



2018/19

CENTRAL ADELAIDE  
LOCAL HEALTH NETWORK

# Safety and Quality Account

1 July 2018 –30 June 2019



Government  
of South Australia

SA Health

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## Introduction

CALHN's Safety and Quality Account celebrates our achievements and describes the ongoing approach to improving and integrating safety and quality within the organisation.


This account covers the 18/19 financial year and provides information about the safety and quality of care delivered by CALHN, including performance against key quality and safety measures, patient safety priorities, service improvements and integration initiatives.

Accreditation is an important driver for patient safety and quality improvement. Accreditation to the National Safety and Quality Health Service (NSQHS) Standards provides assurance that mandated standards of safety and quality are met. CALHN has established a system of Priority Care Committees, related to each clinical standard, which identify priorities for quality improvement. CALHN achieved 3 year accreditation in 2018 and is currently working towards accreditation in 2021 against version 2 of the NSQHS Standards.

This Quality Account covers the five (5) components of the Australian Commission on Safety and Quality in Health Care (ACSQHC) *National Model Clinical Governance Framework* as follows:

1. Governance, leadership and culture
2. Patient safety and quality improvement systems
3. Clinical performance and effectiveness
4. Safe environment for the delivery of care
5. Partnering with consumers

### ***The year that was 1 July 2018 – 30 June 2019***

 **128,364** Emergency department presentations

 **74,021** Inpatient Separations

 **586,252** Outpatient service events

 Hospital Acquired Complications rate fell by **33%**


**19,802** incidents

**7** SAC 1 incidents

**84** Adverse incident

 Funding impact reduction of **\$7,971,443**

 **100** Quality improvement activities were registered

 **120** Emerging leaders identified and involved in the 'Leaders Within' program

**402** Consumer compliments

**2249** Consumer complaints



Complaints acknowledged < 2 working days **95%**  
Complaints resolved < 35 working days **80%**



## Governance, leadership and culture

Good clinical governance provides confidence to the community and everyone who works in CALHN that systems are in place to support the delivery of safe, high-quality health care. CALHN's strives to be a high performing and an accountable healthcare network that operates to Australian benchmark standards across all domains.

There was a continued focus by CALHN in 2018/19 of implementing the recommendations of the 2016 *Review of the Safety and Quality Systems, Leadership and Functions* (Phelps et al). Key achievements have included better processes around incident reporting and management, open disclosure, and complaints management, a safe move of the RAH, removal of qualified privilege and attainment of Accreditation.

### Clinical governance

CALHN's vision is to be recognised as a high quality health care service known for its excellence in research and education. Our mission is to deliver outstanding compassionate care, education and research and be loved locally and renowned globally. Our patient's needs are put first and teamwork and professionalism guide our decisions and actions.

Establishment of Leaders Within to refine the values of the organisation and build leadership capability to help shape and deliver organisational change.

One strategy to communicate the organisational mission and vision are the Executive *Gemba rounds*. Five were conducted in this period. The *Gemba Rounds* provide the opportunity for front line staff to engage with the Executive Team and identify local service needs and share achievements

CALHN Executive have developed consistent messaging regarding the values of the organisation "What You Walk Past, You Accept" and "If Not us, Then Who...?"

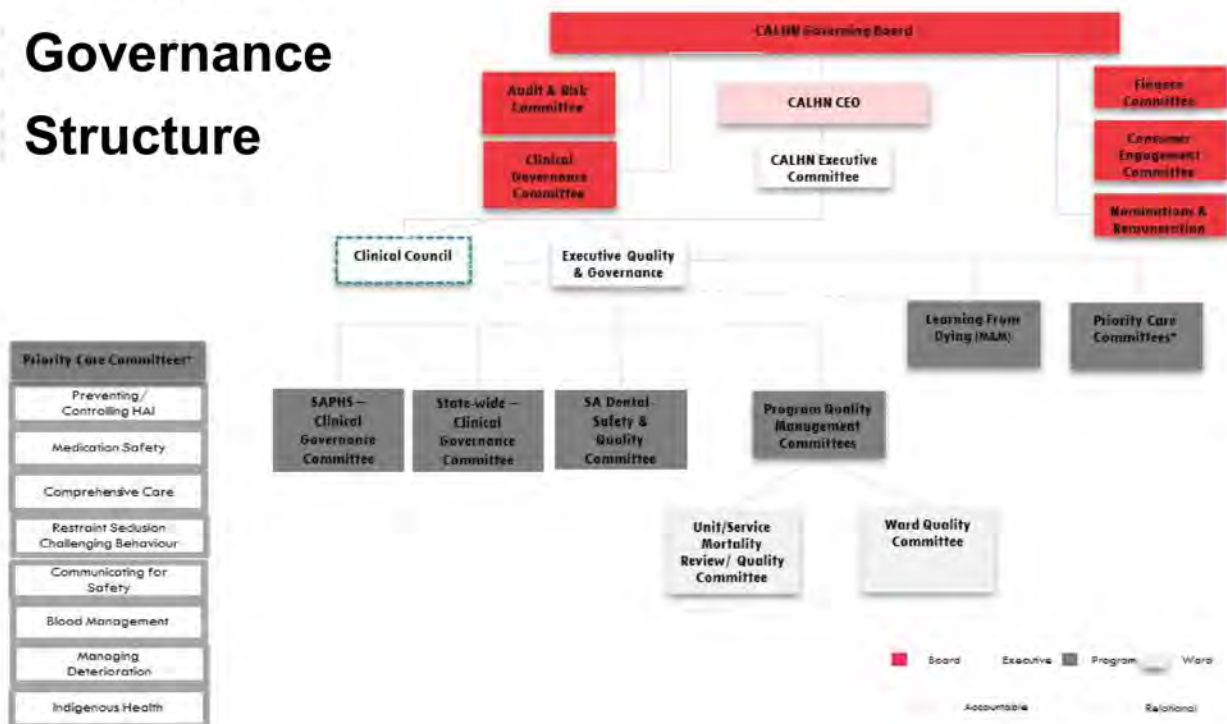
Clinical Governance and Accountability framework drafted to support implementation of the new Clinical Programs.

A focus in this period was preparing for the commencement of the Governing Board for the Local Health Network on 1 July 2019. This included consideration of new committee reporting structures across CALHN (see diagram over page).

To support the implementation of the Governing Board was the development of the Integrated Quality and Performance report (IQPR) to provide monthly reports to the Board on patient outcome metrics including rates of hospital-acquired complications (HAC) and serious adverse event rates in addition to other key performance metrics.



