St Vincent's
HEALTH NETWORK
SYDNEY

SAFETY AND QUALITY ACCOUNT

St. Vincent's Health Network Sydney

2020-2021

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.

CONTENTS

1 ST VINCENT'S HEALTH NETWORK

There can be no doubting, that in the past twelve months St Vincent's Health Network has achieved so much – growing our Mission of responding to community need like never before. But apart from the achievements themselves, what's most encouraging for our Network, is the pervasive safety and quality culture that is palpable when you walk the corridors of our inpatient wards, attend a virtual MDT meeting or witness an outpatient clinic with our patient inmates at Parklea.

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

1.1 STATEMENT OF SAFETY AND QUALITY

A few years ago, we launched two ambitious staff campaigns "Zero Harm Is Our Target" and "I am the Director of Patient Safety and Quality". Our staff did not accept these campaigns as catchy slogans, instead they took them as genuine challenge to engage in open dialogue and lead better value care across all our endeavours. The net-result is a culture where staff feel that they themselves can lead change, and strive for improved patient outcomes – where "near enough" is simply not acceptable.

It has actually been the grass-roots feedback of our staff that has inspired so much of what we have achieved, from our efforts in early recognition and management of delirium, reducing falls, improving bedside clinical handover, and the re-invigoration of intentional-rounding with a focus on the deteriorating patient.

In the past year, we sought to bring together new models of care, redesign and innovate across our St Vincent's Health Network, working closely with the key NSW Ministry of Health pillars, the Agency for Clinical Innovation (ACI) and Clinical Excellence Commission.

Inspired by our staff, we have introduced new models of care that have radically improved outcomes for our patients, from virtual care in the bush to care delivered on the streets. The quality of this care has been demonstrated by our patients' highly complementary feedback.

To achieve such feedback in the face of the disruptions and demands posed by COVID-19 – is a testament to our staff's hard work and their openness to embracing change. We've introduced vital new facilities, services and equipment from PANDA to FlexiClinic, and in late 2020 we were fortunate to receive $25M from the NSW Government towards our planned Cahill Cater redevelopment that will help future-proof our Campus to meet projected community demand. Importantly, the launch of stvincent's@home has seen a radical change for the better in where, how and when our patients are receiving care.

With our staff empowered with a stronger voice – we are seeing more staff speak up for safety, driving a reduction in workplace injuries. And the voices we are hearing and listening to, are not only louder, they are more diverse; we now have a more inclusive and diverse workforce where our female, LGBQTI+, Aboriginal and younger staff in particular, are empowered with a variety of new supports, leading to change for the better.

While our future is bright with the development of our Clinical Services Strategy and a suite of major capital works to support the Strategy including the proposed West Street translational research hub and the Cahill Cater redevelopment. I am also proud to report that over the past 4 years there has been a 51% increase in funds we have directed to inclusive health services to support our St Vincent's Mission of caring for the vulnerable.

As NSW's original health precinct, we have worked closely with our Campus research, teaching and hospital partners to continue to pioneer compassionate, research-driven healthcare through Australia's closest research-clinical collaborations, with a focus in centres of excellence for cardiac care, immunology and infectious diseases, genomic cell therapies in cancer, and care for vulnerable populations.

We have been fortunate to continue to play a major role in the State's COVID-19 response, treating thousands of COVID-19 patients both in our hospital as well as virtually in the community, undertaking almost a million COVID-19 tests, and vaccinating many of the State's most vulnerable against COVID-19. Furthermore, St Vincent's is fast becoming an international leader in Long COVID-19 research and care through our ground-breaking ADAPT study.

For some time now, I've been speaking of doing things the St Vincent's Way. I am delighted that our staff are adopting their own inimitable take on the St Vincent's Way to lead better value care for the community we are fortunate to serve.

1.2 SNAPSHOT OF ACHIEVEMENTS OVER THE PREVIOUS 12 MONTHS

1.2.1 SVHNS RESPONDING TO COVID 19 PANDEMIC

St Vincent's Hospital Sydney (SVHS) has played a central role in responding to the COVID-19 pandemic that has impacted both Greater Sydney and the rest of NSW across the last 12 months. This response has centred on scaling up both testing capacity and vaccination capabilities, particularly in supporting inner-Sydney's vulnerable populations. As part of the COVID-19 Pandemic Response, SVHNS reinstated the Emergency Operations Centre (EOC), as a seven day per week support service to SVHNS COVID-19 Operations.

Below are some highlights that have been achieved by the organisation:

Function of the EOC

The EOC and Disaster Management team have been able to activate and deactivate in response to the ongoing demands across the past 12 months. As part of our response to the Greater Sydney pandemic which started at the end of June 2021, the EOC was stood up again and the EOC team and Health Services Functional Area Coordinator (HSFAC) was reinstated. The response was able to build upon the processes and plans put in place the previous years to rapidly reinstate governance models around Personal Protective Equipment supply chains, operationalising development of COVID-19 Clinical pathways and infection prevention processes.
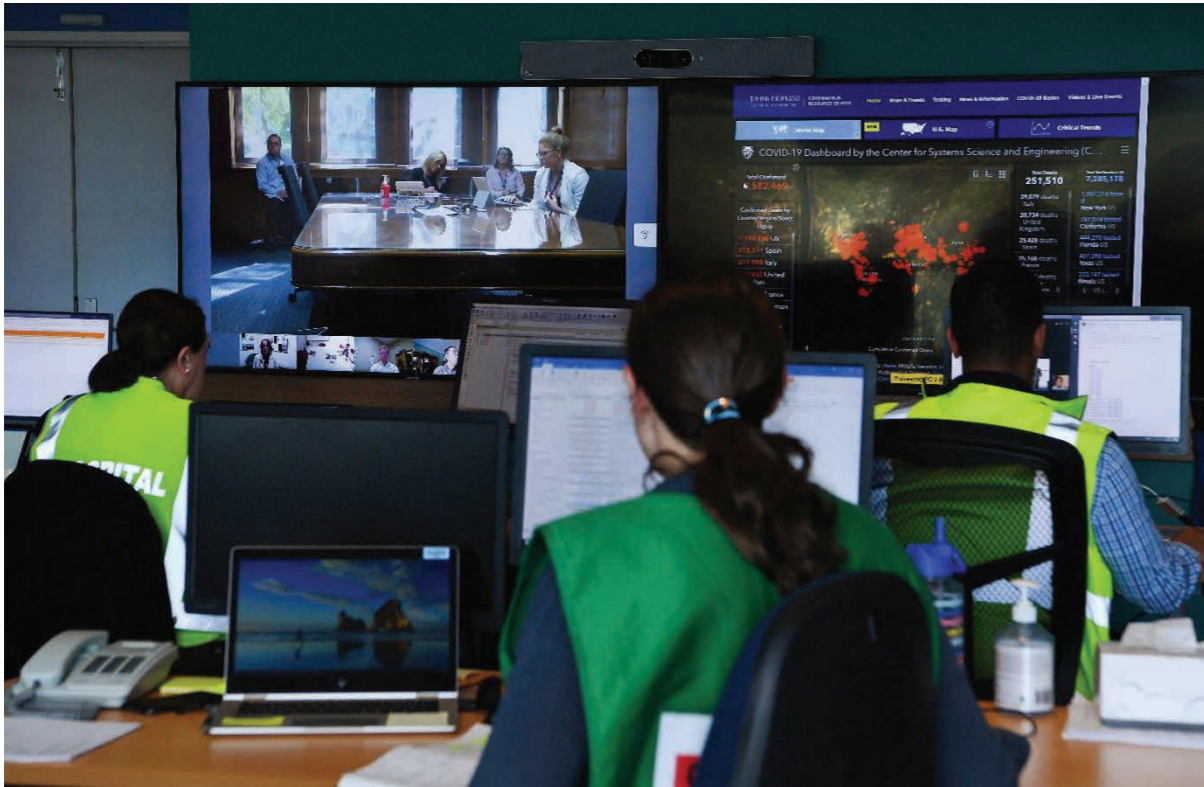
COVID Testing:

EOC in partnership with St Vincent's Pathology (SydPath) has coordinated and continued to support COVID-19 Testing Clinics across Greater Sydney and NSW in response to the Ministry of Health's requests. This has included maintaining Eastern Suburb testing clinics (Bondi drive-thru, East Sydney Arts School, Rushcutters Bay) and saw the establishment of additional testing clinics in South Western Sydney (Merrylands, Fairfield).

Testing sites were also established by SydPath at Rouse Hill, Castle Hill and Carlingford. SydPath established a Northern Beaches mass testing site at Forestville, and a pop-up site at Moree in response to a temporary shortage of testing capacity in the area.

As of 23 October 2021, a total of over 630,000 presentations had been made to testing clinics run by SVHNS. SVNHS first lab in Australia to use electronic data collection of patient details at testing centres. This minimised the data entry time and led to a 500% increase in productivity per user, instead of 60 episodes per hour, a single operator was able to perform 300-400 per hour.

SydPath support to the pandemic:

Key highlights from our SydPath service supporting the pandemic response

- 1,128,00 COVID-19 tests have been processed through the laboratory
- The first lab in NSW to implement rapid COVID-19 testing for high-risk hospital areas and patients.

- Pre pandemic the team could perform 200 PCR tests a day. Today they can do over 10,000, a 5,000% increase in capability.
- Streamlining of pre-analytical sample processing, each sample spent only two minutes in processing time before being sent to the laboratory.
- The microbiology lab now runs 24/7 strongly supported by the Central Specimen Reception team and the support staff providing logistics to the swabbing centres.

Vaccination hub including an outreach program for vulnerable people:

St Vincent's established a COVID-19 vaccination program, vaccinating staff, their family members and the local community with over 50,000 doses of vaccine administered.

A key success of the vaccination program has been the establishment of the Inner City COVID-19 Vaccine Hub at the Ozanam Learning Centre, St Vincent de Paul Society NSW in May 2021. The Inner City COVID-19 Vaccine Hub was established to improve access to vaccination for people sleeping rough, people in specialist homelessness services and people at risk of homelessness, such as those living in social housing or temporary accommodation. The vaccination hub was established as a partnership between SVHNS, South Eastern Sydney Local Health District, Kirketon Road Centre, Matthew Talbot Primary Health Clinic, Sydney Local Health District, City of Sydney Council, Department of Communities and Justice, Neami National and St Vincent de Paul Society NSW.

Thanks to generous fundraising from the St Vincent's Curran

Foundation and Sutton Motors, SVHNS established the Vinnies Vax Van. This allows our Vaccination Team to get on the road and provide vaccinations to a wider reach for our vulnerable populations including people at risk of homelessness, experiencing homelessness, people in social housing, residential aged care facilities, prisons and people who live in supported accommodation with severe disabilities.

Expansion of Virtual Care via the VHITH service

The Virtual Care Unit (VCU) scaled to be able to provide remote monitoring to COVID-19 patients admitted to the service. As part of the plans to expand this service, we have been accepted into the ACI Virtual Care Accelerator which will future proof our service. A large enabler of this was the integration of the new remote monitoring platform that allowed clinicians to be able to digitally monitor patients at home.

Establishment of a Respiratory Protection Program:

A mandatory P2/N95 mask fit testing program was established to ensure that all staff members required to wear P2/N95 masks on shift were correctly fitted. The program provided fit testing for staff from across the SVHNS, including staff from St Joseph's Hospital and St Vincent's Correctional Health. 66.2% of staff have been successfully fit tested.
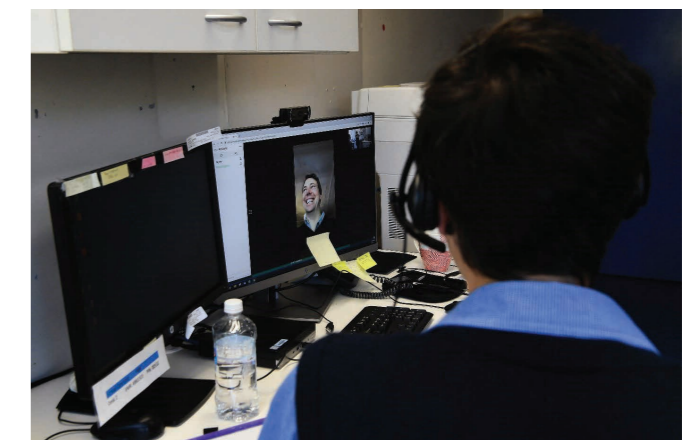
Rapid deployment of outreach services to support local outbreaks

The SVHNS Incident Response and Homeless Health teams continued to provide support for local outbreaks including rapidly deploying swabbing teams to community residences and providing support for outbreaks and exposures in aged care services.

THIS WAY UP: Adapting to changing mental health service delivery to meet demand during COVID -19

THIS WAY UP is a web-based application developed over a decade ago by the Clinical Research Unit for Anxiety and Depression (CRUfAD), to provide an accessible, evidence-based internet-delivered Cognitive Behavioural Therapy (CBT) program for stress, anxiety, depression and/or chronic conditions.

The online nature of THIS WAY UP's program delivery improves health equity and access by overcoming many of the known barriers to mental health treatments such as cost, travel time, stigma, and long waitlists.

As the COVID-19 pandemic unfolded, THIS WAY UP rapidly adapted to the increased demand for mental health services by developing digital resources, removing barriers and increasing dissemination. This resulted in a 504% increase in the uptake of the service by more than 40,000 service users nationally.

THIS WAY UP's agile and innovative approach is consumer-focused, strongly under-pinned by a robust research base and exemplifies clinical excellence and leadership. The service successfully adapted in the changing landscape of mental health service delivery, increasing access to mental health treatments to meet the dramatic increase in demand.

THIS WAY UP's digital service offers a safe, accessible, effective and highly scalable mental health treatment option that supports both clinicians and service users.

ICU COVID Response

SVHNS ICU commenced their COVID-19 Surge Plans in March 2020 by formulating an ICU multi- disciplinary Working Party which met weekly for over 4 months to establish comprehensive COVID-19 Surge Plans. The Plans included ICU specific policy and procedures, infrastructure modifications, equipment needs and preparation, education, communication, and staffing strategies. Forty-three willing Registered Nurses (RNs) within the organisation were upskilled as part of the Acute Clinical Management Upskilling Refresher Program (ACMUR) in readiness to support the Nursing team in ICU.

Fortunately, in 2020, ICU saw no more than 3 COVID-19 ICU patients at any one time so a surge was averted.

1.2.2 ALCOHOL AND DRUG TELEHEALTH SERVICE: DELIVERING VIRTUAL ADDICTION MEDICINE SPECIALIST CARE FOR VULNERABLE INDIVIDUALS LIVING IN RURAL AND REMOTE AREAS

Access to specialist substance use disorder treatment in rural and remote areas is limited. People in rural and remote areas also have worse health outcomes than their counterparts in metropolitan areas and higher rates of addiction (AIHW, 2016 and 2017). This may be due to barriers associated with access to face to face addiction treatment in rural and remote areas including; limited access to varied addiction treatments such as Opiate Replacement Treatment (ORT); limited ORT prescribers (NRHA, 2015); long wait times (Wood, Opie, Tucci, Franklin, and Anderson, 2019); and the vast amount of travel to reach metropolitan cities with larger addiction treatment centres and resources (RACGP, 2019).

In addition, there is also a shortage of Addiction Medicine Specialists and also insufficient doctors who are authorised to prescribe ORT, leading to significant treatment delays. Treatment delays may lead to poorer health outcomes.

Fly-in-fly-out (FIFO) models are used by Local Health Districts (LHDs) to increase access to specialists however, this model is costly and does not provide adequate specialist coverage or continuity of care.

In response to this issue, SVHS developed the Alcohol and Drug Telehealth Service. The service uses videoconferencing technology to enable access to Addiction Medicine Specialist care for people in rural and remote areas. The service also delivers specialist clinical support to Drug and Alcohol (DandA)

Clinicians working in country areas, thereby building their capacity to care for individuals affected by substance use disorder and reducing professional isolation.

An evaluation was conducted assessing pilot outputs, client and clinician experience measures. Results demonstrated a strong uptake of the service and high satisfaction levels by clients and clinicians. Wait times to receive specialist addiction management care have reduced from two to three months to less than one week following the introduction of the service. 100% of clients surveyed agreed that telehealth saved them time, they would be happy to use telehealth services in the future and that telehealth was a convenient way to receive care.

Following the establishment of the service, SVHS were successful in achieving ongoing funding from the Ministry to act as an 'Alcohol and Other Drugs Virtual Care Hub'. The Ministry funding will enable SVHS to continue to expand the service to provide addiction medicine specialist support via telehealth to clients from other LHD's.

