK

Alternatives to the Emergency Department – Safe Haven

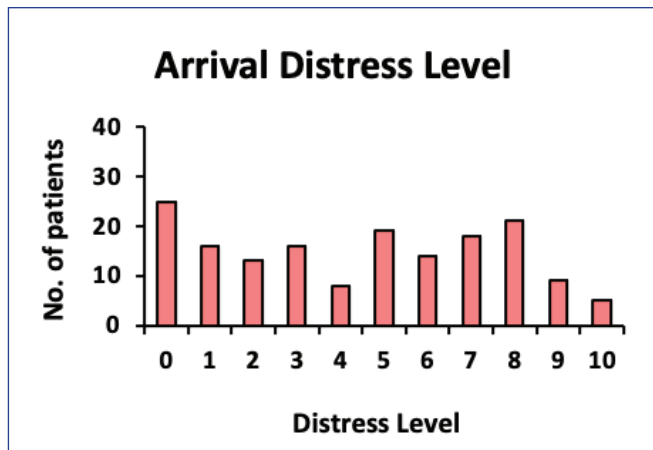
In July 2021, the Safe Haven Lite was established in the O'Brien Centre. Safe Haven is a peer-led service for consumers in suicidal crisis and offers a more appropriate setting than attendance at the Emergency Department. Since opening, the service has continued

to grow and improve with an inbuilt consumer feedback and iterative improvement model.

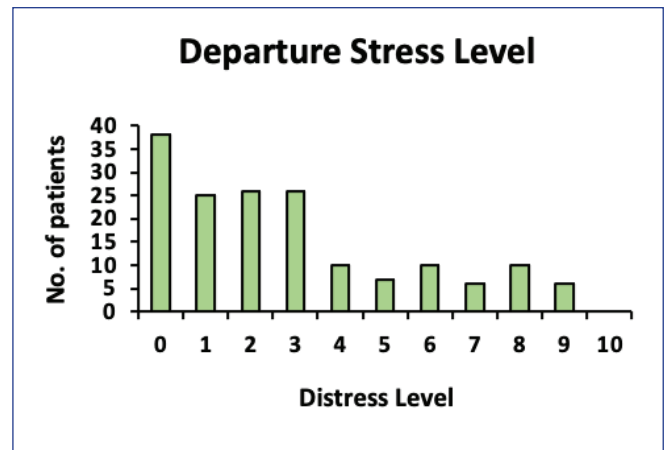
In August 2021, the service quickly pivoted to a virtual model for the remainder of 2021. In this time a Safe Haven Care Pack was developed to best support consumers in suicidal crisis in the digital environment. Not only did the pack include guides to consumers as to how to best engage with the service virtually, but also provided consumers with activities to address their suicidal distress and social isolation during the COVID-19 lockdown period. This pack was developed with the input of our consumers and continues to be reviewed regularly.

The Safe Haven team engages with both internal and external stakeholders to generate referrals and promote the service, as well as being an exemplar of the value of a peer workforce, reducing the stigma of mental illness and promoting recovery focused care for those in suicidal distress.

Safe Haven data confirms that the service is achieving its goal, with reduced ED presentations for consumers attending the service. We have an average of 45 service contacts per week and see



Graph 1: Distress level upon arrival



Graph 2: Distress level upon departure

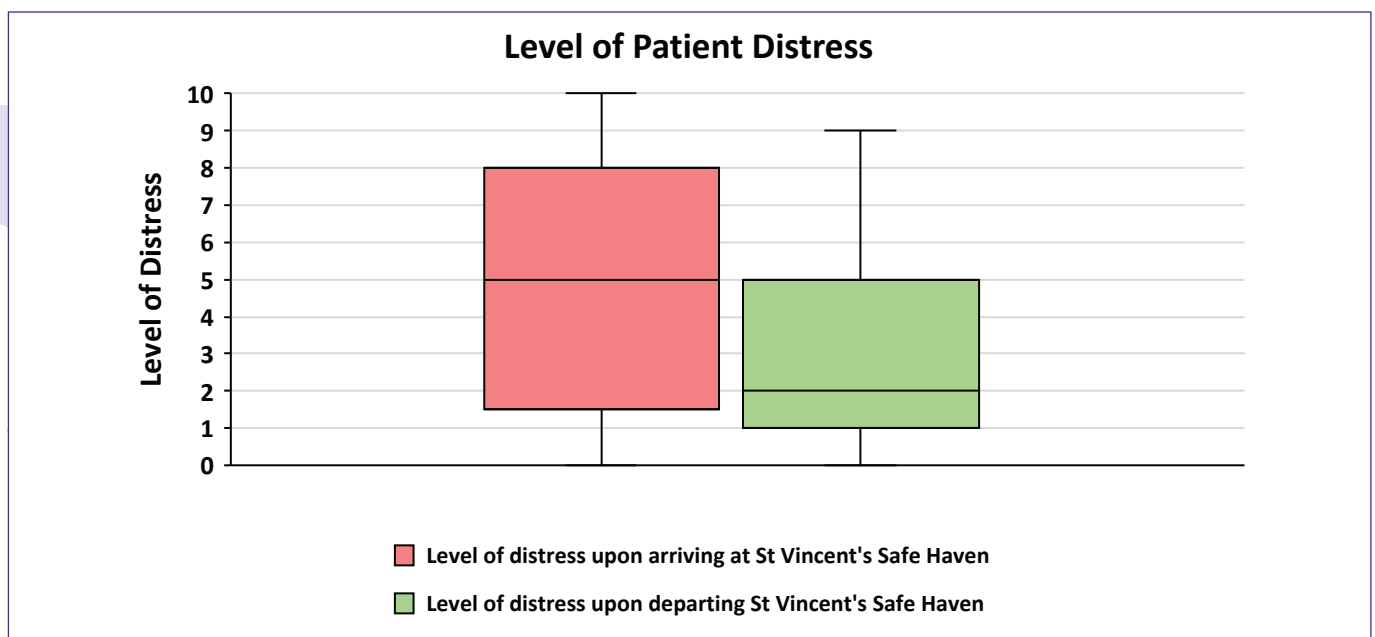


Image 4. Comparative levels of distress prior to and after visiting the Safe Haven. The service has also received some excellent feedback from our consumers since this time.