# CALHN Clinical Governance Structure



## Quality Plan

To support targeted effort the CALHN 2019-2020 Quality Plan @ PACE was endorsed by Executive June 2019 (see over). Key strategies of the plan include:

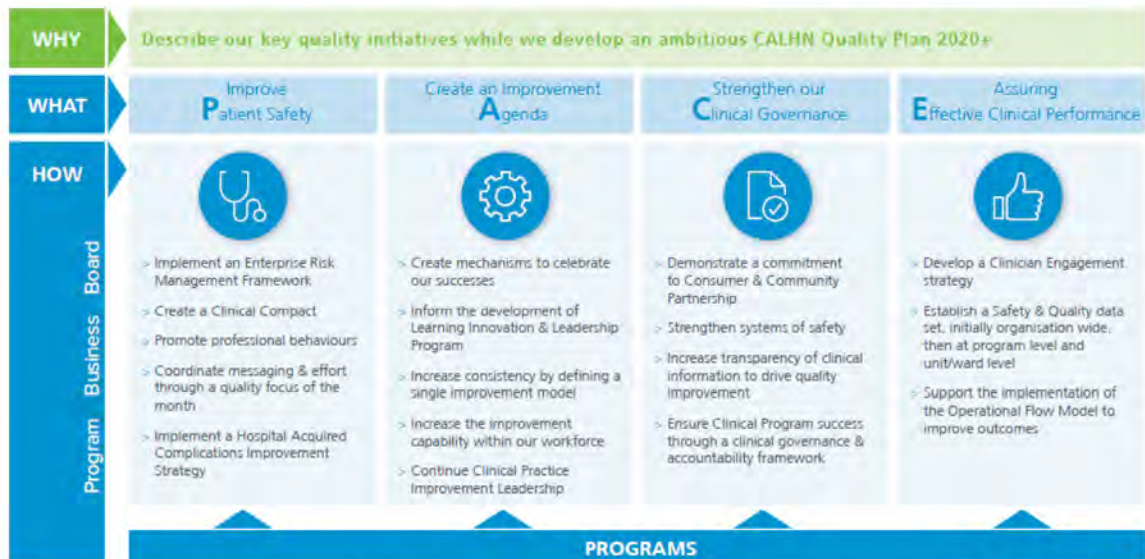
### Quality @ PACE pillars

- P** Improve **P**atient Safety
- A** Create an improvement **A**genda
- C** Strengthen our **C**linical Governance
- E** Assuring **E**ffective Clinical Performance

- Implementation of a Hospital Acquired Complication (HAC) Improvement strategy
- Increase the improvement capability within our workforce
- Increase transparency of clinical information to drive quality improvement
- Develop a clinician engagement strategy



# Quality@PACE



*If not us, then who?....*

## Hospital Acquired Complications

CALHN's Hospital Acquired Complication (HAC) rate at both acute hospitals has been steadily declining on a per month basis.

For 2017-2018 financial year, the number of separations with associated HACs was 4,569 with a funding impact of \$9,428,150.

For 2018-2019 financial year, the number of separations with associated HACs was 3082 with a funding impact of \$7,971,443.

## Priority Care Committees

Priority Care Committees were established to provide oversight of National Safety and Quality Health Service (NSQHS) Standards. The key committee include:

- Preventing/Controlling Healthcare Associated Infection
- Medication Safety
- Comprehensive Care
  - Falls and Cognitive Impairment
  - Nutrition, Hydration and Pressure Injury
- Communicating for Safety
- Blood Management
- Managing Deterioration
- Complex Behaviour Management

Acute overnight average length of stay has improved by 12% at RAH and 8% at TQEH in May 2019 compared to the prior year.

## Primary Health Care

In line with the CALHN Recovery Program, the following activities have been undertaken to transition the Primary Health Care model to an Integrated Care Hospital Avoidance Model:

- Proactive multi-disciplinary team (MDT) huddles were commenced January 2019 to improve decision making and flow.

CICC has demonstrated an average occupied bed day saving of 40 days per week

- Implementation of CALHN Integrated Care Coordinator (CICC). CICC works alongside CALHN clinicians to identify and coordinate supported discharge by providing a single entry point and having comprehensive knowledge of care options in the community.
- 24/7 Triage Advice and Referral Line for vulnerable patients was introduced following a roadshow to CALHN staff, NGO's and GP's within the CALHN catchment area.
- Iron infusions are now undertaken at Sefton Park Hospital Avoidance Clinic to reduce burden on the acute sector.
- A joint collaborative has commenced between Integrated Care and SA Ambulance (SAAS) to develop hospital avoidance pathways and alternatives to ED in collaboration with the acute medical unit (AMU), Geriatricians and Integrated Care.
- A rapid referral pathway is available to refer patients to external medical imaging services to support decision making and prevent Emergency Department presentations.
- Point of Care testing is being implemented to support rapid decision making in Residential Aged Care Facilities.

Hospital avoidance pathways have been drafted for;

- Fall
- Anticoagulation
- respiratory care

## Monitoring and review of safety and quality performance

CALHN Executive Quality and Governance Committee provides the oversight for safety and quality performance. From 1 July 2018 – 30 June 2019 there were 57 SAC 1 incidents within CALHN. These included

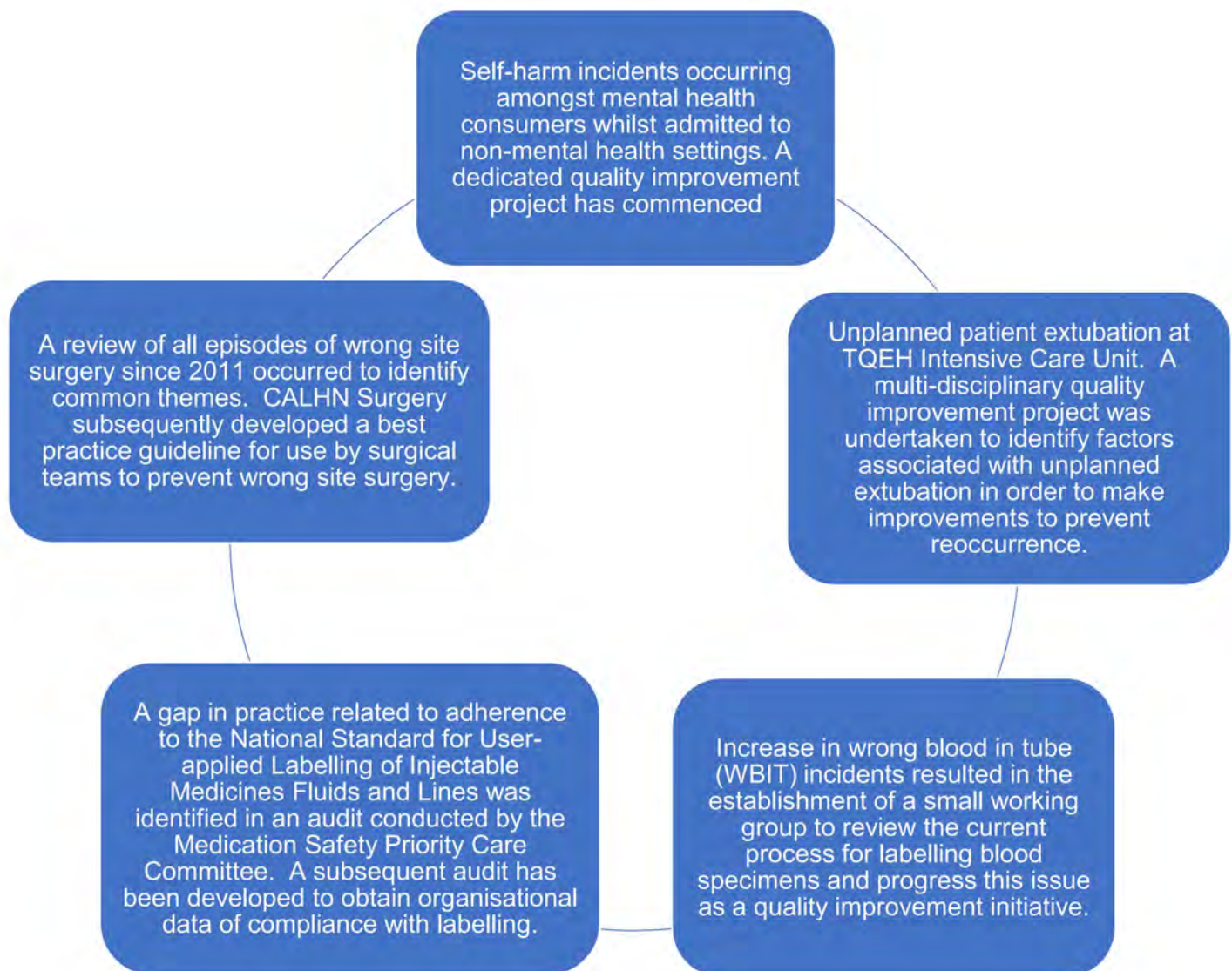
Adverse incidents involving multiple services undergo a formal investigation using Root Cause Analysis Methodology (as non-protected investigations)