1.2.3 PSYCHIATRIC, ALCOHOL AND NON-PRESCRIPTION DRUG ASSESSMENT UNIT; A NEW MODEL OF EMERGENCY MEDICINE (PANDA)

In 2020 SVHS opened a six bed monitored Prescription Alcohol and Non-prescription Drug Assessment (PANDA) Unit. The first of its kind in Australia, PANDA has provided holistic specialist care for patients experiencing psychiatric, alcohol and other drug crisis. In its first year PANDA cared for over 2000 patients that are often part of Sydney's most vulnerable communities.

This space has had a positive effect on the Emergency Department (ED). We have seen patients that previously would not wait or discharge prior to reviewing care, be more likely to engage in treatment. Increasing rates of admission and occupancy show the need for the specialist care PANDA is providing. This has also decreased the burden on the wider hospital system.

The dedicated service can decrease restraint, seclusion and aggression. This has created a safer space for patients and staff across PANDA and the ED. Reducing this means patients are likely to have better, less traumatic experiences and more likely to have their care needs met. This will likely lead to increased engagement with hospital services and improve longer term outcomes.

By providing this care, SVHS has created a culture which embraces the patient as the expert in their own experience. Overall, patients are reporting high rates of satisfaction and clearly feeling more comfortable accessing health services since PANDA opened. Historically, patients within this cohort were seen as challenging and received poor care. Culture is changing for clinicians. They are seeing success and opportunity for these patients and this has improved staff as well as patient satisfaction.

Testimonial

"Hi my name is ----- recently I admitted myself into the PANDA unit at St Vincent's Hospital. I'm sending this email to say thanks to all the doctors, nurses and staff that looked after me they were so nice caring and helpful. I really thought there was no such help they showed me otherwise showed me there is help and support and gave me a medical plan that actually cares for me and my health long term. I've been to GP's and they haven't even known the drugs I was using (GHB) what it does or how to help someone trying to stop it. So thank you very much for your help and ongoing support, I wish more people knew there is help like this for people like me, and please let me know if there's anything I can do to try and help."
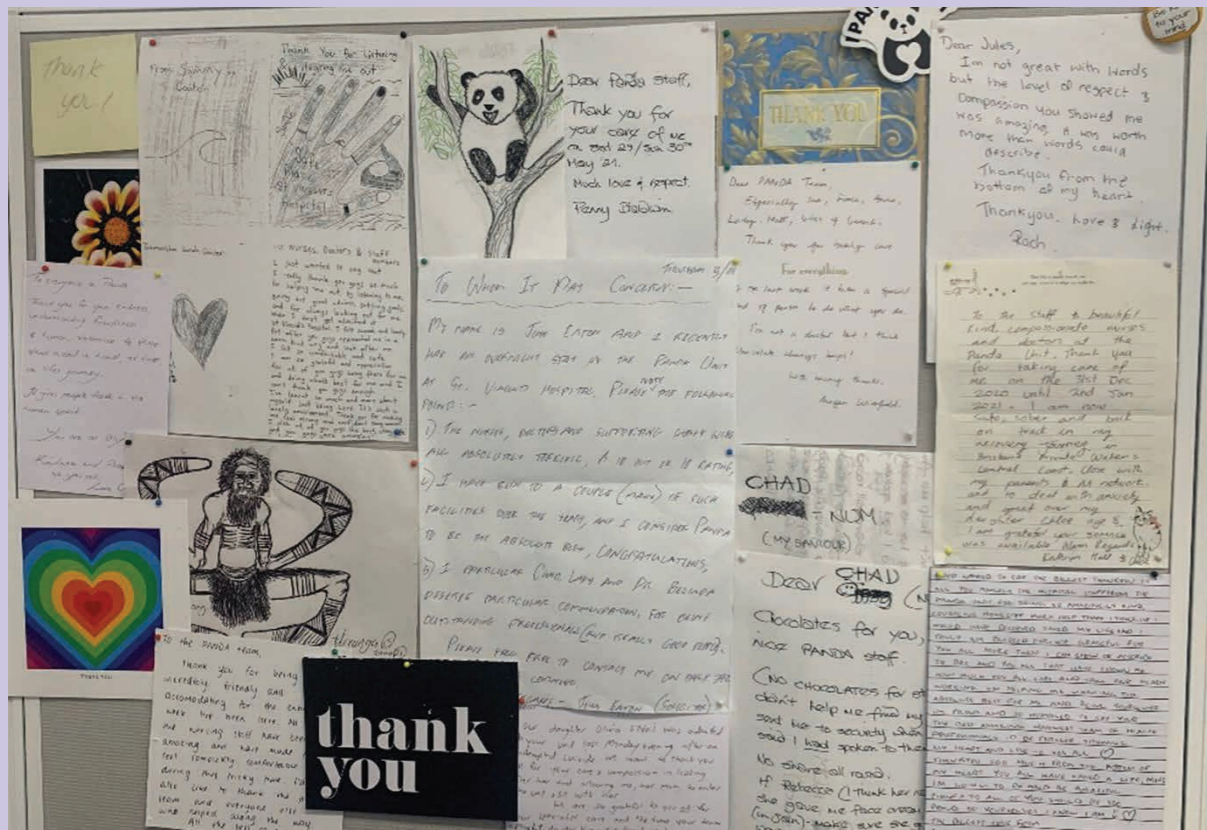
1.2.4 NURSING RESEARCH INSTITUTE

Established in 2009, the Nursing Research Institute is a joint collaboration between SVHNS, St Vincent's Hospital Melbourne and Australian Catholic University. Aligning with the St Vincent's Research Campus Vision, the Nursing Research Institute priority areas are translating evidence-based research into policy and practice, building research capacity by fostering a research culture and empowering a new generation of clinician researchers. In 2021, the research team worked across 31 projects, of which 26 are aligned to the National Safety and Quality Health Service Standards. Two of Nursing Research Institute's major projects have been the ENCORE and ACCELERATE Trials (updates for both projects featured in this report).

The Nursing Research Institute's Director, Professor Sandy Middleton, also leads the Implementation Science Platform of the Maridulu Budyari Gumal (Sydney Partnership for Health, Education, Research and Enterprise - SPHERE). The Platform aims to strengthen collaboration with SPHERE's 16 Clinical Academic Groups and includes the Nursing and Midwifery Implementation Science Academy to conduct implementation science research with direct impact on patient outcomes, health policy and to promote evidence translation.

In a first for SVHNS, Julie Gawthorne, a Clinical Nurse Consultant from the SVHS ED, has recently completed an internship as the inaugural SPHERE Implementation Science Clinical Research Fellow. Ms Gawthorne co-ordinated the 'Clinical Registry Project' to determine if, and how, registry data are being used to influence local safety and quality improvement initiatives, and identify educational needs of teams to improve knowledge of and use clinical registry data to drive practice change. Results were published in the International Journal for Quality in Health Care.

SVHNS has also recruited a Senior Implementation Science Research Fellow in Allied Health, Dr Lauren Christie, to assist frontline allied health professionals implement evidence into practice, and to increase research capacity. In 2021, Dr Christie was awarded one of only four Stroke Foundation Early Career Researcher Seed Grants to conduct the research project,

'Remote Constraint Induced Therapy of the upper Extremity (ReCITE): An implementation study.' The Study will investigate the feasibility and acceptability of delivering constraint induced movement therapy for upper limb recovery following stroke via telehealth. Delivering the safe evidence-based virtual care has become a key part of SVHNS strategic objectives, particularly since the pandemic.

1.2.5 PATIENT REPORTED MEASURES

SVHNS has commenced digital surveying using Patient Reported Measures (PRMs), which helps us to understand what matters most to our patients. This project has been developed by ACI and NSW Health, and supports the state-wide strategic focus on Value-Based Healthcare. Patient Reported Measures can be grouped into the following categories:

- Patient Reported Experience Measures: these capture the patient's perception of their experience with healthcare.

- Patient Reported Outcomes Measures: these evaluate how illness or care impacts on their health and wellbeing.

This real-time surveying provides a range of useful benefits to healthcare services. For instance, the PREM surveys are anonymous and can help to evaluate service delivery and guide improvements. 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. Data is captured online using the HOPE system (Health Outcomes and Patient Experience) which collates the survey results and provides real-time data for clinicians.

PRM surveying at St Vincent's Health Network Sydney

St Vincent's commenced PRM surveying using the HOPE system in March 2021. Initially, PRM surveying began in the outpatients' areas. The roll out has continued to include six of the Leading Better Value Care clinics. This includes services such as Osteoarthritis Chronic Care (OACCP), Renal Supportive Care, and Diabetes High Risk Foot Services.
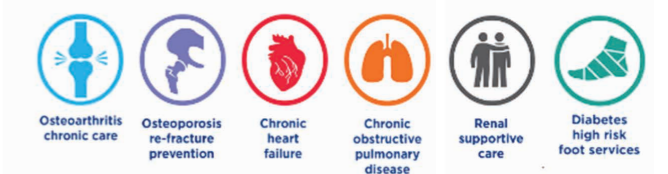
So far, 170 patients have been registered on the HOPE platform, with over 300 surveys completed.

HOPE - Patients Consented (SVHN)	HOPE - PROMS Completed (SVHN)
170	331
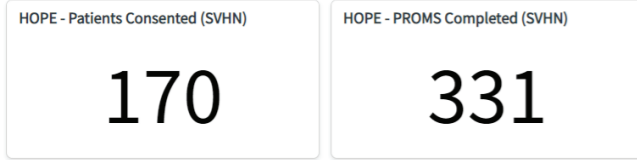
These survey results can help clinicians and managers to better understand the quality of life of our patients, and provides a detailed breakdown of self-reported results, including emotional and psychological factors like anxiety and depression (as shown below). This information supports the provision of detailed care planning and referrals to address patient concerns in a holistic and comprehensive manner.

In 2022, scope of PRM surveying will be expanded to inpatient areas, thereby supporting safety initiatives like Falls Prevention, Pain Management, and Discharge Planning.

Co-designing PRM Communications for Patients

To help patients to better understand the benefits of using PRMs, St Vincent's worked with our patients and consumers to develop a short animated video, "What matters to you? Patient Reported Measures". This project was co-designed using consumer feedback and suggestions, and was developed in partnership with digital health technology company, Healthily. When St Vincent's launched the online PREM surveying, the video was sent to patients' mobile phones, along with the survey. This video helped to explain the benefits and purpose of surveying, enhance patient engagement, and encourage survey completion. The animated short was positively received by patients, and was also employed to support staff training. The video was adopted by ACI for use across NSW Health, and is now being used by all LHDs to support their PRM project communications and consumer engagement.

The full video can be viewed at: https://www.youtube.com/watch?v=xxMat34GslA

1.2.6 PILOT SITE FOR ACHS CLINICAL TRIALS/DIGITAL MENTAL HEALTH (THIS WAY UP)

National Clinical Trials Governance Framework (Pilot) Assessment

In December 2020, SVHNS partnered with St Vincent's Hospital Melbourne to be assessed against the National Clinical Trials Governance Framework, published by The Australian Commission on Quality and Safety in Health Care (ACSQHC). This assessment was conducted as a result of St Vincent's Health Australia's participation in the pilot of the Governance Framework and reviewed the safety and quality of clinical trial provision against the Governance Framework. The assessment was undertaken by the Institute for Healthy Communities Australia Ltd (IHCA). The assessment was conducted remotely via TEAMS and involved consumers of various clinical trials.

Out of 27 required actions from Clinical Trials Governance and Partnering with Consumers criteria across Sydney and Melbourne campuses, 25 actions were assessed according to the Maturity Scale as 'Established' and two actions assessed as 'Growing'. These two areas related to policies and procedures and feedback management. Overall the assessment was an excellent result and demonstrated that clinical trials services are integrated within the operations of our health services.

National Safety and Quality Digital Mental Health Standards (Pilot) Assessment – THIS WAY UP, St Vincent's Hospital Sydney

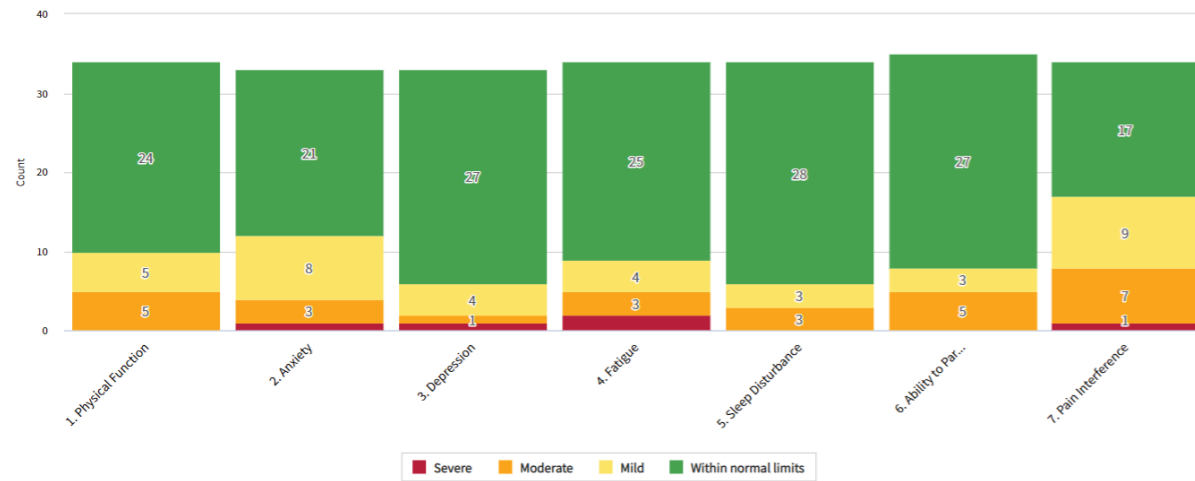In April 2021, This Way Up underwent a pilot assessment against the new National Safety and Quality Digital Health Standards, published by The Australian Commission on Quality and Safety in Health Care (ACSQHC). This Way Up is a web based service within the Integrated Care Stream at SVHS. It was developed to provide accessible evidence based internet delivered Cognitive Behavioural Therapy programs for individuals self-reporting symptoms of stress, anxiety and depression. The assessment was undertaken by the Australian Council on Health Care (ACHS) remotely.

All required actions were met satisfactorily and the assessor was very impressed with a number of features demonstrated by this service. This included commitment to continuous improvement, models of care, responsiveness to consumer feedback, and governance and technical systems.

1.2.7 IMPLEMENTATION OF THE ELECTRONIC MEDICATION MANAGEMENT SYSTEM

MedChart is the electronic medication management (EMM) system used for electronic prescribing, administration and pharmacy review. It is a business-critical clinical application and has been in use at SVHS since 2005. The SVHNS' MedChart instance was successfully upgraded to the latest release in November 2020 to provide access to latest software updates, bug fixes and new functionality which included:

- Improved security : User Login / authentication
- Medication Reconciliation (Med Rec) Admission, Transition and Discharge Reconciliation
- Transfer Medications from Previous Admissions

Since medicines are the most common treatment used in health care they are associated with a higher incidence of errors and adverse events than other healthcare interventions. Many of these events are costly and potentially avoidable. The ability for SVHNS to reduce and better still, prevent, ADEs is found in its continuing use of a standardised and systematised EMM system. The EMM also aids the Hospital in providing care that meets NSQHSS Standard 4 – Medication Safety which sets out the context and priorities for medication safety. The continued use of the EMM System supports these priorities by:

- Ensuring the quality use of medicines
- Improving medication reconciliation, including best possible medication histories
- Optimising the safe use of high-risk medicines
- Implementing clinical care standards
- Increasing the accuracy of patient identification
- Preventing and controlling healthcare associated infections through antimicrobial stewardship

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 new Executive Director Patient Safety and Experience commenced in November 2020. This was the second appointment to complete the restructure of the clinical governance portfolio which saw an Innovation and Improvement Portfolio established and clinical governance realigned to focus on Patient Safety and the Patient Experience.

Following this appointment a review of the existing committee structure occurred. This led to the reformation of accountability lines to ensure safety, quality, excellence in care and the patient experience had clear reporting lines through the organisation back to the Senior Leadership Team (SLT) and the Clinical Council.

The new Patient Safety, Quality and Excellence Committee (PSQEC) was formed and first met in April 2021. This peak reporting committee meets quarterly to review the safety and quality trends for the previous quarter. Committees that report to the PSQEC include the following.