30 individual consumers per week, with many of our consumers identifying that they would have accessed the ED for help if Safe Haven was not available. We continue to serve the goal of Towards Zero Suicides and cater to the needs of our community's vulnerable populations.

Following 12 months of data collection, the following can be demonstrated in regard to meeting the needs of our consumers. On arrival, 52% of respondents reported distress levels of moderate or above (Graph 1). Upon leaving, 76% of respondents reported mild to nil levels of distress (Graph 2).

“Safe Haven helped me when I was at my lowest, as the staff are people that had been in my situation. I never felt any judgement, only encouragement. Thanks to them I was able to get back somewhat of a normal life. During crisis and recovery, safe Haven was my only constant as everything else such as local mental health teams were just a single visit. Talking about my goals and what I wanted to achieve made me accountable to the group as they would ask me each session how I was going. I reached my goals and that's thanks to the staff at Safe Haven”

2.2.4 MEN'S HEALTH PROJECT

The St Vincent's Men's Health Project is changing the approach to prostate cancer supportive management on the St Vincent's Healthcare Campus. Project diagnostics completed in 2021 revealed that patients: have difficulty navigating care across complex public and private services; are not accessing the supportive services they want and need; are not receiving or fully understanding information about disease, treatment and side-effects; and find care fragmented. Clinicians similarly reported poor experience, with difficulties in sourcing and referring to supportive services, a lack of referral options and fragmented care across the St Vincent's Campus.

2022 has seen the development of three phase one change areas to address these issues:

1. Establishment of the St Vincent's Men's Health Centre

The Men's Health Centre will act as a “one-stop-shop” of allied health and nursing supportive services for men with prostate cancer. The Model of Care has been completed and approved, with recruitment and Centre launch expected in late 2022. The launch has been delayed until this time due to finalisation of funding and clinic location.

2. Development of a Men's Health Website

The St Vincent's Men's Health Website will provide a resource of readable, evidence-based information regarding prostate cancer diagnosis, treatment, side-effects and available supportive services. It includes animations, fact sheets, images and ‘patient stories’ to support men through prostate cancer diagnosis and management. Website development is complete, and has received positive initial consumer feedback. It will be launched in line with the opening of the Men's Health Centre in late 2022.

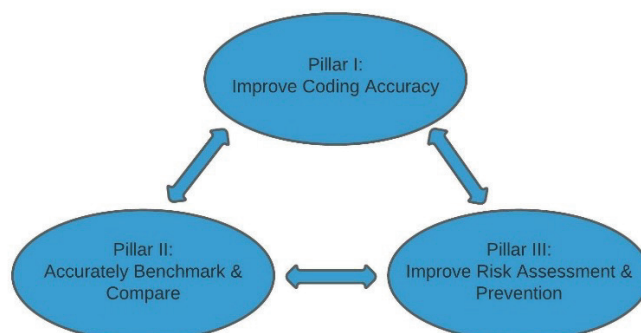
3. New standardised prostate cancer supportive care pathways

Care pathways will ensure all patients are offered best-practice care in a consistent manner. Pathways are in development with clinical leads and will be rolled out in 2023 once supportive services are in place at the Men's Health Centre.

Implementation will be philanthropically funded through the St Vincent's Curran Foundation.

2.2.5 MANAGED ALCOHOL PROGRAM

There are people within the community who experience homelessness and severe alcohol dependency with no access to sustainable accommodation models. A residential Managed Alcohol Program (‘MAP’) is an integrated approach to healthcare where participants are regularly dispensed alcohol and provided accommodation and psychosocial programs. This prevents alcohol related harms by reducing consumption of non-beverage alcohol, binge drinking and public intoxication. A MAP needs to be constructed and operated to address people's health and social needs so they can maintain stable accommodation within the MAP rather than experience homelessness. The overall aim of the MAP is to improve participants' access to services to enable them to manage and stabilise their alcohol consumption, improve their overall health, wellbeing, and quality of life.



St Vincent's Health Network Sydney (SVHNS) and St Vincent De Paul (SVDP) are partnering in the AusMAP study to build and evaluate a residential MAP as a 3 year trial program over four years. This is to operate the MAP for two years with a third year to transition MAP participants into other services if future funding is not achieved.

Supporting residents through the MAP will reduce avoidable presentations to health and emergency services and lead to potential cost savings in the following areas:

- Health service utilisation
- Emergency housing
- Criminal Justice

SVHNS and SVDP signed a partnership agreement in 2021. Planning and constructing the MAP is underway. It is estimated that it will take a year and a half to plan and construct the MAP with the service opening in 2024.