- 45 Mental Health Deaths in Community (2 Homicides, 2 post absconding from an inpatient facility)
- 9 deaths as a result of a fall
- 2 deaths relating to stroke management
- 1 death following a procedure with suspected aspiration pneumonia



Over this period there were 84 incident reviews conducted (not including post fall reviews)

Trend analysis has identified the following from 1 July 2018 – 30 June 2019:



### ICU Improvement

Contents and layout changes to the Medical Emergency Trolleys, improved use of sedation and agitation scales and assessment and documentation of delirium



## Addressing health priorities for Aboriginal and Torres Strait Islander people

In line with the implementation of the National Safety and Quality Healthcare Standards a gap analysis was conducted against the NSQHS Aboriginal and Torres Strait Islander actions and a working group was established to commence August 2019 to address the gaps.

- CALHN has employed Aboriginal health workers and health practitioners in key clinical units.
- The Reconciliation Action Plan working group was initiated May 2018 to develop the CALHN Innovative Reconciliation Action Plan. Consultation occurred with other Australia's First Peoples (Elders and Groups) to draft the plan for endorsement.
- February 2018 the Model of Care for Aboriginal Prisoner Health and Wellbeing for South Australia was launched. A gap analysis has been conducted against the model and priorities for action are being identified

### **Aboriginal and Torres Strait Islander identification:**

The Aboriginal and Torres Strait Islander Liaison Unit are working with Sunrise EMR to rectify inaccuracies in demographic data

CALHN has 6 (FTE) Aboriginal Health Practitioner specialised in training and 4.5 (FTE) Aboriginal Health Practitioners (general acute) covering cardiac, cancer, emergency department and renal services.

- The number of Indigenous patients who left the ED at their own risk has been sustained below the target of 3%.
- Community engagement forums to develop Aboriginal and Torres Strait Islander patient pathways have been held in collaboration with the University of Adelaide research staff and Kidney Health Australia.
- Closing the gap medication access initiative - Greater access has been provided for pharmaceutical care to the Aboriginal and Torres Strait Islander community by waiving the cost of medications for eligible patients

Closing the gap medication access initiative resulted in an increase program uptake of 27.6% (533 patients)

- Aboriginal health workers are following up on the wards to identify patients not identified on Sunrise as being Aboriginal and Torres Strait Islanders.

*The Aboriginal and Torres Strait Islander Health and Wellbeing Hub has an 85% Aboriginal and Torres Strait Islander employment rate.*

## Patient Safety and Quality Systems

### Compliance with legislation and regulation

Key activities in the 2018/19 year to ensure legislative and regulatory compliance have included:

- Working with SA Health who have developed a register of applicable legislative obligations for Local Health Networks (LHN). A number of pieces of Legislation have been divided into eight themes for each LHN to demonstrate compliance against.
- The 2017-18 financial year was the first year for which certification of legislative compliance was required by SA Health.
- The Chief Executive Officer (CEO) has certified that CALHN has met its legislative requirements for these eight legislative themes by certifying that there are systems and processes in place to monitor and address identified breaches
- Breaches of the legislation are reported via SLS. 9 breaches of privacy were reported to the CEO in this period.

Influenza vaccination rates in patient with inflammatory rheumatic diseases increased from 68% to 75-80%. Identification of patients' influenza vaccination status increased from 0% to 92.3%

### Measurement of quality improvement

CALHN has supported a Quality Improvement Register to record and monitor quality improvement activities across the network. Over 100 Quality Improvements have been uploaded to Quality Improvement Register in the 2018/19 financial year. CALHN launched our inaugural Clinical Practice Improvement Leadership (CPIL) program attended by 40 multi-disciplinary staff members resulting in 17 number of quality improvement projects Building on success of this program 40 more clinicians will commence CPIL training in 2020.

A number of quality improvement initiatives have occurred across CALHN in this timeframe included:

- Stroke cognition screening and neuropsychology quality improvement project. The aim was to meet best practice standards with all stroke patients' cognition screened in rehabilitation. A stroke specific cognitive screen and neuropsychology referral pathway was trialled.
- There has been an increase in patients screened using the screening tool, and increased involvement of neuropsychology in the pathway.
- Implementation of a high energy high protein and long stay ward menu for Hampstead Rehabilitation Centre
- Consolidation of a pathway from acute to ambulatory rehabilitation for patients who have suffered a stroke or fractured neck of femur
- An improvement strategy has been undertaken with Sunrise and Oacis to enhance the reporting of discharge summary completion and timeliness

The length of stay for patients undergoing laparoscopic hysterectomy at TQEH has reduced from overnight to a same day procedure



- The RAH Surgical Directorate has successfully used enhanced discharge summary reports to improve the timely completion of separation summaries
- A clinical practice improvement team was established to address the number of incidents of mental health patients self-harming in non-mental health wards

Surgical Directorate has increased the rate of discharge summaries provided to a patients' GP within 24 hours from 60% to 80%

- To identify incident trends and opportunities for improvement an analysis of coronary angiography complications are being compared against incident reports in the safety learning system (SLS) and outcome data reported in the Coronary Angiogram Database of South Australia (CADOSA)
- The Queen Elizabeth Hospital in collaboration with Sir Charles Gairdner Hospital, Western Australia are investigating if an Ambient Intelligent Geriatric Management System (AmbIGeM) reduces the falls rate, the proportion of fallers and injurious falls rate in older people in hospital. Preliminary results indicate that patients found the system acceptable and rated the technology highly in relation to perceived benefits and comfort – results of the study are anticipated towards the end of 2020.