Safety Committees:

Clinical Governance Committees for the five Streams, and Correctional Health; Drug and Therapeutics Committee; Infection Prevention and Control Operational Committee; Radiation and Laser Safety Committee; New Intervention Procedure Assessment Committee and the Clinical Trials Committee. The Network Mortality and Mortuary Committee.

Quality Committees:

All of the remaining seven National Safety and Quality Standards Committees (each of these committees has an identified Executive Leader); Clinical Policies; Procedures and Practice Committee; the Audit and Action Plan Working Group (when active); and Clinical Incident and Hospital Acquired Complications (HACS) Program Management.

Excellence Committees and Programs:

Consumer Engagement; Aboriginal Health; Staff Experience; Patient Experience; Mission and Inclusive Health; Innovations and Improvement and Essential Safety and Quality Education; Safety and Quality Leadership Development; External Safety and Quality Program Reporting; and any ad hoc improvement projects or working groups.

These committees and working groups submit a standardised report and highlight particular projects or programs and identified opportunities for improvement by exception at the meetings.

SVHNS has adopted the National Safety and Quality Standards as its strategic and operational Safety and Quality Framework with the St Vincent's Health Australia Towards Zero Harm Program, where all patients, carers and staff feel welcome, valued and safe, underpinning all activities.

Responding to the COVID-19 Pandemic continues to impact on care delivery and service improvements however, all staff at St Vincents continue to strive for excellence with every patient, every time.

2.2 PRIORITY AREAS IDENTIFIED IN LAST YEAR'S ACCOUNT

2.2.1 MH4 UPLIFT PROJECT

The project aimed to improve safe access to care for mental health patients admitted to Caritas Mental Health Unit. This achievement would be measured by an improvement in monthly Emergency Treatment Performance (ETP) for mental health patients admitted to Caritas and improvement in the Your Experience Survey Patient Satisfaction Results.

ETP has not improved within the timeframe of the project, however, this can be attributed to multiple issues including the COVID-19 pandemic which has impacted bed block in Caritas.

YES Survey results from the Ministry's Performance Report for September 2021 were 81% (Apr- June 2021). The project team note that Capital Works and the COVID-19 pandemic may have had an impact on these results. A YES survey working group has been established to continue to work towards improving this Key Performance Indicator (KPI).

PROJECT ACHIEVEMENTS 2020-2021

Digital data collection was one of the largest outcomes of the project. The Mental Health team are now responsible for time stamping of the patient journey in the ED. This is embedded in practice.

Time stamping the patient journey has led to the development of the Mental Health Dashboard to support the evaluation of each patient's journey through the mental health space in ED.

Implementation of Mental Health care planning has been delayed and will be driven by the care plan clinical leads and the Clinical Nurse Educator of Caritas in 2021/2022. This solution has been a catalyst for change including the introduction of multidisciplinary team meetings weekly on the unit. This allows all members of the multidisciplinary team to review patient treatment plans and facilitate discharge planning from a multidisciplinary approach. The Caritas Model of Care team have also included care planning as an area of importance to be further developed within their project.

An after-hours roster was developed for senior nursing support across the Mental Health Units from 11:00-19:30hrs, five days per week. This was maintained by management and education staff for the majority of 2021, but was temporarily suspended due to COVID 19 resourcing issues. This dedicated after hours support is a recommendation of MH4Uplift Project and requires more sustainable resourcing.

The Care Co-ordination Meeting has become business as usual in Caritas and has also been implemented in PECC and the Level 2 O'Brien Centre to streamline the co-ordination of assessment, clinical care and discharge planning. SAS have also included the template for their morning meeting, slightly modifying to suit the ED area.

2.2.2 "STAY'N DEADLY AND STAY'N IN" – TRANSFORMING ED CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

SVHS has taken a novel and creative approach in partnership with the Aboriginal Health Unit (AHU) to enable a sustainable service delivery model. Its resourceful and inventive methodology has seen a dramatic improvement in a historically poor performing area of the Hospital, supporting longstanding change. The ED historically had one of the highest rates of incomplete treatment for Aboriginal patients in NSW. In 2018-2019, 19.5% of Aboriginal patients presenting to the ED did not wait (DNW) to complete treatment. This indicated these patients were not receiving the clinical attention they required, often having these issues contribute to chronic, sometimes lifelong problems. To address this issue and provide equitable access for this vulnerable group, the team considered how it could improve health outcomes for Aboriginal patients by increasing the accessibility and inclusiveness of the services delivered. A program was devised to address the major factors that influence this group of patients leaving the ED prior to being assessed and treated or before completion of treatment.

This has included a combination of approaches including a dedicated service led by a Staff Specialists (known as FlexiClinic), utilisation and re-distribution of AHU staff, and enhanced education and training. If patients leave, the ED at

any point in time they are given a Dalarinji card (Photo 1). On return, this card is presented to triage and management will continue where it was interrupted. There is no requirement for an appointment time when the patient leaves the ED. The thoughtful re-design process has seen this innovative approach result in success.

The outcomes (Graph1) that the unit has achieved has led to a permanent change in the way services are delivered. SVHS employees want to continue to learn about Aboriginal culture so they can provide culturally safe care to these patients. The sustainability phase was commenced on 1 September 2020 which involved the monitoring of outcomes and balance measures for each of the key approaches described above.

Results have been sustained with strong solution ownership which was identified for each key component in sustaining change. This included plans with pharmacy and medical imaging to ensure patient care was fast tracked appropriately. All Aboriginal patients are now followed up with a phone call within 48 hours of discharge for feedback. Additionally, a monthly review meeting is held to review all LAOR and DNW cases, involving all the stakeholders. This includes ED medical and nursing staff and the AHU. It is intended that this project's service model can be utilised as an example by other services to make a measurable and meaningful commitment to Closing the Gap and improving the health outcomes of Aboriginal people in Australia. The project has been presented at a number of meetings and several hospitals have expressed an interest in taking up this new model of care.

Total Patients (%) leaving prior to Completing Treatment
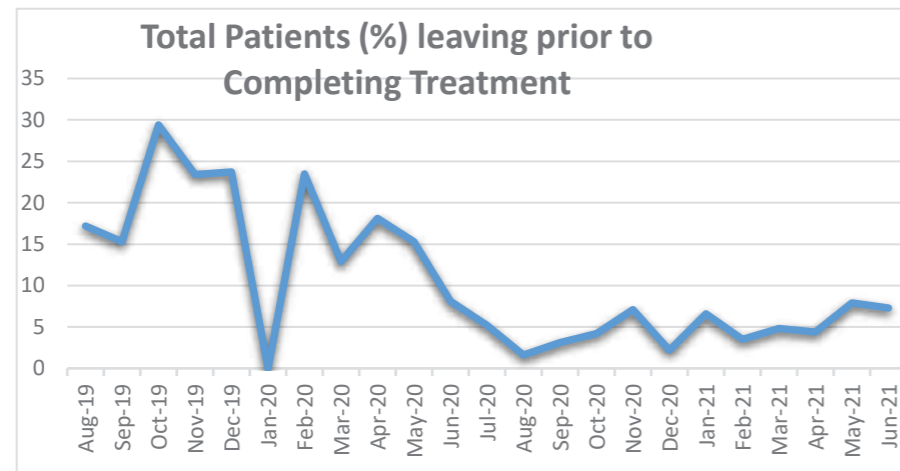
Graph 1: Total patients (%) leaving prior to treatment

2.2.3 ACCELERATE FEASIBILITY STUDY

The ACCELERATE Trial

Assessment and Communication Excellence for safe patient outcomes (ACCELERATE).

Commencing in February 2021 and concluding in February 2022, The ACCELERATE trial aims to implement and evaluate the effectiveness of an organisational-ward level intervention to improve patient assessment and clinical handover. The trial has attracted interest from the Office of the Chief Nurse of NSW. It is a collaboration between the Nursing Research Institute (NRI), the Australian National University and three partner hospital sites across NSW and Victoria. The trial has been rolled out across a total of eight wards in three hospitals: SVHS (3 wards), Prince of Wales Hospital, Randwick (3 wards), and St Vincent's Hospital, Melbourne (2 wards). The study includes an a priority

process evaluation that will assist in gaining an understanding, from the perspective of those involved in implementation, of the factors promoting uptake and sustainability of the ACCELERATE intervention within intervention wards. This will provide valuable information around development of the next phase, the ACCELERATE-Plus Trial.

The ACCELERATE-Plus Trial

ACCELERATE-Plus is a pragmatic trial testing fidelity, feasibility, and upscale of the ACCELERATE intervention on a wider scale, that will commence in early 2022. Like ACCELERATE, the aim is to improve patient safety through assessing and managing early clinical signs of deterioration, and improving the communication practices in nursing handover events and between multidisciplinary team members. The intervention will be delivered via face-to-face and online education and support to promote reach at SVHS and across three hospitals in Northern New South Wales.

2.2.4 SVHN CORRECTIONAL HEALTH FRAMEWORK

Work has been undertaken to progress the development of the St Vincent's Health Australia Correctional Health Framework during the year. This work has been a collaboration between St Vincent's Public Hospital Networks in Sydney and Melbourne in consultation with external stakeholders. However the final phase was interrupted by the increase in COVID-19 cases in New South Wales and Victoria. Work will resume when this is possible.

This process involved conducting a literature review, gathering examples of good practice and workshops involving academics, community support and advocacy organisations, and consulation with Corrective Services NSW and Corrections Victoria. The workshops focused on community based post-release programs with particular attention given to Aboriginal and Torres Strait Islander communities. The work has considered in particular: consumer engagement; models of care; staff development; and continuity of care particularly post-release.

2.2.5 PARTNERING WITH CONSUMERS

In recognition of the importance of partnering with consumers to the ongoing improvement and innovation of St Vincent's services, and as a fundamental foundation for safety and quality, St Vincent's has undertaken considerable work to establish a strong foundation from which to strengthen and expand consumer engagement within the organisation. This has been facilitated through the commencement of a Consumer and Community Participation Coordinator in November 2020. It has also involved a collaborative process to both build a clearer understanding of the current state of consumer engagement within the organisation, and to define a vision for its future.

A series of collaborative workshops were held with staff and consumers in the first quarter of 2021. At this time a vision for safe, meaningful and inclusive consumer engagement practices was defined. This vision, along with five strategic priorities and several specific goals, are captured in the resulting SVHNS Consumer Engagement Framework. The strategic priorities for consumer engagement at SVHNS are:
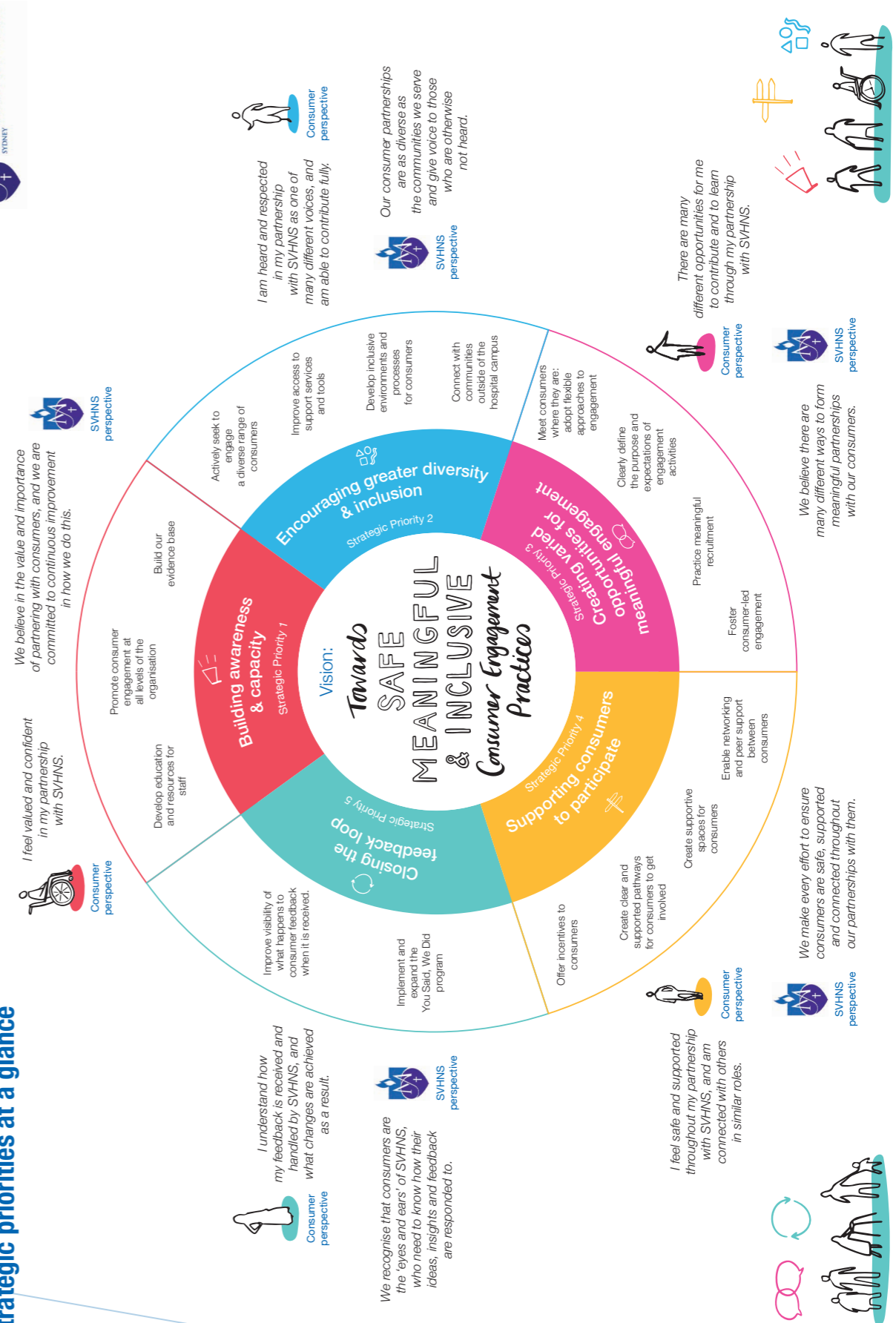
1. Building awareness and capacity

2. Encouraging greater diversity and inclusion

3. Creating varied opportunities for meaningful engagement

4. Supporting consumers to participate

5. Closing the feedback loop

In addition to developing this framework, this year has seen the involvement of consumers and Consumer Representatives in a broad range of activities throughout SVHNS, including but not limited to:

- representation on multiple committees, including Clinical Council, National Standards committees including Partnering With Consumers, Darlinghurst Campus Redevelopment committee etc.

- A Consumer Advisory Group established to contribute to a reviewing of the Clinical Services Plan for the entire network.

- Planning, improvement and design of services and products, including Palliative Care and Rehabilitation.

- A co-design process for the Safe Haven Café, a new service to provide support in a non-clinical environment for people experiencing suicidal distress.

- Reviewing patient and visitor information for a range of different communications, including for the St Vincent's website and multiple service-specific publications.

- A mock accreditation process in May 2021.

- The establishment of a Homeless Health consumer advisory group.

As with many other aspects of SVHNS services, COVID-19 has had a considerable and limiting impact on consumer engagement activities. However, the finalisation of the framework as well as a dedicated resource establishes a strong basis from which to continue to expand and diversify consumer engagement at St Vincent's over the coming year.

SVHNS Consumer Engagement Framework: Strategic priorities at a glance

Vision: Towards SAFE MEANINGFUL & INCLUSIVE Consumer Engagement Practices

Strategic Priority 1 — Building awareness & capacity
- Promote consumer engagement at all levels of the organisation
- Develop education and resources for staff
- Build our evidence base

Strategic Priority 2 — Encouraging greater diversity & inclusion
- Actively seek to engage a diverse range of consumers
- Improve access to support services and tools
- Develop inclusive environments and processes for consumers
- Connect with communities outside of the hospital campus

Strategic Priority 3 — Creating varied opportunities for meaningful engagement
- Meet consumers where they are: adopt flexible approaches to engagement
- Clearly define the purpose and expectations of engagement activities
- Practice meaningful recruitment
- Foster consumer-led engagement

Strategic Priority 4 — Supporting consumers to participate
- Enable networking and peer support between consumers
- Create supportive spaces for consumers
- Create clear and supported pathways for consumers to get involved
- Offer incentives to consumers

Strategic Priority 5 — Closing the feedback loop
- Implement and expand the You Said, We Did program
- Improve visibility of what happens to consumer feedback when it is received

SVHNS perspective — We believe in the value and importance of partnering with consumers, and we are committed to continuous improvement in how we do this.

Consumer perspective — I feel valued and confident in my partnership with SVHNS.