A Project Control Group was initiated between SVHNS and SVDP 2022 to begin the construction design. The joint SVHNS and SVDP Steering Committee continues to provide project direction. SVDP have reviewed options to locate the MAP within level 1 of the

Matthew Talbot Hostel. The preferred SVDP site at the northern end of the building is being considered by stakeholders.

An Aboriginal and Torres Strait Islander Reference Group has been established to consult and engage Aboriginal and Torres Strait Islander representatives with the MAP. Representatives are from drug and alcohol agencies and Local Health Districts.

A Research Protocol Steering Committee formed in 2021 and members include drug and alcohol clinicians and MAP researchers from Canada. A research protocol was drafted and ethics approval was granted in December 2021. Additional studies are being planned. One is to survey and characterise MAPS internationally

including Canada and Scotland. Another study is to quantify and characterise the population of people who would benefit from the MAP. The consumer co-design process will also be written up as part of the research study.

The St Vincent's Curran Foundation and Payce Foundation have undertaken a funding target for operations. Funding submissions have been made to the Ministry of Health and the Department of Communities and Justice. The Payce Foundation and Payter Dixon are partnering in the project and are providing expertise with developing floor layouts and construction.



2.2.6 HACs PROGRAM DEVELOPMENT

A hospital-acquired complication (HAC) refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. SVHNS is committed to minimising patient harm through mitigating the risk of a HAC occurring.

Three Pillars of the HAC program

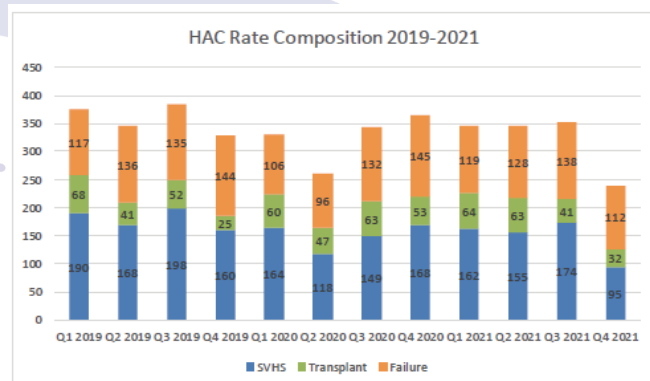
In order to focus improvement efforts in a meaningful way, the HAC program is comprised of three pillars; improve coding accuracy, accurately benchmark & compare rates and improve risk assessment & prevention.



In order to address the three pillars, a number of actions have commenced. The VTE Committee has reformed and undertaken a gap analysis for the VTE clinical care standard. The committee is in the process of carrying out actions to meet the clinical care standard.

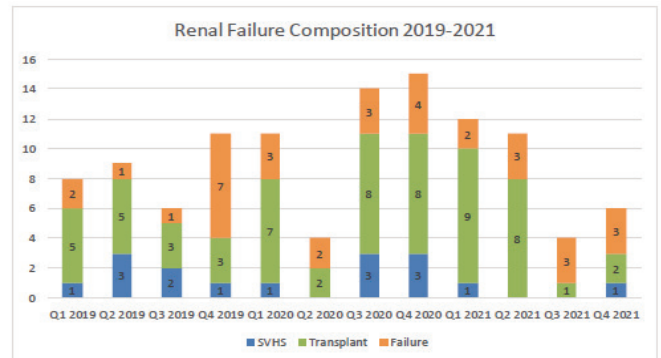
To help inform the work of the VTE committee, a VTE deep dive is underway to ensure the accuracy of coding and determine areas of improvement in clinical management.

Initial inquiry identified the heart lung transplant population as a major contributor to SVHNS' HAC rate. Due to this, a report was developed to better understand these effects. The Heart Lung Failure report demonstrated that heart/lung transplant and failure contribute a disproportionate amount to SVHNS' HAC numbers (graph 1).



Graph1: HAC rate Composition (2019-2021)

Following on from the Heart Lung Failure report, a renal failure deep dive was commenced to determine if improvements to risk assessment and prevention can be made. Renal failure was identified as a target area as heart and lung transplant make up the majority of renal failure cases at SVNHS (Graph 2).



Graph 2: Renal Failure Composition (2019 -2021)

A number of different software platforms enable staff at SVNHS to analyse HAC data. These include Relative Indicators for Safety and Quality (RISQ), Health Round Table and Quality Improvement Data System (QIDS). During the last 12 months, strategic promotion of these platforms has helped key managers to use this data to better track HAC rates.

Work continues in the area of HAC reporting. The next phase of this involves determining a meaningful way of reporting HAC rates to medical staff throughout SVHNS to enable ownership of the HAC data by the clinicians who deliver care.

3. IMPROVING THE PATIENT EXPERIENCE

3.1 THE HUSH PROJECT

The HUSH Project: Improving Sleep in Hospital

Sleep plays a vital role for health and recovery, however poor quality of sleep is a significant problem for many patients in hospital. There is growing evidence that interrupted and impaired sleep in hospitals may contribute to a range of adverse consequences, including slower recovery and extended hospital stays. A common cause for sleep disturbances in hospital is noise, which often exceeds safety recommendations for noise levels from the World Health Organisation (WHO).

At SVHNS, patient surveying and complaints/feedback identified that “noise at night” and disruptions to sleep were a priority area for improvement. To gain further information, SVHNS implemented a comprehensive sleep survey, which identified that 40% of patients rated sleep as “Poor” or “Very Poor”. Results also confirmed that the main issue was hospital noise, which was rated as “Very Disruptive” by 1 in 5 patients (Figure1).