The neurosurgery unit reduced the length of stay of navigus brain biopsies by 50% resulting in a cost saving of approx. \$3871 and improved consumer satisfaction

- The Royal Adelaide Hospital is involved in the Active Online Physical Activity in Cystic fibrosis Trial (ActionPACT) to compare the efficacy of a novel web-based program (ActivOnline) compared to usual care in promoting physical activity participation in adolescents and young adults with CF – this trial is ongoing.
- The surgical department have commenced rolling out the Royal Australian College of Surgeons Morbidity and Mortality Gold Standard to each of the surgical services, implementing best practice standards for reviewing the appropriateness of care
- The Medical Emergency Response (MER) Service is an essential, hospital-wide clinical service providing rapid support and management of deteriorating patients within the Royal Adelaide Hospital. In particular, implementation of the new MER Service has been associated with:
  - After hours mortality at time of a MER call is now overall lower, and similar to that of the in hours mortality, when previously it was both overall higher, and higher than in hours mortality.
  - A new downward trend in the level of unanticipated admissions to ICU from the ward
    - A greater transparency and reporting of activity and outcomes
    - Accreditation for training of general and vocational junior doctors
    - Greater staff satisfaction and staff perception of improved patient safety
    - Recruitment of medical Consultant staff
    - Enhanced MER Service training

40% reduction in mortality at time of MER call  
Downward trend in cardiac arrest rates

A number of organisational wide improvement initiatives have been developed over the past 12 months and are in varying stages of implementation:

- **End of Life Care**
  - End of Life Care Working Group developed resources including a last day of life care plan, last days of life nursing management and observation chart, last days of life booklet and a family/carer questionnaire of care. Use of these resources has been piloted at selected RAH wards
- **Patient and Family/Carer Activated Escalation of Care**
  - Enabling patients, family or carers to escalate concerns about their loved ones' clinical condition
- **Discharge summaries**
  - Discharge summary reports developed to enable directorates to obtain accurate data on discharge rate completion within required timeframes, and identification of outstanding reports for follow up.

In May 2019 Central Adelaide Local Health Network engaged the external services of Ernst & Young (EY) to undertake a formal review of our Risk Management system. A number of workshops were held with the Executive staff to profile the top Strategic Risks

- 18 strategic risks have been identified for further review and development
- The framework was completed and a final report provided on the 18 June 2019.
- The framework will be implemented in stages as the organisation aligns to the new program model.
- All risks on the CALHN Risk Register have continued to be reviewed and will be revisited in line with the new program model

A roadmap has been developed by EY for CALHN to be used as the way forward for risk

As at 1 July 2019 there are 82 active risks on the organisational risk register (ORR) (57 in progress, 25 controlled), categorised as follows:

- 24 CALHN wide ( of which 10 are controlled)
- 50 Directorate Specific ( of which 13 are controlled)
- 3 are rated as Extreme (1 strategic, 2 CALHN wide)
- 28 are rated as High (1 strategic, 6 CALHN wide, 21 Directorate) these are strategic risks *pre* EY workshop.

**2530** staff have completed the on-line introduction to risk management training module as at 30 June 2019



## Incident management systems

The Safety Learning System is the key system to record and monitor patient safety incidents.

- For the 2018/19 financial year there were 19801 patient incidents reported across CALHN (excludes State-wide Clinical Support Services)
- SAC 1 incidents accounted for 0.2% (n=46) incidents, 0.7% were SAC 2 incidents (n=143)
- The top 3 incident types reported in CALHN financial year 2018/2019 were:
  - Medication- 17% (n=3405)
  - Patient Falls - 16% (n=3153)
  - Challenging Behaviour- 13% (n=2644)
- 82 adverse incident reviews were conducted in this period (not including post fall reviews)
- 193 briefings were provided to the Office of the Chief Executive Officer (CEO).

## Open disclosure

Open Disclosure remains an important element of our incident management process.

- 1 face to face open disclosure training sessions was provided through the Cognitive Institute in this period.
- 1242 staff completed the on-line open disclosure training via the Learning Central Platform between 1/7/2018-30/6/2019
- As at 30 June 2019, 5209 staff across CALHN have completed Open Disclosure Training.
- Open disclosure was reported as being performed for 87% (n=165) of the SAC 1 and 2 incidents in this period.

## Feedback systems

CALHN has continued to participate in the Australian Consumer Experience and Surveillance System (SACESS). CALHN has consistently scored greater than 85% in 7 of the 12 Australian Hospital Patient Experience Question Sets.

These were in the areas of:

- *My individual needs were met*
- *I felt cared for*
- *I was involved as much as I wanted in the decisions about my treatment and care*
- *As far as I could tell, the staff involved in my care communicated with each other about my treatment*
- *I received pain relief that met my needs*
- *When I was in the hospital, I felt confident in the safety of my treatment and care*
- *Overall, the quality of the treatment and care I received was good or very good*

There were 2 questions where we did not achieve greater than 85% for the second half of the year – however both scored greater than 83%.

- *My views and concerns were listened to* 84.5%
- *I was kept informed as much as I wanted about my treatment and care* 83.8%

There were low numbers of respondents for the remaining 3 questions therefore the report indicates this data should be interpreted with caution:

- *When a need could not be met, staff explained why*
- *I experienced harm or distress as a result of my treatment and care*
- *My harm or distress was discussed with me by staff*



CALHN scored greater than 85% in 2 of the 6 SA Health Question Set:

- *Was your right to have an opinion respected?*
- *Would you recommend the hospital to a relative or friend?*

CALHN scored less than 85% in 4 of the 6 SA Health Question Set:

- *Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital?* (≤36%)
- *If you needed one, did you have access to an interpreter?* (≤74%)
- *Were you provided information on your rights as a patient?* (≤73%)
- *Did staff explain your rights as a patient to you?* (≤57%)

As a result of the SACESS feedback a Consumer Rights and Responsibility Working Group was established which is responsible for following up with internal stakeholders how to improve information provision to consumers

A CALHN Consumer Engagement Strategy was developed in collaboration with Health Consumers Alliance and will be rolled out in 2020 this will ensure there is a strategic, consistent approach to consumer engagement.

### Local Consumer Feedback

Local clinical areas have developed their own consumer surveys in order to obtain specific feedback regarding their service as opposed to the organisational data provided in the SACESS report.

The Mental Health services regularly undertake Your Experience of Service (YES) survey based on the Recovery Principles of the Australian National Standards for Mental Health Services with their inpatient consumers.

"What you have said – What we're doing" posters displayed in Mental Health inpatient rehabilitation services

Mental Health (MH) services also hold regular carer/family information sessions within their services to allow the carer/family the opportunity to provide feedback.

The Intensive Care Unit (ICU) at the Royal Adelaide Hospital instigated a process of Peer Support – 'Survive and Thrive'. The purpose of the support group is to encourage survivors and their families to share their unique experiences and support each other in adjusting to life after ICU, as well as identify common issues to improve care for patients. A number of improvement opportunities have been identified through this process including the need for a patient experience diary.

Feedback from consumers/carers resulted in discussions between MH and ED regarding improvements to emergency care for patients presenting to ED with MH concerns

**1289** Sefton Park consumers responded, with **95%** indicating satisfaction with their experience of care

**96%** of consumers gave positive responses to the following question "Did you feel involved in decisions about your care and treatment?"



A partnering with carers forum was held in CALHN in October 2018 in collaboration with Carers SA and SA Health.

Preparing, Sharing and Caring for Cognitive Impairment Conference was held at RAH March 2018 – presenters included consumers speaking about their experience caring for family members with cognitive impairment

A consumer and staff working group was developed to support consumers to train staff based on their experience

From October 2018 to June 2019, a HappyorNot device at the Sefton Park Hospital Avoidance Clinics gained point in time consumer feedback on experience of care.

90% of prisoners indicated satisfaction with their care, some asked “when are we getting the machine back?”

From November 2018 to June 2019, a HappyorNot device was placed in clinical areas and corridors across 5 SA Prison Health Service sites. For consistency and comparison of data consumers were asked to respond to two questions regarding their experience of care.

## Complaints management

The Safety Learning System is also used in CALHN to manage compliments and complaints. CALHN managed 2249 complaints in the 2018/19 period.

- All complaints were acknowledged within 2 working days greater than 95% of the time.
- All complaints were resolved in less than 35 working days greater than 80% of the time.
- Access and treatment were the main causes for complaint.