Consumer perspective — We recognise that consumers are the 'eyes and ears' of SVHNS, who need to know how their ideas, insights and feedback are responded to.

SVHNS perspective — I understand how my feedback is received and handled by SVHNS, and what changes are achieved as a result.

Consumer perspective — I am heard and respected in my partnership with SVHNS as one of many different voices, and am able to contribute fully.

SVHNS perspective — Our consumer partnerships are as diverse as the communities we serve and give voice to those who are otherwise not heard.

Consumer perspective — There are many different opportunities for me to contribute and to learn through my partnership with SVHNS.

SVHNS perspective — We believe there are many different ways to form meaningful partnerships with our consumers.

Consumer perspective — I feel safe and supported throughout my partnership with SVHNS, and am connected with others in similar roles.

SVHNS perspective — We make every effort to ensure consumers are safe, supported and connected throughout our partnerships with them.

2.2.6 ST VINCENT'S @ HOME

As part of strategic commitment over the last 12 months, we have seen progress on the stvincent's@home program of work to transform our health services to deliver care outside the hospital walls. Accelerated by the push to virtual care due to the COVID-19 pandemic, each project has delivered on their milestones across the year. This has included real focus on expanding our hospital in the home services bed base and re-designing clinical pathways to provide models which incorporate care delivery at home.

Further to this, the framework for St Vincent's @ home has been developed to include the four priorities:

1. Taking care to the community
2. St Vincent's Virtual Hospital
3. Include health beyond the hospital walls
4. St Vincent's @home operation model

Figure X: St Vincent's @ Home four priorities

See below a summary of the key value based projects and strategies.

a. Virtual Outpatients:

Over the last 12 months we have worked with clinicians to raise the profile and use of virtual care to support timely access to specialist care closer to home. We successfully implemented the myVirtualCare portal and now have 57 myVirtualCare Virtual Rooms across the Network with over 557 trained Clinicians (the

third highest in NSW). Our clinicians have responded with agility and compassion to our patient's needs.

The transition over the last 12 months in establishing virtual care outpatient models helped us to continue to deliver essential outpatient care via to patients. The "new normal" is the tremendous gains in advancing robust models of virtual care that generate high-levels of patient satisfaction.

b. Stvincent's@home: virtual

Virtual care has increasingly come to be recognised as an essential offering in any modern healthcare setting. SVHNS is fast becoming recognised as a leader in the space, through ACI recognition of our Virtual Care Unit as an exemplar model of care, and more recently though the successful deployment of our innovative new remote monitoring platform that has seen LHDs and private business seek to emulate our work.

At its peak, we enabled 200 virtual beds to be serviced which made the st vincent's@home COVID-19 monitoring, the largest service in the hospital. We have seen over 800 COVID-19 positive patients cared for virtually with outstanding feedback gained.

We also enabled the transition to digital records which has seen 6,000 assessments captured in three months that would have previously been stored as paper. We believe this has increased patient safety through greater accuracy of records, ease of retrieval, and also helped to reduce our environmental footprint.

c. St Vincent's @home operating models

Progress has occurred on realigning the subacute and community services to enhance referral processes and shared

care models. Changes to how we deliver care in the community including redesigning the post-acute care service and further strengthening chronic care management programs.

d. Transformation of rehabilitation and supportive and palliative care services

We have undertaken a comprehensive review of our rehabilitation and supportive and palliative care services and are now ready to design and implement value based services that meet the needs of our patients and provide more care beyond the hospital walls. We have reviewed our governance structures to provide more support to our staff, realigned our bed base, upgraded our technological capabilities to make our community palliative care team more mobile and have commenced our St Vincent's @ Home – Rehab model of care. As part of this, we have commenced admitting patients to our St Vincent's @ Home Palliative Care service, which supports patients daily at home and prevents unnecessary transfer back to hospital, allowing their final moments to be at home.

e. Transforming delivery of acute care

To deliver on the bed base expansion of the Hospital in the Home service and improve performance targets across the Hospital, the project team has worked with patient flow, operational managers and clinical managers to enhance the use of the Patient Flow Portal and compliance with setting estimated date of discharge and understand what patients are waiting for. The increased utilisation has allowed the teams to understand the barriers faced to discharge patients and to implement ward based changes to improve on this. Another aspect has been working with speciality departments to look at opportunities for performance improvement in their relative stay index. Regular meetings to develop strategies will continue over the next 12 months. One of the strategies is looking to redesign clinical pathways to incorporate earlier transition to St Vincent's @ home.

f. Expansion of Hospital in the Home (HITH)

SVHNS has transitioned acute beds into HITH and redesigned clinical pathways to provide a substitute model for patients to receive acute care in their home. We have:

- Redistributed acute bed base funding support - a ramp up to 30 HITH beds in 2021-22

- Increased workforce resources across all disciplines to ensure HITH has the capacity to service the increased bed base.
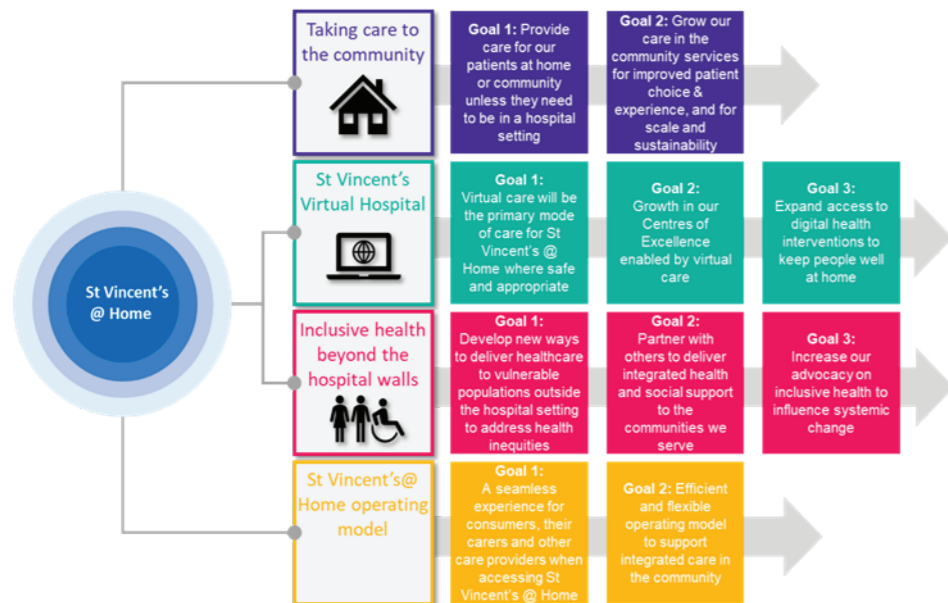
- Adopted a targeted approach to drive utilisation based on data which helps to identify opportunities for intensive engagement with clinical areas for increased referrals.

- Developed clinical pathways for specialty groups including cellulitis, elective joint replacement, diabetes, respiratory and rehabilitation.

Virtual care will form a large part of this strategy, integrating technology into the HITH service to enhance care provision including for patients outside our current HITH.

POC, a remote monitoring platform and devices to support the development of alternate models of care will be integrated into the HITH model of care.

Currently our HITH service delivers 2.9% of total overnight acute bed days (April 2021 YTD), and is projected to increase to 10% of acute bed days in 2031. This is a significant increase from 2015-16 by 2.4 times.
Currently, specialist community palliative care is recorded as non-admitted activity but from 2021-22, this will move to sub-acute HITH to accurately reflect the service model.

3 IMPROVING THE PATIENT EXPERIENCE

Patient Experience is guided by the overarching St Vincent's Health Australia (SVHA) "Inspired to Care" strategy, as well as the NSW Health "Elevating the Human Experience: Guide to Action".

A key component of the Patient Experience strategy is collection of real-time patient feedback. St Vincent's has adopted the Net Promoter Score (NPS) methodology for measurement, whereby feedback is collected by a text message surveying system (called Qualtrics), and the data is collated and analysed. Other sources of patient experience data at SVHNS include Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys, the Bureau of Health Information (BHI) surveys, Consumer Feedback (compliments and complaints), the Mental Health Consumer Experience Measures [YES] survey, and patient stories. This approach uses various data collection methods to obtain feedback from our diverse population, and generates a range of insights to support quality improvement initiatives.

3.1 NET PROMOTER SCORE

One of the key measures for Patient Experience across all St Vincent's Hospitals is via NPS. Following discharge from hospital, patients receive a text message with a link to complete the survey, which asks patients to rate their willingness to recommend the hospital (0 to 10 scale) and provide the reason for their score. NPS is frequently used in service industries (such as hotels and airlines) to help monitor customer satisfaction. SVHA uses the Qualtrics surveying platform, and this method of surveying provides real-time patient feedback measurement at group, division, facility, and ward levels. By collating NPS data, SVHA is able to compare to other healthcare organisations, as well as other service industries (both nationally, and internationally). NPS targets have been implemented, along with a governance structure. The current SVHA NPS target is 70 and above, and NPS targets will increase incrementally over time to promote ongoing improvement. NPS is an important measurement tool that helps to provide clear metrics and actionable insights, encouraging meaningful partnerships with consumers and driving continuous improvement to foster person-centred care.

For FY 20/21, NPS was 72 (from 2,790 responses). This result was above the SVHA target (NPS of 70 or more). Monthly NPS scores ranged between 65 and 77, with 9 out of 12 months above target.

79% of respondents reported high likelihood to recommend the hospital, with a rating of 9 or 10/10.

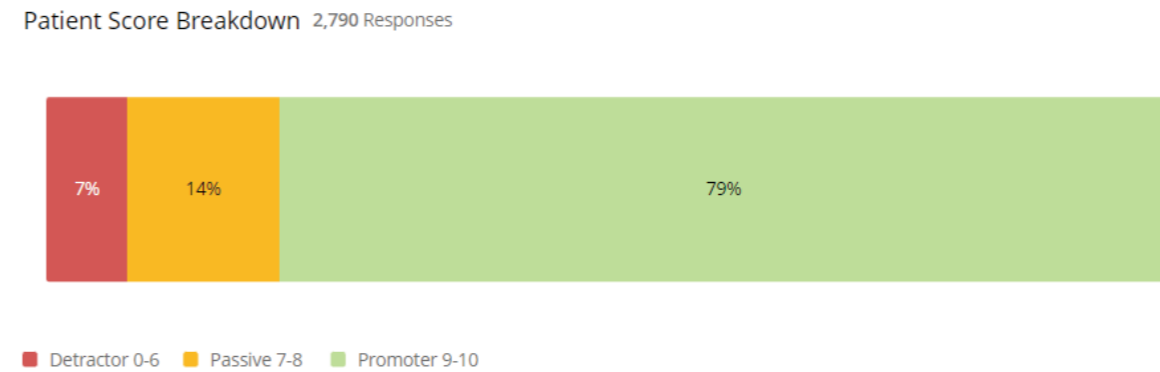*Figure 1: Monthly NPS results (FY 20/21).*

Figure 2: NPS breakdown results (FY 20/21)

3.2 HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS)

As part of evaluating and monitoring Patient Experience, SVHA currently uses the services of an external company (Press Ganey/Insync) to support surveying of patients using HCAHPS surveys.

This approach evaluates consistency of healthcare delivery, and contains 25 survey items. Patients receive the survey via paper, SMS, and email. HCAHPS evaluates patient experience in 7 domains, including: overall rating of the hospital; communication with nurses and doctors; and the hospital environment (see below). Data can be compared to peers, such as national and international healthcare organisations.

HCAHPS is surveyed in three-monthly periods, and is reported bi-annually. The recent report was for Q2 2021 (April to June 2021) from 384 responses.
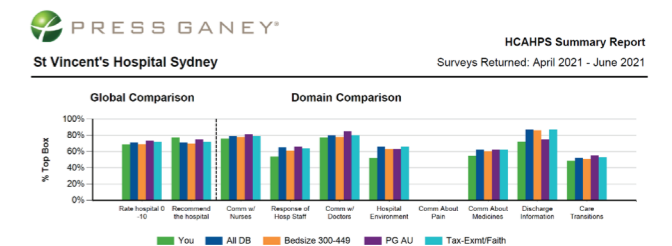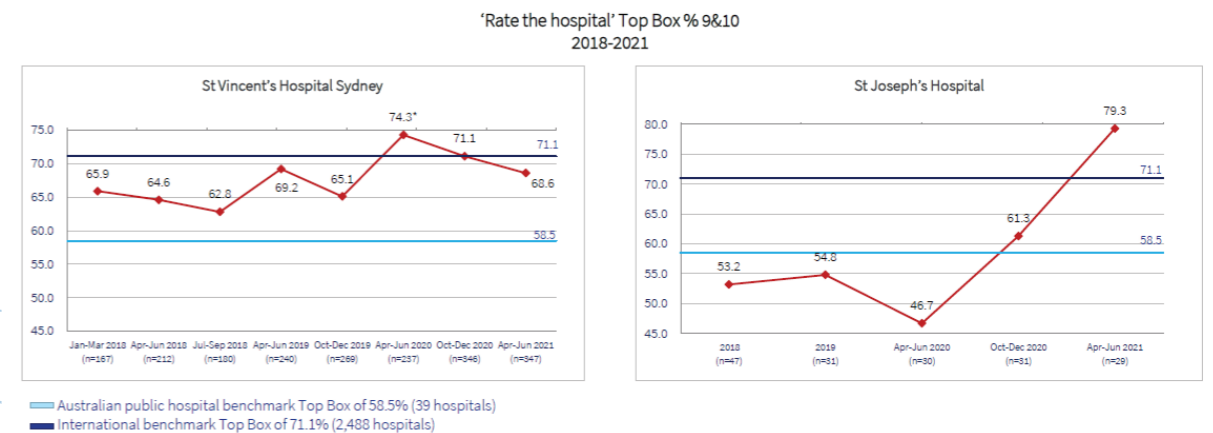

Figure 3: SVHS HCAHPS results for Q2 2021

There has been a slight decrease in rating for SVHS (from 71.1 to 68.6), however this remains well above the national benchmark (of 58.5). St Joseph's Hospital has had a significant improvement in overall rating (+18), and is now above both national and international benchmarks (see below).

3.3 ED PATIENT EXPERIENCE SURVEYING

St Vincent's has extended surveying for the ED, and has added questions to incorporate NSW Health ED Patient Experience survey. Using the Qualtrics surveying platform, this provides real-time patient feedback to support ED improvements. For FY 20/21, there were 3,625 responses from patients about SVHS ED. 85% of people rated their care in ED as Good (16%) or Very Good (69%), and 85% of respondents said ED staff were "always" kind and caring. SVHS ED has also employed two Patient Experience Officers to enhance the patient and family experience in ED, which provide support to the waiting area and help to address any concerns and keep people informed.
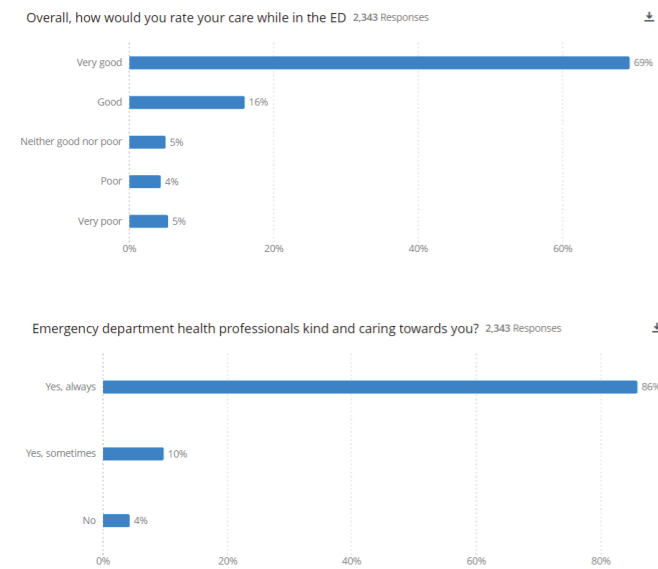
Overall, how would you rate your care while in the ED 2,343 Responses

Very good	69%
Good	16%
Neither good nor poor	5%
Poor	4%
Very poor	5%

Emergency department health professionals kind and caring towards you? 2,343 Responses

Yes, always	86%
Yes, sometimes	10%
No	4%

Figure 5: ED Patient Experience results (FY 20/21)

3.4 CONSUMER FEEDBACK

SVHNS has a Consumer Feedback Manager based at SVHS, Sacred Heart Health Service (SHHS), and two Patient Safety and Quality Managers on site at St Joseph's Hospital (SJH) and St Vincent's Correctional Health (SVCH). They are the primary contacts for patients, families and others to provide feedback about their experience at SVHNS. Feedback can be submitted in a variety of ways: using the feedback portal on the SVHNS website; via paper-based feedback forms; email to Feedback or to the CEO; by phone to the dedicated Feedback number; or in a face-to-face meeting. Formal feedback during this period (2020/2021 FY) incorporated those received independently, through the Health Care Complaints Commission, the Minister for Health, a local Member of Parliament, or NSW Health. Complaints are entered and managed in the Riskman database, which allows issues and trends in feedback data to be monitored and analysed.