To help improve the quality of sleep in hospital, SVHNS partnered with a small group of consumer representatives to co-design a solution. This led to development of “The Hush Project” (Help Us Support Healing), which was supported by St Vincent’s Curran Foundation.

The HUSH Project involved a range of improvement initiatives to promote better sleep and recovery, including:

- Providing patients with HUSH Sleep Packs, which included earplugs, eye-masks, and herbal tea;
- Implementing dedicated “Quiet Times” on the hospital wards (from 10pm to 6am); and
- Creating a HUSH website, which contained information and resources about Sleep Health (including guided relaxation, meditations, white noise, and music for sleep).

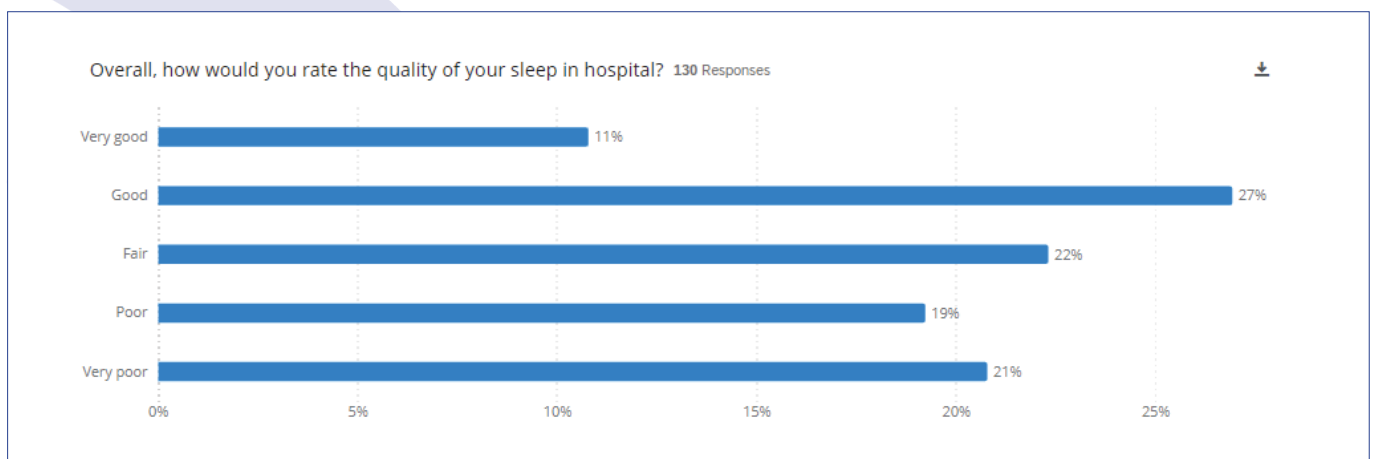


Figure 1: Rating Sleep Quality in Hospital

Each ward conducted an environmental review that identified potential issues for maintenance and repairs, such as fixing noisy air conditioning systems and squeaky doors.

Staff implemented a range of other initiatives to reduce noise, such as putting vital signs equipment on "quiet mode" during the night to reduce disturbances from clinical interventions.

Patient feedback identified that a common source of sleep disturbance was noise from TV's, particularly in shared rooms. To help address this, patients were encouraged to turn off TVs during

Quiet Time. If patients wanted to continue watching TV at night, however, they were provided with headphones (that could be plugged into their nurse call handset) to reduce any disruptions to other patients.

The HUSH Project is being evaluated as part of a research collaboration with the University of New South Wales (UNSW) and the Sleep Health Foundation.

3.2 IMPROVING PATIENT EXPERIENCE IN THE EMERGENCY DEPARTMENT



Photo 1: "Sound Ear" noise monitoring

SVHNS participates in the NSW Emergency Department (ED) Patient Experience program, which aims to create an ED environment that makes patients and their families feel welcome, safe, and cared for. The Emergency Department (ED) is supported by two Patient Experience Officers (PEO's) who focus on supporting patients and families in the ED Waiting Room.

The NSW Health "Elevating the Human Experience: Guide to Action" identifies key enablers to improve Patient Experience. One of these is the Hospital Environment. Excessive noise may contribute to increased anxiety, discomfort, and agitation in patients and visitors. An evaluation of the ED environment was conducted, including noise measurement. Noise measurement devices (dosimeters) were placed in six different areas of the ED, which measured noise levels, each second, over a 24-hour period.

A range of improvement initiatives have been implemented, including visual noise monitoring devices ("Sound Ear", photo 1). The devices provide visual alerts for patients and staff when hospital noise becomes excessive, and is currently being used in high-level noise areas of the ED (photo 2). Results indicated that there were high levels of peak noise, particularly in the ED Waiting Room and Ambulance Bay (up to 100dbs).