Access	Communication	Consent	Corporate services / professional conduct	Cost	Grievances	Privacy / discrimination	Treatment
646	581	34	213	33	40	69	644

During this same period CALHN received 402 compliments.

There were several improvement activities that were commenced in response to consumer complaints including:

- Improving end of life care
  - ‘Last days of life’ booklet developed to help with conversations with family on what to expect in the last days of life
- Reducing infection rates in elective hip and knee replacements
  - Rates monitored at clinical governance committee
  - Standardising practice
  - Introduction of a bundle of care to meet best practice infection control
  - Leadership modelling of a positive performance culture
- Improving facilities for patient and visitors at the Royal Adelaide Hospital
  - Two consumers worked with facilities management to improve signage

End of life care plan and symptom assessment chart piloted in five sites at RAH

Wound infection rates in elective hip and knee replacements reduced from 3.45% to 0.83%



- Drinking water for the public is available in the outpatient and main entrance area
  - Meal service has undergone regular audit and review to make improvements to the quality of meals
- Planning for patient and family/carer escalation of care
  - Patient and family care activated escalation of care process developed
- Improving access to the emergency department
  - Plan to improve access to care was released March 2019 after broad consultation
  - Don't delay, Ask today patient engagement campaign developed
  - Geriatric and allied health clinicians embedded into the emergency departments
- Survive and Thrive support group established by Royal Adelaide Hospital ICU
  - Consumers and clinicians are working together on initiatives to improve care, provide relevant information and resources, and create pathways to post discharge support
  - Work is underway to develop a lived experience volunteer workforce
- SA Prison Health Service – Experience of Care survey
  - Consumer experience survey conducted across seven SA Prison Health Service sites – with 267 consumers providing responses.
  - 33% of consumers indicated that the follow up process of pathology and radiology test results was not clear
  - Posters were developed and placed in clinics and consultation rooms advising when results should be available and action to take if results are not received within the 14-21 day timeframe.
- Within the Emergency Department network portfolio holders are allocated to oversee the management of complaints. Significant complaints are discussed within the ED Adverse Incidents Review Panel, which has been established as a network initiative.

EDGE program improves triaging of elderly frail patients who present to RAH ED by a geriatrician led MDT.

### Diversity and high risk-groups

A number of initiatives have commenced across CALHN in relation to diversity and care of high risk patient groups.

- Risk screening occurs on admission to CALHN to identify high risk groups including those at risk of falling and pressure injuries.
- Planning is underway to implement the 4AT tool for Cognitive Impairment screening to be available on the Sunrise electronic medical record (EMR).
- Priority is given to patients with high risk medicines to be reviewed by and receive a medication list from the SA Pharmacy software (MedProfiler).

### SA Prison Health Service

- A series of five workbooks were implemented by SA Prison Health Service to address a gap in psychological services for high prevalence mental health disorders (anxiety and depression) equivalent to the current community standards. Ethics approval has been granted and prisoner consultations occurred across 4 prison sites during the development phase. The workbooks focus on self-management.
- SA Prison Health Service participates in the triennial Australian Institute of Health and welfare report "The health of Australia's prisoners 2018", released May 2019, which demonstrated that for some people from disadvantaged backgrounds, prison can provide better access to health care and health professionals than they experienced in the community. Prison clinics help people in prison take steps to improve their health, such as quitting smoking or getting help with mental health issues

Most people leaving prison in South Australia were happy with the health care they had received, with almost 9 in 10 reporting that their physical health had improved or stayed the same while in prison.



Feedback from a former prisoner, Adelaide Women's Prison, January 2019:

*"When I first came to AWP I was grossly overweight, mentally unwell, really anxious & generally in poor health. Over the next few months I saw prison health nurses who checked in with me each week encouraging me to accept my position & develop strategies to cope & get through my sentence. They encouraged & celebrated with me as I lost weight (32 kilos), they did a mental health care plan, heart health, diabetes help, all of it got taken care of anyway. I am now much healthier, happier with all of my medical conditions under control for the first time in years & that is a result of good health care & caring staff who always treated me with respect, kindness & professionalism. Thank you for your services. I realize it is a thankless job under difficult circumstances & probably grossly underfunded. However I hope it goes some way when you know you have made a difference in someone's life & future health. Thank you, a former prisoner"*

SA Prison Health Service has treated approximately 500 prisoners for Hepatitis C since mid-2017

- Procedures were developed to assist with improving communication between SA Prison Health Services, Department of Correctional Services (DCS) and external sources to obtain sufficient information is provided to ensure a safe environment for prisoners.

### Refugee Health Service

- The Refugee Health Service (RHS) are the state-wide administrator of the Commonwealth Home Affairs Immigration Health Portal, enabling the service to review pre-departure health records for all humanitarian entrants, to ensure appropriate referral for primary care follow up post arrival and immediate out of hospital responses for critical alert entrants. RHS liaises with Commonwealth settlement services in both metro and regional areas to ensure community GPs have access to current and pre departure health records as required.
- A paediatric audiology clinic commenced at the Refugee Health Service in collaboration with the Child and Youth Health Audiology Unit. This enables new arrival refugee children to receive early diagnosis and intervention for hearing loss, thereby increasing the child's ability to communicate effectively and integrate into mainstream education.

31% of children screened in the paediatric audiology clinic had confirmed hearing loss requiring further referral and specialist intervention.
- The Refugee Health Service has established a partnership with Raising Literacy Australia to provide preschool age refugee children with appropriate book packs and supportive education to support their speech and language development. Six metropolitan council areas provide reading sessions and book packs at their libraries, reducing the incidence of speech and language delay in children from a refugee background.
- The Refugee Health Service continues to work collaboratively with two refugee health nurses employed under the Adelaide Primary Health Network (PHN) Adelaide Refugee and New Arrival Project (ARANAP) to identify GP clinics providing culturally responsive and best practice care to clients with a refugee background.
- Refugee Health Service are working with the Adelaide PHN / Health Pathways SA to develop refugee health specific pathways to support GPs in appropriate care and management of refugee background clients.

958 staff have completed the on-line disability awareness and inclusion training module



## **Mental Health**

- Trauma Informed Care training is provided by the South Australian Mental Health Training Centre. Introductory sessions have been conducted in response to the Inpatient Rehabilitation Services (IRS) Report.
- Suicide Response Training is provided by the Office of the Chief Psychiatrist. Two CALHN staff have completed training to become trainers and are in a supervisory period prior to holding in house Suicide Response Training.
- Mental Health in conjunction with Operations RAH are conducting a review of CALHN Older Persons Mental Health Service. The review will take into consideration operational aspects of community and acute older persons services and compare against similar services in the state. The review is due for completion in August 2019.
- CALHN MHD are establishing an informal coffee group to assist carers in connecting with the Mental Health service and provide them with an avenue where they can have meaningful engagement with the service. A safe place where carers feel they are being listened to and most importantly any feedback they provide will be considered and if necessary acted upon.
- CALHN MHD - Have recently employed a Carer Consultant to ward RAH 2G Mental Health. This is the first time a Carer Consultant position will work over 7 days and evenings to increase access to this service / resource for carers during flexible visiting hours. The aim is to increase the support and provision of information to carers by someone who has a lived experience themselves as a carer.
- CALHN also employs a Lived Experience Coordinator.