In 2020/21 (1 Jul 2020 – 30 Jun 2021) there were 338 formal complaints across all four SVHNS sites:

- 99% of formal complaints were acknowledged within 5 days (KPI target 100%)

- 84% of formal complaints were closed within 35 days (KPI target 80%).

Key themes from patient complaints include staff attitude and manner, and this is being addressed with a range of initiatives to support effective and therapeutic communication, including staff training about Teach Back methodology, Intentional Rounding, and bedside handover.

3.5 SVHNS PATIENT EXPERIENCE IMPROVEMENT ACTIVITIES

3.5.1 TRANSIT LOUNGE

Patient surveying (including complaints and HCAHPS data) has identified that there was an opportunity to improve the hospital discharge process. In response, St Vincent's developed the Transit Lounge, which aims to provide an appropriate and safe environment for patients transiting into and out of St Vincent's Hospital. Focusing on the patient experience at the time of discharge was a key design principle in establishing the framework for the Transit Lounge. Patients and consumers were identified as lead stakeholders and have been consulted at various stages in the design process. Feedback from patient advocates in QandA information sessions has identified the pain-points experienced by patients during the discharge process, and has been incorporated into organising the logistics of the patient discharge.

Consumer representatives have participated in the selection of suitable environmental resources, including furniture, art-work, and fish tank, whilst patient feedback was used to develop written patient information about the Transit Lounge. A Feedback Box was placed in the Transit Lounge to collect ongoing patient feedback, which encourages patients to submit suggestions for improvement. This helps us to maintain high levels of patient satisfaction by listening to patients and responding to their feedback.

3.5.2 ST VINCENT'S "CARE PACKS"

As a public hospital, St Vincent's has a large volume of emergency/non-elective patient admissions. Interviews and surveys were conducted to identify how we could better support patients and families during their staff. Based on patient feedback, we created "Care Packs". These packs contained various items, including toiletries (with toothbrush, comb, body wash, shampoo and conditioner) and sleep aids (earplugs and eye mask). "Care Packs" were provided to patients and family members in the ED, Psychiatric Alcohol and Non-Prescription Drug Assessment (PANDA), and Intensive Care Unit.

These packs were co-designed with patient and consumer input. For example, consumers were mindful about the use of plastics, so many of the items were made from bamboo. Staff reported that.

"Patients have enjoyed having the comforts as a welcome on arrival to the ward. It has made them feel much more welcome and supported."

3.5.3 DIGITAL PATIENT INFORMATION FOR COVID-19

During COVID lockdown, many patients and consumers expressed a desire for more information about staying safe in the hospital. St Vincent's had developed COVID-19 patient information pamphlets, however, there were challenges, including keeping the information up-to-date. To address this, SVHNS used an agile approach to quickly develop a digital information package, called "Staying Safe during COVID-19". The package was co-designed with patient and consumer feedback, and contained embedded videos (like a guide to handwashing), and links to other reliable resources (such as the NSW Health website). Using GoShare technology, patients were sent a copy of this information directly to their mobile phones on admission to the hospital, which reassured patients about what was being done to keep them safe. A survey was sent to 1,000 patients who had received the GoShare information. 89% of respondents said the information was useful, and 94% of patients said the information helped them to feel reassured and safe.

Patient commentary included:

- "Thorough and well-presented information".

- "Yes makes one feel safe and secure".

- "Great info. Good to read it occasionally. Feeling very reassured. Thank you for your time and efforts".

3.5.4 BINDI MAPS

Patient and reception staff were interviewed to understand the experience of people entering our hospital. This identified some challenges to wayfinding and navigation throughout the hospital, and is particularly challenging for people with visual impairments. To support this, St Vincent's implemented BindiMaps, an innovative digital solution to support wayfinding for patients, visitors and staff. The tool is designed for visually impaired consumers, but is completely accessible to people of all abilities. BindiMaps operates through a smart phone application that uses technology incorporating Bluetooth beacons, sophisticated mapping and route guidance support to allow users independence for wayfinding, emergency exits, and signage. BindiMaps was consumer-tested, including consumers from Guide Dogs Australia, and ongoing consumer feedback is used to support project scope extension. SVHS was the first hospital in Australia to implement and use the BindiMaps digital navigation technology to support patients and visitors.

3.6 ELEVATING THE HUMAN EXPERIENCE (EHE)

To support implementation of EHE Guide to Action across SVHNS we used the opportunity in Patient Experience Week to focus organisational attention on the EHE Guide to Action.

Patient Experience (PX) Week is an annual event to celebrate healthcare staff impacting patient experience everyday. "Elevating the Human Experience" became the central theme for all of our Patient Experience Week activities.

To implement the EHE Guide to Action, we focused on key objectives:

- Demonstrate leadership commitment about the importance of EHE;

- Increase staff and consumer awareness of EHE across the organisation;

- Provide practical and engaging staff training about EHE and enablers; and

- Sustain EHE achievements with positive recognition and reinforcement.

Activities included:
- Development of a video by the CEO to promote "Elevating the Human Experience" which also reinforced strategic alignment with SVHNS' mission and values to help sustain and embed the principle within EHE.

- Developed a Staff campaign for "we are the Patient Experience" which featured photos of 120 different clinical and non-clinical staff. The photos created a collage with the St Vincent's logo, which was displayed in a pull-up banner.

- Provided staff training about EHE and the key enablers which included daily micro-learning sessions.

- Implemented the CEO Awards and Recognition- categories included:

  - People – Leadership, Accountability and Governance, Culture and Staff Experience, Collaborative Partnerships

  - Process – Innovation and Technology, Information and Communication, Measurement, Feedback and Response

  - Place – Environment and Hospitality
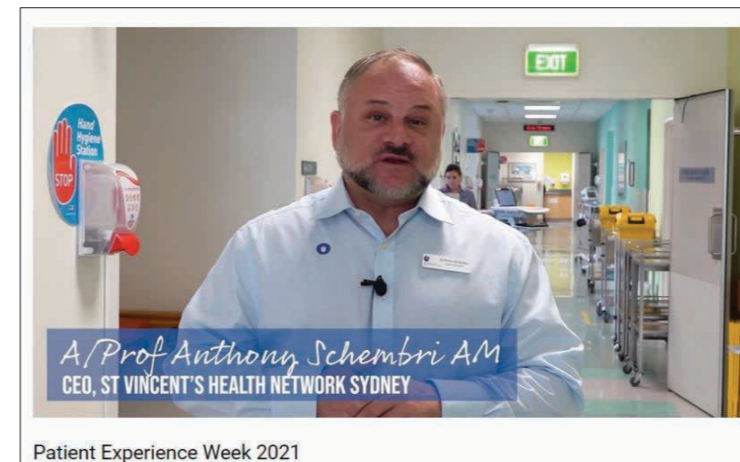
Patient Experience Week 2021

4 A WORKPLACE CULTURE THAT DRIVES SAFE AND QUALITY CARE

4.1 NURSING LEADERSHIP

a) Nursing Unit Managers driving Zero Preventable Harm

For the past 12 months Nursing Unit Managers (NUM) from across the Network have been leading Zero Harm clinical safety strategies within their units. NUMs, as the 'keeper of the clinical standard' in their units, have taken ownership for the development of localised Zero Harm Action Plans mapped out according to the National Safety and Quality Health Service Standards. A Zero Harm Safety Culture tool-kit on falls prevention was developed to guide NUMs in strategies that assist to engage staff in zero harm philosophies and build safety cultures in their clinical units. Zero Harm Masterclasses on falls and pressure injury prevention and management were developed by multidisciplinary specialists and delivered to NUMs and senior nursing teams. Establishment of quarterly Zero Harm meetings (with the Executive Director Nursing and the senior nursing directorate team) provide NUMs, and Stream Managers, opportunity to discuss identified clinical safety issues, share learnings and develop strategies for improvement.

b) Essential Coach Approach Program (ECAP) for senior nurses

Thirty-six senior nurses (Nurse Managers, NUMs, Clinical Nurse Educators and Clinical Nurse Consultants), with support from the Curran Foundation, undertook the 'Essential Coach Approach Program (ECAP)' in 2021. ECAP is an evidence-based leadership coaching program that trains senior leaders in the skills necessary for using coaching approaches with their teams. ECAP supports workplace cultures that drive safe and quality care by teaching leaders to: recognise coaching moments; use coaching techniques in routine communication to enhance initiative, action and accountability in teams; coach to staff strengths; use meaningful acknowledgement to facilitate change.

4.2 SAFE MOVES FOR PATIENTS

Patient participation, knowledge and attitude is increasingly recognised as a key component in improving patient safety as well as that of workers. It was identified that there was no information to which people could refer before or during a hospital admission that outlined manual handling equipment that might be used.

The patient and their carers are key players in keeping everyone safe: an informed patient might more readily comply with the use of equipment. There have been incidents reported where patient demands on a staff member to physically move them have put both at risk of injury. It was felt that lack of knowledge of the movement options might be an obstacle to patient engagement and participation in safe movement.

Using modern techniques, i.e. real-time visual demonstration, to show frequently-used manual handling equipment would expose patients and their carers to useful information. A Consumer Representative presented the material and a volunteer took the role of the patient during filming. Allied Health and Nursing staff contributed to the project by demonstrating the safe use of equipment.

The videos have been loaded to the internet under Keeping you safe in hospital - St Vincent's Hospital Sydney (svhs.org.au); Moving safely, the Admissions Guide; and lately to the Nursing Resources site Falls Prevention (sharepoint.com) under Zero Harm/Falls Prevention Resources/Patients, Family and Carer Resources, as seen below. We are currently looking to identify funding for the addition of subtitles and translation of audio in to the top three languages spoken by patients/visitors at St. Vincent's facilities.

Safe Moves for Patients (VIDEOS)

Below are videos (also located on the hospital internet) aimed at patients and their carers to give them an introduction to some of the manual handling equipment we use in our hospitals.

INTRODUCTION   WALK BELT   HOVERMATT   SLIDE SHEETS

PATIENT HOIST
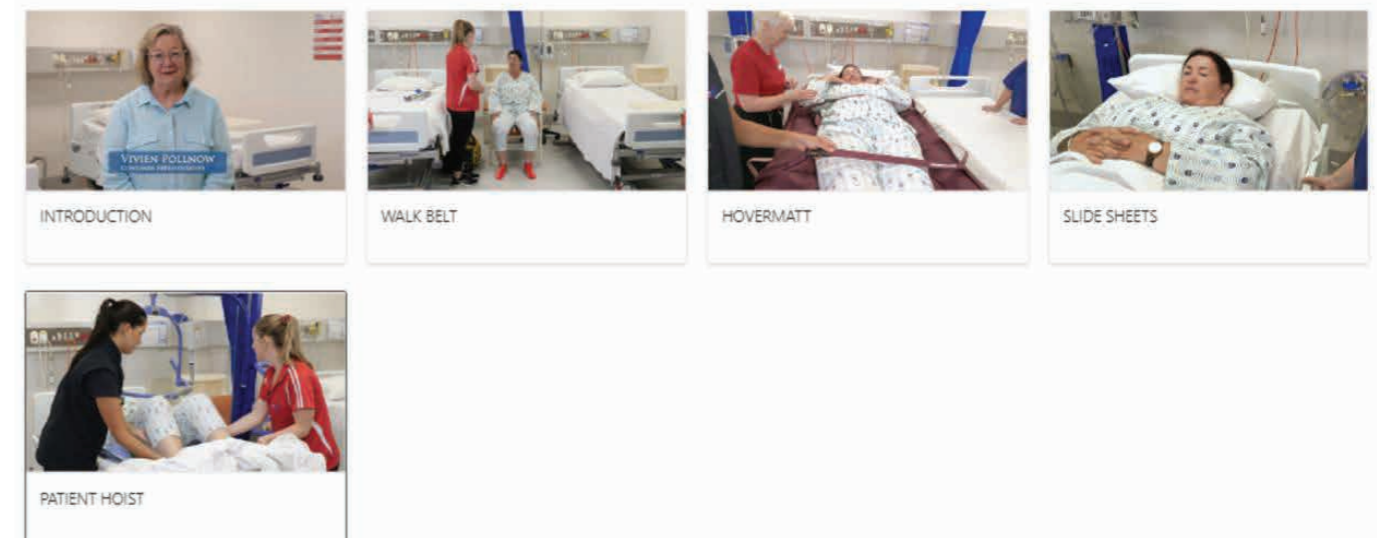
5 REVIEW OF PERFORMANCE AGAINST 2020-2021 NSW HEALTH KEY PERFORMANCE INDICATORS

5.1 KEEPING PEOPLE HEALTHY

5.1.1 HOSPITAL DRUG AND ALCOHOL CONSULTATION LIAISON: NUMBER OF CONSULTATIONS (% INCREASE)

PH-015A Hospital Drug and Alcohol Consultation Liaison - Number of consultations (% increase)

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
2,956	2,500	456	18.2 %	✔	0
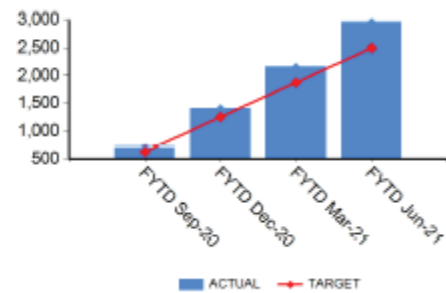
Source: MOH Health Performance Report, August 2021
Comment: The Hospital Drug and Alcohol Consultation Liaison Service have been experiencing increasing activity over the FY 2020/2021, with consultations numbers above target.

5.2 PROVIDING WORLD CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST

5.2.1 HOSPITAL ACQUIRED PRESSURE INJURIES (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
8.7	6.2	2.5	40.4 %	✖	9.0

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
8.7					9.0
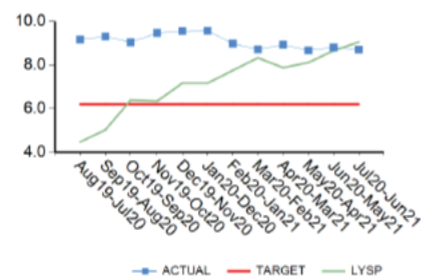
Source: MOH Health Performance Report, August 2021

Comment: The HAC rate of Hospital Acquired Pressure Injury (HAPI) at SVHN has reduced over the course of 2021 (10.2 per 10,000 episodes of care in 2020 to 8.4 YTD in 2021) however remains above benchmark when compared to Peer A1 hospitals). In 2021 the SVHNS HAPI Community of Practice, worked to improve performance by: driving improved documentation of HAPI in the healthcare record by increased use of the Pressure Injury Notification Stickers, healthcare record audits of reportable HAPI in QIDS are undertaken and anomalies are corrected and recoded, implementation of a daily comprehensive skin assessment tool will be piloted late 2020, with view to roll-out across all inpatient areas in December 2021.

5.2.2 HEALTHCARE ASSOC. INFECTIONS (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
150.4	118.7	31.7	26.7 %	✖	124.2

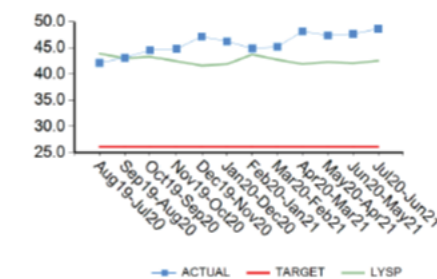| FYTD Jun-21	Target	Variance	% Var	Perf	LY
150.4					124.2
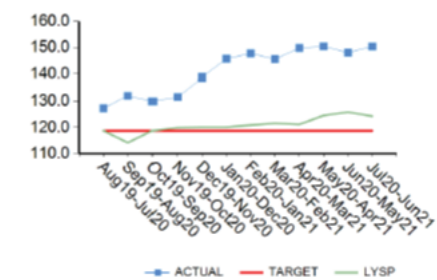
Source: MOH Health Performance Report, August 2021
Comment: Note – the benchmark for this KPI has changed from 160.8 to 118.7
The Hospital Acquired Complication (HAC) rate for Healthcare associated infections at SVHNS has seen an increase in 2021. The Network is working with multidisciplinary teams to establish action plans regarding infection control core components with emphasis in vascular access devices and standard precautions. Working parties such as Central Venous Access Device (CVAD) and Peripheral Intravenous Cannula (PIVC) care have been re-stablished to support initiatives and improve practice. Revision of Vancomycin Resistant Entercocus (VRE) isolation requirements to include risk assessment when patients are admitted to the wards. Multi Resistant Organism (MRO) screening in ICU and Chlorhexidine bed wash initiatives reinvigorated to tackle MRO acquisitions in ICU with regular audit and feedback to ICU. Infection prevention and hand hygiene video developed by Infection Prevention Management (IPM) in conjunction with ICU to improve practices.