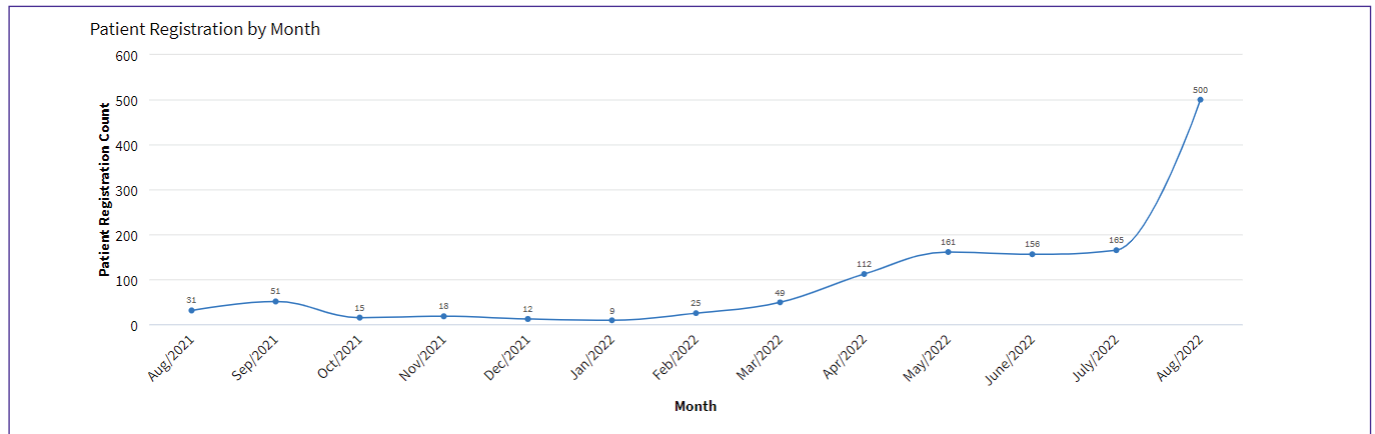


3.3 PATIENT REPORTED MEASURES (PRM)

SVHNS commenced PRM surveying using the HOPE system in March 2021. Initially, PRM surveying began in the outpatient areas. The roll out has continued and now includes inpatient areas (11 units in total). Recently, the commencement of the Long COVID-19 clinic has seen a significant spike in patient's registered, making up 19.83% of the total patients utilising PRMs. To date, 709 patients have been registered (up from 170) across SVHNS, increasing from 165 in July 2022 to 497 in August 2022. This has dramatically increased in the last year from 31 recorded in August 2021 (Graph 1).

This real-time surveying provides a range of useful benefits to

healthcare services. For instance, the Patient Reported Experience Measures (PREM) surveys are anonymous and can help to evaluate service delivery and guide improvements. The Patient Reported Outcome Measures (PROM) surveys help the clinician to understand the patient's quality of life and overall functioning, and can be used to support assessments, referrals, and care planning. These survey results can help clinicians and managers to better understand the quality of life of our patients, and provide a detailed breakdown of self-reported results, including emotional and psychological factors such as anxiety and depression. This information supports the provision of detailed care planning and referrals to address patient concerns in a holistic and comprehensive manner.



Graph1: Patient registration by month

3.4 PARTNERING WITH CONSUMERS

SVHNS has continued to build on the work of 2020 - 2021 in partnering with consumers. We were proud to have successfully passed Accreditation in late March 2022, and to have a number of our Consumer Representatives involved in various activities throughout Accreditation week.

We have also continued to build on the Consumer Engagement Framework. The Framework has been socialised across SVHNS, including being presented to the SVHA Safety, Quality and Excellence Committee, to Clinical Council and to Performance Board. It was recognised specifically by the Partnering with Consumers assessor during Accreditation.

An implementation plan is being developed, based on the strategic priorities and actions outlined in the Consumer Engagement Framework. This involves actions to be carried out at the organisational level, which is driven largely by the Consumer and Community Participation Coordinator role, and commitments to be made at the local, or team level.

Our Consumer Representatives have continued to play an important role in a number of different initiatives and committees across SVHNS. Bimonthly meetings have enabled Consumer Representatives to speak with and hear updates from members of the Executive team. They have also provided a space in which to share and seek feedback on specific projects and ideas from different parts of SVHNS, for example, the Outpatients Transformation Project. Feedback has also been collated from external providers who are providing health services to people in the local area, for example, the development of a new community-based end of life care program from Catholic Care.

We welcomed three new Consumer Representatives into our register

in the first half of 2022, with more having expressed interest and commenced onboarding. We continue to scope opportunities to make the role of Consumer Representative more accessible and supportive, to ensure we are more inclusive and accessible to a diverse range of people, including those in marginalised communities. To this end, some changes have been made to streamline processes to onboarding for new Consumer Representatives, allowing people to opt in to one of two options, depending on the type of role they are interested in pursuing. This removes unnecessary requirements for people to submit extensive immunology records if they won't be working in clinical areas, thereby expediting the onboarding process. Other administrative processes and the Consumer and Community Participation Policy, are expected to be reviewed thoroughly when the NSW Ministry of Health releases its guidelines on remuneration and reimbursement of consumers.

Consumer engagement in the Darlinghurst Integrated Campus Redevelopment project has been successful and has demonstrated the potential for how to include the consumer voice in large-scale projects. In addition to the Consumer Advisory Group, consisting of Consumer Representatives, we held focus groups earlier in the year centred on design principles for the planned new Cahill Cater building. In these focus groups, consumers were able to directly influence and shape the functional brief for the Redevelopment. The consumers' feedback was relevant to not only the physical environment, but also to consideration of new models of care. The preparation of the Aboriginal Health Impact Statement for this project has also enabled St Vincent's to plan our approach to engagement of Aboriginal and Torres Strait Islander consumers and community members. The approach planned in this document will have broader application than this project.

4. A WORKPLACE CULTURE THAT DRIVES SAFE AND QUALITY CARE



4.1 IT'S ALL IN A NAME - RE-ENVISAGING MANDATORY TRAINING TO ESSENTIAL LEARNING

The National Safety and Quality Health Care Standards (NSQHS) reflect the expectations of the public in ensuring that frontline healthcare workers such as nurses are accountable for their professional practice. Despite an overt commitment to their patients, nurses often report that due to competing workplace demands, completing all of their mandatory training obligations within expected timeframes is challenging.