## **Other**

- The MACS Clinics commenced in May 2019 at Sefton Park. MACS provide a rapid, responsive, multidisciplinary and person centred, chronic disease management service to people with multiple chronic and complex conditions unmet by their GP.
- Strategies were instigated to improve compliance amongst high risk surgical groups at the RAH to ensure the CJD risk assessment was completed prior to surgery. Audits of completion of the risk assessment have been conducted indicating improved compliance in some areas.
- The CALHN Disability Action Inclusion Plan 2018-2023 details strategies supporting the engagement and participation of carers for people who live with a disability. Consumers and carers of people who live with a disability participated in a focus group review of the CALHN DAIP in 2019. A report from the focus group provided information valuable for the strategic intent of the plan.



## Clinical performance and effectiveness

### Safety and Quality training

Safety and Quality training at CALHN commences on orientation. A safety and quality session is provided to all staff in Corporate Orientation. There is also safety and quality training available on-line via learning central.

- 2372 staff members have completed the on-line Safety Learning System training in this period. In total 9187 staff members have completed the on-line Safety Learning System training since 2016.
- The Mandatory Training requirement for staff includes Sunrise Electronic Medical Record, Fire Safety, Worker Health and Safety (WHS) and Cardiopulmonary resuscitation (CPR) for clinicians, other mandatory training are listed to be completed within one month of commencement including aseptic technique and challenging behaviours
- Reporting of staff compliance with training rates occurs via the Executive Quality and Governance Committee and included in the Directorate and Priority Care Committee Reports
- 3807 staff have completed the information sharing guidelines on-line training
- 588 staff have completed the on-line training – Reporting a death to the State Coroner.

3936 staff have completed the on-line partnering with consumers learning module

### Cultural competency and awareness

Cultural competence training is also a key element to CALHNs training resources.

- 4331 staff in CALHN have completed the on-line Aboriginal Cultural Learning program.
- Face to face training has been conducted in 3 CALHN units and further sessions planned.
- 126 staff have attended an intensive two day cultural safety training workshop.

During 2019, SA Prison Health Service undertook a cultural environmental audit of the 7 prison sites with the purpose of understanding the environment Aboriginal and Torres Strait Islanders peoples experience as a consumer. In addition, a staff survey on Aboriginal cultural awareness training was undertaken in 2019 to ascertain training needs, and champion link nurses were provided with a full days training to assist in the implementation of the Aboriginal Model of Care.

### Performance management

Compliance with completion of performance review and development (PR&D) is monitored monthly in a multi-tiered approach throughout CALHN.

Employees are considered compliant where a PR&D is held within the initial 3 months of employment, and subsequent annual planning discussions and 6 monthly reviews occur.

- Monthly management reports are produced and distributed to human resource business partners - employees who are deemed non-compliant are highlighted for PR&D's to be conducted.
- Compliance is tracked as a % at a directorate level.
- Monthly CALHN wide % stats are reported and provided to CALHN Executive and to the CALHN Board.
- Compliance with performance review was 30.82% as at 30 June 2019.

Reporting to Executive increased from 12 monthly to 6 monthly to monitor closely compliance with performance reviews



## Credentialing and scope of practice

CALHN manages credentialing across all the disciplines.

- Credentialing for Allied Health is managed by the Allied Health Credentialing Officer. Allied Health Departmental Managers are responsible for ensuring their staffs are credentialed as per each disciplines credentialing cycle.
- The Allied Health Credentialing and Scope of Practice (SOP) Committee provides governance and compliance is reported bi-yearly. Summary reports are also tabled at the CALHN Executive Quality Committee bi-yearly and supplied to the Allied and Scientific Health Office, SA Health upon request.
- Medical Credentialing SOPs are reviewed with Heads of Units every 3 years (minimum), with some departments incorporating the review into their annual PR&D.
- There is an annual audit to compare SOP against theatre procedures undertaken at a snapshot in time. The most recent was completed in July and found to have no specialists working beyond their approved SOP.

SOP documents are updated to reflect new clinical service, procedure or technology and authorised by the head of unit and Chair of the credentialing committee.

- The scope of clinical practice, capacity and service planning occurs at unit level. The scope of practice is agreed upon by the Head of Unit and then reviewed and ratified by the CALHN Medical and Dental Credentialing Committee
- Audits are undertaken quarterly comparing employed Specialists and Training Medical Officers (TMOs) to the list of those credentialed. The most recent for specialists was completed June; the most recent for TMOs was completed May.
- In the June audit for specialists, there were 11 Specialists found to be either without credentialing or not appropriate credentialing. All but one has been addressed, with the last having been credentialed but in the wrong category (TMO).
- In the May audit for TMOs there were 69 TMOs discovered with either not having credentialing or the Department for Communities and Social Inclusion (DCSI) being out-of-date. These have been all been addressed.
- CALHN has 2 procedures describing the process for advanced and extended scope of practice for nursing staff.
- CALHN has in place a Nursing and Allied Health Credentialing and Advanced Scope of Practice Committee responsible for noting and endorsing Advanced Scope of Practice Nurse credentials on an annual basis (at a minimum).

100% of allied health professionals are compliant with credentialing requirements

93% of self-regulated allied health professionals are compliant with credentialing

***Change in practice: No contracts are prepared without credentialing being finalised***



## Evidence based care

CALHN recognises the importance of evidence based practice in becoming a high performing and accountable healthcare network.

The Best Practice Spotlight Organisation (BPSO) Program is a whole of TQEH three year program implementing three practice guidelines:

- alternative approaches to restraint
- pain management and person and
- family centred care

Person and Family Centred Care (PFCC) and Best Practice Spotlight Organisation (BPSO) leads at RAH and TQEH sites coordinated roll out of the 'Don't Delay, Ask Today' campaign across RAH, TQEH, St Margaret's and Hampstead Rehabilitation Centre, supported by CALHN Nursing Education.

- As of June 2019, 150 staffs are trained as "Trainers" at the Royal Adelaide Hospital (RAH), and 138 staff at the Queen Elizabeth Hospital (TQEH) across all service areas. These staff have proceeded to train many more staff in their local areas on PFCC
- 45 Medical Officers (General Medicine) have undertaken a three hour workshop.
- Champion Forums have been held monthly commencing May 2019.
- TQEH and RAH are also facilitating two hour workshops for the Transition to Professional Practice Registered Nurses, Supported Registered Nurses and Enrolled Nurses and Health Practitioners within their professional development study days. To date approximately 240 TQEH and RAH staff have been trained in this way.
- SA Prison Health Service has updated the prisoner Annual Health Check to align with the Royal Australian College of General Practitioners (RACGP) "Red Book" Guidelines for Preventative Activities in General Practice 9th Edition, in line with current community equivalent standards for preventative health care. They have also
- Introduced arterial tourniquets and haemostatic dressings with related protocols to enable improved management of trauma and haemorrhage control in the correctional setting, in line with Australian and New Zealand Committee on Resuscitation (ANZCOR) best practice guidelines.
- Implemented guidelines on the safe, appropriate and timely assessment, management and referral of patients in the prison setting experiencing chest pain or other potentially cardiac related symptoms, in line with the National Heart Foundation of Australia & Cardiac Society of Australia & New Zealand: Australian Clinical Guidelines for the Management of Acute Coronary Syndromes and the iCCnet CHSA Management of Chest Pain / Suspected Acute Coronary Syndrome.
- All Australian Commission on Safety and Quality in Health Care standards and advisories are forwarded to the relevant department or committee to undertake a gap analysis.
- E-central is the central location for clinical protocols and pathways such as Acute Stroke – Pathways and Management procedure allowing ease of access for clinicians. Reports of the number of hits on clinical protocols indicate the frequency in which these documents are accessed e.g. the hospital acquired pneumonia treatment guidelines was viewed 3499 times by 781 individual staff members in this period.