5.2.3 HOSPITAL ACQUIRED RESPIRATORY COMPLICATIONS - (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
48.6	26.1	22.5	86.3 %	✖	42.5

FYTD Jun-21	Target	Variance	% Var	Perf	LY
48.6					42.5

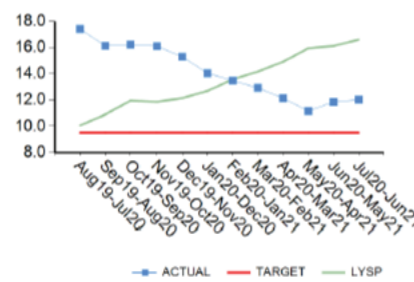*Source: MOH Health Performance Report, August 2021*

Comment: Note target for this KPI has gone from 36.2 LYSP to 26.1 this year
SVHNS has consistently performed below target for the rate of respiratory complications over the past two year with a further deterioration in performance over FY20/21.

A working group will be established to oversee a deep dive into this HAC to identify patient cohorts and respiratory complications patterns that require interventions.

5.2.4 HOSPITAL ACQUIRED VENOUS THROMBOEMBOLISM (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
12.0	9.5	2.5	26.4 %	✖	16.6

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
12.0					16.6

Source: MOH Health Performance Report, August 2021
Comment: This has been an area of priority for SVHNS for the last two years with a resultant improvement in performance. The VTE Community of Practice, which is led by a Vascular Physician and meets regularly, has developed an action plan to address identified deficits in this area. Three workshops have been held with stakeholders to improve risk screening, documentation and management of VTE. Furthermore, benchmarking with peer organisations is supporting improvements in risk screening using an online system.

5.2.5 HOSPITAL ACQUIRED RENAL FAILURE (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
15.6	1.2	14.4	>100%	✖	9.6

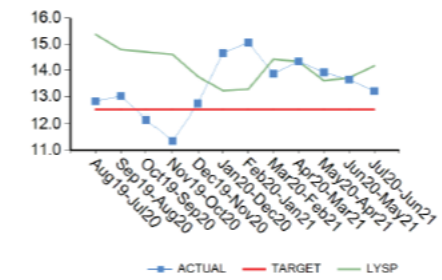| FYTD Jun-21	Target	Variance	% Var	Perf	LY
15.6					9.6
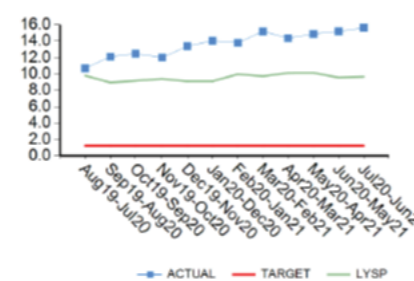
Source: MOH Health Performance Report, August 2021
Comment: Renal failure recognition has been below target for the last 2 reporting periods.
Further understanding in terms of Transplant/Heart and Lung failure patient cohorts needs to be considered with benchmarking against similar cohorts.

5.2.6 HOSPITAL ACQUIRED GASTROINTESTINAL BLEEDING (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
13.2	12.5	0.7	5.6 %	⚠	14.2

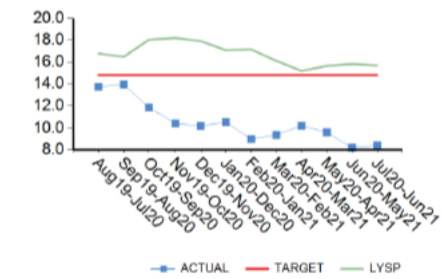| FYTD Jun-21	Target	Variance	% Var	Perf	LY
13.2					14.2

Source: MOH Health Performance Report, August 2021
Comment: Note target for LYSP 18.5 this year 12.5.
Network performance in this area is below target for this reporting period.

5.2.7 HOSPITAL ACQUIRED MEDICATION COMPLICATIONS (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
8.4	14.8	-6.4	-43.2 %	✔	15.7

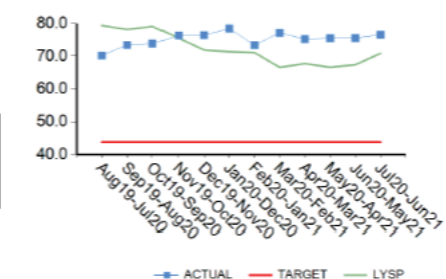| FYTD Jun-21	Target	Variance	% Var	Perf	LY
8.4					15.7

Source: MOH Health Performance Report, August 2021
Comment: SVHNS has maintained performance in this area and exceeded targets for the FY 2020-21.

5.2.8 HOSPITAL ACQUIRED DELIRIUM (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
76.5	43.8	32.7	74.7 %	✖	70.9

FYTD Jun-21	Target	Variance	% Var	Perf	LY
76.5					70.9

Source: MOH Health Performance Report, August 2021
Comment: Target for LYSP 68.7, this year 43.8
Identification and management of delirium continues to be a priority area for the SVHN. Over the last two years a focus in this area has led to improved processes in relation to assessment, identification and patient engagement for patients who are at risk of delirium or identified as experiencing delirium. Further review of "delirium unspecified and other delirium" needs to be reviewed to understand this cohort and drive change.

5.2.9 HOSPITAL ACQUIRED PERSISTENT INCONTINENCE (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
3.3	4.1	-0.8	-19.5 %	✅	3.3

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
3.3					3.3

ACTUAL — TARGET — LYSP
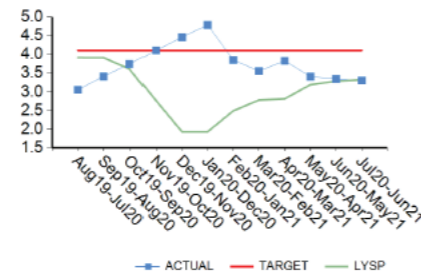
Source: MOH Health Performance Report, August 2021
Comment: SVHNS continues to perform well against this measure with well-established processes to manage incontinence.

5.2.10 HOSPITAL ACQUIRED ENDOCRINE COMPLICATIONS (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
27.0	26.1	0.9	3.5 %	⚠️	26.8

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
27.0					26.8

ACTUAL — TARGET — LYSP
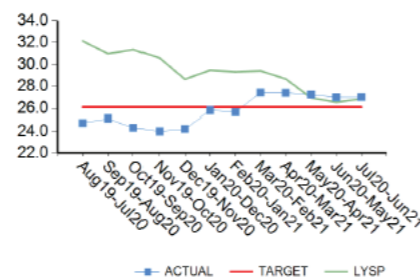
Source: MOH Health Performance Report, August 2021
Comment: Although the SVHN performance against this KPI is within tolerance, this KPI is recognised as an area where performance has been just above benchmark.

5.2.11 HOSPITAL ACQUIRED CARDIAC COMPLICATIONS (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
66.6	39.6	27.0	68.2 %	❌	63.9

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
66.6					63.9

ACTUAL — TARGET — LYSP
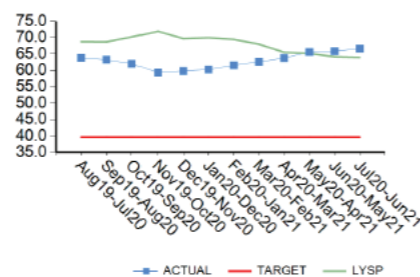
Source: MOH Health Performance Report, August 2021
Comment: The target last year for this KPI was 89.3 (we were just over at 89.5) this year the target seems to be 39.6.
Review of cases and identification of strategies to reduce cardiac complications, particularly arrhythmias, in transplant cohort.
Benchmarking against peer transplant units to compare rates. Identification of non-transplant cardiac complications needs to be clarified to drive improvement in this cohort.

5.2.12 DISCHARGE AGAINST MEDICAL ADVICE FOR ABORIGINAL INPATIENTS (%)

Apr-Jun21	Target	Variance	% Var	Perf	LY
7.9 %	5.6 %	2.3 %	40.1 %	❌	5.2 %

FYTD Aug-21	Target	Variance	% Var	Perf	LY
4.2 %					7.3 %

Centre for Aboriginal Health has updated 'Discharge against Medical Advice' targets for aboriginal people to be 1% absolute reduction from previous year for prior year results at 2.0% or above


ACTUAL — TARGET — LYSP
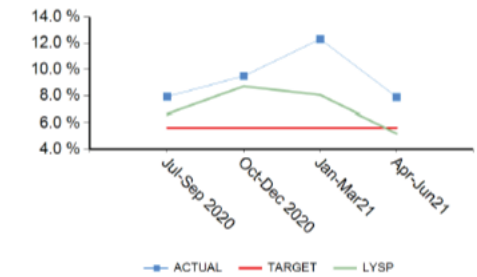
Source: MOH Health Performance Report, August 2021
Comment: SVHNS has continued to focus strongly on the care of our Aboriginal inpatients over the FY 20/21. Whilst the hospital has experienced an increase in Aboriginal patients discharging against medical advice, several strategies have been implemented to address this KPI. A Flexi-Clinic has been successfully supporting patients who present to ED with timely access to a Senior Specialist. This has meant Aboriginal patients are seen on average between 12 to 19 minutes. For those patients not wishing to complete treatment, they are provided a Dalarinji card which allows them to re-present without going through triage again. Our Aboriginal Health Workers (AHW) continue to work closely with the Flexi-Clinic doctor to meet the needs of our Aboriginal patients. It is recognised that many of the incomplete treatments in ED occur afterhours and on weekends when our AHW's are not on duty. A review of rostering and alternate models of service are being explored to address this issue.

5.2.13 PATIENT ENGAGEMENT INDEX (NUMBER) ADULT ADMITTED PATIENTS

Oct-Dec 2020	Target	Variance	% Var	Perf	LY
8.54	8.50	0.04	0.5 %	✅	8.42

ACTUAL — TARGET — LYSP
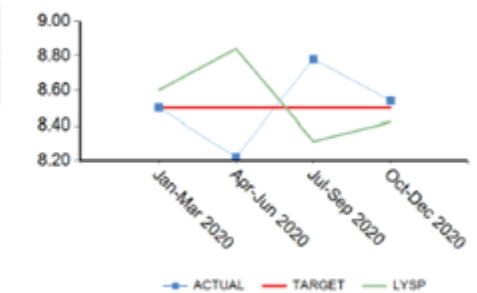
Source: MOH Health Performance Report, August 2021
Comment: For the period of October to December 2020, the inpatient engagement score was above target (8.54), and has improved since last year (8.42). SVHN has been implementing a range of improvement activities to enhance engagement with inpatients, such as bedside handover and intentional rounding. This helps to communicate with patients, and better understand individual patient needs.
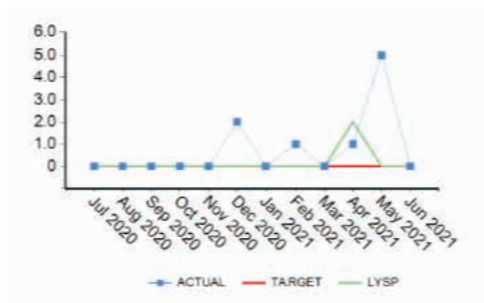
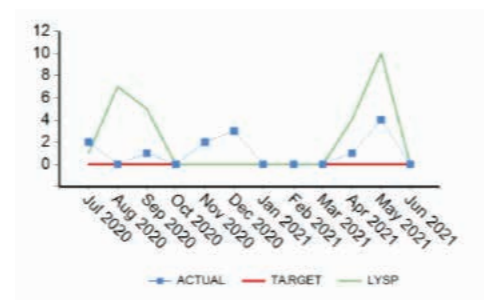## 5.2.14 ELECTIVE SURGERY OVERDUE – PATIENTS (NUMBER)

CATEGORY 1
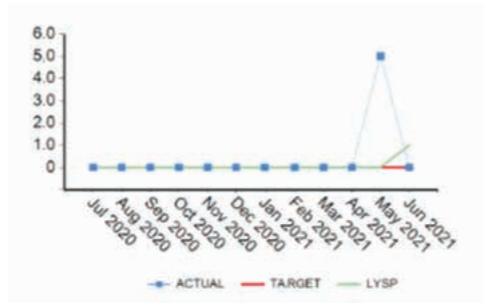
Source: MOH Health Performance Report, June 2021

CATEGORY 2

Source: MOH Health Performance Report, June 2021

CATEGORY 3

Source: MOH Health Performance Report, June 2021

Comment: SVHNS performance for this KPI over the LY20/21 has been impacted by restrictions on surgical activity as a result of the hospital response to the COVID-19 pandemic and access to appropriate beds. Performance for this KPI has, despite impacts on our service, remained close to target.

5.2.15 EMERGENCY TREATMENT PERFORMANCE (% OF PATIENTS TREATED WITHIN 4 HOUR BENCHMARK) – PATIENTS ADMITTED TO A WARD/ICU/ OPERATING SUITE

Cur Mth Jun 2021	Target	Variance	% Var	Perf	LY
19.1 %	50.0 %	-30.9 %	-61.8 %	✖	29.1 %

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
22.9 %	50.0 %	-27.1 %	-54.2 %	✖	26.4 %
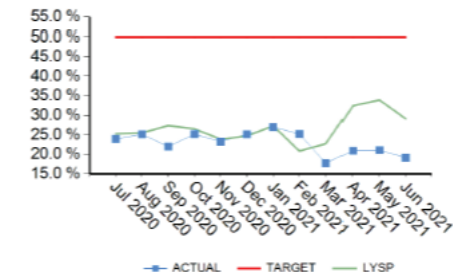
Source: MOH Health Performance Report, June 2021
Comment: This KPI is recognised as an area for improvement with the target of 50% not being met for FY 20/21. SVHNS is currently working towards a recovery strategic plan to address concerns related to Admitted ETP. The recovery plan has been submitted to the Ministry and the organisation is working towards implementing the identified strategies.

5.2.16 FALL-RELATED INJURIES IN HOSPITAL – RESULTING IN FRACTURE OR INTRACRANIAL INJURY (RATE PER 10,000 EPISODES OF CARE)

Jul20-Jun21	Target	Variance	% Var	Perf	LY
4.5	6.2	-1.7	-27.4 %	✔	8.1

FYTD Jun-21	Target	Variance	% Var	Perf	LY
4.5					8.1
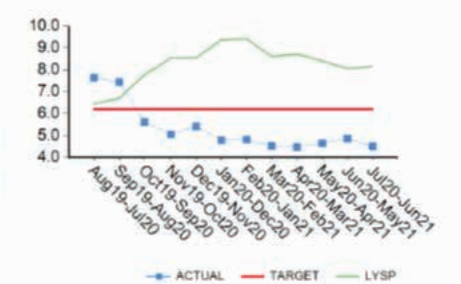
Source: MOH Health Performance Report, August 2021
Comment: The rate of falls with harm (fracture or intracranial injury) at SVHNS remains below the rate of Peer A1 hospitals and the NSW State average in 2021 (5.0 per 10,000 episodes of care in verses 5.7 Peer A1 and 5.5 NSW State average). The SVHNS Falls Community of Practice implemented bedside 'Traffic Light Mobility Posters', based on the Clinical Excellence Commission's Safe and Early Mobility Program, in the first half of 2021, alerting all staff (both clinical and non-clinical), to the mobilisation needs of all inpatients. A training video was produced for non-clinical staff and this is used during induction training for wards persons, environmental services and food services staff.