The rapidly evolving and complex nature of healthcare services, clinical practices and models of care require an agile approach to learning. Nursing workforce design requires that there be a close alignment between the skill, knowledge and expertise of nurses, and the services they deliver. By requiring nurses to continue their professional development over time, regulatory bodies ensure nurses are aware of the established link between lifelong learning, continuous improvement, and patient safety.

Clinical governance systems and standards are put in place to ensure organisations and individuals comply with 'mandatory' learning requirements to maintain public confidence in the healthcare system and its services, and mitigate risks to patients.

This study presents a unique understanding of the factors that influence the ability of nurses and interdisciplinary colleagues to complete their mandatory training obligations in the context of a large teaching hospital in Sydney, Australia.

The participants in this study are from a variety of professions and are representative of the makeup of a contemporary healthcare workforce in Australia. The study explored factors that enable or impede healthcare workers to meet their professional obligations to complete their mandatory training. A mixed-method approach was used.

The quantitative component involved training compliance data collected by the organisation. The qualitative component consisted of 22 semi-structured interviews with nurses and other members of the interdisciplinary team, and two focus groups with key informants such as clinical nurse educators, nurse educators and senior nurse managers and executives.

The data from interviews and focus groups reveals the true complexity of the nature of learning, and the requirement for mandatory training that have remained mostly unexplored in this context to date. Motivation to undertake mandatory training is undermined by significant organisational and operational pressures, frustrations, variability in workplace cultures, the participants own personal values, beliefs about its relevance, and understanding of their professional practice and accountability to their patients.

What emerged from the data was a layering of perceptions, beliefs - both professional and personal - values, workplace cultures, and expectations that enhanced or decreased motivation with clear differences emerging between two purposively selected cohorts of learners - 'early' and 'late' adopters. Comparison between the two cohorts revealed that a dominant workplace culture that values 'essential learning' and allows for some flexibility of approach and acknowledges multiple perspectives, will enhance alignment to the values and beliefs that underpin worker motivation and transform the mindset that the word 'mandatory' can evoke. A small paradigm shift has potential to transform existing cultures and enable those that acknowledge difficulty meeting requirements, to complete the requisite professional and clinical governance requirements expected by the community.

4.2 DRIVING NURSING LEADERSHIP TO ENSURE SAFE AND QUALITY CARE FOR ALL

a) Coach Approach Programs for senior nurses

With support from the Curran Foundation, the SVHNS Senior Nurse Coach Approach Program expanded in 2022 to include:

- A further 47 senior nurses (Nurse Managers, Nurse Educators, Nursing Unit Managers, Clinical Nurse Consultants, Clinical Nurse Educators) undertake the 'Essential Coach Approach Program (ECAP), and;
- 17 senior nurses (Nurse Managers, Nurse Educators, Nursing Unit Managers) undertake the 'Advanced Coach Approach Program (ACAP).
- ECAP and ACAP are evidence-based leadership coaching programs that support workplace cultures that drive safety and quality by training nurse leaders in the skills necessary to:
 - Recognise coaching moments and opportunities
 - Use coaching techniques in routine communication to enhance initiative, action and accountability in teams
 - Coach to staff strengths and use meaningful feedback to facilitate change

b) Huron StuderGroup – Nurse Leader Bootcamp

With support from the Curran Foundation, 30 nursing unit managers (NUMs) undertook a 1-day Nurse Leader Bootcamp Workshop with Huron StuderGroup. The workshop is designed specifically for Nurse Leaders to enhance leadership skills in engaging teams to drive safe, quality care. NUMs were taught practical applications of various evidence-based Studer leadership tactics i.e. NUM leader patient rounding, NUM leader staff rounding, ongoing performance feedback

techniques. At the conclusion of the Workshop, NUMs and Stream Managers developed implementation action plans that outlined how the leadership tactics would be applied within their respective Streams.

c) JBI Endorsement

In July 2022, SVHNS became a JBI (formerly the Joanna Briggs Institute) endorsed organisation in recognition of our commitment to evidence-based healthcare and an organisational-wide culture of innovation. To become endorsed, SVHNS were required to demonstrate adherence to three JBI Standards and numerous Criterion related to i) our commitment to evidence-based healthcare ii) continuous quality improvement and iii) evidence-based capacity building. JBI endorsement provides opportunities for collaboration on evidence implementation projects, presentation at JBI conference both nationally and internationally and participation in JBI activities i.e. Expert Reference Groups. It offers discounted training in various evidence-implementation programs and promotional opportunities to promote this prestigious achievement.

Commencing in October 2022 sixteen nurses and two pharmacists will undertake a second six-month JBI Evidence Implementation Training Program focusing on medication administration evidence implementation. This topic aligns with the World Health Organisations (WHO) Medication without Harm: Global Patient Safety Challenge, that aims to reduce severe avoidable medication related harm by 50% by 2025.