### Variation in clinical practice health outcomes

An emerging body of work has commenced in CALHN in relation to minimising variation in clinical practice. This has included:

- Commencement of standardised clinical pathways for general surgery and orthopaedics to minimise care variability and drive best practice – the pathways are currently being trialled.
- Allied Health participation in National Australasian Rehabilitation Outcomes (AROC) ambulatory data set. The multidisciplinary team reviews the AROC data to ensure staffing is appropriate to attend to a patient's needs. The data also is used to review future planning of the location of Day Rehabilitation Services including referral sources, prioritisation of referrals, time from referral to triage first seen and discharge in relationship to the prioritisation of referrals, general activity levels compared with targets for services.
- Intensive Care Services participating in the Australian New Zealand Intensive Care Society data registry (ANZICS Core). The most recent report received indicates outcomes for patient within the accepted range for the high levels of acuity and activity.
- Critical Care Services have maintained accreditation with their relevant professional bodies such as the Australian College of Emergency Medicine (ACEM) and Australian and New Zealand College of Intensive Care Medicine (CICM).
- Health Roundtable data is provided on a regular basis to Executive Quality and Governance to monitor outcomes compared to peer organisations and outlier data is reviewed further
- In October 2018, Sefton Park Primary Health Care Service were awarded AGPAL accreditation against the 5th Edition of the RACGP (Royal Australian College of General Practitioners) Standards, and O'Brien Street Practice were awarded AGPAL accreditation against the 4th Edition of the RACGP Standards.



## Safe environment for the delivery of care

### Safe environment

Examples of maintaining a safe environment in CALHN include:

- Monthly generator testing occurs within CALHN to assess readiness of backup generators and strength of business continuity plans as required.
- The Hazardous Material (HAZMAT) Response Plan was endorsed by the CALHN Emergency Management and Business Continuity Committee March 2019.
  - Annual training in recognition of potentially contaminated patients and initial response actions
  - Monthly pump testing of decontamination shower
  - Annual practical deployment, simulation exercise of the mass deluge decontamination system
  - Annual HAZMAT discussion exercise
- Celsus (support partner at the RAH) have developed a system safety assurance plan to undertake critical testing of systems within RAH
- Monthly generator testing occurs switching the hospital from mains to generator power for 12 hours
- CALHN has a procedure for monitoring and microbiological surveillance of water systems managed by the Infection Prevention and Control Unit
- A procedure providing an overview of the maintenance, cleaning and monitoring systems to control legionella in hot and ward water systems across CALHN is in place
- Water quality reports are provided to the infection control committee
- Regular cleaning audits are conducted and the data presented at the infection control committee
- A CALHN Disaster resilience program strategy was drafted.

### Unpredictable behaviours

Managing complex behaviours for the safety of patients and staff continued in 2018/19.

- 11289 staff completed the on-line Introduction to challenging behaviour training
- In March 2019 workshops for the reduction of restraint and seclusion with mental health inpatient units were held. The aim was to reduce episodes of seclusion and restraint to 10 episodes per 1000 bed days by 31 August 2019.
- The CALHN seclusion rate in May 2019 is 7.7 episodes by 1000 bed days. A number of strategies implemented include use of chaperones/peer specialists, collaborative discharge planning, safety management plans and focus on kindness, openness and honesty to gain engagement.
- Critical Care - CALHN Emergency Services continues to focus on improving response to and minimising harm from challenging behaviours within the Emergency Department. Monitoring of frequency of Code Blacks incidents, use of restraint and seclusion and quality of documentation. In addition, collaborative improvement work is established between ED and Mental Health services.
- The Medical Directorate Cognitive Impairment study- "The use of 4AT for detection and documentation of delirium/dementia was commenced on ward 9F
- Management of Actual Potential Aggression (MAPA) training is conducted across CALHN and is mandatory for members of the code black team.



### Welcoming environment for Aboriginal and Torres Strait Islander people

A welcoming environment for Aboriginal and Torres Strait Islander people has been considered in broad areas within CALHN including re-development plans at TQEH. Examples of strategies to ensure the environment is welcoming for Aboriginal and Torres Strait Islander people include:

- Aboriginal and Torres Strait Islander planning workshop held for TQEH redevelopment to ensure there is a welcoming environment for Aboriginal and Torres Strait Islander patients. Two reference groups have been established to support and advise TQEH redevelopment:
  - Aboriginal and Torres Strait Islander Reference Group – ensuring Aboriginal and Torres Strait Islander consumers, community members and staff have input into the design and layout of the clinical services building.
  - Consumer and Community Reference Group – supporting and advising the redevelopment program.
  - Both groups are accountable to the Executive Director Redevelopment, meet monthly, and report to the TQEH Redevelopment Leadership Committee
- All admissions to the renal service (CNARTS) who are identified as Aboriginal and/or Torres Strait Islander are reviewed every morning in the patient allocation meeting and carer/ escort status by the Aboriginal Health and Wellbeing Unit. The details of the carer or escort and their specific relationship to the patient are established prior to admission especially when the patient comes from a remote location. Whilst the patient is in hospital the Carer is included in all aspects of care where appropriate and support is provided to support them to access accommodation and transport to and from the hospital funded by their home community services or PATS.
- The carer is invited to spend time in the lounge area of the unit or garden as a culturally safe space if they wish to have time away from the patient, access is provided to tea, coffee and sandwiches and a supportive ear, assistance with Centre link, access to internet and phones to make contact home and a limited supply of clothing (some patient and carers arrive with no time to prepare.)
- Carers/ Escorts can be as unwell as the inpatient so support and assistance is provided for them to access Primary Health Care for assessment and health care assistance when required. This can involve pathways to Aboriginal Community Control Health Services or mainstream General Practitioners where Closing the Gap services are available.
- Aboriginal Health Unit staff can assist with:
  - Cultural matters
  - Training
  - Recovery using appropriate cultural and language resources
  - Support for Carer/Escorts
  - Return to community and capacity to implement treatment in remote locations
- Monthly barbeques are held at RAH by the Aboriginal Health and Research Translation unit to engage with the Aboriginal community.



## Partnering with Consumers

### Partnering with patients in their own care

CALHN is committed to ensuring the delivery of outstanding and compassionate care and ambulance ramping whilst waiting to access the emergency department was identified as a practice that did not meet with this mission.

A *Stop Ramping Workshop* was held in February 2019 involving 100 clinicians and representatives from SA Ambulance, Local Health Networks, local General Practitioners and Consumers. As a result of the workshops a roadmap was released in March 2019. 13 Strategies were included in the roadmap including the patient engagement campaign *Don't Delay, Ask Today*.

Multi-Agency Discharge Events (**MADE**) held to identify opportunities to address barriers to discharge.

Hampstead Rehabilitation Centre (HRC) has a specific carer engagement strategy document prompting staff to welcome carers to the ward and provide client information packs (including rights and responsibilities brochure) and other prompts such as their role in education and training, shared decision making and case conferences.