5.2.17 UNPLANNED HOSPITAL READMISSIONS — ALL ADMISSIONS WITHIN 28 DAYS OF SEPARATION (%):

Hospital	All persons			Aboriginal persons			Non-Aboriginal persons		
	Jun 2021	FYTD Jun-21	Change on LY-YTD	Jun 2021	FYTD Jun-21	Change on LY-YTD	Jun 2021	FYTD Jun-21	Change on LY-YTD
St Vincents Health Sydney	5.3 %	4.8 %	-0.3	13.6 %	13.0 %	6.3	5.0 %	4.6 %	-0.5
St Vincent's Health Network	5.3 %	4.8 %	-0.3	13.6 %	13.0 %	6.3	5.0 %	4.6 %	-0.5
NSW Health	5.6 %	5.6 %	-0.4	6.0 %	6.4 %	0.0	5.6 %	5.6 %	-0.4

Source: MOH Health Performance Report, July 2021

Comment: SVHNS has performed well against this KPI for the FY 20/21. Care of patients who identify as Aboriginal has been a particular focus and has resulted in performance above target.
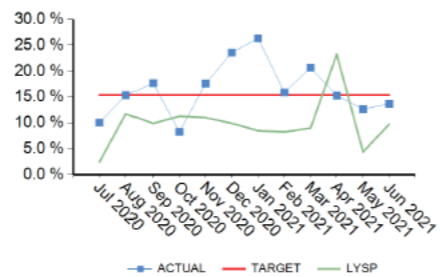
ALL ADMISSIONS:

Cur Mth Jun 2021	Target	Variance	% Var	Perf	LY
5.3 %	5.1 %	0.2 %	4.2 %	✖	4.8 %

FYTD Jun-21	Target	Variance	% Var	Perf	LY
4.8 %	5.1 %	-0.3 %	-6.2 %	✔	5.1 %
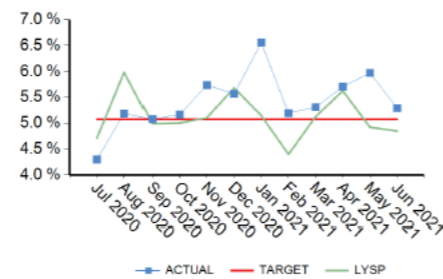
Source: MOH Health Performance Report, July 2021

ABORIGINAL PERSONS:

Cur Mth Jun 2021	Target	Variance	% Var	Perf	LY
13.6 %	15.4 %	-1.7 %	-11.2 %	✔	9.7 %

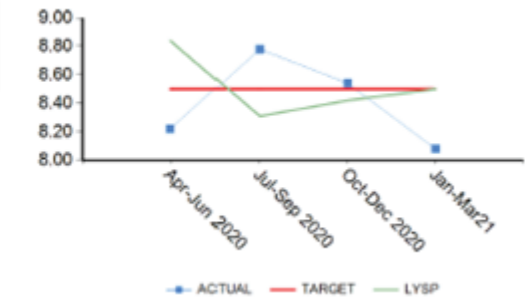| FYTD Jun-21	Target	Variance	% Var	Perf	LY
13.0 %	15.4 %	-2.3 %	-15.1 %	✔	6.8 %

Source: MOH Health Performance Report, July 2021

5.2.18 OVERALL PATIENT EXPERIENCE INDEX (NUMBER)

- **Adult admitted patients**

KS2302 Patient Engagement Index - Adult admitted patients

| Jan-Mar21	Target	Variance	% Var	Perf	LY
8.08	8.50	-0.42	-4.9 %	✖	8.50

Source: MOH Health Performance Report, September 2021

Comment: SVHNS has performed above benchmark for this KPI. This has been supported through implementing a range of improvement activities to enhance engagement with inpatients, such as bedside handover and intentional rounding. This helps to communicate with patients, and better understand individual patient needs.

- **ED**

KS2304 Patient Engagement Index – ED patients not admitted to hospital

Jan-Mar21	Target	Variance	% Var	Perf	LY
7.51	8.50	-0.99	-11.6 %	✖	8.77
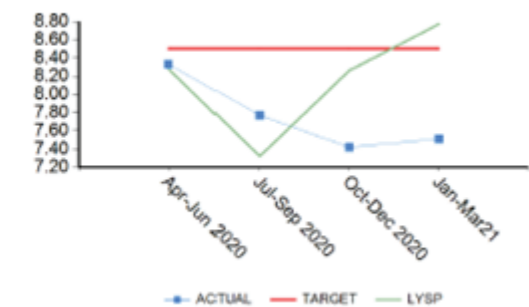
Source: MOH Health Performance Report, September 2021

Comment: Patient experience for the ED since October 2020 was enhanced by the support of the Patient Experience Officers. This has contributed to increased patient engagement and communication leading to an overall improvement in this KPI.

5.2.19 ELECTIVE SURGERY ACCESS PERFORMANCE — PATIENTS TREATED ON TIME (%)

Hospital	ESAP - Category 1			ESAP - Category 2			ESAP - Category 3		
	Number admitted outside of benchmark time	% Patients admitted within 30 days	Median waiting time of treated patients	Number admitted outside of benchmark time	% Patients admitted within 90 days	Median waiting time of treated patients	Number admitted outside of benchmark time	% Patients admitted within 365 days	Median waiting time of treated patients
St Vincents Health Sydney	27	98.0 %	7	16	98.2 %	44	17	97.9 %	237
St Vincent's Health Network	27	98.0 %	7	16	98.2 %	44	17	97.9 %	237
NSW Health	144	99.7 %	12	10241	87.4 %	49	28497	74.7 %	293

Source: MOH Health Performance Report, June 2021

Comment: SVHNS performance for this KPI over the FY 20/21 has been impacted by restrictions on surgical activity as a result of the hospital response to the COVID 19 pandemic and compounded by access to appropriate beds. These factors have impacted on the hospitals capacity to deliver 100% for each category with delays primarily in category 2 and 3.

5.2.20 ED PRESENTATIONS TRIAGE PERFORMANCE (TRIAGE 1-3) - TREATED WITHIN BENCHMARK TIMES (%)

Hospital	Triage 1 Performance			Triage 2 Performance			Triage 3 Performance		
	Jun 2021	FYTD Jun-21	Change on LY-YTD	Jun 2021	FYTD Jun-21	Change on LY-YTD	Jun 2021	FYTD Jun-21	Change on LY-YTD
St Vincents Health Sydney	100.0 %	100.0 %	0.0	76.0 %	86.9 %	1.5	61.3 %	73.9 %	4.5
St Vincent's Health Network	100.0 %	100.0 %	0.0	76.0 %	86.9 %	1.5	61.3 %	73.9 %	4.5
NSW Health	100.0 %	100.0 %	0.0	74.5 %	79.3 %	-0.7	66.9 %	74.7 %	-1.2

Source: MOH Health Performance Report, June 2021
Comment: SVHNS is performing well for patients who present as Triage 1. For patients presenting as Triage 2 and Triage 3, SVHS recognises that performance in this area has been impacted over FY 20/21 due to the Hospital's COVID-19 response and access to beds. SVHS is currently reviewing access to ED to improve performance for this KPI.

5.2.21 TRANSFER OF CARE — PATIENTS TRANSFERRED FROM AMBULANCE TO ED <= 30 MINUTES (%)

Cur Mth Jun 2021	Target	Variance	% Var	Perf	LY
73.5 %	90.0 %	-16.5 %	-18.3 %	✖	92.1 %

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
85.5 %	90.0 %	-4.5 %	-5.0 %	⚠	86.0 %
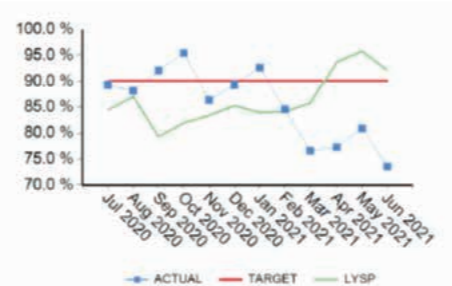
Source: MOH Health Performance Report, June 2021
Comment: SVHNS performance for this KPI has fluctuated over the previous year due to activity in the department and access to beds. From February to June 2021, SVHS has performed below target for this KPI. A recovery plan has been developed and the hospital is currently implementing the strategies identified to address performance in this area.

5.3 INTEGRATING SYSTEMS TO DELIVER TRULY CONNECTED CARE

5.3.1 MENTAL HEALTH: ACUTE READMISSION — WITHIN 28 DAYS (%)

Cur Mth Jun 2021	Target	Variance	% Var	Perf	LY
17.0 %	13.0 %	4.0 %	30.8 %	⚠	17.3 %

FYTD Jun-21	Target	Variance	% Var	Perf	LY
19.1 %	13.0 %	6.1 %	47.0 %	⚠	20.1 %
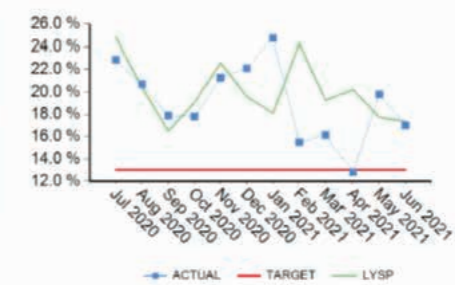
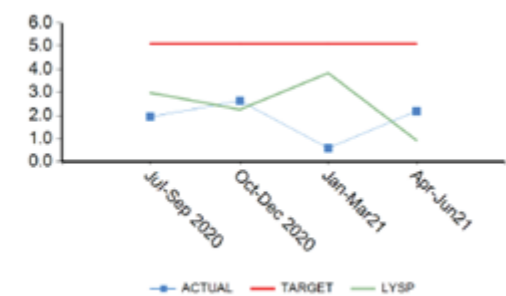*Source: MOH Health Performance Report, August 2021*
Comment: Reducing the readmission rates remains a key priority for the Mental Health Service. The Mental Health Service is working to improve the care planning and discharge coordination for consumers to create stronger community engagement to reduce the readmission rate.

Since the previous report, a review of the model of care in Psychiatric Emergency Care Center (PECC) has evolved to support prescribing consumers with a pathway to reflect admission based on their care needs. Further, there has been an elevated period of acuity which has seen an increased numbers of referrals and transfers to Mental Health ICU which compounds the number of readmissions.

5.3.2 MENTAL HEALTH: ACUTE SECLUSION

• **Occurrence (Episodes per 1,000 bed days)**

Apr-Jun21	Target	Variance	% Var	Perf	LY
2.2	5.1	-2.9	-57.2 %	✔	0.9

FYTD Jun-21	Target	Variance	% Var	Perf	LY
1.8	5.1	-3.3	-64.3 %	✔	2.5

Source: MOH Health Performance Report, July 2021
Comment: Over the last 2 years, the St Vincent's Caritas Mental Health Unit has performed consistently above target in the use of seclusion. This has been achieved through a dedicated approach to improve least restrictive practice in care. Improving the reduction of restraint and seclusion continues to be a focus for SVHNS, resulting in improving the patient experience and achieving better clinical outcomes.

- **Duration (Average Hours)**

Apr-Jun21	Target	Variance	% Var	Perf	LY
0.4	4.1	-3.7	-89.9 %	✅	0.6

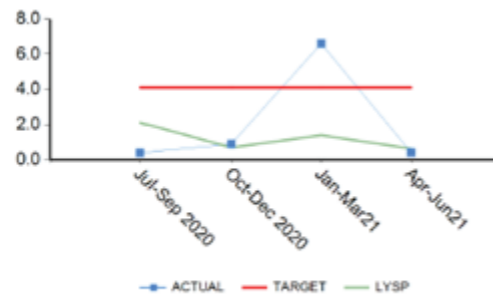| FYTD Jun-21	Target	Variance	% Var	Perf	LY
1.1	4.1	-3.0	-74.1 %	✅	1.4

Source: MOH Health Performance Report, July 2021
Comment: Over the last 2 years, the St Vincent's Caritas Mental Health Unit has performed consistently above target in the use of seclusion. This has been achieved through a dedicated approach to improve least restrictive practice in care. Improving the reduction of restraint and seclusion continues to be a focus for SVHNS, resulting in improving the patient experience and achieving better clinical outcomes.

5.3.3 MENTAL HEALTH: INVOLUNTARY PATIENTS ABSCONDED FROM AN INPATIENT MENTAL HEALTH UNIT — INCIDENT TYPES 1 AND 2 (RATE PER 1,000 BED DAYS)

Apr-Jun21	Target	Variance	% Var	Perf	LY
0.82	0.80	0.02	2.3 %	✅	0.00

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
0.51	0.80	-0.29	-36.3 %	✅	0.37
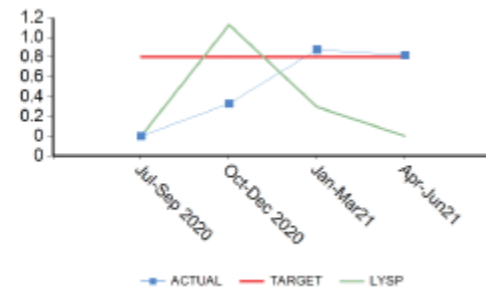
Source: MOH Health Performance Report, July 2021
Comment: Since the completion of the ED Capital Works the Mental Health Service now has a dedicated mental health assessment area in ED which is staffed by mental health nurses. This has been identified as a key enabler to reduce the likelihood of AWOL. Subsequently there has been a stark reduction in AWOL type 1 and 2 and the team are able to offer earlier intervention to the consumers upon presentation in crisis.

5.3.4 MENTAL HEALTH CONSUMER EXPERIENCE: MENTAL HEALTH CONSUMERS WITH A SCORE OF VERY GOOD OR EXCELLENT (%)

| Apr-Jun21	Target	Variance	% Var	Perf	LY
81.0 %	80.0 %	1.0 %	1.3 %	✅	60.0 %
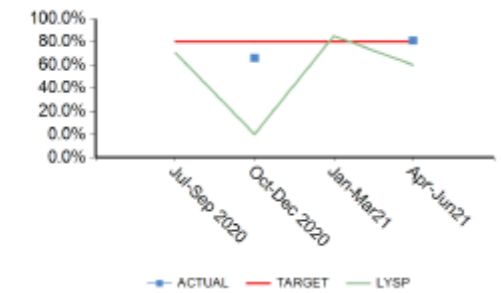
Source: MOH Health Performance Report, July 2021
Comment: The SVHNS Mental Health Service has now established a YES Survey Working party. The working party assist with translating and implementing change to the service and experience of consumers, the YES Survey feedback will largely inform these processes. Both the Caritas and PECC team have begun offering consumers the opportunity to complete the YES Survey in the mutual help meeting. This has been a key module of the Safewards practice where staff and consumers meet routinely to discuss the unit, therapeutic activities and what consumers would like to see occur on the unit.

5.3.5 ED EXTENDED STAYS: MENTAL HEALTH PRESENTATIONS STAYING IN ED > 24 HOURS (NUMBER)

Cur Mth Jun 2021	Target	Variance	% Var	Perf	LY
9	0	9		❌	0

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
73	0	73		❌	22
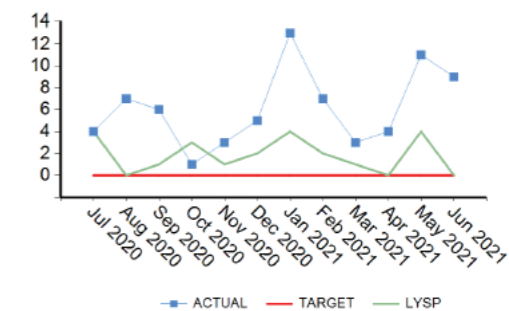
Source: MOH Health Performance Report, June 2021
Comment: Mental health patients staying in ED for more than 24 hours has recently deteriorated due to a range of challenges with significant acuity across the inpatient units. It is disappointing to note that during the current reporting period there has a deterioration in performance. Upon review this has been directly impacted by the overall increased number of admitted consumers with complex care needs requiring a longer overall admission. A secondary impact has been the complications imposed by providing care to consumers who are at risk of being COVID-19 positive and additional precautions that have been put in place to ensure they receive adequate screening and care prior to transfer to the Mental Health Unit.

It is now standard process that all patients with a length of stay greater than 24 hours receive an investigation to examine if this could have been a preventable episode, and assist with adjusting service delivery to reduce the likelihood of future occurrence.

5.3.6 MENTAL HEALTH PEER WORKFORCE EMPLOYMENT — FULL TIME EQUIVALENTS (FTES) (NUMBER)

Apr-Jun21	Target	Variance	% Var	Perf	LY
4.2	5.0	-0.8	-16.0 %	✖	2.6

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
12.0					10.4
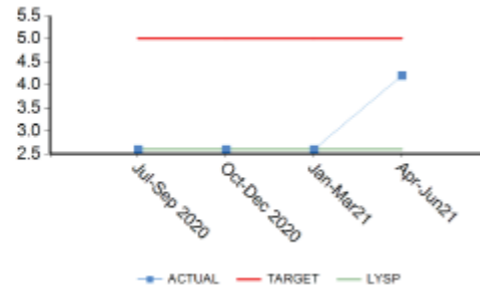
Source: MOH Health Performance Report, July 2021
Comment: SVHNS is committed to establishing and strengthening representation of the mental health peer work force. We now have peer workers employed working across, inpatient, community and our towards zero suicides portfolios.