5. REVIEW OF PERFORMANCE AGAINST 2021-22 NSW HEALTH KEY PERFORMANCE INDICATORS



5.1 PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST

(Data discussed here was sourced from the Health System Performance Report, SVHNS, August 2022)

5.1.1. SAFETY

SVHNS has developed a network wide HAC strategy which aims to improve patient outcomes by steering improvement efforts using a data driven approach. This strategy is achieved by improving clinical coding accuracy, benchmarking appropriately and improving risk assessment and preventative efforts for targeted groups. In Stage 1 of this strategy (current stage) SVHNS is analysing the impact of the Heart Lung Program. St Vincent's Hospital Sydney (SVHS) is the only NSW hospital to perform heart and lung transplants. In order to benchmark appropriately SVHNS has commenced work to analyse patients who underwent a heart and/or lung transplantation and their contribution to the SVHNS HAC rate. These patients also present to SVHS prior to transplant with heart and/or respiratory failure. This patient group will also be involved in this ongoing analysis. At the current phase VTE, renal failure and delirium are being investigated to better understand the extent to which these complications are preventable.

5.1.2 PATIENT-CENTRED CULTURE (PATIENT ENGAGEMENT INDEX ED)

Emergency Department Patient Engagement Index for non-admitted patients falls slightly below benchmark 8.11 (8.50) but is noted to be higher than the Same Period Last Year (SPLY) (7.42). The score for the period October to December 2021 of 8.11 may be a reflection of the ED experience during the OMICRON COVID-19 surge. SVHNS has employed new ED Patient Experience Officers to support improvement in this experience measure and this has seen an improvement from 7.39 in the July to September 2021 period.

5.1.3 EFFICIENCY (ELECTIVE SURGERY OVERDUE, CAT 2 &3, ELECTIVE SURGERY ACCESS PERFORMANCE, CAT2&3)

The general surgical ward was closed to respond to an increase in COVID-19 activity in the first half on 2022 and this is reflected in this data not meeting target. Strategies to support elective surgery activity during the COVID-19 response has included contractual arrangements with St Vincent's Private Hospital Sydney and other external healthcare providers. This is facilitated under the NSW Ministry of Health's surgical

funding arrangements. Such arrangements will continue to the end of FY22/23 to assist SVHNS to meet a '000' waitlist target. Additionally, a program of work has commenced to increase surgical activity in FY22/23. This includes (but is not limited to) establishing protocols to meet targeted waitlist reduction numbers, establishing a surgical short stay unit, and development of clinical care pathways for surgery, supporting early discharge and Hospital in the Home (HITH) referral.

5.1.4 TIMELINESS AND ACCESSIBILITY (ETP, ED PRESENTATIONS TRIAGE 2 AND 3, TOC)

Overall SVHNS' performance for ETP, presentations Stage 2 and 3 and TOC has seen a decrease since SPLY and this is a reflection of the pressure put on the ED and hospital system with the COVID-19 pandemic. Work is continuing on the "Whole of Hospital" Program to improve patient flow and reduce bed block by improving the discharge process and timeliness.

Additional strategies include (but are not limited to): Focus on 'Estimated Date of Discharges'; Enhanced identification and prevention of Long Length of Stay (LLOS) patients; Hospital In the Home (HITH) utilisation; Early discharge through the Transit Lounge; and consideration of alternative models of care e.g. short stay surgical unit and Medistays.

5.1.5 EFFECTIVENESS (UNPLANNED HOSPITAL READMISSIONS)

SVHNS continues to perform on par with NSW health (5.5%) and has seen an increase since SPLY (5.3%). There is a consistent performance for Aboriginal people (16.6%) which is well above NSW peers (6.1%).

5.2 INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE

5.2.1 TIMELINESS AND ACCESSIBILITY (ED EXTENDED STAYS – MENTAL HEALTH)

Increase length of stay for patients with mental health issues in the ED has seen an increase since SPLY which is due to a range of challenges including, significant acuity across the inpatient units, overall increased number of admitted consumers with complex care needs requiring longer admissions and a higher numbers of patients from out of area.

The inpatient mental health unit currently has several strategies to improve length of stay and therefore free up beds for patients waiting in ED:

- Multi-disciplinary team restructure – processes to be streamlined and standardised to improve discharge planning and communication of expected day of discharge, understanding the barriers to discharge and Health of the Nation Outcome Scales rating.
- Working towards a 7 day model of patient flow and Afterhours Clinical Support
- Recruitment and retention strategies for mental health staff
- Mental health specific development pathways to improve skill and expertise

5.2.2 PATIENT-CENTRED CULTURE (MENTAL HEALTH PEER WORKFORCE EMPLOYMENT)

SVHNS is committed to establishing and strengthening representation of the mental health peer work force. We now have peer workers employed in working areas across, inpatient, community and towards zero suicides portfolios.

5.2.3 EFFECTIVENESS (DOMESTIC VIOLENCE ROUTINE SCREENING, MENTAL HEALTH ACUTE POST-DISCHARGE COMMUNITY CARE)

Domestic Violence Routine Screening (DVRS)

During the past 12 months there has been a slight improvement (17.4% to 27.4%) although not within the target of 70%. A significant challenge to achieve this target has been the increased adoption of telehealth services replacing face to face service.

A requirement of the DVRS protocol is that the person being assessed is in a private space which is not always possible to achieve during a telehealth consult, as such making completion of the screening unachievable.

In order to improve DVRS a working party has been convened with key leads within Mental Health Services, Alcohol and Drug Services and the Social Work Domestic Violence team to ensure all staff are orientated and trained to the requirements of the screening. Systems issues have also been explored to ensure that in person appointments occur where there may be concerns for domestic violence and when screening cannot be completed due to a lack of privacy this data is excluded from our reporting to increase the accuracy of the month to month reporting.

Mental Health Acute Post-Discharge Community Care

This KPI has decreased from 64.9% (SPLY) to 59.1% with a target of 75%. The service has noted the underperformance and has commenced weekly meetings.