81% of clinical services in mental health have lived experience staff as part of their team

CALHN Mental Health Service provides welcome packs for carers. There are also carer consultants on RAH and Glenside Acute Units and Inpatient Rehabilitation Service (IRS) whose role is also to follow up and provide support /information/advice to carers.

Central and Northern Adelaide Renal and Transplantation Service carers are involved and partner with clinicians in all areas of renal service provision from supporting and promoting research, to fund raising, reviewing consumer information, included as part of the editorial team for the renal service newsletter, attending staff education sessions (patient stories) and being involved in a short film to assist new patients coming in to the service.

- Carers are invited, with the consent of the patient, to be involved in the decision making regarding care provision. For hospitalised patients this is supported by the introduction of the Goals of Care whiteboards at the RAH site (current pilot)
- Carers are included in all aspects of patient education for dialysis and the shared care model – in home and in satellite centres.

In 2018 SA Prison Health Service partnered with the Heart Foundation to undertake a survey of 60 consumers on the types of exercise they participate in, barriers to exercising, and to gain an understanding of what types of written consumer information may assist in increasing exercise levels in the correctional environment.

#End PJ Paralysis project was developed to support patients to mobilise earlier (Get Up, Get Dressed). The second stage of this improvement is incorporating goals of care through interactive white boards in patient rooms

Implementation of **'Hello my name is'** to encourage and support communication between patients, carers and families to encourage participation in decision making

Placing patients and their families at the centre of their own health care is the primary principle behind Person and Family Centred Care (PFCC) a practice being implemented across CALHN. PFCC champion workshops have been held across CALHN. The workshops provide staff with the opportunity to explore how to integrate PFCC practices into their everyday interactions with patients in their units and services.

Consumer communication boards were trialled across CALHN to improve communication with consumers and their loved ones in regards to progressing care and discharge planning. Further roll out of the boards is planned.

#### Don't delay, ask today:

Patients were encouraged to ask: What is wrong with me? What is going to happen – now, today, and tomorrow? What do I need to achieve to go home? When can I expect to go home?



## Partnering with patients in their own care Healthcare rights

The Australian Charter of Healthcare Rights describes what consumers, or someone they care for, can expect when receiving health care. CALHN makes the Charter available on the public information display television screens at RAH and the posters are displayed at other sites. Patients are given a copy of their rights and responsibilities of admission at CALHN acute sites by volunteers.

- Feedback against the six SA Health question set in the SACESS report provides some indication of consumer responses in relation to their healthcare rights
- CALHN scored greater than 85% in 2 of the 6 SA Health Question Set:
- CALHN scored less than 85% in 4 of the 6 SA Health Question Set:
- As a result of the SACESS feedback a Consumer Rights and Responsibility Working Group was established which is responsible for following up with internal stakeholders how to improve information provision to consumers

## Informed consent

Ensuring our patients are appropriately informed of the procedures to be undertaken CALHN monitors consent practices across the organisation.

95% of records audited contained documented evidence of consent for red cell

In this period CALHN made 5 notifications of potential claims regarding consent and 43 consumer complaints related to consent. The majority of the consumer complaints related to mental health consent to involuntary admission.

A red cell audit was conducted between August and September 2018. Included in the audit was compliance with consent for transfusion.

The blood specific consent form was to be promoted via intern education and the Blood Link Nurses as an outcome of the audit

A blood transfusion consent audit was conducted across CALHN between February and March 2019.

**Consent for transfusion increased to 92% in the 2019 audit compared to 85% in 2018**

## Health literacy

CALHN uses the eCentral as a repository for all consumer information sheets. All consumer information sheets uploaded onto the system go through a governance system to ensure the writing style guide is complied with and all information sheets have been presented to consumers for feedback

**Consumers reviewed 21 information sheets developed by SA Prison Health Service and Intermediate Care Services**

- eCentral stores locally developed and commercially available consumer information sheets
- 67 consumer information sheets were published in this period. There are currently 491 consumer information sheets available for consumers.
- Consumer information sheets are available to patients through the RAH Bedside Monitors, At the Sefton Park Hospital Avoidance Clinics in June 2019, there was a whole of service approach to Partnering with Consumers in their care by increasing adult medication health literacy by promoting an environment where staff worked proactively with consumers to ensure they understood as much as is possible about their individual medication to make informed choices.

SA Prison Health Service (SAPHS) have developed pictorial guides which are printed on medication sachets to assist prisoners with low literacy to self-manage their own medications.




- SAPHS have been working with the Department for Correctional Services to add pictorial images to the Kiosk Express System (KEX) which is used by prisoners to communicate with health staff via a fixed electronic device known as a "kiosk".  
The Refugee Health Service have established Allied Health Assistant (AHA) roles to build patient empowerment and enable refugee clients to manage their own health and wellbeing, through health literacy education and bridging the gap between newly arrived communities and the health system, thus promoting appropriate access of both primary and acute sector services.
- The largest SA Prison Health Service consumer feedback survey ever undertaken has been completed with 10% (267) of people in custody providing responses to questions specific to their experience of the health care they received. Results demonstrate that:
  - 84% indicated that when they had important questions to ask health staff, they received an answer they could understand
  - 79% stated that they were given enough information about the medication they were taking
  - 82% felt they were able to talk to health staff about what was important to them in relation to their health
  - 83% felt they had enough privacy when discussing health concerns and treatment
  - 89% felt they were treated with respect by health staff
  - 94% stated that health staff respected their cultural and religious beliefs
- Quality improvement work has been undertaken to address consistency in information provided to consumers at point of service.

### Partnering with consumers in organisational design and governance

There has been a two year partnership with Health Consumers Alliance to develop a Consumer and Community Engagement Strategy. The work has been driven by the CALHN Making Care Better Committee, a mixed group of consumers and staff, and co-chaired by a consumer and an organisational leader. Key deliverables for this project included:

- Review consumer policies and strategies,
- Develop a consumer register,
- Develop social media strategy and platform
- Develop a consumer and community engagement strategy
- Develop and implement a staff training plan
- A draft consumer plan was finalised in May 2019. This draft forms the platform for our ongoing Consumer Engagement Strategy.
- Hampstead Rehabilitation Centre is participating in a research project conducted with the University of Adelaide involving partnering with patients and families in implementing evidence based practice in inpatient stroke rehabilitation. The aim is to embed a partnership approach between health professionals and consumers within four stroke based care services across the continuum of care in CALHN and to explore the feasibility of this partnership approach to improve the delivery of evidence based healthcare.
- Carers in the mental health service co-facilitate training/education sessions for staff.
- Workshops for key senior nursing staff and a renal consumer have been held using a train the trainer model with mentorship from Consumer Alliance. This has led to further consumer and carer engagement in work to develop a new model of care for the renal patient including a proposal for a "Low clearance" or "Kidney Health" Outpatient clinic.
- CALHN – ICU are developing a video telling the story of family members experience of poor hand hygiene, to educate staff.
- CALHN commenced the Community Mental Health Redesign Project in November 2018. This is in response to several community mental health reviews and CALHN is the third LHN to commence the project. This involves the Eastern and Western community services covering approximately 2000 consumers. The aims are to define core business, transition



to an acute and non-acute service delivery model, implement a framework for a recovery orientated mental health service, build partnerships, staff skills and a consumer centred approach to care. There are two consumers and two carers on the project committee. There was a consumer forum in February 2019 with 48 consumers/carers attending. In June 2019 workshops commenced including lived experience representatives.