5.3.6 DOMESTIC VIOLENCE ROUTINE SCREENING — ROUTINE SCREENS CONDUCTED (%)

KF-005 Domestic and Family Violence Screening - Routine Domestic Violence Screens conducted

Apr-Jun21	Target	Variance	% Var	Perf	LY
26.0 %	70.0 %	-44.0 %	-62.8 %	✖	13.5 %

| YTD	Target	Variance	% Var	Perf	LY
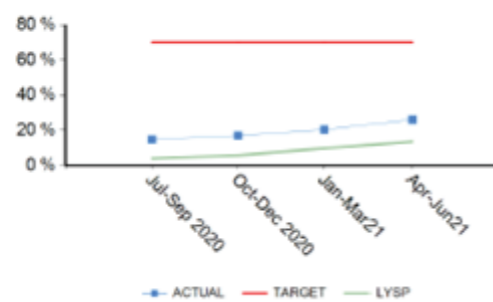
Source: MOH Health Performance Report, September 2021
Comment: Domestic Violence Screening has been an area of focus for SVHNS over the last two years. This has been supported by targeted education which has led to an increase in screening, identification and documentation across key services. The result has seen a consistent improvement in performance.

5.3.7 MENTAL HEALTH ACUTE POST-DISCHARGE COMMUNITY CARE - FOLLOW UP WITHIN SEVEN DAYS (%)

Cur Mth Jun 2021	Target	Variance	% Var	Perf	LY
70.3 %	75.0 %	-4.7 %	-6.2 %	⚠	49.5 %

| FYTD Jun-21	Target	Variance	% Var	Perf	LY
64.9 %	75.0 %	-10.1 %	-13.4 %	⚠	62.6 %
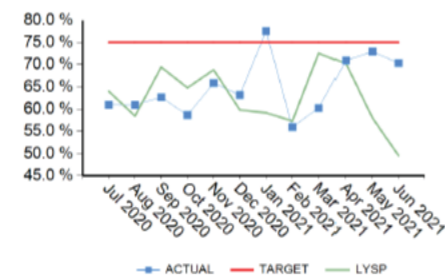
Source: MOH Health Performance Report, August 2021
Comment: Due to the persistent under performance in this

KPI the Community Mental Health Service Manager has now introduced a dedicated team of clinicians who will be rostered on alternative days to focus on ensuring the 7 day follow up is actioned. To strengthen this capacity a new role has been advertised which will appoint a lead clinician to perform the 7 day follow up function with the aim of improving the SVHNS' performance. SVHNS' Mental Health Service have also now coordinated access to the SESLHD EMR system to assist with completing the 7 day follow up requirements.

5.3.8 ELECTRONIC DISCHARGE SUMMARIES — SENT ELECTRONICALLY AND ACCEPTED BY GENERAL PRACTITIONERS (%)

Cur Mth Aug 2021	Target	Variance	% Var	Perf	LY
51.0 %					43.5 %

FYTD Aug-21	Target	Variance	% Var	Perf	LY
51.0 %					40.4 %
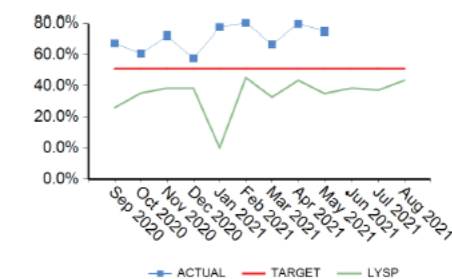
Source: MOH Health Performance Report, August 2021
Comment: This KPI has been an area of focus for SVHNS with a consistent improvement in discharge summaries being sent electronically to GPs when compared to LY 19/20.

5.4 DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

5.4.1 WORKPLACE CULTURE — PEOPLE MATTER SURVEY CULTURE INDEX — VARIATION FROM PREVIOUS YEAR (%)

SVHS uses Gallup not People Matter Survey. Last survey conducted in 2019.

5.4.2 TAKE ACTION - PEOPLE MATTER SURVEY - TAKE ACTION AS A RESULT OF THE SURVEY — VARIATION FROM PREVIOUS YEAR (%)

SVHS uses Gallup not People Matter Survey. Last survey conducted in 2019.

5.4.3 STAFF PERFORMANCE REVIEWS — WITHIN THE LAST 12 MONTHS (%)

Currently 36% completion rate across SVHNS for eligible employees (employed more than 12 months and 12months or more since last review) against target which is 90%. Performance

reviews remain lower than usual due to increasing activity from COVID-19 and manager prioritisation. Exacerbating this has been system capture issues in Workday (our local HRIS) with measuring compliance with Performance Reviews completed. People and Culture have created an administrative process to ensure paper based performance reviews which have been completed are appropriately captured in Workday to reflect accurate measurement.

For performance reviews not completed, this remains a targeted focus for the organisation reported fortnightly at Performance Board.

5.4.4 RECRUITMENT — AVERAGE TIME TAKEN FROM REQUEST TO RECRUIT TO DECISION TO APPROVE/DECLINE/DEFER RECRUITMENT (BUSINESS DAYS)

The Workforce team reported that the timeframe from request to recruit to decision to approve/decline/defer recruitment is varied across the business and the available reporting data is limited.

Job Requisitions (JR) approval can be used to gauge the time taken however, the report is manually updated and does not reflect the whole approval process. The typical process is that a JR is raised through Workday and approval is granted by the 2-up manager. This is then collated by the Workforce team who generate a JR Report for submission to the SLT for an off-system approval process (Finance, CEO etc.).

Approval Stream	JR Report Submitted	Approval Required From	Average Time for Approval*
General	Weekly	2 up manager, SLT, Finance, CEO	Minimum 4 weeks - > 6 months
Trust	Fortnightly	2 up manager, Finance	4 weeks
Frontline Nursing e.g. AIN, EN, RN/CNS1, NUM1	Weekly	2 up manager only	1 week

*These figures are based on feedback from the Workforce team and the manual JR report. To obtain accurate data, a report will need to be designed by the national Workday team.

5.4.5 ABORIGINAL WORKFORCE PARTICIPATION — ABORIGINAL WORKFORCE AS A PROPORTION OF TOTAL WORKFORCE AT ALL SALARY LEVELS (BANDS) AND OCCUPATIONS (%)

1.57% of the total workforce is aboriginal

5.4.7 STAFF ENGAGEMENT - PEOPLE MATTER SURVEY ENGAGEMENT INDEX - VARIATION FROM THE PREVIOUS YEAR (%)

SVHS uses Gallup not People Matter Survey. Last survey conducted in 2019

5.5 ENABLE EHEALTH, HEALTH INFORMATION AND DATA ANALYTICS

5.5.1 TELEHEALTH SERVICE ACCESS - NON-ADMITTED SERVICES PROVIDED THROUGH TELEHEALTH (%)

SVHNS has supported the transition from Healthdirect video calls to Virtual Care in late 2019 with full scale access in September 2020. SVHNS uses three videoconferencing platforms to connect our clinicians with patients virtually and these include myVirtualCare, Pexip and Microsoft Teams. Over the last three months, use of myVirtualCare has grown to have over 2000 consultations per month across the Network.

6 FUTURE SAFETY AND QUALITY PRIORITIES

Fig.1 Quote from an Aboriginal patient with multiple readmissions about his experience of healthcare at SVHS

Patient Experience is guided by the overarching St Vincent's Health Australia (SVHA) "Inspired to Care" strategy, as well as the NSW Health "Elevating the Human Experience: Guide to Action".

6.1 DALARINJI: OUR HEALTH, OUR HEALING

Aboriginal and Torres Strait Islander people (hereafter Aboriginal peoples) experience significantly worse health, economic, and social outcomes compared with other Australians. On average, there is approximately a ten-year gap in life expectancy between Aboriginal and non-Aboriginal Australians, with approximately two-thirds of the disparity accounted for by chronic diseases. Furthermore, Aboriginal peoples also have higher rates of unplanned readmissions within 28 days of discharge compared with non-Aboriginal people and there has been no significant change in the past two decades, indicating the healthcare needs of Aboriginal peoples are clearly not being met. Unplanned readmissions create an emotional and time burden for the patient and their family and increase the risk of hospital acquired complications and infections.

It is well established that accessing healthcare can be more difficult for Aboriginal peoples, owing to a range of historical and systemic factors, including racism and fear of racism. Furthermore, perspectives on health and wellbeing differ between Aboriginal and non-Aboriginal peoples, with many Aboriginal people viewing hospital as a place associated with death and dying, creating further challenges for accessing healthcare services. Our project aims to learn about these challenges and support Aboriginal peoples to access safe and effective healthcare and support of their choice. The project team also recognises and acknowledge the strength and resilience shown by Aboriginal peoples in the face of discrimination and we celebrate the ongoing contribution of Aboriginal peoples and communities across Australia.

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.

Data from the SVHNS Aboriginal Health Dashboard 2020 indicated that whilst Aboriginal patients accounted for 1.9% of total admitted patients, they accounted for 12.2% of unplanned readmissions within 28 days of discharge, compared with 4.7% of non-Aboriginal patients.

Understanding and improving the patient experience is positively correlated with improvements in patient health outcomes. In a recent report released by The Bureau of Health Information (BHI) detailing Aboriginal peoples' perspectives of hospital care in NSW, only 56% of Aboriginal patients felt the hospital had made completely adequate arrangements for any services needed after discharge, 10% lower than that reported by non-Aboriginal patients. Moreover, Aboriginal patients consistently felt less well-informed than non-Aboriginal patients across a range of measures related to communication, information about care, treatment, and managing ongoing health conditions after discharge from hospital. This is consistent with anecdotal data collected from Aboriginal patients at SVHS. As highlighted by the above quote [Figure 1], Aboriginal patients often felt they were not given information about their treatment and discharge plans, which led to them returning to hospital shortly after discharge.

In line with SVHA's Mission and Values, the project team believes that it is a basic human right for Aboriginal peoples to have access to equitable healthcare that accepts the interconnectedness of the person, their community, and their mental, physical, emotional, and spiritual realms of wellbeing. By identifying and understanding the root causes of unplanned readmissions, there is an opportunity to learn from Aboriginal peoples and communities and develop culturally safe, effective and efficient models of care that improves the patient experience and contributes to closing the health and life expectancy gap experienced by Aboriginal peoples. This project aims to focus on four key components which can be described through the Quadruple Aim as shown below [Figure 2].

Fig.2 The Quadruple Aim will help enhance SVHNS' commitment to delivering better value outcomes and care for Aboriginal peoples and community.

The goal of this project is to improve the experience and outcomes of Aboriginal and Torres Strait Islander patients at SVHS through the provision of high quality and equitable healthcare by December 2022. The two main objectives the project team aims to achieve is to reduce the rate of unplanned readmissions to SVHS and to improve patient reported experience measures.

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

Members of the SVHNS Delirium and Cognitive Impairment Community of Practice, led by A/Prof Annmarie Hosie, and in conjunction with the University of Notre Dame, will undertake a study titled 'Measuring Clinical Interventions for the Management of Delirium in Hospital Patients: A Cross-Sectional Study' in 2021/22. This cross-sectional study will review the clinical interventions for patients coded for delirium whilst in hospital. An audit of 100 patients from SVHS (n=60) and SJH (n=40) measuring non-pharmacological and pharmacological interventions will be conducted, including the extent of new prescription of psychotropic medications for delirium. Results will assist in identifying whether delirium management interventions align with best evidence and the ACSQHC Delirium Clinical Care Standard. This will inform future improvement in the management of patients with delirium whilst in hospital.

6.3 ST VINCENT'S@GREENPARK

Mental Health Strategic Priorities for 2022

2022 will see further progress to implement the Mental Health Strategic Plan. There have been a number of initiatives highlighted as priorities for the next 12 months, namely St Vincent's @ Green Park.

St Vincent's @ Green Park

2021 brought an exciting opportunity for the Mental Health Service to work more closely with our local community that will be continued in to 2022. With St Vincent's acquiring the Green Park Hotel site, two mental health services have been earmarked to move in to this space.

Alternatives to ED – Safe Haven

In 2021, the Towards Zero Suicides service was established and the Safe Haven model has been functional since July 2021. Safe Haven is an after-hours service that provides a warm welcoming space for people experiencing suicidal crisis, distress or isolation. It is a peer-led service, where care is provided by peer workers with a lived experience of suicidality, operating in a non-clinical environment.

2022 will see the expansion of Safe Haven into St Vincent's @ Green Park and the team engage further with internal and external services to ensure it provides a safe environment for those consumers who would otherwise be presenting to the ED.

Urban Health Hub

With the Safe Haven operating in the after-hours space, St Vincent's @ Green Park will also see the development of an Urban Health Hub operating during the in-hours period. This service is being designed through a comprehensive community engagement and research program that is actively engaging consumers, carers, community members and healthcare professionals from the local Darlinghurst area.

The Urban Health Hub endeavours to support the unmet mental and physical health needs of the local community with a focus on independent healthcare access and digital health access. The service aims to continually engage the local community to ensure the service offerings evolve with the needs of the community.

In addition to St Vincent's @ Green Park, the Mental Health Service will continue to focus on initiatives associated with Digital Mental Health integration, Precision Medicine, Consumer Engagement Framework and explore further opportunities to review and streamline care across the healthcare system.

6.4 ST VINCENT'S MEN'S HEALTH PROJECT

In January 2021, SVHNS commenced Phase 1 of the St Vincent's Men's Health Project. The project is a cross-campus collaboration involving SVHS, St Vincent's Private, The Kinghorn Cancer Centre and GenesisCare, with an initial focus on the unique physical and psychosocial healthcare needs of men with prostate cancer. Consultation with patients and clinicians involved in prostate cancer care on the St Vincent's Darlinghurst Campus has revealed the need to strengthen existing clinical and supportive service models. The objectives of Phase 1 are to improve access to and experience of prostate cancer services at St Vincent's Darlinghurst Campus. Three key issues have been identified:

1. Care fragmentation across campus and coordination of supportive services (e.g. continence, sexual, and psychosocial services).

2. Parity of public and private patient access to supportive services.

3. Missed referral opportunities to supportive services.

The St Vincent's Curran Foundation is supporting the implementation of the following solutions:

1. **St Vincent's Men's Health Centre**

   A nurse-led, centralised prostate cancer care centre, offering care navigation, nursing and allied health services to deliver high quality, equitable prostate cancer supportive care.

2. **St Vincent's Men's Health Website**

   A comprehensive information resource targeting the men's health needs of the prostate cancer journey from pre-diagnosis to advanced disease.

3. **High-risk prostate cancer clinic**

   A combined genetics and urology clinic for men genetically at risk of development of prostate cancer.

The project is currently in the solution design phase with expected implementation in early 2022.

6.5 MANAGED ALCOHOL PROGRAM (MAP)

SVHNS and St Vincent de Paul Society NSW are partnering to deliver a Managed Alcohol Program clinical trial at a 15-room purpose-built residence to be located within the Matthew Talbot Hostel at Woolloomooloo. The MAP model has been informed by international experience and evaluation of similar models, particularly in Canada.

More than one third of people experiencing homelessness are estimated to be alcohol dependent. Existing health and housing services have typically not met the health and social needs of homeless alcohol dependent people, who have high rates of chronic illness, injuries and assaults, hospital presentations, and mortality. A peer-reviewed study of the acceptability of a MAP to potential clients and anticipated cost savings has been published.

A MAP is an alternative to abstinence only residential programs for individuals experiencing chronic homelessness and alcohol dependency. Each MAP participant will have an individualised care plan which is developed under the direction of an Addiction Specialist from the St Vincent's Hospital Alcohol and Drug Service. Supervised administration of hourly beverage alcohol will allow for the stabilisation of alcohol intake and reduction of harmful non-beverage alcohol. Stabilisation of alcohol blood levels permit individuals to consider other areas of their health and social care, increasing an individual's overall wellbeing and quality of life.

A MAP-specific amendment to the liquor regulation has been gazetted to create a legal basis for alcohol to be administered. Funding for research and capital costs have already been secured and discussions with government and donors to cover operational costs have been progressing.

6.6 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. SVHNS will develop a network wide HAC strategy which will aim 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. This work will involve engaging clinicians in using data to better understand the risks facing their patients and help develop tools and strategies to enhance patient safety.