Strategies to address:

- Standardised second weekly reporting to the community mental health team
- Review of the procedure to conduct the 7 day follow up
- Development of a template in medical record to streamline documentation
- Improve completion of discharge summaries
- Improve accurate contact details for consumers

6. FUTURE SAFETY AND QUALITY INITIATIVES



6.1 THE SAFETY AND QUALITY ESSENTIALS PATHWAY

The Safety and Quality Essentials Pathway (SQEP) is a 3 stage structured staff education and training curriculum being rolled out across SVHNS in 2022/2023. The Pathway, developed by the Clinical Excellence Commission to build safety and quality improvement capability for everyone in NSW Health, is based on the premise that:

1. Safety and quality systems help protect patients from harm through identifying and mitigating risks and,
2. Every patient deserves the safest possible care with continuous improvement being the path to provide this.

SVHNS is committed to the rollout of the SQEP across our network through blended education models including e-learning and facilitated workshops. The pathway will be embedded within the larger SVHNS innovation and improvement framework to support sustainability, staff development and improve patient outcomes.

6.2 SEXUALITY AND GENDER DIVERSITY PROJECT

SVHNS has identified that people of diverse sexualities and genders face significant health disparities when compared to cisgender, heterosexual peers. These health disparities are likely to stem from reduced access to healthcare services due to historical and contemporary experiences of stigma, discrimination and refusal of service. In an effort to address these issues, SVHNS sought to develop a program of work to improve visibility, safety and belonging for patients and staff who identify as sexuality or gender diverse.

Using a culturally humble framework, in which all staff seek to continuously learn and develop their cross cultural healthcare skills, and actively identify and mitigate individual and systemic discrepancies in power relationships between providers and patients, a number of projects have been developed to enhance our legacy of providing care to these communities, while learning and adapting to developing health needs.

The program of work recognised that improving the culture of inclusion, safety and belonging at a staff level would have clear benefits not only for our workforce, but also for our patients. As such, projects which drive change at an internal level were run alongside projects that improved the visibility of safe spaces, increased patient experience and provided direct skill and knowledge development for working with sexuality and gender diverse patients.

Training and Education

New training packages were delivered and developed for staff across SVHNS. The three training packages are:

- Cultural Humility and Sexuality and Gender Diversity
- Sexuality and Gender Diversity in Healthcare
- Working with Trans and Gender Diverse Patients

The first two training programs have been delivered to over 150 staff with positive evaluations. The third training, a project co-designed with Trans and Gender Diverse patients was delivered to ED staff and has now been developed into an online module. It will be available to all staff in tandem with our newly developed Principles for Working with Trans and Gender Diverse patients. The Trans and Gender Diverse training and policy project received a national award for Innovation in Inclusive Healthcare from Pride in Health and Wellbeing.

Visibility and Inclusion

A wide variety of projects have been undertaken in the visibility and inclusion space. The most prominent was our submission to the Health and Wellbeing Equality Index. Our submission resulted in Bronze Tier recognition for SVHNS, and the development of an action plan for inclusion and visibility which forms key deliverables for 2022. New work resulting from this project included:

- Development of clinician guides on coming out and disclosure
- Wear It Purple Day posts on Staff Bulletin
- Development of a referral and resource guide for sexuality and gender diverse patients

The Inclusive Health team also worked closely with Pride@SVHNS to continue our participation in Sydney Gay and Lesbian Mardi Gras in 2022, and plans are underway for the network to have a presence in the 2023 Sydney WorldPride celebrations. We also hosted an event for International Day Against Homophobia, Biphobia and Transphobia including a panel of people speaking on the impact of intersectionality on queer health.

Strategy and Governance

Following the success of the project, significant investment has been made into continuing the work. A Manager, Sexuality and Gender Diversity projects has been employed who has developed a three year work plan with first year KPIs already being achieved. This work is led by the development of the Continuous Improvement Strategy for Sexuality and Gender Diversity which outlines our commitment to ongoing development and growth in this area.

The new position is also supporting an executive commitment to the project as the secretariat for the newly formed Sexuality and Gender Diversity Steering Committee, chaired by Executive Sponsor Anthony Schembri.

6.3 IMPLEMENTING THE NSW HEALTH ABORIGINAL MENTAL HEALTH AND WELLBEING STRATEGY 2020-2025

Improving the mental health and wellbeing of Aboriginal communities across the state is a priority of the NSW Government and SVHNS. SVHNS is working to implement the goals of the NSW Health Aboriginal Mental Health and Wellbeing Strategy 2020 – 2025. The overarching vision of the Strategy is for all Aboriginal people of NSW to have access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing. The Strategy is designed to support and assist health services in delivering respectful and appropriate care in partnership with Aboriginal services, people and communities, and aims to be the foundation for change that will support a future way of working under the national Agreement for Closing the Gap in Aboriginal Health outcomes. SVHN submitted an Implementation Plan for the Strategy to NSW Health in 2022, which we will use to ensure that we support culturally safe services and communication, and focus mobilization of our services to deliver on the Strategy's goals:

- Goal 1: Holistic, person and family-centred care and healing
- Goal 2: Culturally safe, trauma-informed, quality care
- Goal 3: Connected care

Implementation is led by the Inner City Health Stream within the Integrated Care Directorate, and actions and deliverables are monitored through the Aboriginal and Torres Strait Islander Mental Health and Wellbeing Working Group and Integrated Care Management Committee.

